

When Hospital Admission Is Considered

There are times when a higher level of care is needed to support safety and stabilisation. This leaflet explains when hospital admission may be considered in psychiatric care and what it usually involves.

Purpose of Hospital Admission

Hospital admission is considered to:

- **Maintain safety** during periods of high risk
- **Stabilise severe symptoms**
- **Provide intensive assessment and treatment**
- **Support recovery** when outpatient care is not sufficient

Admission is a **therapeutic step**, not a punishment.

Situations Where Admission May Be Considered

Hospital admission may be considered when one or more of the following are present:

- Inability to keep yourself or others safe
- Escalating suicidal thoughts with intent or planning
- Severe self-harm risk
- Marked psychosis or loss of contact with reality
- Severe mood disturbance with impaired judgement
- Intoxication or withdrawal combined with mental health risk
- Inability to function or care for basic needs
- Rapid deterioration despite outpatient treatment

The decision is based on **current risk and needs**, not diagnosis alone.

Admission Is About Safety and Support

Admission aims to:

- Reduce immediate risk
- Provide a safe, structured environment
- Allow close monitoring and adjustment of treatment

- Support rest, sleep, and regulation

It is usually **time-limited** and focused on stabilisation.

Voluntary and Involuntary Admission

Voluntary Admission

- Occurs when a person agrees to admission
- Is preferred whenever possible
- Allows collaborative treatment planning

Involuntary Admission

- Considered when safety cannot be maintained
- Used only when legally and clinically required
- Governed by mental health legislation

The goal in all cases is **safety and recovery**.

What Happens During Admission

While experiences vary, admission may involve:

- Psychiatric and nursing assessment
- Medication review or initiation
- Support with sleep and routine
- Monitoring of symptoms and risk
- Planning for discharge and follow-up

Treatment is individualised.

Length of Stay

Length of stay depends on:

- Severity of symptoms
- Response to treatment
- Safety and support needs

Some admissions are brief; others require more time.

Common Concerns About Admission

It is common to worry about:

- Loss of control
- Stigma
- Impact on work or family
- Fear of being “locked in”

These concerns are understandable and can be discussed with clinicians. Admission aims to **reduce harm and support recovery**.

Hospital Admission and Ongoing Care

Hospital admission does not replace outpatient care.

After discharge:

- Follow-up care is arranged
- Treatment plans are reviewed
- Support is stepped back to community settings

Admission is part of a **continuum of care**.

When Admission Is Not Required

Many people experience severe distress without needing hospital admission.

If safety can be maintained with:

- Community supports
- Crisis services
- Increased outpatient review

Hospitalisation may not be necessary.

If You Are Unsure

If you are unsure whether admission is needed:

- Discuss concerns with your treating clinician
- Seek urgent assessment if risk is increasing
- Use crisis services if safety is uncertain

Early discussion can prevent escalation.

Summary

Hospital admission is considered when safety or stabilisation requires a higher level of care. It is a supportive, time-limited intervention aimed at protecting wellbeing and enabling recovery.
