UNDERSTANDING CARE · ONE PAGE EXPLAINER

Levels of psychiatric care, from outpatient to inpatient

Weekly visits, day programs, residential care, and the hospital: who each is for and how people move between them.

Psychiatric care isn't one thing. It comes in levels, from a weekly appointment to a locked hospital unit, and the right level depends on how much support someone needs right now to be safe and get better. Most people move between levels over time. A good match gives enough structure to help without taking more of your life than it has to.

THE FIVE MAIN LEVELS

Outpatient care
Therapy and medication visits, usually weekly or less often. You live your normal life around them. This is where most people get care and where they return after more intensive treatment.

Intensive outpatient (IOP)
Several sessions a week of group and individual therapy, education, and medication management, often a few hours at a time, sometimes in the evening. Medicare describes it as at least 9 hours of services a week. Many people keep working or going to school.

Partial hospitalization (PHP)
A structured day program, usually most of the day on weekdays, with therapy groups, individual sessions, and a psychiatrist. You go home at night. Medicare describes it as usually 4 to 8 hours of care a day for people who'd otherwise need inpatient treatment.

Residential treatment
You live at the program for a period of time, with therapy and support built into every day. It's used often for substance use and eating disorders, and for people who need more structure but not hospital-level medical care.

Inpatient hospitalization
Around-the-clock care on a hospital psychiatric unit for someone who isn't safe outside, like after a suicide attempt, during severe mania or psychosis, or when they can't care for themselves. Stays are usually short and focused on safety and stabilization.

How people step up
When symptoms get worse, safety becomes a concern, or a lower level isn't working, care moves up a level. The move up is a sign that someone needs more support, not that they've failed.

How people step down
As things settle, care steps down gradually, for example from inpatient to PHP, then to IOP, then back to outpatient. A planned step down protects the gains and lowers the chance of a quick return.

HOW TO USE THIS PAGE

- Ask the program what a typical day looks like, who you'll see, and how long most people stay.
- Before a step down, make sure the next appointment is already booked. The handoff is a vulnerable time.
- Check what your insurance covers at each level and whether prior authorization is needed.

Level definitions follow Medicare's descriptions of intensive outpatient and partial hospitalization services, with level-of-care decision tools like LOCUS and the ASAM Criteria.

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