



**Your rights and responsibilities  
as an informal patient**

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## Agreeing to come into hospital

As an informal patient you have agreed to come into hospital voluntarily and be a patient on this ward. It is likely that you know you are unwell and need to be given help and support. On the ward you will sometimes be referred to as an informal or voluntary patient because you are not detained under the Mental Health Act 1983 (MHA).



Because of this, you have certain rights during your stay on the ward. Equally, you have some responsibilities as well. This leaflet will explain what those rights and responsibilities are so that you understand what they mean for you.

## Your responsibilities as an informal patient

Accepting and agreeing to these responsibilities will ensure that your time on the ward is well spent and will enable you to be discharged to your discharge destination as soon as possible. On admission to the ward, every patient is encouraged to participate fully with their named nurse and other members of the clinical care team in the development of their own treatment plan. This ultimately leads up to preparing you for your planned discharge from hospital.



## **We ask that while you are informal patient on the ward, that you:**

- Engage with your treatment plan and care.
- Do not take alcohol or drugs whilst on the ward or bring them on to the ward for yourself or other patients.
- Do not verbally abuse, make threats or exhibit intimidating or violent behaviour on the ward.
- Do not damage property on the ward or the ward environment.
- Allow your room or person be searched should there be a concern by staff about banned and restricted items.
- Use leave off the ward appropriately and return to the ward at a time that is agreed with the nursing staff.

## **Your rights as an informal patient**

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As an informal patient you will have agreed to a care plan for your stay on the ward. This may include provisions for your own safety or the protection of others, depending on the assessment by your clinical care team. You may, for example, be asked to agree to an observation schedule (how regularly a member of staff checks on you), possibly not to leave the ward or to have certain other restrictions which the staff will be happy to explain and discuss the reasons why with you. You are not, however, subject to any statutory powers to compel you to stay on the ward. If you disagree with a proposed care plan, you can discuss this with your care team.

There are a number of options open to you at that point:

- That your care plan is altered and mutually agreed
- That you mutually decide that discharge is appropriate
- That you cannot agree and you self discharge
- That you cannot agree and the care team discharge you

## Discharge

If you are discharging yourself then, following further discussion with you, you will be asked to sign a Discharge Against Medical Advice form – however this is not compulsory.

On discharge, you may be offered follow up care in the community. Your discharge plan will be given to you and a copy sent to your GP.

Your family and carers might have to be informed so that support arrangements can be put into place. Medication for you to take home may need to be organised.



## If you are detained under the Mental Health Act

If clinical staff consider your decision to leave may be unwise they will explain their concerns to you. They will also do this if they are concerned about other aspects of your care plan that you disagree with. If they believe there is no alternative, they may prevent you from leaving under Section 5 of the Mental Health Act. This will allow time for a Mental Health Act Assessment to be completed which may in turn lead to a possible further detention in hospital. If this should happen, your rights will be explained to you in detail.



**If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.**