

Going into hospital

For carers, friends and relatives

Mental illness is normally treated outside hospital. Doctors call this 'treatment in the community'. But there are times when people become unwell and they need to go into hospital. This factsheet explains what happens when someone you know goes into hospital.

We have called the person 'your relative', but we know they might not be a member of your family. Hospitals vary and so we can only give an overview of what might happen.



KEY POINTS

- If your relative agrees to go into hospital, they are called a 'voluntary patient'. This means that they can leave if they want to.
- In some cases, your relative might have to go into hospital when they don't want to. Doctors call this being 'detained' under the Mental Health Act. When this happens, your relative will not be able to leave unless the hospital doctor agrees.
- Some hospitals have separate wards for men and women, but not all hospitals do. There should always be single sex toilets and washing facilities.
- You can see your relative if they want visits, but there may be fixed visiting times.
- Your relative might be given medication, talking therapy or occupational therapy.
- If your relative agrees, you can speak to doctors at 'ward rounds' or meetings. This is a good chance to raise any concerns you have.
- Your relative will be able to wear their own clothes on the ward.

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1. When will my relative go into hospital?

Going into hospital is called an admission. When your relative goes into hospital, doctors might say they have been admitted.

If your relative wants to go into hospital

Many people agree to go into hospital themselves. Doctors call them voluntary patients.

If your relative wants to be admitted as a voluntary patient, they can try the following.

- Speaking to someone in their Community Mental Health Team, if they have one. They may have a care coordinator they can speak to.
- Contacting the local Crisis Team. Your relative might be able to get the details from their GP surgery.
- Contacting their GP. There may also be an out-of-hours service.
- Going to the Accident and Emergency (A&E) department of a local hospital.

Your relative might not be able to go into hospital, even if they want to. It depends on if beds are available and if doctors think that they need to be there. If there are not enough free beds in their local hospital they may need to go to a different hospital.

Detained under the Mental Health Act

There may be times when your relative is very unwell but does not think they need help. Doctors call this a 'lack of insight'. Your relative might be a risk to themselves or other people because of their illness. If they are, health professionals can bring them to hospital using the Mental Health Act 1983.

If they do this you might hear it being called:

- sectioned
- detained,
- detained under the Mental Health Act,
- Mental Health Act admission, or
- involuntary admission.

All these phrases mean the same thing.

You can find more information about:

- Mental Health Act
- Getting Help in a Crisis

at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

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2. How can we prepare?

Home and possessions

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

If no one can do this, the local authority has to protect property that could be lost or damaged.¹ This includes your relative's home, furniture and pets. They might have to go into your relative's home and put some of their things into storage.² They can only do this if your relative agrees or if someone who is allowed to make decisions for them agrees.³

The law says that the local authority can charge a reasonable amount for this.⁴ The rules on charging will vary from area to area. For example, some local authorities will pay for property storage or pet boarding while your relative is detained.

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

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

The local authority social services department can look after your relative's children.⁵

Benefits

If your relative gets benefits, they must tell the Department for Work and Pensions (DWP) that they are in hospital. If your relative is too unwell to do this, you could call them instead. If you deal with your relative's benefits for them you are their 'appointee' and you must tell the DWP. Your relative

might stop getting some benefits after 28 days in hospital.⁶ If you do not tell them the DWP may overpay you. If this happens you will have to pay the money back.

If you get Carers Allowance because you look after your relative, you must tell the DWP that they have gone into hospital.⁷

You can find more information on money and going into hospital in our **‘Going into hospital – money matters’** factsheet. You can download this for free from www.rethink.org or call 0121 522 7007 and ask us to send you a copy.

Taking things in

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

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

There will be a policy about having mobile phones on the ward. Mobile phones and phone chargers may be banned so check if you aren't sure. Your relative should not take valuable things such as jewellery or a lot of money onto the ward. There might not be anywhere to keep these things safe. Your relative must let a nurse know about any electrical items they take to make sure they are allowed.

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

Some wards don't allow items such as razors, matches and lighters. Alcohol is not allowed in hospital. Some higher security wards have restrictions on alcoholic mouthwash, aerosols, glass containers, perfume, aftershave, dental floss and nail varnish remover. You should find out what you are allowed to bring in before taking them to your relative. You can ask ward staff about this.

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3. What is hospital like?

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

If you have any questions about your relative's treatment or rights, you can try asking a nurse or key worker on the ward. The staff will not tell you anything private unless your relative has said that they can.

Hospital routine

There will be a routine on the ward. There will be regular meal times for breakfast, lunch and dinner. There may be a water machine or a kitchen to make hot drinks.

Smoking

Your relative will not be able to smoke on the ward. But there might be outside areas where they can smoke. A smoking area may be far away from the ward. In some hospitals there are no smoking areas at all.⁸

If your relative is in hospital under the Mental Health Act 1983, a member of staff may have to go with them when they want to smoke. This might mean they cannot smoke as often as they would like.

Layout and rooms

Your relative may have their own room, or they will be in a room with lots of beds. There should be separate rooms for men and women. There should always be separate toilets and bathrooms for men and women. In some cases your relative might be admitted into the part of the ward for the opposite sex. They should still be separated from everyone else. This should only be temporary and your relative should be moved to the correct area as soon as possible.⁹

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

There should be a chaplaincy or spiritual care service that your relative can use. These services can be used by anybody, even if your relative is not religious.¹⁰

Observation on the ward

If staff are worried about your relative, they may put them under observation. This means that staff will watch over them to make sure that they are safe. There are different levels of observation. For example, staff may check your relative every hour, every few hours or all the time.

Problems with other patients

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

Searches on the ward

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

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

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

If your relative is in hospital under the Mental Health Act 1983, staff can search their things even if your relative does not want them to.¹¹ But, the staff should still:

- ask your relative first,¹²
- check if your relative's responsible clinician or psychiatrist agrees to the search,¹³ and
- be able give good reason for the search.¹⁴

If staff feel your relative is dangerous or violent, they may search them at any time when in hospital.¹⁵

If any of your relative's items are taken from them, staff should be:¹⁶

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

The hospital staff might want to search you when you visit. This is more common in higher security hospitals and forensic wards. If you do not want this to happen then they cannot force you. But if you refuse the staff might not let you in or they may supervise the visit. This depends on the hospital's security policies.

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

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

Acute ward

Your relative will probably go on an acute ward when they first go into hospital. The staff will assess them and offer treatment. There will be patients who are in hospital voluntarily and under the Mental Health Act 1983.¹⁷

Psychiatric Intensive Care Unit (PICU)

This is a ward for people who are very unwell and who may be a risk to themselves, other patients or staff. PICU sounds like "P-Q".. Your relative may be moved here from an acute ward or they might go straight onto the PICU ward. There are more staff on this ward so they can give more support.

The PICU ward will be locked and most patients will be in hospital under the Mental Health Act 1983.¹⁸

Rehabilitation ward

If your relative is in hospital, they may be transferred to a rehabilitation ward to help them become more independent. It aims to prepare them for living in the community. Your relative might be offered talking treatments and occupational therapy to help with developing daily living skills. There will be more activity and less supervision on this ward.¹⁹

Specialist wards

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

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

Children and young people should be in a ward that is suitable for people of their age. This should be a unit with specially trained staff. These wards are not available everywhere. If you think that your relative needs specialist care that local NHS services cannot give, you could ask for a transfer to a hospital in another area.

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5. Can I visit my relative?

You should be able to visit your relative if they want you to. If your relative does not want visitors, the staff may not let you in. This depends on the ward policy.

Some wards have fixed visiting hours and others allow visiting at any time. You can get details about visiting from the staff on the ward. If you want you could ask to use a private room rather than sitting in the dayroom with other people.

There will be things you are not allowed to bring into the ward such as sharp items, drugs, alcohol, matches and lighters. Ask the staff if you have any questions about this.

If your relative wants to see you, but the hospital refuses, they have to explain their reasons for this. If staff tell you that you cannot visit your relative then it is important to get the reasons for this as soon as possible. The decision must be fair and reasonable. For example, if your relative has been detained they can only refuse your visit for medical or security reasons.²⁰

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6. What care and treatment will my relative get?

Your relative will see a psychiatrist soon after they go into hospital. A psychiatrist is a specialist mental health doctor. The psychiatrist will decide how they will be treated when they are in hospital. The psychiatrist will decide on what medication they should have and if they should speak to a therapist.

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

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

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

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

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

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

If your relative is in hospital under the Mental Health Act 1983 they are entitled to see an Independent Mental Health Advocate (IMHA).²¹ Ward staff should have details of the IMHA service that covers the ward.

If your relative is not under the Mental Health Act 1983, they are not entitled to see an IMHA. However, there may be a general advocacy service in the area that can help. You can search online, ask staff on the ward or contact the local authority to find a service.

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7. Can my relative leave hospital?

Your relative can leave hospital unless they are under the Mental Health Act 1983 ('detained').

Voluntary patients

If your relative is not in hospital under the Mental Health Act 1983 then they are a voluntary patient.

They can leave hospital if they want to, and they do not have to come back. It is best for them to tell a member of staff before leaving.

If they are on a locked ward a member of staff will need to open the door for them to leave. The hospital staff must open the door for your relative unless they are detained.

If your relative tries to leave before they are well enough, your relative could be kept in hospital. They can do this for up to 72 hours.²² A nurse can do this for up to 6 hours.²³ The staff should only do this if your relative is very unwell.

If your relative is detained under the Mental Health Act

If your relative has been detained, they cannot leave the ward unless the doctor in charge of their care agrees.²⁴ This doctor is called their 'responsible clinician'.²⁵

If the doctor is happy for them to leave the ward for a short time, this is called section 17 leave, or sometimes it's just called leave. Your relative might be able to leave alone.²⁶ This is called unescorted leave. The doctor might think it is better for them to leave with a member of staff, and this is called escorted leave.²⁷ You may be able to take your relative on their leave. This is called accompanied leave. In this case you are responsible for your relative.²⁸

If you think your relative should be getting more leave, talk to their responsible clinician about this.

Your relative is entitled to see an advocate called an Independent Mental Health Advocate (IMHA).²⁹ The IMHA can help them to get their views across to staff at the hospital. The ward staff should be able to let you know how to contact an IMHA if you think this would be helpful, but the IMHA will only be able to help if your relative is happy to see them.

Your relative can only leave permanently if they are not detained any more. You can find more information about '**Discharge from the Mental Health Act 1983**' at www.rethink.org. Or contact 0121 522 7007 and ask us to send you a copy.

Deprivation of Liberty Safeguards (DoLS)

Hospitals can sometimes keep people in hospital under deprivation of liberty safeguards (DoLS). They can only do this if someone cannot make decisions for themselves and need someone to make a decision that is in their best interests.³⁰ It is not used for people with a mental illness very much. It is not the same as the Mental Health Act 1983.³¹ Hospital staff use DoLS more often with people who have dementia or learning disabilities.

Planning to leave hospital

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

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

This meeting could involve:

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

This meeting is to make sure that your relative has the support they need when they leave hospital. It is a good chance for you to tell them what care you think your relative may need. You should tell them if you can't continue to care for your relative. Or if you feel they are expecting too much from you, you should tell them as soon as you can. You do not have to live with your relative if you do not want to.

Your relative has to make sure you can come to the meeting. If they don't want you there you can't go. But the guidance for healthcare professionals says carers should be involved as much as possible in your relatives discharge.³² If you think you need to be at these meetings, ask the hospital staff if you can go.

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

If your relative would like you to be involved in their care, they need to tell the staff on the ward. It might help if they put it in writing. The staff should make a note of this on your relative's file. This is also true if your relative is under the Mental Health Act 1983. Staff should allow you to be involved unless they are worried about any risk to you or the person you care for.³³

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

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

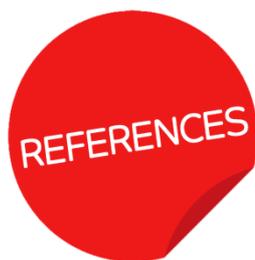
- What is the easiest way for us to get in touch with you?
- Who should we speak to if you are not available?
- Who should we contact in an emergency?
- How much information have you given our relative about their diagnosis and treatment?
- Have you explained any likely side effects of the treatment?

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

Staff cannot give you information if your relative tells them that they can't. However, you can still tell them your concerns and you might be able to meet with them.

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

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¹ s47(1), *Care Act 2014*.

² As note 1, s47(3) *Care Act 2014*

³ Department of Health. *Care and support statutory guidance*. London: The Stationery Office; 2016. Para 10.90.

⁴ As note 1, s47(7) *Care Act 2014*

⁵ s20, *Children Act 1989*.

⁶ Child Poverty Action Group. *Welfare Benefits and Tax Credits*. 17th Edition. London: Child Poverty Action Group; 2015. Page 935.

⁷ As note 6, page 936.

⁸ Kathleen Hawkins. Is it unfair to ban smoking in mental health hospitals? *BBC News* 31 July 2015 <http://www.bbc.co.uk/news/blogs-ouch-33440478> (accessed 22 April 2016).

⁹ National Health Service. *Will I be offered a same-sex hospital ward?*. <http://www.nhs.uk/chq/Pages/903.aspx?CategoryID=69&SubCategoryID=695> [accessed 12 May 2016]

¹⁰ Revd Dr Chris Swift. *NHS England NHS Chaplaincy Guidelines*. London: NHS England; 2015. Page 7

¹¹ Department of Health. *Mental Health Act 1983: Code of Practice*. London: The Stationery Office; 2015. Para 8.39.

¹² As note 11, para 8.33.

¹³ As note 11, para 8.40.

¹⁴ As note 11, para 8.37.

¹⁵ As note 11, para 8.31.

¹⁶ As note 11, para 8.45.

¹⁷ The NHS Confederations. *Defining Mental Health Services*. London: NHS Confederation; 2012. Page 9.

¹⁸ As note 17, page 10.

¹⁹ As note 17, page 12.

²⁰ As note 11, para 11.12.

²¹ As note 11, para 1.12.

²² s5(2), *Mental Health Act 1983*.

²³ As note 22, s5(4) *MHA* 1983.

²⁴ As note 22, s17(1) *MHA* 1983.

²⁵ As note 11, para 36.2.

²⁶ As note 11, para 27.10.

²⁷ As note 11, para 27.27.

²⁸ As note 11, para 27.29.

²⁹ As note 11, para 1.12.

³⁰ Ministry of Justice. *Mental Capacity Act 2005: Deprivation of liberty safeguards*. London: The Stationery office; 2008. Para 1.13.

³¹ As note 30, para 1.11.

³² Department of Health. *Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care*. London: Department of Health; 2010. Page 27.

³³ As note 11, para 4.40.

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Rethink Mental Illness Advice Service

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Monday to Friday, 9:30am to 4pm
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