Supporting Youth Hospitalized for Mental Health

Key Terms

* **5150**: Welfare and Institutions Code (WIC) 5150.
* **5250**: Welfare and Institutions Code (WIC) 5250.

Understanding the scope of mental health disorders:

* According to the U.S. Department of Health and Human Services, studies show that at least one in five children and adolescents have a mental health disorder. At least one in 10, or about 6 million people, have a serious emotional disturbance; and for foster children, the rates are higher. Studies show that somewhere between 50 – 80% of foster children have moderate to severe mental disorders.
* What constitutes the need for a 5150 hold?
	+ **5150**: Welfare and Institutions Code (WIC) 5150. When a person is a danger to themselves or others as a result of a mental health disorder, they may be taken into custody for up to 72 hours for assessment and evaluation.
	+ If the conditions of 5150 is considered necessary, a peace officer or mental health professional make take the youth into hold / custody.

To advocate for a youth hospitalized for mental health, a CASA should:

* Maintain contact and visits with the youth, as able:
	+ Understand call and visitation protocols
	+ Set expectations for maintain contact with the youth and mental health care providers
* Ask questions to better understand mental health services the youth is receiving:
	+ What are the goals for treatment, and how does this intervention make these goals more likely to be achieved?
	+ How do these goals fit into the youth’s culture, motivation and expectations?
	+ What criteria are we looking at to determine what a “success” would be?
	+ What are the possible negative impacts and risks of this intervention?
	+ When and how will these questions be reviewed and the success of treatment be reassessed?
* Continue to submit court reports and attend hearings:
	+ The reports should contain any new information, including CASA’s contact or visits with the youth and information obtained from the SW, caregiver, family members or other party to the case.
	+ The CASA’s recommendations should ensure that services are in place for the child to support their mental health.

Under what conditions could a child be released from their hold? Is there a minimum/maximum time a child could be held?

* Because a 51/50 option is available for acute psychiatric events, the hold does not last very long.
* The mandatory hold time is 72 hours.
* In most states, the 72 hour rule cannot be extended without a formal hearing.
* In California according to the Lanterman-Petris Short Act, if after a 72-hour hold an individual is still considered to be a threat to themselves and/or others, WIC 5250 permits for an individual to be involuntarily held for an additional 14 days.
* During this time, they will continue to be assessed by psychiatric staff.
* ONLY WHEN the individual is deemed to no longer be a danger or gravely disabled, they are discharged from the hospital.
* After the initial 14-day extension, the individual must be released unless they agree to further treatment on a voluntary basis.

After a child is released, how should a CASA proceed and what kind of services are available to the child?

* After your case child is released, you are likely to have many questions for him or her, but now is not the time to overburden them. Don’t get discouraged if your child is angry or upset.
* First and foremost you must continue a pattern of consistency with them in your role as their CASA.
* The safety of both you and your case child is of the utmost importance. It is a good idea to develop a safety plan in the event that any future instance occurs while you are with your case child.
* Be prepared. Work with your advocacy supervisor and compile a list of appropriate contacts in the event of another emergency such as the Crisis Hotline or Children and Youth Behavioral Health Centralized Assessment Team.
* Work with the hospital on a discharge plan for follow-up treatment upon release.
* Stay on top of documentation! Recording behaviors might help with future therapeutic plans or goals for your case child.