APA Resource Document

Resource Document on Approaches to Address Patient Access to Important Personal Items While Psychiatrically Hospitalized

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BACKGROUND

Granting patients access to personal items while the patients are psychiatrically hospitalized requires a delicate balance between maintaining a safe and therapeutic environment and basic patient rights and comfort (Slemon et al., 2017; Zhong & Wasser, 2021). Suicidal or violent behavior is often a presenting symptom leading to psychiatric hospitalization. Thus, access to personal items needs to be assessed and monitored, as these items may be used by the patients to harm themselves or others, compromising the overall safety of patients and staff and hindering their own recovery.

According to the 2017 Centers for Medicare & Medicaid Services (CMS) guidelines, hospitals must identify patients who are at increased risk of violent and self-harming behavior and develop ways to minimize this risk based on nationally recognized standards (CMS, 2017).

Allowing patients access to personal items is a dynamic process and should be individualized, person centered, and based on each patient's current level of risk. Upon a patient's admission to a psychiatric unit, a psychiatrist typically signs an order detailing the patient's level of risk and/or items they are allowed access to. Throughout a patient's hospitalization, access to personal items should be subject to an ongoing clinical review of risk, as it may change with time and psychiatric symptoms (Slemon et al., 2017).

To maintain safety on an inpatient psychiatric unit, personal items need to be screened for individual risk and unit safety in case the items get into the hands of another patient. Reasonable restrictions to ensure the safety of patients, staff, and visitors on the unit should be considered. Traditionally, there are three tiers of personal items on an inpatient psychiatric unit: contraband, restricted, and conditionally allowed. Items regarded as general contraband by hospital policy should not be subject to exemption by a physician, such as weapons, tobacco and tobacco products, and explosive substances. Other restricted items may be available depending on the associated risk of violence and self-harm at the time of use,

but to decrease risk levels, they could potentially be used only while the patient is being monitored by hospital staff. Conditionally allowed items are permitted, subject to a clinical review of the risk of the individual possessing the items and the specific type of hospital setting, and given their generally low risk to other patients and individuals on the unit.

This APA Resource Document is a guide for psychiatrists to use to evaluate and manage patient access to personal items during inpatient psychiatric hospitalization. Differences between types of psychiatric hospitals, including civil, forensic, child and adolescent, and long-term state hospitals will be reviewed.

FRAMEWORK FOR PERSONALIZED CARE

All hospitals have procedures for admission, and these procedures usually include searching patients and property for dangerous or illegal items, such as weapons and drugs. It is recommended that hospital staff search patients' property upon their admission to an inpatient psychiatric facility to determine which items need to be stored and what property can be allowed to enter the unit. Property slips are usually made and given to the patient or placed in the patient's chart. Changes of clothing and body searches may be completed in the emergency room or admission unit, or by officers on forensic units prior to patients' entering the inpatient unit, but this is not a standardized procedure in all hospitals.

When a patient is admitted, the psychiatrist should conduct a suicide and violence risk assessment to determine how frequently each patient needs to be observed or monitored by staff. Depending on a patient's level of risk, the psychiatrist may order the patient to be observed every 30 minutes, 15 minutes, or five minutes, or constantly. If constant observation is recommended, staff are either required to be within a line of view of the patient or within an arm's reach of the patient. Some especially high-risk patients may need to be observed by two staff (2:1) or three staff (3:1) members at all times (Chu, 2016; VPHC, 2015). Patients may or may not be allowed to close their doors. For example, if a patient is being observed constantly for suicide risk, it is usually required for their door to be open. Alternatively, if a patient is being continuously observed for assault risk, they may be encouraged to close their door because it may be less stimulating for the patient and may decrease the chance of the patient engaging in assaultive behavior.

On most inpatient units, the psychiatrist signs an order upon admission documenting a patient's general observational status and may enter another order detailing specific restrictions regarding their personal property. Some hospitals may also give patients a handout or complete a form along with the patients that details different classes of items allowed while hospitalized and their level of restriction on the unit. *Contraband* refers to items not allowed on the psychiatric unit. The word *Contraband* may be considered adversarial and may contribute to stigma surrounding and/or comparing inpatient units to correctional settings. This could ultimately deter people from seeking inpatient treatment. Inpatient facilities are encouraged to adopt alternative terms to maintain a more person-centered environment. *Restricted items* are limited on a unit due to the risks associated with them, but they may be available to a patient while he or she is being supervised or during his or her participation in a rehabilitation or therapeutic group. When authorized by a physician's order, *conditionally allowed items* may be available to an unsupervised patient. Other items listed may be available to a patient with individual supervision or during a rehabilitation or therapeutic group meeting. Such forms can be helpful for patients to understand the hospital environment, particular restrictions, and the process for increasing or reducing

privileges depending on their clinical status. For example, patients deemed at high acute risk of suicide upon admission may be initially on constant observation status and have an order for a "stripped room." In this situation, a patient is not allowed to keep personal clothing or other personal items in their room but can ask staff for them when such items are needed. Later, when they are at a lower acute risk for suicide, the patient may be on 15-minute observation and store their belongings in their room. This increase in privileges should be authorized through physician orders and associated chart documentation.

A common hospital practice to ensure patient safety while they are grooming themselves is to use "sign in and sign out" sheets for sharps and restricted objects. For example, when a staff member assists a patient with shaving, a patient or staff member may need to first "sign in" how many razors were given and then "sign out" how many were returned to staff and disposed of.

Patients are usually screened for contraband upon admission and return from an outside appointment or off-grounds pass. Searches may be completed by nursing staff, campus police, and/or security officers through a pat-down and/or using a metal detector wand. Visitors may also be assessed for metal and contraband by using a metal detector wand and asking them to empty their pockets. Some hospitals may have a walk-through metal detector. Packages, bags, and individual items that a patient receives may be searched by staff and subject to screening with metal detectors or wands. Visitors may or may not be allowed to bring their cell phones into the hospital but are generally not permitted to use them during a visit due to the risk that a picture or video may be taken of staff, sensitive areas of the unit, or other patients, violating confidentiality. Despite these measures, patients and visitors do sometimes manage to bring contraband into facilities. If a patient is at high risk of having contraband brought into the facility, visits may be supervised, often requiring visitors to first receive the approval of hospital administration. Officers or hospital security may conduct patient and visitor searches of individuals seeking access to forensic inpatient units. Officers may use metal detectors, metal wands, pat-down searches, or metal chairs. Body cavity searches are infrequent but may be indicated in rare circumstances.

HOSPITAL REGULATIONS

Two core values of The Joint Commission are patient safety and quality of care. Patients have a right to receive treatment in a safe environment per the hospital's Patient's Rights Condition of Participation (CoP) at § 482.13(c)(2) (CAMCAH, 2001). Ligature risks and certain environmental and personal items, such as sharp objects, compromise this right. Removal of such items or increasing patient monitoring is a way to protect these rights. Hospitals must also correct ligature risk deficiencies and take steps to create a safe environment for patients by reducing access to items patients may use to self-harm (CMS 2017).

The Joint Commission supports the use of evidence-based suicide risk assessment for patients who screen positive for active suicidal ideation. Once an individual's overall suicide risk has been determined, the psychiatrist must document the plan to mitigate suicide risk. Risk mitigation may include limiting access to personal items that may be used for self-harm, writing an order for a "stripped room," requiring that the patient use paper-based utensils, or increasing the frequency of patient observation (Malfao-Martin & Paul, 2022).

SPECIFIC TYPES OF POTENTIALLY RESTRICTED OBJECTS

The section below strives to help psychiatrists understand the risks that particular objects pose to hospitalized patients and potential areas where restrictions are evolving, with a focus on the differences between civil, forensic, and child and adolescent hospitals.

PERSONAL CLOTHING AND JEWELRY

Clothing policies vary between facilities, depending on patients' length of stay, legal status, and security. However, most psychiatric units have similar general dress codes to ensure that patients are appropriately dressed in clothing that is safe and does not disrupt the therapeutic milieu.

There are several advantages to allowing patients to wear their own clothes in psychiatric hospitals. Personal clothing is closely associated with individual identity, dignity, and self-esteem and may help patients feel comfortable in a foreign and stressful environment. Therefore, personal clothing restrictions may lead to patient attitudes that could impede the recovery process and relationship with staff (Bergbom, 2017). Allowing patients to wear their own clothing is consistent with patient-centered care, which emphasizes the importance of respecting patients' preferences and including them in decisions about their own treatment.

Although there are benefits to allowing patients to wear their own clothes, these benefits must be weighed against potential safety risks. Uniform clothing can help prevent the concealment of contraband, signify equality among patients, and prevent elopement. Other risks can be associated with patients being permitted to wear personal clothing, including potential ligature risks if an item has drawstrings or adjustable features; or if an item has metal accents, such as zippers, it could be fashioned into a weapon. Personal clothing can also be potentially triggering to other patients. For example, designer clothes could trigger anger or hypervigilance in peers from lesser socioeconomic classes, or revealing, form-fitting clothing may cause self-image issues in peers or escalate sexually inappropriate behavior.

On some hospital units, patients are strongly encouraged or required to wear hospital-issued scrubs, pajamas, robes, or slippers, especially early in their hospitalization. Other hospitals may encourage wearing clothing from a unit clothing bank instead of personal clothing, when needed. Other units allow personal clothing or pajamas unless a documented safety risk exists. Some states, such as Maryland, recognize a right to wear personal clothing for psychiatric court hearings (Maryland Department of Health and Mental Hygiene, 2007).

In general, personal clothing that is comfortable and not overly revealing is recommended. Tube socks, leggings, tights, drawstrings, cords, belts, and/or hoods are often not allowed due to ligature risk. Almost all psychiatric units prohibit certain types of clothing, such as see-through items, spandex, ripped or torn items, revealing garments, and items with offensive material or advertising drugs or alcohol. Hospitals may also restrict clothing that includes mentions of gangs, drugs, alcohol, and/or sexual or satanic messages. These items can trigger other patients and disrupt the milieu. Luggage, wallets,

and/or handbags generally are not left on the unit because they may pose ligature or fire hazards and are usually placed in storage. However, some long-term state units will allow patients to carry purses.

In forensic hospital settings, patients are often provided with hospital clothing but may be required to wear a jail- or prison-issued jumpsuit when they are being transported out of the facility, to reduce the risk of elopement. Some facilities additionally allow a few pieces of personal clothing, with similar restrictions as civilian facilities. Other facilities require patients to wear only jumpsuits while they are hospitalized.

Most hospitals allow patients to store a limited number of personal clothing items, pajamas, underwear, and socks on the unit. Wire hangers are generally not permitted because they can be used as a weapon. Washing machines are usually available on-site for patients to wash their personal clothing. Some units provide donated clothing for those who may not have personal clothing or whose clothing was deemed inappropriate for the unit.

For those with a serious risk of self-harm, an order for a "stripped room" may be written by a physician, as described previously. Additionally, suicide smocks may be used for patients at very high acute risk of self-harm. Suicide smocks are gowns made of a thick quilt material, making them harder to use in hanging attempts. Although designed to reduce the risk of self-harm, one major criticism is that they may affect a patient's sense of dignity and can be countertherapeutic and stigmatizing.

In both civil and forensic settings, head coverings such as scarves, do-rags, and bandanas are often not allowed unless they are religiously significant. Some civil hospitals may allow one hat, but head coverings are usually strictly monitored in forensic settings due to the risk of hiding a weapon or risk of elopement by camouflaging one's appearance. Some forensic settings may have exceptions for head coverings in personal rooms or outside during recreation time or transit during cold weather.

Personal shoes may be allowed, but shoelaces are usually removed due to ligature risk. In some hospitals, shoelaces are allowed for stable patients. However, generally, comfortable shoes without laces are recommended, such as Velcro or slip-on shoes. High heels and boots are usually not allowed because of safety and violence risks. Hospitals may provide socks or standard slip-on shoes for patients.

Jewelry, including necklaces, earrings, bracelets, watches, and rings, is often restricted due to concerns about their potential use in violence or self-harm. Most facilities, including civil and forensic facilities, do allow patients to wear a wedding band. In less-secure settings or for more-stable patients, some jewelry may be allowed. However, large rings and earrings, buckles, and long/heavy chains are still usually restricted due to safety risk. Heavy or sharp jewelry may cause injury when swallowed or be used as a ligature or to cut oneself or others. There is also the risk of having valuables on the unit and risk of infection as jewelry can carry a significant number of germs.

Most jewelry for body piercings, including piercings of the face, tongue, and belly button, is usually discouraged or prohibited due to the general risks posed by allowing metal jewelry on the unit. Facilities may provide plastic spacers to fill the piercing to avoid piercing closure while someone is an inpatient. The risk of infection associated with body piercings should be monitored. Paracord is a lightweight cord composed of nylon that can be braided to make jewelry such as bracelets. Paracord jewelry may be restricted due to its ligature risks.

TOBACCO PRODUCTS

Tobacco products, including cigarettes, vape pens or e-cigarettes, cigars, chewing tobacco, pipe tobacco, and snuff, are not allowed on most psychiatric units. Although most states do not allow cigarette smoking on inpatient psychiatric units, there are a few exceptions. In Alabama, Arkansas, Louisiana, Maryland, Minnesota, and New Hampshire, cigarette smoking has continued to be allowed in psychiatric facilities, provided there is a physician's order in place (Public Health Law Center, 2022). Nicotine replacement therapy, such as the nicotine patch, should be offered to adult patients to reduce cravings. Decisions about whether to offer nicotine replacement therapy to adolescent patients should be made individually, weighing the risks and benefits (AAP, 2013). The nicotine patch provides a slow and sustained release of nicotine. Immediate-release forms of nicotine replacement therapy can aid in alleviating breakthrough cravings and include gum, lozenges, sprays, and inhalers. However, nicotine gum may be considered contraband in some forensic settings, as it can be used to make weapons or obstruct locks and make impressions of keys, which can be used to attempt an escape. Nicotine lozenges, inhalers, and sprays may be non-formulary in some facilities. Nicotine lozenges may also present a choking risk.

MEDICATION/ILLICIT DRUGS

Upon arrival at a psychiatric hospital, patients may be in possession of their at-home prescriptions or over-the-counter medications. A patient's home medication is usually kept in a designated area where patients' personal property is stored, or sent to the facility pharmacy for storage. Patients are generally not allowed to keep medication bottles in their rooms due to concerns of overdose, misuse, and diversion. In some hospitals, if a home medication is not available in the hospital, an exception may be made to dispense that medication from the patient's home supply. However, nursing staff should dispense it, and the patients should not be allowed to hold the medication in their rooms.

No recreational drugs should be permitted on inpatient psychiatric units. Given their psychoactive effects and fire hazard potential, cannabis and alcohol should be considered contraband and should not be permitted on inpatient psychiatric units, even if they are legal in particular jurisdictions.

CAFFEINE PRODUCTS

Regular coffee and soda containing caffeine are available in some hospitals, either provided with meals or available to purchase at the hospital canteen or in vending machines. Some facilities allow patients to order or receive instant coffee or tea through the mail or from a visitor. Some patients may find that caffeinated beverages are comforting, reduce the risks associated with caffeine withdrawal, or provide positive mood and cognitive effects. However, excessive amounts of caffeine may be restricted if the substance poses a safety risk. For example, if there is a legitimate clinical concern about excessive caffeine usage due to cardiac issues or manic symptoms, a caffeine restriction or limit may be considered. Alternatives such as decaffeinated coffee may be provided. High-potency caffeinated products, such as Red Bull or Monster beverages, or caffeine-containing powder/liquids may particularly worsen or cause insomnia, agitation, and/or anxiety and thus may not be available. Caffeine is also known to affect the metabolism of some psychiatric medications through the cytochrome P450 system, which may lead to drug toxicity or subtherapeutic drug concentrations, complicating prescribing decisions.

FOODS AND BEVERAGES

Familiar food items can provide a patient with comfort and improve their sense of autonomy. Patients may also have specific dietary preferences and may request to have food from outside the facility. Depending on the facility, some patients may be allowed, with a physician's order, to have home-cooked meals or restaurant-prepared food, such as pizza or Chinese food. This type of food is usually "generally searched" by staff but is not factory sealed. Thus, this practice may be less commonly allowed on forensic units due to the risk of smuggling contraband into the facility; however, there may be exceptions, depending on the individual facility.

Alternatively, some secure or forensic facilities may only allow patients to receive factory-sealed food packages brought in by visitors or through the mail due to the risk of contraband. In these settings, all food items received, either via mail or otherwise, may be required to be opened and inspected with the patient present, looking for broken seals to see whether they were tampered with prior to coming onto the unit. Even common items, such as cereal boxes, can be opened and resealed to conceal contraband. Items are frequently taken out of their original packaging and transferred into another container to ensure no contraband has been included.

Foods or beverages stored in glass or metal containers are usually not allowed in all types of hospitals because these materials can be used as a weapon to inflict harm on oneself or others; thus, plastic, paper, or cardboard is alternatively recommended. Plastic bags are usually not allowed due to suffocation risk.

Generally, patients are discouraged from storing food in their room due to concerns of bug infestation or choking hazards. Space in a shared fridge or food closet may be limited, so volume restrictions may apply. Excess sugar or certain dietary restrictions may also be implemented, depending on a patient's medical comorbidities. If an individual patient has a particular food allergy such as nuts, there may be additional restrictions for all patients regarding the types of food allowed on the unit.

WEAPONS, SHARPS, AND TOXIC OR FLAMMABLE ITEMS

Weapons such as firearms, clubs, knives, and brass knuckles should be prohibited on all psychiatric units. Sharp objects, such as razor blades, pins, and scissors, should usually be considered contraband but may be allowed under certain circumstances. For example, depending on a patient's unique risk factors, they may be allowed to shave while undergoing direct observation. Similarly, scissors may be allowed during certain group meetings, again, under staff supervision.

Utensils are generally provided with meals to allow patients to maintain their dignity and autonomy, promote a sense of normalcy, and provide a hygienic eating experience. However, it is important to recognize that stainless steel cutlery can be used as a weapon or for self-harm. Although plastic utensils are considered safer, they can also be filed into a shank (homemade weapon) or swallowed. Therefore, in some facilities, utensils are removed from patients' access after meals. When substantial safety concerns exist, some facilities provide paper utensils. However, these are cumbersome to use, especially when eating soups or other foods that soften the paper. Alternatively, in extreme circumstances, physicians may order that a patient receive finger foods only, to eliminate the need for utensils or for staff to open and apply a patient's condiments due to the risks associated with nasal inhalation of sugar, salt, or pepper.

Lighters, matches, lighter fluid, and aerosol cans create a fire risk and are generally considered contraband. Cleaning solvents, chemicals, paint thinners, and other chemicals additionally present a suicide risk and are usually not allowed. Glass objects are generally prohibited due to risk of harm to self or others if they are broken and used as a weapon, but certain objects may be allowed in special circumstances and under appropriate observation, such as personal mirrors.

ELECTRONICS

Psychiatric units usually have a communal area where patients can watch television or use shared computers. Alternatively, personal electronics, such as mobile phones, MP3 players, radios, video games, electronic readers, laptop computers, headphones, and tablets, have traditionally been allowed but restricted or closely monitored. Historically, within voluntary civil psychiatric units and in some long-term state hospitals, patients occasionally retained access to electronic devices, given that restricting internet access might have caused these patients to ask to leave the hospital (Morris, 2018). A 2004 New York Times article discussed developing concerns about the increasing use of electronic devices on inpatient psychiatry units, including those related to theft or damage by other patients, dangers made possible by charging plugs, the importance of properly managing cords, distraction from treatment, and patient privacy (Hellerstein, 2004).

During the COVID-19 pandemic, many hospitals started to relax restrictions on electronics in the setting that then included hospital visitation restrictions, reduced therapeutic groups, and prolonged quarantine periods. Some hospitals started to issue electronic tablets for select patients to video call family members, participate in online programming, or simply entertain themselves while quarantined. Similarly, headphones were increasingly issued to listen to music when there were fewer alternative patient activities on inpatient units. Given the relative success with these relaxed restrictions, many hospitals have continued these privileges following the height of the pandemic.

Benefits of providing access to electronic devices include maintaining a connection to community supports and developing skills as an aspect of the recovery process. However, these benefits need to be balanced with assuring patient privacy, confidentiality, safety, and a therapeutic environment (Massachusetts Department of Mental Health, 2012). For instance, electronic devices cannot be used to take photographs or record video or audio, due to privacy concerns. Therefore, some inpatient programs permit only cell phones without cameras. To help promote focused engagement during group therapy and other aspects of treatment, some inpatient programs do not allow personal phone use, while others discourage or restrict usage. Alternatively, patients may be allowed access to electronic devices only during specific times or in specific groups.

Personal electronic devices, such as computers, tablets, and smartphones that are capable of internet access, need to be monitored for inappropriate content, including violence and sexual themes. Webpages with such content will usually be blocked by hospital information technology services. Psychiatry staff need to be mindful that social media, internet chats, and videos may facilitate positive mental health benefits such as social interaction, access to peer support networks, and engagement in services, but they should also be aware of the additional risks and challenges with this technology. Social media can impact mental health symptoms by leading to an increased risk of bullying, depressive symptoms, and risk of suicide with heavier social media usage, especially in younger populations (Naslund et al.2020). Thus, some hospitals may block social media content entirely or with certain high-risk individuals.

There are other risks associated with electronics. For example, electronic cords for charging or headphones can be a ligature risk. To reduce or eliminate this risk, wireless Bluetooth earphone headsets or easily breakable (and affordable) corded earphones may be used. Batteries, plugs, and cords may be a fire hazard, and metal or plastic parts could be used in self-injury or assault. And some batteries are more dangerous than others if they are swallowed; for example, ingested lithium-button batteries can lodge in a person's airway or cause esophageal erosion. DVDs/CDs can be broken into sharp pieces that can be used to cut oneself or others.

Due to the risks discussed above, most hospitals do not allow electronics to be stored in patients' rooms and instead require them to be checked out from the nurses' station, if allowed at all. Other safeguards may also be put in place. For example, some units allow patients to have access to charging cords if they are shorter than a certain length, which reduces ligature risk. Some personal items necessitating charging, such as an ankle bracelet, may require a patient to be placed on constant observation while the charging occurs. Other items may be charged in the nurses' station and returned to the patient when charged.

If allowing access to electronics, clear guidelines regarding usage are important, such as those developed by the Massachusetts Department of Mental Health (Massachusetts Department of Mental Health, 2012). Other jurisdictions have developed stricter guidelines, ranging from some limitations to a complete ban on usage (Morris, 2018). Most forensic hospitals do not permit mobile phones or items with internet capabilities, but some jurisdictions have allowed minimum security patients to have cell phones during community job placements. Recent legal cases, such as *Carter v. Foulk* (2012) and *Allen v. Mayberg* (2014), have upheld forensic hospital restrictions on computers and related technology.

PERSONAL HYGIENE

Although hospitals are required to provide basic hygiene products such as toothbrushes, toothpaste, soap, and shampoo, it can be beneficial for patients to have access to other personal care products. Not only does access to personal hygiene products promote patients' dignity and self-esteem, but it also provides a sense of normalcy, empowers them to take responsibility for their own self-care, and allows them to avoid allergens and other ingredients due to allergies, personal preference, or enhanced well-being. In addition, hygiene products provided by hospitals may not meet the needs of all ethnic and cultural groups. For example, Black patients may find that hospital shampoo does not provide adequate moisture for their hair.

In general, most hospitals allow authorized cosmetics and at least small quantities of personal care products to be stored in patients' rooms. In the strictest settings, some hospitals do not even allow travel-size shampoo and conditioner bottles or only allow sealed, unopened plastic bottles, due to concerns that alcohol and drugs may be introduced into the bottles. In other hospitals, patients are dispensed only enough shampoo or conditioner for a single shower from larger bottles kept behind the nursing station. Products that are toxic if ingested or those containing alcohol, such as mouthwash, nail polish, nail polish remover, or chemical hair removers, are usually not allowed or only allowed under supervision, due to concerns of misuse. Aerosol products, such as hairspray, are also usually restricted in most settings, due to the risk of inhalant abuse. Many hospitals do not allow makeup because hidden substances or weapons can be found in makeup items such as lipstick containers, while some do allow a small amount of personal facial makeup that does not include pieces of metal or glass in its packaging.

Makeup pencils are usually restricted similarly to other writing utensils, due to the potential that they can be sharpened into a weapon.

In secure and forensic hospitals, regular toothbrushes may not be allowed, and patients may instead be issued specially made toothbrushes that are less likely to be turned into a weapon because they do not have a handle and are made of rubber and bendable. Body oils and petroleum jelly are usually restricted due to being flammable, can cause burns when heated, may make bodies or objects slippery during a fight, and can facilitate escape. Talcum powder may also be limited due to concerns about its ability to mask odors of illicit drugs and make floors slippery. However, small amounts of these products may be allowed in civil and less-secure hospitals.

Due to the risk of self-harm or violence in all hospital settings, access to sharp objects should be strictly monitored, including razors, tweezers, and nail clippers that are used for grooming purposes. In some settings, patients can store some regulated items at the nurses' station and use them under supervision when granted increased privileges. For example, some hospitals supervise razor or nail trimmer use after a patient has been at the hospital for at least 48 hours and has met basic safety standards. Razors are usually restricted to facial use only and are not permitted for use by patients who are maintained on constant observation or 1:1 status for assault or suicide risk.

Metal objects such as hairpins, picks, clips, and nail files are also usually restricted, along with any glass objects, such as mirrors. Small compact mirrors are sometimes allowed with supervision and increasing privileges. Patients are generally allowed access to a soft comb, but hard combs or brushes may be restricted, unless supervised or used during a program-based group, because the handle could be filed into a shank. Devices with electric cords such as curling irons, hair dryers, electric razors, heating pads, and electric toothbrushes are usually not allowed unless they are monitored by nursing staff due to risks associated with cords (i.e., ligature risks), excess heat, and/or sharps.

Loofahs and mesh shower scrubbers have also been restricted in some hospitals due to the risk of ingestion and because handles and strings can be used for violence and self-harm. Rubber bands and elastic hair ties may also be limited to tiny rubber bands because stronger hair ties can assist in self-harm attempts and may include pieces of metal. Additionally, dental floss may be prohibited due to ligature risk and because the metal lip of floss containers is sharp. Personal cotton swabs may be restricted due to concerns about soaking them in prohibited substances, such as controlled substances or flammable liquids. The use of denture adhesives and the storage of dentures is usually monitored by hospital staff, especially in forensic settings, due to concerns about dentures being fashioned into a weapon used for violence or self-harm or dental adhesive being used to make weapons or aid in escape.

GENDER-RELATED ITEMS

Women, transgender men, and nonbinary individuals can be affected by a lack of access to hygienic products when menstruating, sometimes described as "menstrual injustice" or harassment (Johnson, 2019). Having comfortable menstrual products is important for patient dignity, health, and well-being. Hospitals often only provide bulky menstrual or incontinence pads, and some institutions may offer a limited number of products. Some forensic and civil hospitals may restrict tampons in general or for select patients due to concerns that they may be soaked in prohibited substances that can be absorbed vaginally or anally or that they could be used for self-harm, such as by swallowing them. If tampons are provided, they usually should be stored at the nurses' station and given with a physician order, due to

the potential risk of a psychotic, cognitively limited, or suicidal patient swallowing a tampon, soaking it in prohibited substances, or leaving it in vaginally for too long, leading to risk of toxic shock syndrome.

As described above under the section titled “Personal Clothing and Jewelry,” the most restrictive psychiatric hospitals do not allow individuals to wear any of their own clothing, including undergarments. Underwear provided by the hospital can be uncomfortable. Most hospitals recommend bringing in several pairs of personal underwear, but some do place a special restriction on thong underwear due to ligature concerns, although there have been reports of patients who have died by hanging using traditional underwear (Grassi, 2017). Most hospitals do not allow underwire bras, due to the risk of violence and self-injury from the metal wire. Potential alternatives include a choice of taking out the underwire, going braless, or accepting an alternative sports or wireless bra, if available.

Breast pumps, devices that lactating individuals use to extract milk from their breasts, are often not allowed on inpatient psychiatric units. Reasons given include the ligature risk of the cords for electric breast pumps and a lack of adequate infrastructure, such as a space for pumping, electric outlets, or supervision (Caan, 2022). New mother-baby units usually provide hospital-grade electric pumps in every room, and other units may hold personal breast pumps at the nursing station. Supervision while respecting privacy, along with storage of the pump and removal of tubes after pumping, is ideal. Hand pumps may be an option if an electric pump poses a safety risk to the mother and/or supervision is not possible (Bartick, 2021). Providing a comfortable breastfeeding environment to new mothers is critical so that they do not refuse hospitalization on the basis that they cannot breastfeed/pump and maintain their milk supply (Caan, 2022).

Gender non-conforming and transgender individuals are often disproportionally affected by hospital restrictions because personal hygiene and individual items may be particularly significant to their identity. Loss of access to gender-affirming care may be a driver of worsened psychiatric symptoms, despair, and suicidal thoughts. This can be especially problematic in a population that is already vulnerable to restrictions on their rights and to events that cause shame, stigma, and loss of autonomy. Thus, it is important for hospitals to be particularly thoughtful about any restrictions for transgender patients and work with patients to effectively balance access and safety risk. Helping patients regain access to personal care products can provide immense relief and help patients feel respected and understood during their inpatient hospitalization (Fadus, 2020).

For trans women, hair removal, cosmetics, and nail care products can be especially important to their identity and self-care but may have some safety limitations, as discussed above. Hair extensions or wigs may be banned or limited due to ligature risk. Depending on the level of security, patients may check out their hairpieces at the nurses’ station during the day or for select periods of time.

Special breast form or pocket bras with inserted breast prosthetics, used following mastectomy or by trans women, are not significantly different from traditional bras and should not be restricted unless a serious safety concern exists. Breast prosthetics or forms, usually made from silicone or foam, come in various shapes and sizes and can be worn inside a bra or adhered directly to the chest by using skin-safe adhesive or spirit gum. Depending on the particular unit and specific patient risk, the prosthetic or adhesive may be restricted due to safety and ingestion risks. Pumps or tubing for breast enlargement are usually not allowed due to ligature risk but could be regulated like lactation pumps.

Gaffs, underwear designed for arranging and supporting external male genitalia between the legs, are similar in shape to thongs; thus, restrictions should be considered depending on the patient's individual risk and setting. Other items to disguise male genitalia, including tuck straps or rings, are usually not allowed due to traditional ligature or metal restrictions, but double-sided tape or sanitary napkins may be used to present a more feminine appearance under clothing if there are no specific hospital regulations regarding these additional items.

For trans men, one of the most popular methods of breast binding is the use of commercial chest binders, followed by sports bras, shirt or bra layering, and bandages or elastic materials (Peitzmeier, 2017). In a psychiatric hospital, some of these methods, such as layering and the use of underwire bras, ACE bandages, duct tape, or plastic wraps, may be restricted due to risks related to ligature and metals. Commercial chest binders are made of thick spandex and nylon and resemble tight undershirts that can be permitted under a general clothing allowance, but some may also have hook-and-eye closures or other metal wiring that may not be allowed in secure settings. "Packing," simulating male genitalia under clothing, can be used with a prosthesis or an object such as a sock; thus, it is not usually restricted. Packing straps or harnesses are usually not allowed due to traditional ligature-related concerns.

CULTURAL AND RELIGIOUS ITEMS

Religious faith can be a very important part of patients' healing and support during an inpatient psychiatric hospitalization. A patient's right to religious and spiritual care is recognized by The Joint Commission (January 2021). Patients deserve care, treatment, and services that respect their cultural, psychosocial, and spiritual values, but on an inpatient psychiatry unit, staff must be mindful of religious items that may be a safety concern.

Head and face coverings for both men and women are an important part of several religious traditions. Some hospitals limit hats or head coverings for reasons described above under the section titled "Personal Clothing and Jewelry" but allow basic head coverings for religious purposes in most circumstances. Scarves are usually limited due to their ligature risks unless they are used as a religious head covering; they should be left at the nursing station if not being used.

Specific religious clothing can present safety concerns, and decisions about whether these garments should be restricted should be based on individual patient risk assessments and the hospital setting. For example, fringed items, such as the *tzitzit* worn by Orthodox Jewish men, can present a ligature risk. Certain jewelry can also be religiously significant but may be restricted due to the safety concerns mentioned previously. If needed for specific prayer times, they may be used under supervision.

Certain other prayer items that are hard or heavy or have strings or cords can be concerning on an inpatient unit. These items may be held at the nurses' station and given to the patients during designated prayer times and with supervision. Religious books, like other books, should be in paperback form if possible, so they can be used on the unit whenever possible, to avoid potential injury. Only in extreme situations should such objects be denied. Jewish prayer items that may require monitoring include *tefillin*, a set of small black leather boxes with leather straps containing parchment inscribed with verses of the Torah (Popovsky, 2010), a cloth belt called a *gartel*, and a fringed garment worn as a prayer shawl called a *tallit*. In Muslim tradition, prayer rugs with or without tassels may need to be checked out from the nursing station when needed, due to ligature risk. Prayer beads or strings from

various religions may not be allowed unless the patient is supervised. Breakaway plastic rosaries may be available in some facilities. Candles and oils are also important parts of some religious prayers and holidays but are traditionally not allowed in psychiatric hospitals due to fire safety concerns. In most hospitals, electric or battery-powered candles may be used and monitored by the nursing staff during prayer observances.

Religious meals may be brought to a patient during visiting hours. For some religious groups, communal prayer and meals are important; thus, arrangements can be made for patients to have Sabbath and holiday foods. Visitors need reminders that grape juice would need to be provided instead of wine due to the prohibition of alcohol. Rules usually also follow the other food guidance mentioned in the above section titled "Foods and Beverages."

Items of cultural but not religious significance may also be offered and monitored by nursing staff if the items are not deemed an acute safety risk. Examples may include personal dream catchers for Native American patients, items with Kente cloth for specific African cultures, or a New Zealand jade pendant for Maori patients. Such items may be essential for healing, depending on the individual patient and the circumstances surrounding their admission.

MEDICAL EQUIPMENT

The risks and benefits associated with different types of medical equipment must be carefully weighed, but not at the expense of denying needed and required psychiatric inpatient care. The exclusion of patients who require certain types of medical equipment and treatment while they are on psychiatric units can have major impacts on patients' ability to access needed mental health treatment. Therefore, whenever possible, hospitals should try to accommodate these patients' needs and provide necessary alternatives, if possible.

Canes can be used as a weapon and may be prohibited in some facilities. Depending on a patient's level of mobility, walkers (rolling or stationary) or wheelchairs may be a safer alternative but could provide a ligature risk point that may require a patient to be maintained under constant observation for safety reasons. The cord from continuous airway pressure (CPAP) or bilevel positive airway pressure (BiPAP) machines presents a ligature risk. The use of such ventilators may require an order for constant observation overnight while utilizing the machine. Medical beds, IV lines, and oxygen tubes and tanks are generally prohibited on inpatient psychiatric units unless the patients are on a combined medical-psychiatric inpatient unit due to their ligature risk and medical acuity. In hospital units able to provide medical treatment, patients may require constant observation for safety.

Hard casts can be used as a weapon in physical fights. A cast may also be broken into pieces that may be used to harm oneself or others. For patients who may become assaultive, the presence of a hard cast or splint may require a higher level of monitoring, such as constant observation for the safety of others. If a soft cast is a viable alternative, this is a safer option, but ACE bandages and slings present a ligature risk; if their use is necessary, some patients may need to be maintained under constant observation for the safety of themselves and others.

LEISURE OBJECTS

It is important for patients to participate in leisure activities, such as writing, creative arts, and reading. These activities can provide therapeutic and creative outlets for patients, reduce stress and anxiety,

enhance self-esteem, and improve treatment engagement. However, some items associated with these activities can present safety risks.

Certain office supplies may present a self-harm risk. Therefore, metal or spiral-bound notebooks are prohibited on many units. Composition notebooks, notepads, or even unbound pieces of paper are safer alternatives. Similarly, staples and staplers, paper clips, letter openers, and spring clips are rarely allowed, due to the swallowing- and cutting-related risks they present. Staples in paper and in notebooks and magazines may need to be removed for patients. Because pens or pencils can be used as weapons or swallowed, safety pens—which are softer, shorter, and more flexible—are preferred in more secure and acute settings. Crayons are another alternative, as they are less toxic than the ink found in pens if they are ingested.

As described earlier, paperback books are generally preferred to hardcover books, to reduce their potential use as a weapon. Books may be searched for hidden contraband, especially in secure settings, such as buprenorphine films, drug-soaked paper, razors, drugs, or other sharps. Violent, graphic, and sexual content may also be restricted. Books that contain hate speech, instructions on harmful activities (e.g., self-harm, violence, criminal activities, or escape plans), and triggering content may also be restricted due to concerns about their counter-therapeutic or dangerous effects. However, restrictions vary across facilities. In one hospital in Maine, for example, certain brands of magazines containing pornographic materials are allowed if the material is not distributed, put on display, or clinically contraindicated (Riverview Psychiatric Recovery Center, Policy No. RI 2.120.4, 2013).

During rehabilitation group meetings, patients not determined to be at high risk of harm to themselves or others may have access to sharp objects such as scissors, knitting needles, sewing machines, or garden tools, under staff supervision. Ceramic and glass objects are usually prohibited without staff supervision because, if they break, they may be used as weapons. Since plastic bags may be used to suffocate oneself or others, paper bags or brown legal-size envelopes (without metal clasps) are safer alternatives.

PERSONAL LINENS

Hospitals are required to provide basic linens. Personal linens, towels, and blankets can be helpful for comfort and to reduce stress, but because hanging is one of the most common methods of self-harm on inpatient psychiatric units, access to personal linens may be restricted. Due to this risk, hospitals usually use thin bed linens without elastics or flat sheets only. Additionally, some units use thicker blankets and sheets designed to be tear resistant, making a less lethal lanyard. Other hospitals reserve such linens or clothing for those with acute suicide risk or those under constant observation due to concerns regarding suicide.

Some hospitals may allow a “comfort item” such as a personal pillow, blanket, weighted blanket, or stuffed animal, depending on patient risk. However, the potential benefits must be weighed against potential infection, ligature, and contraband risks associated with personal linens. Some hospitals do not have pillows, while others provide mattresses with built-in head pillows. Personal pillows may be stuffed with contraband, used as a weapon, or carry germs. Pillowcases can also be used as a ligature. Depending on the facility, towels may be made of thick paper or thin cloth, given the risk of hanging presented by thicker towels. As with pillows, some psychiatric hospitals do not allow stuffed animals due to concerns that contraband items could be placed in them. Others may require both objects to be X-

rayed prior to taking them into the hospital. Bathrobes are allowed in some hospitals, but generally without a belt, to reduce ligature risk.

MONEY

Certain units may allow patients to carry a small amount of money to purchase items from a vending machine or canteen, if one is available. Money is usually recommended to be placed either in a patient's hospital account or a personal storage locker, given concerns about stealing or fighting among patients. Some hospitals may allow patients to add funds to a personal hospital account card that they can use for hospital purchases, such as from the canteen or gift shop. Coins may be restricted due to swallowing risk. In some forensic settings, both paper money and coins may be restricted and placed in personal property upon admission.

SPECIAL POPULATIONS

ACUTE VS. LONG-TERM INPATIENT HOSPITALS

Voluntary civil units usually have more permissive guidelines in terms of clothing and electronics restrictions than traditional or involuntary civil units, due to the decreased acuity and risk level of the patient population. In state hospitals, restricted items often follow the strictest guidelines mentioned above, given that patients transferred to long-term hospitalization are usually the most unstable and chronically ill patients. Yet, due to the typical length of stay in a state hospital unit, some exceptions may exist regarding access to electronics, leisure objects, or personal clothing. In some state systems, regulations are similar to those for their forensic hospitals (i.e., Massachusetts), while in others some distinctions may exist.

There is usually a limited need for money during acute hospitalization. Therefore, most civil hospitals have money and wallets placed in storage upon a patient's admission. In state hospitals, due to longer stays and usually more purchase options, money may be more common. Some hospitals allow a limit of personal cash while others have a cashless system. Due to longer stays and more personal storage space, some state hospitals may also allow a higher quantity of personal items.

FORENSIC HOSPITALS

Forensic hospitals often have similar restrictions to general hospital settings but may have additional unique restrictions due to patients' criminal legal status. Items that could be used to aid in escape are a type of contraband that is not allowed in forensic hospitals, similar to jails and prisons, but most of these objects, such as rope, tape, sandpaper, and metal, would already be limited in a civil psychiatric hospital. Any material with instructions regarding escape or other illegal activities is also considered contraband in a forensic environment. Stricter restrictions may also exist regarding personal phones, cameras, and recording devices due to the risk of their use in criminal activity and aiding escape. Other items allowed in jails and prisons, where patients were housed prior to moving to forensic hospitals, may not meet hospital guidelines, such as shoelaces or certain commissary items. These items should be placed in patients' personal property areas prior to entering the inpatient unit. Forensic hospitals may additionally complete patient and unit searches per legal jurisdiction and hospital protocol, including

body scans and cavity searches, if they are indicated, due to the particular risk of hiding weapons or drugs in body cavities (i.e., mouth, stomach, rectum) in a forensic setting.

Clothing restrictions in forensic settings are focused on reducing escape risk and not promoting gangs and substance use. Most jurisdictions encourage gray or white clothing, while other colors such as red or blue may be restricted because they designate gang affiliation with the Bloods and Crips, respectively. Others may restrict clothing with certain words and pictures, as they may be offensive to peers or related to illicit drug use, or they may only allow solid-color clothing. Patients may be required to wear traditional jail or prison uniforms, such as orange or striped jumpsuits, during transport and while outside the facility (e.g., during recreational times) to reduce elopement risk. Personal clothing may be allowed during court appearances but is often stored in patients' property storage areas or provided as needed by family or legal representatives.

Head coverings are usually limited unless they are of religious significance. In some forensic hospitals, patients may not be allowed to wear head coverings, including sheets or do-rags, in patient common areas due to concerns about concealing weapons and masking identity for escape, but patients are more often allowed to wear them in personal spaces such as bedrooms. Prescription glasses are usually allowed if they meet institutional guidelines in terms of color, price, and material. Lenses are usually plastic and should not be mirrored or tinted, to allow staff to assess patients' eyes and prevent camouflage and escape. Some higher-security facilities only allow plastic frames, while some lower-security institutions may allow metal or wire frames.

In some jurisdictions, plastic handles on personal hygiene objects such as toothbrushes and combs cannot exceed an average of six-to-10 inches in length, to minimize the ability to use them as a homemade weapon by sharpening them or affixing another sharp object to them. Body oil and powder are usually limited to specific amounts due to safety issues discussed previously. Cayenne pepper in all forms and gum are also usually restricted due to concerns that they will be used as a weapon or in an escape plan.

Traditional writing pens are also usually restricted in forensic settings due to their length and potential for use as a weapon. Instead, most forensic hospitals provide small, bendable plastic facility-issued pens for patients in custody, but these can also be provided in some civil hospitals. As in certain civil facilities, there may be restrictions, based on the institution, on the number of personal photos, books, or magazines in a patient's possession, due to space limitations and fire hazard. In particular, images should not contain anything harmful to security or show nudity or illegal activity. Individual pictures of the patient alone or another individual alone may not be ~~a~~llowed due to concerns about identity fraud and escape risk. Therapeutic groups may also have some particular restrictions. For example, some forensic hospitals do not allow face masks to be made in arts-and-crafts groups, due to the risk of masking one's identity in an attempt to escape.

CHILD AND ADOLESCENT HOSPITALS

In general, restrictions on a child and adolescent inpatient unit are consistent with the restrictions described for adult civil units, with some unique considerations. For children, familiar items such as a blanket, stuffed animal, or other comfort items may be especially helpful when transitioning to a hospital setting. Thus, child units may be more welcoming of such items. Alternatively, other toys that

are hard objects with potentially small or loose pieces may need to be monitored or restricted. For example, fidget spinners and toys with small magnets may be restricted due to risk of ingestion.

Allowed food may be different on a child or adolescent unit. Some hospitals restrict caffeinated beverages and discourage soda or juice with high sugar content due to the effect of sugar on children's sleep, energy, and mood. Since vending machine access may be restricted for younger patients, money may not be needed. Food allergies such as potential nut allergies need to be acknowledged by staff and other patients, especially on child and adolescent units, due to the higher frequency of these allergies in children.

School assignments and classes are provided on many inpatient child and adolescent units. Books and school supplies need to be monitored due to the concern they could be used to distribute contraband or book hardcovers could be used as a weapon. If normally restricted items are provided for classroom education (e.g., scissors or other sharp art supplies), they need to be strictly monitored and counted prior to the completion of school activities.

Some electronic devices, such as iPods, MP3 players, radios, small portable CD players, headphones, and video games, among others, may be more available on child units due to the need for more activities for children during hospitalization. Yet, the risks of internet and social media usage on mental health symptoms need to be especially monitored in younger populations. Child and adolescent units may choose to limit internet access entirely or with certain high-risk patients. Depending on the hospital and level of security, it may be appropriate to allow patients to use these items after checking them out with staff. However, they may only be able to keep particular items in their possession for certain amounts of time and may need to leave the charging cords with staff.

HOW TO DISCUSS RESTRICTIONS WITH PATIENTS

Since restrictions on personal items may be required in psychiatric hospitals for safety reasons, it is important for psychiatrists and other staff to be mindful of how these safety policies are discussed with patients. A supportive discussion that describes the focus on patient safety while acknowledging the inherent paternalistic nature of such restrictions is strongly recommended. Staff should also emphasize the ongoing focus on maintaining patient comfort and dignity in the hospital environment. Such discussions can reduce the risk that safety policies are traumatizing and instead are more person-centered and focused on safety and well-being (Slemon et al., 2017).

Specific words, such as *contraband*, are commonly used in hospitals and the medical literature; thus, they are used throughout this document. However, psychiatrists should recognize that such words are naturally adversarial and contribute to stigma toward mental health treatment and its system. Further advocacy is needed to focus on using more therapeutic and patient-centered language in treatment settings.

Required patient searches can be made more therapeutic and less authoritarian by focusing on the clinical need and using hospital staff, such as a nurse or treatment aide, rather than a security officer. One example is to refer to the skin assessment, which also serves as a contraband search, solely as a routine medical exam done by a nurse to make sure that the patient does not have wounds or infections. Similarly, if hospital procedure is to initially have patients change into scrubs, staff should not become confrontational and demanding with patients when they refuse to cooperate. Staff can instead encourage patients to allow staff to wash the clothes that they arrived in while retrieving more

comfortable or clean clothing. Since psychiatrists are less likely than other direct-care staff to have these conversations with patients, it is important to educate all staff members regarding patient-centered language and how to have these supportive conversations.

CONCLUSIONS/RECOMMENDATIONS

Inpatient psychiatric hospitalization can be a confusing and overwhelming time for patients due to various factors, including living in a strange environment with new rules and regulations during one of the most vulnerable and distressed times in their lives. Limited access to specific personal items can feel overzealous at times, especially to those with a trauma history or minority status, but safety remains one of the main priorities of psychiatric hospitalization and is required for a safe and therapeutic environment. Compassion and understanding of patients' reactions to such restrictions can help ease their transition to their new environment, promote well-being, and maintain a therapeutic alliance. Separate from general contraband items, this resource document recommends that access to personal items should always be determined through an individual risk assessment while acknowledging the importance of patients' access to certain items that are vital to their identity, health, and well-being.

TABLES

Table 1: General guidelines pertaining to specific categories of restricted objects
Personal clothing and jewelry: Access to personal clothing fosters a sense of identity, dignity, and self-esteem. Balance patient-centered care, autonomy, and comfort with safety concerns (e.g., contraband concealment, ligature risk, sexual or violent messages).
Personal hygiene: Access to personal hygiene products fosters dignity and normalcy, and accommodates diverse cultural and allergen needs. In stricter settings, hospitals may restrict or closely monitor the use of outside personal care products to prevent misuse or contraband introduction. Strictly monitor access to sharp objects like razors and devices with cords. On a case-by-case basis, consider restrictions on items like loofahs, dental floss, and denture adhesives to prevent risks associated with ingestion or weaponization.
***Personal linens*:** Personal linens may often be restricted in psychiatric hospitals due to the risk of hanging. Consider permitting "comfort items" like personal pillows or blankets while balancing the potential risks of infection, ligature, and contraband. As an alternative, provide mattresses with built-in head pillows, and supply towels made of thick paper or thin cloth to minimize the risk of hanging. Smocks and heavy sheets can be an alternative for high-risk patients.

Gender-related items:
Access to comfortable menstrual products is vital for patient dignity and well-being.
Provide access to breast pumps for lactating individuals.
Restrictions on gender-related items may disproportionately affect transgender patients, highlighting the need for collaborative solutions.
Establish a nuanced approach to undergarment access to balance safety (e.g., ligature risks) with meeting gender-affirming needs.

Medical equipment:
Strive to accommodate medical needs and limit access to care.
Carefully assess the risks associated with medical equipment such as canes, walkers, and CPAP/BiPAP machines, enforcing constant observation when indicated.
Enforce appropriate levels of monitoring for hard casts and soft casts.
Consider permitting supervised access to sharp objects like scissors or knitting needles in rehab groups while restricting harmful materials like glass objects and plastic bags.

Religious items:
Religious faith can play a crucial role in patients' healing.
Balance patients' religious needs (e.g., head coverings, religious clothing, and prayer items) with safety concerns.
Religious items like prayer books, tefillin, and prayer rugs may be provided under supervision.
Accommodate religious dietary needs, with consideration of hospital food guidelines.

***Leisure objects*:**
Leisurely activities are therapeutic and can reduce stress, boost self-esteem, and enhance treatment engagement.
Provide composition notebooks, paperback books, safety pens, and crayons instead of metal or spiral-bound notebooks, hardcover books, staples, staplers, paper clips, and other sharp objects.
Supervise access to specific items such as scissors, pencils, and pens that pose an increased safety risk.

Electronics:
Access to electronics must be balanced with concerns for patient privacy, confidentiality, safety, and a therapeutic environment.
Many units have communal television and general computer access.
Access to personal electronics (e.g., cell phones, tablets, computers) is generally not permitted on forensic units.
Forensic units usually restrict personal mobile phones and internet capabilities.
Electronic cords are usually held and monitored by nursing staff due to ligature risk.

Caffeine products:
Access to caffeinated beverages (e.g., coffee, soda) can be comforting and may reduce caffeine withdrawal symptoms for patients.
Balance access to caffeinated beverages with risks of insomnia, agitation, and interactions with psychiatric medications.
More restrictions in child and adolescent units may be needed.

Foods and beverages:

Preferred food items can enhance patient comfort, autonomy, and overall well-being. Consider allowing access to outside food, with protocols for inspection for contraband. Glass and metal food containers are usually restricted. If there is a risk for utensils to be used as weapons, restrict their access or consider providing finger foods.
Medication/illicit drugs: At facilities that permit patients to bring their own prescribed medications, they should be stored securely and dispensed by nursing staff to prevent misuse and diversion. Recreational drugs, including cannabis and alcohol, are prohibited on psychiatric units, irrespective of the setting.
Weapons, sharps, and toxic or flammable items: Weapons such as firearms and knives are usually prohibited on psychiatric units. Chemical hazards such as lighters, matches, and cleaning solvents are usually also prohibited on psychiatric units. Sharp objects like razor blades and scissors are considered contraband, but exceptions may be made for supervised activities such as shaving and therapeutic groups.
***Money*:** Where permitted, patients may carry a small amount of money for purchases. Hospitals may offer personal account cards to facilitate purchases on the hospital premises. In forensic settings, paper money and coins may be restricted upon admission and stored in personal property areas for safety reasons.

Table 2: Guidelines to provide gender-affirming care
Menstrual products: Ensure access to comfortable menstrual products to maintain patient dignity and well-being. In facilities where tampons are permitted, their use must be assessed for safety risks and may require a physician's order along with closer monitoring.
Clothing: Allow personal underwear while considering ligature risks. Provide alternatives like sports bras if traditional options pose safety risks, ensuring patient comfort.
Breast pumps and breastfeeding: Support breastfeeding by ensuring adequate facilities and supervision for lactating individuals, including proper storage and removal of breast pumps. Create a comfortable environment for breastfeeding mothers to maintain their milk supply and support their emotional well-being.
Gender non-conforming and transgender care: Be mindful of the unique needs of gender non-conforming and transgender individuals, providing access to gender-affirming care and products while balancing safety concerns. Promote understanding and respect for individual identities.

Trans women care: Provide access to items such as razors, hair extensions, and cosmetics while considering safety limitations and the necessity for supervision. Regulate items like breast prosthetics and gaffs based on individual risk assessments.
Trans men care: Provide safe chest-binding methods, restricting those with ligature or metal risks. Assess the appropriateness of packing methods and related accessories, balancing patient comfort with safety considerations.

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