

# Supporter/Advocate Checklist: Voluntary Psych Admission

## BEFORE ADMISSION

*\*adapt to what's feasible*

- Ask if and how they want your support
- Confirm they want you to accompany or advocate for them
- Help them draft a crisis plan, advance directive, or psychiatric preferences
  - Who can visit?
  - What meds they accept or refuse?
  - Religious/spiritual needs?
  - Triggers, communication needs, disability access?
  - Offer to store a copy and ensure staff receive it
- Prepare a care bag
  - Include comfort items (photos, blanket, safe snacks, earplugs, journal, etc.), → **though check what's allowed**
  - Phone charger (non-corded), toiletries, list of important contacts
- **Know your rights\***
  - Research the hospital's policies: visiting hours, phone access, patient rights
  - Look up state laws on voluntary holds, discharge rights, and grievances
- Connect to legal & advocacy resources
  - Locate local patients' rights advocates
  - Have the number for the Protection & Advocacy agency in your state
  - Prepare anti-coercion strategies (ex. if there is pressure to convert to involuntary status)

## **DURING HOSPITALIZATION**

- Offer regular, predictable contact (calls, letters, visits)
- Respect their communication pace and space
- If they want to talk about experiences, listen without pathologizing
- Don't demand "progress" or "gratitude"
- Help navigate bureaucratic or insurance issues
- Intervene if care becomes punitive, coercive, or neglectful
- Support them in filing grievances, if wanted
- Remind them of their autonomy, creativity, personhood outside the institution
- Share updates from community life (if wanted) to prevent isolation
- Watch for signs of:
  - Forced medication
  - Restraint/seclusion
  - Retaliation for speaking up
- Document incidents (with consent) and connect with outside advocates

## **DISCHARGE & AFTERCARE SUPPORT**

- Support them in reviewing discharge paperwork
- Ask what support they want post-discharge (housing, peer support, decompression time)
- Don't treat them as fragile or "broken"
- Avoid jumping into repair or accountability for actions without stability and basic needs being met, including time to process
- Offer nourishment, rest, community– without pressure
- Help reconnect with:
  - Peer respites
  - Therapy with shared value
  - Mutual aid circles
  - Somatic/bodyworkers, spiritual guides, herbalists

## ANTI-CARCERAL / ABOLITIONIST PRACTICE NOTES

- Recovery doesn't mean "accepting" a diagnosis or becoming "stable" by institutional standards
- Healing isn't linear! Expect ebbs and resistance to oppressive models
- **You're not their savior, case manager, or parole officer**
  - You're a witness, advocate, companion, friend, kin
- Call out medical racism, ableism, transphobia, and other systemic oppressions they may face inside
- Be ready to raise concerns and build pressure (collective calls, social media, advocacy letters) if they are mistreated
- Create a support pod or care circle for coordinated check-ins, meal trains, rides, etc.
- Keep a shared doc with contacts, meds, discharge info (with consent)
- Build long-term alternatives so hospitalization isn't the only option next time

# Support Checklist for Voluntary Psychiatric Hospitalization

- *For friends, advocates, and chosen family*
- *Abolitionist, non-carceral, and consent-based*

## Before Admission (*if possible*)

- ✓ Ask for consent to support them in this process
- ✓ Help them create or review a crisis plan / psychiatric advance directive
- ✓ Clarify:
  - Who can visit/call
  - Medication preferences/refusals
  - Spiritual, sensory, access needs
  - Emergency contacts
- ✓ Pack or help prepare a care bag with approved comfort items
- ✓ Write down key phone numbers in case phone is taken
- ✓ Research:
  - Hospital's policies (visits, phones, items allowed)
  - Local/state patients' rights
  - How to file grievances
- ✓ Locate and save:
  - Local patient advocate or ombuds office contact
  - Legal resources (e.g., Protection & Advocacy agency)
- ✓ Offer to accompany them or be on-call during intake

## During Hospitalization

- ✓ Keep in touch in ways they consent to:
  - Scheduled calls
  - Letters, postcards
  - Approved visits
  
- ✓ Provide emotional support without pressure
- ✓ Run errands or help with outside logistics (mail, bills, dependents, pets)
- ✓ Watch for and document (with consent):
  - Forced meds
  - Isolation or seclusion
  - Coercion to switch to involuntary status
  - Discrimination or abuse
  
- ✓ Help them report harm if they want
- ✓ Speak up if they are being silenced or gaslit
- ✓ Offer validation if they're questioning diagnosis or treatment

## At Discharge

- ✓ Offer a safe landing space- not interrogation
- ✓ Review discharge instructions with them (only if they want help)
- ✓ Coordinate:
  - Rides
  - Meals
  - Medication pick-up
  - Support circle follow-up
  
- ✓ Ask: *What kind of care do you want now?*
- ✓ Don't push them to talk about the hospital
- ✓ Stay consistent- don't disappear now that they're "out"

## Ongoing Collective Support

- Build a support pod or care team
- Store care plans & emergency info (with consent)
- Connect them with:
  - Peer support or radical therapists
  - Mutual aid groups
  - Bodyworkers/herbalists
  - Cultural & spiritual supports
  
- Normalize non-linear healing
- Co-create alternatives so hospitalization isn't the only next time