

HOSPITAL DIVISION

CARERS LEAFLET



INPATIENT WARDS



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Introduction

What is a crisis?

In mental health, a 'crisis' refers to a time when an individual may need an additional and intensive period of support to manage their mental health needs.

Hospital Division (Inpatient wards, MHCAS, HBPOS, and Liaison Services)

When a person is in a 'crisis' they may require services within Camden and Islington's Hospital Division. These include; Liaison Services at Emergency Departments, Inpatient Wards, Mental Health Crisis Assessment Service (MHCAS), and Health Based Place of Safety (HBPOS).

These services aim to provide assessment and treatment in the least restrictive setting, while taking into consideration the individual's needs.

The service user will be discharged back to their specialist community service or GP following an episode completion.

What is a carer and what are carer rights?

The word 'carer' refers to a friend, relative or partner of a service user. A carer may provide practical or emotional support to the service user. They may or may not live with the service user.

As a carer, you have legal rights and entitlements.

- The Care Act 2014 recognises the equal importance of supporting carers and the people they care for.
- The Care Act gives carers the right to receive support from their local authority if they have eligible needs. You can get this support through a carer's assessment.
- If you care for someone, you have a legal right to have your caring needs assessed.
- A carer's assessment is undertaken by your local authority and should look at all your needs. This includes the things you would like to be able to do in your daily life. Your needs should be written down in a support plan.
- You can get a personal budget and direct payments from the local authority to pay for services.

Confidentiality and information sharing during crisis episodes

The Hospital Division recognises the importance of information sharing between service users, professionals and yourselves.

Service users must consent to information being shared with you. Sometimes, service users may decide to share different types of information. For example, they may choose to share information about their diagnosis and care plan with you but not more sensitive, personal information. It can be upsetting and worrying when service users decide to withhold information from you. The Hospital Division aims to

support you during these times. Clinical teams will be ready to focus on aspects of care which specifically relate to you (e.g. overnight leave from hospital if you live with the service user). Clinical staff within the Hospital Division have a duty of care to disclose any appropriate risk information with you following a risk assessment.

All Hospital Division services welcome information provided by you. You can provide 'third party information' which is kept confidential and not disclosed to service users. Service users cannot prevent clinical staff from receiving information from carers.

Top tips for sharing information between you and staff:

- Share your views on your own needs as well as the services users
- Inform the clinical team of the areas of care you wish to be involved in
- Always state if you want anything you say to be kept confidential
- If you wish to discuss issues or concerns with senior staff, please ask for this. Appointments with senior staff may need to be booked in advance. Any written information provided by the carer in advance of discussion is welcome.

What can I do to support the service user?

It can be difficult to know how best to support an individual during times of crisis, especially if you see the individual experiencing acute distress, self-harm, extreme changes in behaviour or suicidal thoughts.

Here are some key things to keep in mind during this time:

- Mental health charities can provide information on how best to support individuals, however, unfortunately there is a 'no size fits all' rule
- It might be useful to note the helpful and not so helpful approaches you have already tried in supporting the individual
- Sometimes, it is valuable to understand the individual's diagnosis and how mental health problems affects them
- Keep a note of medication, changes to treatment and any questions you may have for the professionals
- Sometimes keeping a diary of all appointments and meetings can be helpful
- When possible, encourage the individual to continue to do shared daily activities with you

What can I do to support myself?

Crisis episodes can be a very difficult period for carers. Sometimes the crisis episode has been building and carers can already be exhausted by the time services intervene. Carers can then be faced with a variety of emotions during these times such as worry, relief, guilt and sadness.

During these times it is essential that you look after your own health and wellbeing. Often carers report that their main priority is the service user and their own needs can be neglected.

Here are some key things to keep in mind during this time:

- Try to eat regularly and exercise when you have the opportunity
- Monitor your sleep and ensure you have enough rest
- Try to give some time to yourself to do things you enjoy
- Balance your daily activities and cut down on non-essential tasks
- Seek support from friends, family or join a local support group
- If you begin to feel low, you can speak to your GP. Talking therapies are also available via your GP
- Do not put too much pressure on yourself
- If you don't feel safe with the person you care for, or if they have hurt you, tell a health or social care professional

The Inpatient Wards in Camden and Islington

There are 16 Hospital Division inpatient wards which offer assessment and treatment for adults (aged 18 +) who experience a range of acute mental health problems. These include 2 psychiatric intensive care units, 9 treatment wards, 3 rehabilitation wards and 2 older adults wards.

Ward name	Type	Gender	Location
Amber	Acute Additional Support Ward	Mixed (with designated female space)	Highgate Mental Health Centre
Coral	Psychiatric Intensive Care Unit	Male only	Highgate Mental Health Centre
Dunkley	Treatment Ward	Female only	The Huntley Centre
Emerald	Treatment Ward	Male only	Highgate Mental Health Centre
Garnet	Older Adults Ward	Mixed (with designated female space)	Highgate Mental Health Centre
Jade	Treatment Ward	Male only	Highgate Mental Health Centre
Laffan	Treatment Ward	Male only	The Huntley Centre
Malachite	Rehabilitation and Recovery Ward	Mixed (with designated female space)	Highgate Mental Health Centre
Montague	Rehabilitation and Recovery Ward	Mixed (with designated female space)	Ash House
Pearl	Older Adults Ward	Mixed (with designated female space)	Highgate Mental Health Centre
Opal	Treatment Ward	Male only	Highgate Mental Health Centre

Rosewood	Treatment Ward	Female only	The Huntley Centre
Ruby	Psychiatric Intensive Care Unit	Female only	Highgate Mental Health Centre
Sapphire	Treatment Ward	Female only	The Huntley Centre
Sutherland	High Dependency Rehabilitation and Recovery Ward	Male only	Ash House
Topaz	Treatment Ward	Female only	Highgate Mental Health Centre

Coming into hospital

Voluntary ('informal') admission

An individual can be admitted to one of the inpatient wards on a 'voluntary' basis. This means the individual has agreed or requested to go to hospital and does not require 'sectioning'. These patients are not detained under the Mental Health Act. There are no restrictions on voluntary patient's leave and individuals are able to discharge themselves if they decide to do so. When a patient is voluntary they can also refuse treatment.

Community Treatment Orders (CTOs)

Sometimes, service users are admitted to hospital if they break a condition of their CTO. A CTO means that service users have to keep to certain conditions and treatments in the community (i.e. use of medication). If service users do not adhere to the conditions or become unwell then they will be brought back into hospital for up to 72-hours whilst a plan is made. An individual can be then placed on section. This is known as the CTO being 'revoked'.

Sectioning

An individual can also be admitted to one of the inpatient wards under 'section'. This means the individual is taken into hospital under the Mental Health Act, 1983 (MHA). The MHA is a law which allows an individual to be treated in hospital against their wishes. Individuals are usually sectioned if their own health and safety are at risk or to protect others. This will be assessed by a team of professionals. Sectioning will only be used when necessary as it can be an upsetting time for both the patient and carer.

There are different types of sections and all sections are regularly reviewed by the clinical team. The most frequently used sections are on the next page.

Section	What the section is?	How long does the section last and what are the implications?
2	<p>An individual is detained if they:</p> <ul style="list-style-type: none"> • Have a ‘mental disorder’ • Require time for assessment and treatment • Require detention for their health/safety or for the protection of others 	<p>Up to 28 days</p> <p>The section cannot normally be extended</p> <p>An individual can assess to see if a section 3 is needed</p> <p>Leave has to be granted by the Responsible Clinician (RC)</p>
3	<p>An individual is detained if they:</p> <ul style="list-style-type: none"> • Have a ‘mental disorder’ • Require detention for their health/safety or for the protection of others • Require treatment which cannot be given unless in hospital <p>‘Appropriate treatment’ has to be available for the individual in hospital</p>	<p>Up to six months</p> <p>The section can be renewed or extended by the RC:</p> <ul style="list-style-type: none"> • For six months first and second time • After that for 12 month periods. There is no limit on the amount of time a section can be renewed. <p>The RC can discharge an individual before the sections ends</p> <p>Leave has to be granted by the RC</p>
4	<p>An individual is detained if they:</p> <ul style="list-style-type: none"> • Have a ‘mental disorder’ • Require admission however waiting for a second doctor to confirm would cause ‘undesirable delay’ • Require detention for their health/safety or for the protection of others • Require treatment which cannot be given unless in hospital 	<p>Up to 72 hours</p>

Coming into hospital cont'd...

If an individual is admitted under the MHA, a leaflet explaining the patient's rights will be provided upon admission. You can also request a copy of this for your own information.

What happens when a patient disagrees with their section?

If a sectioned patient disagrees with being in hospital there are three ways in which they can seek discharge from a section:

Mental Health Tribunal

Tribunals are special courts which deal with cases relating to the MHA (1983). The tribunal decide whether a patient can be discharged from their section. The tribunal also make recommendation to care such as hospital leave or after care. The tribunal panel usually includes a lay person, an independent psychiatrist and a legally qualified chairperson. The panel is independent from the hospital. If the patient is on section 2 and wants a tribunal this has to be requested within the first 14 days.

The hospital managers

This is similar to the tribunal hearing but is made up of an independent panel of mental health professionals in the Trust. This hearing can make important decisions such as discharge plans.

Nearest relative

The nearest relative can request to discharge a patient. This however can be overridden by the responsible clinician.

What is the role of the nearest relative?

You may be the nearest relative for the patient. The 'nearest relative' is a legal term used within the MHA. It is not the same as 'next of kin'. If a patient does not feel that their nearest relative is the right person for the role they can apply to the County Court to have them removed.

The nearest relative role functions include:

- To request an assessment which can help decide whether the individual should be sectioned
- To object to the section
- To request that the individual be discharged from hospital
- To ask for an independent advocate to support the patient
- To be given information

What should I take into hospital for the patient?

Sometimes a patient has little time to think about what to take into hospital. You could offer to bring in some useful items such as:

- Extra clothes
- Night clothes
- Toiletries
- Enjoyable activities (e.g. books/music)
- Mobile phone (all phone chargers are kept in the nursing office, and mobile phones are charged in the office when needed)



If a patient takes a high value item into hospital this should be locked in a secure place on the ward (typically the nursing station).

For risk and safety reasons patients are not allowed alcohol or drugs, any medication that is not prescribed by the ward team, lighters/ matches, glass jars or bottles, weapons or any sharp or dangerous objects. Cameras and recording equipment are not permitted due to patient confidentiality. Ward staff are required to search all patient property for any objects which may cause harm

Who are the clinical team on an Inpatient Ward?

Each inpatient ward is made up of a multidisciplinary team (MDT) consisting of a variety of professionals. These are:

Nurses – Primary, Associate and Allocated Nurses

Trained mental health nurses work on each ward. Nursing staff are responsible for meeting with individuals to review their health and anything they might need on that day. Each ward shift is coordinated by a Registered Nurse.

Ward Manager

The Ward Manager is the most senior nurse in charge of running the Inpatient Ward. The Ward Manager mainly works 9am-5pm.

Health Care Practitioners (HCPs), Graduate Mental Health Workers, Trainee Nursing Associates, Student Nurses and Apprentices

The delivery of nursing care is supported by a team of additional workers and professionals in training who also provide care with mentoring and supervision by registered professionals.

Psychologists and CAPs

Clinical and Counselling Psychologists have doctorate level training in psychological assessments, formulations, individual and group therapies. CAPs (Clinical Associates in Psychology) are a new clinician role, who are trained to

Masters level in structured psychological interventions. Our Psychology team work across the Hospital, with each psychologist and CAP working across two or three wards. Psychology referrals are determined by the ward multidisciplinary team and/or service user requests, based on clinical priority. Psychologists and CAPs provide assessment and focused individual and group interventions and family/careers meetings, to support discharge from hospital.

Psychologists and CAPs can also refer to the most appropriate psychological services in the community upon discharge.

Psychiatrists and Doctors

Psychiatrists are medical doctors who have undergone additional training to specialise in the treatment of mental health problems. The Consultant Psychiatrist is the most senior psychiatrist and is clinically responsible for the overall care, treatment, leave and discharge of all individuals on the ward. Sometimes the Consultant Psychiatrist is referred to as the 'Responsible Clinician'. The Consultant also supervises a team of

'Specialty Training' and 'Core Trainee' doctors on the ward. These are doctors who are currently undergoing the additional psychiatric training.

Occupational Therapists and Activity Workers

Occupational Therapists (OTs) work with people to help them carry out activities that they need or want to do in order to manage daily life. If you are referred to OT, they will talk to you about your interests, daily routine and

any difficulties. They will work with you to agree a plan to help you achieve your goals with moving on from hospital.

OTs, Arts therapists and support staff provide a therapeutic off ward group programme, offering opportunities to learn new skills or practice existing ones. They can also help link you with useful community resources. Activities take place on the ward, in the OT department and in the local community and may be individual or group.

What interventions will the patient receive while they are in hospital?

All patients admitted onto the In-patient Ward will have a care plan. This outlines the planned treatment an individual will receive whilst in hospital. It is important for the clinical team to get input from patients and carers about what they would like included in the care plan. All patient should have a copy of their own care plan.

Some of the treatments available on the wards are:

Medication

Medication is usually part of a patient's care plan. The medication may be administered at different times during the day dependent on an individual's needs. For further information on medication please ask the ward team to provide leaflets and discuss in

care planning meetings.

Psychological interventions

A range of psychological interventions are delivered on the wards to promote well-being and facilitate recovery. When appropriate and depending on availability there are also a number of psychology groups which take place.

Activities

A range of group and individual activities are run daily on the ward by the ward Activity Worker and other staff. Patients will be asked about activity choices in the weekly community meeting and can also talk to the activity worker at any other time. Timetables are on the ward notice boards.

Occupational therapy

A range of one to one and group

occupational therapy interventions are offered to

support patients with everyday tasks and activities.

One-to-ones

Ward teams offer regular one-to-one talking times for patients. This allows patients to reflect on current circumstances and make sense of their difficulties

Community meetings

Each ward has a weekly community meeting which provides a space for patients to feed back any comments and concerns to the ward staff and management.

Observations

Observations are designed to reduce the risk of harm to patients. At times, staff may decide that for the safety of a patient or others, an increased level of observation is required. This process will be explained to patients

Different levels of observation include:

Type of observation	Meaning
General Observation	All patients are checked at hourly intervals
Intermittent	Regular intervals of observations
Arm's length	distance of the patient
Within eyesight	The patient should be visible to staff observing (therefore close enough to respond immediately)

Spiritual support

Meeting the spiritual needs of patients is important. Church of England and Muslim chaplains visit the wards regularly and are happy to speak to patients about matters of faith. A Jewish Chaplain is also available.

Benefits support

The hospital provides a specialist welfare advisor to support service users and carers with benefit advice. All referrals are processed through the Discharge Facilitation Team.

Smoking cessation support

Camden and Islington is a no smoking Foundation Trust. Smoking is not permitted anywhere on the ward or hospital grounds. Nursing staff are not permitted to assist patients in smoking. Smoking cessation support is offered on all the wards.

What are care planning meetings and should I attend?

Care planning meetings are held weekly. The care planning meeting includes the Consultant, wardstaff and if appropriate, community professionals (e.g. the patient's care coordinator). The care planning meeting aims to develop care plans and move patients towards discharge.

Care planning meeting can sometimes feel daunting for both carers and patients. Patients can be supported in care planning meeting by advocate service who is independent from those providing their care.

You are welcome and encouraged to attend care planning meeting if the patient agrees. If the care planning meeting times are unclear or if you need to attend at a specific time during the week please telephone the ward. You can also request to speak to staff on a 1-1 basis if necessary before a care planning meeting.

Practical information about the ward

When are meal times?

Breakfast 08.15 - 08.45

Lunch 12:30 – 13:30

Dinner 17.30 – 18.30

Every Saturday: brunch at 11.30

If patients are unable to do so, please inform staff of any dietary requirements (e.g. vegetarian, halal, Caribbean or kosher meals).

Please feel free to bring food to the ward for the patient or to go out for food together if appropriate. Patients are able to order takeaway and ward staff can provide menus.



Practical information cont'd...

What are the visiting arrangements and safety procedures on the ward?

Each ward encourages patients to have visitors and to maintain contact with their friends and family.

Visiting hours are:

- Monday - Friday: 16:00 – 20:00
- Weekends and Bank Holidays: 14:00 – 20:00



If you wish to visit someone outside of visiting times please arrange this with staff prior to your visit.

Please inform staff when you arrive on the ward.

Male visitors are not allowed to enter the female only area of the ward. If you wish to use a private room please inform staff, who will attempt to provide a room if available.

The safety of the patients, visitors and staff is essential. Staff may supervise visits and visitors may be asked to consent to being searched on entry to the ward. Sometimes, visitors may be refused entry if they behave in an abusive or threatening way, or seek to bring banned items such as drugs onto the ward (please see items to bring into hospital section). This would be discussed with the visitor.

People under the age of 16 are not permitted onto the ward. If a child or young person wishes to visit a patient there are family rooms available at the Huntley Centre and Highgate Mental Health Centre which can be used. If you wish to book these rooms please contact the ward staff so that this can be arranged in advance.

If the fire alarm sounds when you are on the ward, staff will give directions immediately. The alarm sound will be continuous.

If you hear an intermittent alarm this means that staff are needed to assist on other wards.

How does hospital leave work?

Informal patients: Informal patients have the right to leave the inpatient ward at any time.

Sectioned patients: When sectioned patients are granted leave it is called 'Section 17 leave'. Patients will be granted Section 17 leave when a risk assessment has been conducted. Initially, some patients may be offered 'escorted leave' which means a staff member will accompany the patient on leave. Over time, the amount of leave granted will increase with the aim to help the patient prepare for discharge.

Sometimes carers accompany patients on leave which can help maintain usual day-to-day activities. If there are any special events which require additional leave please speak to the ward staff about having special leave granted.

What happens when the patient is discharged?

Discharge from hospital will be planned with the clinical team. If appropriate, some patients will be referred to other services within the Hospital Division.

When an individual is discharged from hospital a discharge plan will be available providing information about follow up support and who to contact in case of need.

Some discharged patients will be referred to new community teams within other divisions. These teams provide community support and follow up. Sometimes patients are allocated a care coordinator from the relevant community team. This professional acts as a key point of contact for the service user and their carers.

On occasion, patients are also referred to local voluntary organisations such as MIND.

For more information on Camden and Islington's community mental health support teams, please refer to www.candi.nhs.uk.

If you have any questions or concerns about discharge please discuss these with the ward teams.

Confidentiality and sharing information

Service user consent is sought to share confidential information with the carer.

Agreement is reached with service user about the level of information which can be shared with the carer.

If service user wishes no disclosure, staff regularly revisit this decision with the service user.

Carer is offered support and general information when the service user wishes no disclosure.

Carer is encouraged to share information re: service user to inform the assessment and treatment.

Useful contacts

How do I contact the ward?

Main Switchboard number: 020 3317 3500.

How do I get more information?

Each ward has a carer's board with information and notices. Please also feel free to speak to staff members.

Trust website

www.candi.nhs.uk

How do I raise concerns or make complaints?

You can speak directly to the ward staff or manager about any concerns or complaints you may have.

Alternatively, you can contact the Advice and Complaints Service who will try to resolve your concerns. This service is confidential and open between 9am and 5pm Monday to Friday.

Phone number: 020 3317 3117

Email address: complaints@candi.nhs.uk

Office address: Advice and Complaints Service, Camden and Islington, NHS Foundation Trust, 4 St Pancras Way, London NW1 0PE

Useful websites

www.rethink.org.uk

www.mind.org.uk

www.carersuk.org.uk

Men's Advice Line: 0808 801 0327

Solace Women's Aid: 0808 802 5565