Welcome to your magazine

Hello everyone and welcome to this very special one off My Rights magazine.

I am your editor David Gill, I am autistic and work for NHS England. We have all been working hard to bring this magazine to you so that you know your rights about restrictive practices, you might have heard it called restraint.

The next few pages will tell you what a restrictive practice is, what you and your family or carers can do if this happens and who you can talk to about this. You can read on your own, with someone on your ward, or in your family. It may help to read with someone if there is something you don't understand or want to find out more about. Some of this may be difficult to read but it is important that you know what should and shouldn't happen.

I would like to thank Geoff, Maureen, Hannah, Tendai, Natalie, Melanie and Teresa for their hard work on this magazine and a special thank you to our two young people Kya and Marshall. They have brought their own experience from their time in hospital to this magazine and have worked hard with us from start to finish. They will say hello when I have finished.

I hope you enjoy and learn from this magazine. This is your magazine, this is for you. You can show it to people to help them understand how you feel and what you want.

David

Welcome to your magazine

Marshall
Hello, my name is Marshall and I am one of the people who created this restrictive practice magazine for young people in hospital. I was asked to be part of this project because I have been kept in hospital as well, so I know how you might be feeling in hospital.

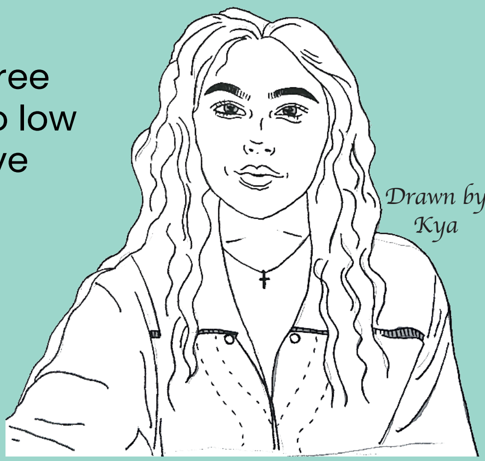
I hope the magazine will help you not feel that you are on your own and that you have got support if you need it.

Read the information carefully so you know your rights and how to speak up for yourself, like appealing against your section.

I hope that you will find this magazine helpful through your journey in hospital and that you continue to make a full recovery in the community.

Kya
My name is Kya and I have been in three mental health hospitals, including two low secures as well as collecting a massive unicorn collection (including a giant unicorn named Colin!).

I experienced a lot of restrictive practice and some of this wasn't always right.


Drawn by Kya

This is why I wanted to help create this magazine so people like me and you know our rights, what's wrong and what to do if something isn't fair.

What young people who have been in a mental health hospital say restrictive practice is

"...when people take things away or don't let you go to places, to help you keep safe"

"...it's when people are restricted from things that they normally have in their home"

"...not being allowed your own things like your phone or other things that are yours"

"...about other people deciding what is safe for you"

"...other people choosing what room you are in or who you spend time with"

"...stops you being able to do everyday things"

"...when you might be moved to a different hospital or a different ward"

"...you might have to take medication you are not happy taking or feel you don't need"

What do you want to say about restrictive practices?

What is restrictive practice?

Restrictive practices should only be used to stop you from hurting yourself or others.

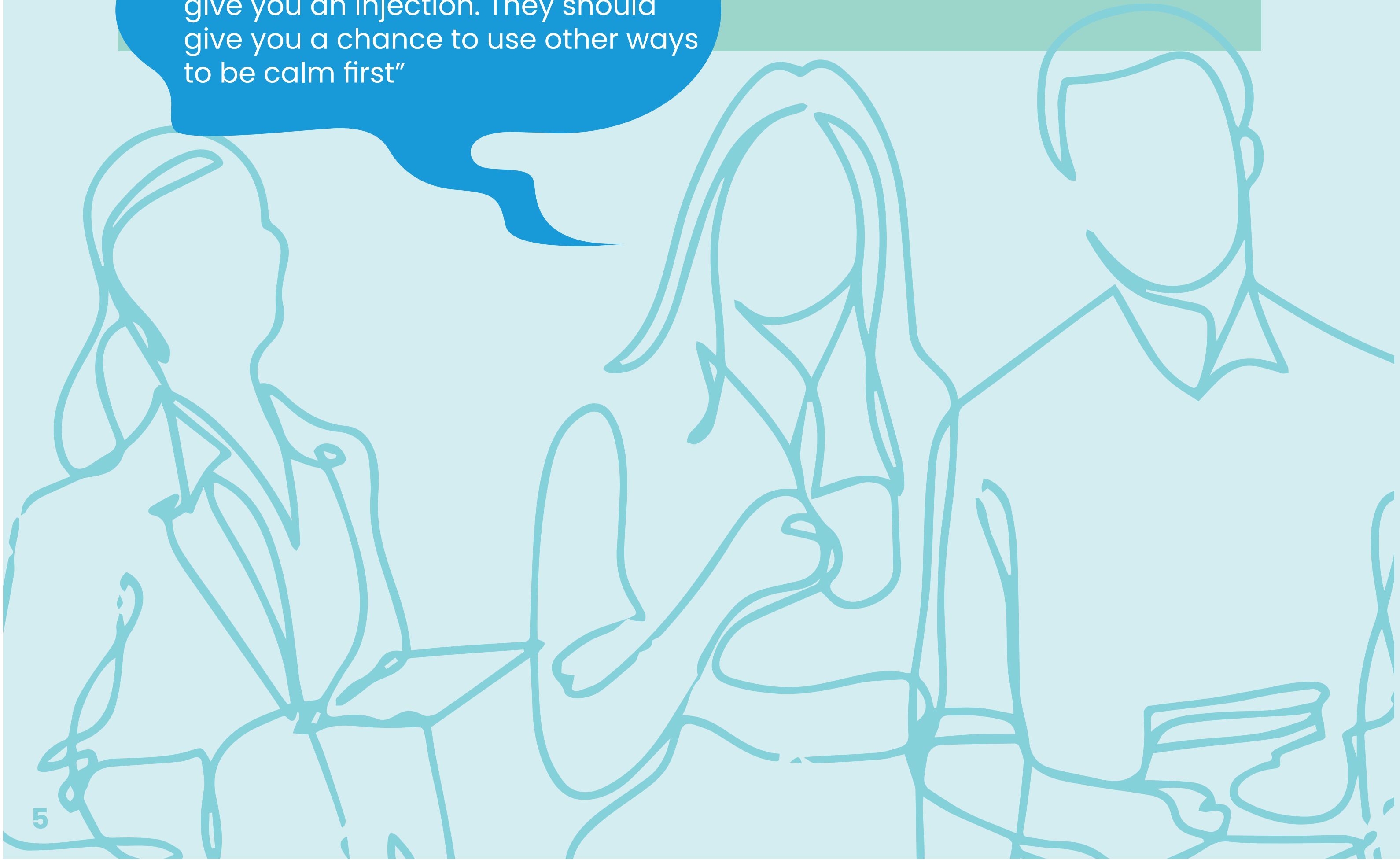
Not all hospitals work in the same way. Which restrictive practices are used will depend on where you are and if they are needed to keep you or others safe.

Restrictive practices should always be a last resort. Staff should try and use other things to keep you safe first.

Other ways to help you stay safe and feel calm could be playing cards, time in a sensory room or garden. They need to find out what works best for YOU. This should be written in your care plan. The care plan is very important and we will talk about this again in this magazine (have a look at the article on page number 15).

Restrictive practices should never be used to punish people.

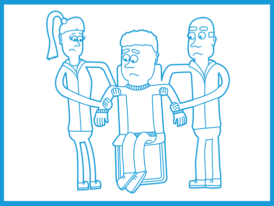
"They have to explain before they give you an injection. They should give you a chance to use other ways to be calm first"



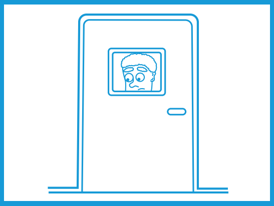
Types of restrictions

> **“segregation will be different on each unit, ask the staff about what it looks like where you are”**

Physical: Where someone is held to stop them from moving and from hurting themselves or other people.



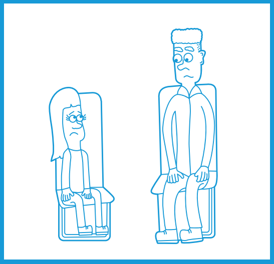
Environmental: Keeping doors to units, rooms or cupboards locked. This might also mean a person having to stay in a different room or away from people (called segregation, seclusion or isolation).



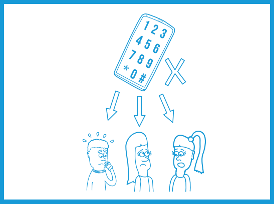
Equipment: When people use something to hold the person down such as restraint or safety pod.

Chemical: When medication is used to help calm a person. This might be called PRN, intra muscular injection (IM) or tranquiliser.

Observation: Someone sitting with or near the person to watch them and check they are safe. This is sometimes called 1 to 1 or 2 to 1 (arm’s length or eyesight), Obs (general observation). In some units, cameras may be used to do this. Staff should tell you if cameras are being used in this way.



Blanket restrictions: A restriction for everyone on the unit. There is more about this in the next article.



> **“there are lots of different types of observation – ask the staff, if you are not sure what type you are on”**

What are blanket restrictions?

Blanket restrictions are rules and restrictions that everyone on the unit has to follow.

Some blanket restrictions are needed because they are the law
“why can’t I smoke on the unit?” There is a law that says you can’t smoke under the age of 16. There is a law that no one is allowed to smoke inside places where people work

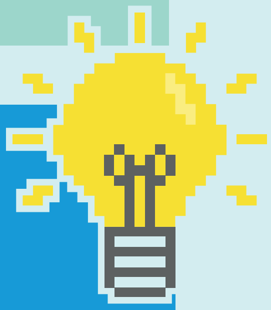
Some blanket restrictions need to be there to keep people safe
“why are the knives and forks locked away?” Some people on the unit might try and hurt themselves with them so the staff need to know where the knives and forks are at all times

Some blanket restrictions can feel unfair
“It’s not risky for me to use my mobile phone, so why can’t I use it?”
“other people put on weight so they made a rule that we all could only have certain snacks at certain times and on certain days. It wasn’t fair”
“the staff wanted us to be in bed by 11pm”

You have rights

- Ask why the restriction is there, staff should explain
- Tell someone if you feel a blanket restriction or rule is unfair
- Staff should work with you to see if the blanket restriction can be changed

> **“There was a blanket restriction about salt. I don’t know why it was there. We used to play cards for salt and trade salt. I don’t know what staff would’ve done if I said it wasn’t fair”**



Top tip

Some blanket restrictions have to stay in place for everyone. Some might be able to be changed for you.

It is important to talk to people about how you feel about the blanket restrictions, so if they can be changed you can work with the staff on this.

Good questions to ask about rules and restrictions

Staff should be able to answer these questions.

If you're not happy with the answers you could talk to someone else you trust – such as your advocate, family, solicitor or care coordinator

What rules do I have to follow?

What restrictions do you plan to use with me?

What is the reason for this rule?

Is this rule or restriction just for me, or is it for everyone?

What other ways can we try to help me be safe instead of this rule or restriction?

How long do I have to follow this rule or restriction for?

When can I stop having to follow this rule? What needs to change?

Mental health hospitals should regularly check the rules and restrictions to make sure they are still safe and fair. You can ask 'when was this rule last reviewed?'

Top tip

There will be a ward round where you can talk to people about your restrictions and ask for any restrictions to be changed. If you feel a restriction is unfair, you can talk about it there.

How restrictions should be used

When a person is really struggling, they might try to do something to hurt themselves or others, or they might find it harder to keep themselves safe. Restrictive practices should only be used to help you stay safe when you are really struggling.

Staff should always try other ways of helping you before using restrictive practice.

Before using restrictive practice staff should get to know you.
How do you want to be supported when you get upset?
What things help you to feel safe and stop you from being upset?

What's the plan?
Staff need to have a clear plan of how they will use restrictive practice with you. This should be part of your care plan.

Your plan must :

- be up to date and be written with you
- include all the ways that help you to keep safe, before a restrictive practice is used
- start with less or smaller restrictions first and be clear about why and how restrictive practice will be used
- protect your human rights

You and everyone who supports you should know what is in your care plan

Have you seen your plan?

You could ask someone like your named nurse or advocate to help you check if your plan has all these things

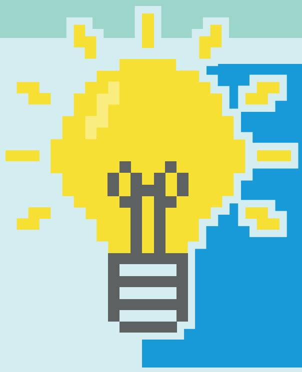
Kya says: "Your care plan should have things in it you want. Some care plans say things like 'I' in them, but they have not been written by the person. They are not the person's words, they are the staffs words. This is not ok!"

"when are restrictions okay? When they are in my care plan!"

How restrictions should be used

When a restriction is used staff should always follow the plan. Staff should help you think about how you feel and what you think could have been done differently to change things in the future.

Restrictions might also be used in an emergency if you or other people are in immediate danger of getting hurt. If this happens, staff should still use all the things they know about you and follow your plan as best as they can.



Top tip

"They should not be used a lot and there are strict rules about using them. If you feel the rules have not been followed, tell someone you trust"

"when staff worked with me to manage restrictions it really helped me"

"When I was transferred to a CAMHS (Children and Adolescent Mental Health Service) unit the staff put all my things into one room. They started to bring more and more of my things into my own room, so I was not overwhelmed with them all at once. They did this with me. They explained how I could speak to them about how I feel. By talking to staff I could say when I felt overwhelmed, and the staff could help me with the things in my room so I did not self harm"

"when staff shared the risk with my family, things started to get better"

Positive risk taking

Positive risk taking is about having a chance to live without certain restrictions, to see how it feels and how you cope.

It needs to be carefully planned with you and the people who support you, so that it feels safe.

People should be able to take positive risks.

Without a chance for positive risk taking leaving hospital can feel hard

"when I came out of hospital I felt institutionalised. I felt anxious about having things like batteries and sharp knives around me because I hadn't been allowed them near me in hospital. I felt anxious being on my own because I had got used to having lots of people with me on one to one"

A story about how positive risk taking helped a young person with discharge

"When I was younger I was on a PICU (Psychiatric Intensive Care Unit) and was hoping to leave to live in supported living. The company providing the support asked if I could be given unescorted leave to see how I managed and keep safe. At the time I was restricted and not really allowed unescorted leave. But it was important I did this so I was able to leave hospital. I was very proud of myself to be able to show I can do things on my own and be safe. I went to Tesco, went to the local pond and sometimes just stayed in the hospital grounds. It felt ok. After I had done this a few times the provider accepted me and I was able to leave hospital!"

Positive risk taking

Positive risk taking works best when you and everyone who supports you works together

- everyone has a chance to say what they are worried about and what they think might go wrong (this is called a risk assessment)
- everyone agrees a plan of what to do to reduce the chance of things going wrong
- everyone agrees the best way to support you to take the risks

“My experience of mental health hospitals was not good. I was always being told that my risks were increasing, which meant I was restricted more.

It wasn’t working. So what worked was when the professionals shared the risk with my family. The staff started to support me to go on home leave. The staff didn’t think this would really work, but stuck with it. They worked more closely with me and my family, which is what really helped.

At home my family took positive risks with my environment, so given access to sharp things and objects I was restricted to in hospital.

It has taken a long time to get used to normal objects again and not see them as something I can self harm with. There’s a long way to go for me, I’m getting there!”

Top tip

You could ask your named nurse about positive risk taking. It could be talked about at your next meeting.

The law and your rights about restrictions

Everyone has human rights. Everyone's human rights should be respected by others.There are laws in this country to protect people from being treated badly. They tell us what should happen.

Here are some of the most important laws about rules and restrictions in hospitals.

The Human Rights Act (article 8) says that

- If I am safe I should be allowed to move about freely where I am being cared for
- I should be able to see my family and friends
- I should be able to make choices for myself and have the things I like with me

"The laws say what people can or cannot do to control my life"

The Use of Force Act is a law about how restrictions should and should not be used. All mental health hospitals must make sure they follow this law

"Even though you are in hospital, you are still entitled to the same rights as other people"

The Mental Health Act is about how people with mental health needs should be treated and their rights. There are lots of different sections in the Mental Health Act. If someone says you're being sectioned, they mean they are using that part of the law to keep you in the hospital. Some people will be in hospital on a section. Other people will be in hospital as voluntary. If you are on a section, it is important to know what section. You have different rights on each section and if you are voluntary. If you're not sure, ask someone to explain.

Top tip

If you want to find out more about the law and your rights, talk to your solicitor or advocate.

You could also ask your named nurse or someone else you trust.

"One time when I was on a voluntary placement in hospital I had to have an IM when I became really distressed, but because I was there voluntary I was not supposed to be forced to have an IM or be restrained.

My mum was worried about this and she spoke to someone at the hospital to sort it out"

The law and your rights about restrictions - pat downs

This is an example of where you might want to speak up about your rights:

A pat down is when staff ask you to hold your arms out and then check to make sure you don’t have things in your pockets or under your clothes which you are not allowed in the ward. These things might be called contraband.

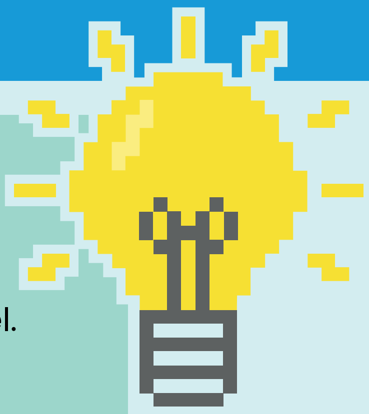
There are rules to say how a pat down should be done, but each ward might be different. It is a good idea to ask someone to explain to you the rules in your ward.

Things staff should do :

- **explain** to you **why** they have to do a pat down
- **ask** you if you **give consent** to a pat down (ask if you agree to having a pat down)
- ask if you want a **man or a woman** to do the pat down
- **use the backs of their hands** to check you
- make sure there **are at least 2 people** there
- make sure it only takes **about 2 minutes**

You might be asked to take your shoes off.
They might use a metal detector to check for metal objects.

If you feel worried about having a pat down, tell the staff and ask them to help you feel more comfortable about it. You could tell them what things make you feel especially stressed or uncomfortable. Ask them to find other ways to do the pat down that are better or more comfortable for you.



Top tip

If it doesn’t feel right, it isn’t right. Speak up about it.

Tell the person who is doing the pat down how you feel.

Tell someone else you trust.

Understanding YOU

Being in mental health hospital should be about helping you. To do this, people need to understand you really well.

They should :

- **get to know you** – find out what things are important to you, what things make life feel harder or easier for you
- **listen to you** about what helps you to feel safe
- **work with you** to find other ways of keeping you safe before they use a restrictive practice
- **follow what it says in your care plan** to help you if you become stressed or struggle to control your emotions

It's important to speak up and tell people how you feel and what is important to you

- **I love my hoodies** "On some units people are not allowed to wear a hoodie. This might be because staff are worried people might hurt themselves with them. Wearing a hoodie is really important to me. It helps me to feel safe. It helps me to block out noise and bright light. If wearing a hoodie is really important to you then tell staff. Explain to staff why it is important to you. Staff can help you think of other things instead of a hoodie that can help you feel safe. I wasn't allowed to wear a hoodie on my unit so I wore a beanie hat instead. It wasn't as good as a hoodie, but it did help"

- **Sensory needs** - Lots of people find certain smells, noises, feel of materials especially challenging to them. These are called sensory needs. The more staff know about your sensory needs, the more they can help you. Tell them about the things that stress you and the things that help you feel calm and safe. The occupational therapist could do an assessment to help you and other people better understand your sensory needs and the best ways people can help you.

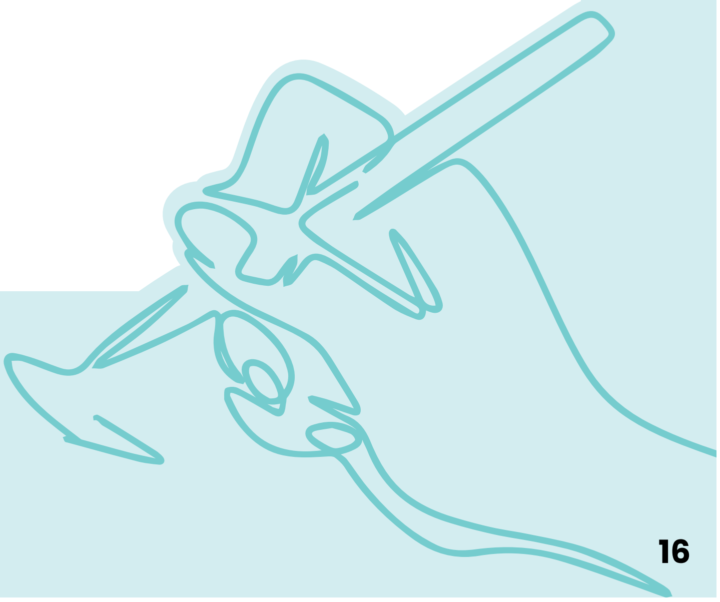
"When I am upset and distressed and needing my PRN I sometimes shout loudly. Some staff tell me to stop shouting. This doesn't help.

What I need instead is someone I trust to talk to me and help me calm down. Sometimes this does happen, but it depends, there might be different staff on duty who don't know me as well"

You could use this space to doodle or write about the things that are especially important to you

Top tip

"Not everything suits everyone. It's like mindfulness – it really works for some people, but I found it frustrating and annoying. If staff are asking you to do things that they think will help you, but it isn't working, tell them"



Getting the best from your meetings

When you are in hospital there will be lots of meetings about your needs, care and plans for when you leave.

- **Ward review** (ward round)
- **Care Education and Treatment Reviews** (CETR)
- **Care Programme Approach** (CPA) meetings
- **Multidisciplinary team** (MDT) meetings (sometimes these include you and sometimes they are just for the professionals working with you)
- **Tribunals and hearings** (only if you are on a section under the Mental Health Act)

These meetings are your chance to say what you want, how you feel and to speak up about your rights. So it’s really important to go to them, if you feel able to.

They usually include lots of people talking about you and your needs. This can make it feel very hard for some people.

If you don’t feel able to go to one of your meetings, ask someone else to go to the meeting for you.

- Who would you choose? Your named nurse? Advocate? Family? Solicitor? Someone else you trust?
- Before the meeting, agree with that person what you want them to say for you and what you want them to ask
- It’s also good to agree how they will tell you what happens at the meeting

“Prepare well for your meetings so you can say what you are struggling with and what you need. Talk to staff. Tell them what helps. Keep talking!”

People will write reports about you for meetings like CETR and tribunals

It might be hard to read and have things in it you don’t agree with or don’t like. Ask someone to help you with this before the meeting.

Getting the best from your meetings

Top tips to get the best from your meetings

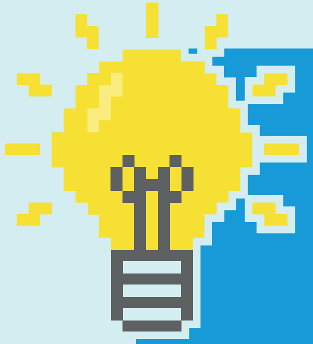
Before you go to the meeting :

- you have a right to see any information that will be talked about at the meeting. It is a good idea to ask someone to help you look at this before so you can think what you want to say about them
- plan what you want to say and what questions you want to ask. You might want to write it down to help you remember
- choose who is going to support you and what they are going to do
- ask them to be ready to say the things you want to say if you don't feel able to speak at the meeting
- do you want them to write down what people say at the meeting to help you remember?
- if you feel you need to leave the meeting, do you want them to stay and speak for you?

At the meeting

Think about what will help you feel more comfortable in the meeting:

- you can ask for breaks
- you can take a favourite item to help you such as a fidget spinner
- take your list of things you want to say and ask
- it is good to ask questions in the meeting
- sit next to the person supporting you so they can help you



Top tip

If you have any worries or questions after the meeting, talk to someone. They should help you and answer your questions.

"It can be really stressful going to meetings about you and your life.

Do something fun after the meeting, if you are able to go out for a walk or do something else that makes you happy"

If it doesn't feel right – speak up about it

Staff want to support you and get it right for you. Sometimes they don't get it right.

This might be because they have made a mistake or have not listened to you properly.

If restrictions are not done properly, they can cause harm to people. They can make people feel worse.

These questions can help you think about all the different restrictions you might experience in hospital.

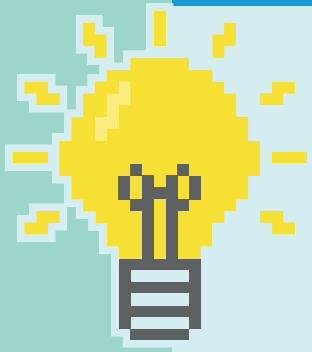
If the answer is **yes** to any of these questions – **tell someone**

- Does it go on for too long?
- Does it hurt?
- Does it feel like too big a restriction?
- Does it feel like a punishment?
- Does it feel like you've had too many things taken away from you?
- Does it make you feel more stressed or anxious?

Top tip

Remember restrictive practice includes all the things we talk about on page 6.

You could use these questions to have a conversation with staff about how you are restricted.



If the answer is **no** to any of these questions – **tell someone**

- Do the staff explain to you what is happening and why?
- Do you have a say in what restrictions are used and how they are used?
- Do you have a chance to say how you feel about the restrictions?
- Do staff listen to your views?

If it doesn't feel right – speak up about it

A time when a restriction didn't feel right...

"When I came back from A&E into my room, they had taken my pictures down from my wall. It was a shock. Staff didn't warn me and didn't seem to think about how it might make me feel"

"It would make me feel very sleepy, like a zombie.

I was constantly tired"

Sometimes medication can feel like a restriction. Ask what your medication is for. You can also ask what alternatives you could have instead of long term medication. If you are on a section tell your second opinion doctor. It's their job to check you are on the right medication.

If you want to challenge a restriction or if it doesn't feel right

1. Tell one of the staff on the unit

It is good to tell the staff, so they know how you are feeling and can work with you to try and get it right.

2. Tell someone else you trust such as your family or advocate.

3. Tell your commissioner or care-coordinator

You should know who they are and be able to speak to them easily. It is part of their job to check you are getting good care.

4. Talk about it in your meetings like the ward round and your CETR.

5. Make a complaint

You have a right to be told how to complain about hospital. Your advocate, someone else you trust or the PALS service can help you with this.

6. If you are on a section under the Mental Health Act

- Talk about it at your tribunal (you should have been told your rights about tribunals. If you want to find out more ask your named nurse or solicitor or someone else you trust)
- Tell the Care Quality Commission (CQC). They must look into complaints made by people who are on a section under the Mental Health Act. They expect hospitals to use restrictive practices in the right way

Top tip

Page 36 has a space for all the phone numbers or contact details you need to get in touch with these people.

Things to help you challenge restrictions

Get support

It can feel hard to speak up about restrictions. It is good to have someone to help you to do this. Who would you choose to help you?

Look at the people on page 36.

Plan what to say

These questions can help you.

- What feels wrong about the restriction?
- What could staff do differently to make it feel better for you?
- What ways do you feel the staff could help you to keep safe instead of the restriction?
- What other things could staff do to help you when you are feeling overwhelmed or stressed?

Know your rights

There is lots of information about your rights in this magazine, especially on page 13.

It is also good to ask your advocate, solicitor and named nurse about your rights.

All about mental health tribunals

If you are detained under a section of the Mental Health Act, you have the right to apply to the mental health tribunal to ask to be discharged from your section.

What is a mental health tribunal?

The tribunal is a meeting where a group of people consider whether you can be discharged from hospital. They are called the panel.

The panel are:

- a judge (who manages the hearing)
- a tribunal doctor (who is a psychiatrist) and
- a specialist lay member (who knows about the care of mental health patients)

The people on the panel are independent to the hospital.
This means they are not part of the team who are looking after you.

Who can help me with a mental health tribunal?

Hospital staff should help you to understand what happens at mental health tribunals

You have a right to a solicitor and an IMHA (an Independent Mental Health Advocate). They are specially trained to help you find out your rights under the Mental Health Act. They help you say what you want to say at the tribunal.

The hospital should give you the details of local solicitors. You could ask your family, carer or IMHA to help you choose a solicitor from this list or from somewhere else.

If you choose to go to your tribunal, you can ask for someone else to be there to help you such as your family or carer.

All about mental health tribunals

When should I apply for a mental health tribunal?

When you can apply to the tribunal depends on the section that has been used to detain you.

Hospital staff should explain and give you information about how and when you can apply to the tribunal.

You can also ask your solicitor or Independent Mental Health Advocate (IMHA).

Some people find that tribunals are stressful. You may want to have a chat with your advocate or someone else you trust about whether an application is right for you.

What should I do to get ready for my tribunal?

It is important to speak to your solicitor and anyone who will be supporting you with your tribunal.

They should help you plan what you want to say. They should remind you about your rights and what will happen at the tribunal.

Your tribunal is a good time to speak up about how you feel about the restrictions that are used with you.

> “A tribunal can help and it is your meeting. Try not to get your hopes up. My first tribunal was rubbish. They just said I needed to go to a different hospital. At my second one it was decided I could go home. I had a good solicitor the second time. I was able to go into the community with my mum and never had any incidents”

Everyone has a right to feel safe in hospital

The staff are trained to help people keep safe and feel safe.

What makes a person feel safe will be different for each person...

...headphones

...chance to listen to music

..chance to talk to my family

...space away from other people who overwhelm me

...my hoodie

....having a plan of what will be happening each day

...friends

What helps you to feel safe?

Tell the staff about these things. It is an important part of their job to help you feel safe.

Everyone has a right to feel safe in hospital

What if you feel unsafe?

Different things can make people feel unsafe.

Things other people on the unit do or say

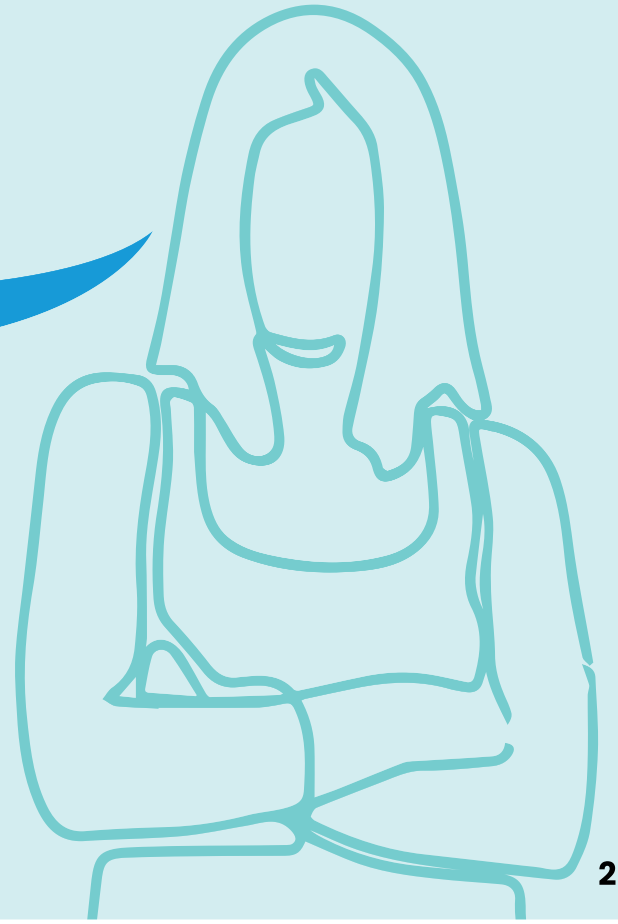
Things staff do or say

Things you see or hear

If you feel unsafe, tell the staff how you are feeling. You can also tell someone else you trust.

They should work with you to find ways to help you feel safe.

“When I was feeling unsafe about the other people on the unit, I talked to my nurse and she helped me. We worked out together what I could do”



Safeguarding

Safeguarding is about:

- keeping people safe from harm and abuse
- protecting people's health, wellbeing and human rights
- people and organisations working together to prevent abuse and neglect
- how we all respond to people who are worried about their own or somebody else's safety

Every hospital must have a policy about how they do safeguarding. If you want to find out more, ask the staff about it. There should be information about safeguarding that is written in a way for everyone to understand.

It is important to tell one of the staff on the unit if :

- **you are being hurt or harmed by someone, or**
- **you are worried about someone else being hurt or harmed**

They must listen to you and act on what you say. They should talk to you about what might happen next.

If you don't feel able to tell one of the staff, tell someone else you trust.

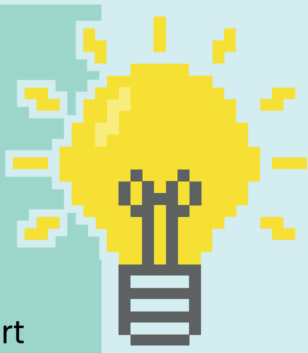
Every area has a MASH (Multi Agency Safeguarding Hub).

MASH is a team of professionals whose job is to help anyone who is concerned about a child or young person's safety. They look at any concerns and work together to find the best ways to help keep the child or young person safe. Remember you have got the number for the MASH in your area on page 37.

> "Sometimes when incidents have happened to me, safeguarding has been involved, but a lot of the time the staff just help me to sort things out"

Top tip

When the hospital work out what to do about a safeguarding concern, they should try and make sure that the person who has been hurt doesn't end up being the one moved or being more restricted. If it feels unfair, tell someone.



Respecting your faith and beliefs

Just because you are in hospital and there may be lots of restrictions, **you should still be able to practice your faith.**

Tell the staff about the things you do to practice your faith. They should help you find the best ways to keep doing these while you are in hospital. They should include these things in your care plan.

- If you can't go to your usual place of worship, the hospital should offer other places for you. Every hospital should have a multi-faith room
- You should be able to follow the routines or practices that you usually do in line with your faith. For example, washing your hands and feet, praying at certain times or wearing something to cover your head
- The hospital should provide food that respects your beliefs. For example, Kosher, Halal or vegetarian
- How restrictions are used need to respect your faith. For example, whether a male or female staff do a pat down with you (there's more about pat downs on page 14)

> "When I was in hospital we weren't allowed long fabric or scarves, so the staff needed to help someone who wore a hijab to find alternatives or look to see if the rule could be changed for that person"

Respecting your faith and beliefs

For some people, their faith and beliefs help them to feel safe and to cope with challenges, like feeling overwhelmed or being in hospital

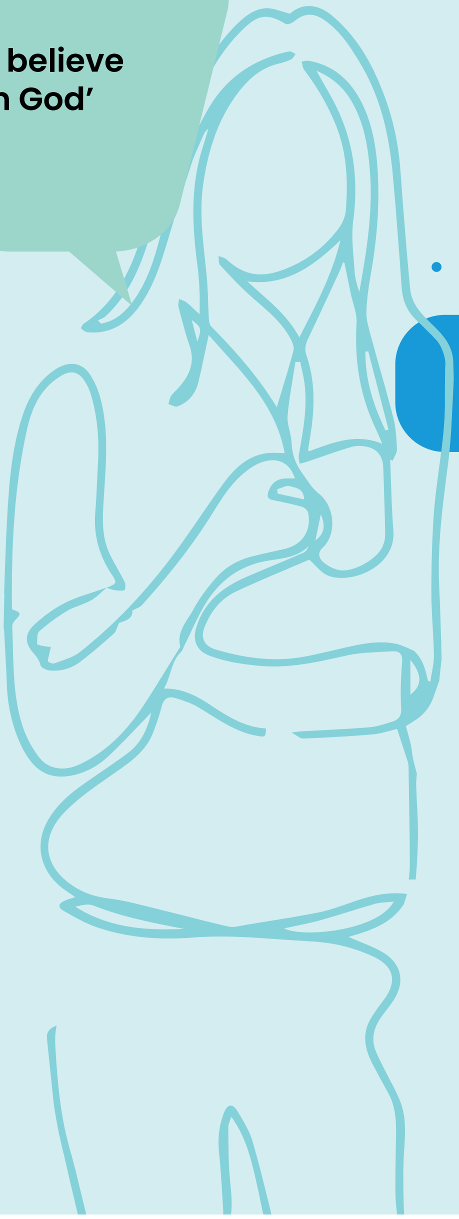
Talk to the staff about your faith and beliefs, if you :

- want help to maintain your faith and beliefs
- feel you are being restricted from practicing your faith whilst in hospital
- have questions about your faith
- want to explore different faiths and beliefs

Every unit has a duty to support each young person with their religious or spiritual needs. The unit might have a spiritual adviser. They might find someone outside of the unit to also help you with this.

Top tip

Faith isn't just about religion. You might have other beliefs that are important to you.



The Human Rights Act (article 9) includes everyone having the right to follow their religion or belief.

Your right to an education

Just because you are in hospital and there may be lots of restrictions, you should still have access to education.

Even if you can't go to your usual school or college, you should still be supported to carry on with your studies.

All mental health hospitals for children and young people should have an education unit where people can have lessons. The staff who work in the education unit should:

- Find out the best ways to help you with your education
- Find out from your school or college what lessons or homework you could be doing in hospital
- Find out about any help you need with reading, writing and communicating
- Tell you about different places and ways you can learn in hospital
- Plan with you the best ways to help you keep learning while you are in hospital

If you are not able to go to the education unit, the staff should work with you to plan other ways for you to keep learning.

When you are leaving hospital, you should also get help finding your way back into education.

Some restrictions might carry on into school or college. There should be a plan about how these will work.

Top tip

Remember the 'E' in the CETR is for education. There must be a plan about how people can help you to keep learning in hospital and when you leave.

'Talk to people about what you want to learn and what help you need'

The Human Rights Act (article 2) says no one should be denied the right to an education.

What words mean

a list of words you might hear in hospital

CETR (Care Education and Treatment Review) A meeting with your family and professionals to check the support you are getting now and to plan what support you may need to live well in your community. It includes where you will live and how you will get your education.

Care plan A document about your health and social care needs. It should include who will provide your care, what type of care you need and how you will be supported.

CPA (Care Programme Approach) Used to assess your needs and then plan and review your care. This includes your care plan and plans for you to leave hospital. It is the job of your care coordinator to make sure that the care plan is put in place. The CPA care plan is reviewed at a meeting called a CPA review.

Contraband Things that are banned on units.

De-escalation Helping someone who is feeling angry, upset or stressed so that the situation doesn't get worse.

IM A type of injection

Pat down Staff touching your clothes to check if you are carrying something that is not allowed.

PICU (Psychiatric Intensive Care Unit) A ward that provides mental health care, assessment and treatment.

PRN Medication that you only take sometimes if you need it such as if you feel particularly stressed or if you are in pain.

Safeguarding Is about keeping people safe from harm or abuse. (There is more about safeguarding on page 27)

Safety pod A chair designed to stop the person from moving and to keep them safe.

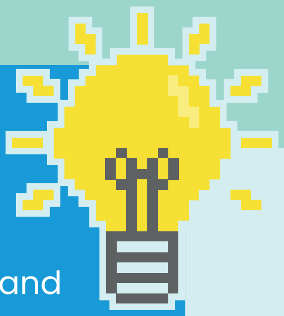
Seclusion Also known as segregation or isolation, this is a type of restriction, when a person has to stay in a different room or away from other people.

What words mean

a list of words you might hear in hospital

Section When people say section, they are talking about different parts of the Mental Health Act. Sections give powers for restrictions to be put in place such as when you are allowed to leave the hospital.

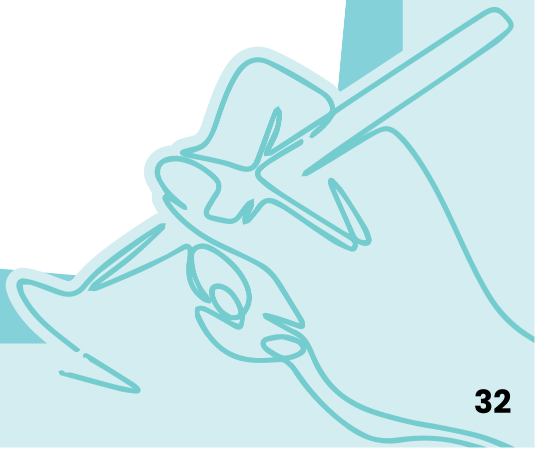
Tribunal An independent panel of people who can make a decision on whether you should stay in hospital or not.



Top tip

If you are not sure what words mean

- Ask someone you trust to help you understand them
- You can use this space to write down other words and what they mean



People you might meet or hear about while you are in hospital

How many of these people have you met? If you haven't met them, you could ask to see them

Commissioner

Pays for the service where you are staying. They should make sure you are getting the right support and treatment you need. They must visit the hospital you are in frequently (for children it is every six weeks). They should come and see you when they do this. The commissioner arranges and sometimes chairs your CETR.

Care coordinator

Organises the care for you in the community. They should visit you while you are in hospital and check that the plans for your treatment and care are working. Your care coordinator is someone who should know you well and is involved in your care such as your psychologist or social worker.

Social worker

Works with you and your family to assess what support you need. They sort out the funding and organise the care and support to meet your needs.

Solicitor

Is trained about the law. If you are on a section, they can help with your tribunals and any legal rights that you are entitled to.

Advocate

Helps you to think about what you want and know about your rights. They help you to ask questions and tell other people what you want, for example, in meetings or to make a complaint. They can speak up for you if you don't feel able to do it yourself.

IMHA (Independent Mental Health Advocate)

Is a specialist advocate for people who are detained under the Mental Health Act. They are specially trained to help you find out about your rights under the Mental Health Act. They help you speak up for your rights.

MDT (Multi-Disciplinary Team)

There will be lots of people doing different jobs to look after you such as doctors, social workers and psychologists. The MDT is when they all work together. They will do things like assessments that need to be done while you are in hospital and they will think about the best ways to support you.

SOAD (Second Opinion Appointed Doctor)

Meets you and checks if you are on the right medication and that you are not being given too much medication (over medicated). If you are on certain medication or on a section, you must have a second opinion appointed doctor.

SALT (Speech And Language Therapist)

Provides treatment, support and care for you if you have difficulties with communication, or with eating, drinking and swallowing.

OT (Occupational Therapist)

Provides support, training and equipment that you might need to do daily activities. They will also plan activities such as cooking and art sessions and help plan home visits. They might also do assessments about your sensory needs and any help you might need at home.

People you might meet or hear about while you are in hospital

If you are not sure what somebody's job is, it is a good idea to ask them

Family therapist

Helps you and your family to make sense of difficult periods and problems you might be having. The family therapist can help find ways for everyone to work together. This can include all family members such as brothers, sisters and grandparents.

Support worker

Helps you with daily living such as looking after yourself, laundry and meals. They can help you when you are upset. They can support you to do things for yourself and with things like going into the garden and activities you like to do. They are often the people who do observations to help keep you safe.

Named nurse

Every young person has a nurse who is responsible for their assessments and care plans. Your named nurse should get to know your needs and wishes. They can be a really good person for you to talk to if you have any questions or concerns.

Spiritual adviser

Some people are religious, some people have spiritual beliefs. A spiritual adviser can help you think more about this if you want to (have a look at page 28 to find out more about this).

Ward activity facilitator

Helps plan daily activities for everyone on the unit. They should tell you about what is planned each day.

MASH (Multi Agency Safeguarding Hub)

Safeguarding is about keeping you safe from harm or abuse. MASH is a team of professionals whose job is to help anyone who is concerned about a child or young person's safety. They look at any concerns and work together to find the best ways to help keep you safe.

PALS (Patient Advice and Liaison Service)

Every hospital should have a PALS service. They will try and answer your questions and listen to any concerns you have about the hospital or how you are treated. They can also tell you how to complain.

CQC (Care Quality Commission)

Are responsible for checking hospitals, care homes and other services. They check lots of things including that staff are well trained, kind and change the way they work to get it right for each person. CQC give a rating for each place they check. They also look at things that shouldn't have happened such as serious incidents on the ward. You can ask to see the rating for the hospital or unit where you are staying.

You can tell CQC if something has happened in the hospital that you feel shouldn't have happened.
CQC phone number : 03000 61 61 61

Other

On the unit, you might also see reception staff, ward clerks and cleaners.

If you are not sure what somebody's job is, it is a good idea to ask them

Doodle your hand

Human rights
Life
Love
Safety
Education
Freedom
Hope
Equality

folding it over, licking the fold and then tearing it out

People who support you

This page is for you to add the names of the people whose jobs are to help you when you are in hospital. There is space for you to write their telephone number or other ways you can contact them.

If you don't know the name or how to contact any of them, ask the staff or someone else you trust to help you find out.

My commissioner is

I contact them by

My advocate is

I contact them by

My psychologist is

I contact them by

My named nurse is

I contact them by

My support worker is

I contact them by

My named nurse is

I contact them by

My care coordinator is

I contact them by

Other

I contact them by

Marshall says:
“keep this information safe and remember it is these people’s jobs to get your care right for YOU, so it is good for you to ask them questions and tell them what you want and how you feel”

If something has happened to you in hospital that doesn’t feel right, tell someone. You could tell your advocate, solicitor, commissioner or someone else you trust.

You can also tell:

- CQC (Care Quality Commission) – phone number : 03000 61 61 61
- MASH (Multi Agency Safeguarding Hub)
- PALS (Patient Advice and Liaison Service)

The person I trust most to tell me about things is

The person I want to help me speak up in meetings is

folding it over, licking the fold and then tearing it out