

Going into hospital

For carers, friends and relatives

Key Points.

Your relative may need to go into hospital if they are very unwell with a mental health problem. This factsheet has practical information about going into hospital. Every hospital is different, so we can only give an overview of what you both can expect. This information is for carers, friends and relatives of adults affected by mental illness in England. It's also for anyone interested in this subject.

- If your relative agrees to go into hospital, they are called a 'voluntary patient'. Many health professionals use the term 'informal' rather than voluntary. This means that they can leave if they want to.
- In some cases, your relative might have to go into hospital when they don't want to. Doctors call this being 'detained' under the Mental Health Act. When this happens, your relative will not be able to leave unless the hospital doctor agrees.
- You can speak to your relative about how they want their home and finances looked after while they are in hospital. E.g., if your relative receives benefits, they need to inform the DWP they are in hospital.
- There are different types of wards in a mental health hospital. These can include acute, rehabilitation, specialist wards as well as psychiatric intensive care units.
- You can see your relative if they want visits, but there may be fixed visiting times.
- Your relative might be given medication, talking therapy or occupational therapy. Often, they may get a mix of these.
- If your relative agrees, you can speak to doctors at 'ward rounds' or meetings. This is a good chance to raise any concerns you have.

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Key word

In this factsheet we use the words '**your relative**' to mean the person that you care for that is going into hospital. But we know that you might not be a relative.

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1. When might my relative go into hospital?

Most people with a mental health problem are treated in the community.

But your relative may need to go into hospital if they are very unwell.

Going into hospital is called an admission. When you go into hospital, doctors might say that you have been admitted.

Your relative can go into hospital as a voluntary or compulsory patient.

What is a voluntary patient?

If your relative is very unwell, they may need treatment in hospital. They might be offered this if doctors think they can't be treated in the community.

If they agree to go to hospital for treatment for their mental health, they're known as a voluntary patient.

As a voluntary patient they can only be given treatment if they consent to it.

If they are so unwell they think they need treatment in hospital, they can try the following.

- If they're with an NHS mental health team, speak to the care-coordinator or contact point there.
- Contact their local NHS urgent mental health helpline. You can find their details at: www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline.

- Contact their GP. There may also be an out-of-hours service.
- Go to an accident and emergency (A&E) department of a local hospital.

They might not be able to go into hospital even if they want to. It will depend on if doctors think they need to be there.

Doctors might think treatment in hospital is appropriate for them. If there is no free bed in their local hospital, they could be offered a bed in one further away.

They can leave hospital at any time, even if health professionals advise them not to. If this happens it's a good idea for your relative to listen to their advice and reflect on it, before they decide what to do. If they're unsure about any of their advice, they can ask them to explain it again and ask any questions they want to.

Your relative might try to leave hospital. But a doctor might think they're very unwell and a risk to themselves or others because of a mental disorder.

The doctor has powers under the Mental Health Act to detain your relative in hospital for up to 72 hours in an emergency.¹ A nurse can also do this for up to 6 hours.² Your relative should then be assessed by professionals to see if they need to be detained further under the Mental Health Act.

You can find more information about:

- NHS mental health teams, and
- The Mental Health Act

at www.rethink.org . Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy.

What is a compulsory patient?

Your relative is a compulsory patient if they are detained in hospital and they are not free to leave without the agreement of professionals.

They will be a compulsory patient if they're detained in hospital under:

- the Mental Health Act, or
- a Deprivation of Liberty Safeguards (DoLS) order.

What is detention under the Mental Health Act?

They can be detained in hospital under the Mental Health Act if:³

- they have a mental disorder,
- they are a high risk to themselves or other people because of a mental disorder, and
- treatment in the community isn't appropriate.

They can be detained in hospital and given treatment, even if they don't agree.

They should only be detained under the Mental Health Act if there are no other ways to keep them, or others, safe.⁴

Being detained under the Mental Health Act is sometimes called being 'sectioned.' This is because you can be detained under different sections of the Act, depending on your circumstances.

Your relative will only be discharged from hospital if:

- health professionals think they're well enough, or
- they appeal their detention and they're successful.

You can find more information about:

- The Mental Health Act, and
- Discharge from the Mental Health Act

At www.rethink.org . Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy.

What are Deprivation of Liberty Safeguards (DoLS)?

DoLS can sometimes be used if your relative is in a hospital or care home and they lack mental capacity.⁵ Mental capacity means you have ability to make your own decisions. 'Deprivation of liberty' means loss of freedom.

DoLS orders are made in line with the requirements of the Mental Capacity Act 2005.

The care home or hospital must get permission from a supervisory body before they can lawfully deprive your relative of their liberty. The supervisory body will usually be an NHS primary care trust or a local authority.⁶

DoLS can only be used when:⁷

- it's in your relative's best interests to protect them from harm,
- it's needed because of the likelihood and seriousness of harm, and
- if there is no other way to keep them safe.

There are safeguards in place to make sure:^{8,9}

- your relative gets a representative to support them with all things to do with DoLS,
- your relative and their representative have access to an independent mental capacity advocate, and
- the DoLS order is regularly reviewed.

DoLS can't be used if your relative is detained in hospital under the Mental Health Act.¹⁰ It is more common for people with dementia or learning disabilities to be detained under a DoLS order than those living with a mental illness.

If you or another want to challenge a DoLS order, you have to apply to the Court of Protection.¹¹

You can find out more about DOLS here:

- **Mind:** www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/deprivation-of-liberty/#.XYH7uyhKi1s
- **Age UK:** www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs62_deprivation_of_liberty_safeguards_fcs.pdf

What are Liberty Protection Safeguards (LPSs)?

Liberty Protection Safeguards (LPSs) will replace the Deprivation of Liberty Safeguards (DoLS) in the future. The Mental Capacity (Amendment) Act 2019 says this.

The government have yet to provide a date when this will happen. We will update this factsheet when LPSs replace DoLS. For further information on the key changes under LPSs, please see the Government website link here: www.gov.uk/government/publications/liberty-protection-safeguards-factsheets/liberty-protection-safeguards-what-they-are

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2. How can we prepare?

Home and possessions

Ask your relative if they would like someone to look after their home, pets, or children. A friend, family member or carer could do this.

If no one can do this, the local authority has to protect property that could be lost or damaged.¹² This includes your relative's home, furniture and pets.

They might have to go into your relative's home and put some of their things into storage.¹³ They can only do this if your relative agrees or if someone who is allowed to make decisions for them agrees, e.g., somebody with Lasting Power of Attorney.¹⁴

The law says that the local authority can charge a reasonable amount for this.¹⁵ The rules on charging will vary from area to area. For example, some local authorities will pay for property storage or pet boarding while your relative is in hospital.

If you are worried about your relative's belongings, you can ask them about it. You could also talk to:

- a social worker at the hospital,
- the local social services department,
- your relative's care coordinator, if they have one, or
- the Approved Mental Health Professional (AMHP), if your relative has been detained under the Mental Health Act.

The social services can look after your relative's children if they have no one else to look after them.¹⁶

Benefits

If your relative gets benefits, they must tell the Department for Work and Pensions (DWP) that they are in hospital.

If your relative is too unwell to do this, you could contact them instead. If you have the authority to deal with your relative's benefits for them, you are their 'appointee'. You must tell the DWP that your relative is in hospital.

Your relative might stop getting some benefits after 28 days in hospital.¹⁷ If the DWP aren't told that your relative is in hospital they may overpay them. If this happens, they will have to pay the money back.

You might get Carers Allowance because you look after your relative. If you do, you must tell the DWP that your relative has gone into hospital.

You can find more information on the Mental Health and Money Advice Service website at:

<https://www.mentalhealthandmoneyadvice.org/en/mental-health-care/how-do-i-manage-my-money-if-i-have-to-go-into-hospital/>.

Taking things in

In an emergency your relative might not take everything they need into hospital. If they don't have all the things they need, you can offer to take some useful items in. The following things might be useful.

- Extra clothes
- Night clothes
- Toiletries like body wash, shampoo, toothpaste, toothbrush, hair gel and make-up
- Money in coins in case there is a pay phone on the ward
- Books
- Notepad and pen
- Their mobile phone

The hospital shouldn't have a blanket ban on using mobile phones, tablets or laptops or accessing the internet. Your relative should have the right to use these things in hospital as long as:

- professionals think that using them won't harm their recovery
- They can use these items in a way that doesn't affect the right of privacy of other patients or staff.

This relates to your relative's, and other people's, rights to life and a private and family life.

Your relative should be careful about taking valuable things, such as jewellery or a lot of money, onto the ward. There might not be anywhere to keep these things safe. Your relative must let a nurse know about any electrical items they take, to make sure they are allowed.

If your relative has taken any expensive things into hospital, you could offer to keep these safe until they leave. Or you can ask staff if there is a safe place to keep them.

Some wards don't allow items such as razors, matches and lighters.

Alcohol isn't allowed in hospital. Some higher security wards have restrictions on:

- alcoholic mouthwash,
- aerosols,
- glass containers,
- perfume,
- aftershave,
- dental floss and
- nail varnish remover.

You can ask staff what you are allowed to take in for your relative.

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3. What information might I find useful?

When your relative goes into hospital, one of the nurses should ask them for their details. The hospital staff may be dressed in their own clothes or in a uniform. But all staff should wear name badges.

If you have any questions about your relative's treatment or rights, you can try asking a nurse or key worker on the ward. The staff won't tell you any confidential information about your relative unless your relative agrees to this.

Hospital routine

There will be a routine on the ward. There will be regular mealtimes for breakfast, lunch and dinner. At mealtimes the ward could be closed to visitors, you can check this with staff. There may be a water machine or a kitchen to make hot drinks.

Smoking and vaping

The hospital will have rules about smoking and vaping.

Your relative won't be able to smoke or vape on the ward. But your relative might be allowed to smoke or vape in an outside area. Or they might not be allowed to smoke or vape at all.¹⁸

Smoking or vaping isn't a human right.¹⁹ So the hospital doesn't have to allow your relative to smoke or vape.

You or your relative can ask staff for a copy of the hospital's smoking policy.

Your relative might be in hospital under the Mental Health Act. If they are a member of staff may have to go with them when they want to smoke or vape. This might mean they can't smoke or vape as often as they would like.

Layout and rooms

Your relative may have their own room or they may be in a room with lots of beds.

Not every hospital is able to offer a ward for each sex²⁰. But there should always be separate toilets and bathrooms for men and women.

Arrangements for your relative's accommodation should also consider their history and personal circumstances, including:²¹

- history of sexual or physical abuse and risks of trauma, and
- the needs of transgender patients.

If your relative is trans, staff should put them in a single room or on a ward that matches their acquired gender. Your relative might not be able to say what ward they want to be on. Staff should consider how they look and act or ask your relative about it.

There is sometimes an area where your relative can spend time away from their room during the day. This is called the common room or day room. It may be mixed sex. In some hospitals, but not all, there are separate wards for men and women.

What is chaplaincy?²²

Chaplaincy is a service in the hospital that can provide your relative with pastoral, spiritual or religious support. They can get support off the service whether they're religious or not.

If they want support from the chaplaincy service, they can speak to a member of hospital staff.

Observation on the ward

If staff are worried about your relative, they may put them under observation. All patients are observed to some extent. This means that staff will watch over them to make sure that they are safe.

There are different levels of observation. For example, staff may check your relative every hour, every few hours or all the time.

Problems with other patients

If your relative has a problem with any of the other patients on the ward, they should tell a member of staff straight away. Your relative might want you to help them with this.

Searches on the ward

Staff may look through your relative's things when they first go into hospital and when they return from leave.

For more information on leave see [section 7](#).

The hospital should have a written policy on searches. If you aren't happy with the way they are doing the searches, you can ask to see this policy.

If your relative is a voluntary patient, the hospital staff should ask their permission before doing a search.

If your relative's in hospital under the Mental Health Act, staff can search their things. Even if your relative doesn't want them to.²³ But, the staff should still:

- ask your relative first,²⁴
- check if your relative's responsible clinician or psychiatrist agrees to the search,²⁵ and
- be able to give a good reason for the search.²⁶

If staff feel your relative is dangerous or violent, they may search them at any time when in hospital.²⁷

If any of your relative's items are taken from them, staff should:²⁸

- tell them why they were taken.
- tell them where they will be kept,
- tell them when they will be given back, and
- give them a receipt for them.

The hospital staff might want to search you when you visit. This is more common in higher security hospitals and forensic wards.

If you don't agree to be searched staff can't force you. But if you refuse you might not be allowed to visit your relative. Or staff may supervise the visit. This depends on the hospital's security policies.

4. What sort of ward will my relative be on?

There are different types of hospital wards in mental health hospitals.

What is an acute ward?

Your relative will probably go on an acute ward when they first go into hospital. The staff will assess them and offer treatment. There might be patients who are in hospital voluntarily and those under the Mental Health Act.²⁹

What is an psychiatric intensive care unit (PICU)?

This is a ward for people who are very unwell and who may be a risk to themselves, other patients, or staff. PICU sounds like “P-Q”.

Your relative may be moved here from an acute ward or they might go straight onto the PICU ward. There are more staff on this ward, so they can give more support.

The PICU ward will be locked, and most patients will be in hospital under the Mental Health Act.³⁰

What are recovery and rehabilitation units?³¹

These can be hospital or community based.

Your relative may go to a recovery and rehabilitation unit if:

- they live with severe and long-term mental health problems,
- they can't live independently in the community, even with support,
- they need help to become more independent and learn new skills, and
- they have complex needs.

They will get treatment and support that is individual to them that can include:

- medication,
- talking therapy,
- family and carer involvement,
- occupational therapy to help with skills and confidence for daily living, and
- help to take part in community-based leisure and work or volunteering-based activities.

The usual length of stay would be 1 to 2 years.

With suitable rehabilitation even those with the most challenging needs can progress to supported community living.

The staff at the unit should inspire hope that they can live more independently in the community.

You can find more information about '**Supported housing**' at www.rethink.org . Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy.

What are forensic mental health wards?³²

If your relative is on a forensic ward, they'll:

- be detained under the Mental Health Act, and
- probably have committed a criminal offence.

They'll be on a high, medium, or low secure ward. This will depend on their levels of risk.

If they're on a forensic mental health ward, they'll have been assessed by health professionals as:³³

- needing a lot of treatment from different types of staff specially trained in forensic mental health, and
- showing disturbed behaviour linked to a serious mental disorder.

In addition to the above, they'll have been assessed by health professionals as:³⁴

- needing to be in a secure hospital, if they're in a low secure ward,
- possibly being a serious risk to others, if they're on a medium secure ward, or
- showing a serious and immediate danger to others, if they're on a high secure ward.

If you're on a forensic ward, they might have been detained under one of several sections of the Mental Health Act.

You can find more information about:

- Section 35 of the Mental Health Act - Criminal courts send you to hospital for a medical report,
- Section 36 of the Mental Health Act - The Crown Court sends you to hospital for treatment,
- Section 37 of the Mental Health Act – Hospital orders,
- Section 37/41 of the Mental Health Act - Hospital order given by a Crown Court,
- Section 38 of the Mental Health Act – Interim hospital orders by the criminal courts,
- Section 47 of the Mental Health Act - Transfer of a sentenced prisoner to hospital, and
- Section 48/49 of the Mental Health Act -Transfer of an unsentenced prisoner to hospital,

at www.rethink.org . Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy.

What are specialist wards?

Your relative may be admitted to a specialist ward if they have needs that other psychiatric wards can't meet. These may include:

- personality disorder units,
- eating disorder units,
- forensic units for offenders with mental illnesses,
- mother and baby units, or
- young person units.

Your relative might need specialist care that local NHS services can't give them. You can ask for them to be moved to a hospital in another area that can meet their needs.

You can find more information about '**NHS treatment – Your rights**' at www.rethink.org . Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy.

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5. Can I visit my relative?

Usually, you're able to visit your relative.

But they're able to make decisions about visitors. They can decide:

- who they want to see and when, and
- the length of the visits, within the visiting hours rules.

Keeping in touch with family and friends could help with your relative's recovery. So, health professionals should do everything they can to make your relative's visits enjoyable. This includes providing you and your relative with as much privacy as possible.

Some wards have fixed visiting hours and others allow visiting at any time. You can ask staff on the ward about this.

Your relative can ask visitors to bring things to the hospital that they might have forgotten. You may be able to bring in food and drink for them.

There may be things that you aren't allowed to bring into the ward such as sharp items, drugs, alcohol, matches and lighters. You can check with ward staff.

There are circumstances where you might not be able to see your relative. Like when their doctor thinks:³⁵

- there is a risk to them, and they don't have the mental capacity to make a decision about their own safety,

- they're detained under the Mental Health Act and it's having a negative impact on their mental health and their recovery,
- there is a risk to you, or
- you are unable to keep to the ward procedures.

You should be able to show affection toward your relative as you would normally. This includes by holding hands or hugging. If health professionals prevent you from doing this, they should have a good reason to do so and tell you why.

The hospital must also make reasonable adjustments to make it easy for you to see your relative if you are disabled.³⁶

You can find more information about '**Mental capacity and mental illness**' at www.rethink.org . Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy.

Can I be searched?

The hospital staff might want to search you.³⁷ This is more common in higher security hospitals and forensic unit wards.

If you don't want to be searched, you can't be forced. But you might not be able to visit your relative, or the visit may be supervised. This depends on the hospital's security policies.

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6. What care and treatment will my relative get?

If your relative is a voluntary patient, they will be involved in deciding what treatment they receive. This will be done with their named nurse and doctor. As an informal patient, their consent is required before they can be given any treatment.³⁸

Your relative will see a psychiatrist soon after they go into hospital. A psychiatrist is a specialist mental health doctor.

If your relative is detained under the Mental health Act, they should be asked to consent before they are treated. But they can be treated against their will if they don't consent. ³⁹

Your relative might get 'occupational therapy'. Occupational therapists help people to think about how to deal with difficulties they have doing everyday tasks. These difficulties might be cooking, keeping bills organised, getting dressed, or going to the shops.

In some hospitals there are creative activity groups, or they might bring in pets for a session. These will be different in different places and not all hospitals can offer this. Ask a member of staff on the ward to see whether they have any activities your relative can take part in.

The staff at the hospital should do weekly ward rounds. A ward round is when the treatment team meet with your relative to see how treatment is going. They decide if they need to make any changes. The treatment team is made up of people such as a psychiatrist, nurse, psychologist or occupational therapist.

If your relative is happy for you to go to ward rounds, you could ask some of the following questions:

- Can you explain my relative's diagnosis or treatment?
- Will the medication cause side effects?
- Are there patient information leaflets available about the medication my relative is taking?
- Is there anything you can do to help deal with the side effects?
- What other medications might work?
- Will my relative see a therapist?
- Have you checked whether the symptoms might be caused by physical illness?
- How often will my relative see you?

If your relative has any problems with the care they are getting in hospital, they can contact an advocate. An advocate is not employed by the NHS and might be able to help with problems.

If your relative is in hospital under the Mental Health Act 1983 they are entitled to see an Independent Mental Health Advocate (IMHA).⁴⁰ Ward staff should have details of the IMHA service that covers the ward.

If your relative isn't under the Mental Health Act 1983, they aren't entitled to see an IMHA. However, there may be a general advocacy service in the area that can help. This is often referred to as "community advocacy". You can search online, ask staff on the ward or contact the local authority to find a service.

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7. What should happen before my relative leaves hospital?

When your relative is well enough to leave, the doctors will say that they can be discharged from hospital.

The hospital staff might ask you to go to meetings to discuss what will happen when your relative leaves hospital. This might be called a discharge meeting or a pre-discharge meeting.

This meeting could involve:

- you,
- your relative,
- the care team in hospital, and

- staff in mental health and social care services, who will be supporting your relative when they leave hospital.

This meeting is to make sure that your relative has the support they need when they leave hospital. It is a good chance for you to tell them what care you think your relative may need.

You should tell them if you can't continue to care for your relative. Or if you feel they are expecting too much from you.

Guidance for healthcare professionals says carers should be involved as much as possible in their relative's discharge.⁴¹ But you can't go to the meeting if your relative doesn't want you there.

Your relative might lack the mental capacity to agree to you being involved. The hospital must involve you if it is in your relative's best interests.⁴²

You can find more information about:

- Planning for the future - your relative's care and support
- Supporting someone with a mental illness

at www.rethink.org . Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy.

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8. Can I be involved in my relative's care?

If your relative would like you to be involved in their care, they need to tell the staff on the ward. It might help if they put it in writing. The staff should make a note of this on your relative's file. This is also true if your relative is under the Mental Health Act 1983.

Staff should allow you to be involved unless they are worried about any risk to you or the person you care for.⁴³

If your relative agrees, staff may invite you to attend their ward rounds, review meetings and the discharge planning meeting.

If your relative agrees for you to be involved in their care, you could ask the staff questions. This can help you to understand what is going on and how to support your relative. These are some questions that might help.

- What is the easiest way for us to get in touch with you?
- Who should I speak to if you aren't available?
- Who should I contact in an emergency?
- How much information have you given my relative about their diagnosis and treatment?
- Have you explained any likely side effects of the treatment?

- Have you done tests to rule out physical conditions that may be causing the symptoms?
- How often will you see our relative?
- Do you offer any activities on the ward?
- Will our relative see a therapist?
- What other medication might help?
- How can we help our relative cope with side effects of their medication?
- What other therapies may be helpful?

Staff can't give you information if your relative doesn't agree to this.⁴⁴ However, you can still tell them your concerns and you might be able to meet with them.

You can find more information on getting information in our '**Confidentiality, information and your loved one**' factsheet. You can download this for free from www.rethink.org or call General Enquiries 0121 522 7007 and ask us to send you a copy.

What if my relative is unhappy with their care or treatment?

If your relative is unhappy with their care or treatment, then you can support them to:

- try to sort the issue out informally
- contact the hospital's NHS Patient Advice and Liaison Service (PALS),
- complain, or
- contact an NHS complaints advocate for help

You can find more information about '**Complaining about the NHS or social services**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy.

What if they are detained under the Mental Health Act?

They can get help from an Independent mental health advocate (IMHA) if they are detained under the Mental Health Act.⁴⁵

IMHAs help them to tell staff about their concerns and help them understand what their rights are. They can also help them to understand their treatment. They are independent of the hospital staff.⁴⁶

Hospital staff should tell your relative about how to get help from an IMHA as soon as possible after they are detained.⁴⁷

Useful Contacts

Carers UK

Carers UK run an advice line, online support carers groups throughout the UK.

Phone: 020 7378 4999

Address: 20 Great Dover Street, London SE1 4LX

Website: www.carersuk.org

Carers Trust

This is a charity that works to transform the lives of unpaid carers. You can find local carers services on their website, and it gives practical advice about caring for someone.

Phone: 0300 772 9600

Address: 10 Regent Place Rugby CV21 2PN

Email: info@carers.org

You can find carer services near you hear: <https://carers.org/help-and-info/carers-services-near-you>

Website: <https://carers.org>

References

¹ s5(2), Mental Health Act 1983 c20.

² s5(4), Mental Health Act 1983 c20.

³ S2 & 3 Mental Health Act 1983 c20.

⁴ Department of Health. *Mental Health Act 1983 Code of Practice*. UK: TSO; 2015. Para 14.11, & 14.4-14.5.

⁵ Schedule A1, para 1(2), Mental Capacity Act 2005 c9.

⁶ The Ministry of Justice. *Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*. Para 1.4. http://webarchive.nationalarchives.gov.uk/20110322122009/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476 (accessed 27 May 2022).

⁷ The Ministry of Justice. *Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*. Para 1.13. http://webarchive.nationalarchives.gov.uk/20110322122009/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476 (accessed 27 May 2022)

⁸ The Ministry of Justice. *Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*. Paras 7.1 – 7.2. http://webarchive.nationalarchives.gov.uk/20110322122009/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476 (accessed 27 May 2022)

⁹ The Ministry of Justice. *Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*. Para 7.37. http://webarchive.nationalarchives.gov.uk/20110322122009/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476 (accessed 27 May 2022)

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