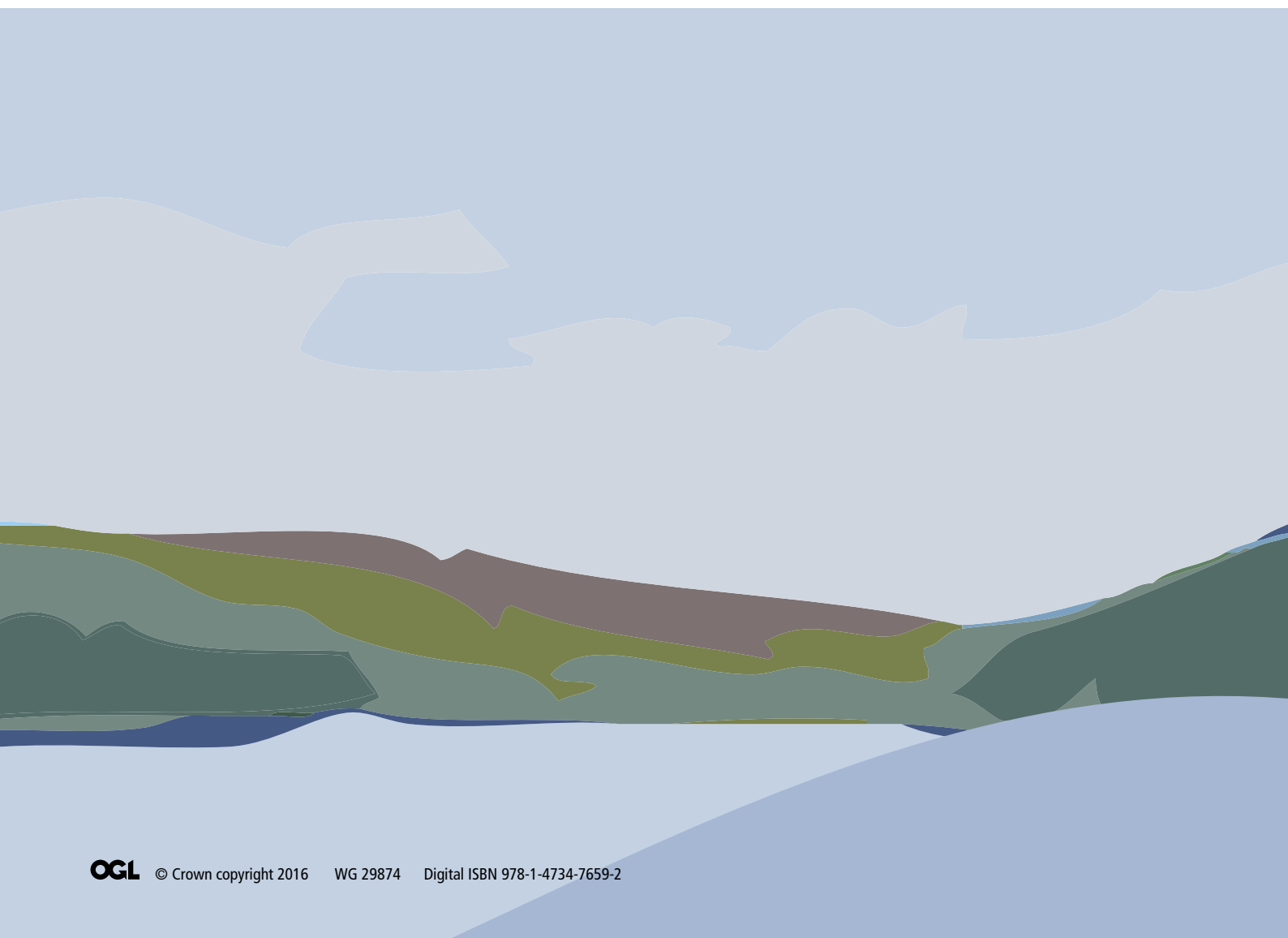


# Being in Hospital as a Detained Patient

## October 2016



## Introduction

This guide gives information on what you can expect when you are in hospital as a detained patient under the Mental Health Act.

This means you are in hospital because a team of mental health professionals have decided you need to be assessed and/or treated for your mental health problem. This is because they think you are too unwell for that to happen without being in hospital. They are using legal powers given to them under the Mental Health Act.

It is also necessary because you have not agreed to go into hospital voluntarily and without getting treatment your health or safety – or someone else's safety – is at risk.

## What can I expect?



You should always be treated with respect and dignity, listened to by professionals and fully involved in decisions about your care and treatment.

## How will hospital help me?

Being in hospital should keep you safe and help you get the treatment you need to recover and feel well enough to go home.

## Assessment

The professionals working with you will assess what type of mental health problem you are experiencing and what treatment you may need to help you.



This can involve answering some questions and talking to staff about the way you have been feeling and what has been happening in your life.

Sometimes this can seem strange and confusing, but you will be asked questions to try and find the best way to help you. You might also be offered treatment while you are being assessed.

## What medical treatment can I be given?

Different people need different treatments, even when they seem to experience similar mental health problems.

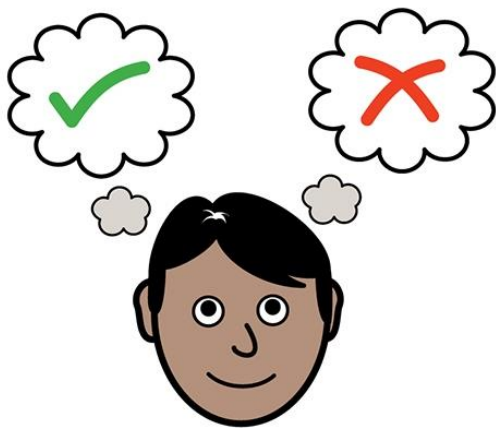
You can only be treated for your mental disorder under the Mental Health Act if appropriate medical treatment is available. This means it must be suitable for you as an individual and it must also be actually available at the time. It should also be the best, evidenced based, option available. You may be offered a choice between treatments.

Treatment might include nursing care, medication, talking to doctors or psychologists, taking part in activities that can help you feel better or learning new skills.

It can also involve treating your physical health if it is part of, or supports, treatment for your mental health problem, such as for self-harm injuries.

## Consent

You must always be asked whether you agree (consent) to proposed treatment while in hospital.



In order to consent, you must have been given enough information about:

- the proposed treatment
- what it will achieve
- possible side effects
- what will happen if you are not given the treatment and
- any alternatives.

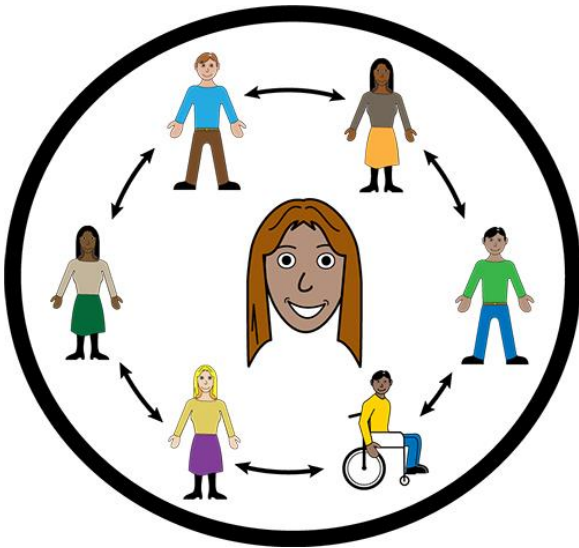
However, it is important to be aware that the Mental Health Act allows you to be treated without your consent if you are detained.

This can only happen if the treatment is for your mental health problem **and** it is prescribed by the approved clinician in charge of the treatment. This will usually be your responsible clinician.

There are special rules in relation to medication, electroconvulsive therapy (ECT) and neurosurgery, and special rules that apply when a person lacks capacity to consent to treatment.

You can ask an IMHA or your care team for more information about these.

## Who decides what happens to me?



You are at the centre of your care and treatment and should be given all the information you need to make informed decisions about your treatment options. There are a number of people who are responsible for making different decisions about your care and treatment.

## Approved mental health professional (AMHP)

This is a mental health professional approved by a local authority to carry out duties under the Mental Health Act. It is the AMHP who is responsible for co-ordinating any assessment and admission to hospital under the Mental Health Act.

An AMHP may be a:

- social worker
- nurse
- occupational therapist
- psychologist.

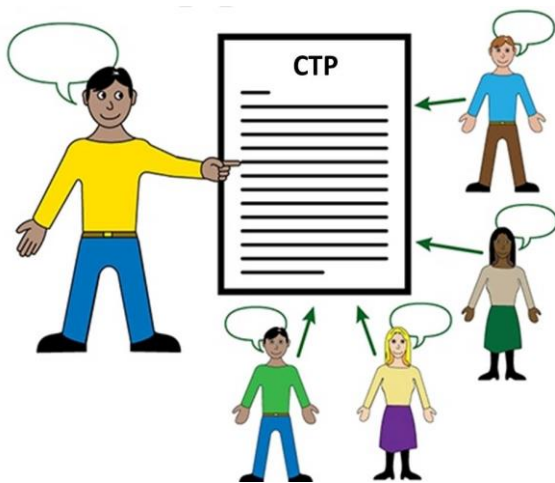
## Care co-ordinator

A care co-ordinator must be appointed as soon as possible following your admission to hospital.

If you were receiving support from secondary mental health services before you were admitted then you will already have a care co-ordinator.

Your care co-ordinator may be a:

- social worker
- nurse
- occupational therapist
- psychologist
- doctor
- dietician
- physiotherapist
- speech and language therapist.



While you are in hospital, your care co-ordinator will work with you (and, if you wish, your family and friends) to draw up a care and treatment plan (CTP).

This will be designed to meet your individual needs and the outcomes you would like to achieve.

Your CTP can cover one or more of the following:

- finance and money
- accommodation
- personal care and physical wellbeing
- education and training
- work and occupation
- parenting, or caring relationships
- social, cultural or spiritual needs
- medical and other forms of treatment.

Your CTP should record the services to be provided, and the action needed to achieve each of the outcomes you have agreed. This will include when treatment or services will be provided and by whom. Your care co-ordinator will be responsible for overseeing the co-ordination of your care and treatment, and for reviewing the plan.

If you already have a CTP, it should be reviewed within 72 hours of your admission and updated as needed.

A step-by-step guide to care and treatment planning can be found here:

[hafal.org/pdf/Care\\_and\\_Treatment\\_Planning\\_1.pdf](http://hafal.org/pdf/Care_and_Treatment_Planning_1.pdf).

## **Responsible clinician**

This is the approved clinician in charge of your care and treatment while in hospital. Certain decisions, such as applying for you to go onto a community treatment order (CTO), can only be taken by the responsible clinician.

They do not have to be a doctor, but will be the most appropriate person.

## **Second Opinion Appointed Doctor (SOAD)**

This is an independent doctor appointed by the Healthcare Inspectorate Wales.

The approval of a SOAD is needed for you to be given, or continue to be given, certain types of medical treatment under the Mental Health Act.

## **Hospital managers**

This is an independent team of people in a hospital who make sure that the requirements of the Mental Health Act are properly applied.

They have certain important responsibilities and can make decisions about your detention – for example, they can hear your application to be discharged and decide whether or not to discharge you (see How do I get discharged from hospital?).

## Nearest relative

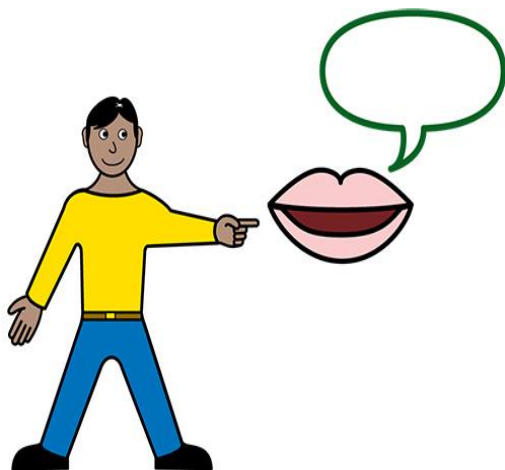
This is a family member who has certain responsibilities and powers if you are detained in hospital under the Mental Health Act. These include the right to information and to discharge you in some situations.

The law sets out a list to decide who your 'nearest relative' is, although the named person can sometimes be changed. See the separate publication *Nearest relative* for more information.

## Who can help me speak up about what I want?

While in hospital, you are entitled to help and support from an independent mental health advocate (IMHA).

You must be told about the support an IMHA can provide when you are first admitted to hospital. A member of the ward staff, your responsible clinician or an approved mental health professional (AMHP) can give you information about getting an IMHA.



An IMHA is there to support you and no one else. They can help you express your views about your care and treatment, and make sure your voice is heard.

You should have access to a phone on which you can contact and talk to an IMHA in private.



An IMHA can help you understand:

- your rights under the Mental Health Act
- the rights other people (such as your nearest relative) have
- the parts of the Mental Health Act which apply to you
- any conditions or restrictions placed on you (for example, about leave of absence from hospital)
- any medical treatment you are receiving or might be given, including:
  - the reasons for that treatment or proposed treatment
  - the legal basis for providing that treatment
  - the safeguards and other requirements of the Mental Health Act which apply to that treatment.

On a practical level, an IMHA can, if you wish:

- support you at meetings about your care and treatment (for example, at hospital managers' hearings)
- help you make a complaint about your care and treatment
- make an application to the Mental Health Review Tribunal for Wales, present your views and support you at a hearing
- access legal advice and representation
- make an application to displace your nearest relative
- make arrangements for your after-care.

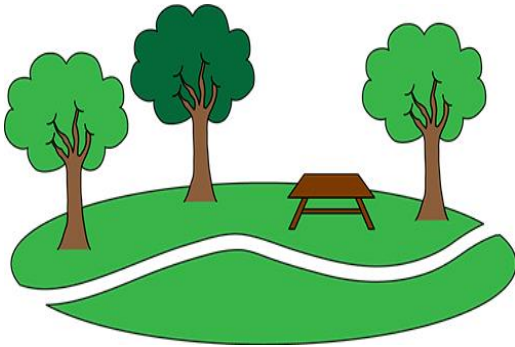
With your consent, your IMHA can access your ward or unit and meet with you in private, unless it is inappropriate. If this is the case, your care team will explain why.

They can see any medical, social services or other records about your detention, treatment and after-care, although only with your consent (unless you lack capacity to consent).

In order to support you an IMHA can also meet and talk to any-one professionally involved with your medical treatment.

You should be reminded of the support available from an IMHA if a doctor or approved clinician talks to you about having electroconvulsive therapy (ECT) or if, in exceptional circumstances, neurosurgery is suggested.

### **Can I go out of the hospital and, for example, go for a walk?**



Yes, as long as you have permission from your responsible clinician to take 'leave of absence'. This is often called section 17 leave, because it is granted under section 17 of the Mental Health Act.

You can be given leave for a few hours, a weekend or longer, but it might be on the condition that you are accompanied by a member of hospital staff or stay at a particular address.

Section 17 leave can be used for short outings from the hospital, visits home to family or as a trial run before discharge.

You can ask your responsible clinician for permission to go on leave when they come to see you in a ward round. If it is urgent, you can ask to see them sooner. You will need to explain your reasons for wanting leave.

Your responsible clinician may refuse your request for leave if they believe you or someone else would be at risk if you left the ward.

You can also be made to return to hospital before your period of leave has ended if your responsible clinician feels it is necessary for your health or safety, or the safety of others.

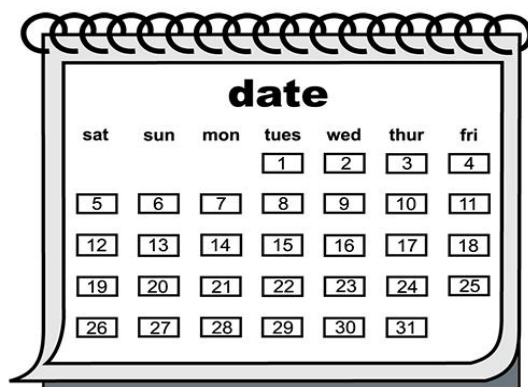
If you are going to be on leave from hospital for more than 7 days, your responsible clinician may need to consider whether to use a community treatment order instead. See 'What help will I get to stay well once I am discharged?' for information about community treatment orders.

## **Do I have to stay in hospital?**

Yes. If you are detained under the Mental Health Act you are not free to leave hospital until you are discharged, although you may be able to leave for short periods – see 'Can I go out of the hospital and, for example, go for a walk?'

## **How long do I have to stay?**

The length of time you can be kept in hospital depends on which section of the Mental Health Act you are detained under. You will be told and given written information about how long you can be detained when you are admitted to hospital.



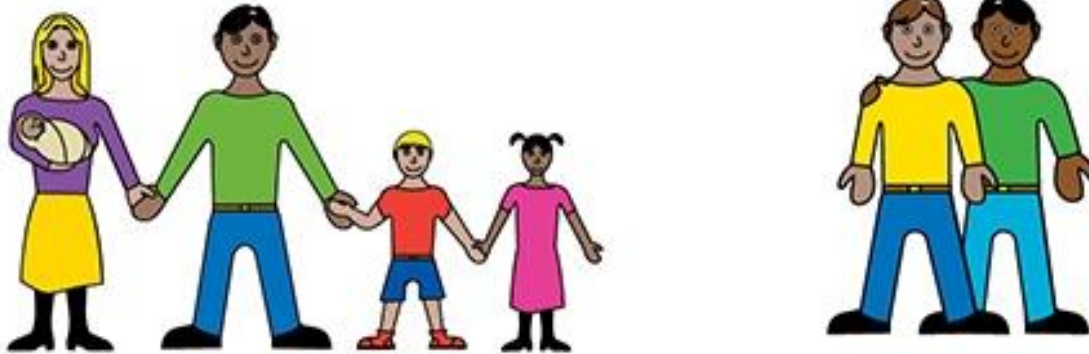
Your responsible clinician can discharge you from your section before it comes to an end. If this happens, you are free to go home or you may be able to stay in hospital as a voluntary patient.

## **How can I stay in touch with my friends and family?**

### **Visits**

Being able to see family and friends can be really important when you are in hospital. Visiting times should be flexible and there should be access to refreshments.

If you have children visiting you, there should be somewhere suitable for you to meet with them. If your care team has any concerns about someone visiting you, they must discuss this with you.



The hospital should also have a written policy on when visits to patients may be restricted. This cannot include blanket rules such as “no patient can have visitors for the first four weeks” (see ‘What sort of restrictions or rules might there be?’ for more information about blanket rules).

#### **Reasons for restricting or excluding a visitor:**

- your relationship with them is considered damaging to your therapy, such as when it interrupts your treatment progress or sets you back
- your behaviour poses a risk to the visitor
- the visitor’s behaviour may be disruptive – for example, they have previously tried to smuggle drugs or alcohol into the hospital, or have been aggressive.

If you disagree with a decision to prevent a friend or relative visiting you, an independent mental health advocate (IMHA) can help you challenge it (see ‘Who can help me speak up about what I want?’).

## Communication



You should be able to use the phone or internet during the day to stay in touch with friends and family. This should include access to a coin or card-operated phone you can use without being overheard.

Ask staff about the hospital's policy on the use of mobile phones and other devices – when, where and how you can use them.

You should also be able to send and receive letters and parcels. This might be stopped if your friend or relative doesn't wish to get letters from you and asks the hospital managers not to post your letters to them.

You can use your mobile phone and other electronic devices, such as laptops or tablets, in line with the hospital's policy on their use.

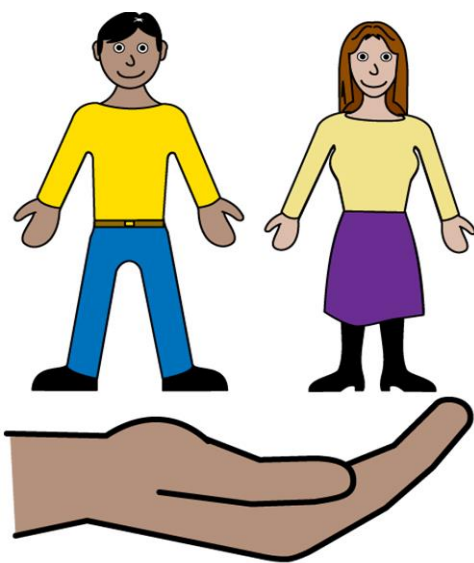
The hospital's policy cannot include a blanket ban on their use, although it could include a blanket ban about using them in certain areas. For example, where there is medical equipment, or because of the difficulty in identifying when camera or recording functions are being used (see 'What sort of restrictions or rules might there be?' for more information).

If there are reasonable rules in place about using your mobile phone or other electronic devices and you repeatedly refuse to follow them, your device could be confiscated.

The hospital's policy should also cover:

- your right to access e-mail and internet facilities on hospital equipment
- any restrictions on the content you access – e.g. illegal or inappropriate material
- if you access social media, how to do so appropriately and without breaching patient and staff confidentiality.

### **How will the hospital keep me safe?**



Feeling safe is often really important in helping you get well, so the hospital should have anti-bullying and safeguarding policies to protect you from any potential physical or verbal abuse.

When you are admitted to hospital, staff should carry out a risk assessment. This is done to help keep you and others as safe as possible.

You should be asked about any risks you feel you may pose to your own safety or the safety of others, and agree with staff how best to manage these risks. This information should be included in your care and treatment plan.

If you behave in a way that puts your or others' safety at risk, the hospital may use a range of measures to keep you safe. In limited situations, these may include observation, rapid tranquilisation, seclusion or restraint.



## Observation

Increased levels of observation may be used if you are at risk of self-harm or suicide, such as:



- staff checking on you, sitting with you and talking to you at regular intervals
- you being kept within sight of a staff member at all times
- in the most extreme circumstances, you remaining within arm's length of a staff member.

If observation is used, you should be told why, its purpose, how long it is likely to last, and what needs to happen for it to be stopped.

It should only be used after other less intrusive options have not worked.

## Rapid tranquilisation

This refers to the use of medication to calm or lightly sedate you to reduce the risk of you harming yourself or others. It may include oral medication or injections.

Medication should only be used in this way when other therapeutic interventions have not worked to contain your behaviour, and not as a substitute for adequate staffing.

## Seclusion

This involves you being taken to a room away from other patients. The room may or may not be locked.

If you are in a hospital or unit that uses seclusion, there should be a designated seclusion room that:

- is private from other patients, but allows staff to observe and communicate with you at all times
- is safe and secure, and does not contain anything that could cause harm to you
- is quiet, but not soundproofed
- is well insulated and ventilated
- has access to toilet and washing facilities.

Seclusion should only be used as a last resort and for the shortest time possible.

## **Restraint**

This involves health professionals preventing you from hurting yourself or another person and could include holding you. It should not cause pain, and they must check how you are feeling. It must only be used in an emergency as a last resort.

The hospital should have policies on the use of observation, seclusion, rapid tranquilisation and restraint. They must never be used as a form of punishment for not following the rules.

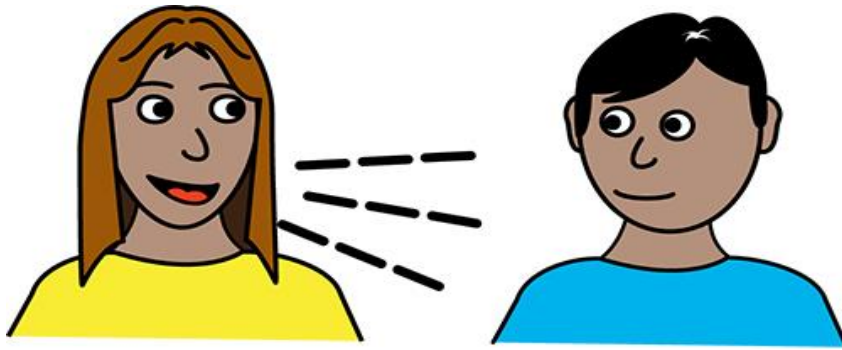
## **What can I do if I do not feel safe?**

You should talk to hospital staff about how you are feeling and what can be done to make you feel safe.

An IMHA can also help you explain your concerns to staff.



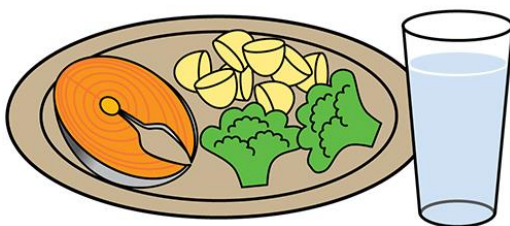
## What sort of restrictions or rules might there be?



There are some rules that you have to follow when you are in hospital – for example, you must not leave the ward without permission from your responsible clinician (see Can I go out of the hospital and, for example, go for a walk?).

However, blanket restrictions – rules that restrict the freedom of all patients without individual risk assessments – should not be used, such as those which unreasonably limit:

- your access to secure outdoor space
- your access to the internet
- your access to communal rooms
- your access to your mobile phone and charger
- your incoming or outgoing mail
- visiting hours
- the amount of money you can have and your ability to make personal purchases
- your ability to leave the ward because the doors are locked
- the times that you can get up or go to bed
- your access to food and drinks.



## **What happens if I do not follow the rules?**

If it is something minor, such as using your mobile when you have been asked not to, you will likely be reminded of the rules (unless you've repeatedly broken that rule, in which case your phone might be confiscated).

If it is something more serious, such as being violent towards staff or another patient, the hospital might need to involve the police.

The hospital will also take action if you leave without the permission of your responsible clinician – this is called being absent without leave.

You will also be absent without leave if you:

- do not return to the hospital when you are supposed to after section 17 leave
- are not at the place you are required to stay during your section 17 leave
- do not return to hospital if your section 17 leave is revoked by your responsible clinician.

If you are absent without leave, an AMHP, a member of hospital staff, the police or anyone else authorised by the hospital managers can return you to hospital.

## **How do I get discharged from hospital?**

There are several ways of getting discharged once you have been detained under the Mental Health Act.

### **Ask the hospital managers to consider discharging you**

You can request a meeting with them and ask to be discharged.

## **Ask your responsible clinician to discharge you**

Your responsible clinician must do this if the legal reasons for detaining you no longer apply. This could be because your mental health has improved so that you no longer need to be kept in hospital for assessment or treatment.

## **Ask your nearest relative to discharge you**

They will need to give the hospital managers at least 72 hours' written notice. If your responsible clinician does not object to you going home, you can go home once the 72 hours have passed.

If your responsible clinician does object, they can make a report to the hospital managers before the 72 hours are up stating that, in their view, you would act in a way that would be dangerous to yourself or others.

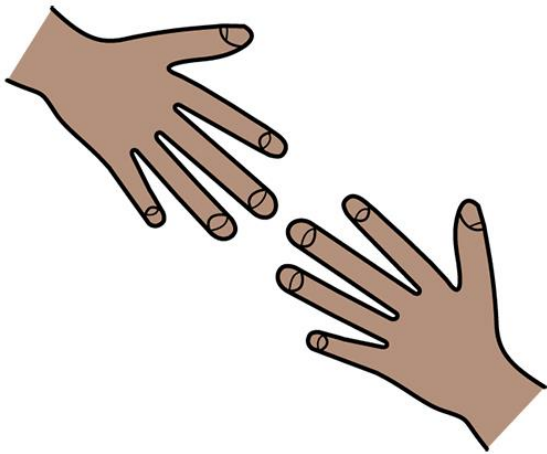
## **Apply to the Mental Health Review Tribunal for Wales to be discharged**

The Tribunal cannot look at the reasons why you were detained in the first place – it will only look at how you are now and whether you should still be under section or discharged.

You will be able to get free advice and representation from a solicitor to help you with your application and during the hearing. It does not matter what money you have coming in, what savings you have or whether you own your home.

You can apply to the Tribunal each time you are put on a section or your section is renewed.

## What help will I get to stay well once I am discharged?



The planning for your after-care should start while you are still in hospital.

You (with support from your family and/or IMHA if you wish), your care co-ordinator and other professionals involved in your care should be included in the process, with the arrangements recorded in your CTP.

Your CTP should also include a crisis plan setting out what you would like to happen if you become unwell again after you have left hospital.

If you have been detained in hospital under certain sections of the Mental Health Act (even if you were subsequently discharged from section and stayed in hospital as a voluntary patient), you will get free after-care services once you leave hospital for as long as you need them.

Even if you are not entitled to free after-care services, you will still have the right to services when you leave hospital, but you may be charged for some of them on a means-tested basis (your income, savings and property will be assessed).

Some services, such as medical care and follow-up appointments with your GP or psychiatrist, will be free.

**After-care services** are those which meet a need arising from or related to your mental disorder, or reduce the risk of a deterioration of your mental health. Their aim is to reduce the risk of you requiring readmission to hospital. They can include:

- follow-up medical treatment and check-ups
- counselling or therapy
- practical help around the home
- help managing money
- help with finding accommodation if you need it or, in some cases, special accommodation for your needs
- facilities for daytime activities and help moving towards living independently
- help getting welfare benefits, or financial support and suitable advice
- work related training or help getting work

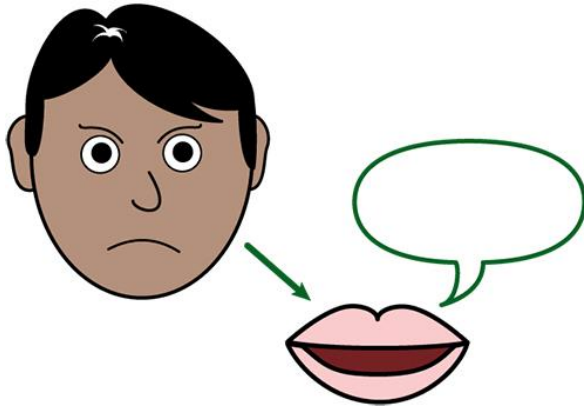
## **Community treatment order**

If you have been detained in hospital under certain sections of the Mental Health Act, you may be discharged onto a community treatment order (CTO).

The decision to put you on a CTO is made by your responsible clinician and an AMHP. It means you can be treated in the community for your mental health problem instead of staying in hospital, but you must follow certain conditions and your responsible clinician can return you to hospital and give you immediate treatment if necessary.

## Feedback

### Complaint



There are a number of things you can do if you are not satisfied with how you have been treated in hospital. The best course of action for you will depend on what exactly has happened.

Often a problem can be sorted out by speaking informally with the person involved. Your IMHA can help you if you would like support in doing this.

If it cannot be resolved informally, you can raise a concern with your health board, which must have a written policy that explains how they deal with concerns raised with them.

Your IMHA can also help you raise a concern or, if you no longer have an IMHA, you can ask your local Community Health Council to help you. For more information see [www.wales.nhs.uk/ourservices/directory/communityhealthcouncils/](http://www.wales.nhs.uk/ourservices/directory/communityhealthcouncils/)

You should report your concern within 12 months of the incident, although it may still be investigated if you raise it after 12 months if you had good reason for the delay.

If you are not happy with the health board's response, you can make a complaint to the Public Service Ombudsman for Wales. See [www.ombudsman-wales.org.uk/](http://www.ombudsman-wales.org.uk/)

If your complaint is about the way your relative was treated by a particular nurse, doctor or other professional, you can make a complaint to their regulatory body.

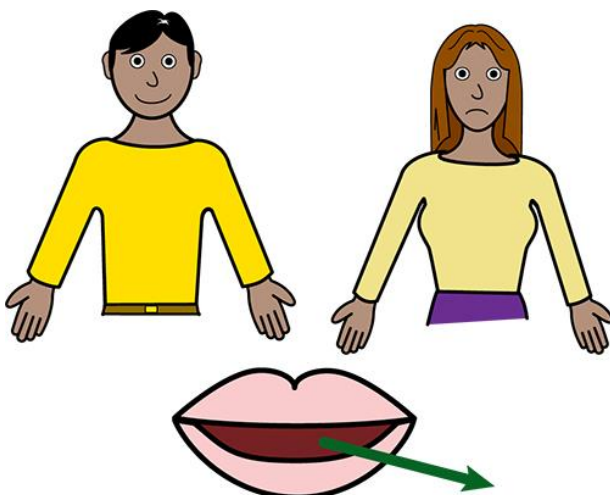
**Doctors, including psychiatrists:** the General Medical Council [www.gmc-uk.org/](http://www.gmc-uk.org/)

**Nurses:** the Nursing and Midwifery Council [www.nmc.org.uk/](http://www.nmc.org.uk/)

**Occupational or speech and language therapists, psychologists, dieticians and physiotherapists:** the Health and Care Professions Council [www.hcpc-uk.co.uk/](http://www.hcpc-uk.co.uk/)

**Social workers:** the Care Council for Wales [www.ccwales.org.uk/](http://www.ccwales.org.uk/)

## Comment



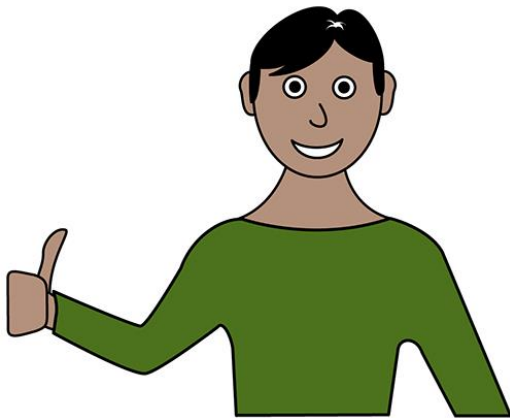
If you do not want to formally raise a concern or complaint, but you want someone official to know you had a bad experience in hospital, you can tell Healthcare Inspectorate Wales (HIW). HIW monitors and inspects all health services in Wales.



Although they do not investigate individual complaints, HIW want to hear about experiences of poor care, as this helps them make informed decisions about when, where and what services they inspect.

If you think that the Mental Health Act has not been used properly, you can contact the Mental Health Review Service. This service is run by HIW and is responsible for checking that people are lawfully detained and well cared for under the Mental Health Act. Go to [hiw.org.uk](http://hiw.org.uk) for more information.

## Compliment



You can also give positive feedback about your care and treatment to your care team, IMHA, Community Health Council or HIW at any time.

Complaints and compliments are both helpful for improving services.

With special thanks to Simon Meadowcroft from Betsi Cadwaladr University Health Board and other members of the Accessible Information Advisory group.



