

Your rights  
when detained  
under the  
Mental Health  
Act in England

Forensic sections

## Contacts

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**For more information please contact:**

**This guide is relevant to you if you are detained under sections 35, 36, 37, 37/41, 38, 45A, 47, 47/49, 48 or 48/49 of the Mental Health Act only.** If you don't know what section of the Mental Health Act you are detained under, ask health professionals.

If you are detained under sections 2 or 3 of the Mental Health Act or if you are in hospital as a **voluntary patient**, please look at the full guide called '**Your rights when detained under the Mental Health Act in England – Civil sections**' if you have access to the internet, or ask hospital staff or health professionals to print relevant information for you.

If you need someone to help you read or understand this guide, please ask health professionals for an advocate or a translator who can help you with that.



A **voluntary patient** (also called an informal patient) is someone who is in hospital but isn't detained under the Mental Health Act. If you are a voluntary patient, you can leave hospital at any time. But if health professionals are concerned about your safety or the safety of others, they can stop you from leaving for up to 72 hours.

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### Who is this guide for?

You have been given this guide because you are suspected or you have been convicted of a crime and the courts and doctors have decided that you need to stay in a mental health hospital. This is to get support and care for your mental health condition. This is called being detained under the **Mental Health Act**.



The **Mental Health Act** is a law that protects the rights of patients who are being detained in hospital.

Even when you are suspected or convicted of a crime and you are being detained under the forensic sections of the Mental Health Act, you still have rights under the law.

**This guide is relevant to you if you are detained in a mental health hospital under the following sections of the Mental Health Act:**

- 35
- 36
- 37
- 37/41
- 38
- 45A
- 47
- 47/49
- 48
- 48/49

**This guide is for you and you don't have to show it to anyone if you don't want to. You can keep this guide with you through your journey in hospital. You can write in it and you can take it home with you.**

It may also be useful to your friends, carers and relatives. You can ask health professionals to give them a copy.



# What is this guide about?

This guide **explains what your rights are** and what should happen to you at different stages through your journey in hospital.

### This guide is here to help you and your family/carers:

- understand your rights
- discuss with health professionals and advocates how your rights can be better protected in practice if you feel that there is room for improvement, and
- help you and your family complain about decisions that are made about your detention and your **treatment** if needed.

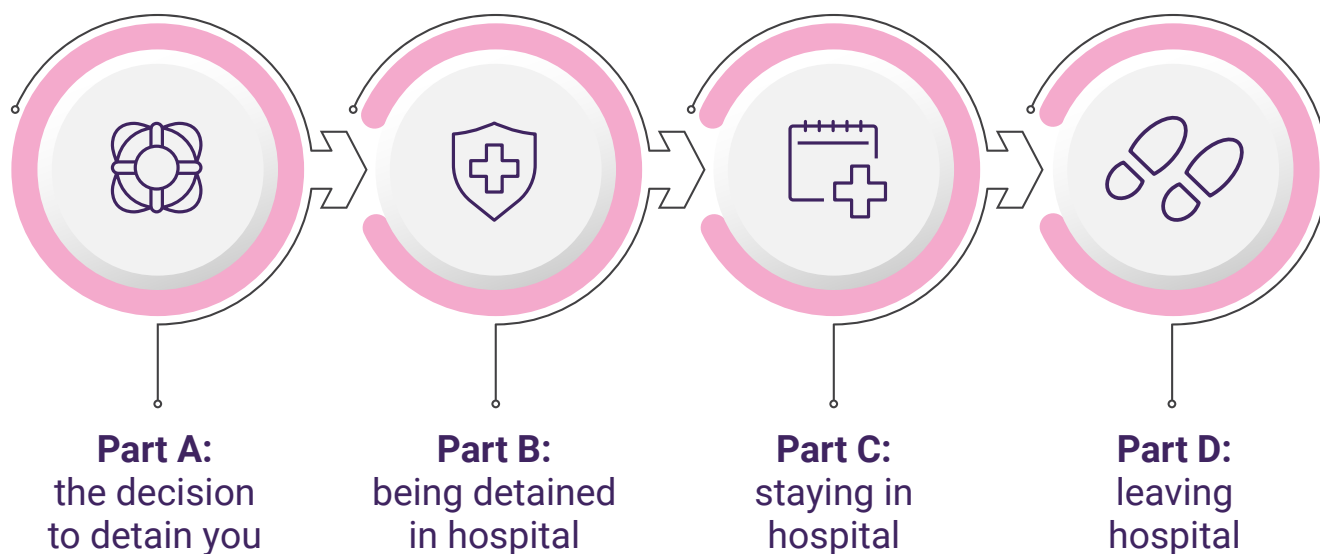


**Treatment** is given to you by health professionals to improve your mental health. This can include things like:

- medication
- nursing care
- talking therapies – one to one or in a group
- art therapy
- and complementary therapies (e.g. drama).

# How should I use this guide?

There are six parts to this guide, shown in the following diagram. The **first four parts** relate to the different stages of your stay in hospital in time order.



### Part E: complaints



This part explains how to make a complaint **at any stage** of your stay in hospital if you aren't happy about something.

### Part F: word list



This part explains some of the key terms used in this document. You will see that these terms are **highlighted** throughout the document, which means you can look them up in Part F. We also explain them the first time we use them, by displaying their meaning in a box with a plus sign icon for quick reference.

You can choose to read the parts that are relevant to you. Each part is labelled clearly throughout the guide. **You can read the full guide or just the parts you are interested about.**

Throughout the document, there are boxes that include **prompts or questions** to help you think about your rights. These boxes look like this:

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### Fill out this part yourself

You can use these boxes to write information that will help you to get your rights fulfilled. You can also use them to write questions that you want to ask health professionals and other professionals during meetings and conversations. If you run out of space, there are extra pages at the end of this guide for you to write in if you want.

You don't have to write anything in these boxes if you don't want to. If you want, you can also ask a health professional, a friend or a family member to help you write in these boxes.

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In this guide, we talk about what health professionals and others **must** do, what they **should** do, what they **can** do, and what they **may** do.

- If we have said they **must** do something, this means that it is the law for them to do this.
- If we have said they **should** do something, this means that this should happen and if it doesn't, you may be able to complain.
- If we say they **can/may** do something, this means that whether or not they do it will depend on the specific circumstances.

# What rights does the guide cover?

You will have rights under **three key laws**:

- **the Mental Health Act** – a law that protects the rights of patients that are being detained in hospital
- **the Human Rights Act** – a law that protects your basic rights as a human being, and
- **the Equality Act** – a law to make sure that you are treated fairly and have the same opportunities to do what you can even though you are in hospital. Some people may need extra help to get the same opportunities.



The **Mental Health Act** is a law that protects the rights of patients who are being detained in hospital.



The **Human Rights Act** is a law that protects your basic rights as a human being.

**Find out more about the Human Rights Act on the Equality and Human Rights Commission website.**

In this guide we use signs to show you when a right relates specifically to the **Human Rights Act** or the **Equality Act**.



When you see this symbol, this means your rights are protected under the Human Rights Act.



When you see this symbol, this means your rights are protected under the Equality Act.



The **Equality Act** protects people from discrimination so that they have the same opportunities to do what they can.

**Find out more about the Equality Act on the Equality and Human Rights Commission website.**

There is more info about rights under the **Equality Act** and **Human Rights Act** on **pages 13 and 14**.

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### What are **human rights**?



**Human rights** are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life.

They can never be taken away, but they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security.

These basic rights are based on shared values like dignity, fairness, equality, respect and independence. These values are defined and protected by law. In Britain our human rights are protected by the Human Rights Act.

Human rights are relevant to all of us. They protect you in many areas of your day-to-day life, including:

- your right to have and express your own opinions
- your right to an education
- your right to freedom
- your right to a private and family life, and
- your right not to be mistreated or wrongly punished by the state.

Some human rights can never be restricted. This includes your right to be protected by health professionals working in the hospital if your life is in danger or if you are at risk

of suffering serious physical or psychological **abuse** that no human being should experience.



**Abuse** is being harmed by someone who is supposed to be supporting you, like a carer, family member or a health professional. This can include physical, sexual and emotional harm.

But most human rights can be restricted if health professionals can show that this is necessary and in proportion with your condition and the situation that needs to be addressed. Restricting your human rights should always be considered as a last resort and should be done in the **least restrictive** way.



**'Least restrictive'** means that your human rights should be restricted as little as possible, taking into account your individual circumstances and the need to respect the human rights of others around you.

For instance, if health professionals think that you may harm yourself or others, they may need to watch over you. They may do this part of the time – such as checking on you every 30 minutes or they might do this all the time. This could include when you go to the bathroom. Doing so will affect your right to privacy so it should be considered by health professionals as a last resort to keep you safe.

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### What are equality rights?

The Equality Act protects people from **discrimination** to make sure that they have the same opportunities to do what they can.



**Discrimination** means that you are being treated worse than other people because:

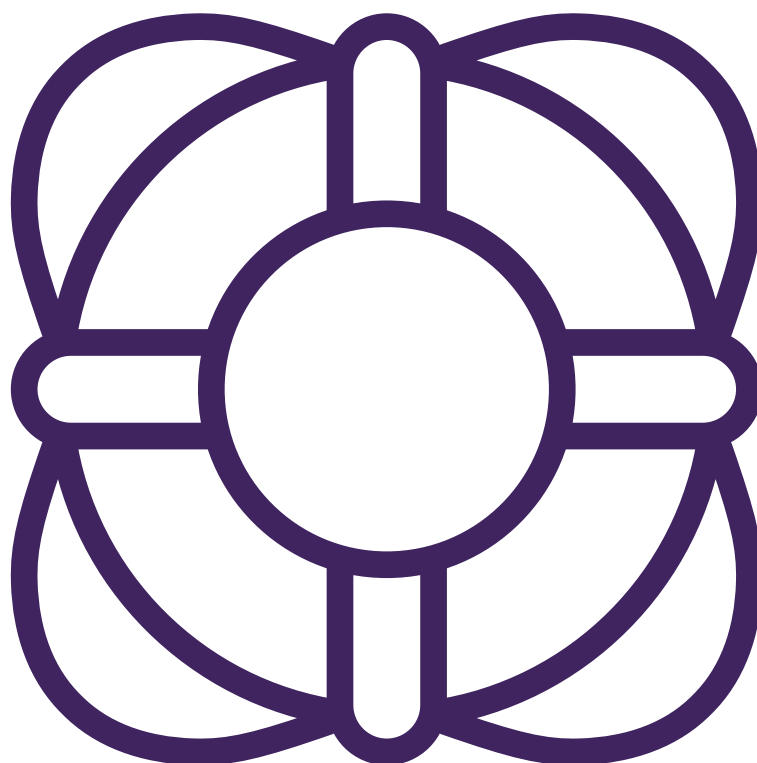
- of your age
- you are disabled, including when you have a learning disability or mental health condition.
- of your religion or belief or because you don't have a religion
- you are of a different race, nationality or culture
- you are a man or a woman
- of your sexual orientation, e.g. if you are gay, lesbian, bisexual or heterosexual
- you are transgender
- you are pregnant or you have a new baby

If you are disabled, **you may need extra help** to do the same things as people who are not disabled. Organisations must make **reasonable adjustments** to meet your needs.



If you are disabled, organisations must make **reasonable adjustments** to meet your needs so you can access the same facilities and services as non-disabled people and have the same opportunities as others. For example:

- If you use a wheelchair, the hospital and the ward should make sure that everywhere you go in the hospital can be accessed by a wheelchair.
- If you have a learning disability that makes it difficult for you to communicate with others, you should be allowed to use personalised communication aids
- If you are autistic, you should be able to access sensory rooms or quiet spaces when you feel overstimulated and/or to get the help of a keyworker with expertise in autism.
- If you have a long-term health condition such as diabetes, you should continue to get the diet you need to keep you well.



**Part A: the decision to detain you**



## Why am I being detained?

### If you are detained in hospital, this is because:

- you are suspected or you have been convicted of a crime by a court
- you are showing signs of a mental health condition, and
- the court thinks that you need to be in hospital for assessment or **treatment**.



**Treatment** is given to you by health professionals to improve your mental health. This can

include things like:

- medication
- nursing care
- talking therapies – one to one or in a group
- art therapy
- and complementary therapies (e.g. drama).





## Which section of the Mental Health Act can I be detained under?

**The courts can detain you in a mental health hospital using different sections of the Mental Health Act depending on:**

- whether you are suspected of or have been convicted of a crime
- whether you are in hospital for an assessment or to receive treatment, and
- how much of a risk to other people the court thinks you are because of the crime you have committed.

**Section 35** – The court uses this section to send you to hospital to be assessed. The court uses this section when they don't know very much about your mental health and want to know more. You might get treatment for your mental health while you are in hospital under section 35. There is more information about this in the full guide.

**Section 36** – The court uses this section if they think you should be in hospital and receive treatment. They do this instead of sending you to prison on remand. They use this section when they already know that you will need treatment. If they are not sure if you need treatment or not, they will use section 35.

**Section 37** – The court uses this section instead of sentencing you to prison. They do this when you have been convicted and they think you need treatment in hospital.

**Section 45A** - The court uses this section when you have been convicted and they think you need treatment in hospital. It is known as a hybrid order because the court also sentences you to prison at the same time. If your mental health improves and you no longer need to be in hospital, you will be sent to prison if your sentence has not run out.



**Section 38** – The court uses this section when they want to know more about your mental health. They do this if they think you need treatment in hospital while you are being assessed.

**Section 47** – This section is used if you are already serving a prison sentence. Two doctors will assess you if your mental health gets bad and you need to be in hospital for treatment. If you get better, you will be sent back to prison.

**Section 48** – This section is used if you are in prison on remand or if you have been sentenced as a civil prisoner. Two doctors will assess you if your mental health gets bad and you need to be in hospital for treatment. If you get better, you will be sent back to prison.

You may also have a restriction order placed on you. This will mean you are a **restricted patient**.



A **restricted patient** is a patient who has special controls put on them by the **Ministry of Justice**.

These are things like not being able to leave hospital unless the Ministry of Justice agrees.



The **Ministry of Justice** is a government department. They are responsible for courts, prisons and probation services.

### You can have a restriction order placed on you if you are on:

- **section 37** – this is often called being on section 37/41
- **section 47** – this often called being on section 47/49
- **section 48** – this is often called being on section 48/49
- **section 45A** – all patients under section 45A are restricted patients.

The decision to detain you in hospital because of your mental health condition can take away your right to be free if you haven't yet been convicted of a crime. So it's important that it is done in a way that is legal.



This relates to your human right to freedom.



## How should the decision to detain me be made?

For your detention to be lawful, the decision to detain you will need to be made by the following people.

**Section 35** – The court and one doctor must decide that your health and safety, or that of other people, is at risk because of your mental health condition. And that the only way you can receive the care and support you need is to be detained in hospital.



This may relate to your and other people's human right to life.

**Section 36, 37, 38, 45A, 47, 48** – The court and two doctors must agree that you need to be detained in hospital to get your mental health assessed or treated.

If you don't think that you should be in hospital, **you have a right to appeal your detention.**

For more information see '**How can I be discharged from hospital?**' on page 97.



This relates to your human right to a fair trial.

If you think that the rules about your detention haven't been followed properly, you could also speak to a solicitor.



**Part B: being detained in hospital**



## Who should support me while I am in hospital?

A wide range of people may look after you while you are in hospital such as nurses, occupational therapists and psychologists.

**The people who have key roles in supporting and caring for you are:**

- your nearest relative
- your responsible clinician
- your independent mental health advocate and the independent mental capacity advocate
- your care coordinator, and
- the hospital managers.

**We will explain in this chapter each of the above named roles.**

### Your nearest relative

Your **nearest relative** has some rights that other people in your family don't have. For example, they have the right to get information about your detention and your discharge and be involved in your care and **treatment**.

So it is important that the approved mental health professional identifies and **contacts your nearest relative as soon as possible**.



Your **nearest relative** is a person in your family or a carer. It isn't the same as next of kin.

Your nearest relative has the right to:

- get information about your detention and your discharge
- be involved in your care and treatment, and
- discharge you from hospital.



**Treatment** is given to you by health professionals to improve your mental health.

This can include things like: medication, nursing care, talking therapies – one to one or in a group, art therapy, and complementary therapies (e.g. drama).

You can have a nearest relative if you are detained under sections 37, 47 or 48 without a restriction order. If you are detained under other sections or are a **restricted patient** you can't have a nearest relative.



A **restricted patient** is a patient who has special controls put on them by the Ministry of Justice. These are things like not being able to leave hospital unless the Ministry of Justice agrees.

### There are rules about who your nearest relative is.

To find out who your nearest relative is, read down the following list, starting from the top. When you get to a description that matches one of your relatives who is over 18, stop. This person is your nearest relative.

1. Relative who lives with you and cares for you
2. Husband, wife or civil partner (unless permanently separated)
3. Son or daughter
4. Father or mother
5. Brother or sister
6. Grandparent
7. Grandchild
8. Uncle or aunt
9. Niece or nephew
10. Person who is not a relative who you have lived with for five years or more

If more than one person matches the description from the list above, then the oldest person is your nearest relative.

Your nearest relative must live in the UK unless you don't normally live in the UK. If the person who would be your nearest relative is outside the UK, keep going down the list. If you don't normally live in the UK your nearest relative can be from overseas.



It can be difficult for the approved mental health professional to work out who your nearest relative is. In this case, the approved mental health professional should **talk to you and ask you questions about your family and carers.**

If you and the approved mental health professional can't work out who your nearest relative is from the list above, you can apply to the county court to appoint someone else, such as one of your friends, as your nearest relative. The approved mental health professional should support you to do this. The court will then decide if the person is suitable to be your nearest relative.

### The following people can also support you to apply to the court to appoint your nearest relative:

- your **independent mental health advocate**
- any of your relatives
- anyone you were living with before you went to hospital, and
- an **approved mental health professional**.



Your **independent mental health advocate** should:

- support you to express your views and wishes to the team that is responsible for your care in hospital and help you discuss care and treatment options
- help you understand your rights and other information about being detained including what health professionals should do to make sure you are looked after, and
- speak to health professionals on your behalf if you want them to. If something goes wrong, you should tell your independent mental health advocate and they can help you sort out the problem.



An **approved mental health professional** is a professional who is trained to work with

the Mental Health Act but isn't a doctor. Most approved mental health professionals are social workers but they may also be a nurse, an occupational therapist or a psychologist.

The independent mental health advocate must help you understand your rights, support you expressing your views and wishes to health professionals or speak on your behalf if you want them to. There is more information about the **role of independent mental health advocate** on page 29.



If you are too unwell to communicate a clear view, health professionals may check if the hospital has any records about you. An approved mental health professional can apply to the court for you if they find someone who may be suitable to be your nearest relative.

Sometimes you and health professionals may not be able to identify your nearest relative at all. In this case, you must still have the support of an independent mental health advocate throughout your stay in hospital.

If your nearest relative prefers not to be your nearest relative, they can ask someone else to do this instead. They need to write a letter to the hospital telling them that your nearest relative has changed.

**If you think someone else should be your nearest relative, you can ask your nearest relative to give the role to that person.**

If your nearest relative refuses to give the role to someone else, then you can apply to the county court and ask the court to change your nearest relative.

If you need to apply to the county court, you can get information about this from an independent mental health advocate. You can also speak to an approved mental health professional as they can also apply to the county court to change your nearest relative.

### **Some examples of why the approved mental health professional may do this are if they think that:**

- your nearest relative has **abused** or mistreated you, including if they caused you physical or mental harm, or exploited you, financially or otherwise, or
- you are afraid of your nearest relative, or distressed about them being involved in your care, or
- you don't think they will do a good job of being involved in your care, or
- you don't know the person who is your nearest relative or your relationship with them has broken down for good.



**Abuse** is being harmed by someone who is supposed to be supporting you, like a carer, family member or a health professional. This can include physical, sexual and emotional harm.





**Fill out this part yourself**

Am I entitled to have a nearest relative? **Yes** **No**

My nearest relative is:

Has the approved mental health professional or hospital contacted my nearest relative? **Yes** **No**

If so, when?

Is my nearest relative happy to be my nearest relative? **Yes** **No**

If not, have they given the role to someone else? **No**

Do I have any concerns about the person who has been identified as my nearest relative and how they will support me during my stay in hospital? **Yes** **No**

If so, who did I tell and when?

What was the outcome?

Are there any other family members or friends I want to be involved in supporting me during my stay in hospital?

Have I or the health professionals told my nearest relative about any important meetings I have? **Yes** **No**

If not, I should think about whether I would like my nearest relative to know so they can support me at these meetings.



### Your responsible clinician



The **responsible clinician** is the person in charge of your care. This person doesn't have to be a doctor, but sometimes a doctor is still needed, for example, for recommendations for detention under the Mental Health Act. They can make decisions about whether you are well enough to leave hospital on leave or be discharged from hospital.

### Responsible clinicians are all **approved clinicians**.



**Approved clinicians** are health professionals who have been approved by the government to have certain powers under the Mental Health Act. These powers include keeping voluntary patients in hospital for up to 72 hours and reviewing decisions about **seclusion** and **long-term segregation**. All responsible clinicians are approved clinicians.



**Seclusion** means keeping you away from other patients.



**Long-term segregation** is where you are kept away from other patients most of the time.

Your responsible clinician won't always be the person directly treating or caring for you. But they are the person who is ultimately responsible for the care you get.

You should meet your responsible clinician as soon as possible after you are detained in hospital. The responsible clinician should talk to you and your nearest relative about why you are in hospital and what will happen next

#### The responsible clinician can make decisions about:

- your care and treatment
- other things like who can visit you in hospital
- giving you leave from hospital, and
- discharging you from the Mental Health Act.

The responsible clinician will take account of the views and advice of other members of the care team in taking such decisions.



If you are a restricted patient your responsible clinician has to get permission from the **Ministry of Justice** before they can give you leave. For more information about this, see '**Can I leave the hospital temporarily?**' on page **91**.

The responsible clinician should make sure you are able to give information about yourself. This should include asking you about any previous experience of violence and **abuse**.

Any information you give about yourself should be kept confidential. You can read more about this in the part of this guide called '**Who can see my records and how is information about me shared?**' on page **89**.



This relates to your human right to private life.

The responsible clinician should also make sure that you are involved in decisions about your **care and treatment plan**.



Your **care and treatment plan** is a guide which says what care and treatment you need, for example medication or talking therapies. You might also hear this called a care plan, treatment plan or support plan. Your hospital might also use a different name for it.

For more information about this, see '**How is my treatment decided?**' on page **62**.

Your responsible clinician may change over time depending on your needs. The **hospital managers** should make sure you have a responsible clinician who is appropriate to your needs. If your responsible clinician changes during your stay in hospital, they should receive all the necessary information about you, your care and treatment needs.



The **hospital managers** are the people who are responsible for running the hospital. They have important responsibilities under the Mental Health Act including making sure that you can access and understand information about your rights under the Mental Health Act as well as the Human Rights Act and the Equality Act where relevant.



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**Fill out this part yourself**

My responsible clinician is:

Date I first met my responsible clinician:

Do I have any problems communicating  
with my responsible clinician?

**Yes**      **No**

If so, I can write details of services that could help me communicate here:



## Your independent mental health advocate and the independent mental capacity advocate

You and your nearest relative should be told that you can see an **independent mental health advocate**. You should be given information about how to contact the independent mental health advocate service in writing as soon as possible after you arrive in hospital.



Your **independent mental health advocate** should:

- support you to express your views and wishes to the team that is responsible for your care in hospital and help you discuss care and treatment options
- help you understand your rights and other information about being detained including what health professionals should do to make sure you are looked after, and
- speak to health professionals on your behalf if you want them to. If something goes wrong, you should tell your independent mental health advocate and they can help you sort out the problem.

Not everyone is entitled to have a nearest relative. There is more information about **nearest relatives** on page 21.

You and your nearest relative should be able to meet with an independent mental health advocate in private so you can have confidential discussions. **The independent mental health advocate service is free and you must not be charged for this.**

Independent mental health advocates are not doctors, nurses or other health professionals. They are not involved in deciding whether or not you should stay in hospital and what treatment you should have.

Your independent mental health advocate should speak to you in a way you understand. You should tell the independent mental health advocate about your needs and preferences. For example, you may need your independent mental health advocate to speak slowly and use your name every time they speak to you or you may need to use an interpreter or use sign language.

Your independent mental health advocate should respect your needs and follow your preferences.



**This is so the independent mental health advocate doesn't discriminate against you because of your nationality or because you are disabled, including if you have a learning disability or autism.**



### Independent mental health advocates are independent of the NHS. This means that:

- they don't work for the NHS, and
- the NHS can't tell them what to say or do.

If you want to see an independent mental health advocate **at any point during your stay** in hospital, you can tell health professionals on the ward or contact an independent mental health advocate directly.

If you have a physical health condition and if you lack the **mental capacity** to make decisions about your care and treatment, you may also have a right to get the support from an **independent mental capacity advocate**. For more information about this, ask the independent mental health advocates.



**Mental capacity** is your ability to make a treatment decision.

You may be assessed as lacking mental capacity if you have a mental impairment or disorder that means that you can't understand information necessary for you to make a decision, remember this information, use this information to make a decision, or communicate your decision.



An **independent mental capacity advocate** is someone who can support you make

or be involved in important decisions about your care and treatment and where you live. Such support may be available to you if you have a physical health condition and if you lack the mental capacity to make decisions about care and treatment for that condition, or if you lack capacity to decide where you should live when you leave hospital. For more information about this, ask your independent mental health advocate.



**Fill out this part yourself**

These are the independent mental health advocate details for my ward:

Name:

Phone number:

Email address:

When did the hospital tell me about my independent mental health advocate?

Date of my first meeting with my independent mental health advocate:

Other times I have seen my independent mental health advocate:



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What have I talked about with my independent mental health advocate?

Do I have any problems communicating with my independent mental health advocate?

**Yes**      **No**

If so, I can write details of what could help me communicate here including using other services (translation services for example):





### Your care coordinator

If health professionals assessed you as having **complex needs**, you may get a **care coordinator**.



Your **care coordinator** is the person responsible for planning, reviewing and monitoring your care and treatment during your stay in hospital but also after you are discharged from hospital. You will have a care coordinator only if you have been assessed as having **complex needs**. For example if you:

- need help from a number of teams
- have a high risk of harming yourself or others
- have a learning disability
- have social problems like difficulties with parenting, employment or housing
- experience difficulties because of your immigration status, language, sexuality, sex, gender identity and ethnicity.

If you haven't been assessed as having complex needs, you will not receive support from a care coordinator. But you will still be supported by health professionals and your responsible clinician to receive the care and treatment you need to improve your mental health and manage your mental health condition when you go back to your life in the community or prison.

**You should be in regular contact with your care coordinator.**

There is more information about the help you can get from your care coordinator in '**How is my treatment decided?**' on page 62 and in '**When and how should the hospital make plans about my discharge?**' on page 70.

Your care coordinator may be a nurse, occupational therapist or social worker. They may not always be the person who is treating you. For example, you may have a nurse who is your care coordinator, but a different nurse may arrange your medication for you.

If you had a care coordinator who was helping you manage your mental health condition in the community before you went to stay in hospital, your care coordinator normally should not change when you go into hospital.



**Fill out this part yourself**

Do I have a care coordinator?

**Yes**

**No**

If not, why not? Have I spoken to my responsible clinician about this?

If so, what is their name?

When do I meet with my care coordinator?

What things do I need to tell my care coordinator?

Who else should my care coordinator speak to in order to understand my needs?



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### The hospital managers

The hospital managers are responsible for running the hospital. Hospital managers also have important responsibilities under the Mental Health Act.

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#### For example, they:

- must make sure that you can access and understand information about your rights under the Mental Health Act as well as the **Human Rights Act** and **the Equality Act** where relevant, and
- should give copies of any information you've been given to your nearest relative.

In addition, hospital managers must **appoint an independent managers' panel**.



The **independent managers' panel** is a group of people who can make decisions about whether or not patients like you should be discharged. They aren't employed by the hospital or by the NHS. This means the hospital and the NHS can't tell them what to say or do. Their job is to make sure that the Mental Health Act is being used properly and that people are only detained when they should be. You may hear them being called Mental Health Act Managers or lay managers.

For more information on how you can get discharged from hospital by the independent managers' panel, look at **'How can the independent managers' panel discharge me?'** on page 106.



## How long will I stay in hospital?

You are in hospital because you need help with your mental health condition. Health professionals are here to give you this help so you can get well.

There are **time limits on how long you can be detained in hospital**, depending on which section of the **Mental Health Act** you are detained under.

We explain this below as well as what could happen at the end of the section you have been detained under.

In any case, if you disagree with the decision that you should stay in hospital you can apply to the **mental health tribunal** or the **independent managers' panel**. There is more information about this on page **102** and **106**.



A **mental health tribunal** is a legal meeting where a group of people will decide if you still need to be detained in hospital. This group of people is called a panel.

For more information on mental health tribunal, go to '**How can a mental health tribunal discharge me?**' on page **102**.

### Section 35

You can be in hospital for up to 28 days at first. These sections can be renewed for a further 28 days. The longest you can be in hospital for is 12 weeks.

**While you are in hospital, health professionals will write a report about your mental health and three things could happen.**

1. The report says you don't have a mental health condition and you will continue to go through the criminal court process.
2. The report says that you do have a mental health condition but that you are well enough to go through the court process with some support. In this case, the court should take steps including **reasonable adjustments** where appropriate so you understand what is happening and you can take an active part in your case.
3. The report says that you have a serious mental health condition and you need to stay in hospital for further treatment under another section of the Mental Health Act, such as section 36 or 37.



### Section 36

You can be in hospital for up to 28 days at first. These sections can be renewed for a further 28 days. The longest you can be in hospital for is 12 weeks.

#### Three things could happen at the end of section 36.

1. Your responsible clinician decides that you don't have a mental health condition. You will continue to go through the court process.
2. After getting treatment you are now well enough to go through the court process. Your responsible clinician may recommend that the court support you throughout the process. In this case, the court should take steps including making **reasonable adjustments** where appropriate so you understand what is happening and you can take an active part in your case.
3. Your responsible clinician decides that you have a severe mental health condition and thinks you need treatment under another section of the Mental Health Act, such as section 37.

### Section 37 and 37/41

You can be in hospital for up to six months at first. After that your section can be renewed for another six months and then for a year at a time.

When your section 37 or 37/41 ends, you will go back into the community.



### Section 38

You can be in hospital for up to 12 weeks at first. After that, your section can be extended for up to one year.

Your responsible clinician will see how you respond to treatment in hospital. They will report back to the court and suggest what should happen next.

The court will decide what sentence to give you. It could decide the following.

- You should stay in hospital. The court can change your interim hospital order to a full hospital order under section 37 or 37/41 of the Mental Health Act.
- You don't need to be in hospital and give you another type of sentence.

### Section 45A

You can be in hospital for up to six months at first. After that, your section can be renewed for another six months and then for a year at a time.

**Two things can happen at the end of section 45A** if your responsible clinician, the mental health tribunal or the independent managers' panel agree:

1. You can go back into the community. This happens if you have spent longer in hospital than you would have spent in prison.
2. You can go back to prison. This happens if you have spent less time in hospital than you would have spent in prison.



### Section 47 and 47/49

You can be kept in hospital until your prison sentence ends or until your responsible clinician, the mental health tribunal or the independent managers' panel agree you are well enough to return to prison.

#### Four things could happen at the end of section 47 or 47/49:

1. You are discharged on parole, and you are allowed to serve the rest of your sentence in the community, **on licence**.
2. You are released under the supervision of the **National Probation Service** or a **Community Rehabilitation Company**.
3. You are transferred back to prison.
4. Your prison sentence has ended but your responsible clinician thinks you need to stay in hospital. In this case you will stay in hospital on what is called a notional section 37 until you are well enough to go back to the community.



The **National Probation Service** is a government organisation that supervises high-risk people in the community when they are released from prison or hospital.



**On licence** means that you still have some of your sentence to complete, but you are allowed to live in the community, rather than stay in prison. You will have to follow some conditions when you are on licence. If you break the conditions you may have to go back to prison.



A **Community Rehabilitation Company** is an organisation that supervises medium-risk and low-risk people in the community when they are released from prison or hospital.

### Section 48 and 48/49

You can be kept in hospital until your remand ends or your responsible clinician, the mental health tribunal or the independent managers' panel agree you are well enough to return to prison.

#### Three things could happen at the end of section 48:

1. You could be transferred back to prison.
2. You could be released into the community on bail.
3. The court decides that you don't need to be in hospital and gives you another type of sentence.



## Will I get treatment as soon as I arrive in hospital?

If you need to go to hospital, it's because your mental health has worsened significantly. Health professionals may give you **treatment** to help improve your mental health condition as soon as you arrive in hospital.



**Treatment** is given to you by health professionals to improve your mental health. This can include things like:

- medication
- nursing care
- talking therapies – one to one or in a group
- art therapy
- and complementary therapies (e.g. drama).

If you are detained under section 35 of the **Mental Health Act**, you can't be given treatment unless you agree to it. If you lack the **mental capacity** to make decisions about your treatment, health professionals may give you treatment without your consent.



**Mental capacity** is your ability to make a treatment decision.

You may be assessed as lacking mental capacity if you have a mental impairment or disorder that means that you can't understand information necessary for you to make a decision, remember this information, use this information to make a decision, or communicate your decision.





If you are detained under other forensic sections of the Mental Health Act, health professionals should always ask for your agreement before giving you treatment but you can sometimes be given treatment even if you don't want it. There is more information about this in '**Can I be forced to have treatment?**' on page 43.

Health professionals should also ask you, your **nearest relative** or other people close to you whether you've previously made an advance decision or an advance statement.

**Making an advance decision or an advance statement is a good way for you to influence the treatment you'll get in hospital. We provide more information on this in this chapter.**

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### How can I influence my treatment?

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**If you've been in hospital before for your mental health condition or if you have been living in the community with it, you may already have a good idea of:**

- the treatments that work for you and those that don't
- what things help you to feel calm and safe and what can help you when you feel distressed, and
- what activities help you to get better.

Making decisions about such things when you have the mental capacity to do so can be a great way for you to influence the treatment you'll get if you need to stay in hospital.

There are two kinds of decision you can make to tell health professionals about your preferences. These are called **advance decisions** and **advance statements**. You don't need to write down your advance decision or your advance statement but you can do if you want to.



An **advance decision** is also known as an 'advance directive' or a 'living will'. Your advance decision can only state the treatments you don't want to have in case you'll need to stay in hospital in future and you don't have the mental capacity to decide for yourself. It can be a written guide, but it doesn't have to be. If you decide to write an advance decision, it will need to be clearly written so you may want to ask the help of a solicitor. Advance decisions are legally binding if you are a voluntary patient. If you are detained under the Mental Health Act, health professionals can override your advance decision if it is about treatment for a mental health condition, but should try to follow it if they can. If your decision is overridden, reasons must be provided.



An **advance statement** is also known as a 'statement of wishes'. You can use an advance statement to explain:

- the treatments that work best for you if you'll need to stay in hospital. For example, you can say that you prefer a certain type of talking therapy or a specific medication.
- anything else that you would like health professionals to do for you to make you feel safe, calm and cared for. For example, you could explain techniques health professionals could use to help you feel better, calm you down when you feel upset, and avoid any need to use force and restrain you.

Health professionals should try to follow your advance statement wherever they can.

Having an advance decision and an advance statement will be particularly useful if you arrive in hospital too unwell to be involved in decisions about your treatment. So it would be a good idea for you to tell or give a copy of your advanced decision and advance statement to as many people as you can. These people could include your GP, a carer, friends or family members, your **care coordinator**, your community psychiatric nurse or your psychiatrist.

**It is important for health professionals to know about your advance decision and your advance statement as soon as possible after you arrive in hospital so they can understand how best to care for you and improve your mental health.**



If you are detained under section 35 of the Mental Health Act, health professionals must follow what you've written in your advance decision and try as much as possible to follow the wishes you've explained in your advance statement.

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### **If you are detained under other sections of the Mental Health Act, health professionals:**

- must always follow what you have written in your advance decision to refuse treatment in relation to a physical health condition you may have.
- must always follow your advance decision to refuse electroconvulsive therapy, unless you need this treatment to save your life or to stop you getting very unwell causing harms that can't be reversed.
- should try to follow what you have written in your advance decision to treat your mental health condition. But, if health professionals think there are strong reasons to give you a specific treatment you said you did not want in your advance decision, they can still give it to you. They must be able to explain to you why they have gone against your decision.
- should try as much as possible to follow the wishes you've explained in your advance statement.

---

## **Can I be forced to have treatment?**

When you first arrive in hospital health professionals can **sometimes give you treatment even if you don't want it.**

If you are detained under section 35 of the Mental Health Act and you lack the mental capacity to make decisions about your treatment, health professionals may give you treatment without your consent.

If you are detained under other forensic sections of the Mental Health Act, you can be forced to have treatment under the Mental Health Act.



**If you are forced to have treatment, it should be given to you:**

- in the **least restrictive way**, and
- in **proportion to your situation and condition**.



This relates to your human right to private life that includes respect for the choices you make about how you are treated.



**Least restrictive way** means that the treatment should be given to you in a way that restricts your freedom as little as possible.



Treatment in **'proportion to your situation and condition'** means that treatment should be no more than what is needed to treat your symptoms.

Sometimes health professionals might restrain you to give you treatment. They should only do this as a last resort. There is more information **about being restrained** on page **79**.

There is more information about how your treatment gets decided if you stay in hospital including how long you may be given treatment without your consent, in **'How about medication?'** on page **66**.

If you are unhappy about your care and treatment, you can ask to speak to an **independent mental health advocate** at any time. Or you can complain. There is more information about this in **Part E** on page **116**.



## What hospital should I go to?

**When choosing a hospital, the court and the doctors should think about the level of security needed to keep you and other people safe.** The security level of the hospital should be no more than is needed for your situation.



This relates to your human right to freedom.

**The court and the doctors should also think about your needs and send you to a hospital that is close to your home.**



This relates to your human right to private and family life.

You may be taken to a hospital that isn't close to your home. If this happens, you should be moved as soon as possible. You, or your nearest relative if you have one, can speak to your **responsible clinician** about being moved to a hospital nearer your home. Or you can ask an independent mental health advocate to help you. It may help if you say that this relates to your human right to private and family life. There may be no beds available close to your home. If this happens, you will have to wait until a bed becomes available.

There may also be some situations where you cannot be moved to the hospital close to your home. For example, because it would not be safe for the public, or it would be unfair to people who have been affected by a crime you committed, such as a victim.

**Not everyone detained under the forensic sections is entitled to have a **nearest relative**.**

For more information see 'Your **nearest relative**' on page 21.



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**Fill out this part yourself**

The people and places I want to be close to are:

Am I close to these people and places?	<b>Yes</b>	<b>No</b>
If no, have I told the health professionals this?	<b>Yes</b>	<b>No</b>
If yes, who did I tell and when?		

What has been done as a result?

These are services local to the hospital that might be able to help me:



## Which ward should I stay in?

### You should stay in a ward that responds to your needs.

For example, if you are deaf you should be on a ward that is designed for deaf people. Or if you are pregnant you should be on a ward with other pregnant women.



This is so you aren't discriminated against.

There might be times when you can't be on a ward that is designed for you. In this case, the hospital should move you to a ward that meets your needs as soon as possible.

You should stay in a ward where you can **continue doing the things you enjoy doing at home** without compromising your safety or the safety of others.

For example, if you like doing physical exercise at home, you should be able to continue doing them in your ward. But if you behave in a way that is unsafe such as using exercise equipment to harm people then you will not be allowed to continue.



This relates to your human rights to freedom and to private life.

### You should be safe and feel safe on the ward you are staying in.

If you feel unsafe or if you have been victim of an assault, you should tell health professionals, the **independent mental health advocate** or anyone else you trust as soon as possible. Health professionals will have a duty to record and act on your concerns or allegations quickly and effectively.



This relates to your human rights to life and not to suffer inhuman or degrading treatment.



There are rules that doctors who recommend that you should be in hospital should follow to decide which ward you should stay in. This is to make sure that you are safe and feel safe.

**These rules relate to your sex, whether you are transgender and your age.** We explain more about these rules in this chapter.

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### Sex and gender-appropriate accommodation

In this chapter, when we say accommodation we mean sleeping area and bathroom. Your accommodation should be only for patients of the **same sex as you**. You should not have to walk through an area occupied by members of the opposite sex to reach the toilets and bathrooms. There should also be women-only day rooms.

If you are transgender, different hospitals and wards **may have different rules about single sex accommodation** for you, even if you have a Gender Recognition Certificate.

You can ask health professionals for a copy of the hospital or the ward policy on this. Health professionals should try to put you in accommodation that matches your gender identity. If you are a trans patient and health professionals decide that you need to stay in a ward that doesn't match your gender identity, they will have to give you legitimate reasons for doing so, for example to protect the rights of others.

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### Age-appropriate ward

**If you are under 16**, you shouldn't be put on an adult ward. **If you are 16 or 17**, you should only be put on an adult ward if an adult ward is better for you – but this won't be the case very often.





**Fill out this part yourself**

Am I on a ward appropriate to me and my needs? **Yes** **No**

If no, why not?

Have I told health professionals about it? **Yes** **No**

If yes, what has been done as a result?

Do I feel safe on the ward? **Yes** **No**

If no, why not?

Have I told health professionals about it? **Yes** **No**

If yes, what has been done as a result?



## Can I take my belongings to hospital?

You should be allowed to take some of your belongings to hospital. Some items might not be allowed because they could be harmful to you or other people.



This relates to your and other peoples' right to life.

The hospital **shouldn't have a total ban** on using mobile phones, tablets or laptops, or accessing the internet or your money.

**You should have the right to use these things in hospital as long as:**

- health professionals think that using them will not harm your recovery, and
- you can use these items in a way that doesn't affect the right to privacy of other patients or hospital staff.



This relates to your and other people's right to life and to your right to private and family life.

### Fill out this part yourself

I have these things in hospital with me:



These are the things I was not allowed to bring into hospital:

Have health professionals explained to me what the rules are for me to bring and use my belongings in hospital and why these rules are in place?

**Yes**

**No**

These are the rules about my belongings:  
(For example, I can only use them at a certain time, or if I have a member of staff with me.)



## Can I continue doing the things I did before going to hospital?

**It is important that you continue doing as many of the things you were able to do before going to hospital.**

For example, you should be able to access your money or vote if you are detained over an election period.



**This relates to your human right to participate in free elections and to enjoy your personal property.**

**Health professionals should make your stay as comfortable as possible.**

For example, they should make sure that you can access meaningful daytime activities, such as hobbies you like or things you can learn, and facilities such as the kitchen, the gym or quiet spaces to relax in.

The health professionals may ask the kind of things you enjoy doing at home so they can support you doing these activities in hospital where possible. You can also tell health professionals the things you like to do. If you find it difficult to tell the hospital what kind of things you enjoy doing, the hospital may ask your friends, family and carers.

**But you are no longer in your private space. So there will be rules that you'll need to follow.** The rules may restrict what you can do and when.

Health professionals should carefully consider such rules, particularly those that apply to all patients. This is to make sure that these rules are necessary and appropriate to keep you and others safe and that everyone's rights are respected.



**These rules may restrict your rights so they should be kept to a minimum** and they should never be put in place for the convenience of health professionals.

For example, health professionals should not use CCTV in your room instead of conducting regular observations if you haven't been assessed to be at risk of harming yourself.



This relates to your human right to privacy.

These rules should also be adapted to **reflect your individual needs**.

For example, you may need to access the prayer room more often than other people if you are Muslim. You may need regular access to quiet spaces if you are autistic and/or to get the help of a keyworker with expertise in autism.



This is so that health professionals don't discriminate against you, for example because of your religion or because you are disabled, including if you have a learning disability or autism.

**These rules may change as you make progress toward your recovery.** And as you show that you are not a danger to yourself or to others. For example, you may be given permission to leave the hospital unaccompanied for a given period of time.



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**Fill out this part yourself**

What activities would I enjoy doing in hospital?

Have I told health professionals about these?

**Yes**

**No**

If not, when will I tell them?

Have health professionals told me I  
can do these activities?

**Yes**

**No**

If I can't, why not?



## Can I be searched?

Health professionals can search you when you go into hospital. This is to make sure that you aren't bringing something that isn't allowed on the ward.

Health professionals should ask you to agree before they search you. But even if you don't agree, health professionals can still search you if they have a good reason to do it and they may use extra devices to search you – for example, if health professionals think you are hiding something that you might use to harm yourself, they may use a metal detector. Sometimes, they may also use specially trained dog if they think that you are likely to have brought illegal drugs into hospital.

If health professionals search you, they must respect your dignity and privacy as much as they can. If they take something from you, they should tell you why they have done this and give you a receipt for the things they took. They should also tell you where your things will be stored, and when they will be returned.



**This relates to your human right to private life and to be free from degrading treatment.**



## I have specific needs – what should the hospital do?

If you are disabled, the hospital and the ward **must make reasonable adjustments to meet your needs.**



Making **reasonable adjustments** ensures you can access the same facilities and services as non-disabled people and have the same opportunities as others. For example:

- If you use a wheelchair the hospital and the ward should make sure that everywhere you go in the hospital can be accessed by a wheelchair.
- If you have a learning disability that makes it difficult for you to communicate with others, you should be allowed to use personalised communication aids.
- If you are autistic, you should be able to access sensory rooms or quiet spaces when you feel overstimulated and/or to get the help of a keyworker with expertise in autism.
- If you have a long-term health condition such as diabetes, you should continue to get the diet you need to keep you well.

Health professionals should always communicate with you and your **nearest relative** in a way that you can understand. This might mean they have to use an interpreter or sign language, for example.



**This is so health professionals don't discriminate against you because of your nationality or because you are disabled, including if you have a learning disability or autism.**

You might have special dietary needs because of allergies. The hospital will need to make sure that they adjust their menu for you.



**This relates to your human right to life.**





**Fill out this part yourself**

Do I have any needs due to being disabled that I need to tell health professionals and other hospital staff about?

Did I tell health professionals and other hospital staff about my needs?

**Yes**

**No**

If so, when?

What was done as a result?



## I am under 18 – can I continue with my education?

**You have the right to carry on with your education if you are under 18 years old.**



**This relates to your human right to an effective education.**

You should carry on with full-time education, unless you aren't well enough to. If you are well enough, you can take your exams. If you aren't well enough to study full-time, you can study for as long as you are able to.

The hospital should work with your school or college so that your education can continue. You should be able to take a break or a year out of college if you need to.



## Can I practice my religion in hospital?

Health professionals should allow you to **express and practice your religion or belief**.

For example, they should meet any dietary requirements you may have because of your religion or belief. They should also let you wear religious symbols or dress.



This relates to your human right to practice your religion.

There may be times when your right to express your religion is limited **because it poses a real risk to your health or your life**.

For example, if the only medication that can help you needs to be taken with food, you may not be able to fast or you may not be able to wear religious clothing or symbolism if they compromise your safety.



This relates to your human right to life.

Health professionals **shouldn't deny you** the right to practice your religion to make you do something.

For example, they shouldn't say you can only go to the prayer room if you take the medication they want you to have.



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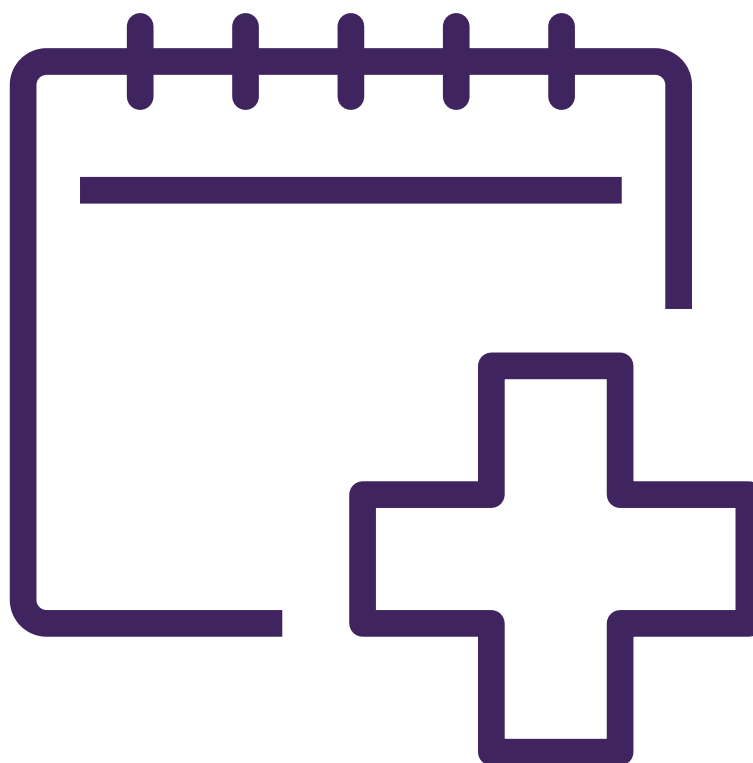
**Fill out this part yourself**

This is my religion or spiritual belief:

These are the ways I can practice my belief while I'm in hospital:

These are local religious services I can access to practice my religion during my stay in hospital:

If I have asked to see a local religious service, who did I ask and when?



**Part C: staying in hospital**



## How is my treatment decided?

When you go into hospital, health professionals will think about **what treatment you need to get better**.



**Treatment** is given to you by health professionals to improve your mental health. This can include things like:

- medication
- nursing care
- talking therapies – one to one or in a group
- art therapy
- and complementary therapies (e.g. drama).

To decide which treatment may suit you best, your **responsible clinician**, your **care coordinator** if you have one or other health professionals should ask you questions about your history. This should include asking you about information on any previous experience of violence and **abuse**. It is important that you tell health professionals this kind of information.



**Abuse** is being harmed by someone who is supposed to be supporting you, like a carer, family member or a health professional. This can include physical, sexual and emotional harm.

Health professionals should use this information to plan your treatment and do everything they can to respond to your needs to make you feel safe during your stay in hospital. For example, if you are a woman and you've been physically abused by a man, health professionals should do everything they can to make sure that you are cared for by female health professionals only.



**This is so health professionals don't discriminate against you because of your sex.**



### Your responsible clinician or your care coordinator if you have one should:

- Discuss your treatment needs with you, your **nearest relative** and other people who care about you and take account of your **advance decision** and **advance statement**.
- Write a plan which shows how your needs will be met in consultation with you, your psychiatrist and other health professionals as well as your nearest relative and other people who care about you.
- Give you a copy of this plan which is usually called a **care and treatment plan**. You might also hear this called a care plan, treatment plan or support plan. Your hospital might also use a different name for it.
- Review your plan regularly with you and others who care for you.

---

### Fill out this part yourself

This is the treatment I will have in hospital:



Did health professionals involve me and / or my nearest relative in decisions about my care and treatment plan?

**Yes**      **No**

If so, what did we talk about?

Have I made an advance decision or advance statement before coming to hospital?

**Yes**      **No**

If so, this is the date I/my nearest relative or other people who care about me told health professionals about my advance decision/advance statement:





Did health professionals involve me/my nearest relative in reviews of my care and treatment plan?

**Yes**

**No**

If so, how?

Is there anything I would like to tell health professionals about my care and treatment plan?

If so, when will I do this?

**If you are unhappy about your treatment, you can ask to speak to an **independent mental health advocate** at any time. You can also complain. There is more information about this in **Part E** on page **116**.**



## How about medication?

**Your responsible clinician uses different information** to decide which medication to give you and how much you should take.

### This information may include:

- guidance produced by the National Institute for Health and Clinical Excellence (NICE)
- any medication that helped you before
- your physical health
- if you smoke, drink alcohol or take recreational drugs
- the effect it might have when taken with other medication
- any side effects linked to the medication
- if you want to take a particular medication, and
- any **advance decision** or **advance statement** you have made in relation to particular medication you would like to take or avoid taking.

### Your responsible clinician should talk to you, your nearest relative or your carers to:

- explain the benefits and risks of taking a specific medication they are thinking of giving you
- tell you why they are giving you a medication
- tell you what the side effects are
- give you a rough idea of the time span of **treatment**, and
- discuss arrangements for follow up and reviewing medication.

If you have questions or concerns about your medication you can make an appointment with your **responsible clinician**.



Your responsible clinician should make sure you understand the information they have given you. **They should ask if you have any questions and answer these honestly.**

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**You can prepare to talk to your responsible clinician about medication using the list of questions below:**

- How does the medication work?
- Why did you choose this medication?
- What is the usual dose of this medication?
- What time of day should I take my medication?
- What symptoms should this medication help with?
- Are there any treatments apart from medication I will/could have?
- What are the side effects? Will they be short-term or long-term?
- How long will it take to work?
- When will we review my medication?

**Fill out any notes or questions that you have**



**If you have made an advance decision or advance statement you could also ask:**

- Are you aware of the wishes I expressed in my advance decision or advance statement?
- If not, is there a way the health professionals can find out about my advance decision or advance statement?
- If you are aware of the wishes I expressed in my advance decision or advance statement, are you going to follow them?
- If not, why not?

**Fill out any notes or questions that you have**

If you are detained under the **Mental Health Act**, health professionals can give you medication without your consent as explained in ‘**Can I be forced to have treatment?**’ on page 43.

After three months of being detained under the Mental Health Act, if you still don’t agree to take medication **your responsible clinician can only make you take it if another doctor agrees.** This doctor is called a **second opinion appointed doctor (SOAD)**.



A **second opinion appointed doctor (SOAD)** is a doctor appointed by the Care Quality Commission (CQC). They make independent decisions about whether or not you can be forced to be given treatment that you don’t want.



## How about my physical health?

You have the right to have your physical health assessed and treated in the same way as people in the community.

If you can, you need to tell health professionals about any physical health needs you may have as soon as you arrive in hospital. This is so you can continue getting the care and support you need to manage your physical health conditions.

It would also be a good idea for you to make sure that your **nearest relative** if you have one, **care coordinator** if you have one or family and friends know about your physical health needs and the care and support you need to take to manage them. Doing so would help in case you are not able to tell health professionals when you arrive in hospital.

Your physical health should be assessed on admission and at regular intervals after that. Doing so may involve health professionals who work on a different ward or in a different hospital.

The health professionals will monitor your physical health, and might send you to a physical health specialist if they are worried that your physical health isn't good.

**The hospital you are staying at to treat your mental health condition will have a duty to make sure that they meet your physical health needs properly by making sure that, for example:**

- you are given the right medicines at the right times
- you get regular check-ups
- you are provided with a diet that help manage your health condition, and
- you get enough exercise to keep a healthy weight.

Making sure that your physical health doesn't deteriorate while you are in hospital is crucial to your recovery and to making sure that you don't suffer unnecessarily.



**This relates to your human rights to life and to be free from torture.**



## When and how should the hospital make plans about my discharge?

You may need support to manage your mental health condition after you are discharged from hospital.

### If you are detained under section 37, 37/41, 45A, 47, 47/49, 48/49

Health professionals should start planning for your discharge as soon as possible after you arrive in hospital. You should also have a **care coordinator** helping you think about your after-care needs.

#### Your care coordinator should:

- think about all the support you'll need to live in the community in the way you wish to live your life. You and your family and carers if you wish to should be involved in this.
- write down one single **after-care plan** that lists all the help you'll need from different teams to keep well after you leave hospital
- give you a copy of your after-care plan to keep, and
- review your plan with you and your family/carers regularly.



An **after-care plan** is a plan that says the support you'll get after you leave hospital. It helps you manage your mental health condition in the community and reduces the chance of your condition getting worse, so you don't have to go back into hospital.



### **Your after-care needs may include:**

- your mental healthcare needs such as making sure you continue taking your medication and attending therapy sessions
- a mental health crisis plan so you know what to do if your mental health gets worse or if you are in crisis
- your social care needs such as managing food and drink, keeping good hygiene, managing your finances and benefits
- your housing needs
- the daytime activities you enjoy doing
- your education, training and employment opportunities
- how best to manage risks and safety issues including those arising from drug or alcohol issues if relevant, and
- your parenting or care needs and well as your social, cultural or spiritual needs.



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### If you are detained under sections 35, 36 or 38

Health professionals may start planning your discharge when you arrive in hospital. If you have been assessed as having **complex needs**, you should get a care coordinator to help you plan for the support you'll need when you leave hospital. In this case, you will also have one single **after-care plan** that lists all the help you'll need from different teams to keep well after you leave hospital.



An **after-care plan** is a plan that says the support you'll get after you leave hospital. It helps you manage your mental health condition in the community and reduces the chance of your condition getting worse, so you don't have to go back into hospital.

If you have not been assessed as having complex needs, you still have a right to be discharged back into the community or into prison with the support you'll need to keep well. To do this, the health professionals caring for you at the hospital may contact services in the community or in prison to plan who will support you when you leave.

In this case, **you may have more than one plan** that says what help you will get in the community or in prison and your plans may not be available in a written form.

For example, if you are going back to living in the community, your local authority may have a plan responding to your social care needs and your local mental health trust team may have another plan to help you manage your mental health condition.

---

Your right to get free care after you leave hospital will depend on which sections of the **Mental Health Act** you were detained under. There is more information about this in '**What support should I get when I am discharged back to the community?**' on page 114.





**Fill out this part yourself**

After I get discharged from hospital, these are the things I'll need to manage my mental health and support me living in the community/in prisons:

This is the date health professionals/my care coordinator started planning for my discharge:

Did I help planning for my discharge? **Yes** **No**

Do I want my nearest relative or others who care for me to be involved in planning for my discharge? **Yes** **No**

If yes, who? Did I tell health professionals/my care coordinator about this?

Do I have an after-care plan? **Yes** **No**

Did I get a copy of my after-care plan? **Yes** **No**

If not, when will I ask for a copy of my after-care plan?

When will we review my after-care plan?



## Can I see my friends and family?

Keeping in touch with family and friends **could help with your recovery**. So health professionals should do everything they can to make visits enjoyable including by providing you and your family and friends with as much privacy as possible.



This relates to your human right to private and family life.

There are circumstances where you may not be able to see your family and friends such as when your **responsible clinician** thinks:

- there is a risk to you and you don't have the **mental capacity** to make a decision about your own safety
- it is having a negative impact on your mental health and your recovery
- there is a risk to your friends and family
- you have been found guilty of a crime and the feelings of the victim need to be taken into account, or
- a visitor is unable to keep to the ward procedures.



You also have a right to decide not to see visitors. Tell health professionals if there are visitors that you don't want to see. They should stop these visitors from seeing you.

You should be able to show your affection toward your family and friends as you would normally including by holding hands, kissing or hugging. If health professionals prevent you from showing your affection toward one of your friends or family members, they should have a good reason to do so and tell you why.

But **sexual behaviour** between consenting adults isn't normally permitted on wards.



**Sexual behaviour** means any physical behaviours of a sexual nature that are carried out with another person. This includes touching in a sexual way (including above clothing) and intercourse / penetration.

The hospital must also make **reasonable adjustments** to make it easy for disabled visitors to come and see you.



**This is so health professionals don't discriminate against you or your visitors because of your or their disabilities – physical and mental.**

**Hospital staff may want to search the people who visit you.** This is to make sure that they aren't bringing something onto the ward that isn't allowed. If your visitors don't want to be searched, then the hospital might not allow the visit to go ahead.



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**Fill out this part yourself**

What friends and family members would I like to see while I'm in hospital?

Do my visitors need any reasonable adjustments?

**Yes**      **No**

Have I told my health professionals about this?

**Yes**      **No**

If not, when will I tell them?



## Can I see and speak to whoever I want in hospital?

Health professionals should only stop you from seeing and speaking to other patients in certain circumstances. For example, if another patient threatens to harm you or if there is a risk that you could harm other patients.



This relates to your human rights to life and to private life.

You may develop positive relationships with hospital staff and friendships with other patients staying in hospital if it doesn't have any negative effect on your mental health and recovery.

### Developing a romantic relationship with another patient may be appropriate providing that:

- you have the **mental capacity** to take part willingly in such a relationship and you are not at risk of being taken advantage of, and
- it doesn't have any negative effect on your mental health and recovery.

In this instance, health professionals should consider what they can do to accommodate your needs and give you as much privacy as possible while still ensuring your and other patients' safety and well-being.



This relates to your human rights to private and family life.

If you are unhappy about the restrictions placed on your contact with other people, **you should speak to your independent mental health advocate or to a solicitor.**



## Can health professionals watch over me?

**If health professionals think that you may harm yourself or others, they may need to watch over you.** More than one health professional may need to watch over you. They can do this all the time or part of the time – such as checking on you every 30 minutes. This could include when you go to the bathroom.

Watching over you will affect your right to privacy, so it should be done as a last resort to keep you safe and following an individual assessment.



**This relates to your human right to private life.**

In this situation, you should be able to choose which sex of health professionals you want to watch over you.



**This is so health professionals don't discriminate against you because of your sex.**



## Can I be restrained?

There may be times when health professionals need to restrain you because they think that **you are at risk of harming yourself or others**.



This relates to your and other peoples' right to life.

It is important that health professionals think about using **reasonable adjustments** to:

- make sure that the environment you are in is calm and therapeutic, and
- avoid situations that might increase the risk of upsetting you, which could lead to a need for you to be restrained.



This is so health professionals don't discriminate against you because of your mental or physical impairment.

**In any case, health professionals may only restrain you:**

- as a last resort, when there is no reasonable less harmful way of doing things
- when it is necessary to prevent serious harm to you or others. Or in limited cases, to prevent a crime, disorder or damage to property, and
- for no longer than is necessary.



Health professionals must never use restraint as a punishment or to restrict your basic **human rights** unnecessarily.

For example, they shouldn't force you to behave in a certain way to be allowed to practice your religion or to see your family.



This relates to your human rights to practice your religion and to private and family life.

Health professionals must never restrain you with the intention to distress and humiliate you or to make you feel less like a human being. This would be against the law. You should also be protected from **abuse** and **neglect**.



This relates to your human right not to suffer inhuman or degrading treatment.

If you think that you have been abused or neglected, you should tell your **independent mental health advocate** and complain as soon as possible to the police, the local authority your hospital is located in and to the Care Quality Commission (CQC). There is more information on how to complain in **Part E** on page **116**.





## Types of restraint and process

### If health professionals need to restrain you, they may:

- use physical force, for example by holding your arms
- give you medication like sedatives
- put you in **seclusion** which means keeping you away from other patients, and
- sometimes, keep you in **long-term segregation** which means keeping you away from other patients most of the time.



**Seclusion** means keeping you away from other patients.



**Long-term segregation** is where you are kept away from other patients most of the time.

If health professionals feel in danger, the hospital **may call the police to help restrain you**. Police officers in this situation should always wear and use a body camera.

The hospital must have a policy that gives clear guidelines to health professionals on how they can restrain patients and in what circumstances. These guidelines should include clear information on techniques health professionals should use to avoid situations that may make you feel distressed in the first place or help you calm down when you experience distress.

The policy should include guidance on how to make sure there is no risk of abuse. It should also include guidance on how to protect your health and well-being.



**You or your nearest relative can ask to see this policy.** If you aren't sure what the policy means you can ask your **responsible clinician**, your **care coordinator**, a nurse or an independent mental health advocate to explain it to you or your nearest relative.

---

There is more information about **independent mental health advocates** on page 29.

### **All health professionals working on wards should:**

- have been trained on how to safely use restraint including with disabled patients, older patients, young people and survivors of physical and sexual abuse. This should also include techniques health professionals can use to avoid patients' distress or to help patients calm down when they experience distress.
- know about you and the circumstances that led you to be detained in hospital. This includes any experience of trauma or existing health conditions you have.
- be aware of situations that could trigger you to be in crisis and threaten to harm you or someone else.
- put a plan in place to reduce the use of restraint over time.



Knowing these things will help **health professionals to avoid restraining** you or will make sure that they restrain you safely if they need to.

If you have been restrained, health professionals should make detailed notes to say that they restrained you. The notes should say why you were restrained.

The hospital should review the reasons why you have been restrained and consider if there are any ways of avoiding restraining you in the future. You or your nearest relative should be involved in the review.

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## Seclusion

You may be put in seclusion if this is the **only way to keep you, health professionals or other patients safe**.

The hospital should have a policy that tells you when and how they will use seclusion. If you are in seclusion, your healthcare professionals should consider all of your circumstances and put as few restrictions on you as possible. For example, depending on the risks involved, you may be able to have visitors while you are secluded.

---

### Seclusion can be authorised by either:

- a psychiatrist
- an **approved clinician**, or
- the healthcare professionals in charge of the ward.



Your responsible clinician should be informed of the seclusion as soon as possible. If the seclusion was not authorised by a psychiatrist, the seclusion should be reviewed by a psychiatrist within one hour of it starting and every four hours after that. The seclusion should also be reviewed by a **multi-disciplinary team** as soon as possible.



A **multi-disciplinary team** is a group of healthcare professionals who do a range of different jobs. The team may include psychiatrists, psychologists, nurses, occupational therapists or social workers.

Your family or carers should be informed of the outcome of the multi-disciplinary team's review if you want them to be.

**The hospital should have a room or a set of rooms that are used solely for secluding patients when they have to. These rooms should all:**

- be free from safety hazards
- have a bed
- have access to a toilet and washing facilities, and
- have natural light.

If you are in a seclusion room, you should also be able to see a clock and to communicate with staff outside the room, for example by an intercom.



If you are in seclusion, you should have a **seclusion care plan**.



A **seclusion care plan** says how you will be cared for while you are secluded including:

- your mental and physical health conditions and the treatment you need
- how any risks you pose to yourself or others will be managed
- details about the clothing and bedding you will have
- details about your dietary needs, and
- details about contact you will have with friends and family while you are secluded.

The seclusion care plan should help to get you out of seclusion as soon as possible.

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**Your seclusion should also be recorded in your notes.**

During seclusion, a healthcare professional should be readily available during the whole time. You should be monitored every 15 minutes, and two nurses should check on you every two hours. The nurses should tell your responsible clinician or other psychiatrists if they are worried about your health.

If you stay in seclusion, there should be a medical review every four hours, and the multi-disciplinary team should review your seclusion every 24 hours. The team should decide whether your seclusion care plan needs to change or if your seclusion needs to end. There should also be reviews by an independent multi-disciplinary team.

If you or your nearest relative if you have one think that you have been **secluded for too long or if your seclusion is not reviewed regularly**, speak to your independent mental health advocate or to a solicitor.



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## Long-term segregation

You should be in long-term segregation if this is the only way to keep you, health professionals or other patients safe.

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### When professionals involved in your care are thinking about putting you in long-term segregation they should:

- get the views of your family and carers, and
- involve other professionals in making the decision. Other professionals include representatives of your local Clinical Commissioning Group and your independent mental health advocate if you have one.

If you are in long-term segregation, your **care and treatment plan** should say what treatment and support you will get to help you leave long-term segregation.

When you are in long-term segregation, health professionals should regularly review your care and treatment plan and the decision to keep you in long-term segregation.

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### This should be done:

- once every 24 hours by an approved clinician
- once every week by a multi-disciplinary team. This should include your responsible clinician and your independent mental health advocate along with other health professionals.
- if you are in segregation for longer than three months, once every three months by health professionals from a different hospital.

If you or your nearest relative if you have one think that you have been **segregated for too long or if your seclusion isn't reviewed regularly**, speak to your independent mental health advocate or to a solicitor.



**Fill out this part yourself**

Have I been restrained?

**Yes**

**No**

If so, what happened leading up to the point where I was restrained?

What could my health professionals have done to avoid restraining me?



What could I have done to avoid being restrained?

Have I shared these views with my health professionals?      **Yes**      **No**  
If not, why not?





## Who can see my records and how is information about me shared?

Health professionals will make notes on your medical records about things like your **diagnosis, behaviour and treatment**.

You have the right to see your health records. But the NHS can hold back information that would cause serious harm to your physical or mental health or anyone else's. They should explain why they decided to keep information from you.

Certain NHS and social services professionals involved in your care will be able to access your records. If you apply for a **mental health tribunal**, the tribunal members will also be able to see your records.



A **mental health tribunal** is a legal meeting where a group of people will decide if you still need to be detained in hospital. This group of people is called a panel.

For more information on mental health tribunal, go to **'How can a mental health tribunal discharge me?'** on page 98.

In other situations, health professionals must ask you before they tell other people information about you. You can tell health professionals not to share any information, or you can ask them only to share some information.



This relates to your human right to private life.

Health professionals must have a very good reason to share your information with people without you agreeing. For example, if you might harm yourself or other people or if they need to ask your **nearest relative** or other carer about your care and treatment.



Some patients are under the **multi-agency public protection arrangements** (MAPPA).



The **multi-agency public protection arrangements** (MAPPA) are when lots of different agencies such as the hospital, police and courts, work together to protect the public from offenders who are violent or dangerous.

If you are under MAPPA, information may be shared about you between different organisations without your consent.

Health professionals might also have to share information with the court or the **Ministry of Justice** even if you don't agree. If you want to know more about this you can ask health professionals to see an **independent mental health advocate** (IMHA).



## Can I leave the hospital temporarily?

**Your responsible clinician can allow you to leave the hospital for some time if:**

- they think that you are well enough
- they don't think you will harm yourself or other people, and
- they trust that you will come back to hospital when needed.

Your **responsible clinician** can make conditions that you must stick to when you are on leave. This is to make sure that you and other people are safe.

**There are different types of leave:**

- **Ground leave** – this is when you can go around the hospital grounds only. In general, you should always be allowed ground leave. But you might need to have a member of hospital staff with you if there is a risk that you might harm yourself or others.
- **Escorted leave** – this is when you can only leave the hospital with a member of hospital staff.
- **Accompanied leave** – this is when you are only allowed to leave the hospital with another person, who isn't a member of hospital staff. This might be a relative or a friend.
- **Unaccompanied leave** – this is when you can leave the hospital on your own for a given period of time.
- **Short-term leave** – this is when you can leave the hospital for part of the day or for a few days.
- **Long-term leave** – this is when you can leave the hospital for a longer time, say a few weeks. Your responsible clinician might want to see how you get on living in the community. If it goes well your responsible clinician may agree to discharge you.



Your responsible clinician might say that you must stay in another hospital when you are on leave. **If they do, your responsible clinician is still in overall charge of your care.**

Your leave might be ended at any time by your responsible clinician. They can do this if they are concerned about your safety or the safety of others.

If you don't return from leave when you are supposed to, the hospital may try to find you. They may contact your friends and family to find out if they know where you are. If there is a risk that you may harm yourself or other people, they may involve the police. The hospital should have a written policy about what to do if you don't return from leave when you are supposed to.

There are rules on what kind of leave you can get and who can allow you to leave. The rules depend on which forensic section of the Mental Health Act you are detained under.

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**If you are detained under section 35, 36 or 38**, your responsible clinician will only be able to grant you ground leave and not any other type of leave.

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**If you are detained under section 37, 47 or 48**, your responsible clinician will be able to grant you any type of leave.

---

**If you are a **restricted patient** detained under section 37/41, 47/49 or 48/49**, your responsible clinician will only be able to grant you ground leave. To grant you any other type of leave, your responsible clinician will need to get the agreement of the **Ministry of Justice** first.



## Can I be searched when I return from leave?

After you return from leave, health professionals may search you. They can only search you if they think that you have brought something to the ward that isn't allowed or if the **Ministry of Justice** requires it.

There is more information about being searched in the part of this document called '**Can I be searched?**' on page 55.

## Can I receive and post letters?

You have the right to receive and post letters to people.



This relates to your human right to private and family life.

But the hospital has the right not to deliver your letters to people sometimes. This is if anyone has told the hospital that they don't want letters from you.

**If you are in a high-security psychiatric hospital, health professionals have the right to stop you receiving any item of post if:**

- they think it is in the interests of your safety, or
- in the interests of the safety of other people.

The hospital should have a policy on these things. **You can ask to see the policy.**



## Can I smoke or vape?

Smoking or vaping isn't a human right. But your smoking patterns can affect how some psychiatric medication works. So you should let the hospital know your smoking habits.

Different hospitals and wards have different rules about smoking and vaping on hospital grounds. You can ask health professionals for a copy of the hospital or the ward smoking policy.

In some places, you may be allowed to smoke or vape in an outside area. In other places, you may not be allowed to smoke or vape at all.

Health professionals may offer you nicotine replacement therapy (NRT), or e-cigarettes. They may also offer you prescription medication to reduce your cravings for tobacco.



**Part D: leaving hospital**



## Leaving hospital

Health professionals should do everything they can for you to recover and get well enough to resume your life in the community as soon as possible. **This chapter explains the different way you can be discharged from hospital.**

**You may not always agree with the decision made to detain you or keep you in hospital. This chapter also explains what you can do in such situations.**





## How can I be discharged from hospital?

You can be discharged from hospital if you no longer need **treatment** to cope with your mental health condition or if you are now able to resume your life in the community or prison.

### If you are returning to the community, you can be discharged:

- under guardianship if you can be cared for in the community by a social worker or a relative, or
- under a Community Treatment Order if you are not a **restricted patient** and your **responsible clinician** wants to make sure that you continue to take your treatment after you leave hospital.

If you don't have the **mental capacity** to decide where you should live, your healthcare professionals may decide where you should live. In this case, they must apply for authorisation under the Deprivation of Liberty Safeguards in the **Mental Capacity Act**.



The **Mental Capacity Act** 2005 is a law that sets out what should happen if you don't have the mental capacity to make decisions because of a mental impairment or a mental disorder. This includes how you should be supported to make decisions yourself and how decisions should be taken in your best interests if you can't make them yourself.

Guardianship, Community Treatment Orders and the Deprivation of Liberty safeguards generally give you less freedom than if you were simply discharged without any of these in place. **We explain each of these options in this chapter.**



## Community Treatment Order

**You can be discharged from hospital under a **Community Treatment Order** (CTO) only if:**

- you are not a restricted patient
- you are to go back in the community, not to prison.



A **Community Treatment Order** is when you live in the community but you have to stick to some rules. Your responsible clinician will decide on rules that they think will help you stay well. If you don't stick to the rules, you can be sent back to hospital.

A CTO allows you to leave hospital providing that you stick to certain conditions, like taking medication when you resume your life in the community.

**Your responsible clinician must:**

- tell you about your CTO conditions, and
- write your CTO conditions in a guide and give you a copy of it.

Your responsible clinician should also share your CTO conditions with your nearest relative, and any other carers if you want.

The health professionals who are supporting you in the community, including your **care coordinator**, will check that you are sticking to your CTO conditions and report back regularly to your responsible clinician.

**If you don't stick to your CTO conditions or if you become unwell, your responsible clinician can make you go back to hospital.**

You or your **nearest relative** can challenge your CTO if you think that you shouldn't be on it. You can do this by appealing to a **mental health tribunal**. There is more information about this in '**How can a mental health tribunal discharge me?**' on page 102.



## Guardianship

You can be discharged from hospital under **guardianship** if you are well enough to live in the community as long as you have a guardian supporting you. You can only be discharged under guardianship if you are going back in the community, not to prison.



**Guardianship** is when you live in the community with a guardian supporting you. A guardian may be someone from your local authority, such as a social worker. A guardian may also be someone the local authority has chosen, known as a 'private guardian.' This person could be a relative or friend.

### Your guardian can:

- decide where you will live
- arrange for you to go to appointments, such as to the hospital for medical treatment, and
- make sure a doctor, **approved mental health professional** or other professional is able to visit you at your home.

Your guardian can't give anyone the right to treat you if you don't agree to it. But your guardian can tell you that you must go to appointments with health professionals. If you refuse go to your appointments, you may be detained again under the Mental Health Act.

## Deprivation of Liberty Safeguards

You can be discharged from hospital with a **Deprivation of Liberty Safeguards authorisation**. These are known as DoLS authorisations.



A **Deprivation of Liberty Safeguards authorisation** or **DoLS authorisation** may

be used if you don't have the mental capacity to decide where you should live and you disagree with where health professionals think you should live after being discharged from hospital.

A Deprivation of Liberty Safeguards authorisation is used if you don't have the mental capacity to decide where you should live and what care you should receive, and you need a very high level of care – for example you need care 24 hours a day, and other people have to support you every time you leave your home.



You might be subject to a deprivation of liberty authorisation if you are well enough to leave hospital and health professionals think that you need to live in a care home, but you do not want to go to a care home.

Health professionals can also use a deprivation of liberty authorisation to keep you in hospital until they find you a suitable place for you to live in the community. They can do this only if you lack the mental capacity to decide where to live and receive care, and you do not object to remaining in hospital.

In most cases, health professionals must get permission from a **supervisory body** to keep you under a deprivation of liberty authorisation before they deprive you of your liberty. But if there is an emergency, they can authorise the deprivation of liberty themselves for a maximum of 14 days. During this time, if they are going to deprive you of your liberty for more than 14 days, they must get permission from a supervisory body.



A **supervisory body** will usually be a healthcare trust or a local authority who makes decisions about whether or not to grant a deprivation of liberty authorisation.

The health professionals or social workers who are looking after you following your discharge from hospital will make sure that you continue to live where you are supposed to live. For example, if you are discharged to a care home, you may have to go out with a support worker from the care home to make sure that you return.

You can challenge a deprivation of liberty authorisation in the Court of Protection. Speak to your **independent mental capacity advocate** or solicitor about how to do this.



## Who can discharge me?

You can be discharged from hospital by:

- your **responsible clinician**
- a **mental health tribunal**
- the **independent managers' panel** or
- the court.

### How can my responsible clinician discharge me?

If you are detained under section 37, your responsible clinician can discharge you if they think you are well enough to go back into the community. If you are a **restricted patient**, they can only do this if the **Ministry of Justice** agrees.

Sometimes, you might be discharged from section 37 of the **Mental Health Act** but decide to stay in hospital as a **voluntary patient**.



A **voluntary patient** (also called informal patient) is someone who is in hospital but isn't detained under the Mental Health Act. If you are a voluntary patient, you can leave hospital at any time. But if health professionals are concerned about your safety or the safety of others, they can stop you from leaving for up to 72 hours.



**If you are detained under section 45A**, your responsible clinician can discharge you if they think you are well enough to go to prison. They can only do this if the Ministry of Justice agrees.

**If you are detained under section 47 or 48**, your responsible clinician can discharge you if they think you are well enough to return to prison. If you are a restricted patient, they can only do this if the Ministry of Justice agrees.

When you or your **nearest relative** think that you should be discharged from hospital but your responsible clinician doesn't agree, you can appeal to a **mental health tribunal**.

Not everyone has a nearest relative. There is more information about **nearest relatives** on page 21.

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## How can a mental health tribunal discharge me?



A **mental health tribunal** is a legal meeting where a group of people will decide if you still need to be detained in hospital. This group of people is called a panel.

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### The panel is made up of a:

- **legal member** – usually a solicitor or a barrister
- **doctor** – usually a psychiatrist, and
- **a lay member**. This is a person who isn't medically or legally trained but has some mental health experience.



This relates to your human right to a fair trial.

You or your nearest relative can apply to the mental health tribunal to get discharged from hospital.

Health professionals should tell you about your right to apply for a tribunal. And you can get help from an **independent mental health advocate** with the application process.



Before the tribunal, panel members will read any reports they have been given about you including your medical records. The doctor will usually meet you before the tribunal to examine you.

On the day of the tribunal, panel members will also listen to what you and other people, such as your responsible clinician or social worker have to say. They will then decide if you can be discharged.

You can have a solicitor to help you with the tribunal. You don't have to pay for the solicitor because it is paid for through Legal Aid. Your independent mental health advocate or health professionals can help you find a solicitor.

**If the tribunal agrees to discharge you, you can leave hospital straight away. You can get either:**

- **conditional discharge**, or
- **absolute discharge**.



**Absolute discharge** means that there are no restrictions on you after you have been discharged.



**Conditional discharge** means you have a **clinical supervisor** and a **social supervisor**. They monitor you and make reports to the Ministry of Justice about how you are behaving in the community. The clinical supervisor monitors your mental health and treatment. The social supervisor monitors areas of your life such as work, family and where you live. If there is a risk that you could harm someone, the Ministry of Justice may say you need to go back to hospital.



A **clinical supervisor** monitors your mental health and treatment in the community if you are conditionally discharged.



A **social supervisor** monitors areas of your life in the community such as work, family and where you live if you are conditionally discharged.

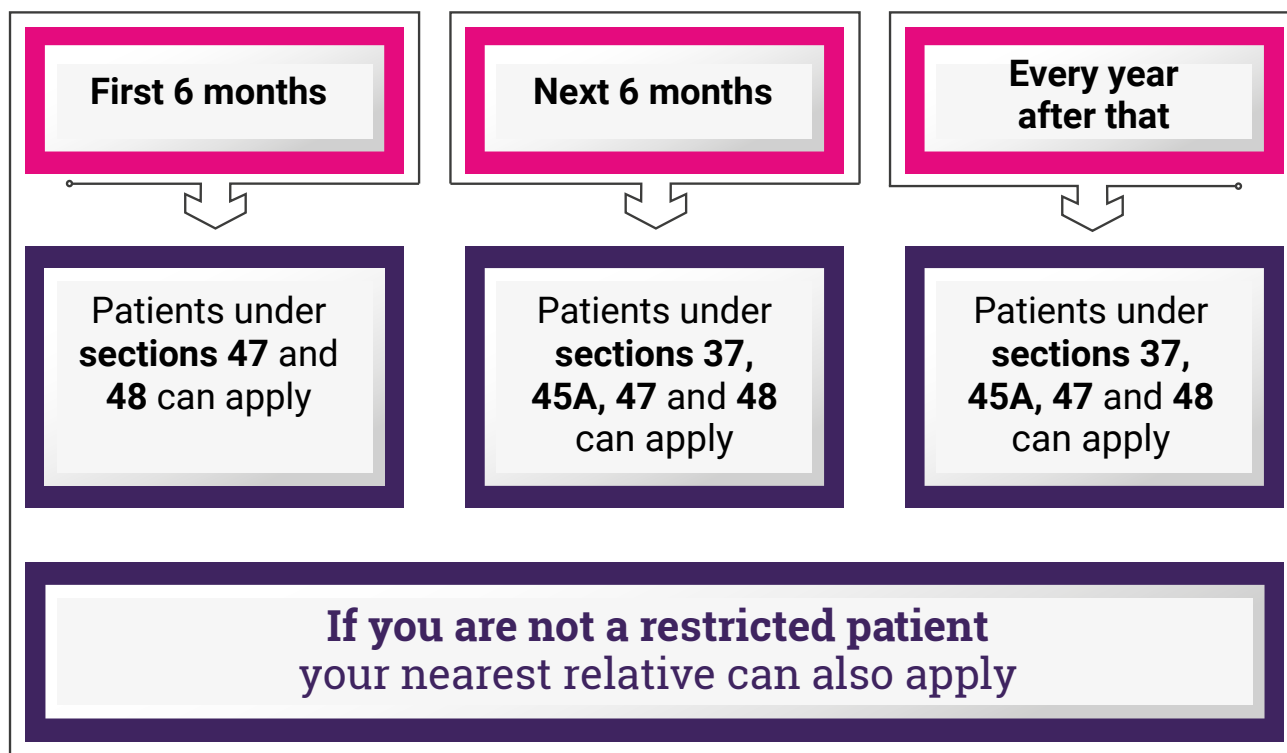
There are rules on when you or your **nearest relative** can apply to tribunal, and when the tribunal should take place. These rules depend on which section of the Mental Health Act you are detained under.



Unless you are a **restricted patient**, you must have a mental health tribunal **at least every three years** even if you haven't asked for one.

The tribunal may decide that you should not be discharged right away. This may be to enable the hospital to arrange after-care for you.

If you think it is taking too long for the hospital to arrange your after-care, you can make a complaint. There is more information about complaints in **Part E** on page **116**.



Patients under sections 35, 36 and 38 **cannot apply to the mental health tribunal.**





**Fill out this part yourself**

These are contact details of solicitors who could help me with a tribunal:

Have I been given information about how to apply to a tribunal?

**Yes**

**No**

Who gave me this information?

When did they give me this information?

If I have applied for a tribunal, I can write the date of it here:

These are the things I would like the tribunal to know:



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## How can the independent managers' panel discharge me?

The **hospital managers** must appoint an **independent managers' panel** to make decisions about whether or not patients like you should be discharged.



Members of the **independent managers' panel** aren't employed by the hospital or by the NHS. This means the hospital and the NHS can't tell them what to say or do. Their job is to make sure that the Mental Health Act is being used properly and that people are only detained when they should be. You may hear them being called Mental Health Act managers or lay managers.

**If you are detained under sections 35, 36 or 38,** you cannot apply to the independent managers' panel to discharge you.

If you are detained under any other section, you and your **nearest relative** if you have one can ask the independent managers' panel to discharge you. If you are a restricted patient, the independent managers' panel can only discharge you if the Ministry of Justice agrees.

There are no strict rules about how many times you or your nearest relative can ask the independent manager's panel to consider discharging you. But the independent manager's panel may not always consider your request. For example, if you have recently had a tribunal.

If the independent manager's panel decides to discharge you, then you can leave hospital. Your responsible clinician can't stop you from leaving. If you are to be discharged back to the community, you may decide to stay in hospital as a voluntary patient. If you are to be discharged back to prison, you cannot stay in hospital as a **voluntary patient**.

You can ask health professionals or an independent mental health advocate for help with contacting the independent managers' panel and with the application process.



**Fill out this part yourself**

These are the contact details for the independent managers' panel:

Can I apply to the independent managers' panel to leave hospital?	<b>Yes</b>	<b>No</b>
---	------------	-----------

Have I been given information about how to ask the independent managers' panel to discharge me?	<b>Yes</b>	<b>No</b>
---	------------	-----------

Who gave me this information?

When did they give me this information?

These are the things I want the independent managers' panel to know:



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## How can the court discharge me?

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**If you are detained under sections 37, 38, 45A, 47, or 48** and you think that you shouldn't be detained in hospital, you can apply to the court to review the need to detain you in hospital

If you want to do this it is best to speak to an independent mental health advocate as soon as you can. This is because you usually need to apply quickly to the court.

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**If you are detained under 35 and 36**, you can't apply to the court but you can pay for an independent doctor to assess you. The independent doctor might feel that you don't need to be in hospital under this section of the Mental Health Act. You could ask to be sent to prison on remand or to be in the community on bail. The court will decide what to do.



## What happens when I am discharged?

**The hospital should already have been making plans for your after-care support long before you are discharged.** There is more information about how this should be done in ‘**when and how should the hospital make plans about my discharge?**’ on page 70.

If you are going back to the community, sometimes they still won't have got everything they planned in place. In this case, you may stay in hospital as a voluntary patient, so suitable after-care services can be arranged for you. This might be something like supported housing.

If you think it is taking too long for the hospital to arrange your after-care, you can make a complaint. There is more information about complaints in **Part E** of this guide on page 116.

### If you were detained under section 37, 37/41, 45A, 47, 47/49, 48/49

**You should have had a care coordinator during your stay in hospital. Your **care coordinator**:**

- should make sure that all the support you need is in place before you can be discharged back in the community
- should make sure that all the health professionals who need to support you in the community are aware of your **after-care plan** if you are going into the community
- should make sure that your family or carers know what the after-care plan is, what the crisis arrangements are and how to seek help if they need it, and
- may tell prison staff about the support you need if you are going into prison.



**If you are discharged back to prison**, the health professionals that support you may include:

- the **mental health in-reach team**
- the health professionals on the healthcare wing, and
- your local authority's social services team.



The **mental health in-reach team** is a team of professionals who treat people with a mental health condition during their stay in prisons.

**If you are discharged back in the community**, the health professionals that support you may include:

- your GP
- the **community mental health team**
- the **crisis team** (sometimes called a home treatment team)
- the health professionals on an inpatient ward, and
- your local authority's social services team.



The **community mental health team** is a team of professionals based at a hospital or in the community who specialise in mental health care. They treat people who live in the community.



The **crisis team** is a team of mental health professionals that works 24 hours a day. They can respond to mental health crises very quickly.

If you are under the direct care of the crisis team, they will visit you very regularly – sometimes more than once a day, but it could be as little as once a fortnight.

If you are not under the direct care of the crisis team, you may have their contact details so that you or a carer can **contact them and ask for their help if your mental health suddenly gets worse.**



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## If you were detained under section 35, 36 or 38

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If you have been assessed as having **complex needs** you should have had a care coordinator during your stay in hospital. Your care coordinator:

- should make sure that all the support you need is in place before you can be discharged back in the community
- should make sure that all the health professionals who need to support you in the community are aware of your after-care plan if you are going into the community
- should make sure that your family or carers know what the after-care plan is, what the crisis arrangements are and how to seek help if they need it, and
- may tell prison staff about the support you need if you are going into prison.

If you have not been assessed as having complex needs, **you still have a right to be discharged back into the community with the support you'll need to keep well.**

Health professionals should make sure that information about your after-care needs are clearly communicated to the professionals that will support you in the community or in prison. Health professionals should do this before you are discharged from hospital.



## What should I think about when I get discharged?

When you get discharged from hospital, you might want to think about the **treatment** and support you had in hospital.

You should think about what you liked and didn't like. You could then put together an **advance statement** or **advance decision** to tell the health professionals the things you liked and did not like in case you start to become ill again or get re-admitted to hospital.

There is more information about advance decisions and advance statements in '**How can I influence my treatment?**' on page 41.





**Fill out this part yourself**

Have I made an advance decision or advanced statement?      **Yes**      **No**

If I want to make an advance decision, these are the treatments that I don't want to have:

If I want to make an advance statement, these are the things I want to be considered about my treatment (the treatments I prefer, the way I want to be cared for, etc.):

Who did I tell about my advance decision and advance statement? And when?



## What support should I get when I am discharged back to the community?

**You have the right to be discharged from hospital with proper support in place.** This include NHS and social care support.

You will be entitled to NHS support for free after you are discharged from hospital but you may need to pay for your local authority to support your social care needs depending on your circumstances. We explain more about this in this chapter.

### **If you were detained under section 37, 37/41, 45A, 47, 47/49, 48, 48/49**

You are entitled to health and social care support free of charge for as long as you need it. This is known as section 117 after-care.

Section 117 of the **Mental Health Act** says that the NHS and local authorities must work together to make sure that there are services available to people who have been detained under specific sections of the Mental Health Act to make sure they get proper support.

**The services should reduce the chance that you will need to go back to hospital at a later date.**



As you start to recover, or manage your mental health condition, your health and social care professionals might stop providing you with section 117 after-care. If they decide to do this, they should involve you fully in this decision. If you need section 117 after-care at a later date, then you can get it again.

If you do not agree with a decision to discharge you from section 117 after-care, you can make a complaint to the team that has discharged you. There is more information about complaints in **Part E** on page 116.

If you want to know more about section 117 after-care you can ask to speak to an **independent mental health advocate**.

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### If you were detained under sections 35, 36 or 38

You will not be entitled to section 117 after-care after you are discharged from hospital. But the NHS must still continue to give you the support you need to keep you well. This support should be free and it should include support to manage your mental health and your physical health. If your local authority assesses that you need support from social care services, you may have to pay for this yourself, depending on your financial situation.

If you had no fixed address before going to hospital and the local authorities where you stayed cannot agree who should assess you, the Department of Health and Social Care will decide who will do the assessment. They should look at whether your mental and physical health conditions make your life more difficult. They should then put a plan in place to help you with these difficulties.

If you are not happy with the support you get when you are discharged, you should speak to your **care coordinator** if you have one or to the team who are providing the support. You should explain your concerns. If they do not take your concerns seriously, you can make a complaint. There is more information on complaints in **Part E** on page 116.

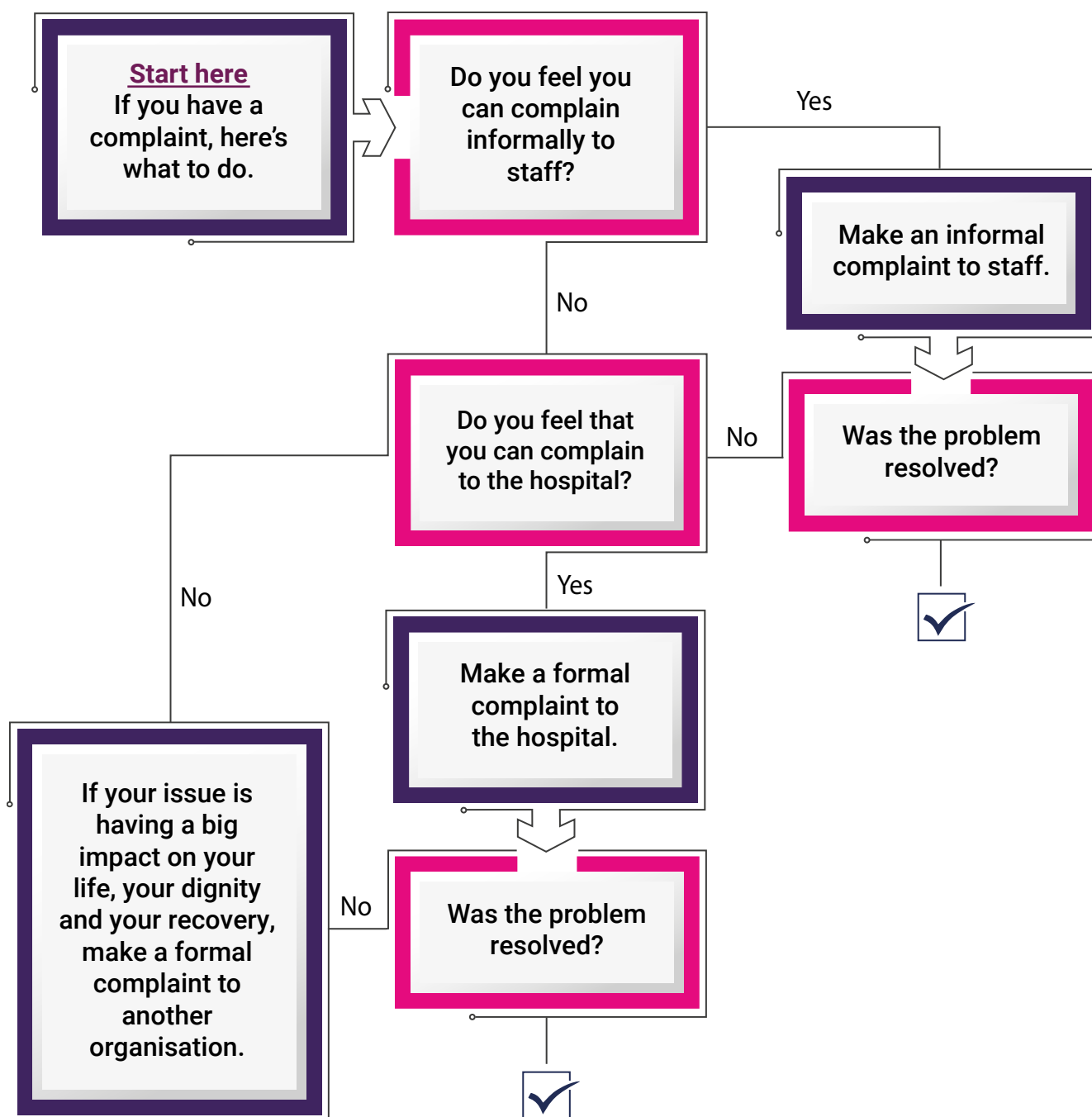


**Part E: complaints**



# Complaints

If you think your rights haven't been respected, you can complain to health professionals, to the hospital or to an external organisation. **The diagram below explains how you can do this.**





## How can I make an informal complaint to health professionals?

If you think your rights aren't being respected, you can talk to health professionals working on the ward in the first instance. **Talking to health professionals can be a good way to sort out the things you are unhappy about quickly and easily.**

Other people can help you to complain or complain for you.

**These people include:**

- your **nearest relative**
- your family members or friends, and
- your **independent mental health advocate**. They are independent of the NHS and can tell you what your rights are. They can also help you speak to health professionals if you want them to.

Your nearest relative or a family member or friend can complain for you if you agree that they can do this for you. Or they can choose to complain about something they have seen or know about.



## How can I make a formal complaint to the hospital?

### You can complain formally if:

- you feel like you can't talk to health professionals informally, or
- you have complained informally but the issue hasn't been sorted out.

**You or your nearest relative can ask health professionals for a copy of the hospital's complaints policy.** The policy should say who you can complain to, what you need to do and when the hospital should reply to you by.

If you are disabled and you find it difficult to complain, the hospital must make **reasonable adjustments** to help you. For example, they should make sure their complaints policy is written in a way you can understand. Or they should arrange an advocate for you.

If English isn't your first language you might find it difficult to complain. The hospital should help you. They should give you a copy of their policy in a language you can understand and get you help from an advocate who can talk to you in your language.



**This is so health professionals don't discriminate against you because of your nationality or because you are disabled, including if you have a learning disability or autism.**



### You can make a complaint to:

1. a health professional in the team who care for you, or
2. the **Patient Advice and Liaison Service (PALS)**.  
You can also ask health professionals or an independent mental health advocate for the details for PALS. You might be staying in a hospital that is run by a private company but paid for by the NHS. If you are there might not be a PALS service in the hospital. You can contact a PALS service at a nearby NHS service instead. If you're in a private hospital, you can phone NHS 111 to find details of your nearest PALS or ask health professionals to help you.



**Patient Advice and Liaison Service (PALS)** makes sure that the NHS listens to patients, their relatives, carers and friends. PALS answers questions and sorts out problems as quickly as possible. The details for PALS are usually available on the ward or in the hospital's complaints policy.

### Fill out this part yourself

These are the contact details for PALS:

You can formally complain by speaking to someone or you can do it in writing. The complaints policy will say how you can do this.





If you decide to formally complain, make sure to use the word **'complaint'** and explain what you want the hospital to do to make things right. You will need to make your complaint within **one year** of realising there was a problem.

The hospital must let you know within three working days that they are dealing with your complaint. They can do this verbally or in writing.

The hospital must investigate your complaint speedily and efficiently. But the hospital's complaints policy should say more about how quickly they deal with them.

You can get a Complaints Advocate to help you complain. Complaints Advocates help you explain your point of view when you are making a complaint. PALS can tell you who your local Complaints Advocate is.

Complaints Advocates are different from **independent mental health advocates**. But sometimes the same organisation provides both Complaints Advocates and independent mental health advocates. Advocates are independent of the NHS.

If you are staying in a hospital that is **run by a private company** but paid for by the NHS, you should also still be able to get help from an NHS Complaints Advocate.

Information about NHS Complaints Advocates should be available on your ward. If you can't find it, ask health professionals or call the PALS at your nearest hospital.

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**You never have to pay for support from a complaints advocate, including if you are in a private hospital.**



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**Fill out this part yourself**

These are the contact details for my local Complaints Advocate:

The hospital should tell you how they are going to put the situation right. **If you don't agree with them you can complain to an external body.**



## How can I make a formal complaint to an external body?

Usually you would complain to an external body if you aren't happy with the outcome of your complaint to the hospital.

But you can sometimes contact an external body if you haven't complained to the hospital. Or if you have complained to them and are waiting for their response. You can do this if you feel that what is going wrong at the hospital has a very bad impact on your life, your dignity and your recovery, and it needs immediate action from an external body.

**In these cases, you can complain to the following organisations:**

1.

You might want to complain about the way the hospital uses the **Mental Health Act** or how it cares for you. You can complain to the **Care Quality Commission (CQC)**.

**For example, if the hospital:**

- didn't properly care for you when detained in hospital
- didn't give you the right information
- didn't offer you leave when they should have
- restrained you or kept you away from other patients when they shouldn't have, or
- didn't plan your discharge properly.

**The Care Quality Commission** can investigate your complaint and take action against the hospital, if appropriate.



### Care Quality Commission

**About:** Monitors, inspects and regulates health and social care services.

**Telephone:** 03000 616 161

**Address:** National Customer Service Centre  
Citygate, Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

**Email:** enquiries@cqc.org.uk

**Visit the CQC website**

## 2.

If your complaint is about an equality or **human rights** issue you can contact the **Equality Advisory and Support Service (EASS)**. The EASS can give practical advice and information about **the Equality Act** and **discrimination**. It is important to contact the EASS as soon as you feel you might have an issue. Courts and tribunals have strict time limits.

### Equality Advisory and Support Service (EASS)

**About:** Provides information, assistance and support (but not legal advice or representation) about discrimination and human rights issues. The EASS works with the Equality and Human rights Commission and refers to them if appropriate.

**Telephone:** 0808 800 0082

(Monday to Friday 9am to 8pm,  
Saturday 10am to 2pm)

**Address:** FREEPOST  
Equality Advisory  
Support Service  
FPN4431

**Email:** use the form on  
their website

**Visit the Equality Advisory  
and Support Service website**



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3.

You can complain to the **Parliamentary and Health Service Ombudsman (PHSO)** if you aren't happy with the hospital's response to your complaint. The PHSO is independent from the NHS. They can tell the hospital how to put the situation right. You might be staying in a hospital that is run by a private company but paid for by the NHS. If so, you can still complain to the Ombudsman.

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**Parliamentary and Health Service Ombudsman**

**About:** The PHSO sorts out complaints when people aren't happy with the care they received from a doctor or a hospital in England.

**Telephone:** 0345 015 4033  
(8.30am to 5.30pm Monday to Friday)

**Address:** Millbank Tower  
Millbank  
London  
SW1P 4QP

**Email:** phso.enquiries@ombudsman.org.uk

**Visit the Ombudsman website**

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4.

You can contact a **solicitor** to help you take action if you feel your rights haven't been respected. You may have to pay for this. Also, there are only certain things that the solicitor can help you with.

If you get a solicitor to help you, you may not be able to take any complaints you have to the PHSO.

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To find a solicitor near you, **look at the Law Society website** or call **020 7320 5650**.



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### 5.

If you think that you have been abused or neglected at the hospital you are detained in, you should contact the police, the **Care Quality Commission (CQC)** and the local authority.

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The local authority you complain to should be the **local authority where the hospital is located.**

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### 6.

You can complain to the **Ministry of Justice** if you are a restricted patient and the Ministry of Justice takes a long time to look at your application for leave or discharge. You can complain to the Ministry of Justice by letter only. They aim to reply to all complaints within 20 working days. You can speak to your responsible clinician first – they might be able to complain to the Ministry of Justice for you. You can also speak to an independent mental health advocate (IMHA).

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#### **Ministry of Justice**

**About:** The Ministry of Justice is a government department. They are responsible for courts, prisons and probation services.

**Address:** Ministerial  
Correspondence Unit

Ministry of Justice  
102 Petty France  
London  
SW1H 9AJ



**Part F: word list**



## Key terms explained

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### Aa

**Abuse** is being harmed by someone who is supposed to be supporting you, like a carer, family member or a health professional. This can include physical, sexual and emotional harm.

An **advance decision** is also known as an 'advance directive' or a 'living will'. Your advance decision can only state the treatments you don't want to have in case you'll need to stay in hospital in future and you don't have the mental capacity to decide for yourself. It can be a written guide, but it doesn't have to be. If you decide to write an advance decision, it will need to be clearly written so you may want to ask the help of a solicitor. Advance decisions are legally binding if you are a voluntary patient. If you are detained under the Mental Health Act, health professionals can override your advance decision if it is about treatment for a mental health condition, but should try to follow it if they can. If your decision is overridden, reasons must be provided.

An **advance statement** is also known as a 'statement of wishes'. You can use an advance statement to explain:

- the treatments that work best for you if you'll need to stay in hospital. For example, you can say that you prefer a certain type of talking therapy or a specific medication.
- anything else that you would like health professionals to do for you to make you feel safe, calm and cared for. For example, you could explain techniques health professionals could use to help you feel better, calm you down when you feel upset and frustrated and avoid any need to use force and restrain you.

Health professionals should try to follow your advance statement wherever they can.





An **after-care plan** is a plan that says the support you'll get after you leave hospital. It helps you manage your mental health condition in the community and reduces the chance of your condition getting worse, so you don't have to go back into hospital.

**Approved clinicians** are health professionals who have been approved by the government to have certain powers under the Mental Health Act. These powers include keeping voluntary patients in hospital for up to 72 hours and reviewing decisions about seclusion and long-term segregation. All responsible clinicians are approved clinicians.

An **approved mental health professional** is a professional who is trained to work with the Mental Health Act but isn't a doctor. Most approved mental health professionals are social workers but they may also be a nurse, an occupational therapist or a psychologist.

---

## Cc

Your **care and treatment plan** is a guide which says what care and treatment you need, for example medication or talking therapies. You might also hear this called a care plan, treatment plan or support plan. Your hospital might also use a different name for it.

Your **care coordinator** is the person responsible for planning, reviewing and monitoring your care and treatment during your stay in hospital but also after you are discharged from hospital. You will have a care coordinator only if you have been assessed as having **complex needs**. For example if you:

- need help from a number of teams
- have a high risk of harming yourself or others
- have a learning disability
- have social problems like difficulties with parenting, employment or housing
- experience difficulties because of your immigration status, language, sexuality, sex, gender identity and ethnicity.

Your care coordinator may be a nurse, occupational therapist or social worker. They may not always be the person offering your main treatment.



A **clinical supervisor** monitors your mental health and treatment in the community if you are conditionally discharged.

A **community rehabilitation company** is an organisation that supervises medium-risk and low-risk people in the community when they are released from prison or hospital.

The **community mental health team** is a team of professionals based at a hospital or in the community who specialise in mental health care. They treat people who live in the community.

A **Community Treatment Order** is when you live in the community but you have to stick to some rules. Your responsible clinician will decide on rules that they think will help you stay well. If you don't stick to the rules, you can be sent back to hospital.

The **crisis team** (sometimes called a home treatment team) is a team of mental health professionals that works 24 hours a day. They can respond to mental health crises very quickly. You might be under the direct care of the crisis team. If you are, they will visit you very regularly – sometimes more than once a day, but it could be as little as once a fortnight.

## Dd

**Discrimination** means that you are being treated worse than other people because:

- of your age
- you are disabled, including when you have a learning disability or mental health condition
- of your religion or belief or because you don't have a religion
- you are of a different race, nationality or culture
- you are a man or a woman
- of your sexual orientation, e.g. if you are gay, lesbian, bisexual or heterosexual
- you are transgender
- you are pregnant or you have a new baby.

If you are disabled, organisations must also make reasonable adjustments to meet your needs so you can access the same facilities and services as non-disabled people and have the same opportunities as others.



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**A** **Deprivation of Liberty Safeguards authorisation or DoLS authorisation**

may be used if you don't have the mental capacity to decide where you should live and you disagree with where health professionals think you should live after being discharged from hospital.

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**Ee**

**The Equality Act** protects people from discrimination so that they have the same opportunities to do what they can.

**Find out more about the Equality Act on the Equality and Human Rights Commission website.**

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**Gg**

**Guardianship** is when you live in the community with a guardian supporting you. A guardian may be someone from your local authority, such as a social worker. A guardian may also be someone the local authority has chosen, known as a 'private guardian.' This person could be a relative or friend.

---

**Hh**

The **hospital managers** are the people that are responsible for running the hospital. They have important responsibilities under the Mental Health Act including making sure that you can access and understand information about your rights under the Mental Health Act, as well as the Human Rights Act and the Equality Act where relevant.

**Human rights** are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life.

They can never be taken away, but they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security.

These basic rights are based on shared values like dignity, fairness, equality, respect and independence. These values are defined and protected by law. In Britain our human rights are protected by the Human Rights Act.

**Find out more about the Human Rights Act on the Equality and Human Rights Commission website.**



Human rights are relevant to all of us. They protect you in many areas of your day-to-day life, including:

- your right to have and express your own opinions
- your right to an education
- your right to freedom
- your right to a private and family life, and
- your right not to be mistreated or wrongly punished by the state.

The **Human Rights Act** is a law that protects your basic rights as a human being.

**Find out more about the Human Rights Act on the Equality and Human Rights Commission website.**

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## Ii

The **independent managers' panel** is a group of people who are responsible to make sure that the Mental Health Act is being used properly and that people are only detained when they should be. They can also make decisions about whether or not you should be discharged from hospital. They aren't employed by the hospital or by the NHS. This means the hospital and the NHS can't tell them what to say or do. You may hear them being called Mental Health Act Managers or lay managers.

An **independent mental capacity advocate** is someone who can support you make or be involved in important decisions about your care and treatment and where you live. Such support may be available to you if you have a physical health condition and if you lack the mental capacity to make decisions about care and treatment for that condition, or if you lack capacity to decide where you should live when you leave hospital. For more information about this, ask your independent mental health advocate.



Your **independent mental health advocate** should:

- support you to express your views and wishes to the team that is responsible for your care in hospital and help you discuss care and treatment options
- help you understand your rights and other information about being detained including what health professionals should do to make sure you are looked after, and
- speak to health professionals on your behalf if you want them to. If something goes wrong, you should tell your independent mental health advocate and they can help you sort out the problem.

---

## Ll

**Least restrictive** means that your human rights should be restricted as little as possible, taking into account your individual circumstances and the need to respect the human rights of others around you.

**Least restrictive way** means that the treatment should be given to you in a way that restricts your freedom as little as possible.

**Long-term segregation** is where you are kept away from other patients most of the time.

---

## Mm

The **Mental Health Act** is a law that protects the rights of patients who are being detained in hospital.

The **Mental Capacity Act** 2005 is a law that sets out what should happen if you don't have the mental capacity to make decisions because of a mental impairment or a mental disorder. This includes how you should be supported to make decisions yourself and how decisions should be taken in your best interests if you can't make them yourself.

**Mental capacity** is your ability to make a treatment decision. You may be assessed as lacking mental capacity if you have a mental impairment or disorder that means that you can't understand information necessary for you to make a decision, remember this information, use this information to make a decision, or communicate your decision.

The **mental health in-reach team** is a team of professionals who treat people with a mental health condition during their stay in prisons.



A **mental health tribunal** is a legal meeting where a group of people will decide if you still need to be detained in hospital. This group of people is called a panel.

The **Ministry of Justice** is a government department. They are responsible for courts, prisons and probation services.

The **multi-agency public protection arrangements (MAPPA)** are when lots of different agencies such as the hospital, police and courts, work together to protect the public from offenders who are violent or dangerous.

A **multi-disciplinary team** is a group of healthcare professionals who do a range of different jobs. The team may include psychiatrists, psychologists, nurses, occupational therapists or social workers.

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## Nn

The **National Probation Service** is a government organisation that supervises high-risk people in the community when they are released from prison or hospital.

Your **nearest relative** is a person in your family or a carer. It isn't the same as next of kin. Your nearest relative has the right to:

- get information about your detention and your discharge
- be involved in your care and treatment, and
- discharge you from hospital.

Not everyone detained under the forensic sections of the Mental Health Act is entitled to have a nearest relative. For more information see the part of this guide called '**Nearest Relative**' on page 21.

**Neglect** is when a carer or health professional doesn't look after you properly.



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## Oo

**On licence** means that you still have some of your sentence to complete, but you are allowed to live in the community, rather than stay in prison. You will have to follow some conditions when you are on licence. If you break the conditions you may have to go back to prison.

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## Pp

**Patient Advice and Liaison Service (PALS)** makes sure that the NHS listens to patients, their relatives, carers and friends. PALS answers questions and sorts out problems as quickly as possible. The details for PALS are usually available on the ward or in the hospital's complaints policy.

Treatment in '**proportion to your situation and condition**' means that treatment should be no more than is needed to treat your symptoms.

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## Rr

If you are disabled, organisations must make **reasonable adjustments** to meet your needs so you can access the same facilities and services as non-disabled people and have the same opportunities as others. For example:

- If you use a wheelchair, the hospital and the ward should make sure that everywhere you go in the hospital can be accessed by a wheelchair.
- If you have a learning disability that makes it difficult for you to communicate with others, you should be allowed to use personalised communication aids
- If you are autistic, you should be able to access sensory rooms or quiet spaces when you feel overstimulated and/or to get the help of a keyworker with expertise in autism.
- If you have a long-term health condition such as diabetes, you should continue to get the diet you need to keep you well.



Your **responsible clinician** is the person in charge of your care. This person doesn't have to be a doctor, but sometimes a doctor is still needed, for example, for recommendations for detention under the Mental Health Act. They can make decisions about whether you are well enough to leave hospital on leave or be discharged from hospital.

A **restricted patient** is a patient who has special controls put on them by the Ministry of Justice. These are things like not being able to leave hospital unless the Ministry of Justice agrees.

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## Ss

**Seclusion** means keeping you away from other patients.

A **seclusion care plan** says how you will be cared for while you are secluded including:

- your mental and physical health conditions and the treatment you need
- how any risks you pose to yourself or others will be managed
- details about the clothing and bedding you will have
- details about your dietary needs, and
- details about contact you will have with friends and family while you are secluded.

The seclusion care plan should help to get you out of seclusion as soon as possible.

A **second opinion appointed doctor** (SOAD) is a doctor appointed by the Care Quality Commission (CQC). They make independent decisions about whether or not you can be forced to be given treatment that you don't want.





**Sexual behaviour** means any physical behaviours of a sexual nature that are carried out with another person. This includes touching in a sexual way (including above clothing) and intercourse / penetration.

A **social supervisor** monitors areas of your life in the community such as work, family and where you live if you are conditionally discharged.

A **supervisory body** is usually a healthcare trust or a local authority that makes decisions about whether or not to grant a deprivation of liberty authorisation.

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## Tt

**Treatment** is given to you by health professionals to improve your mental health. This can include things like:

- medication
- nursing care
- talking therapies – one to one or in a group
- art therapy, and
- complementary therapies (e.g. drama).

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## Vv

A **voluntary patient** (also called informal patient) is someone who is in hospital but isn't detained under the Mental Health Act. If you are a voluntary patient, you can leave hospital at any time. But if health professionals are concerned about your safety or the safety of others, they can stop you from leaving for up to 72 hours.















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