

Toolkit: Voluntary Patients - Rights under the MHA



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What does being a Voluntary patient mean?

You have agreed to stay in a psychiatric or mental health ward for treatment for your mental health. Voluntary patients are sometimes also referred to as Informal patients. You may have asked to stay in hospital because you felt you needed urgent care and treatment. You may have previously been under a Section of the Mental Health Act and are remaining in hospital for a period of time until you are discharged.

Being a Voluntary or Informal patient is different from being under a Section of the Mental Health Act and therefore you have different rights. It is against the law for you to be threatened with being held under Section while you are a Voluntary patient.

What are my rights around my care and treatment?

You have the right to receive treatment for your mental health while you are in hospital. You should also continue to receive any treatment for physical conditions that you already have (for example if you are diabetic).

You have the right to ask questions about any treatment your doctor proposes. You can ask why they are suggesting the treatment and what may happen if you do not receive it.

You have the right to refuse treatment. This can include medication. It is against the law to treat you without your consent while you are a Voluntary patient. You should discuss with your doctor why you do not want the treatment as there may be other options they can offer. If you have consented to treatment, you can change your mind (withdraw your consent) at any time. You have the right to discuss any treatment with your friends/family, but they cannot provide consent on your behalf.

You will need to follow the health and safety regulations while on the ward, for example not having sharp objects or a phone charger in your room.

You have the right to use your mobile phone. You may also have access to a ward phone or computer for patients. You have the right to have friends and family visit you, but they will need to follow the rules set out by the ward.

Can I leave the hospital?

You are allowed to leave at any time. The ward may ask that you tell a member of staff when you are planning to leave and come back. This is for your safety. They may also ask for your mobile number in case they need to get in touch with you. If you would like to go home overnight or for the weekend, you should discuss this with a member of staff so that they can keep your bed for you and make sure you have any medication you need.

The doors in and out of the ward may be locked at times. This is because there may be other patients that are detained under Section and are unable to leave. You can ask the ward staff if you have questions about this.

It is against the law for the ward to prevent you from leaving when you want to. If staff are worried that you may put yourself or other people at risk by leaving, they must explain this to you. If they are seriously concerned, they may keep you on the ward for up to 72 hours under a temporary Section.



Who are the people involved in my care and treatment?



There are a number of healthcare professionals that are working with you. These can include:

- your doctor (sometimes called the “Responsible Clinician”). You should be told who your doctor is and when you can see them
- nurses & ward staff
- social care professionals
- other healthcare professionals, such as Occupational Therapists or Psychologists

You can talk to any of these people if you have questions or concerns about your care and treatment. You can also talk to family and friends about your care if you want.

Ward Rounds

You will probably have a weekly meeting with the people who are involved in your care. These are called Ward Rounds. The purpose of these meetings is to talk about your treatment (for example, how you are responding to medication) and your stay in hospital. They are an opportunity to ask any questions about things like:

- your medication
- anything you are not happy about regarding your treatment
- having visitors
- getting discharged from hospital

Can I get support as a voluntary patient?

You can have family or appropriate friends to support you in meetings. You can ask them to raise any questions you have if you do not feel able to do this.

If your doctor is talking about ECT (Electro-Convulsive Therapy) or Neurosurgery as part of your treatment, you have the legal right to support from an Independent Mental Health Advocate (IMHA). The ward will have the contact details for which organisation provides this. Any member of staff, a family member, or a friend can make a referral for this support, or you can contact them yourself.

There may also be a local advocacy service that supports Voluntary patients. If you want to find out if this is an option for you, please contact us using helpline@voiceability.org or 0300 303 1660. You can ask a member of staff, a family member, or friend to contact us on your behalf if you would prefer.

What can I do if my rights are not being upheld? Who can I approach for support?

You can get independent legal support if you feel your rights are not being upheld or you are not being involved in discussions around your care or discharge. The ward or the Mental Health Act Office in the hospital should have a list of solicitors that specialise in mental health. You can ask for a copy of this list and choose a solicitor to contact.

There are other people you can speak to outside of the ward. These are:

- The Mental Health Act (MHA) office within the hospital
- The Patient Advice and Liaison Service (PALS) department within the hospital

You can also make a formal complaint about your care. If you would like more information about this, the ward should be able to give you details of the hospital's formal complaints process. You can also contact us to ask about NHS complaints advocacy, which is a service that supports anyone that wants to make a formal NHS complaint.



How does the discharge process work?



The discharge process will start if you or your doctor feel that you are nearly ready to leave the hospital. Because you are in hospital voluntarily, you do have the right to discharge yourself at any time, but it is a good idea to discuss this with the professionals involved in your care so there is a plan in place to support you in the community.

If you decide to discharge yourself and staff are worried that you may put yourself or other people at risk by leaving, they must explain this to you. If they are seriously concerned, staff may keep you on the ward for up to 72 hours under a temporary Section while they get a formal assessment from a doctor. If you feel you are being discharged too soon, you should talk to your doctor and then the PALS team if you are still unhappy.

Care Plan Approach (CPA) – This is the process of discussing your discharge and planning the support you will have once you are out of hospital.

Step 1: Assessment

The professionals involved in your care will assess your needs. You should be able to provide input into what kind of support you feel you will need once you leave the hospital.

Step 2: Planning

You and the professionals involved in your care will put together your care plan. Your care plan should be focused around supporting you and your own goals for what you want to achieve with support. It should cover:

- any medical treatment you need for your mental and physical health. It will include any medication you are prescribed
- specific support for problems with drugs or alcohol, if this is relevant to you
- your wider personal situation, including family/carers, housing, finances, and employment and education needs
- specific support that can be put in place quickly if you find yourself in crisis
- any risks that you may face that may put you or others at risk
- how different services (for example your GP, housing support, social worker) will work together to support you
- a date for your care plan to be reviewed

You will also be given a named Care Co-Ordinator who will support you once you have left hospital and you may have a Community Psychiatric Nurse (CPN) working with you as part of your care plan.



The care plan must ensure that before you leave hospital, the right support is in place and you have a settled environment to go back to. You should be told your discharge date and time at least 48 hours (2 days) in advance.

Log sheet section 1: Record the event(s) you have experienced

Date	Who have I spoken to?	What happened?	What should happen next?

Log sheet section 2: Record the stages of your experience

Date	Who did you contact?	What did they agree to do?	What did you agree to do?

My care information

Who is my doctor ?	
When is my ward round?	
Who is my named nurse?	
Who is my Care Co-Ordinator?	



Preparation for a ward round and Care Plan Approach

Use the section below to prepare **before** a meeting by answering some or all of the questions. You can take this with you to help you on the day.

What is the meeting about?

What time and date is the meeting? Where will it take place?

Who am I speaking to? How many people will be there?

Top tips: If you are unhappy about someone who is due to attend, you can raise this before the meeting. If there is someone you would like to be present to support you, you could ask for them to attend too. Additionally, you can request that the meeting is held in a place / location that is accessible to you. It is ok to ask for a better explanation if you do not understand what is being said, professionals can use abbreviations that people won't always understand, it's ok to ask as many times as you need.

What do I want to say? What outcome do I want?

What information do I need? How can I go about gathering this information?

What information will they need from me? Who could help me with this?
Do I need to ask for advice?

What questions do I want to ask?

What do I want to happen as a result of this meeting?

Would I need to have someone with me during the meeting? Who would be the best person for this?

What happens next if I don't get the outcome I want?

Notes and actions

Use the section below to write down key words or information during the meeting. If there are actions at the end, you could write these down. It may be useful to make a note of who has said they are doing them and when, so that you can refer back to this later.

Top tip: At the start of the meeting make sure everyone introduces themselves and their role so you know everyone in the room – don't forget to introduce yourself as you are the most important person in the room.

Notes about the meeting

Actions	Who	When

Reflection after the meeting

After the meeting, reflect on the following questions. This could help you to make the next meeting go even better:

What went well?	
What do you think could have gone better?	
What could you do differently next time to help you to self advocate?	

VoiceAbility

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About VoiceAbility

We make sure you're heard when it matters most. We've been supporting people to have their say in decisions about their health, care and wellbeing for over 40 years. We're an independent charity and one of the UK's largest providers of advocacy and involvement services.