Chapter 5
Diagnoses, Individualized Treatment Planning, Medications & Discharge

Diagnosis

When a person is first seen by a psychiatrist for examination and treatment, the psychiatrist must make a diagnosis based on the symptoms displayed by the person. The doctor must rely on what he sees and on his training and experience. The diagnosis is a label for the symptoms which creates a framework for the person’s treatment. Diagnosis is often a difficult process, since the psychiatrist must:

- Look at the current symptoms.
- Study the person’s history, which can often be hard to get from the person, the family, and other treatment facilities.
- Rule out any non-psychiatric reasons for the symptoms. A complete physical examination with the proper lab tests is very important. Many physical illnesses can cause a person to appear to have a mental illness, and some medications or street drugs have the same results.

You may see several areas of diagnosis, each of which involves a different area of information that helps the clinician plan treatment and predict outcome. Each of these five areas is called an “Axis” including:

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<tr>
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After a “working” diagnosis is made, treatment can be started. The complete diagnosis process can take some period of time and is constantly being reassessed as the person responds to treatment.

Appendix D describes in detail the most common major diagnoses. With each disorder is a list of medications that are often used to treat that illness.

Individualized Treatment Planning

Treatment planning is merely the approach to providing mental health care. This approach is based upon the:

- Type of illness,
- Specific treatments, and
- Observation of the results to determine if the treatments are producing the outcomes desired.

Treatment planning is conducted under a variety of terms such as “individual treatment plans,” “service plans,” and “individual rehabilitation plans,” etc. These different terms have little practical or meaningful distinction. In all instances, however, the treatment plan must be individualized to meet the unique needs of the person. There are certain commonalities that must be included in all treatment planning processes, regardless of the particular formats that may be used.

The psychiatric treatment planning process begins with the person. The Guardian Advocate has, by virtue of being appointed by the Court, the authority to see any necessary records and is expected to be a part of the person’s treatment planning. As soon as possible, the facility begins:

- Gathering the information necessary for diagnosis and assessment (history, physical examination, mental examination, strengths and weaknesses); and
- Determining the person’s competence to voluntarily consent to treatment or determining the individual who may be legally authorized to consent after being provided information for the person’s express and informed consent.

The following activities should be a part of planning for the psychiatric treatment of all persons:

- Background and medical history of the person to plan appropriately for future treatment.
- Assessments to rule out medical problems.
• Diagnosis that forms the basis for treatment plans.

• Proposed course of treatment that bring together the background, diagnosis, and assessments necessary for a comprehensive plan.

• Express and informed consent to ensure the person or the Guardian Advocate is aware, after full disclosure of all aspects of treatment, before giving or refusing consent to treatment.

• Goals and measurable objectives to serve as markers of progress toward recovery.

• Daily progress documenting progress toward goals.

• Treatment plan reviews to identify barriers to successful outcomes and modify treatment plans as necessary.

• Medication orders to stabilize the person, charting to document services provided, and laboratory testing to confirm therapeutic levels of medication.

• Discharge planning begun at the time of admission.

• Discharge summary that highlights the major factors occurring during the treatment episode.

The Baker Act further requires that certain issues be considered in an individualized treatment plan. The plan must be completed within five days after the person arrives at the facility and the person must have had an opportunity to assist in its preparation and to review it prior to its implementation. The plan must also include a space for the person's comments.

These issues include:

1. The opportunity to participate in the preparation of his or her own treatment and discharge plans. When a person refuses or is unable to participate in such planning, that refusal or inability must be documented in the clinical record.

2. Comprehensive service assessment and treatment planning, including discharge planning, must begin the day of admission and must include the person’s case manager if any, family members, significant others, or guardian, as desired by the person. Obtaining legal consent for treatment, assessment, and planning protocols must also include the following:

• Obtaining any advance directives completed by the person at a time when he or she was competent;

• Completing necessary diagnostic testing and integrating the results and interpretations from those tests;

• Developing treatment goals specifying the factors causing admission and addressing their resolution;

• Developing goals within an individualized treatment plan, including the individual’s strengths and weaknesses, that addresses living arrangements following discharge, social supports, financial supports, and health, including mental health. Goals must reflect the person’s choices and preferences and use available natural social supports such as family, friends, and peer support group meetings and social activities.

Appendix E provides additional information on treatment planning.

**Psychotherapeutic Medications**

Psychotherapeutic medications, are medications used to alter abnormal thinking, feelings, or behavior. These medications are traditionally divided into the following classes:

• Antipsychotic medications,

• Antidepressant medications,

• Antimanic medications, and

• Antianxiety medications.

The Guardian Advocate needs to learn about the various medications available for treating the person's diagnosis. You don’t need to learn everything there is to know about these medications, but rather be prepared with appropriate questions that can be asked of the psychiatrist to better understand the medical options and the medicines that are being recommended.

The practice of prescribing psychotherapeutic medications has undergone significant changes since they were first discovered in the early 1950’s. From a single medication,
there are now many available medications for treating the various psychiatric conditions. Any physician and any psychiatrist can prescribe psychotherapeutic medications. An Advanced Registered Nurse Practitioner (ARNP) or a Physician Assistant (PA) may also be able to prescribe under the supervision of a physician.

There have been many powerful advances that have been made in the pharmacological treatment of bodily illnesses and diseases, including the treatment of mental illnesses. Recent medication advances have helped many persons with severe mental illnesses to leave institutions and to progress toward recovery and productive lives. The ability of such medications to place many major psychiatric illnesses into remission requires our recognition that mental illnesses are, in fact, physical illnesses like other medical disorders.

Appendix D provides additional information about psychotherapeutic medications.

Discharge

Each person in a facility must be encouraged to actively participate in treatment and discharge planning activities and must be notified in writing of his or her right to seek treatment after discharge from the professional or agency the person chooses. The person must be assisted by staff in making appropriate discharge plans.

The Baker Act requires that discharge planning include and document consideration of the following:

1. The person’s transportation resources.

2. The person’s access to stable housing. If the person is at risk of re-admission within the next three weeks due to homelessness, prior to the person’s discharge staff must request a commitment from a shelter that assistance to the person will be provided.

3. Assistance in obtaining a timely aftercare appointment for needed services, including continuation of prescribed psychotherapeutic medications. Aftercare appointments for medication and case management must be requested to occur not later than seven days after the expected date of discharge.

4. The facility must provide prescribed psychotherapeutic medications, prescriptions, or multiple partial prescriptions, or a combination to a person being discharged to cover the time until the first scheduled medication aftercare appointment, or for a period of up to 21 calendar days, whichever occurs first. Discharge planning must address the availability of and access to prescribed psychotherapeutic medications in the community.

5. The person must be given education and written information about his or her illness and psychotherapeutic medications including other prescribed and over-the-counter medications, the common side-effects of any medications prescribed and adverse drug-to-drug interactions common between that medication and other commonly available prescribed and over-the-counter medications.

6. Information about and referral to any community-based peer support services in the community; information about and referral to any needed community resources; and referral to substance abuse treatment programs, trauma or abuse recovery focused programs, or other self-help groups, if indicated by assessments.