

# Information for Carers of people admitted to hospital



Children and Families

Community Services

Mental Health

Secure Services

Specialist Services



Supporting Health and Wellbeing

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# Introduction

It can be a difficult experience to know that someone you love and care about has a mental health problem. You will need both information and support to be able to help them now that they are in hospital.

Equally our staff need to work in partnership with you. We need your commitment, expertise and experience to achieve the best results for our patients.

This booklet explains how care is delivered, how carers will be included and how your needs will be met. It includes details of where you can find further support and information.



**More detailed information about the specific ward you are visiting can be found in the ward's welcome booklet, which you will have received with this document. The welcome booklet is also available to patients and other ward visitors and contains information such as visiting and meal times, directions and items that can and cannot be taken onto the ward.**

# Useful Information

This booklet contains information that should be useful to you as a carer of someone staying on a mental health ward. If you have any questions please speak to a member of staff and they will be happy to help. Staff will also fill in details below for you:

**The ward name is:**

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**Telephone number:**

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**The Ward Sister/Charge Nurse is:**

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**Telephone number:**

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**The Deputy Ward Sister/Deputy Charge Nurse is:**

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**Telephone number:**

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**The Ward Administrator is:**

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**Telephone number:**

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**The patient's Care Coordinator is:**

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**Telephone number:**

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**The patient's Primary Nurse is:**

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**Telephone number:**

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**The patient's Consultant is:**

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**Telephone number:**

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**The Pharmacy telephone number is:**

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**The Crisis Team telephone number is:**

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Other useful contact numbers can be found on the back page of this booklet.

## Who is a carer?

In this leaflet a carer is described as someone who provides practical and emotional support to a person with a mental health problem. This could be a common condition such as depression, or one of the more severe and enduring mental illnesses such as schizophrenia, bipolar disorder or dementia.

It is important to remember that there is plenty of room for hope and optimism. Being admitted to hospital does not mean that people have to give up the life they are used to and hospital care today aims to enable people to return to normal life as soon as they are able.

## How can carers work with ward staff?

Carers are the people who really know the people they care for and your input is needed and valued by our staff.

If you have questions or concerns you can raise these with any member of staff on the ward. However it will probably be most beneficial for you to discuss matters with your cared for's primary nurse or the ward's carer lead. Please ask if you don't know who this is.



You should be able to attend any meetings about the person you care for and have someone, either a friend or advocate, to support you if you feel this would help. If a meeting is organised for a time you find difficult you can ask for it to be rearranged.

When someone is ill or distressed they may say they do not want you to be involved in their care. If this happens you can request a private meeting with any of the relevant professionals, including the Consultant. You may also find it easier to discuss matters on the phone or by letter before the meeting takes place. Staff cannot always tell you everything because of rules about patient confidentiality, but they must listen to your concerns. You can expect staff not to pass on information you have given about yourself and / or the patient. In addition, staff will not disclose your opinions to the patient if this will cause problems for you.

## Carer Assessment

Carers assessments are offered to those whose caring role impacts on their life. It is a legal requirement for carers to be offered an assessment at least once a year. This does not mean that someone is judging how good you are at looking after the person you care for. It is simply a way of making sure that your own needs are looked after.

The assessment examines ways to reduce the stress, worry and demanding workloads that many carers experience. It can be a very useful way of improving the difficult aspects of caring.

If you are not offered a carer assessment soon after the person you care for is admitted to hospital please speak to the Care Coordinator. They are also responsible for carrying out carer assessments.

## How is care organised?

Mental health care is carried out according to the 'Individual Care Coordination' process which is often called CPA (Care Programme Approach). Mental health services will assess an individual's needs, plan ways to meet these, and check that they are being met. In addition the physical health needs of the service user are assessed to provide an holistic approach to their health care.

## Recovery

The approach to mental health care is focused on recovery. This might not necessarily mean a complete cure, but rather a personal process of tackling the adverse impact of mental health problems. It involves personal development and change, a sense of involvement and control over one's life, cultivating hope and using the support available from others. An important factor in this is the collaboration between the patient, the carer and the professionals. You as a carer are a key figure in this process.

## Meetings

You will probably find yourself attending what is called either a 'review meeting', a 'CPA meeting', or a 'multidisciplinary meeting'. Multidisciplinary means all the different services that provide care for the patient, for example clinical care, social care, occupational therapy and pharmacy.

These meetings will result in a care plan being produced for the patient. Normally carers can be given a copy of this plan. If you are unhappy about anything in the plan, please discuss this with the person responsible for writing it, who is usually the Care Coordinator.

Make sure you feel comfortable enough to express your views at the meetings and do speak to the staff if this is not the case. If you need to say things that are likely to upset the patient, ask staff about the best way to do this outside of the meeting.

## Sectioned patients

Someone who has been sectioned has been detained under the Mental Health Act, either for assessment or to receive treatment for a mental disorder. This is usually under a Section 2, which allows up to 28 days for an assessment, or a Section 3, which allows up to an initial six months for treatment.

Patients detained under the Mental Health Act are referred to as 'formal' patients. Those who have not been sectioned are known as 'informal' patients.



You may be what the law considers the 'nearest relative', which is not the same as being next of kin. Being a 'nearest relative' gives you certain rights and duties; for more information about please see the contact details on page 14.

# Advice at your fingertips

# Aspects of hospital care

## Children visiting

Children (a person under the age of 18) cannot visit on the actual ward. However, there is a specific family visiting room available for young visitors. This room is booked in advance; therefore please speak with the ward staff to ensure this room can be booked for you.

## Smoking

LCFT is smoke free. There are no designated areas for patients, visitors or staff to smoke on the hospital grounds. We ask patients not to smoke whilst in hospital and encourage people to stop smoking with the support of Nicotine Replacement Therapy if required.

## Items brought onto wards

Please only bring items that the patient requires for their admission. We cannot guarantee the safe keeping of patient property or be held responsible for the loss of any items, so please do not bring in anything valuable, including jewellery. Items such as shaving equipment, prescribed medicines and phone chargers can present a risk to other patients. We ask you to check with ward staff before

leaving these items with the patient. Electrical goods that are mains operated, except those that are brand new and still packaged, have to be tested by our own electricians.

## Patient observation

Patients thought to be at particular risk may be under 'obs'. This means they will be regularly observed or checked on by ward staff. This might be at set intervals, for example every 15 minutes, every 30 minutes or every hour. This is done as unobtrusively as possible.

The Trust has four levels of observation:

**Level 1: General observation.** This is the minimum level of observation for all inpatients. Staff should know the location of all patients but not all patients need to be kept within sight.

**Level 2: Intermittent observation.** This means that the patient's location should be checked every 10 – 30 minutes, with the exact times specified in the patient's notes and strictly adhered to.

**Level 3: Within eyesight.** This is required when the patient could at any time make an attempt to harm themselves or others. It means the patient will be kept within eyesight and accessible at all times, day and night.

**Level 4: Within arms length.** This is needed for patients at the highest level of harming themselves or others, who should be supervised in close proximity.



## Daily activities

This is the programme of activities offered to patients to help them to recover and move back into the life they want in the community. Sometimes patients need to be able to focus on these without interruption, so some periods of the day might be 'protected therapeutic time' or 'quiet time'.

## Spiritual needs

Within the hospital there is a room to practice faith or just have time away from the ward to reflect and just be. The nursing staff can also arrange for someone to visit the ward from different denominations.

## Interpreters

Please ask if you need an interpreter to overcome language barriers.

## Medication

It is important that carers understand what medication is being prescribed, what it is for, and what the side effects might be. You can ask for leaflets about this or obtain information from ward or pharmacy staff.

## Discharge and home leave

Planning for discharge from hospital normally starts as soon as a person is admitted and will be discussed at meetings. If the patient is to return to live with you or is given a few days 'home leave', you will need to be in agreement with this. There should be enough notice for you to plan for this.

You should also be informed of what support is available to you, such as contact numbers for advice or in case of an emergency. A detained patient will need a Section 17 form to authorise short periods of leave from the hospital.

You should also be informed of the services



that will be provided for the patient once they have left the hospital. If the patient is being discharged but does not live with you, you should still make your views known about whether you feel this is the right thing to do.

Care plans are updated to take into account a patients' discharge and they contain a crisis / relapse plan. A follow up assessment also takes place within seven days of discharge.

In addition to the follow up assessment, patients detained under certain sections of the Mental Health Act will be offered aftercare under Section 117 of the Act. This means support will be given to help people settle back into the community and to prevent them from having to be re-admitted to a mental health ward.

# Who will I meet on the ward?

## Medical staff

### Consultant Psychiatrist

A consultant psychiatrist is a trained doctor who specialises in diagnosing and treating people with mental health problems. A psychiatrist will examine the different factors that may have contributed to a mental health problem. They have overall responsibility for assessment, care and treatment. When admitted to the ward, patients are allocated a consultant psychiatrist for the duration of their stay.

### Specialist Registrar and Registrar

Specialist registrars and registrars report to the consultant. They have more responsibility and experience than a junior doctor and are likely to be working towards becoming a consultant.

### Junior Ward Doctors

There are various junior ward doctors who will talk to patients about their mental health and feedback to the consultant and more senior doctors. They can also review any physical health problem and prescribe medication according to a treatment plan. They attend the ward throughout the day and night.



# Nursing staff

## Clinical Practitioners (East Lancashire)

The role of the Clinical Practitioner is to undertake a prompt and detailed assessment of all patients. They carry out a 24 hour screening assessment and will liaise with you and the patient's care co-ordinator. They discuss an initial treatment plan at a 72 hour review meeting with the doctor. They are also involved in ensuring that the right services are in place when patients are discharged alongside the patient's care-co-ordinator, to ensure that the transition from hospital to home is as smooth as possible.

## Matron

The Matron's role is to ensure that the patient's experience on the ward is best it can be. They also ensure that the service develops continually to improve quality of care. They are available to speak with patients and their carers and families. They ensure the 10 key standards of care are maintained, and provide clinical leadership to the wards through role modelling, coaching and supervision.

## Primary Nurses and Associate Nurses

A Primary Nurse is responsible for the nursing care of a patient during their stay. An associate nurse will also work with the patient, especially when the Primary Nurse is off-duty. Primary Nurses are sometimes referred to as Named Nurses or Key Nurses. These terms all describe the qualified Nurse specifically responsible for the patient's nursing care.

## Sister/Charge Nurse

On each ward there is a Sister/Charge Nurse who is a qualified Nurse. Their role is to deal with the day-to-day management of the ward and to ensure that patients are receiving the care that they require. Each ward also has a Deputy Sister/Charge Nurse who supports the Sister/Charge Nurse and takes charge in their absence.

## Staff Nurse

A Staff Nurse is the general name given to a qualified Nurse. A Nurse specially trained in mental health is also referred to as a Registered Mental Nurse (RMN). All the Trust's Staff Nurses are Registered Mental Nurses. At The Harbour the wards are also supported with Registered General Nurses, who assist with the recovery of physical health problems.

## Student Nurse

A Student Nurse is someone who is currently studying towards becoming a qualified nurse.

# Other people you may meet on the ward

## Advocate

An Advocate is independent of the ward and the Trust. They can listen to you and the patient in confidence. They can speak up for you if you are not happy with the services you, or the patient, are receiving. Advocates can also put you in touch with other people who are able to help you and give you support at meetings.

## Approved Mental Health Professional (AMHP)

Created in 2007, this role replaced the Approved Social Worker. Approved Mental Health Professionals can be Social Workers, Community Psychiatric Nurses, Occupational Therapists or Psychologists. They have had additional training to allow them to carry out duties under the Mental Health Act, for example the sectioning of people who need to be admitted to hospital.

## Care Coordinator

As part of the Care Programme Approach (CPA), some patients are assigned a Care Coordinator. The role of the Care Coordinator is to be the link between those using mental health services and the care team helping them. The Care Coordinator can be any member of the care team. They are the main point of contact if you have any questions or concerns.

## Carer Support Worker

Some wards have a Carer Support Worker who is a member of staff designated to work directly with carers. They may offer support for newly identified carers and signpost carers to further information and support groups. Care Coordinators also have responsibility for ensuring the involvement of carers.

## Cognitive Therapist

Cognitive Therapy is a type of talking therapy based on the idea that how we think (cognitions) affects our emotions and behaviours. Even in difficult circumstances it is often possible to learn ways of changing how we think about ourselves and our lives. Changing how we think can also change how we feel and behave. Research suggests that this therapy can often be helpful for people recovering from a range of difficulties. Patients may be referred to a cognitive therapist who may be able to help them to make sense of their difficulties, learn techniques that may help and assess whether they could benefit from a referral for further therapy following discharge.

## Dietitian

Dietitians assess the need for assistance with dietary intake, nutritional support or support to manage dietary intake if linked to a medical problem such as diabetes.

## Health and Leisure Coordinator (HLC)

The HLC is responsible for promoting meaningful physical activity, physical health and healthy living. They liaise with the care team who will complete a gym referral. The HLC will

then assess and prescribe a personal exercise programme. They also support patients who require advice in healthy living, whether it be healthy eating, weight loss, alcohol advice or smoking cessation.

## **Health and Wellbeing workers**

These staff are based on the wards along with Occupational Therapists and Therapy Assistants. They work with patients to assist with daily living skills, activities and developing occupational and vocational skills if identified as a need.

## **Independent Mental Health Advocate (IMHAs)**

Independent Mental Health Advocates, are specifically for people who are detained or 'sectioned' under the Mental Health Act. Patients can also have free help from IMHAs if they are on a supervised community treatment order, guardianship, or their treatment is subject to certain rules. IMHAs can:

- Support patients to receive information about how the Mental Health Act applies to them
- Speak to professionals to ensure a patient's views are heard
- Receive information and explanations about a patient's treatment
- Appeal against a section
- Access records relating to the patient's detention

Patients entitled to help from an IMHA can contact the service themselves, or ask someone else to do this on their behalf.

## **Occupational Therapist**

The Occupational Therapists (O.T.s) work with people to ensure that they are able to manage their daily activities and routines (occupations). These may include self-care, domestic chores, work and leisure pursuits. They work in groups and with individuals to identify any difficulties in occupation and develop treatment plans to ensure a safe and timely discharge. O.T.s also work with other staff to provide a range of enjoyable activities on and off the ward that can help improve mental health and speed up recovery.

## **Pharmacist**

A Pharmacist advises doctors on the medicines best suited to a particular patient. Pharmacists are experts in medications.

## **Physiotherapist**

Whether you have exercised regularly, or not at all, you will be encouraged to learn more about the benefits of increasing your physical activity as part of a healthy lifestyle. If you have physical problems which limit you a Physiotherapist can assess and provide advice and treatment. Groups can be accessed following screening by the Physical Health and Leisure Assistant and individual exercise programmes can be provided.

## **Podiatrist**

They are a specialist in the diagnosis and care of foot disorders, including their medical and surgical treatment.



## Psychologist

A Psychologist or Clinical Psychologist uses talking therapies to help people resolve their problems. They often use a method called Cognitive Behavioural Therapy or Psychotherapy, which both involve talking about feelings and experiences.

## Safety and Security (SAS) Worker

The safety and security worker will monitor who enters and leaves the ward. They check the safety of the ward environment and any items brought onto the ward. They are also responsible for allocating passes to patients for leave, after this has been agreed by the multi-disciplinary team.

## Shift Leader

The shift leader is a registered nurse who has been allocated by the sister/charge nurse to be the nurse in charge for that particular shift. They will co-ordinate the shift and allocate tasks according to priority and need, throughout the day.

## Social Worker

Social Workers can offer advice and support on practical matters such as day care and accommodation and can link with other services. A Psychiatric Social Worker will work with the patient and their family to offer support in both a crisis situation and in the longer term. An Approved Social Worker is an old role that has been replaced by the Approved Mental Health Professional.

## Student Professionals

You will meet students from various professions on the ward, for example, student nurses, doctors or occupational therapists. They are valued as part of the team and learn through talking to patients and carers, practice, teaching and experience.

## Support Worker

A Support Worker works with the nurses and other healthcare professionals, helping with treatment and looking after the comfort and wellbeing of patients. They are also known as STR Workers, Healthcare Support Workers and formerly as Nursing Auxiliaries.

## Ward Administrator

The Ward Administrator support the smooth administrative running of the ward.

# Sources of help and information

**Carers Lancashire** are an invaluable source of help and information. Phone 0345 688 7113 to be put in touch with your local Carers Centre.

**Rethink Mental Illness Advice and Information Service** gives specialist advice on any aspect of care for people with a mental illness and those who care for them. Phone the Rethink Advice and Information Service on 0300 5000 927 weekdays between 10 am and 2pm.

Email: [advice@rethink.org](mailto:advice@rethink.org)  
[www.rethink.org/factsheets](http://www.rethink.org/factsheets).

**Welfare Rights** provides specialist advice about benefits and entitlement telephone 0845 05300 for advice weekdays between 9am and 5pm.

Lancashire carers outside of Blackpool and Blackburn with Darwen can contact **nCompass** for information and support:

CHIT line: 0300 303 8700

(Carers Help and Information Team), 8-6pm

CHAT line: 0333 103 9747

(Carers Help and Talk) 24 hours

Email: [mhcarers@ncompassnorthwest.co.uk](mailto:mhcarers@ncompassnorthwest.co.uk)

[www.ncompassnorthwest.co.uk/our-services/carers-point/carers-services/](http://www.ncompassnorthwest.co.uk/our-services/carers-point/carers-services/)

For carers in Blackpool: please contact **Carers Trust Fylde Coast Carers Centre**

Tel: 01253 393748

Email: [admin@carerstrustfyldecoast.org](mailto:admin@carerstrustfyldecoast.org)

[www.carerstrustfyldecoast.org/](http://www.carerstrustfyldecoast.org/)

For carers in Blackburn with Darwen: please contact **BWD Carers Service**

Tel: 01254 688440

Email: [office@bwdcarers.org.uk](mailto:office@bwdcarers.org.uk)

[www.bwdcarers.org.uk](http://www.bwdcarers.org.uk)

# Notes

## Other sources of information:

### The Wellbeing and Mental Health Helpline

This provides an information and listening service for people in Lancashire. It is available between 7:00pm and 11:00pm Mondays to Fridays and from 12:00 noon until 12:00 midnight on Saturdays and Sundays. Freephone **0800 915 4640**.

### Hearing Feedback Team

If you wish to pay a compliment about the Trust's services, make a comment, raise a concern or complaint, please contact the Hearing Feedback Team on **01772 695315, freephone 0808 144 1010** or email **Hearing.Feedback@Lancashirecare.nhs.uk**.

**If you have problems reading the print we can provide this leaflet in large print, audio book or Braille.**

এই ডকুমেন্ট অনুরোধে বাংলায় পাওয়া যায়।

本文件可以應要求，製作成中文(繁體字)版本。

આ દસ્તાવેજ વિનંતી કરવાથી ગુજરાતીમાં મળી રહેશે.

ਇਹ ਦਸਤਾਵੇਜ਼ ਮੰਗ ਕੇ ਪੰਜਾਬੀ ਵਿਚ ਵੀ ਲਿਖਾ ਜਾ ਸਕਦਾ ਹੈ।

درخواست پر یہ دستاویز اردو میں بھی مل سکتی ہے۔

W przypadku jakichkolwiek problemów z odczytaniem tekstu z przyjaznością dostarczymy Państwu ulotkę z dużym drukiem, także do odłuchu lub tekst w języku Braille.

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#### Data Protection

Lancashire Care NHS Foundation Trust adheres to The Data Protection Act 1998. The Trust will endeavour to ensure that your information remains secure and confidential at all times. For further information regarding data protection please visit the Trust's website or ask a member of staff for a copy of our leaflet entitled "Sharing Information With Us".

Copies of this leaflet are available from:

**Lancashire Care NHS Foundation Trust,  
Sceptre Point, Sceptre Way,  
Walton Summit, Preston PR5 6AW**

Tel: **01772 695300**

Email: **communications@lancashirecare.nhs.uk**

Website: **www.lancashirecare.nhs.uk**

Date Produced:  
September 2016

Review Date:  
September 2018

Leaflet Code:  
020/2013  
LAN63

Name of Leaflet:  
Information for Carers of People  
Admitted to Hospital