

# Inpatient Mental Health Program Admission Handbook



# *WELCOME!*

Welcome to the Inpatient Mental Health Program of Orillia Soldiers' Memorial Hospital. This unit is located on the Sixth Floor of the hospital's Community Tower.

People enter a mental health program because they are experiencing a variety of problems that affect their mental health. Whatever your situation, we are here to help you get back to a healthy routine. We will also help you to connect with community resources and people who will be helpful to you after you leave hospital.

This handbook will give you and your family helpful information about the care and services that are offered on the inpatient mental health program. Please take the time to read it carefully and feel free to ask any questions you may have.

Sincerely,

Mental Health Inpatient Staff

# *ABOUT YOUR ADMISSION*

## **Voluntary Admission:**

People who have identified problems in their daily lives and who recognize a need for treatment may be admitted in collaboration with their family physician, or psychiatrist.

## **Involuntary Admission:**

Sometimes, the nature of a mental illness may prevent people from recognizing the need to get help or treatment.

In these cases, a person may be placed on an **Application for Psychiatric Assessment** or **Form 1**. This can be initiated by a physician or a Justice of the Peace.

The **Form 1** is a legal document that **admits a person to a Schedule 1 Mental health facility** as an **involuntary client** under the Mental Health Act. The **Form 1 allows a person to be detained in hospital for up to 72 hours** for the purpose of completing a psychiatric assessment.

**Whatever your status may be on the unit it is important to remember that our goal is to ensure your safety and assist you in your recovery.**

# *About The Unit*

The inpatient unit exists to provide care to people struggling with mental illness who, because of the severity of their illness, cannot be treated in a community setting. Most stays on the unit are short and intended to stabilize and acute crisis and return people to baseline functioning and community supports as quickly as possible. .

We have 19 beds plus 4 extra care area beds for patients that need closer observation and extra support.

## *General Information and Guidelines*

### **Client Areas:**

Please ensure bedrooms and common areas are kept neat and tidy. Laundry facilities and clean linens are available upon request. **Food is not permitted in patient rooms but may be labeled and stored in unit kitchen.**

### **Dress Code:**

Personal hygiene and appropriate attire are your responsibility. You are expected to attend to these areas. If you have any questions about the dress code or what is appropriate attire please direct your questions to any of the staff. Please provide your own clothing and toiletries while in hospital. A list of items **NOT** allowed on the unit is included at the end of this handbook.

If you are here on an involuntary basis you will be asked to remain in hospital attire.

### **Personal Belongings and Money:**

The hospital claims **no responsibility** for personal belongings, money, or other valuables except those items which have been removed to the hospital safe. You will be asked to sign a **Patient Belongings Record** on admission.

**Observation Levels:** Observation levels are assigned by the physician in collaboration with the inter-disciplinary team. They are used to assist in maintaining the safety of both clients and the unit. You will be notified within 24 hours of your admission what your observation level is and what privileges or restrictions are involved in that level. If you have received any type of **PRN** medication due to anxiety or agitation it is required that you **remain on the unit for at least one hour so that the effect of the medication can be monitored by staff.**

**Visiting Hours:** The Mental Health Unit sets a limit of two family members per patient. There are no prescribed visiting hours **however**, we suggest visitors avoid times when therapeutic activities are planned. We do not allow overnight visiting on C6. Visits from children should be discussed with the care team and an appropriate area will be provided for their visit. Visitors bringing in items for patients must stop at the Central Care Desk for a safety search.

**Medication Times:** As part of your treatment plan, you may receive medication. Doctors and nurses will provide health teaching about prescribed medication and will assess the effectiveness of those medications along with you.

**Meal Times:** Meals are delivered at the approximate times listed below and are to be eaten in the dining area .

Breakfast: 8:00 AM

Lunch: 12:00 PM

Supper: 5:00 PM

Evening Snack: 8:00 PM

**Rising Times and Retiring :** You are asked to be up and dressed and ready for programs as follows there are no programs on the weekend :

Monday to Sunday      8:00 AM to 11:00pm

**Telephone:** There are two phones for use of clients of the inpatient program. Both are located on the inpatient unit just outside the dining room doors. The beige phone is for incoming and outgoing local calls. Need to press 9 for outgoing calls and the extension for that phone is 2828. There is a payphone beside for any long distance calls. Hours for phone use are 8:00am to 10:30pm. Phone use will be restricted to individuals using inappropriate language (i.e. yelling, swearing, threatening,) or on reports of harassment to others.

**All calls are limited to 10 minutes duration to allow for access of the phone to all clients.**

*The unit schedule typically operates as follows:*

| <b>Time</b>       | <b>Monday to Friday</b>                                  |
|-------------------|--|
| 7:00am to 9:10am  | Patient personal time and Breakfast                      |
| 9:10am to 9:30    | Group Program  |
| 10:30am to 11:30  | Group Program  |
| 11:30am to 1:15pm | Lunch and Patient Personal time                          |
| 1:15pm to 3:00pm  | Group Program  |
| 3:00pm            | Suggested Visiting hours                                 |
| 5:00pm            | Dinner   |
| 8:00pm            | HS Snack   |
| 9:00pm            | Return to Unit from Passes                               |
| 11:00pm           | All patients in their room (lights out)<br>Lounge closes |

***Break Times:*** Break times are as followed breaks are only to last 15mins if these times are abused may result in review of off ward privileges.

|         |        |         |
|---------|--------|---------|
| 7:45am  | 9:30am | 11:30am |
| 12:30pm | 1:45pm | 4:00pm  |
| 5:30pm  | 6:15pm | 8:00pm  |
| 9:30pm  |        |         |

# *Your Mental Health Care Team*

You are the most important member of your recovery team. Your role is to: discuss your needs, ideas, problems, concerns and goals. Provide complete and accurate information about your background and actively participate in your treatment.

Your interdisciplinary team will include the following

- **Psychiatrist:** A medical doctor with a specialty in the diagnosis and treatment of mental illnesses.
- **Medical Doctor:** Will provide physical health assessment.
- **Nursing Staff:** Will provide nursing care and is your primary contact for addressing concerns and receiving medication.
- **Social Work:** Determines eligibility/needs for services, locate resources, facilitate referrals and applications to government/community based agencies, assist patients and families to emotionally prepare for transitions. Social work will also assist in collecting information for mental health assessments and facilitate family meetings.
- **Occupational Therapist:** Assesses function and addresses how you can improve your engagement in everyday activities.
- **Recreation Therapist:** The Recreational Therapist facilitates the physical and psycho educational program on the unit, provides assessment, ongoing support ,counselling and resources to help you return to and maintain a healthier lifestyle
- **Addictions Councilor:** The Addictions counsellor is available for you if you require some education, assessment, resources, and/or supportive counseling with regards to substance abuse and process dependency including problem gambling.

## What to bring for your Hospital Stay

Please consider only having your minimum basic requirements. Storage space is limited and some items are not allowed for hospital safety and infection control purposes. Please label your personal items.

- Two or three full changes of clothes (including underwear and socks); consider comfort for physical activity groups. Laundry facilities are available for patient use
- • Toiletries (such as soap, shampoo, toothbrush, toothpaste, shaving supplies, deodorant and sanitary products). No scented products please.
- • Slippers, walking shoes
- • You may be requested to bring in your own medication.

## What NOT to bring

- Personal bedding items or stuffed animals.
- • Items that may cause harm such as sharp objects, glass, scissors, wires, plastic bags, craft supplies and corded devices.
- • We ask that you send home all valuables when you are admitted to the hospital or at the earliest possible moment (i.e. money, jewelry, credit cards, cell phones etc.).
- **No** electronics are permitted on the unit

# *Safety & security*

An important part of being in hospital is having a safe environment for patients, staff and visitors. We have several guidelines we ask you to follow:

## **On admission, your belongings will be searched by staff.**

- Some belongings may be sent home or kept behind the nursing station, such as, electronic devices, razors, belts, cords, etc.
- If family or friends bring belongings in for you, these belongings must be brought to the Nursing Station immediately for review. We reserve the right to restrict any visitor and the items they bring.
- Cellular phones, cameras, laptops, and any other personal devices capable of recording are not to be used on the unit by patients or visitors for reasons of confidentiality.
- Drugs and alcohol are strictly prohibited in the hospital. Remember when you are out on a pass, alcohol and drugs can interfere with many medications and may jeopardize your recovery.
- Orillia Soldiers Memorial Hospital is a smoke/vapour-free environment.
- Nicotine Replacement Therapy is provided.

*Orillia Soldiers' Memorial Hospital*  
*INPATIENT MENTAL HEALTH*  
*CODE OF CONDUCT*

Everyone on the program will treat each other with courtesy and respect. This includes not only how you speak to others but how program areas are kept tidy. **At no time will patients enter each others rooms. All interactions are to take place in common areas on the unit.**

This program must be a comfortable space for people who are getting treatment for their mental health problems, and the people who are providing that treatment. Therefore, behaviors such as verbal insults (i.e. racial or religious), shouting, threatening, or inappropriate sexual comments **will not be tolerated.**

Aggressive or violent behavior whether physical or verbal **will not be tolerated.** To ensure safety on the unit there may be times when staff must intervene to stop aggressive behaviors physically. In these situations, if you are in the area please do not interfere and if possible leave the area and return to your room. A team member would be happy to talk to you later about your concerns.

Again, the program must be safe and comfortable so sexually inappropriate behavior (touching, gesturing, and sexually charged comments) **will not be tolerated.** It is an expectation that you will refrain from initiating or engaging in any intimate/sexual relations with co-clients. You are here to focus on your treatment goals and direct your attention towards their outcomes.

# MY RECOVERY PLAN

Recovery is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the effects of mental illness. This is a plan you will develop with your care team over the duration of your stay to help you move forward in your recovery process. You are encouraged to seek assistance from your close social supports for feedback, and modify the plan as you gain more insight into what works best for you.

1) I would like to achieve the following goal(s) while in Hospital: (e.g. To find a medication that works well to manage my symptoms; To develop a better understanding of my symptoms and effective coping skills to manage them; To shower daily before 9am; to sleep at least 6 hours/night)

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2) My goal(s) for discharge: (e.g. To achieve stability of my emotions/ mood, To establish a daily structured routine; To get connected with a community support to work on my issues)  
These are the qualities and strengths I have that will help me recover:

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3) What does wellness look like to me? This is how I look, feel and behave: (e.g. Socializing with people; feel happy, hopeful; have energy to do things; regular sleep; healthy appetite)

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It is important to balance activities to look after myself, to be productive, to be around other people, and to have fun. I will take the following steps to maintain my wellness on a regular basis:

| <b>Activity</b>  | <b>Details (frequency, kinds, types, who, etc.)</b> |
|--|---|
| <b>Sleeping</b> (going to bed/getting up at the same time every night/day) |   |
| <b>Eating</b> (breakfast, lunch, dinner, snacks)                           |   |
| <b>Exercise</b>  |   |
| <b>Hobbies</b>   |   |
| <b>Productive time</b> (work, cleaning, care giving, volunteering)         |   |
| <b>Social network</b> (regular contact with friends, family)               |   |
| <b>Other</b> (Personal care, Spirituality, meditation)                     |   |

The following are signs of relapse that are warning signals for me:

Situations that can “trigger” my relapse (e.g. conflicts; not getting enough sleep/sleeping too much; miss medication):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Physical symptoms (e.g. racing heart; tired; low energy; low concentration):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Thinking style or common thoughts I have (e.g. negative; racing; worrying; hearing voices; thinking people are against me):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Behaviour changes (e.g. sleep habits; appetite; motivation; withdrawing; substance use):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

These contribute to feelings of (e.g. sadness; anger; fear):

- \_\_\_\_\_
- \_\_\_\_\_

When I notice these warning signs, I will take time to step back – review, re-evaluate and choose an appropriate response to cope more effectively with the issues (e.g. call a friend; use music; relaxation; challenge negative thoughts; recreation activities). The following are things I can do to help myself when I am

**Stressed out:**

**Getting closer to a crisis:**

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|--|--|
| <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul> | <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul> |
|--|--|

New coping skills I am developing or trying to learn more about are:

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|--|--|
| <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul> | <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul> |
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My current medications are:

| Name | Dose | Time | Reason | Side effects |
|------|------|------|--------|--------------|
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|      |      |      |        |              |

*My discharge supports and appointments are:*

Family Doctor: \_\_\_\_\_ Next appointment:

Psychiatrist: Other health professional:

Community supports:

The following people are available to support me in different ways (friends, family, and community):

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What do I need from others if I ask for help? It's important to tell a support person how they can help. (e.g. just listen and let me vent, give me specific directions, or reassure me)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This is what I have learned about myself during my Hospital stay:

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If I plan to make any changes after I leave the Hospital, they will be:

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I will take these steps to improve my wellness because: I will share this plan with to help support me in my recovery. If my supports are not available, and my coping skills are not working, I can call the Crisis Line any time at 1-888-893-8333 (toll free)

## Items Identified as Contraband on C6:

**Weapons:** Firearms, ammunition, knives of any size, tasers, saws, box cutters, mace, handcuffs, brass knuckles, chains of any size, ropes, cords, clubs, chemical and/or poisonous agents, or explosives.

**Medications:** Prescription medications (including inhalants), over-the-counter medications, vitamins or supplements, herbal remedies, unmarked or unidentified powders or liquids, dried plant material.

**Alcohol/Drugs:** Any type of alcohol or items containing alcohol. All illicit/street drugs or drug paraphernalia of any type.

**Sharp Objects:** Knives of any size, razors, razor blades, scalpels, scissors, metal combs/picks, mirrors, mirrored compacts, nail clippers, metal nail files, cans, can openers, ice picks, corkscrews, screwdrivers, hammers, or any other tools, sewing needles, craft needles/hooks, paper clips, safety pins, staples, tacks, pencils, pens that unscrew and have springs, or any other sharp or pointed object that could inflict harm.

**Tobacco:** Cigarettes, cigars, chewing tobacco, snuff, nicotine replacement products (patches, gum), pipes, rolling paper, lighters, lighter fluid, matches, or any other tobacco products.

**Containers:** Any glass, metal, wooden or aerosol containers and plastic bags.

**Hygiene Items:** Metal nail files, nail clippers, tweezers, razors, razor blades, scissors, safety pins, hairspray, mirrors, compacts with mirrors, curling irons, flat irons, hair dryers, hair clippers, metal combs or picks, combs with sharp "tails, and dental floss and chemicals to dye, highlight, relax or perm hair, Linens, pillows, and stuffed animals.

**Clothing:** scarves, belts, heavy shoes, boots, steel-toed footwear, high-heel shoes, short shorts, cropped tops, overly tight or obscene clothing items, draw strings, suspenders, robe sashes, cords, ribbons