

Mental Health Commission

Your Guide to the Code of Practice on Being Admitted, Transferred and Discharged to and from Hospital

Vision

Working Together for Quality
Mental Health Services

Your Guide to the Code of Practice

Disclaimer: The booklet is only a guide to the code of practice on admission, transfer and discharge to and from an approved centre. It aims to help you understand what the code of practice is all about. It does not give a legal interpretation of either the code of practice or the Mental Health Act 2001, so please do not rely on it for legal advice. For full information, please read the full code of practice.

Contents

Words we use in this guide..... 6

Part 1: Introduction 14

What is the Mental Health Commission? 14

What does this code of practice do?..... 14

Who and what is covered by this code? 16

Who will check that health professionals and other staff are using the code? 17

Part 2: Managing hospitals..... 18

Putting policies in place 18

Privacy, confidentiality and consent 21

Staff roles and responsibilities 22

Managing risks to your recovery..... 22

Staff information and training 22

Part 3: Your admission to hospital...24

Before admission..... 24

Unplanned referral to a hospital 25

Deciding to admit you..... 26

Deciding not to admit 26

Your assessment..... 27

Personal property and clothing	28
Rights and information	28
Individual care and treatment plan	30
Involving you and your family, carer or advocate.....	30
Involving your team	31
Your key worker.....	31
Working and sharing information with other health services and outside agencies	32
Your file.....	33

Part 4: Your transfer 34

Considering your transfer.....	34
Deciding to transfer.....	35
Your assessment.....	35
Involving you.....	35
Involving your team	36
Sharing information between the hospital and the receiving facility.....	36
Your file.....	38
Day of transfer	39

Part 5: Your discharge from hospital.. 40

Deciding to discharge.....	40
Planning your discharge	40
Assessing you before discharge.....	41
Your key worker.....	42
Sharing information	42
Involving you and your family, carer or advocate.....	43
Notice of discharge.....	44
Follow-up care	44
Your file.....	45
Day of discharge	46

Words we use in this guide

Act

the Mental Health Act 2001, which is the main law relating to mental health in Ireland

admission

when you go into hospital for inpatient care and treatment

advocate

a person who helps someone with a mental illness to understand their rights and speaks up for them

advocacy services

organisations or groups that provide advocates to work with you

approved centre

a hospital or other in-patient service, registered by the Mental Health Commission, where you stay to receive care and treatment

best practice

methods of working that have been shown to produce better results

child

a person under 18 years of age other than a person who is or has been married

code of practice

a set of guidelines that outline what steps health professionals and other staff working in mental health services should follow

community mental health team (community mental health services)

the team of psychiatrists, nurses, clinical psychologists, social workers, occupational therapists, speech and language therapists and other mental health professionals who are involved in looking after you in the community

confidentiality

a duty to keep your information private and not to reveal your personal information

consent

your agreement to or approval of a certain action – for example treatment or the involvement of your family in your admission – based on understanding what the action means and what other options are available to you

co-ordinating

talking to and working with other people and organisations to plan your care

Data Protection Acts and Freedom of Information Acts

the laws in Ireland that make sure your information is handled properly and tell you that you have the right to know what information is held about you and to get any information held by public authorities unless there are good reasons to keep it confidential

discharge

when staff consider you well enough to leave hospital

discharge against medical advice

when you leave hospital but medical staff believe it would be better for you to stay

discharge plan

a plan to make sure you leave hospital when it is safe and you can use services to meet your needs after you leave

facility

an approved centre, a psychiatric hospital outside Ireland or a general hospital

follow up

dealings with health professionals after you leave hospital

general hospital

any hospital for general medical treatment that is not a mental health hospital, psychiatric hospital or psychiatric unit

health professionals

the staff who make decisions with you about your care and treatment and provide follow-up care after you are discharged

hospital

in this guide, a mental health hospital (psychiatric hospital or unit) that is approved by the Mental Health Commission, which is also known as an 'approved centre'

individual care and treatment plan

a plan that you develop with your team outlining the best treatment and support for you while you are in hospital

involuntary patient

a person who is admitted to hospital against their will

key worker

the health professional who keeps close contact with you and acts as a link between you and the other members of your team while you are in hospital

law

in this guide, the Mental Health Act 2001 and the regulations made under this Act

mental disorder

where you have a mental illness, severe dementia or

significant intellectual disability **and** there is serious risk that you may cause immediate and serious harm to yourself or others **or** where you have a mental illness, severe dementia or significant intellectual disability **and** your judgement is so impaired that your condition could get worse if you were not admitted to hospital for treatment that could only be given to you in hospital **and** going into hospital would be likely to improve your mental health significantly

mental illness

a state of mind that affects how you think, perceive, feel and judge things around you to such an extent that you need care or medical treatment in your interest or in the interest of others

primary care

the range of general health care and treatment provided outside an approved centre, for example by general practitioners (GPs), public health nurses, social workers, midwives, community mental health nurses, dieticians, dentists, community welfare officers, physiotherapists, home helps, community pharmacists, psychologists and others

principle

a guiding belief or standard

procedure

a written set of instructions that describe the approved steps for a particular action

privacy

your right to control information about yourself, including how that information is collected, used and disclosed

receiving facility

the approved centre, psychiatric hospital outside Ireland or general hospital to which you are transferred

referral

a request from one person (such as a GP) or organisation to another to give you particular health care and treatment

relapse

a return to poor health after feeling well

staff

all employees, including permanent staff, temporary staff, agency staff and locums (stand-in doctors and nurses)

transfer

when you move from one unit to another in hospital, from one psychiatric hospital to another or to a general hospital, the Central Mental Hospital or a health facility abroad

voluntary patient

a person who agrees to be admitted to hospital

you

a voluntary or involuntary patient

your team

the doctors, nurses, consultant psychiatrists, clinical psychologists, social workers, occupational therapists, speech and language therapists and other mental health professionals who are involved in looking after you in hospital

Part 1: Introduction

What is the Mental Health Commission?

The Mental Health Commission was set up as an independent body under the Mental Health Act 2001.

One of our duties is to promote, encourage and foster high standards in mental health services. Under section 33 of the Act, we produce different codes of practice to guide mental health professionals as they make decisions about patient care and treatment.

The code of practice on admitting, transferring and discharging patients is a detailed publication for mental health professionals and other staff. We have produced this guide to help you and your family, carer or advocate understand what the code is about. You may find this guide useful during your stay in hospital as either a voluntary or involuntary patient.

What does this code of practice do?

This code helps mental health professionals make important decisions about admitting, transferring

and discharging you to and from approved centres. Approved centres are hospitals and in-patient services where you stay to receive mental health care and treatment. There are a number of approved centres in Ireland.

The code is based on best practice in different countries and aims to help set common standards of safe care.

In particular, this code aims to:

- improve mental health care and treatment;
- encourage you and your family, carer or advocate, with your permission, to be involved in any decisions and plans about your care, from admission to discharge;
- improve communication among health professionals and between professionals, you and your family;
- help health professionals safely and efficiently transfer you from one hospital to another, or to another facility, if needed; and

- promote your eventual discharge from hospital as something positive to aim for.

In fact, an important principle of this code is that your discharge is planned as soon as possible after you are admitted to hospital. This means that staff and patients and their families look forward to recovery from the time of admission.

The law does not force health professionals to follow this code of practice, but it is best to do so to make sure the law is applied consistently. As a result, staff should have good reason not to follow what the code says.

Who and what is covered by this code?

The code applies to the care and treatment of anyone who is voluntarily or involuntarily admitted, transferred or discharged to and from hospital. Health professionals must also follow certain laws as well as the code of practice for admitting, transferring and discharging involuntary patients. You can find out more about these laws in “Your guide to the Mental Health Act 2001”. Ask a member of staff for a copy.

The code is relevant to everyone involved in providing or receiving mental health care and treatment from patients through to hospitals, advocacy services and outside agencies. A lot of it is especially for staff in hospitals, including managers, consultant psychiatrists, registered medical practitioners, psychiatric nurses, social workers, clinical psychologists, occupational therapists and administrators.

Who will check that health professionals and other staff are using the code?

The Inspector of Mental Health Services and his or her team will monitor the guidelines in this code during their inspections under the Mental Health Act starting in 2010.

We, the Mental Health Commission, will review this code of practice, after consulting with appropriate groups, no more than five years after we publish it.

Part 2: Managing hospitals

All hospitals and other mental health services should develop effective management systems to support this code.

Putting policies in place

Community mental health services should have a set of instructions for when your referral to hospital is planned. The instructions should cover areas such as reasons for referring you to hospital, what assessments you need to receive before being referred and what information should be in your referral letter.

Hospitals should:

- write down their policies for admitting, transferring and discharging patients, including those who are referred urgently or who self-refer; and
- make sure any policies are in line with this code of practice and say what the hospital does for

involuntary admission, transfer and discharge under the law.

The hospital's policies should also cover areas such as:

- who may be a key worker and what they should do to help you,
- how the hospital will share information promptly with GPs and community mental health services from when you are referred until you are discharged,
- how the hospital will share information with social, housing and homeless organisations if you are homeless,
- how the hospital will deal with your personal belongings to consider your best interests and respect your right to dignity, privacy and independence,
- how the hospital will arrange your transfer so that it is safe and happens at the right time,

- how the hospital will work with any community mental health services in your area to give you follow-up care after you are discharged and, in particular, to manage any crisis that might affect your mental health, and
- what the hospital will do to manage discharge against medical advice.

By law, a hospital must also have a medication policy. This policy should say how it will deal with medication – prescribed and over-the-counter – that you bring into hospital and how it deals with prescriptions and supplying drugs when you are discharged, if you need them.

Hospitals should have other policies for admitting, discharging and providing follow-up care to people with intellectual disability. Hospitals should also work with other care providers, including nursing homes, to develop a set of instructions for discharging older people.

By law, hospitals must review their written policies at least every three years and consider any

recommendations from the Inspector of Mental Health Services or the Mental Health Commission. Their policies should say who will be responsible for carrying out reviews.

Privacy, confidentiality and consent

Hospitals should develop a written policy on privacy, confidentiality and consent. This policy should follow the Data Protection Acts and Freedom of Information Acts.

All mental health professionals and other staff in the hospital should respect your right to privacy and keep your information confidential. Generally, they should not share information with a third party (such as your family, advocate or outside agency) without your permission. The only time they may share your information without your permission is to meet their legal and professional duties (for example to protect you from harming yourself or others).

Health professionals and other staff should not use e-mail to share confidential information but instead should send it by fax. They should make sure the

person receiving the fax knows it is being sent and can read and understand it.

Staff roles and responsibilities

All hospitals should assign and write down the roles and responsibilities of staff in admitting, transferring and discharging patients.

Managing risks to your recovery

By law, hospitals must draw up procedures for identifying and managing any risks to your health and recovery.

Staff information and training

All health professionals working in hospitals should be familiar with the admission, transfer and discharge policies and follow the procedures outlined in them. The hospital should keep a written record of relevant staff who have read and understood these policies.

The hospital should make sure staff can read the Mental Health Commission's guide to the Mental

Health Act and its code of practice for admitting children under the Act.

Part 3: Your admission to hospital

By law, you must only ever be admitted for care and treatment for your mental illness or mental disorder to a hospital or in-patient service that is 'approved' by the Mental Health Commission.

Before admission

If possible, health professionals should follow specific steps before admitting you to hospital. The main steps are listed below.

Primary care

A GP or other primary care health professional should assess you and send a referral letter to community mental health services with your consent, in line with an agreed procedure for communication between them. The community mental health services should keep all information they receive in your file.

Community mental health services

If you are being referred by the community mental health team, they should carry out a pre-admission assessment and send a referral letter to the hospital. This is mainly to make sure that you need to be admitted and that you are admitted to the right hospital.

Sometimes, if arranged in advance, you or your family can give the letter to staff in the hospital upon arrival. If a referral phone call takes place, staff in the hospital should write out the details of the phone call.

Unplanned referral to a hospital

If your referral is urgent, staff in the hospital should assess you as soon as possible. If you self-refer, staff in the hospital should assess you as soon as possible to see whether to admit you there or refer you somewhere else.

Deciding to admit you

You should only be admitted if your main difficulty is that you have a mental illness or mental disorder. Staff in the hospital should consider your best interests and the interests of others who may be at risk of serious harm if you are not admitted.

A doctor should only decide to admit you after exploring other treatments and talking to you, members of your team (where possible) and your family, carer or chosen advocate, with your permission.

If staff in the hospital decide that you need immediate care and treatment, they should admit you. You should be admitted to the hospital unit most appropriate to your needs.

Deciding not to admit

If you have been referred to a hospital, but the health professionals there decide not to admit you, a member of staff should tell you why. They should

also tell the referring GP or community mental health services in writing and tell your family, carer or advocate if you give your permission (or if you are a child).

Staff should only decide not to admit you after seeing what other options are available. If necessary, they should refer you to a more appropriate service for your needs and keep a record of this.

Your assessment

You should get an initial assessment when you are admitted to hospital and a full assessment shortly afterwards by your team.

These assessments should respect your privacy and dignity and protect your safety and that of staff. Assessments should examine your mental health and try to identify all of your needs, for example housing or social needs.

Staff should record all assessments and keep detailed notes in your file.

Personal property and clothing

In general, hospitals should not take your clothes from you when admitting you. If they do take clothes, they should clearly say why in your file.

Rights and information

Hospitals must have information available on the rights you have under the Mental Health Act. When admitting you, staff should tell you about your rights and check that you understand them. Staff should confirm in your file that they have told you about your rights and that you understand these. They should repeat these again at other times while you are staying in the hospital.

When you are admitted you should be introduced to staff and receive a tour of the unit. You should be given an information booklet about the hospital's policies and procedures in plain, understandable language.

The law sets out general information you must receive from staff in hospital. You must receive:

- details of your team;
- information on mealtimes, visiting hours, arrangements for personal property and so on;
- information on your diagnosis;
- information on advocacy and voluntary agencies; and
- information on all medications given to you.

You should also be given other personal information, for example on your initial care and treatment plan.

You should be given an opportunity to discuss any of the issues raised by the information with staff (along with your family, carer or advocate, with your permission).

Staff should give you the information in language you can understand – in writing and face-to-face – and offer interpretation services if necessary. Information booklets should be available in foreign languages where possible. If you cannot understand

the information you receive, staff should give the information to a personal representative such as a member of your family, your carer or your advocate, with your permission.

Individual care and treatment plan

By law, you must have an individual care and treatment plan when in hospital. This should focus on your recovery and include a discharge plan and a plan to identify and manage any risks to your recovery. The plan should also mention any possible obstacles to discharge such as your living situation.

Involving you and your family, carer or advocate

Staff in the hospital should always involve you – and, with your permission, involve your family, carer or advocate – as you are being admitted to hospital and when developing your care and treatment plan.

If you would like to use an advocate, staff in the hospital should tell you how to contact an advocacy service or organise this for you.

Involving your team

If possible, your team should be involved in admitting you and be introduced to you as soon as possible after your admission.

Your key worker

As soon as possible after you are admitted to hospital, you should be matched with an appropriate staff member who will act as your key worker. The hospital should record the name of the key worker in your file.

The key worker should:

- co-ordinate all stages of your stay while in hospital;
- be the contact person for you and your family, carer or chosen advocate;
- introduce themselves and explain their role to you – and, with your permission, to your family, carer or advocate – as soon as possible after you are admitted;

- explain what's involved in being an in-patient and say what's likely to happen next; and
- work with other members of your team to make sure they link in with relevant outside agencies, if needed.

Working and sharing information with other health services and outside agencies

Hospital staff should contact your GP or your primary care or community mental health team if you are referred to the hospital, especially to get necessary information if the referral is urgent or a self-referral.

If the hospital admits you, they should tell your GP or primary care or community mental health team as soon as possible and say what care the hospital intends to provide and how long you are expected to stay.

Your file

All members of your team should work with just one set of records about your care and treatment. Each hospital should have a system in place that allows 24-hour access to these records.

Your file should include:

- an admission form (if you are a voluntary patient);
- clear and complete records of assessments on admission; and
- notes of your involvement in your admission and that of your family, carer or advocate.

For involuntary admissions, staff will need to complete and file additional records.

By law, staff must maintain your file carefully. All records should be easy to read, contain full names (not initials) and be signed and dated.

Part 4: Your transfer

Hospitals should follow certain steps when transferring you within the hospital or to another psychiatric hospital or general hospital.

Considering your transfer

Staff should only consider transferring you to another unit or hospital if:

- they believe this is in your best interests; **and**
- you need special treatment or care that can only be provided in another facility (or you no longer need special treatment or care in another facility); **and/or**
- you ask to transfer to another hospital that may be closer to your home or to a private hospital that is covered by your health insurance.

Deciding to transfer

A doctor should only decide on a transfer after talking to you, your team if possible and, with your permission, your family, carer or advocate.

The hospital should agree the decision with the unit or hospital due to receive you.

Your assessment

Staff in the hospital should assess you before you are transferred. This assessment should identify any risks to transferring you and propose ways to manage any risks.

Involving you

The hospital should do its best to respect your wishes about transfer and get your consent before a transfer takes place. However, this may not be possible in all situations.

The hospital should also discuss transfer options with your family, carer or advocate (if you consent) and answer any questions you or they may have. The hospital should share any relevant information from you or your family, carer or advocate with the receiving facility, especially about risks, including the risk of suicide.

Involving your team

The hospital should involve members of your team if possible and your key worker should co-ordinate all stages of your transfer to the receiving facility.

Sharing information between the hospital and the receiving facility

Hospitals must follow certain laws about sharing information.

Before you are transferred, staff in the hospital and the facility due to receive you should talk directly to each other about:

- the reasons for transfer,
- your care and treatment plan (including needs and risk), and
- whether you need to be accompanied.

The hospital should send your care and treatment plan and a referral letter to a named staff member in the receiving facility as soon as possible. The transferring hospital and the receiving facility should check the information to make sure it's accurate and complete.

Staff in the receiving facility must become familiar as

soon as possible with all written information received, particularly anything about risks to your health.

Your file

Staff in the hospital should:

- include a copy of the referral letter in your file; and
- record:
 - any decision to transfer you,
 - your involvement and that of your family, carer or chosen advocate, with your permission, in the transfer process, and
 - evidence of your consent to transfer, if it applies or reasons why you did not consent.

Staff will need to complete other records when transferring you if you are an involuntary patient.

Day of transfer

You should be transferred during the day. Staff in the transferring and receiving facilities should agree a time to transfer you and should arrange transport if needed.

The transferring hospital should return your property to you in line with their policies, taking account of any risks. It will be responsible for you until the receiving facility accepts you. If the receiving facility is another hospital, it should put its admission policy into practice when you arrive.

Part 5: Your discharge from hospital

Deciding to discharge

A doctor should only decide on your discharge after talking to you, your team if possible and your family, carer or advocate, with your permission.

Planning your discharge

Your team in hospital should start planning your discharge as soon as possible after you are admitted. They should include your discharge plan in your care and treatment plan and review and update it regularly.

Your discharge plan should include:

- an estimated date of discharge,
- notes of communication with your GP, primary care team or community mental health staff,
- clear goals along the way towards discharge,

- the roles and responsibilities of your team,
- a follow-up plan, and
- early warning signs of relapse and risks.

Before the hospital discharges you, there should be a meeting between you, your key worker, relevant members of your team and, with your permission, your family, carer or chosen advocate.

Assessing you before discharge

You should receive a full assessment by your team before you are discharged. This should be recorded in your file.

If necessary, the hospital should find suitable accommodation where you can stay after you are discharged. Your key worker should work with social, housing and homeless organisations if you are homeless.

Your key worker

Your key worker should co-ordinate your discharge and involve you, your family, carer or advocate, with your permission, and other members of your team in discharge decisions. They should check that your team have filled in any relevant paperwork and should also make sure that the team talks to the GP, primary care team, community mental health services or other agencies outside the hospital.

Sharing information

The hospital should involve community mental health staff in your discharge from an early stage. If possible, it should plan contact between you and the health professionals outside the hospital before you are discharged.

Staff in the hospital should do their best to tell your GP, primary care team or community mental health services about your discharge within 24 hours of it happening. If this is not possible, staff should note down why in your file and follow it up as soon as possible.

When you are discharged, staff in the hospital should send a 'discharge summary' to your GP, primary care team or community mental health services.

Involving you and your family, carer or advocate

The hospital should give you and your family, carer or advocate, with your permission, the option of meeting to discuss your discharge plan with your team and key worker.

The hospital should do its best to identify any needs for support that your family or carer may have before you are discharged and give you and your family, carer or advocate a chance to raise any concerns.

When you are discharged, the hospital should give you the following information:

- contact details of community mental health services, other support services and details of how to return to in-patient treatment;

- information on your medication; and
- information on your mental health and any follow up arrangements made before discharge.

This information should be in plain language. Your key worker should discuss it with you and your family, carer or chosen advocate, with your permission, before discharge to make sure everyone understands it and should answer any questions.

Notice of discharge

Hospitals should give you and your family, carer or chosen advocate, with your permission, at least two days' notice of your discharge. If this does not occur, the hospital staff should clearly say why in your file.

Follow-up care

Before discharging you, staff in the hospital should agree a date with your GP, primary care team or community mental health services to follow up with you. Your team should decide how long after discharge this appointment should take place. The

hospital should tell you in writing and face-to-face about this appointment and should record it in your discharge plan.

In general, you should have a follow-up appointment within a week of your discharge if you have a severe mental illness and a history of deliberate self-harm within the last three months or you have been assessed as being at risk of suicide.

Your file

The hospital should record all aspects of your discharge in your file. This should include:

- a record that discharge planning started when you were admitted or as soon as possible afterwards;
- your discharge plan and any updates following discussion with you and your family, carer or advocate;
- the information given to you and your family, carer or advocate, with your permission;

- your date of discharge;
- any necessary referrals and follow-up appointment details; and
- a copy of all discharge summaries.

Day of discharge

When you are being discharged, staff in the hospital should return your property to you according to their policies. If required, the hospital should provide a prescription and medical cert.

The hospital should arrange any transport according to your individual discharge plan.



Your Guide to the Code of Practice



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