Assessment and Decision Making

We want our lived experience to be heard in every aspect of our care. We have insight into what can support our mental health and we can have valuable input about what will work for us.

At the point of admission we want to be informed about the unit we are going to, and the process of being admitted and what is going to happen to us when we're there – maybe examples of a daily schedule and a photo of a bedroom. We'd like to be made to feel welcome, someone taking the time to show us around the unit and be treated in a thoughtful way so we are prepared as much as possible.

We understand we can't make all the decisions but we want to always be informed about what's happening to us, and consulted about our care whenever possible and involved in this decision making process.

We'd like to be made aware of the sectioning process and having explicit and quick and easy access to advocates. Being admitted to hospital can be frightening and traumatic. This trauma could be reduced by it being managed in a 'kinder' way.
If we are informal patients we want to know what our rights are too.

We want to be involved in our care and we want this to be easy.

COMMON ROOM

Life on the ward and activities

We want life on the ward to mirror life back home as much as possible so that we don't lose skills and friendships which will be important when we are discharged.

There should be a range and choice of regular activities and things to keep us occupied. This is so beneficial to help lift mood, find positivity, make connections with others and reduce loneliness. Boredom makes us more likely to dwell on negative or intrusive thoughts.

Life on the ward can often feel like living in a clinical 'bubble'. But we need to be able to feel hopeful about what our future could look like outside hospital.

We want daily schedules which are reliable and staffed properly, and we want to be encouraged to take part. The activities on offer should be flexible, age appropriate and varied, and available even when we're very poorly or having a bad day or staff aren't present.

Day to day life on the ward should as far as possible maintain a sense of normality and a connection to the outside world.

Make sure visits by family and friends are facilitated and made as easy as possible.

COMMON ROOM

Education

We want consistent access to appropriate education, with enough staff to support us to access this.

The education provision should work with our school or college back home to make sure we are on track with the relevant course or curriculum.

Our transition should be supported by visits where possible and maintaining contact with course tutors.

Discharge and transition back into the community

Where possible, community teams should be invited to ward reviews and to key meetings in order to promote continuity of care when we are discharged.

Preparing us for discharge should be given time and thought, knowing this might be difficult. If possible, especially with longer term patients, there should be a phased process in place.

COMMON ROOM

Ward Staff

We want to be supported as individuals with different needs and this requires employing staff who can give us a human response, be kind to us and treat us with respect.

We want communication to be better, both between us and staff, and between staff themselves. Handovers need to be thorough, especially when we have been particularly struggling.

As patients we are very aware of the ongoing issues regarding staffing levels, lack of adequate training, and poor working conditions for staff. This directly impacts on the care we receive on a daily basis and can lead to unsafe situations for both staff and patients in times of crisis.

All staff need proper inductions, time to get to know us and involvement in our care plans. They need to be clear what our care plans involve and the part they play in implementing them.

We want commissioners to make sure all staff who work with us are supported properly, trained appropriately and feel confident in their role.

COMMON ROOM

Therapy, care and ward environment

We need to be treated as a human first and foremost and not as a ‘condition’.

Blanket restrictions don’t make sense to us because we want personalised care based on our individual needs and care plans.

There should be regular therapeutic intervention available to enable us to build skills which help support our recovery. This intervention should be reviewed regularly with us and tailored to our individual needs.

Access to fresh air feels crucial for our recovery and to make life in hospital more tolerable. Regular access to open spaces should be planned and prioritised regardless of leave arrangements. We also want regular access to physical activities.

Medication needs to be consistently managed and administered with care.

COMMON ROOM