



For better  
mental health

## How to... cope with hospital admission



# How to... cope with hospital admission

“““

*“Admission was a very difficult time for me. I was confused and afraid. It felt like I was being taken away to a terrible foreign country. I wasn’t sure what to expect and didn’t know how I would manage. Looking back now, I can see that many of my fears were groundless. It wasn’t easy, but I survived. Admission was the right thing for me. It definitely helped me through a crisis.”*

**This booklet is designed to help people caught up in a psychiatric admission, either voluntarily or compulsorily, under a section of the Mental Health Act 1983. It gives information and advice to those being admitted and explains what relatives and friends can do.**



## **What should I take with me when I am admitted?**

Sometimes, being admitted to hospital comes out of the blue as part of an emergency, leaving you little or no time to prepare for it. But on other occasions you will have time to decide what you want to take with you.

If you can, it will be helpful to take a friend or relative with you when you go into hospital. They can give you support and stay with you during the admission process. They may be able to give the nursing staff useful information, and make a note of items you have forgotten to bring in.

You should take with you a change of clothes, night things, toiletries and money for the telephone. If you have a mobile phone, it will be very useful. It’s also worth remembering to have a list of important telephone numbers with you. A bottle of dilutable fruit juice might also be a good idea.

Don't take too much with you to begin with. You're unlikely to know how long you're going to stay in hospital, and people can always bring things for you, later on. Remember that your locker may not be secure, and that it's best not to take too many valuables. If you take in medicines, you will be expected to hand them over to the nursing staff.

### **What is the admission process?**



A nurse will ask you for basic information about yourself, including your name and address, your next of kin, and your GP's address. A psychiatrist or senior house officer will interview you to discover how you are feeling at the moment and decide what treatment to begin. (A psychiatrist is a medically qualified doctor who has specialised in psychiatry and can prescribe medication.) You will usually be given a physical examination. The process should take about an hour, but you may have to wait a while for the psychiatrist to arrive.

Going through this process can be a time of distress and anxiety. You are in a strange place, being asked a lot of questions. You may feel worse than you did before you arrived. Try to let the staff know how you are feeling. Don't be afraid to ask them to interrupt the process until you feel better.

The admission process gives you a chance to ask questions, as well as to answer them. Let members of staff know if there is anything in particular worrying you, or if anything needs to be done, such as making sure your home is secure or that your pets will be looked after. Tell them if there are friends or relatives you want to contact, as they may be able to ring them for you.

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As part of the process, a nurse should give you a tour of the ward and explain how things work. You should also be given written information about the unit. In many wards there will be leaflets available about local mental health services.



### What is life on a psychiatric ward like?

Like any hospital ward, a psychiatric ward has a particular routine. You will find day-to-day life easier once you know what it is.

#### Food and drink

Mealtimes are an important feature of the routine. Most wards will not provide a cooked breakfast, but lunch and the evening meal should be substantial. As the evening meal is often quite early, some wards will also offer a supper of tea and biscuits nearer bedtime. On some wards, you will have access to the kitchen area and be able to make drinks. A water cooler will often be available. You may find you feel very hungry and thirsty. This may be because there's not a great deal to do on admission wards, and so there's little other distraction. But it could also be to do with the medication you're taking, because some of them stimulate appetite. Most medications give you a dry mouth. If you like, you could ask friends and relatives to bring in extra food and drink for you.

#### Observation

One aspect of nursing care is to observe patients and, in this respect, observation is going on all the time. But it's possible that you will be put on special observation, particularly in the first few days of your stay. This means that a nurse, who should be the same gender as you, will stay with you wherever you go, to see that you don't come to any harm.

Special observation can be quite unsettling. You should be informed that you are under observation, and should feel free to talk to staff about it.

### **Leaving the ward**

In the first few days, staff may discourage you from leaving the ward or may ask you to wait until a nurse can escort you. They will usually lift this restriction once they know you better and are satisfied about your safety. You can request a walk or a breath of fresh air, under staff escort. On many admission wards, the doors are kept locked some, or all, of the time. This doesn't mean you can't go out, but you will have to find a nurse to unlock the doors.

If you are going out for a long time, or are visiting home, you will be expected to tell staff. They may ask you to return by a certain time. You will have to obtain special permission, if you want to stay away from the ward overnight.

### **Medication**

It's usual for almost every patient on the ward to be taking medication. As a rule, it's given out after meals and again at around ten o'clock at night. Medication affects different people in different ways, but it can often make them feel restless or sleepy. Be aware that it can have negative as well as positive effects, and report any unpleasant symptoms you notice, immediately. Don't rely on nurses noticing these for you.

Talk to the nursing staff about your medication and ask them anything you want to know about it. Although senior nurses will often be very knowledgeable about medication, be prepared to ask for further information, if you need to. Booklets about your medication may be available on the ward. Tell your psychiatrist if you have any concerns about the medicines you're taking, or ask to speak to the pharmacist.

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### Night time

Getting back into a good sleeping pattern is an important part of recovery. As a result, night staff will encourage you to go to bed at a reasonable time. You may find that you wake up after two or three hours, even with medication. If you get up and sit in the day rooms, the night staff will probably try to get you to go back to bed. If staying up is the best option for you, and you find their attitude unhelpful, you can take the matter up with the ward manager, on the following day.

### Safety and privacy

There could be more than 30 people on the ward, altogether. Some may be feeling very distressed, and could be very withdrawn or very active. The dormitory areas will be for women only or men only, and there may be other women-only areas. If you don't feel safe, or another patient is annoying or harassing you, tell the staff immediately. Don't think you have to put up with it because you are on a psychiatric ward.

You may have your own sleeping room, where you can go to be alone. Otherwise, it may be difficult to get away from other people. Your ward will have a quiet room. Sometimes it will be a special room, sometimes a room that has other uses. Make sure you know where it is and how to gain access, if it's not open all the time. There may be other rooms in the unit you can use, once you can leave the ward.

### Money and benefits

You will need money to make telephone calls and buy items from the shops. If you have brought in a lot of money, you can deposit it in a patient's bank, bearing in mind that you will only be able to take it out at certain times. It's not a good idea to carry too much money around with you.

Nursing staff should give you the forms you need to claim sickness benefit, but if not, ask for them. A benefits expert will be available to help you make a claim, but you may have to book an appointment and wait for a few days. You could ask your advocate to help you (see p. 9). Remember that benefits take time to come through. If you have absolutely no money and can't get hold of any, your ward may have a special fund from which you may be able to borrow a small amount.

### Special needs

The hospital should cater for your special needs. These may concern religious practice (a prayer room, for instance), diet, or your need for interpretation, signing, or special toilet or bathing facilities. It's possible that the ward may not be able to provide for your individual needs, or will not provide them immediately. But don't be afraid to make your requirements known, and tell staff if they are not being adequately met.

### Complaints

If you are unhappy about your care and treatment, you should tell the staff. If that does not resolve the problem, there is a formal complaints procedure you can use. Staff should explain what you have to do. The Patient Advice Liaison Service (PALS) can also help you, and you can get information and support from the hospital's advocacy service, which will usually be independent. It may take some time to investigate your complaint.

### What is a ward round?

This is an important weekly meeting between you and the team looking after you, to discuss your progress and future care. In a psychiatric ward, you will be seen in a meeting room.



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Usually, your consultant will take the ward round, and this could be the only time you see him or her. It's one of the key points in the weekly routine, because decisions are being taken about you. The team will discuss your needs between themselves, but will usually invite you to talk to them too. The psychiatrist will interview you, but the other team members may, or may not, say anything.

The meeting can be very intimidating. There could be a number of people present, perhaps as many as six or seven, and you may not have met them all before. Don't be afraid to ask them to introduce themselves. It's a good idea to prepare a list of things you want to say, in advance. Ask your advocate to accompany you, if you think it will help to put your points across (see p. 9).



### **How can I make best use of my stay?**

An admission ward has a range of resources to help you recover. Remember that staff members are there to help you. Although you may have to wait until they are available, make as much use of them as you can. As well as nurses, there are psychologists, occupational therapists and social workers whose input may help.

You will have to make choices about your future while you are in hospital. Make sure you have the information and support you need to make good choices.

You will have a named nurse who is particularly responsible for you during your stay, and a deputy to work with you when your named nurse is off-duty. If you have important things you want to discuss, it may be best to approach these nurses first, but don't feel you can only talk to them.

You may see a psychologist to discuss your difficulties. They often offer talking treatments, either in the form of individual counselling or in a group. You may agree, together, to have regular meetings during your admission.

### **Care plan**

During your stay in hospital, you should be involved in the development of your written care plan. This outlines your care and treatment, and names one person who will be your care co-ordinator. If you want support in meetings where the plan is being discussed, you can invite a relative, friend or advocate.

### **Occupational therapy**

Occupational therapy (OT) includes recreational activities, arts and crafts, as well as groups on coping skills, drama therapy and on assertiveness. There will usually be a morning and afternoon session each weekday.

### **Advocacy**

You will probably have access to an advocacy service. Paid advocates are independent of mental health services and exist to help you put your point of view to staff. They can help you think through difficult issues, find information, and support you at meetings. If there is no advocacy service, you should consider getting help from friends and relatives, remembering they may have their own personal views about your care.

Other patients can be very helpful. Some of them will have been admitted before and can help you settle in. They may also have gone through similar distress and be able to talk and support you. They may have information and expertise to help you sort out your problems. Fellow patients can be just as important in helping recovery as the professional staff.

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### How will things be different if I am sectioned?

If a health professional thinks you have a mental illness that requires hospital treatment, and you refuse, you can be admitted and treated, against your will, under a section of the 1983 Mental Health Act. This is often known as 'being sectioned'.

Being sectioned usually involves an assessment before you arrive on the admission ward. This is carried out by an approved social worker (ASW), a section 12 approved doctor and a registered medical practitioner. They may not all see you at the same time. They will be asking you questions to discover your state of mind and whether you are a danger to yourself or others. They will also try to assess if there are alternatives to detaining you in hospital. Make sure you understand what is happening, and that the professionals involved know your views. Ask for someone to be with you during the assessment, if you need help to put your point of view across.

It's possible that you may be assessed in hospital after being admitted as a voluntary patient. This can happen if you decide to leave, and staff think you are at risk or pose a risk to others.

You may arrive in hospital if the police have picked you up in a public place, in distress. They can take you to a place of safety to be assessed. This can be a police station, where you may have to wait, in a cell, until the assessment team arrives. You have rights under the Police and Criminal Evidence Act (PACE).

In hospital, the admission process will be the same as for a voluntary patient. You will receive written information explaining which section of the act you are being detained under, and what it will mean to you. This is a good time to ask nursing staff questions about your rights.

In general, you should not be treated differently because you are under a section. But it does mean you can be prevented from leaving and, under certain sections, you can be treated without your consent. You also have rights and protections and can appeal against your detention. (See the series of *Mind rights guides*, details available under *Further reading*, on p. 14.) If you are unhappy about your care and treatment, there are complaints procedures and you can write to the Mental Health Act Commission. (For more information, see *Useful organisations*, on p. 13.)

You may feel angry and consider there is a stigma involved in being sectioned. You could feel you have less control over what is happening to you. You can discuss these feelings with staff and fellow patients. Remember that all staff will seek your consent to treatment and only compel you as a last resort. Although a section can last for 28 days, six months, or even longer, it can be revoked at any time.

### **What can I do if a relative or friend is admitted?**



The admission of a relative or friend will be a time of anxiety for you. He or she will have been in great distress, and you may have been worrying about them coming to harm or getting into trouble. You will probably have wondered what to do for the best. Their admission may come as a relief, but you may still want to help.

#### **Your needs**

Remember that you have needs too. There are organisations that can give you advice and information when someone you know has been admitted. (See *Useful organisations*, on p. 13.) This includes helping you look after yourself.

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### Continuing to help

Your support remains important while your relative or friend is in hospital. You are a familiar person, and will remind them of times when they do cope and enjoy life. You can provide an important link with the outside world, by phoning regularly and visiting.

When you visit, you can ask to use a private or family room rather than the dayroom or the reception areas. Your relative or friend may still be distressed, or may be restless and unable to concentrate because of the medication they are taking. Don't feel you have to stay too long on your first visits.

You will probably feel that you want to talk to the nursing staff. You may have particular worries or important information to give them. Always ask your relative or friend's permission first. Be aware that staff have to observe rules of confidentiality and may be reluctant to discuss certain issues. If your relative or friend agrees, you can ask to speak to the psychiatrist, but it may take some time to arrange this.



### How will things be different if they are sectioned?

A sectioned patient is entitled to the same sensitive care as someone who is on the ward voluntarily. But they are likely to be angry and unhappy with staff. It's worth reminding them that they still have rights and can appeal against their detention.

If you are the 'nearest relative' as defined under the 1983 Mental Health Act, you have the legal right to ask for an assessment for compulsory admission. Some sections of the Act require the approved social worker to seek agreement from the nearest relative, before compulsory admission.

If someone is detained for assessment or treatment, their nearest relative has the power to order a discharge, but the Responsible Medical Officer (RMO) can block this action.

Your relative or friend may be upset if you are actively involved in sectioning them, and you should be prepared to talk it through with them.

### **Useful organisations**

#### **Mind**

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: [www.mind.org.uk](http://www.mind.org.uk) or *Mindinfo*line on 0845 766 0163.

#### **The Manic Depression Fellowship (MDF)**

Castle Works, 21 St Georges Road, London SE1 6ES  
tel. 020 7793 2600, web: [www.mdf.org.uk](http://www.mdf.org.uk)  
Works to help people affected by manic depression

#### **Mental Health Act Commission**

Maid Marion House, 56 Hounds Gate, Nottingham NG1 6BG  
tel. 0115 943 7100, web: [www.mhac.trent.nhs.uk](http://www.mhac.trent.nhs.uk)  
Safeguarding the interests of people who have been detained

#### **Rethink Severe Mental Illness**

28 Castle Street, Kingston-upon-Thames, Surrey KT1 1SS  
advice line: 020 8974 6814, web: [www.rethink.org](http://www.rethink.org)  
Helps everyone affected by severe mental illness

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### Further reading

- The complete guide to mental health* E. Farrell (Mind/Vermillion 1997) £9.90
- From psychiatric patient to citizen: overcoming discrimination and social exclusion* L. Sayce (Macmillan 2000) £15.99
- Getting the best from your approved social worker* (Mind 2001) £1
- Going mad? Understanding mental illness* M. Corry, A. Tubridy (Newleaf 2001) £8.99
- How to cope as a carer* (Mind 2003) £1
- How to help someone who is suicidal* (Mind 2002) £1
- How to rebuild your life after breakdown* (Mind 2000) £1
- How to recognise the early signs of mental distress* (Mind 2002) £1
- Making sense of antidepressants* (Mind 2002) £3.50
- Making sense of antipsychotics* (major tranquillisers) (Mind 2003) £3.50
- Making sense of cognitive behaviour therapy* (Mind 2001) £3.50
- Making sense of electroconvulsive therapy (ECT)* (Mind 2003) £3.50
- Making sense of lithium* (Mind 2003) £3.50
- Making sense of minor tranquillisers* (Mind 2003) £3.50
- Mental Health Act 1983 – an outline guide* (Mind 2003) £1
- Mental illness: a handbook for carers* eds. R. Ramsay, C. Gerada, S. Mars, G. Szmukler (JKP 2001) £15.95
- The Mind guide to advocacy* (Mind 2000) £1
- Mind rights guide 1: civil admission to hospital* (Mind 2003) £1
- Mind rights guide 2: mental health and the police* (Mind 1995) £1
- Mind rights guide 3: consent to medical treatment* (Mind 2003) £1
- Mind rights guide 4: discharge from hospital* (Mind 2003) £1
- Mind rights guide 5: mental health and the courts* (Mind 1995) £1
- Understanding manic depression* (Mind 2003) £1
- Understanding mental illness* (Mind 2003) £1
- Understanding schizophrenia* (Mind 2003) £1
- Understanding talking treatments* (Mind 2002)
- Users' voices* D. Rose (Sainsbury Centre for Mental Health 2001) £15

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Mind does this by:

- advancing the views, needs and ambitions of people with experience of mental distress
- promoting inclusion through challenging discrimination
- influencing policy through campaigning and education
- inspiring the development of quality services which reflect expressed need and diversity
- achieving equal civil and legal rights through campaigning and education.

The values and principles which underpin Mind's work are:

**autonomy, equality, knowledge, participation and respect.**

For details of your nearest Mind association and of local services contact Mind's helpline, *MindinfoLine*: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

**This booklet was written by Peter Campbell**

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