

## Telephone Numbers

Reception	01752 435434
Bridford	01752 763109 01752 245291 01752 245290 01752 517932 (pay phone)
Harford	01752 245296 01752 763121 01752 763124 01752 763528 (pay phone)
Fax	01752 763133

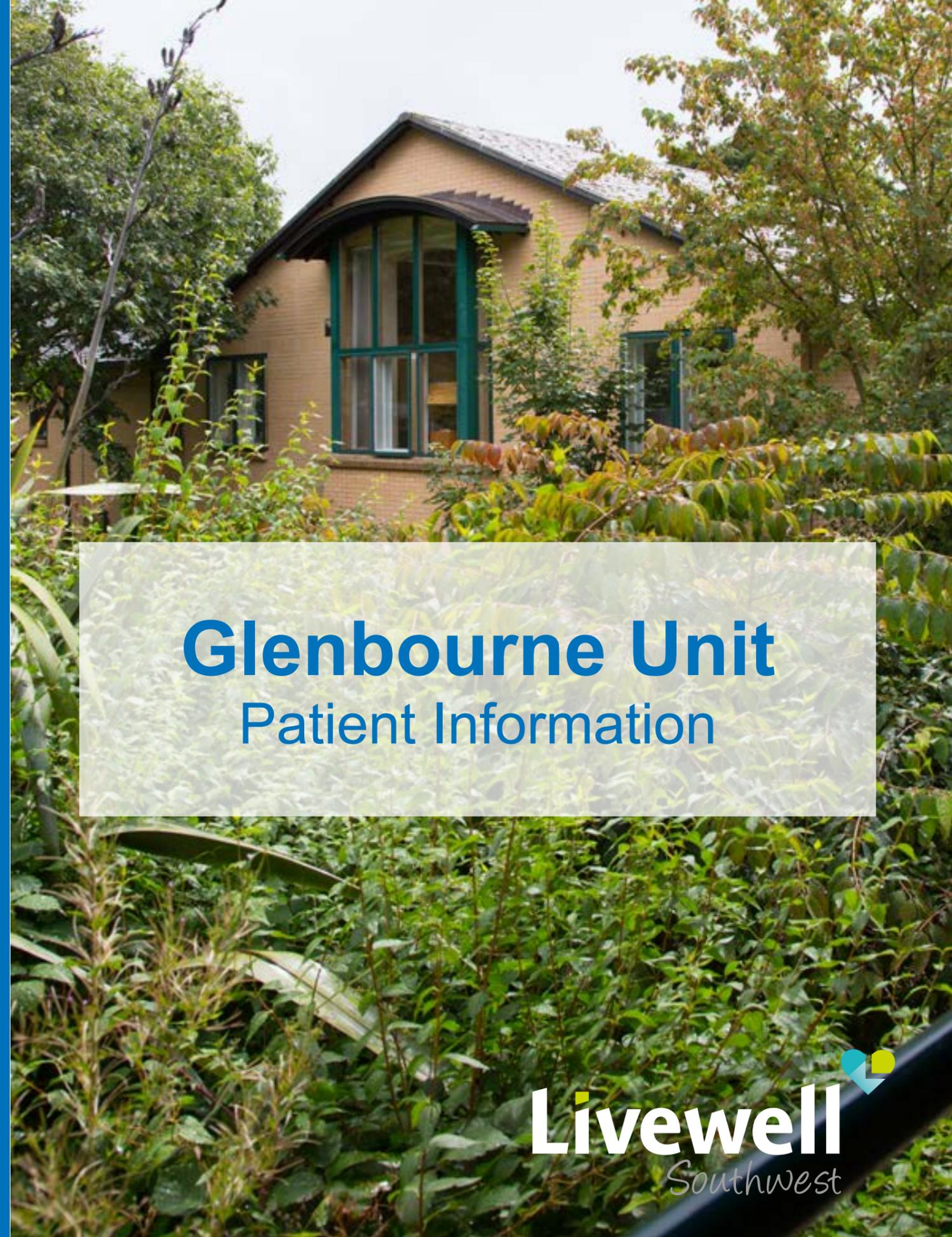
## Address

Glenbourne Unit  
Morlaix Drive  
Derriford  
Plymouth  
PL6 5AF

## Accreditation

Acute Inpatient Mental Health Services (AIMS) - Royal College of Psychiatrists  
ECTAS – ECT accreditation  
Care Quality Commission – compliant in all areas  
Patient Environment Action Team (PEAT) – accredited as good  
Food Hygiene – 5 stars

[www.livewellsouthwest.co.uk](http://www.livewellsouthwest.co.uk)



# Glenbourne Unit Patient Information

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## What we are?

Bridford is the female ward and Harford is the male ward. The Wards are for short stay acute admissions for adults aged 18 – 65 who live in Plymouth, or for adults under the care of Devon Partnership Trust Crisis Team.

We know that coming into Hospital can be very difficult and frightening, especially if it is your first time. The staff are here to help you, and as you feel ready we will show you around and introduce you to other staff and patients.

In this booklet we aim to answer questions or queries you may have.

If you have had to come into Hospital suddenly there may be things that you need to sort out or people that you want to contact. We will ask you about this so that we can help you if you would like us to.

Our philosophy of care is therefore about making the Unit a comfortable, safe and helpful environment for everyone.

## Our Philosophy of Care

Is to make the Unit a comfortable, safe and helpful environment for everyone. We will do this by:

- Being responsive to your needs
- Treating you and your family with dignity and respect
- Respecting your privacy and confidentiality
- Being open and honest in our communications
- Meeting your requirements as quickly as we can
- Doing our best to match your needs with the best available care
- Providing you with a clean and comfortable environment
- Responding to your feedback quickly and professionally
- Working with you to develop a plan for your care that meets your needs
- Ensuring daily one to one time with a member of staff

## Code of Conduct

We need your help to be able to do this and ask that you:

- Are polite and show respect to our staff – violence or aggression towards staff will not be tolerated
- Listen carefully to what your care should be
- Attend appointments arranged for you on the Ward
- Inform of us of any changes in your personal circumstances
- Respect the privacy and confidentiality of others
- Provide us with constructive feedback when you feel that we have not met your needs

# Same sex accommodation

Privacy and dignity matter to people while they are in Hospital. Everyone working here has a part to play in delivering same sex accommodation to help our patients to feel as relaxed as possible while they are staying with us. Patients must not enter opposite sex bed spaces. Everyone on the Unit can be expected to be treated with respect, dignity and privacy.

# How does the ward work?

Whilst you are on the Ward your care will be provided by a Multi Disciplinary Team (MDT) including Doctors, Nurses and other professionals. You will be given a Named Nurse who will work with you to complete a full assessment of your needs.

We will work with you to develop a treatment plan that aims to meet your individual needs, understanding that everyone is different.

## Ward Round

Our aim is to support you in your recovery so that you feel well enough to return home. Every week you will have the opportunity to participate in reviewing your care with the Multi Disciplinary Team review (Ward Round). If you wish you can invite family, a carer or a friend then please speak to a member of staff to arrange this.

## What you can expect in this meeting

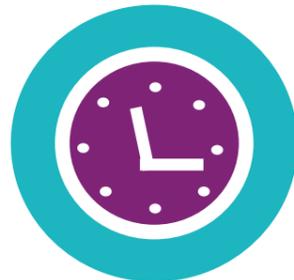
A professionals only meeting in the morning which discusses in broad terms your wellbeing. You will be given a timeslot to see the Consultant, a Ward Round Nurse, a Home Treatment Team Nurse and a Junior Doctor will be present during this meeting. You can fill in a Ward Round prompt sheet prior to the meeting to remind yourself of things that you might want to ask about. You can ask for support from the Advocacy service if you need. If you think it is going to be difficult to be seen with a group of people of this size please let the Ward Round Nurse know.

The Ward is a busy place but we hope you will soon feel settled with us.

Nursing Staff have a change of shift 3 times a day:

- 7:00am
- 12:00pm
- 7:30pm

At these times Nurses have a handover meeting to ensure that we share information about the care of each patient on the Ward.



At times you may hear alarms being sounded. There are three different types of alarms you may hear. They are for staff attention only. Staff will direct/instruct you during any type of alarm.

# What to bring and prohibited items

People who use our service will have their property checked regularly if there is a recognised increase of risk to themselves or other people. This assessment will include the person concerned and agreement will be reached regarding which items will be removed. This will be clearly written in the person's Care Plan.

## Prohibited items

None of these items are permitted in bed spaces - they must be kept in the Store Room.

Aerosols	Lighters / lighter fluid
Alcohol	Matches
All glass products	Mirrors
CDs or DVDs	Mobile phone chargers / battery chargers
Carrier bags	No sharps, i.e. scissors, razors, hair pins, nail files, nail scissors
China cups	Pornographic material
Digital cameras	Prescription medications
Illicit drugs / legal highs	Solvents (glue, nail varnish remover)
Electrical products, e.e. straighteners, hairdryers, electric shavers	Tin cans /canned drinks
Knives / blades	

For the safety of yourself and other patients and staff, we will search property and remove any items that may be dangerous. This will be done on admission and at other times including after periods of leave. All knives found by staff will be handed to the Police for disposal. Lighter fluid will be removed from the unit.

We do not allow patients to take photos of each other or staff, or to record conversations. This is to preserve the dignity of all people on the unit and because consent cannot always be reliable when someone is unwell. Infringement of this may lead to your device being removed and held securely until you are discharged.

## What do I need to bring?

Clothes and shoes	Nightwear and slippers
Toiletries	Small amount of money for buying day to day items

**We do not advise you to bring in any valuable items. Lockers are provided on the ward for safe keeping, to be accessed during daytime hours.**

### Protected time

During the hours of 12 – 3 pm the Ward is closed to other professionals visiting. This is a time for you to spend one to one therapeutic time with Nursing Staff, whether this be on or off the Ward (depending on your leave status).

The Ward completes a weekly planner to ensure everyone has allocated time with the Nursing Staff. If you have any specific plans / needs please inform a member of staff.

### Visiting times

#### 3 - 7pm

In exceptional circumstances if this is not convenient please speak to the Ward Manager. Tea and coffee is available on the Ward for visitors. Visitors are asked not to smoke on the Ward or in the grounds of the Hospital.

### Children visiting

Children under the age of 18 are not allowed to visit the Wards. If you wish children to visit please ask Staff who will arrange a visit off the Ward in the Family Room.

### Locked door policy

The Glenbourne Hospital implemented a Locked Door Policy with effect from the 1st March 2012. This means that the doors will be locked from the main Reception.

### Garden area

There is a designated smoking area in the garden which is shared between both Wards. We request that you only smoke in this area. The garden can be a relaxing area particularly in the sunshine however, we request that you consider appropriate dress – it is not a public beach.

Please speak with a member of staff asap if you require access to the Finance Department and the main Reception.

Please speak with a member of staff asap if you are planning to take leave, and a member of staff will assist you with your request.



SERVICE	CONTACT
Benefits Advice – Citizens Advice Bureau visit every week	Referral via Ward
Carer Support	Ward Staff
Coffee Shop – available for hot and cold snacks and drinks	Referral via Ward
Debt Advice – Citizens Advice Bureau visit every week	Ward Staff
Family Room	Ward Staff
Housing – Plymouth Access to Housing (PATH)	Ward Staff
NHS Choices Web Site: A – Z of Medicines	<a href="http://www.nhs.uk">www.nhs.uk</a>
Occupational Therapy – individual and group sessions providing a range of therapeutic activities	Occupational Therapy or Nursing Staff
SEAP – Advocacy	Ward Staff
Pharmacy One to one discussion about your medication Medication Users Group	Pharmacists or Ward Staff
Patient Involvement and Participation Service	Ward Staff
Quiet Room	Ward Staff
South West Devon Service User / Carer Network	Ward Staff
Spiritual Care Advisor / Chaplain	Ward Staff

# Housekeeping

Meals are served at:

<b>Breakfast</b>	8:00am - 9:00am 8:00am - 9:30am	Monday - Saturday Sunday
<b>Lunch</b>	12:00pm - 12:30pm	Every day
<b>Dinner</b>	5:30pm - 6:00pm	Every day
<b>Supper</b>	9:00pm	Every day

Please speak to a member of Staff if you have any special dietary requirements. Tea, coffee and cold drinks are available 24 hours a day.

## Mobile Phones

You are permitted to use your mobile phone and Staff will assist you in charging them when necessary. We ask that you do not use your own phone charger on the Unit. We also respectfully ask that you do not take pictures at any time whilst in the Hospital. Patients found taking pictures may have their phones confiscated.

Televisions are to be turned off between midnight and 7 am. The Television in in the Reception area will be switched off at 11 pm. This is to promote a healthy sleep pattern. Allowance can be made – please speak to the Nurse in Charge.

Washing and drying facilities are available. Please speak with Staff if you need assistance. The Laundry Room is available from 8am to 10pm.

Community Meetings are held fortnightly. The meeting on Harford Ward is held on a Sunday afternoon from 1–2 pm and the meeting on Bridford Ward is held on a Sunday evening. Please see the white board in the main Reception for information.

## Safety on the Ward

Plymouth Community Healthcare operates a zero tolerance policy for violence and aggression, verbal abuse, threats or physical aggression towards anyone. A breach of this may result in Police involvement.

You are expected to treat the Ward environment with respect, and will be billed for any damage.

Patients must not consume alcohol and must refrain from intoxication.

Unprescribed drugs are not allowed within the Unit. If you have illicit drugs on you when you come onto the Unit, you can place them in a sealed honesty box located in Bridford Ward's Clinic. Staff will support you in this and there will be no repercussions. This also includes legal highs.

Service Users can only smoke in the Garden and we ask that you please respect this policy.

## Incidents on the Ward

We try to avoid incidents happening on the Unit, although this is not always possible. If you have concerns or have witnessed an incident, please speak to a member of Staff who will support you in reporting and managing this.

## Health and Safety

This is of major concern and importance to all Staff. Staff will advise you of fire alarm tests, wall signs, advise you of wet floors and there are no smoking signs throughout the Unit.

In the event of a fire or other emergency please follow the directions of a member of Staff. This will ensure situations are handled calmly and quickly.

# What is Section 17 Leave?

Your responsible Clinician may let you leave Hospital for a certain time even though you are detained under section.

This is often called 'Section 17 leave', because it is Section 17 of the Mental Health Act that allows this.

Your leave could be very short or it could be for a weekend or longer.

Your responsible Clinician can place certain conditions on you, such as telling you where you have to stay while you are on leave.

The responsible Clinician can also recall you (make you go back) to Hospital at any time.

You need to let a Staff Nurse know on your Ward before you plan to take your leave. They will make an assessment to make sure you are well enough and safe enough to use this leave.

Section 17 leave can be refused by a Nurse if they feel you are not well enough to take leave.

## Electronic Information

Information about you and your care whilst in Hospital will be saved onto Livewell Southwest computer systems.

## Comments, Complaints and Compliments

We value any feedback, and you will find a Suggestions Box on the Ward. There is a fortnightly community meeting where your comments and suggestions will be welcomed.

The Modern Matron has overall responsibility of the Unit. If you have any concerns or comments please contact the Modern Matron on 01752 435434.



# What Nursing Staff do

Each Ward is staffed by a variety of Nursing staff including qualified and unqualified staff.

Staff are here to make sure that your care is safe and supportive. They will do this by carrying out a full assessment of your needs and co-ordinating the care that you require with other professionals. This may involve carrying out assessments of your mood, mental state, physical needs and feeding back the results of this to the Consultant in charge of your care.

Trained staff will conduct medication rounds and will take on the role of a named Nurse on the Ward. Unqualified staff will help the Nursing staff in their role. The Nurses will work in partnership with you in creating your plan of care and meeting your needs. They are also responsible for admitting new patients to the ward, discharging patients and making sure that each shift is safe.

# Support, Time and Recovery (STR)

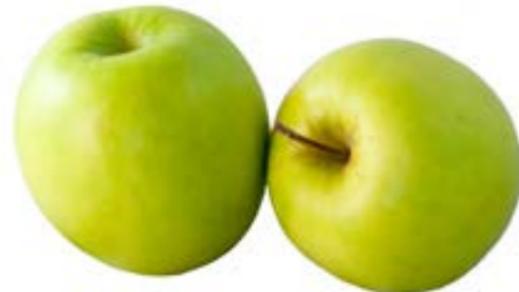
STR Workers are based within the Glenbourne Unit.

An STR Worker will provide support and give time to the Service User and thus promote their recovery.

Please speak to us directly or ask any member of Staff to leave us a note.

We can help you with ...

- Promote independent living ie. home visits before discharge
- Provide support with daily living ie. signpost, support and to advise suitable Agencies
- Provide regular and practical support while in Hospital and the transition to leaving
- Promote healthy lifestyles:
  - \* Health screening
  - \* Smoking cessation
  - \* Occupational Therapy Gym
  - \* Diabetic Clinic
  - \* Dentist
  - \* Options
- Assistance with Housing forms
- Help with organising bills and budgeting
- Assist with discharge planning



# Occupational Therapy Department

## What is Occupational Therapy?

Occupational Therapy or OT is a treatment process that concentrates on what we do, why we do it and why we may be struggling with our usual activities. We believe that activity is crucial to our sense of wellbeing, and both the individual and group sessions we offer are based around 'doing' things.

## What is activity?

Activity describes all the purposeful normal ways we interact with others and our surroundings. There are things that most of us do like washing, cleaning and cooking, and specific individual activities depending upon our interests and our skills.

## Why do we do things?

Being active or 'doing things' helps us feel more in control of our lives and ourselves. It can motivate us and help to create energy. Through activities we feel a sense of achievement that helps us to learn and move forward, it brings purpose and value to our lives. Activity can create a feeling of well being.

## Why do Occupational Therapy?

What we do can affect how we see ourselves and also how others see us. When life gets on top of us it is important to regain confidence and begin to take control over aspects of our lives.

The individual sessions and groups we offer, provide opportunities to share and learn new skills or re-learn old skills. These activities help improve or develop:

- Concentration and motivation
- Self confidence and self esteem
- Practical and coping skills

## What activities are available?

We offer a range of activities that include every day skills, coping skills, social activities and creative or leisure activities.

Activities offered include:

- Cooking a meal or a snack
- Relaxation and mindfulness
- Art and craft
- Swimming and Gym

Our activity programme also offers Psychotherapy groups using specialist Art Therapists.

## What will happen?

An Occupational Therapist will meet with you and talk through your skills, interests and any current difficulties. They will show you the therapy department and explain what groups and individual activities are available.

Together you will plan a programme that will help you find solutions to problems, re-ignite interests and provide a structure for your time.

This treatment programme happens alongside the other treatments you will be offered here including counselling and medication.

Some times the activities will take place in your own home or in your local community to help you to be discharged from Hospital.



# Psychological Therapies

Should you experience mental health problems that require admission to an inpatient unit in Plymouth, you may wish to consider engaging in psychological treatment.

The range of psychological therapies on offer varies according to the type of unit and the needs of the client group within that setting.

On admission to any of the inpatient units staff will consider with you the best options available to meet your particular needs.

The Glenbourne Unit is an acute hospital with two wards – Bridford and Harford. Normally brief stays would be provided at the Glenbourne Unit in order to help people recover from an acute episode of mental health problems.

Sometimes a longer period of recovery from mental health problems is required and this may lead to an admission at one of our longer stay recovery units. In addition to treatments offered by trained psychologists and psychotherapists, trainees and placement students under supervision also sometimes provide therapeutic treatments.

## Glenbourne Unit

The Glenbourne Unit has a Consultant Psychologist dedicated to each of its two wards. Bridford Ward also has some input from a Consultant Clinical Psychologist. Individual and group sessions, including the Talking Group, are provided and there is access to art, drama and music therapies in addition to the services of the occupational therapy department.

# Service User Information: Observations

## Introduction

We appreciate that admission to an inpatient setting could be distressing for you. You may have agreed to come into hospital as an informal patient, or it may be against your will requiring detention under the mental health act which may further add to your distress. It is essential to ensure that your stay on the ward is therapeutic providing the clinical team with the best opportunity to care and treat you, observations will play a vital role in maintaining your safety. We will notice if you or another service user becomes distressed and agitated, and will use supportive observations to help keep you and other service users safe.

What are observations? Observations are conducted by a member of staff, they include the member of staff checking: You are safe, where you are, what you are doing, how you present i.e. do you look upset or happy and supporting you during this difficult time. Observations can also involve accompanying a patient off the ward to go in the garden etc, to help maintain safety.

## Purpose

Observations can be used to provide an intensive period of assessment and support, although it may be perceived by the service user as not being needed, we hope you will generally view observations as a positive experience and recognise that observations are part of your care and treatment. It is clearly not enough to simply observe people. The process must be necessary, safe and supportive. People who need this level of help are going through a temporary period of increased need; has been assessed as requiring observations which will be carried out with compassion, understanding and will also become part of your identified treatment.

## Making Enhanced Engagement and Observation Work

Some practical ways that observations can remain supportive are as follows:

**Activities of Daily Living** – staff may be available to help assist you to maintain self care, help write letters make telephone calls, etc. as appropriate.

**Social Interaction** – staff will try to engage in conversation about symptomology but also general conversation topics. They will also respect a patient's need for silence.

**Communication** – staff will pay attention to non verbal cues such as body language as well as verbal communications by the patient as these can tell us much about how you are feeling and your need for support.

## The following includes frequently asked questions relating to observations ...

### How often will a member of staff check on me?

All patients are checked hourly, this is part of the organisation's fire safety checks. Other observations range from 30 minutes, 15 minutes, line of sight, or intrusive observations where a member of staff will be with you no more than an arms length away.

### What impact will intermittent observations have on me?

Whilst you are on these levels of observations, staff will need to be with you if you leave the ward. This means that you will be escorted

when you leave your ward, if you wish to go out on leave a member of staff would need to be with you. Although we appreciate this may feel restrictive, we also recognise that at this moment in time you are experiencing an acute phase of your illness which has led to a hospital admission. We wish to support you as much as possible at this point in your recovery, part of this support require the nursing staff to observe you whilst you are not on the ward.

### I am feeling better now how can I come off this level of observations?

A Clinical Team Leader, Deputy Ward Manager or the Ward Manager will explore with you about how you feel. An assessment will be made and a decision reached as to whether your level of observations may be reduced. A Doctor may also be asked to take part in this assessment.

### Will this level of observations carry on throughout the night?

All hourly observations will carry on throughout the 24 hour period. If you are on intermittent observations due to risks that are minimised of a night time your intermittent observations could be care planned to revert to hourly checks, you would still need to be accompanied off the ward.

### I do not want to be disturbed whilst asleep, especially at night.

Staff will be as quiet as possible whilst doing checks. Where available they will try to conduct observations through the vision panel in your door but if they need to check further by opening the door they will try to open and shut doors as quietly as possible. However, during these observations the member of staff has to check when a service user appears asleep that they are breathing and must monitor their physical health noting changes in body position, etc. Safety takes priority over privacy. If a service user appears asleep staff must check that this is the case they must not assume that service users are sleeping and / or that they should not be woken, they will also check that no other risks are present, this may on occasions require the nurse to look more closely and move bedding etc.

# 1:1 Observations - There are two levels of 1:1 - Line of Sight and Intrusive

## How will being on line of sight observations impact on me?

A member of staff will need to have clear sight of you at all times. You would need to be escorted off the ward. Your level of risk would be assessed around attending to personal care, i.e., visual observation will be needed whilst going to the bathroom. Staff would still need to be able to see you whilst you sleep, even at night and may require you to face them so that airways can be checked regularly.

## What do intrusive observations mean?

This level of observations is similar to line of sight except that the member of staff would be no more than an arms length away at all times. Staff will need to accompany you in the toilet and bathing areas, however as much as possible your dignity will be respected. Staff may feel it is safer to keep the room as free from personal belongings as possible as they could present a risk to you or others. You will be advised of which items you can have access to and those that you cannot.

## Can I choose who I want to do my observation?

Please tell us if you would prefer a male or female to do your observations, we will try to work with your request where staffing allows. A member of staff should always knock on your door to inform you that they are entering, (this may not be done whilst you sleep so as not to wake you). Our aim is that only a member of staff of the same sex will observe you whilst you are using the toilet, bathing or washing facilities, or when undertaking other intimate activity. Maintaining your safety is our priority, therefore there may be a very rare occasion when a safety issue is of a greater importance than privacy and for that reason, an intimate event may be observed no matter the sex of the staff member.

## What if I still can not maintain my safety even on intrusive observations?

If the ward can not help to keep you safe on this level of observations a more supportive

environment would be considered. This is called a psychiatric intensive care unit (PICU). These types of units have a higher staff to service user ratio. The closest PICU to Plymouth is in Bodmin. Even if you are transferred to a PICU it does not mean that you will remain there for the duration of your hospital admission. You may return to another hospital as soon as your level of risk decreases.

## How long will my intrusive or line of sight observation last?

Your observations would be reviewed daily by a consultant. He or she may state that the higher level of observations should be in place for a minimum amount of time for example to support you over an anniversary date or following distressing news. The level of ongoing risk will guide the clinicians as to the length of time any observations need to remain in place.

## Are observations an infringement of my Human Rights?

According to Article 8 of the Human Rights Act, everyone has a right to privacy, to family life, to his home and to his correspondence. However, it is not an absolute right. A person's Article 8 rights can be interfered with as long as such interference is (a) in accordance with the law and (b) necessary for the protection of health and morals or for the protection of rights and freedoms of others. Any interference also needs to be proportionate. Consideration needs to be given to issues of privacy, dignity and the preferences of the patient, including their ethnicity, gender, religion, sexuality and language. However safety issues are of greater importance than privacy. These considerations should be explained to you and recorded in your notes. If you have further concerns please speak to a nurse, or ask to speak to an advocacy representative.

## Why does the member of staff conducting my observations keep changing?

The member of staff undertaking engagement and observation within arms length should do so for no longer than one hour followed by a break of one hour. This is in recognition of the possible difficulty of maintaining concentration for more than this time.

## How will I know what observations I am on?

Your care plan should clearly indicate:

- The reason for the intervention.
- The maximum time interval at which the engagement and observation must be carried out
- The task for the observer eg. check for signs of increased agitation etc.
- Consideration of environmental dangers and means to deal with them.
- What activities the patient can safely engage in and where i.e. therapy groups.

## Why have staff removed items from my room?

A search of your belongings will be conducted on admission and when returning from leave. Random searches will also take place if the staff has concerns regarding yours or other people's safety, this is necessary and lawful. When and how any searches take place will have regard and respect for your privacy and dignity. With your permission it may be necessary to search your locker area, handbags etc. If there are justified reasons, such as you have potential harmful items, such as a knife, fire lighting materials or drugs, staff will also conduct a search without your permission. You will always be provided with an explanation of why the staff believe a search is necessary. A copy of the search policy can be obtained for you if you request one.

## Who can increase my observations?

A nursing decision to increase the enhanced engagement and observation for a person may be made by the nurse in charge of the ward on his or her own initiative. This decision must be followed up by consultation with the appropriate doctor as soon as possible and with the Multi Disciplinary Team as soon as is practicable.

Your nursing team will always be interested in how their care or attitudes may be improved.

If you have any suggestions as to how your experience whilst under observations could be improved please discuss this with your named nurse.

# Rights as an Informal Patient

An informal patient is someone who is in hospital to receive an assessment and/or medical treatment(s) for a psychiatric problem. You have the same rights as someone who goes to hospital for a physical reason. This leaflet will set out and explain what these rights are.

Some patients are detained under the Mental Health Act 1983, and are known as 'formal' patients, there is a separate leaflet explaining patient's rights in these cases.

If you feel you have not had your rights as a detained patient explained, please ask the Named Nurse immediately.

**Patients who are willing to come into hospital to receive help are termed "informal"**

## Access to health records ...

**You have the right to see or be provided with copies of your health records, whether this is held on paper or electronically. Your named nurse can assist you with this process.**

## Your rights regarding treatment ...

**You are in hospital voluntarily to receive care, treatment and / or therapy. You will be informed and involved at every stage of the planning of your care. The doctors responsible for your care may feel a particular medication, treatment or therapy can help you. They will explain the reasons for this recommendation and what you should expect. If you are unhappy with any treatment recommendations please discuss these concerns with the team looking after you, discussing the issue could resolve any concerns you may have. You may wish to consider discussing your treatment with a friend or relative. They can not however consent for you, consent must come from you if you have the capacity to make the decision. An informal patient will not usually be given any treatment without their consent, if you do choose to give your consent to this.**

## Your right to leave hospital ...

**As an informal patient, you are not 'held against your will', you have the right to leave the ward or hospital, though we would encourage this to be in consultation with clinical staff. However, as the hospital is responsible for the safety and care of all patients in our care, it is important that you always tell a member of staff when you are leaving the ward whether temporarily or permanently. If you wish to be discharged from the care of the Hospital, a discussion needs to take place with clinical staff. If you want to leave the ward / hospital we will not stop you unless we have concerns about your health or safety. If we do have concerns, we will discuss these with you and if you still wish to leave whilst these concerns remain we may, in some cases, consider using the Mental Health Act to detain you.**

## Advocacy ...

**Informal patients have no legal right to advocacy but seAp will provide an advocate if one is available.**

# Tribunals Service

**Information for non-restricted patients detained under the Mental Health Act 1983 (as amended by the Mental Health Act 2007).**

**The following questions and answers are designed to inform you about Tribunals ...**

## What is a tribunal?

An independent judicial body which reviews your detention in hospital under a section of the Mental Health Act 1983. The tribunal can also review Guardianship Orders.

## Who is on the Tribunal?

The tribunal will usually consist of a judge, a consultant psychiatrist and a specialist lay member who has substantial experience of mental health cases.

## What do they do?

The tribunal considers whether your section should continue or not. If it considers that the section should continue, the tribunal may make recommendations to help with your recovery and eventual discharge.

## What sort of recommendations can the tribunal make?

The tribunal cannot change your treatment e.g. your medication but can recommend a transfer to another hospital, if they think that would be a more appropriate place for you. The tribunal can also recommend leave from hospital, or that Community Treatment Order or a Guardianship Order is considered by your doctor.

## How to apply?

Please talk to Nursing Staff.

## When can I apply?

You can apply within the first 14 days if you are detained under section 2. You can apply at any time if you are detained under any other section except for section 37.

## What happens if I do not apply to the tribunal?

Even if you don't make an application, every so

often, your case will be referred to the tribunal for review, unless you are a community patient on a Community Treatment Order, there will be a hearing.

## How long will it take before a hearing takes place?

One week if you are on a section 2, or about eight weeks if you are on any other section.

## If I make an application, what will happen next?

The tribunal office will acknowledge receipt of your application, and ask the hospital for reports from your doctor and the social work and nursing teams responsible for your care. Your Nearest Relative will be informed of your application and the date of the hearing, which they can attend. Nearer the time of the hearing you will be given copies of the reports so that you can check the information is correct and work out any questions you wish to ask. Shortly before the hearing the Tribunal Medical Member will make an appointment to see you for a Preliminary Examination.

## Legal representation

Free legal representation is available to anyone who has applied for a tribunal regardless of their financial circumstances. The hospital keeps a list of specialist legal representatives who will be able to help you with your case.

## Where will the tribunal be held?

Usually in the hospital where you are or were detained.

## What happens if you change your mind about having a tribunal?

If you do not wish to proceed with your application then you must inform the tribunal office as soon as possible in writing. Please speak with Nursing Staff regarding how to do this.

### What happens at the hearing?

At the hearing your doctor, Care Coordinator and, if you are detained, a nurse, will be asked to give evidence. The tribunal and your legal representative will be able to ask them questions. You can attend the hearing but you do not have to do so. You can give evidence if you want to and may be asked some questions by your legal representative and the tribunal members. You can choose to speak first or wait until after the treating team have given their evidence.

### Can I bring someone besides a legal representative to support me?

Yes, you may be represented by any person authorised by you but this must not be a patient from the hospital. If you have an Independent Mental Health Advocate they can also attend the hearing with you.

### When does the tribunal make its decision?

The tribunal normally makes a decision at the end of the hearing and announces this to you and your legal representative. The tribunal must send written reasons for the decision within three days if you are on section 2 and within seven days if you are on any other section.

### Can you appeal against a tribunal decision?

In certain circumstances you may have the right to appeal against the decision made by the Tribunal. These rights will be explained in writing and will be forwarded to you along with the written decision from the tribunal.

### Further information

Guidance and further information is available on the tribunal website:

[www.justice.gov.uk](http://www.justice.gov.uk)

Or you can contact the Customer Service Team at:

**HM Courts & Tribunals Service**  
**First-tier Tribunal (Mental Health)**  
**PO Box 8793, 5th Floor**  
**Leicester, LE1 8BN**

**Telephone: 0300 010 2201**

**email: [MHRTEnquiries@hmcts.gsi.gov.uk](mailto:MHRTEnquiries@hmcts.gsi.gov.uk)**

**Please ask a Nurse for further information about  
Hospital Managers Hearings**

# Independent Mental Health Advocates

### What is advocacy?

Advocacy, in all its forms, seeks to ensure that people, particularly those who are most vulnerable in society, are able to:

- Have their voice heard on issues that are important to them
- Defend and safeguard their rights
- Have their views and wishes genuinely considered when decisions are being made about their lives

Advocacy is a process of supporting and enabling people to:

- Express their views and concerns
- Access information and services
- Defend and promote their rights and responsibilities
- Explore choices and options

seAp provides the advocacy service to patients of the Glenbourne Unit. There are two services:

- Informal Patient Advocacy
- Independent Mental Health Advocacy (IMHA) for those subject to the powers of the Mental Health Act 1983

### What is an independent Mental Health Advocate (IMHA)?

An Independent Mental Health Advocate (IMHA) is a specific type of mental health advocate provided to qualifying patients under the Mental Health Act 1983. seAp advocacy is:

- Independent - not part of statutory health or social services
- Confidential - unless something of a life-threatening nature is disclosed, or in other limited circumstances, we will not talk about you outside our organisation without your permission
- Empowering - you are in control of the advocacy process and no decisions are ever made without your express consent

### Who qualifies for an IMHA?

You may be entitled to a Mental Health Advocate under the Mental Health Act if you are:

- A patient under Section in hospital or in

the community

Subject to Guardianship or Community Treatment Order

If you are unsure if you qualify, please talk to seAp or to one of the ward staff.

### An advocate will:

- Spend time with you to get to know and express your views and wishes to healthcare staff
- Act on your behalf with your permission
- Ask questions and find information for you
- Inform you of your rights and how to exercise them

### An advocate will not:

- Divulge any information without your permission, unless a serious breach of law or danger to life is involved

### How do I get referred to an IMHA ?

Referrals to IMHAs can come from a wide range of people. We have a duty to respond to requests that are received from:

- Patients
- Nearest relatives
- Responsible Clinicians
- Approved Mental Health Professionals

### Who should tell me about IMHAs?

A duty is placed on hospital managers, responsible clinicians and Social Services (in the case of Guardianship) to inform you and take all steps practicable to ensure that you understand what is available to you and how you can obtain help.

### Contact seAP?

**Head Office seAp, PO Box 375, Hastings TN34 9HU**

**Tel: 0330 440 9000**

**Fax: 01424 204687**

**Text: Send the word "SEAP" and then your name and number to 80800**

**Email: [info@seap.org.uk](mailto:info@seap.org.uk)**

# Welcome to Glenbourne Pastoral and Spiritual Care



Settling in can be an unfamiliar and anxious experience, but we are here for you. Here in the Glenbourne Unit there are four chaplains or spiritual advisors who are available to you. If, during your time here, you would like us to meet you, just ask a member of staff to get in touch with us. You could also come along and say hello when you see one of us here on the unit.

## Why are there Chaplains?

Livewell Southwest places importance on caring for the spiritual needs of patients of any faith - or none. A stay in Glenbourne can be for a complex set of reasons and the care offered may take various forms.

There can be key differences between the care that involves treatment and medication and support to help strengthen mental health, alongside the space needed to explore and talk over any spiritual distress. So, in addition to the overall hospital care provided, the chaplains offer a listening space for you to talk about your story and experiences, to help you make sense of your situation. For many people, both forms of care can help support the whole person.

In addition, for those who wish, the unit has a Prayer Room that is accessible for all and is a quiet room in which to sit and enjoy some space, to read, reflect or pray. It is situated just past the coffee shop. Here you can pray alone, or ask us to pray with you.

There is a service of Holy Communion in the Prayer Room every Thursday at 11:30am to which all are welcome. From time to time, we can provide a regular discussion group around the themes of Spirituality and Emotional Wellbeing which takes place in the Occupational Therapy Department.

We also offer seasonal reflective services for Christmas, Holy Week and Easter.

# Glenbourne Chaplains

We hope you will find our facilities and support here at Glenbourne a helpful addition to your overall care and progress.

Chaplains are normally available in the Glenbourne Unit on Tuesday and Wednesday afternoons and Thursday mornings. Anyone is welcome to spend time with any one of them.

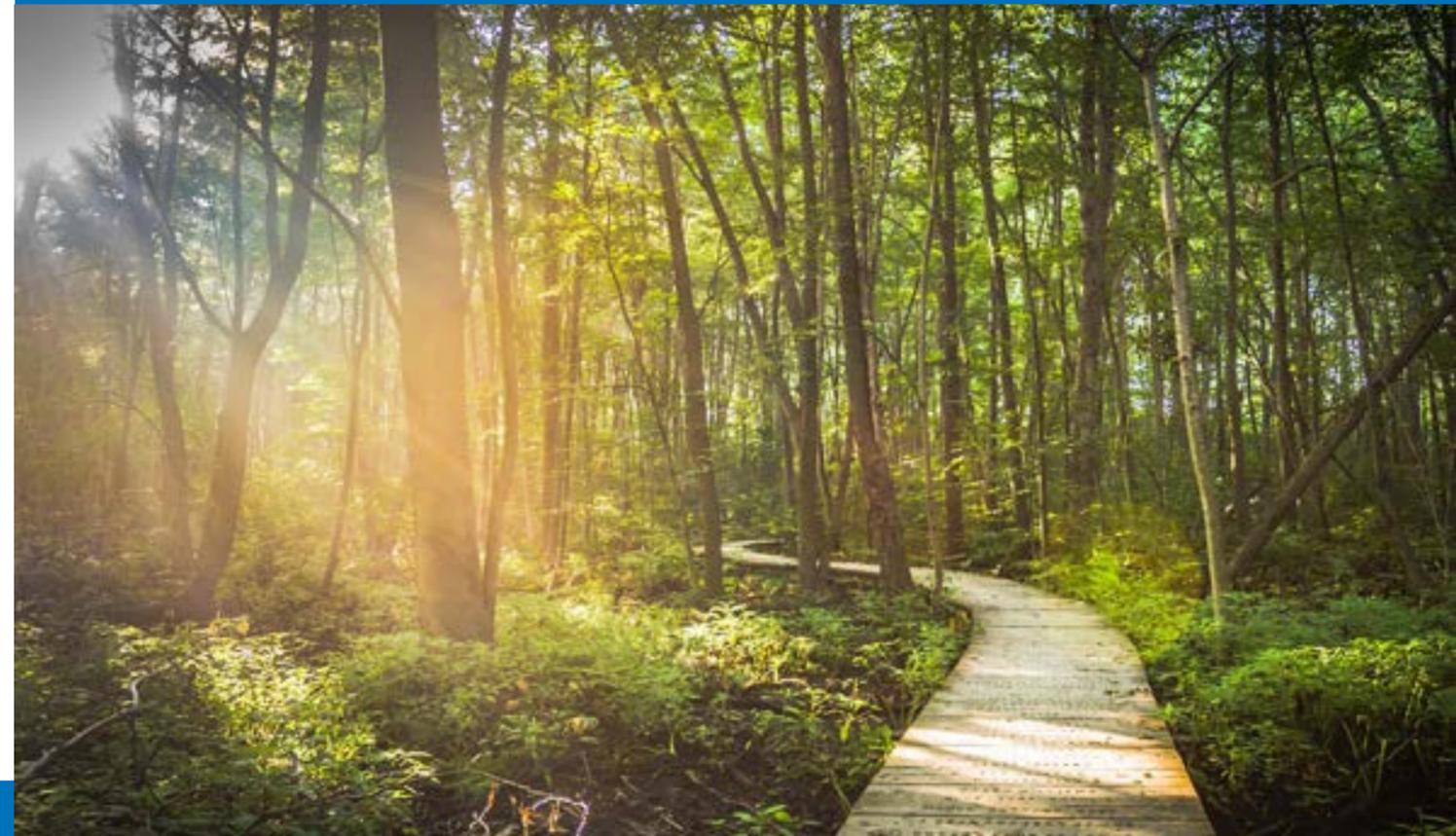


Jan

Sacha

Simon

Paul



# Giving feedback about your Healthcare Services

## PIPS ...

Plymouth Involvement & Participation Service (PIPS) is a network for mental health service users and carer – and everyone with experience of mental health services.

PIPS gather individuals' views, ideas and experiences and help represent these views to service commissioners and providers, to improve mental health services for the future.

PIPS will:

- Support local people to get involved and be heard
- Talk to members about what has changed as a result of their involvement
- Offer support, training and pay expenses for people who are involved

**To find out more about PIPS, please visit our website:**

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

**For more information about PIPS and how to get involved, contact us:**

**Unit 37, HQ Building**

**237 Union Street**

**PLYMOUTH**

**PL1 3HQ**

**Phone: 01752 202406/7**



You can also give any feedback and or raise concerns through Healthwatch Plymouth

**Healthwatch Plymouth**

**Unit 37**

**HQ Building**

**237 Union Street**

**Plymouth**

**PL1 3HQ**

**Tel 0800 923 0039**

**healthwatch**

your  
**voice**  
**counts**