About Our Program

The Child and Adolescent Psychiatry Inpatient Unit at the Johns Hopkins Hospital is a 15 bed acute care unit for children and adolescents with a wide variety of psychiatric conditions. The primary purpose of an inpatient admission is to provide crisis intervention and stabilization, as well as coordination of post-hospitalization care.

Our unit treats children and adolescents with ADHD, adjustment disorder, anxiety, bipolar disorder, catatonia, depression, obsessive-compulsive disorder, and psychosis, to name a few.

The inpatient unit accepts patients aged 5 to 17 from the Emergency Department, referring physicians, and from various community resources. The average length of stay is 5-10 days.

From the day of admission, our team begins active collaboration with outpatient providers. Our discharge plans include coordination with schools, agencies, and community psychiatrists. We are child centered and family focused.
Treatment Team

Our treatment team consists of psychiatrists, registered nurses, psychiatric assistants, social workers, occupational therapists, psychologists, child life specialists, and, very importantly, your child and you!

The different team members have different roles and functions on the unit.

Psychiatrists admit and discharge patients from the hospital. They are responsible for the diagnosis with input from the other team members. They will assess your child or adolescent to determine whether starting or changing medications is appropriate. Because we are a teaching hospital, your child will work with both a resident (junior physician) and attending (senior physician.)

Licensed registered nurses are responsible for assessing, giving medications and treatments, problem solving, advocating for and supporting the patients. Their priority is to keep a safe and healthy milieu.

Psychiatric assistants are a part of the nursing staff. They provide direct patient care as well as provide therapeutic and recreational activities for the patients.

Licensed social workers work closely with the families to determine successful discharge plans for the patients. They hold family meetings and interact with outside resources to secure discharge appointments and resources.

Occupational therapists provide individual evaluations and run groups that relate to coping skills, frustration tolerance, and various other tasks.

Psychologists perform assessments, run skills – training groups, provide psychological consultation to assist in treatment planning, and provide Dialectical Behavior Therapy

The Admissions Coordinator will ensure a seamless transition from your care to our inpatient unit by obtaining insurance authorizations on your behalf and coordinating departure and arrival times. Please call and fax in the referral, and we will take care of the rest.

Child Life specialists help to normalize the hospital environment for patients. They work with the team to provide assessments, education, procedural support, and comfort to patients who may be fearful or anxious. Child Life specialists facilitate socialization and adaptive coping techniques through interactions with patients both individually and in a group setting.

The family role is to collaborate with the treatment team members and educate the team about family dynamics.

Behavior System

The Child and Adolescent Psychiatry Unit uses a dual approach to maintain a positive, therapeutic milieu. The first part of the approach is the use of Positive Behavioral Intervention and Support (PBIS). We expect children to BE SAFE, BE RESPONSIBLE, and BE RESPECTFUL. Patients are provided education on these behavioral expectations as well as praised and rewarded for adhering to expectations. Secondly, when problems do arise, a collaborative approach to problem solving is conducted.

Expectations

Parents are expected to be a part of the treatment team. The goal is to have a family centered approach to care and involve parents in the treatment and healing of their child. Family meetings are offered during each patient’s hospitalization. These family meetings are essential in establishing goals, educating families on illness and medications, and determining discharge plans.

Patients are expected to behave safely, responsibly, and respectfully. They are expected to attend groups, show respect for other peoples’ persons and property, and to keep everyone safe from aggression.

Staff is expected to maintain a safe and therapeutic unit. Staff is a resource for patients and visitors. Physicians and nurses meet with and assess each child daily. Occupational Therapy, Psychiatric Assistants and Child Life offer social and therapeutic activities for the patients.