

National guide about Acute mental health inpatient services for adults with a learning disability and autistic adults

Acute mental health inpatient services are for people with a serious mental health need who need to be in hospital







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This guide is about services for adults who have a learning disability and autistic adults who are over eighteen years old.



It explains how the NHS will offer acute mental health inpatient care to adults to treat serious mental health needs.



There are other guides that you can also read which are about mental health services. These include:



Acute inpatient mental health care for adults and older adults



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Meeting autistic people's needs in mental health services.

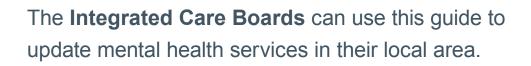


Integrated Care Boards plan and pay for acute mental health services.

National guide about Acute mental health inpatient services for adults with a learning disability and autistic adults

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easy, read





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This document explains what should happen when an adult needs to go to an acute mental health hospital.



These services should be co-produced by people with lived experience and their families.



The services include skilled teams who provide treatment and support.



Someone should not stay in an acute mental health hospital for any longer than they need to.



Acute mental health inpatient care



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This guide is about two different types of acute mental health inpatient hospitals.



The first type is **general** acute mental health hospitals. These are for adults who needs to go to hospital because of their serious mental health needs



By law **reasonable adjustments** should be made for anyone who needs them to use **general** acute mental health hospitals.



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The second type is acute mental health inpatient care that is **just** for adults with a learning disability and autistic adults.





This inpatient care is for adults:

- who need the support of an acute mental health hospital for adults with a learning disability and autistic adults
- who cannot use a general acute mental health hospital because it is not possible to make enough reasonable adjustments.





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In this section we look at the ways a good acute mental health inpatient service should be run. These are also known as **principles**.



These principles apply to both types of acute mental health hospitals.





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People in a mental health hospital should be treated fairly and as individuals



It is hard for some groups of people to access health care and treatment as easily as other people.

This is sometimes called health inequality.



Teams in hospitals should work to make sure that access to health care and treatment is fair.





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Some of the things that the teams should think about include a person's:



• religion or faith



• culture





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race

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• disability or condition



• gender





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People should only go to hospital when they need to



There should be good community services to support people with their mental health needs.



These services make sure people **only** go into hospital:

when they need it





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• when they cannot safely be supported in the community.



Services in the community could include:

• training for families



• a choice of short breaks





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choice about where someone lives ٠

skilled care organisations ٠

- Mental health services which make reasonable • adjustments for people





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Community health teams including intensive support teams



Intensive support teams support adults with a learning disability and autistic people who behave in a way that challenges others.





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Services should work together



Services should work together to plan a person's care.



Teams in acute mental health hospitals should work closely with community services including:



health





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• education



care



housing services





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Teams in acute mental health hospitals should work closely with local organisations:



• during a person's hospital stay



• after they leave hospital.





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Principles: The best way to run a service



Teams in the community should be able to work with the person in hospital.



This could be a care organisation, or a health team which is called **in-reach**.



In reach means the team who supports a person at home can also support them at hospital, along with hospital staff.



Hospital staff should be able to work with the community teams when the person leaves hospital.

This is called **out-reach**.

planning to leave hospital





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Having teams that do **in-reach** and **out-reach** is important because:



• the person is supported by the same people.

- teams can share skills and knowledge.





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People should be supported in general acute mental health hospitals where possible



Most people can be supported in **general** acute mental health hospitals with reasonable adjustments which could mean:



changing the care and treatment someone gets





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• making changes to the hospital ward or grounds



• changes to the staff team



Reasonable adjustments should be in a person's care and support plan and be on the digital flag system.



Staff should have training on reasonable adjustments.





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A hospital stay should make people get better



A person should get the right care and treatment in a place that helps them to get better.



People with a learning disability and autistic people should only go to a mental health hospital when they have serious mental health needs.





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A hospital stay should take place at the right time and should be local



When a person needs acute mental health inpatient care it should be:





• available as soon as they need it



• at a mental health hospital close to where they live.





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A hospital stay should be as short as possible



When assessment or treatment can only be provided at hospital, a person should not stay any longer than they need to.

NHS England



NHS England checks how many adults and older people stay at acute mental health inpatient services for:

more than 60 days

Ninety days



more than 90 days.





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Plans to leave hospital should be well made/long lasting



When a person does not need care or treatment in hospital, they should have a date before they are ready to go.



A person should write a care and support plan with someone they trust and:



housing services





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• local support services.



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It is important that the team in both types of acute mental health hospital are skilled at:



 supporting adults with a learning disability and autistic adults



• supporting people with a mental health need.



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NHS staff who plan and pay for services should make sure there is a wide range of different staff. The team should also include a mix of skills such as:





- Peer support workers
- Registered Mental Health Nurses
- Art therapists
- Social Workers
- Health Care Assistants
- Learning Disability Nurses



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- Physiotherapists.
- An occupational therapist or OT
- Speech and language therapists



All acute mental health hospitals should employ experts by experience such as:

- · adults with a learning disability
- autistic adults



• family carers.





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peer support



checking if services are good

- training or employing staff.





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There are guides on how many staff should be in an acute mental health team.



A key document to read is the National Quality Board guidance on Safe Staffing.

This is not an Easy Read document.



All staff should get lots of training.







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There will be different numbers and types of staff in the two types of inpatient mental health services.



Acute mental health hospitals that are **only** for adults with a learning disability or autistic adults will have a team which is different to a general acute mental health hospital



The team should have a lot of experience supporting adults with a learning disability and autistic adults such as:



Learning disability nurses





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• Speech and Language Therapists



• Occupational Therapists.



In general acute mental health hospitals these three roles might be **in reach**.



Inpatient services just for adults with a learning disability and autistic adults should include these three roles in their core staff team.





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The Health and Care Act says that staff who support adults with a learning disability and autistic adults must get the right training.





NHS England offers training for teams. This includes:

Oliver McGowan mandatory training that all staff
must complete by law

Read the Easy Read document about the training



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• Care (Education) and Treatment Review or CETR training.



Click here to read the Easy Read document about CETR





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Being in hospital can be upsetting for some people, for example if they are affected by lighting, noise and smells.



People should be able to have their say about how hospitals are designed.



General adult wards should be built and designed using advice and information from:



NHS England





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Department of Health & Social Care • NDTi – National Development Team for Inclusion

• Department of Health and Social Care

- THE SPACE FRANCEWORK
- the SPACE framework a way to meet the needs of autistic people in healthcare places



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Using this advice means making sure that the lighting, noise and smells on a hospital ward do not upset people.



Everyone should have their own bedroom, ideally with its own bathroom.



Hospital signs should be clear.



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Communication should be suitable for the person.

For example, Easy Read or audio.



There should be a quiet area where people can go to get away from noise, lights and talking.



People should also be able to go outside.



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The ward should remind people of home so they can choose their own cushions, posters, paintings or plants.



The ward should be safe and should not stop people from doing too many things like:

• opening their own mail



• having visitors.





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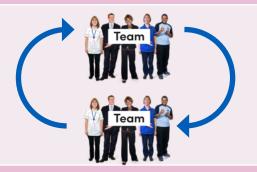
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Where possible these services should be next to a **general** acute adult mental health hospital.



When this happens teams from the two hospitals can work closely together and share skills.



Here are a few examples of what should be available in the hospital:



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Areas where people can mix with other people and socialise.



Areas where people can change things, for example, the heating or lighting.



Private areas where people can see their family or carers or spend time with their pets.



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People who are living on their own must be able to see and talk to other people from outside the hospital.

People may be supported in a **single person environment**.

This means people could have their own:

- bedroom
- lounge or living area
- bathroom.

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When a person goes into hospital the care and treatment they get:

• should meet their mental health needs



• should help them to get better.



Local teams might work with hospital staff in the general mental health hospital, to make the right reasonable adjustments for people.

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This might mean thinking about a person's different support needs and communication needs.



It also means understanding:

how a person shows emotion



• how they prefer to meet other people.



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The five good communication standards by the Royal College of Speech Therapists should be followed. <u>Click here to read five good communication standards</u>

This document is not in Easy Read.



National Institute for Health and Care Excellence NHS England and NICE - the National Institute for Health and Care Excellence - also have different guides for:

- people with a learning disability
- autistic people





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Here is the link to the NICE guide about autistic adults with mental disorders



Here is the link to the NICE <u>guide about managing</u> <u>mental health problems in people with a learning</u> <u>disability</u>





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People should leave hospital when they are ready.

This is also called **Clinically Ready For Discharge**.



This means the person does not need any more care or treatment at hospital.



The person might still need support, but it could be provided outside of hospital.

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Hospital Discharge Plan

The plan for a person to leave hospital should start before they go into hospital.



This will make sure they do not spend any longer in hospital than they need to.



The planning should include:

• why the person is going into hospital





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• when they will be ready to go home.



Planning should include the person's housing, health, social care and education needs.



The **Personalised Care and Support Plan** should be shared with the GP and other professionals so that the person gets good support.





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The **12-point discharge plan** should also be used to write a personal discharge plan.



There is more information about the **12-point discharge plan** in the Easy Read Care Education and Treatment Reviews.



Click here for the Easy Read Care Education and Treatment Review.





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When planning for someone to leave hospital the local teams should be able to work with hospital staff.



A local team could be a community health team like an intensive support team, or it could be a care organisation.



This is important as the person will see the same team when they leave hospital.