From hospitalisation to discharge

Tips on returning to your everyday routine after a stay in hospital on a psychiatric ward
The aim of your hospitalisation is for you to get well and be discharged. You have been given a written copy of your treatment plan.

The plan should say something about:

- your options for continued treatment
- social measures to do with housing, finances, education, work, leisure and personal support
- who your contact will be in the psychiatric service and in your municipality or job centre

Discharge appraisal

Your treatment plan makes a good starting point for your discharge appraisal.

During your discharge appraisal, you can discuss anything about yourself and your future situation.

If possible, your contact should accompany you to the appraisal, as should your municipal caseworker, if one has been assigned. You are also welcome to invite someone along, such as a close friend or a family member. What matters most is that the person or people accompanying you are people you feel comfortable with.

Your network

It is important to give serious thought to the transition from being ready for discharge from the ward and returning home to your own place. The professionals assisting you, your family and friends are important in terms of making that transition easier.

Together with your contact, perhaps, or someone you trust, try to create an overview of your network: Who will you contact to schedule a time to do something nice together? And who will you contact if you have a bad turn?

Further details can be found in the booklet “From hospitalisation to discharge: Tips about returning to your everyday routine after a stay in hospital on a psychiatric ward”. It is 30 pages long and expands on the contents of this brochure. There is also space for your own notes. You can ask the staff on the ward for a copy of the more detailed booklet.
Prevention plan and crisis plan

It is a good idea to make a plan about what to do in a crisis. You can draw up this plan with your contact or possibly with someone from your network.

The plan could include descriptions of your signs of an impending crisis, the things that usually help you to quell your anxiety and agitation, and what other people can do to help you.

The 30-page booklet linked to this brochure has plenty of space for you to draw up your own plan.

Things to pay particular attention to

If you are returning to work or a place of study, agree how you will get started again. It is also important to consider the questions below. It is a good idea to go through them with your contact on the ward:

- Is there somewhere you can go during the day if you are not at work?
- Do you know how your treatment will proceed once you have been discharged?
- Do you know what medication you have to take?
- Are your finances in order?
- Has your accommodation been sorted out?
- Have you agreed anything with your friends or family regarding visits and support?
- Do you know where to turn if you start to have another bad turn?

All these things can also be addressed during your discharge appraisal.
Be good to yourself
It is important to allow yourself some time and peace and quiet after being discharged – and try to get some exercise, eat a balanced diet and establish a good sleeping pattern. Get in touch with the people you would like to see. Sometimes, establishing new habits is easier to do in the company of others.

Treatment after hospitalisation
The district psychiatry service or an outpatient centre will provide treatment without admission to hospital. They can also help you liaise with your caseworker in matters such as housing, education, work and finances.

In some places, you may be offered home visits from the local mobile psychiatric team if you need rapid, intensive help and treatment after hospitalisation.

Many people continue to receive treatment from their GP. If you are to be treated by a psychiatrist within a private practice, you will need a referral from your GP. Your GP is also the first person to speak to about the possibility of help from a psychologist.

- Medication is often an important part of psychiatric treatment. It is important for you and your GP to cooperate to ascertain the effect of the medication in your particular case.

- Individual appointments or group sessions as well as psychoeducation (learning about your own disorder) are also part of psychiatric treatment.
Back to everyday life

Many people are assisted by a social worker from the municipality or the local job centre when they are discharged.

You need to talk to your doctor, your employer or your place of study about when you will be ready to return, and you can start gradually. Having been signed off sick, you can be certified as partially fit.

Your accommodation needs to be sorted out before you are discharged. Your caseworker can help you or give you further guidance.

If the thought of day-to-day tasks seems overwhelming, you might be able to have a mentor or support worker assigned to you. You need to talk to your social worker about the possibility of getting help to organise your everyday routine.
Important information
www.psykiatrien.rm.dk/patient – you can find out more here about mental illness and psychiatry

Region Midtjylland
Psychiatric Information Centre
PsykInfo Midt
Telephone 7847 0450
www.psykinfomidt.dk
The information centre staff can help you to find the right information or the relevant advice. Anyone can phone.

CRISIS line
Psychiatric advice line
Telephone 7847 0470
www.psykiatrien.rm.dk
Region Midtjylland’s psychiatric advice line. Anyone can phone. You can phone if you yourself are going through an acute psychiatric crisis. Or if someone such as your girlfriend, son, wife or neighbour is. The phone will be answered by someone with psychiatric training. Staffed 24 hours a day.

Literature

Scan the QR code to access the booklet "From hospitalisation to discharge", 32 pages.