

Being in Hospital as a Voluntary Patient

October 2016

Introduction

This guide gives information on what you can expect when you are in hospital as a voluntary patient, sometimes known as an 'informal patient'.

This means you have agreed to come into hospital of your own free will to be assessed and/or get treatment for your mental health problem.

What can I expect?



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

It is important to know that:

- you can discharge yourself at any time
- you have a right to help and support from an independent mental health advocate (IMHA)
- you will be allocated a care co-ordinator unless you do not need one. See 'Who decides what happens to me?' for more information
- treatment cannot be given to you without your consent.

How will hospital help me?

Being in hospital should help you get the support and 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.

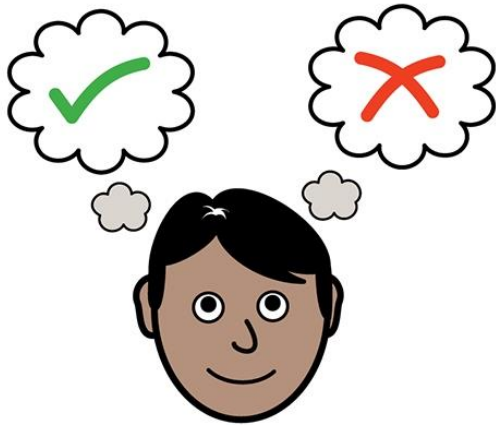
Treatment

Different people need different treatments, even when they seem to experience similar mental health problems. Any treatment given must be appropriate for the person concerned, and should 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



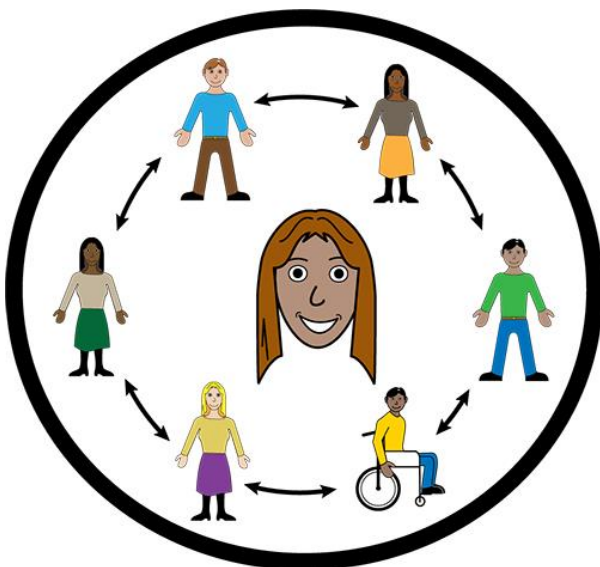
In order to consent, you must have been given enough information about:

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

As a voluntary patient, you cannot be treated against your will, and you can change your mind and withdraw your consent at any time.

You can only be treated without your consent if you are detained under the Mental Health Act (see the leaflet *Being in Hospital as a Detained Patient* for more information).

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 responsible for supporting you to make decisions about your care and treatment:

Responsible clinician

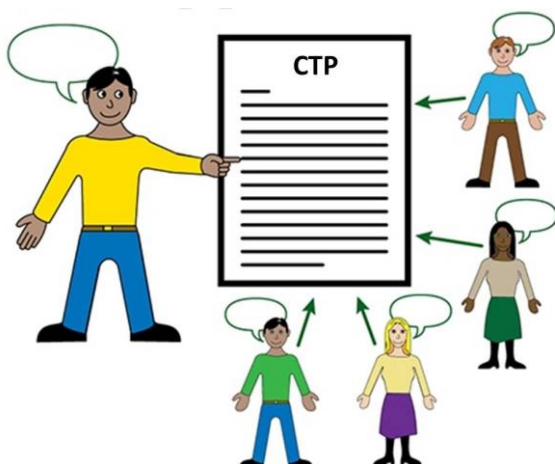
This is the approved clinician in charge of your care and treatment while in hospital. They do not have to be a doctor, but will be the most appropriate person.

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, you will already have a care co-ordinator. Your care co-ordinator may be one of the following:

- 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 will cover one or more of the following:

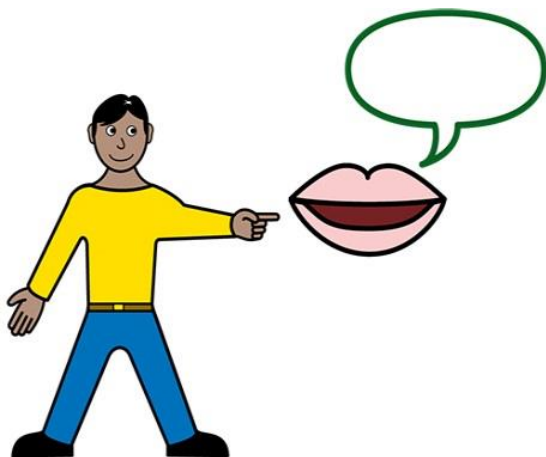
- finance and money
- accommodation
- personal care and physical wellbeing
- education and training
- work and occupation
- parenting, or caring relationships
- social, cultural or spiritual needs
- medical and other forms of treatment.

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 http://www.hafal.org/pdf/Care_and_Treatment_Planning_1.pdf

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.

Their role is to help you understand any medical treatment you are given or might be given, as well as the reasons and legal basis for it.

You should have access to a phone which you can use to contact and talk to an IMHA in private. On a practical level, an IMHA can, if you wish:

- support you at meetings about your care and treatment
- help you make a complaint about your care or treatment.

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 treatment, although only with your consent (unless you lack capacity to consent).

In order to support you, an IMHA can also meet and talk to anyone 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, to go for a walk, for example?



As a voluntary patient you are free to come and go as you wish. You should be told what the arrangements are for you to leave the ward. This includes the locked door policy for the ward, which could mean that, for practical reasons, you cannot leave the ward when you want.

You may be asked to let staff know if you want to leave the ward, but you do not need permission.

Part of your care and treatment in hospital may include therapeutic activities and talking to staff, so it will be important that you spend time on the ward when needed. You can agree how much time you are expected to spend on the ward when you speak to your care co-ordinator or a member of your care team.

Do I have to stay in hospital?

As a voluntary patient, you are free to discharge yourself whenever you wish. However, your care team must tell you if they believe leaving hospital could put you or others at risk.



If that happens, your doctor may keep you on the ward under section 5(2) of the Mental Health Act for up to 72 hours. During this time, you will be assessed to see if you need to be kept in hospital.

If a doctor is not available, a nurse can stop you from leaving the ward for up to 6 hours under section 5(4) of the Mental Health Act until a doctor can see you.

You can only be detained for longer than 72 hours if two doctors and an approved mental health professional (AMHP) agree that:

- you need to be assessed and treated for your mental health problem in hospital
- your health would be at risk of getting worse if you do not get treatment
- your safety or someone else's safety would be at risk if you don't get treatment.

Health professionals cannot threaten to detain you under the Mental Health Act to make you agree to stay in hospital.

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, but 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).

Some reasons for restricting or excluding a visitor:

- your relationship with them is considered damaging to your treatment, such as when it interrupts your progress or might set 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 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.

You should also be able to send and receive letters and parcels.

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 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).

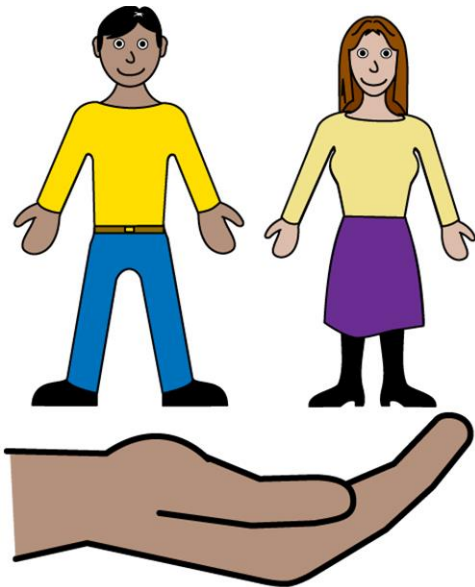
Ask staff about the hospital's policy on the use of mobile phones and other devices – when, where and how you can use them.

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. 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. These may include observation, seclusion or restraint. These should rarely be used for voluntary patients.

The hospital should have policies on the use of observation, seclusion and restraint. They must never be used as a form of punishment for not following the rules. If it is necessary to use any of these interventions to keep you safe, a decision must be made about whether you should be assessed for detention under the Mental Health Act (see publication *Being in Hospital as a Detained Patient* for more information).

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.

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 regularly. It must only be used in an emergency as a last resort.

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?

Hospitals have rules that apply to everyone, whether you are a voluntary patient or detained under the Mental Health Act – for example, rules about acceptable behaviour.

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 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 have repeatedly broken that rule, in which case your phone might be confiscated).

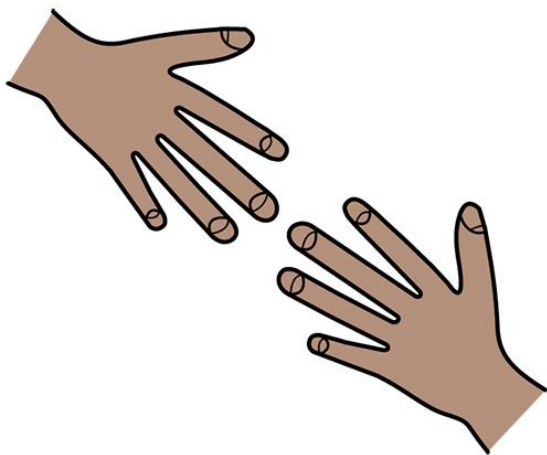
If it is something more serious, such as being violent towards staff or another patient, the hospital might need to involve the police.

If you do not engage with your care and treatment plan and this puts your safety or the safety of others at risk, the hospital might decide to assess whether you should be detained under the Mental Health Act.

However, this should never be used as a threat to force you to agree to care and treatment you do not wish to receive.

What help will I get to stay well once I'm discharged?

The planning for your after-care should start while you are still in hospital. You, with support from your family or IMHA, if you wish, your care-co-ordinator and other professionals involved in your care should be included in the process. These arrangements will be 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.

You will be given a copy of your CTP and this will be sent to your GP, unless you disagree.

If you were originally detained in hospital as a formal patient under certain longer sections of the Mental Health Act before becoming a voluntary patient, you will get free after-care services once you leave hospital for as long as you need them (see the publication *Being in Hospital as a Detained Patient* for more information on after-care services).

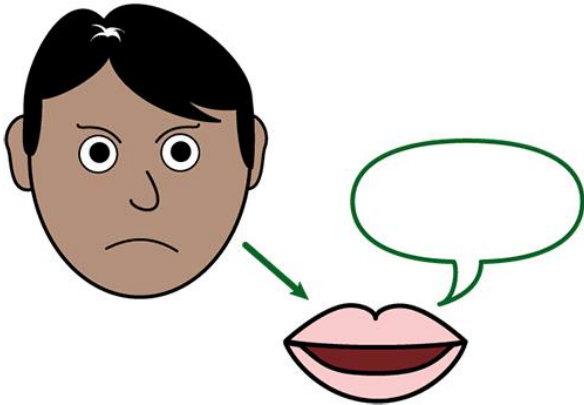
You will not get free after-care services if you have been a voluntary patient for the whole of your time in hospital.

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 any NHS medical care and follow-up appointments with your GP or psychiatrist, will be free.

Giving feedback

Complaint



There are a number of things you can do if you're 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/

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/

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.

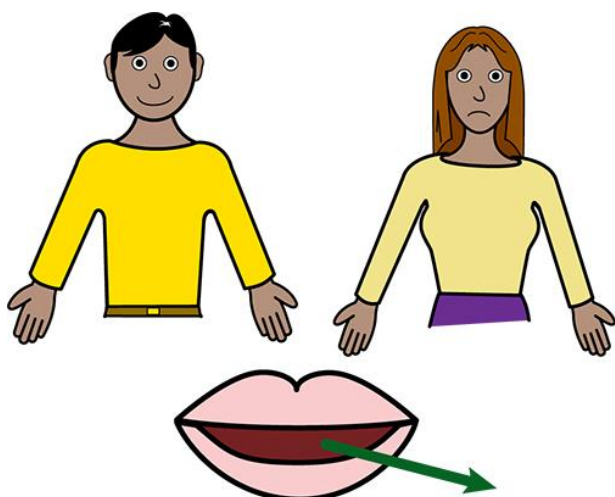
Doctors, including psychiatrists: the General Medical Council www.gmc-uk.org/

Nurses: the Nursing and Midwifery Council 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/

Social workers: the Care Council for Wales www.ccwales.org.uk/

Comment

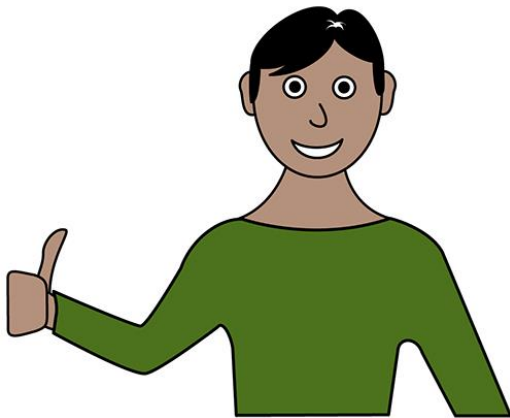


If you do not want to formally raise a concern or complaint, but you want someone official to know you had a bad experience in hospital, you can tell Healthcare Inspectorate Wales (HIW). HIW monitors and inspects all health services in Wales.

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 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.

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