Toronto abi Network

# Guidance Document for Transitions from Acute Care to Inpatient Rehab for Patients with Mental Health and Substance Use Issues

## Purpose

This document is intended to serve as a guide for acute care and rehabilitation hospitals to outline the information required when referring patients with mental health and/or substance use issues to inpatient ABI rehab.

## Principles:

In principle, and in accordance with best practices[1], all specialized ABI rehab programs should have the capacity to manage patients with ABI who also have mental health/addiction issues.

Given the unique needs of each patient, there may be nuances where admission may need to be considered on a case-by-case basis.

Communication between acute care and rehab teams will be timely and transparent.

Where a rehab program is unable to admit a patient, the reasons with rationale will be clearly communicated.

## Considerations related to mental health needs

- If the patient has an active mental health history, an overview of presenting symptoms, intervention, and management should be provided to help rehab understand the background of the patient's mental health history.
- When Psychiatry is involved, notes need to include confirmation of psychiatric stability and treatment plan recommendations, including post-discharge follow-up arranged / recommended and details re: any referrals made.
- Acute care to confirm the psychiatric history is stable and not impacting current care. To indicate this on the referral form, where the psychiatric diagnosis is indicated, acute care may add "(stable)" after diagnosis. It is helpful to understand any medications taken pre-injury for the treatment of a mental health diagnosis.
- For patients who sustain an ABI due to self-inflicted injuries, the receiving organization's psychiatrist needs to review the referral and confirm understanding. Sending facility should clearly confirm if patient is psychiatrically stable and if the patient still has elevated risk related to active suicidal ideation or self-harming behaviours.
- It is helpful if acute care psychiatrists or other team members (e.g., social worker, occupational therapist) can indicate what pre-existing behaviours were present to help differentiate what is new/different as a result of the ABI.
- Need to include the current MAR as medications noted on the referral form may have changed. Indicate if PRN medications are used

[1] **Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe TBI**
Bayley M, Gargaro J, Kua A, Pagé E, Lalancette Hébert M, et al. Canadian Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe Traumatic Brain Injury. Toronto, ON: University Health Network, 2023. https://kite-uhn.com/brain-injury/en

- If there are behaviours, need a description of them including the behavioural management strategies in place and if additional resources are being used i.e. family members. Also need to know if patient requires closer observation by staff.
- All information required should be clearly communicated in either the RM&R application itself, a psychiatry consult note, or a specific care plan that is included with the application.

Outpatient psychiatry follow-up

- Where the patient's ABI is due to a traumatic cause, both Sunnybrook and St. Michael's Hospital have access to psychiatry follow up for trauma patients but not neurosurgery patients. They do not follow patients on a long-term basis.
- For non-trauma patients who need follow up by psychiatry after an inpatient rehab stay, this will be coordinated by rehab.

Considerations related to substance use issues

- It should be noted that rehab programs do not have the expertise in harm reduction to manage substance-seeking behaviour. Rehab is a voluntary program that requires the patient's active participation.
- The receiving organization's policy on substance use has been communicated to the patient by the sending organization, i.e., patients may go out to smoke, if they are independent or with supportive family, but they cannot smoke or do illicit drugs in the bathroom as this results in codes being called, impacting the safety of other patients.
- It is helpful to know if there is a smoking cessation program underway to ensure continuation in rehab.
- It is not a requirement for patients to agree to stop using or engage in substance use rehab post ABI rehab; however, as per all hospitals' policies, patients cannot be actively using substances while in the hospital. Unless a patient has a day pass, they are not permitted to leave hospital grounds.

**Note**: For consideration post hospital discharge: Rapid Access Addiction Medicine Clinics (RAAMs) are drop in and allow prescriptions for things like Narcan and Methadone (if the client is a new methadone user) + non-pharmacological supports. See: https://www.camh.ca/-/media/files/community-resource-sheets/raam-resource-sheet-pdf.pdf

Other Considerations

- Rehab will not decline a referral if the patient does not have a permanent fixed address. However, the housing discharge destination needs to have been discussed with the patient with the plan documented, e.g., discharge to shelter.
- Similarly, rehab will not decline someone if the ABI was sustained via self-harm or violent incident, but will require the information noted in this guide to put the required protocols in place to support admission.
- When the cause of the ABI is assault, rehab will need to know if Detectives are involved and if so, obtain their contact information to confirm what security precautions may be needed

given the circumstances. Will also need to know if there have been any security issues in acute care.

- Patients must be agreeable to a minimum inpatient rehab admission of 3 weeks. If the patient is eligible for but does not agree to an inpatient rehab admission, in discussion with the rehab hospital, the patient may be referred to outpatient rehab that may prioritize access above other community referrals.
- Need to communicate with the family that ABI rehab does not have the capacity to address pre-existing mental health and addiction issues. The focus will be on impairments related to the brain injury.

Overview of supports that exceed what rehab can provide

- Cannot accommodate patients who need 1:1 monitoring due to lack of resources. This includes patients who need frequent checks, i.e., every 15 minutes.
- Security is only involved with de-escalation of Code Whites. Security involvement is not part of an ongoing behaviour care plan. They are not involved with de-escalating behaviours.