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Instructions On How To Use This Guide
The aim of this booklet is to help people become familiar with mental health services in Ireland.

This booklet is interactive - if you click on text in orange it will bring you to another section of the booklet blue text or a logo will bring you to an external website.

We are very interested in your opinion of this booklet and would be grateful if you would complete an anonymous survey (5 questions) by clicking the link below.

Take Survey
I Need Help Now!
If you are in a crisis or feeling overwhelmed it is important that you ask for help. If you were feeling physically sick you would see a doctor, so don’t be embarrassed about getting help for your mental health.

Everyone needs help from time to time and there is nothing wrong with asking for it. In fact, asking for help is a sign of personal strength. Below are a number of steps you can take

**Talk to a friend, family member or someone you can trust about how you feel.**

If you don’t want to talk to someone you know, there are lots of organisations who you can speak to in confidence and you can find out more about these organisations below.

Visit your GP - if you do not have one, you can locate a local GP on this [website](#) or contact the HSE out of hours GP services on 1850 22 44 77 after 6pm week nights or during the weekend.

### Help for Suicidal Feelings

**Website Resources**

- **HSE** [Your Mental Health Website](#)
- **Samaritans** [Website](#) for a listening Service
- **One Life** [Website](#) for Suicide Prevention

**Helpline Numbers**

Contact one of these organisations to talk to a trained counsellor

- **Samaritans** Call 1850 609 090
- **1 Life** Call 1800 247 100
Your GP

It can help you to talk to your local GP. If you do not have a GP you can find a local GP through the website of the Irish College of General Practitioners.

If you need to speak to a GP after 6pm at week nights or over the weekend you can contact the HSE GP Out of Hours Service.

If you are seriously unwell you can visit the Emergency Department in your local hospital.
What to Expect
What Should I Expect

What you can expect will depend on what type of health care professional you see, the organisation they work in and your mental health needs.

What Are The Different Services?

There are a number of services available. Not everyone with a mental health problem will be treated by a specialist mental health service. Many people with will be treated by their GP or a team working with their GP, known as a primary care or a community team.

You can access some services without going through your GP, for others you may need a referral letter.

There are many different types of services which offer a range of treatments and not all of these services operate to the same standards or are free.

Which services you can use depend on if you have a referral from your GP and if you want to pay for treatment.

There are different services for children and adults.

The cost of the mental health services you access will vary depending on
- If you want to be seen in a private service
- If you are seen in a public service with a medical card (public)
- If you are seen in a public service without a medical card (public) charges may apply
- If you are seen in a voluntary service it may be free or have a minimal cost.

This section is divided up into:

- Services Without a Referral Letter From Your GP
  - You can go yourself
    - Private
    - Public

- Services That Require a Referral Letter From Your GP
  - Private
  - Public

Addiction Services
Public Services You Can Go To Yourself

You can go to your GP free if you have a medical card.

HSE National Counselling Service

The National Counselling Service (NCS) is a free service to any adult living in Ireland who has experienced abuse as a child. This is a free service that is available throughout the country without the need of a referral letter from your GP. The NCS website can be accessed by the link above and an information leaflet on what information they record can be downloaded here.

Voluntary Organisations

Voluntary organisations such as Shine, Grow, Aware, Bodywhys, AA, Jigsaw etc provide a wide range of services. These are usually not for profit organisations such as charities which provide a range of services to help you deal with emotional and social wellbeing and in some instances, mental health problems. It is often possible to obtain services from them without going through your GP. Examples of services are shown below;

- One to One Support
- Personal Development Programs
- Peer Support
- Social Activities
- Counselling
- Housing
- Income Support
- Outreach Programs
- Respite Services
- Therapeutic activities such as armchair gymnastics or drama therapy
- Employment Programs
- Online Supports

Currently, there is no government regulation of some of these services. So you will need to check what standards operate in the service you choose, and whether these apply to the individual staff working with you, or to the organisation in total.

If you are using a not for profit service, you can check if the organisation has signed up to operate to the Governance Code. The Governance Code outlines how they intend to provide their services and how they will measure how well they meet the needs of their clients.

You can find additional information on these services on the HSE Mental Health Website.
**Private Services Which You Will Pay For**

There are a wide range of services you can pay for and do not need a referral letter from your GP. These include:

- Counselling
- Clinical Psychology
- Lifestyle Treatments

**Public Services That You Need A Referral Letter From A GP Or Psychiatrist**

These services will not treat you unless you have a letter from your GP.

Free services (if you have a medical card)

- **Community teams** which can be specialist mental health teams or community care teams.
- **Counselling** in primary care teams which offer up to 8 sessions of therapy
- **Hospitals** dealing with mental health only or psychiatric wards in general hospitals. These wards can be for very acute mental health problems, or long term recovery
- Children’s hospitals may provide support programmes e.g. Temple Street Children’s University Hospital provides a programme to support the parents of children who self harm.
- Day Centres
- Day Services
- Group Homes
- **Addiction** services in the community or residential centres provided by not for profit organisations
- Rehabilitation and Training Services
- **Assessment** only services provided by some private hospitals e.g. The Dean clinics in Dublin.

The extent to which these services are available and how much you have to pay with or without a medical card varies according to geographic location and the type of service, for example some residential addiction centres will make a deduction from your disability allowance to pay for the service.

Some communities have developed a local directory of services and these can be very useful for finding services.
**Private Services**

These are similar to free services but you will have to pay either the government or the service provider for these services. You can also pay to see a psychiatrist as many psychiatrists have a private practice similar to physical health care consultants.

As you can see, there are a wide range of services, each with their own approach. Just like trying to improve your physical fitness means finding a particular sport or exercise that suits you, trying to improve your mental health fitness also means finding a particular service that suits you and meets your individual needs.

**Addiction Services**

Services to help people with an addiction are generally separate to services to help people with a mental health difficulty. Sometimes you can get services for an addiction difficulty without going through your GP, but this depends on where you live. You can find out more about services for addictions on [www.drugs.ie](http://www.drugs.ie)

Addiction and mental health services are not the same.

Services for addiction problems work in a very different way which is not covered by the [Mental Health Act](https://www.mentalhealthcommission.ie) or [HIQA](https://www.hiqa.ie) standards. This can cause problems for people with both an addiction and a mental health problem. This is known as [dual diagnosis](https://en.wikipedia.org/wiki/Dual_diagnosis).

Many addiction services use the [AA](https://www.aa.org) model which has helped many people to recover by following a [12 step programme](https://www.aa.org/12-steps), however, if you have an underlying mental health problem (for example depression) you may find the AA programme does not help you to recover fully.

Often people with both an addiction and mental health problem may find they may need to use a number of different services to help them as there are very few services which treat both an addiction problem and mental health problem together.

So as well as attending an AA group, you may also need to attend a counsellor and take medication.

If you have both an addiction and a mental health problem you should talk to your GP about how best your needs can be met. You may find you have to try a number of different treatment options before you find the right one for you.

For example, your GP may decide to refer you to a specialist mental health service for your mental health problem.

Depending on where you live the specialist mental health service may not accept you if you have both an addiction and a mental health problem.
If you are refused service you may find it useful to;

- Ask the service for their written policy on who is eligible to be treated by the service.
- Request the written policy on reasons for excluding people from their service.

You can then use this information to see what you need to do to obtain treatment. You may need to show you are able to benefit from the service. For example, if you keep turning up to the service drunk the service may not be able to help you, so you will need to show that you can attend the service without being drunk.

When an approved centre refuses to accept you special rules apply. If you have been referred to an approved centre, 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. They should refer you to a more appropriate service for your needs and keep a record of this. You can request a copy of this.

If you are refused treatment you should ask the service to tell you in writing how the service proposes to meet your needs as the standards say they must provide

“…..a holistic, seamless service and the full continuum of care”.

You should request the name of a member of staff, who will help you get the treatment as required under the standards.

When you are being transferred from an approved centre special rules apply. There are specific standards for approved centres (hospitals) when you have been admitted and are then being referred to another service.

If you are admitted to a hospital and staff want to transfer you should make sure that;

- Your new service has all the details of your case.
- your new service has agreed to accept you in writing
- You should get a copy of this letter before you leave the hospital.

Also before you are transferred, staff in the hospital and the new service you will go to should talk directly to each other about:

- The reasons for transfer,
- Your care and treatment plan which should include your needs and any risks relating to your safety.
- If 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 when you arrive.

Staff in the new service must become familiar as soon as possible with all written information received, particularly anything about risks to your physical or mental health.

The full rules are shown here. If none of these actions help you to get a service that meets your needs then a formal complaint can be made to the HSE if the service is run by the HSE.

**How Do They Work?**

A summary of the services is shown below

<table>
<thead>
<tr>
<th>Free First Line Services</th>
<th>Free Services</th>
<th>Private Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>you can ring them yourself</td>
<td>with a medical card</td>
<td>You must pay</td>
</tr>
<tr>
<td>GP (Medical Card)</td>
<td>Need referral letter</td>
<td>Hospitals specialising in mental health only</td>
</tr>
<tr>
<td>Voluntary Organisations</td>
<td></td>
<td>Private Hospital with mental health units</td>
</tr>
<tr>
<td>(Shine, Aware, Jigsaw, Bodywhys,</td>
<td></td>
<td>Day Hospitals</td>
</tr>
<tr>
<td>Grow, AA etc)</td>
<td></td>
<td>Day Centres</td>
</tr>
<tr>
<td>Online Supports</td>
<td></td>
<td>Community Team</td>
</tr>
<tr>
<td>(Reachout, Aware)</td>
<td></td>
<td>Day Services</td>
</tr>
<tr>
<td>Telephone Helplines</td>
<td></td>
<td>Group Homes</td>
</tr>
<tr>
<td>HSE National Counselling Service</td>
<td></td>
<td>Psychiatric Assessment Services</td>
</tr>
<tr>
<td>(Childhood Abuse)</td>
<td></td>
<td>Counselling</td>
</tr>
<tr>
<td>Local Emergency Departments (medical card)</td>
<td></td>
<td>Residential Services (Addiction Services)</td>
</tr>
</tbody>
</table>

Services in RED text must be operated in line with standards set by the Mental Health Commission.
Generally, the services in the red text mean a psychiatrist is available and the standards have more legal importance. The Inspector of Mental Health services visits many of these services to ensure they adhere to the standards.

In first line services, the standards do not apply and the Inspector of Mental Health Services does not visit these services. However, many services try to operate within the standards or some other similar standards as they help to provide better care for clients.

There is much discussion about what types of approach work best, and the type of approach used can vary according to where you live. The Mental Health Commission has also reported that how the services work depends on the style of the particular psychiatrist leading the service.

It is important you know that if one type of service does not help you that you can and should try other services.
What The Different People Do?
What To Expect When You Visit The GP

If you visit a GP, then you can expect to talk about some or all of the following choices for treatment, depending on where you live. The doctor may ask you a range of questions including:

When did you first notice symptoms?
How is your daily life affected by your symptoms?
What treatment, if any, have you had for mental illness?
What have you tried on your own to feel better or control your symptoms?
What things make you feel worse?
Have family members or friends commented on your mood or behaviour?
Do you have biological (blood) relatives with a mental illness?
What do you hope to gain from treatment?
What medications or over-the-counter herbs and supplements do you take?
Do you drink alcohol or use illegal drugs?

Your GP will examine you and may carry out a range of tests to rule out any physical causes for your mental health difficulty. For example, thyroid disease can cause depression. If your GP is trained in cognitive behavioural therapy (CBT) they may treat you this way. Your GP may also;

- Refer you to counselling or CBT within the GPs practise or within an other service
- Refer you to a specialist mental health service team in the community or in hospital
- Refer you to a psychiatrist
- Refer you to a 12 week physical exercise programme as exercise is known to be very beneficial in helping mental health problems [www.gpexcisereferral.ie](http://www.gpexcisereferral.ie)
- May prescribe medication
- May recommend that you avail of services from a not-profit groups such as Shine, Aware, Grow or AA.
- May suggest some self help books for you to read (also called bibliography)
What to Expect When You Visit a Psychiatrist

A psychiatrist is a medical doctor with special training in mental health and specialises in treating mental health. If you visit a psychiatrist, then you can expect to talk about many of the treatment options that you discussed with your GP.

The psychiatrist may also discuss doing tests (known as assessments) to try and find out what specific mental health problems you may have. These can be tests when you answer questions, either by talking to the psychiatrist, or reading and then answering questions in a booklet or on computer.

There can be physical tests on your body to see whether you have a physical problem that could be causing you a mental health difficulty. For example, a brain scan may rule out physical causes of problems. In general a psychiatrist and a GP are the only people who can prescribe medication. In some services, specially trained nurses can also prescribe medication. You should expect to discuss different treatment options and not just the medication option.

What to Expect When You Visit a Psychotherapist / Counsellor.

When you visit a psychotherapist or counsellor you can expect to spend up to an hour in each appointment with just the two of you talking without any interruptions from other people.

Psychotherapists/counsellors are trained to listen to you really well and will always use some form of talk therapy and rely on the relationship between the therapist and you to help you recover from your mental health problems.

There are many different types of talk therapy and generally you will have at least six sessions with the counsellor though some people will attend for much longer if they find it helpful.

You will see the same counsellor each time, and if the counsellor is unable to continue seeing you, you can expect they will tell you in advance so you can discuss other options with them and agree what other treatment options are best for you.

How Other People Can Help

Depending on the service you are using, there can be many other trained people involved in helping you. These people are known as the multidisciplinary treatment team. The type of help each health professional can give you is described in the table below. These people should all work together to help treat you.
<table>
<thead>
<tr>
<th>Title</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP (general practitioner)</td>
<td>These are doctors trained in medicine who look after physical and mental health and can prescribe medication. They may provide a diagnosis of possible physical causes of your mental health problems using blood tests.</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>These are doctors trained in medicine with extra training in mental health. Unlike the GP they treat mental health problems only. They can prescribe medication. They may diagnose more complex mental health problems using a wide range of tests.</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>These are people trained in the study of human behaviour. They provide diagnosis and treatment of mental health problems by observing your behaviour and your answers to questions on special tests.</td>
</tr>
<tr>
<td>Counselling Psychologist</td>
<td>These are people trained in the study of human behaviour. They provide talking therapy to help you deal with your mental health problem. You may see the counselling psychologist on your own or with the support of a family member or friend. Sometimes they may suggest joining other people to work together on problems in a group. For example, anger management</td>
</tr>
<tr>
<td>Psychiatric nurse or psychiatric nurse manager.</td>
<td>A nurse who is trained in medicine. They provide support with medication, help with diagnosis and help to recover from your mental health problem. In some services they may be able to prescribe medication.</td>
</tr>
<tr>
<td>Counsellor</td>
<td>A person trained to listen to you very carefully and ask questions in a supportive way to help you deal with your mental health problem. This is often known as “talk therapy” and there are many different types of counsellors and therapies.</td>
</tr>
<tr>
<td>Social Worker</td>
<td>A person trained to help find services that will support you. For example housing, training or employment. They may also help communications between the different members of your treatment team.</td>
</tr>
<tr>
<td>Occupational Therapist (OT)</td>
<td>A person trained to help with different activities that you may enjoy and will make you feel better or help you to become more independent in your daily life.</td>
</tr>
<tr>
<td>Title</td>
<td>Role</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Speech &amp; Language Therapist</td>
<td>A person trained to help you if you are not able to speak as well as you would like or are having difficulties making yourself understood. They may also assess whether you have a swallowing problem which can be a side effect of medication.</td>
</tr>
<tr>
<td>Government regulation pending</td>
<td></td>
</tr>
<tr>
<td>Creative Therapist</td>
<td>A person trained to help you by using music or art or drama and for children play therapy</td>
</tr>
<tr>
<td>Not government regulated</td>
<td></td>
</tr>
</tbody>
</table>
Types of Treatment
There are many different types of treatment a combination or just one treatment may be recommended. Just like trying to improve your physical fitness means finding a particular sport or exercise that suits you, trying to recover your mental health also means finding a particular treatment or combinations of treatments that suits you and meets your individual needs.

Treatments types can include;
- Medical treatment
- Psychological treatment, counselling and talk therapies
- Lifestyle management and alternative treatment
- Hospital Treatment

**Medical Treatment**

Medical treatment means medications or procedures prescribed by a doctor to help you feel better. Medication is used to remove, reduce or relieve the main symptoms of mental ill health. Medication can reduce the impact of symptoms and can be helpful in providing stability and reducing suffering enabling you engage in and to benefit from other treatments.

However, this is not always the case, and some people find the benefits of the medication are outweighed by the consequences of the unwanted side effects. It is important to remember that if a medication is not working, as long as the person is taking it as prescribed, it is not their fault. It is widely accepted that a combination of medication and other kinds of treatment is the most effective approach to recovery. A combination of approaches is better than a medication only approach.

The reality is that medication will work extremely well for some people, fairly well for others and very little or not at all for others.

**Taking Medication At The Right Time**

For medication to work well, it has to remain within what is called a therapeutic range in the next diagram. The thick purple line below represents the upper line of therapeutic range. The blue area represents the ideal therapeutic range; the red line below represents the bottom therapeutic range. When you first take your medication it takes a while to build up in your body to a sufficient level for it to work properly.

As the medication reaches the therapeutic range it begins to work, if you can keep it within this range and the medication is of benefit to you it will begin to work, though you may experience other side effects which you should discuss with your doctor.
In the graphic above, the wavy white line represents the amount of medication in your system. It will be at the bottom red line when you wake up in the morning.

**Medication Safety**

Medication safety starts with you, the person taking the medication.

*Know your medicines*

Medicines are generally safe and effective. However, medicines can cause side effects and mistakes with medication can and do happen.

If you know the basics about your medication, you will be in a better position to notice if something doesn’t seem right. If something seems different, do not assume that it correct; make sure to ask a doctor, pharmacist or nurse about it.

To benefit fully from your medicines, you should know the basics about all of them.
The Basics

1. Why you need the medicine
2. The name of your medicine
3. The dose or amount of the medicine you need to take
4. How often you must take the medicine
5. How long you need to take the medicine for
6. The side effects of your medicine
7. Where and how you store your medicine

Understanding Your Medicine

There are different types of medicines:

**Prescription**: Your doctor, dentist or nurse prescriber can prescribe you these medicines after seeing you. A pharmacist will check and fill the prescription for you.

**Over-the-counter**: You can buy these in a supermarket, shop or pharmacy without a prescription. You usually take them if you have a common cold, pain, allergy or minor infection or relieve illness.

**Complementary, herbal, alternative**: These can help you to prevent, manage or relieve illness. Examples are vitamins, minerals or herbal products.

**Remember**: even if you do not need a prescription for all of your medicines, you still have to be careful when using them as medicines can interact with each other. They also might not be the best treatment for your illness

Medicines’ name

**Brand name**: This is the name the pharmaceutical company gives to a drug they make. The brand name is usually easy to remember and is clearly written on the pack, for example Panadol® and Hedex®. You will also see the generic name of the medicine printed on the pack.

**Generic name**: This is the common name of the medicine. For example Panadol® and Hedex® are the brand names for the generic medicine paracetamol. The generic name is usually in smaller print size and printed below the brand name on the medicine pack.

Always report all medicines to your doctor or pharmacist
Checklist For Using Medicines Safely

- Tell your doctor or pharmacist about all the medicines you are taking.
  Tip: Make a list of all your medicines (see form at the end of this section) including over-the-counter, complementary, herbal and alternative medicines. Take this list with you each time you visit your pharmacist or doctor. Ask your doctor or pharmacist to update this list if your medicines change.

- Keep your family doctor up-to-date about all parts of your healthcare. It is easier for your GP to spot possible interactions between your medicines if they know about all the medicines you are taking.

- Use the same pharmacy when possible. Pharmacists have independent information systems. So if you are going to several pharmacies, they will not have a complete list of your medication.

- Check that you got the correct medicine before you leave the pharmacy. Tip: Use your medication list to help you check the name and strength of your medicines. Also check that your name is on the label.

- Get your medicines checked regularly. Tip: Bring all your medicines into the doctor or pharmacist once every six months to a year and show them everything you are taking. This will make sure that your medicines are safe to take together.

- Tell the doctor or pharmacist if you have any problems understanding information about your medicines. Tip: You can ask a friend, someone from your family or a carer to go to the doctor with you.

- Tell the doctor and pharmacist if you are pregnant or breastfeeding.

- Always read the patient information leaflet you get with your medicine.

Do not take medicines prescribed for somebody else.

Do not share your medicines with anyone else.

Do not take two doses if you forget to take your medicine. Call your doctor or pharmacist for advice.

Do not stop taking your medicine unless your doctor tells you to.

Do not ignore any unexpected side effects of your medicine. Contact your doctor or pharmacist immediately. Note: many side effects are predictable and may not always be dangerous.

Do not take medicine that is out of date.
Following Instructions

Always read the label and follow the instructions of each medicine. If you have any problems understanding the instructions, ask your doctor or pharmacist. This is not a real label. We created this label to show you why instructions are important. Each medicine will have different instructions.

Always read the label and follow the instructions of each medicine. If you have any problems understanding the instructions, ask your doctor or pharmacist.
**Storing Your Medicine**

Every medicine is different, so always read how to store each medicine.

Store medicine in a cool, dry place and away from light and according to its instructions. For example sometimes you might have to keep your medicine in the fridge.

**Do not** store liquid medicine in a freezer unless you are told to.

**Do not** store medicines in a bathroom or car, as heat and moisture can damage medicine.

Check that your medicine is in-date. Take out-of-date medicines back to your pharmacist so they can destroy them. You should not put them in the bin or toilet.

Check when your medicine expires once you open it.

Store medicines out of the reach of children.

**Medication boxes**

Always keep medicines in their original containers unless you are told to keep them somewhere else.

If you have any problems managing all your different medicines, your pharmacist can put your medicines in special containers such as blister packs or dosette boxes.

If you use a dosette box, tell your doctor or pharmacist.

**Staying in Hospital**

**Did you know?**

Evidence shows that people make the most mistakes with their medicines when they have a change in care.

When you go to hospital you will be asked what medications you are taking at home.

Remember:

Bring an up-to-date list of the medicines you are currently taking (see template) or bring your medicines with you and show these to the doctor or nurse. If you have to go to hospital in an emergency, someone from your family or a friend could do this for you.

Write down the telephone number of your pharmacist and family doctor.

Tell the doctor and nurse in hospital about any allergies that you might have to any medicines. You should write any allergies on your medication list.

The most important thing you can do to ensure medication safety when you go to hospital is to know your medicines.
Questions to ask in hospital

• Have you stopped any of the medicines I was taking at home since I was admitted? If yes, why?

• Have you prescribed me any new medicines? If yes, what are these for?

• How often do I need to take these medicines?

• What times should I take them, for example before meals, in the morning, at night?

• What are the side effects of these medicines?

• Talk to a doctor, nurse or pharmacist if you have any questions or if you feel that something is wrong with your medicines.

Coming home from hospital

When you leave hospital and go home you need to be careful with your medicines. You are going from a place where someone is supervising your medicines to where you have to manage them yourself.

Remember:

Ask your doctor or pharmacist to explain the medicine plan you will have at home.

Go through all your medicines and make sure you know the basics of all of them.

Go to your GP or pharmacist as soon as possible after you leave hospital and show them your new prescription. Ask them to compare it with the prescription you had before you were in hospital. The hospital might have stopped or replaced some of your old medicines.

While you were in hospital you might have been prescribed a different brand of a medicine to the one you had been taking at home. This might lead to confusion about your medicines.

Note: If you have any questions do not be afraid to ask the doctor, nurse or pharmacist even if they seem busy. They want you to be safe.

You can help them a lot by knowing about your medicines.

At home you should contact your doctor or pharmacist if:

• you have any questions about your medicines, or

• you become ill in any way.
Questions to ask when you leave hospital

• What medicines do I need to take at home?
• Have you changed or replaced any of my medicines?
• What is the name and number of the doctor who wrote my new prescription?
• What is the name and number of the ward I was on?
• What medication is being used and why?
• How often will the medication be reviewed?
• What is the name of the medication?
• Can you provide written information about the medication?
• Where can I get print information? (e.g. Patient information Leaflets etc)
• What is it used for?
• How does it work?
• How should I take it?
• When should I take it?
• How soon should I notice a change?
• How long will it take to work?
• How long will it need to be taken for?
• Is it addictive?
• Can I stop taking it suddenly?
• What should I do if I forget to take it?
• Are there side effects, and if so, what sort of side-effects might occur?
• If I experience side effects what should I do about it?
• Will it make me drowsy?
• Will it cause me to put on weight?
• Will it affect my sex life?
• Can I drive while I am taking it?
• Can I drink alcohol while I am taking it?
• Are there any foods or drinks that should be avoided?
• Will it affect my other medication?
• Are there any problems with smoking with this medicine?
• What is the lowest effective dose?
• Can the dose be increased when necessary?
• What is the maximum dose?
• Will I need blood tests?
• Are there other medication choices?
• Are there any medicines, vitamins or herbs that I should not take with these medicines?
• Can you update my medication list
• Are there non-pharmaceutical alternatives to this medication?

For Women:

• I am on the contraceptive pill, will it be affected?
• Will emergency contraception (“morning after pill”) work?
• Will it affect my periods (menstrual cycle)
• What if I want to start a family or find I’m pregnant?
• Can I breast-feed if I am taking this?
Medication List

Keep an up-to-date list of all your medication at all times. Your doctor or pharmacist can assist you to fill in the information.

Name _________________________       Date of Birth ______

Allergies __________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Name and Strength</th>
<th>What it for</th>
<th>Dose</th>
<th>Frequency</th>
<th>Special Instructions</th>
<th>Appearance</th>
<th>Date Stopped</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/11/11</td>
<td>tablet ABS 50mg</td>
<td>anxiety</td>
<td>2 tabs</td>
<td>Twice a day morning and evening</td>
<td>No alcohol take with food</td>
<td>small white tablets</td>
<td>10/11/13</td>
</tr>
</tbody>
</table>
# Descriptions Of Different Type Of Medications

<table>
<thead>
<tr>
<th>Type of Medication</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-anxiety or Anxiolytic Medication</td>
<td>Medication used for severe anxiety (and sometimes for depression if you are also very anxious), also called ‘tranquillisers’</td>
</tr>
<tr>
<td>Antidepressant Medication</td>
<td>Medications used to treat mood disorders (including depression and anxiety) that are prescribed by a doctor (e.g. Zoloft, Lexapro, Cipramil, Aropax, Prozac, Luvox).</td>
</tr>
<tr>
<td>Antipsychotic Medication</td>
<td>Medication used to treat psychotic disorders, such as schizophrenia, and sometimes prescribed for bipolar disorder or severe depression.</td>
</tr>
<tr>
<td>Atypical Antipsychotics (2nd generation)</td>
<td>A newer type of antipsychotic medication that is used to treat psychosis by blocking the brain from detecting certain chemicals. Atypical drugs are thought to decrease the side effects associated with body movement compared to typical drugs.</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>A type of drug that slows down the brain and body and is generally used to treat sleep disorders.</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>A type of anti-anxiety medication that makes the body and brain feel relaxed and is usually used to treat anxiety disorders.</td>
</tr>
<tr>
<td>Drug withdrawal medication</td>
<td>Medication used to reduce symptoms experienced from reducing or stopping the use of drugs or alcohol.</td>
</tr>
<tr>
<td>Lithium</td>
<td>A mood-stabilising medication that is mainly used to treat bipolar disorder and major depression.</td>
</tr>
<tr>
<td>Monoamine Oxidase Inhibitors (MAOIs)</td>
<td>A type of antidepressant medication that is used to treat mood disorders by stopping the break down of chemicals in the brain.</td>
</tr>
<tr>
<td>Type of Medication</td>
<td>Action</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mood stabilising medication</td>
<td>Medication used to treat mood disorders that suppress swings from one mood extreme to another, such as mania to depression (e.g. Lithium).</td>
</tr>
<tr>
<td>Noradrenaline Reuptake Inhibitors (NaRIs)</td>
<td>A type of antidepressant medication that is used to treat mood disorders by increasing chemicals associated with mood in the brain</td>
</tr>
<tr>
<td>Noradrenaline-Serotonin Specific Antidepressants (NaSSAs)</td>
<td>A type of antidepressant medication that stops the brain detecting certain chemicals and is used to treat mood disorders</td>
</tr>
<tr>
<td>Sedative medication</td>
<td>Medication that helps you to feel more calm, and can be prescribed to help reduce anxiety and to induce sleep.</td>
</tr>
<tr>
<td>Selective Serotonin Reuptake Inhibitors (SSRIs)</td>
<td>A type of antidepressant medication that is used to treat depression and anxiety disorders by increasing chemicals in the brain.</td>
</tr>
<tr>
<td>Serotonin and Noradrenaline Reuptake Inhibitors (SNRIs)</td>
<td>A type of antidepressant medication that is used to treat mood disorders by increasing chemicals in the brain that are associated with mood.</td>
</tr>
<tr>
<td>Stimulant medication</td>
<td>Medication that helps to increase the activity of the chemical messengers in the brain, is usually used to treat behavioural problems, and sometimes for the treatment of anxiety.</td>
</tr>
<tr>
<td>Tricyclic Antidepressants (TCAs)</td>
<td>A type of antidepressant medication that stops the brain detecting certain chemicals and is used to treat mood disorders.</td>
</tr>
<tr>
<td>Typical Antipsychotics (1st generation)</td>
<td>A type of antipsychotic medication that stops the brain detecting certain chemicals and is generally used to treat psychosis.</td>
</tr>
</tbody>
</table>

You can find out more about your specific drug treatments by using these websites.

The NHS provides detailed information on drugs [www.nhs.uk](http://www.nhs.uk)

The Irish Medicines Board is responsible for regulating medical drugs. [www.imb.ie](http://www.imb.ie)

This [American website](http://www.example.com) allows you to find out more about your own prescription and how your different drugs work together. Some of the drug names may be different to the names we use in Europe and you will need to create a free account to check out how your specific drugs work together.
Psychological Treatment, Counselling and Talk Therapy

- Choosing a counsellor
- Technology [Supports](#)
- Types of [therapy/counselling](#)

Psychological Treatment

There are many different types of counsellors/therapists with psychological training from clinical psychologists, occupational psychologists, to counselling psychologists, psychotherapists to CBT counsellors and creative art therapists. Each of these is trained to treat your mental health problems in a different way and there is much discussion about which way is best. Some of these professionals will have gone through their own personal psychological therapy as part of their training, but others do not. There are overlaps with counselling therapies and so these are described together.

In these treatments, you learn about your condition and gain greater understanding of your moods, feelings, thoughts and behaviours through talking or participating in a creative therapy such as music, art or drama. Counselling usually involves committing to a series of regular sessions of about an hour in length over a period of time.

Bringing unexpressed thoughts and emotions to the surface can sometimes be distressing. The counsellor’s role is to create a climate that enables you to express your feelings in safety and to accept them as part of yourself. The counsellor may also help you to look at the thoughts and beliefs underlying your feelings and emotions. This can help you to gain an understanding of your present behaviour and to get to the root of problems. It can help to provide you with a greater sense of control over your life and empower you to make more life-enhancing choices as you move forward.

Choosing A Counsellor

Personal Relationship

Research shows that a good relationship with your psychologist or counsellor is the most important part of solving your mental health problem. You should make sure you feel comfortable and safe with your counsellor and you choose a therapist that supports you in setting your own treatment goals and uses a therapy that suits you.

For example, you may have experienced childhood abuse but had good mental health until you started experiencing anxiety as a result of a stressful work situation. So you may decide you wish to learn to manage your anxiety better, but do not wish to re-open the issue of your childhood abuse.

A professional and ethical therapist will accept your decision and work with you on your anxiety only without passing judgement or attempting to re-open the childhood abuse issue as they will know this could be very damaging to you.
CBT therapy can be very effective for anxiety and does not generally have to look at childhood issues, but a therapist who uses only psychoanalytic therapies may tend to help by examining childhood issues and may tend to focus on these issues. So it is useful to know what type of approach the counsellor will use.

Your GP, friends and family may be able to recommend a counsellor they have personal experience with. Most counsellors will also talk to you on the phone first to see whether they can help you with your particular situation. You can use this phone conversation to see whether you are likely to feel comfortable working with this counsellor and it useful to try ringing a few different counsellors.

You may need to try a few counsellors before you find a counsellor that suits you and your particular situation.

You might feel these questions about approach useful:

- What do you think is the goal of the therapy?
- What is your approach?
- What methods do you employ?
- What’s the number of sessions you think we’ll need?
- What’s expected from me? (For instance, are there homework assignments?)

You might find the questions below useful after the first session:

- Did you feel the counsellor listened and understood your concerns?
- Did you feel like the counsellor respected you?
- Did you feel the counsellor saw you as an equal and did not patronise you?
- Did the Counsellor seem like a real person or were they playing a role?
- Was the counsellor passive (simply listening) or active (asking questions) in the session? What do you like better?
- Does it seem like the counsellor will be open to hearing about all your feelings, including being frustrated or angry with the counsellor?
- Did the counsellor have a positive outlook on life?
- Did you feel safe expressing your thoughts, concerns and feelings?

If you are not answering yes to most of these questions, then this counsellor may not be right for you and you should consider trying another counsellor.

Qualifications
A counsellor can be called a psychologist, which is a term about to be protected by law and you can check whether the person is registered on this [website](#).

Sometimes the person trained to provide the psychological treatment is called a counsellor. In Ireland, there is no law to stop someone calling themselves a counsellor when they are not.
qualified, trained or a member of a reputable counselling organisation. This warning also applies to other treatments such as hypnosis.

So do check the websites of the professional counselling associations to make sure your counsellor is qualified to practise in the type of therapy which meets your needs using the definition of therapies shown below. You should also know that some one can be a member of a professional counselling association but may not be accredited to practise as a counsellor. For example a student member is not fully qualified to practise.

Cost
Establish cost from the very start. Cost can vary considerably, from free services to up to €150 per hour. Psychologists tend to be at the higher end of the range. The fee is usually per session and some counsellors offer a sliding scale according to your ability to pay.

To help you work out the cost, ask the counsellor if they can give you an estimate of how many sessions might be involved. Counselling is provided free within some public health services and most third level institutions offer student counselling services free of charge. A number of voluntary agencies also provide free counselling. Some health insurance packages cover the cost of a limited number of counselling sessions. Ask your insurer to clarify the terms and conditions of cover.

If cost is a problem, this should be mentioned when making enquiries as some organisations include details on sliding scales, low cost options or payment on the basis of a donation

Technology Supports
A wide range of materials either on the internet or software you can use on a range of electronic devices is now available. These include the following:

Online Information and Self Help Tools.
These can be very useful but some websites can actually provide very misleading information which can be very dangerous to your mental health so make sure they follow the Health on the Net Code.

The HON code means the website owner commits to

1. Only give advice by trained and qualified professionals unless they make it clear the advice is not from a trained and qualified professional
2. The information supports the relationship with your mental health advisors
3. Any data you provide is confidential
4. The original person who provides the advice is identified
5. There must be evidence to support any claims made
6. The website owner provides a way for you to contact them
7. Discloses who is providing the funding for the website
8. There is clear separation between advertising and advice content
**Discussion Boards**
These allow you to chat online about issues of concern. Make sure the board is

1. Hosted by a reputable organisation which specialises in mental health care and conforms to the *Health on the Net Code*.

2. There is a moderator who is a person who helps make sure every one communicates in a respectful way.

3. There is a “report abuse” button on every screen.

Discussion boards can be very useful but they can also cause problems to your mental health so make sure you stay safe.

- Do not use an online name (id) with any personal information such as your name, school, work, phone number or date of birth that could be used to help identify you.

- Do not disclose any information that could help identify you when you post online.

- Keep in mind that you don't always know the people you are communicating with.

- Reject invitations from unknown users and never respond to email or instant messages that make you feel uncomfortable.

**Report abuse straight away**

You should never arrange a face-to-face meeting with an online-only acquaintance without involving another trusted person. The Internet can be a great way to chat with people who have similar interests, but unfortunately, people are not always who they seem or say they are.

**Technology Supported Therapy**

There are a wide range of Smartphone apps that allow you to track your daily mood or progress against goals or support you to challenge your thinking. While useful, very few of these apps have been scientifically proven to help mental health problems at this time. You can download a directory of these apps at this [link](#).

There are also computer programmes from reputable organisations such as Reachout, Aware and Bodywhys who provide online computer programs to work at your own pace to help you improve your mental health. In some of these programmes you work on your own, in others you may have a personal coach or supporter who provides feedback at weekly intervals.

Another new development is virtual reality programs which is based on exposure therapy which allows you to feel fully and realistically immersed in a computer simulation of your greatest fear. This can be useful in treating phobias but should only be done with a qualified therapist.

Virtual reality programs can also be useful for friends and family to help them understand the experience of mental health problems. For example the virtual reality lab in Institute of Art Design and Technology, Dun Laoghaire has been used to create the experience of living with schizophrenia.

Although neurofeedback has been around for many years there is increased interest in it. Using
sensors placed on the body neurofeedback measures brain waves or brain blood flow to produce a signal that can be used as feedback on brain activity to teach self-regulation. Feedback is commonly provided using video, sound or games, with positive feedback for desired brain activity and negative feedback for brain activity that is undesirable. Again the scientific evidence for effectiveness of neurofeedback is limited. See link for more information.

Types of Therapy / Counselling

There are many different types of psychological treatment which are shown below. Usually these are provided face to face, but they can also be provided over the internet using Skype or through computer programs.

<table>
<thead>
<tr>
<th>Types of Therapy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance and Commitment Therapy (ACT)</td>
<td>A type of Cognitive Behaviour Therapy that teaches you to accept thoughts and feelings without trying to change them. The therapy also helps you to be sure about your personal goals and to take action towards achieving these, to bring more meaning to your life.</td>
</tr>
<tr>
<td>Behaviour Therapy (BT)</td>
<td>Therapy that focuses on increasing activity levels and pleasure in life, which involves doing activities that are rewarding or give satisfaction.</td>
</tr>
<tr>
<td>Cognitive Analytic Therapy (CAT)</td>
<td>Therapy that helps with the recognition of unhelpful behaviour patterns and their origins (i.e. thinking about how they began), and to develop new and more helpful strategies in order to cope better.</td>
</tr>
<tr>
<td>Cognitive Behaviour Therapy (CBT)</td>
<td>Therapy that focuses on recognising current patterns of thinking, acting and feeling, in order to develop more realistic and healthy patterns.</td>
</tr>
<tr>
<td>Cognitive Therapy</td>
<td>Therapy that focuses on identifying and changing the unhelpful thoughts that leads to unwanted feelings and behaviours.</td>
</tr>
<tr>
<td>Dialectical Behaviour Therapy (DBT)</td>
<td>Therapy that focuses on helping you to develop skills that help you to remain grounded (i.e. in touch with reality) and in control of your body and mind, to cope with problems in relationships, tolerate stressful situations and help you regulate their emotions (i.e. to have more control over your feelings).</td>
</tr>
<tr>
<td>Drama therapy</td>
<td>Therapy that uses drama and theatre techniques to give people experiences that can be helpful socially, physically or emotionally. Can involve using dance, theatre, mime, story telling, role play or improvisation.</td>
</tr>
<tr>
<td>Types of Therapy</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Exposure Therapy</td>
<td>Therapy that involves being exposed, in a structured and planned manner, to the things that cause feelings of anxiety (i.e. feelings of worry, stress, fear or discomfort).</td>
</tr>
<tr>
<td>Eye Movement Desensitisation and Reprocessing (EMDR)</td>
<td>Therapy that involves remembering disturbing or traumatic memories while making particular types of eye movements that are thought to help in reducing the distress that these memories bring.</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>Therapy that involves the whole family attending treatment sessions, where the therapist tries to help the family change their patterns of communication so that relationships are more supportive and involve less conflict.</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>Therapy that involves a group of people, who usually don’t know one another, meeting together with a therapist. It can be based on the techniques of a variety of other therapies, for example, group CBT.</td>
</tr>
<tr>
<td>Hypnotherapy or Hypnosis</td>
<td>Therapy that involves a therapist helping you to get into a hypnotic state where you can experience vivid (i.e. realistic) mental imagery.</td>
</tr>
<tr>
<td>Interpersonal Psychotherapy (IPT)</td>
<td>Therapy that focuses on problems in personal relationships and building skills to deal with these problems.</td>
</tr>
<tr>
<td>Marital or Relationship Therapy</td>
<td>Therapy that focuses on helping you with their problems by improving your relationship with your partner, family or friends. All persons involved in the relationship need to attend the therapy sessions.</td>
</tr>
<tr>
<td>Mindfulness Therapy</td>
<td>Therapy involving meditation and being taught to focus on the present moment, including breathing and recognising thoughts and feelings. Often used for preventing relapse or return of depression in people.</td>
</tr>
<tr>
<td>Music Therapy</td>
<td>A therapy using music to help people regain their mental health. Often used for children, elderly people with dementia who have lost the ability to speak and situations like trauma where you do not wish to talk about the specific events.</td>
</tr>
<tr>
<td>Types of Therapy</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Narrative Therapy</td>
<td>Therapy that involves focusing on how you think about yourself and your life situations in terms of narratives, or stories.</td>
</tr>
<tr>
<td>Play therapy</td>
<td>Therapy that helps children and young people express their feelings or explore their difficulties through play.</td>
</tr>
<tr>
<td>Problem-solving Therapy (PST)</td>
<td>Therapy that involves learning to clearly identify problems, think of different solutions for each, choose the best solution, develop and carry out a plan, and then see if this solves the problem.</td>
</tr>
<tr>
<td>Psychoanalytic Psychotherapy</td>
<td>Therapy that focuses on unconscious motivations, where you talk about your life and things that happened when you were young as a way of finding out how things experienced in the past can affect your current behaviour and feelings.</td>
</tr>
<tr>
<td>Psychodynamic-interpersonal Therapy (formerly Conversational Model of Therapy)</td>
<td>Therapy that focuses on specific problems in relationships and tests out solutions to solve these problems.</td>
</tr>
<tr>
<td>Psychoeducation</td>
<td>Receiving information about mental illness in general or a specific mental illness, including its signs and symptoms and treatment options.</td>
</tr>
<tr>
<td>Rational Emotive Therapy (RET)</td>
<td>Therapy that focuses on unreasonable (or unrealistic) beliefs that may be stopping you from achieving your goals and causing you anxiety (i.e. feelings of worry, stress, fear or discomfort). The focus in therapy is to work to replace these with more reasonable beliefs.</td>
</tr>
<tr>
<td>Relaxation Therapy</td>
<td>Therapy that involves the use of relaxation techniques, such as progressive muscle relaxation combined with breathing techniques.</td>
</tr>
<tr>
<td>Schema-focused Cognitive Therapy Social Skills Training</td>
<td>Training that involves learning how to interact in social situations (e.g. meeting new people, talking in a group) with the help of a therapist that is usually a treatment for social anxiety.</td>
</tr>
<tr>
<td>Stress Inoculation Therapy</td>
<td>A type of behaviour therapy that involves exposure to increasing levels of stress to improve your ability to cope with stress.</td>
</tr>
</tbody>
</table>
### Types of Therapy

<table>
<thead>
<tr>
<th>Types of Therapy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systemic Therapy</td>
<td>Therapy that focuses on your relationships, exploring your patterns of interaction (i.e. how you communicate or deal with other people), your beliefs and meaning of interaction, in order to bring about new and more useful patterns</td>
</tr>
<tr>
<td>Supportive Psychotherapy or Supportive Counselling</td>
<td>Therapy that aims to help you to cope better by providing personal support and allowing you to reflect on your life situation in an environment where you are accepted</td>
</tr>
</tbody>
</table>

### Professional Talk Therapy Counselling Associations

<table>
<thead>
<tr>
<th>Association</th>
<th>Website</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irish Association of Humanistic and Integrative Psychotherapy (IAHIP)</td>
<td><a href="http://iahip.org/">http://iahip.org/</a></td>
<td>353 (0)1 284 1665</td>
</tr>
<tr>
<td>The Psychological Society of Ireland (Counselling Psychologists) (PSI)</td>
<td><a href="http://www.psihq.ie/">http://www.psihq.ie/</a></td>
<td>01-472 0105</td>
</tr>
<tr>
<td>The Irish Association for Counselling and Psychotherapy (IACP)</td>
<td><a href="http://www.irish-counselling.ie/">www.irish-counselling.ie/</a></td>
<td>1890 907 265</td>
</tr>
<tr>
<td>Irish Council for Psychotherapy</td>
<td>[www психотерапия-ireland.com/](<a href="http://www">http://www</a> психотерапия-ireland.com/)</td>
<td>01-902 3819</td>
</tr>
</tbody>
</table>
Lifestyle Management and Alternative Treatments

Sometimes your mental health problems can be helped by lifestyle management and some people find “alternative treatments” can help. Alternative treatments are called this because they have not been proven to work by medical scientists or are not generally used by the medical community.

These alternative treatments include;

- Herbal treatments
- Nutritional treatments
- Alternative or Lifestyle treatments

Herbal Treatment

Herbal treatment means taking herbs to help you feel better. These treatments are generally suggested by people not trained in medicine, so there may be problems with health and safety. Talking to a medical doctor or a chemist is essential if you are taking any prescribed medication as they can cause harmful side effects.

<table>
<thead>
<tr>
<th>Listing of Different Herbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borage</td>
</tr>
<tr>
<td>A herb originating in Syria used in traditional Iranian medicine for improving mood.</td>
</tr>
<tr>
<td>Combination preparations</td>
</tr>
<tr>
<td>These contain mixtures of herbal remedies, vitamins, minerals and other nutrients.</td>
</tr>
<tr>
<td>Ginkgo biloba</td>
</tr>
<tr>
<td>Extracts from the leaves of the Ginkgo biloba tree that may play a role in reducing the body’s response to stress.</td>
</tr>
<tr>
<td>Golden Root (Rhodiola Rosea)</td>
</tr>
<tr>
<td>A plant that grows in cold parts of the world and is used as a traditional remedy to cope with stress.</td>
</tr>
<tr>
<td>Kava</td>
</tr>
<tr>
<td>The root of a plant from the South Pacific used in ceremonial rituals. It may help to reduce anxiety.</td>
</tr>
<tr>
<td>Lavender</td>
</tr>
<tr>
<td>A plant used in herbal medicine. Essential oils extracted from its flowering tops are traditionally used to aid sleep and relaxation.</td>
</tr>
<tr>
<td>Passionflower</td>
</tr>
<tr>
<td>A plant native to the Americas that is used as a traditional remedy for anxiety and insomnia.</td>
</tr>
<tr>
<td>Saffron</td>
</tr>
<tr>
<td>A spice used to treat depression in Persian traditional medicine.</td>
</tr>
<tr>
<td>St John’s Wort</td>
</tr>
<tr>
<td>Small flowering plant used as a traditional remedy for depression. Extracts are widely available in health food stores or in some countries by prescription only.</td>
</tr>
<tr>
<td>Valerian</td>
</tr>
<tr>
<td>A herb often used to treat sleeping difficulties. It is also used to treat anxiety.</td>
</tr>
</tbody>
</table>
Nutritional Treatment

Nutritional treatment means using food or special food supplements to help you feel better. Usually these are food ingredients, known as nutrients, which help the body work better. Talking to a medical doctor or chemist is essential before you take additional supplements; as if you are taking any prescribed medication they can cause harmful side effects. Very often you can get a blood test to see whether the levels of nutrients are low enough in your body to be causing problems.

### Nutritional Supplements

<table>
<thead>
<tr>
<th>Nutritional Supplement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carnitine (Acetyl Carnitine)</td>
<td>A nutrient involved in energy production in the body that is produced in the body. It is available from meat and dairy products as well as supplements.</td>
</tr>
<tr>
<td>Chromium</td>
<td>An essential trace mineral involved in the absorption and digestion of food, available in food or as a supplement.</td>
</tr>
<tr>
<td>Folate (Folic Acid)</td>
<td>A nutrient found in foods or in dietary supplements, usually as folic acid. It is sometimes used with antidepressant drugs.</td>
</tr>
<tr>
<td>Glutamine</td>
<td>An amino acid (building block of protein) found in food and also available in supplements. It is promoted as a 'brain food' that improves mood and energy levels.</td>
</tr>
<tr>
<td>Inositol</td>
<td>A compound similar to glucose, consumed through food and available in supplements. It helps to produce substances involved in activity of brain cells.</td>
</tr>
<tr>
<td>Magnesium</td>
<td>A mineral present in food and also available as a supplement.</td>
</tr>
<tr>
<td>Melatonin</td>
<td>A hormone produced in the brain and involved in the body’s sleep-wake cycle. It is also available as a supplement in some countries.</td>
</tr>
<tr>
<td>Multivitamins</td>
<td>A dietary supplement that may contain different combinations of vitamins, dietary minerals and other nutrients.</td>
</tr>
<tr>
<td>Omega-3 Fatty Acids (Fish Oil)</td>
<td>Types of polyunsaturated fats found in fish oil or made in the body.</td>
</tr>
<tr>
<td>Phenylalanine</td>
<td>An amino acid (building block of protein) that plays a role in the production of brain chemicals.</td>
</tr>
<tr>
<td>Same</td>
<td>A compound made in the body and available as a supplement. It plays a role in the activity of brain cells.</td>
</tr>
<tr>
<td>Selenium</td>
<td>A mineral present in whole grains and meats and available as a supplement.</td>
</tr>
<tr>
<td>Tyrosine</td>
<td>An amino acid (building block of protein) that plays a role in the activity of brain cells.</td>
</tr>
</tbody>
</table>
### Nutritional Supplements

<table>
<thead>
<tr>
<th>Vitamin</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin B12</td>
<td>A vitamin that plays an important role in the activity of brain cells. It is found in meat, milk and eggs and is also available in supplements.</td>
</tr>
<tr>
<td>Vitamin B6</td>
<td>A vitamin that plays a role in the activity of brain cells. It is widely available in food and can also be taken as a supplement.</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>A vitamin that is made in the body mainly through the action of sunlight on skin. Supplements have been used to treat winter depression.</td>
</tr>
<tr>
<td>Zinc</td>
<td>An essential mineral found in food and available in supplements.</td>
</tr>
</tbody>
</table>
Alternative Or Lifestyle Treatments

This means using treatments which were not developed through traditional medicine and scientific research, so sometimes it is not clear exactly how they work.

It can also involve making changes to your lifestyle or simply learning about how to manage the problems you have using special techniques or learning more about what could be causing your problems.

<table>
<thead>
<tr>
<th>Treatment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
</tr>
<tr>
<td>Aromatherapy</td>
</tr>
<tr>
<td>Autogenic Training</td>
</tr>
<tr>
<td>Ayurvedic medicine</td>
</tr>
<tr>
<td>Bach flower remedies</td>
</tr>
<tr>
<td>Bibliotherapy</td>
</tr>
<tr>
<td>Breathing Training</td>
</tr>
<tr>
<td>Exercise</td>
</tr>
<tr>
<td>Homeopathic medicines</td>
</tr>
<tr>
<td>Hydrotherapy</td>
</tr>
<tr>
<td>Massage</td>
</tr>
<tr>
<td>Meditation</td>
</tr>
<tr>
<td>Reiki</td>
</tr>
<tr>
<td>Relaxation Training</td>
</tr>
<tr>
<td>Treatment Options</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Traditional Chinese Medicine</td>
</tr>
<tr>
<td>Yoga</td>
</tr>
</tbody>
</table>
Hospital Treatments

Sometimes people with a mental health difficulty which is causing a lot of problems can be helped by staying in a hospital for a while. You can only stay and be treated for a mental health problem in a hospital which has been approved by the Mental Health Commission. These hospitals are known as approved centres. Special standards exist for health professionals to make sure you are treated well at every stage of your treatment and these are detailed below.

- How hospital should operate according to the Mental Health Commission
- How you should be admitted to hospital
- How your transfer from hospital should be arranged
- How your discharge from hospital should be arranged
- ECT treatment
- Involuntary Admission
- When you or some one else is in danger

How Hospitals Should Operate According To The Mental Health Commission

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
- 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
- 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.

How You Should Be Admitted 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 your admission

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

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.
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;
- Information on your diagnosis;
- Information on advocacy and voluntary agencies;
- 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.

Your 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:

- Admission form (if you are a voluntary patient)
- Clear and complete records of assessments on admission
- 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.
How Your Transfer From Hospital Should Be Arranged

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.
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.
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
- 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.

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;
- 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;
- 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.

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.
**Electroconvulsive Therapy (ECT)**

Some psychiatrists may very rarely use electrical currents in your brain (ECT) if the mental health problem is very severe. There are detailed standards doctors must follow to use this which are shown below. The Inspector of Mental health services visits all hospitals using ECT annually. You can see the reports of the Inspector of Mental Health on this website.

**What is ECT?**

When you are treated with ECT, an electric current is passed briefly through the brain to produce a seizure. It is used to treat some types of major mental illnesses.

**What are the rules and the code of practice on ECT?**

The rules on ECT and the code of practice on ECT are very similar. The main difference is that the rules are law and must be followed. The code of practice is not law, but it does help to make sure that proper procedures are in place.

The Rules are for staff treating an involuntary patient with ECT. Involuntary means that you did not choose to be admitted to hospital for treatment.

The Code of Practice on ECT is a guide for staff treating a voluntary patient with ECT. A voluntary patient means that you agreed to be admitted to hospital for treatment.

The Inspector of Mental Health Services checks that staff are following the rules and the code of practice.

**Who Can Give Me ECT?**

Only your psychiatrist can prescribe ECT and it can only be given to you by a doctor. If you receive ECT, an anaesthetist and nurses will also be involved in your treatment.

**What Information Will I Receive About ECT?**

You should get enough information on ECT to help you to decide if you want to consent to it. This information should include:

- What ECT is and why it is used,
- How ECT will benefit you,
- What will happen if you do not have ECT,
- Other treatment options, and
- Possible side effects of ECT.
Do I Have to Consent to ECT?

If you are a voluntary patient, it is up to you to choose ECT. Doctors can only give you ECT if they receive your written consent.

If you are an involuntary patient, you should also be asked for your written consent. If you do not or cannot consent, your psychiatrist can ask a second psychiatrist to assess you. If they both think that ECT is the best treatment to help you get better, they can give you ECT without your consent.

What Else Do I Need to Know About Consent?

According to the Rules and Code, you are free to choose to give your consent. You should be told that you have the right to refuse to give consent for ECT and the right to change your mind at any time.

The difference between the rules and code is that if you are an involuntary patient and refuse to give consent, you may still be given ECT, as described in the answer to the previous question.

To give consent, you need to have capacity. This means that you are able to:

- Understand the information you are given on ECT,
- Remember the information long enough to make a decision on getting ECT,
- Make a free choice; and
- Tell your doctor what you decide.

What Else Do I Need To Know About ECT?

The rules and code also state the following:

- Your doctor should assess you properly before, during and after the programme of ECT.
- Every time you receive ECT, the hospital should keep good records of your treatment.

Do All Hospitals Use ECT?

NO.
You can ask your doctor if ECT is offered as a treatment in your hospital. If you are prescribed ect, you may have to go to another hospital for your treatment.
For more information you can get a full copy of the rules or the code of practice on ECT from the hospital staff or you can contact the Mental Health Commission.

Please note, this is only a guide to the rules and the code of practice on ECT. It is not a legal interpretation and it does not give a full description of the rules or code of practice.

**Involuntary Admission**

It does not happen very often but you may need to be admitted to hospital without your agreement. This can only happen if you have a mental disorder. This means that:

You have a mental illness, severe dementia or significant intellectual disability and there is a serious risk that you may cause immediate and serious harm to yourself or others.

OR

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.

The following cannot be used as the only reason for making you go to hospital without their consent.

• You have a personality disorder.

• You are socially deviant.

• You are addicted to drugs or toxic substances, for example alcohol.

The Mental Health Act lays down strict rules to protect you if you are admitted without your agreement and the Mental Health Commission will help you to make sure these are followed as shown below;

• They will provide a solicitor for you free of charge. He or she will meet you to help prepare for your Mental Health Tribunal hearing. This is where a group of three people will look at your admission to decide if it followed the law and will make sure that your rights are protected

• They will arrange for a consultant psychiatrist to examine you and discuss your case with you. He or she will write a report about your case. Your solicitor will get a copy of the report. This consultant psychiatrist will be independent from the hospital.
They will arrange for your case to be reviewed by a Mental Health Tribunal.

All of this will happen within 21 days of the date of your admission or renewal order. A renewal order is when a psychiatrist recommends you stay in hospital for another period of time.

**What is a Mental Health Tribunal?**

Under the Mental Health Act, everyone who is admitted to a hospital without agreeing to it has their case reviewed by a mental health tribunal. The tribunal involves a group of trained and independent people who will look at your involuntary admission to decide if it followed the law and will make sure that your rights are protected. Your tribunal generally will take place in the hospital.

**How Do I Bring My Case Before a Mental Health Tribunal If I am Admitted Involuntarily?**

If you are admitted involuntarily, the mental health commission automatically refers your case to a mental health tribunal.

**Who Sits on a Mental Health Tribunal?**

Each mental health tribunal is made up of three people:

- Chairperson (who is a barrister or a solicitor);
- Consultant psychiatrist (who is not your consultant psychiatrist); and
- A third person (someone who is not a registered medical practitioner, registered nurse, psychiatrist or solicitor/barrister).

**How Will I Know When The Mental Health Tribunal is Ready to Hear My Case?**

The Mental Health Commission will contact you and your solicitor to let you know where and when the review will take place.

**If I am Discharged or Become a Voluntary Patient Before my Mental Health Tribunal Hearing, Can I Still Have a Hearing?**

Yes you can, but you must write to the mental health commission to request a hearing within 14 days of your discharge or your becoming a voluntary patient. Your consultant psychiatrist will give you this information. The solicitor assigned to you will continue to represent you free of charge.

**How Will I Know The Decision of The Mental Health Tribunal?**

You will be told the decision of the mental health tribunal at the end of the tribunal if you attend or as soon as possible afterwards. The tribunal will also tell their decision to your consultant psychiatrist and your solicitor.
What If The Mental Health Tribunal Decides That I Should Continue To Be an Involuntary Patient?

If the mental health tribunal believe that the procedures for involuntary admission followed the law and that you need to stay in the hospital, their decision will be to affirm the admission or renewal order.

What If The Mental Health Tribunal Decides That I Should Not Remain As An Involuntary Patient?

If the mental health tribunal decides that your situation does not need you to stay in hospital under the law, it can revoke the order and direct that you be discharged. If you wish, you may continue to stay in hospital as a voluntary patient.

What Can I Do If I Disagree With The Mental Health Tribunal’s Decision?

You may appeal the decision to the circuit court on the grounds that you are not suffering from a mental disorder. You should discuss this with your solicitor. You must make the appeal within 14 days of the mental health tribunal’s decision.

If you appeal and are unhappy with the decision of the circuit court, you should also discuss this with your solicitor.
When You or Some One else is in Danger

- Mechanical restraints
- Physical restraints
- Seclusion

Sometimes people with a mental health can have problems with their behaviour. Services should support people who have difficulties with their behaviour. For example, when someone is sick or is in pain or gets worried or stressed, they may hurt themselves or other people.

When this happens, staff should first try to work out why someone is behaving in the way they are. Mental health services can use different things to help you with your behaviour. They can help you talk about their feelings and show what you feel in a way that does not hurt you or other people.

Sometimes, mental health services may do other things to help control your behaviour. Staff might:

- Give you medicine to calm you down
- Hold you to stop you hurting yourself or other people
- Put you in a special room on your own
- Use something to hold you down like a strap.

What The Standards Say About Restrictive Practices

Restrictive practices should only be used if:

- You are going to harm yourself or someone else
- When everything else has been tried
- Be used for as short a time as possible.

All the staff members who look after you should talk together about if it is right to use a restrictive practice. For example, staff should talk about if it is the right thing to give you medicine or tablets for your behaviour. Staff should try to understand how you will feel if a restrictive practice is used. Staff should try to work out why you were behaving in this way. They must do what they can to help you not to have to behave in this way in the future. For example, you are very angry and threaten to hurt some one.

Before using a restrictive practise staff should try to find out what is making you angry and help you to manage your anger in a more helpful way.

These are called restrictive practices. You can find more detail on restrictive practises below.
Rules on Mechanical Restraint

What is Mechanical Restraint?

Mechanical restraint is when staff use items or garments to prevent you from moving your body freely. Examples of mechanical restraint include foam padded gloves and waist straps. If you have cot sides or bed rails to stop you from falling or slipping out of bed, this is not mechanical restraint.

Who Do The Rules on Mechanical Restraint Apply To?

The Rules apply to people who are receiving care and treatment for a mental illness in an approved centre. All staff who is involved in mechanically restraining you must follow the Rules. The Inspector of Mental Health Services checks this.

Who Can Mechanically restrain me?

Doctors or nurses can start mechanical restraint only after assessing you. It can be applied by another member of your team.

How Long Can I Be Mechanically Restrained for?

You must only be mechanically restrained for as long as you pose a risk of harm to yourself or others.

How Does Mechanical Restraint end?

Mechanical restraint ends when a doctor decides that you no longer pose a risk to yourself or others. Afterwards, they must give you a chance to discuss your restraint with members of your team if you want to.

Do All Approved Centres Use Mechanical Restraint?

No. Some approved centres have a policy of not using mechanical restraint. Ask your care team if they use mechanical restraint in your hospital.

When Can Staff Use Mechanical Restraint?

The Rules state that staff can only use mechanical restraint if it is in your best interests and it prevents you from harming yourself or others.

Mechanical restraint may be used in two specific situations:

1. Where you pose an immediate threat to yourself or to others, or

2. Where you have posed a long-lasting risk of harm to yourself or others.
What Information Will I Get If I Am Mechanically Restrained?

If you are mechanically restrained, you must be told:

• Why you are being restrained,
• How long you are likely to be restrained for, and
• What needs to happen before mechanical restraint will end.

You might not get this information if a staff member feels that it may make your condition worse.

Who Will Be Told About My Mechanical Restraint?

If you agree, the staff will contact your next of kin to tell them you are being restrained.

How Does Mechanical Restraint End?

Mechanical restraint ends when a doctor or nurse assesses you and decides that you are no longer a serious threat to yourself or others. Afterwards, they must give you the chance to discuss your restraint with members of your team if you want to.

What Safeguards Are in Place?

If you are mechanically restrained for more than one month, your restraint must be independently reviewed by a doctor who is not directly involved in your care and treatment.

For more information You can get a full copy of the Rules on Mechanical Restraint from the hospital staff or you can contact the Mental Health Commission

Please note: This is only a guide to the Rules on Mechanical Restraint. It is not a legal interpretation and does not give a full description of the Rules.
Rules On Physical Restraint

What Is Physical Restraint?

Physical restraint is when one or more people use physical force to prevent you from moving your body freely if you pose an immediate threat of serious harm to yourself or others.

When Can Staff Use Physical Restraint?

The code of practice on physical restraint states that staff should only use physical restraint when no other option will work. They should use it only if it is in your best interests and it prevents you from harming yourself or others.

What Information will I get If I Am Physically Restrained?

If you are physically restrained, staff should tell you:

- Why you are being restrained,
- How long you are likely to be restrained for, and
- What needs to happen before physical restraint will end.

You might not get this information if a staff member feels that it may make your condition worse.

Who Will Be Told About My Physical Restraint?

If you agree, the staff will contact your next of kin to tell them you are being restrained.

How Does Physical Restraint End?

Staff will end physical restraint when a doctor or nurse decides that you are no longer a serious threat to yourself or others. Afterwards, they should give you the chance to discuss your restraint with members of your team if you want to.

Who Can Physically Restrain Me?

A doctor, nurse, or other member of your team can physically restrain you.

How Long Can I Be Physically restrained For?

You should only be restrained for the as long as needed to stop you harming yourself or others. This means that restraint should end when you are no longer a serious threat to yourself or others.

You can only be restrained for a maximum of 30 minutes at first. After 30 minutes, a doctor should review you and may decide that you still need to be restrained. They should then make a renewal order that allows you to be restrained for up to another 30 minutes. They need to make a new order for any further 30 minute period of physical restraint.
What Else Does The Code Say about Physical Restraint?

The Code of Practice also states the following;

- If staff decide to restrain you, they should consider any needs relating to physical restraint that you have told them about, such as a request not to be restrained by someone of a certain gender.

- If possible, a same sex member of staff should be present when you are being restrained.

- Staff should not use neck or a heavy weight on your chest or back.

- Every time you are restrained, staff should keep good records

- Staff should never use physical restraint because there are difficulties in the approved centre, such as not enough staff on duty.

Do All Approved Centres Use Physical Restraint?

No

Some approved centres have a policy of not using physical restraint. Ask your care team if they use physical restraint in your hospital.

You can get a full copy of the rules or the code of practice on physical restraint from the hospital staff or you can contact the Mental Health Commission.

Please note, this is only a guide to the rules and the code of practice on physical restraint. It is not a legal interpretation and it does not give a full description of the rules or code of practice.
**Rules On Seclusion**

**What Is Seclusion?**

Seclusion is when you are placed or left in any room alone at any time with the exit door locked or secured so that you cannot leave the room.

**When Can Seclusion Be Used?**

The Rules state that seclusion can only be used if it is in your best interests and it prevents you from harming yourself or others.

**Who Do the Rules On Seclusion Apply To?**

The Rules apply to people who are receiving care and treatment for a mental illness in an approved centre. All staff involved in secluding you must follow them. The Inspector of Mental Health Services checks this.

**Who Can Seclude Me?**

Doctors and nurses can start seclusion only after they have assessed you.

**How Long Can I Be Secluded For?**

You should only be secluded for as long as is needed to stop you harming yourself or others. This means that seclusion must end when you are no longer a serious threat to yourself or others.

You can only be secluded for a maximum of eight hours at first. After eight hours, a doctor must review you and may decide that you still need to be secluded. If they decide this, they must make a renewal order that allows you to be secluded for up to another eight hours.

If your seclusion lasts for 24 hours straight, your consultant psychiatrist or the duty consultant psychiatrist must examine you before making any further order.

**What Information Will I Get If I Am Secluded?**

If you are secluded, staff must tell you:

- You are being secluded,
- How long you are likely to be secluded for, and
- What needs to happen before seclusion will end.

You might not get this information if a staff member feels that it may make your condition worse.

**Who Will Be Told About My Seclusion?**

If you agree, the staff will contact your next of kin to tell them you are in seclusion.
What safeguards are in place?

If you are secluded, staff must monitor you at certain times. They must always consider if your seclusion can be ended at these times.

If you are secluded for more than 72 hours straight or for seven or more separate times over seven days, staff must give details of your seclusion to the Inspector of Mental Health Services.

How Does Seclusion End?

Seclusion ends when a doctor or nurse decides that you are no longer a serious threat to yourself or others. Afterwards, they must give you the chance to discuss your seclusion with members of your team if you want to.

What Else Do I Need To Know About Seclusion?

The Rules on Seclusion also state the following:

• Take all reasonable steps to protect the interests of people detained in approved centres.

• Every time you are secluded, staff should keep good records.

• Staff must never seclude you because there are difficulties in the approved centre, such as not enough staff on duty.

Do all Approved Centres Use Seclusion?

No.
Some approved centres have a policy of not using seclusion. Ask your care team if they use seclusion in your hospital.

Please note: This is only a guide to the Rules on Seclusion. It is not a legal interpretation and it does not give a full description of the Rules. Please do not rely on it for advice.

For more information you can get a full copy of the Rules on Seclusion from the hospital staff or you can contact the Mental Health Commission.
### List of Approved Centres

<table>
<thead>
<tr>
<th>Approved Centre Name &amp; Address</th>
<th>Registered Proprietor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent In-patient Unit, St Vincent’s Hospital, Fairview, Dublin 3</td>
<td>St Vincent's Hospital</td>
</tr>
<tr>
<td>Child &amp; Adolescent Mental Health In-patient Unit, Merlin Park University Hospital, Galway</td>
<td>HSE</td>
</tr>
<tr>
<td>Eist Linn Child &amp; Adolescent In-patient Unit, Bessborough, Blackrock, Cork</td>
<td>HSE</td>
</tr>
<tr>
<td>Linn Dara Child &amp; Adolescent In-patient Unit, St Loman’s Hospital, Palmerstown, Dublin 20</td>
<td>HSE</td>
</tr>
<tr>
<td>Willow Grove Adolescent Unit, St Patrick’s University Hospital, James’s Street, Dublin 8</td>
<td>Mr Paul Gilligan</td>
</tr>
<tr>
<td>Acute Psychiatric Unit AMNCH (Tallaght) Hospital, Tallaght, Dublin 24</td>
<td>HSE</td>
</tr>
<tr>
<td>Central Mental Hospital, Dundrum, Dublin 14</td>
<td>HSE</td>
</tr>
<tr>
<td>Department of Psychiatry, Midlands Regional Hospital, Portlaoise, Co Laois</td>
<td>HSE</td>
</tr>
<tr>
<td>Elm Mount Unit, St Vincent’s University Hospital, Elm Park, Dublin 4</td>
<td>HSE</td>
</tr>
<tr>
<td>Jonathan Swift Clinic, St James’s Hospital, James’s Street, Dublin 8</td>
<td>HSE</td>
</tr>
<tr>
<td>Lakeview Unit, Naas General Hospital Naas, Co Kildare</td>
<td>HSE</td>
</tr>
<tr>
<td>Newcastle Hospital, Greystones, Co Wicklow</td>
<td>HSE</td>
</tr>
<tr>
<td>St Fintan’s Hospital - Ward 6, Dublin Portlaoise, Co Laois</td>
<td>HSE</td>
</tr>
<tr>
<td>St Bridget’s Ward &amp; St Marie Goretti’s Ward, Cluain Lir Care Centre, St Mary’s Campus, Longford Road, Mullingar, Co Westmeath.</td>
<td>HSE</td>
</tr>
<tr>
<td>St Loman’s Hospital – Admission Unit &amp; St Edna’s Ward, Delvin Road, Mullingar, Co Westmeath.</td>
<td>HSE</td>
</tr>
<tr>
<td>Acute Psychiatric Unit, Cavan General Hospital, Cavan</td>
<td>HSE</td>
</tr>
<tr>
<td>Blackwater House, St Davnet’s Hospital, Armagh Road, Monaghan, Co Monaghan</td>
<td>HSE</td>
</tr>
<tr>
<td>Department of Psychiatry, Connolly Hospital, Blanchardstown, Dublin 15</td>
<td>HSE</td>
</tr>
<tr>
<td>Department of Psychiatry, Our Lady’s Hospital, Navan, Co Meath</td>
<td>HSE</td>
</tr>
<tr>
<td>Hawthorn Unit, Connolly Hospital, Blanchardstown, Dublin 15</td>
<td>HSE</td>
</tr>
<tr>
<td>Joyce Rooms, Fairview Community Unit, Griffith Court, Philipsburgh Avenue, Fairview, Dublin 3</td>
<td>HSE</td>
</tr>
<tr>
<td>O’Casey Rooms, Fairview Community Unit, Griffith Court, Philipsburgh Avenue, Fairview, Dublin 3</td>
<td>HSE</td>
</tr>
<tr>
<td>Approved Centre Name &amp; Address</td>
<td>Registered Proprietor</td>
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<tr>
<td>Phoenix Care Centre, North Circular Road, Dublin 7</td>
<td>HSE</td>
</tr>
<tr>
<td>St Aloysius Ward, Mater Misericordiae University Hospital, Eccles Street, Dublin 7</td>
<td>Ms Mary Day</td>
</tr>
<tr>
<td>St Brendan’s Hospital – Units O, 3A, 3B, &amp; 8A, Rathdown Road, Dublin 7</td>
<td>HSE</td>
</tr>
<tr>
<td>St Ita’s Hospital – Willowbrook &amp; Woodview Units, Portrane, Donabate, Co Dublin</td>
<td>HSE</td>
</tr>
<tr>
<td>St Joseph’s Intellectual Disability Services, St Ita’s Hospital, Portrane, Donabate, Co Dublin</td>
<td>HSE</td>
</tr>
<tr>
<td>St Vincent’s Hospital – St Louise’s, St Mary’s, St Teresa’s &amp; Psychiatry of Old Age Wards, Richmond Road, Fairview, Dublin 3.</td>
<td>St Vincent’s Hospital</td>
</tr>
<tr>
<td>Sycamore Unit, Connolly Hospital, Blanchardstown, Dublin 15</td>
<td>HSE</td>
</tr>
<tr>
<td>Unit One &amp; St Ita’s Ward, St Brigid’s Hospital, Kells Road, Ardee, Co Louth</td>
<td>HSE</td>
</tr>
<tr>
<td>Acute Mental Health Admission Unit, Kerry General Hospital, Rathass, Tralee, Co Kerry</td>
<td>HSE</td>
</tr>
<tr>
<td>Carraig Mór Centre, Shanakiel, Cork</td>
<td>HSE</td>
</tr>
<tr>
<td>Centre for Mental Health Care &amp; Recovery, Bantry General Hospital, Bantry, Co Cork</td>
<td>HSE</td>
</tr>
<tr>
<td>Department of Psychiatry, St Luke’s Hospital, Freshford Road, Kilkenny</td>
<td>HSE</td>
</tr>
<tr>
<td>Department of Psychiatry, Waterford Regional Hospital, Dunmore Road, Waterford</td>
<td>HSE</td>
</tr>
<tr>
<td>Heywood Lodge, Heywood Road, Clonmel, Co Tipperary</td>
<td>HSE</td>
</tr>
<tr>
<td>Selskar House, Farnogue Residential Health-care Unit, Old Hospital Road, Wexford, Co. Wexford</td>
<td>HSE</td>
</tr>
<tr>
<td>South Lee Mental Health Unit, Cork University Hospital, Wilton, Cork.</td>
<td>HSE</td>
</tr>
<tr>
<td>St Finan’s Hospital – O’Connor Unit (East &amp; West Wings), Killarney, Co Kerry</td>
<td>HSE</td>
</tr>
<tr>
<td>St Finbarr’s Hospital, Douglas Road, Cork</td>
<td>HSE</td>
</tr>
<tr>
<td>St Gabriel’s Ward, St Canice’s Hospital, Dublin Road, Kilkenny</td>
<td>HSE</td>
</tr>
<tr>
<td>St Michael’s Unit, Mercy University Hospital, Grenville Place, Cork</td>
<td>HSE</td>
</tr>
<tr>
<td>St Otteran’s Hospital, John’s Hill, Waterford</td>
<td>HSE</td>
</tr>
<tr>
<td>St Stephen’s Hospital – Units 2, 3, 4 &amp; 5, and Unit 8 (Floor 2), Sarsfield Court, Glanmire, Co Cork</td>
<td>HSE</td>
</tr>
<tr>
<td>Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis, Co Clare</td>
<td>HSE</td>
</tr>
<tr>
<td>Approved Centre Name &amp; Address</td>
<td>Registered Proprietor</td>
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</tr>
<tr>
<td>Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis, Co Clare</td>
<td>HSE</td>
</tr>
<tr>
<td>Adult Mental Health Unit, Mayo General Hospital, Castlebar, Co Mayo</td>
<td>HSE</td>
</tr>
<tr>
<td>An Coillín, Westport Road, Castlebar, Co Mayo</td>
<td>HSE</td>
</tr>
<tr>
<td>Cappahard Lodge, Tulla Road, Ennis, Co Clare</td>
<td>HSE</td>
</tr>
<tr>
<td>Department of Psychiatry, County Hospital, Roscommon, Co Roscommon</td>
<td>HSE</td>
</tr>
<tr>
<td>Department of Psychiatry, Letterkenny General Hospital, Circular Road, Letterkenny, Co Donegal</td>
<td>HSE</td>
</tr>
<tr>
<td>Department of Psychiatry, University Hospital Galway, Newcastle Road, Galway</td>
<td>HSE</td>
</tr>
<tr>
<td>Sligo/ Leitrim Mental Health In-patient Unit, Clarion Road, Ballytivnan, Sligo, Co Sligo</td>
<td>HSE</td>
</tr>
<tr>
<td>St Anne’s Unit, Sacred Heart Hospital, Castlebar, Co Mayo</td>
<td>HSE</td>
</tr>
<tr>
<td>St Brigid’s Hospital, Ballinasloe - Clonfert, St Dympna’s &amp; St Luke’s Wards, Creagh, Ballinasloe, Co Galway</td>
<td>HSE</td>
</tr>
<tr>
<td>St Joseph’s Hospital – Aurora Unit, Mulgrave Street, Limerick</td>
<td>HSE</td>
</tr>
<tr>
<td>Teach Aisling, Westport Road, Castlebar, Co Mayo</td>
<td>HSE</td>
</tr>
<tr>
<td>Teachmann Ward, St Camillus’ Hospital, Shelbourne Road, Limerick</td>
<td>HSE</td>
</tr>
<tr>
<td>Bloomfield Hospital, Stocking Lane, Rathfarnham, Dublin 16</td>
<td>Bloomfield Care Centre Ltd</td>
</tr>
<tr>
<td>Highfield Hospital, Swords Road, Whitehall, Dublin 9</td>
<td>Mr Stephen Eustace</td>
</tr>
<tr>
<td>Lois Bridges, 3 Greenfield Road, Sutton, Dublin 3</td>
<td>Ms Melanie Wright</td>
</tr>
<tr>
<td>St Edmundsbury Hospital, Lucan, Co Dublin</td>
<td>Mr Paul Gilligan</td>
</tr>
<tr>
<td>St John of God Hospital, Stillorgan, Co Dublin</td>
<td>St John of God Hospital Ltd</td>
</tr>
<tr>
<td>St Patrick’s University Hospital, James’s Street, Dublin</td>
<td>Mr. Paul Gilligan</td>
</tr>
</tbody>
</table>
Getting a Diagnosis
A diagnosis is when a name is given to your specific mental health problem. For example, depression or anorexia nervosa. Specialist mental health services with a psychiatrist or clinical psychologist are more likely to provide a very specific diagnosis than a counselling service. There is a lot of controversy over the meaning of diagnosis which are contained in the diagnostic and statistical manual of mental disorders (DSM).

Sometimes people are happy to get a diagnosis as it can help them understand how they are feeling. For example if you are diagnosed with a particular type of ADHD, it can help you to make sense of why you can often find paying attention to detail difficult. It can also be useful for getting educational or financial supports.

Sometimes people feel they are being given a label which makes them feel bad about themselves and can cause stigma and discrimination.

A summary of diagnosis and what they mean is shown below:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment Disorder</td>
<td>A disorder that occurs when you find it extremely difficult to cope with, or adjust to, a particular source of stress, such as a major life change, loss, or stressful event (e.g. moving school or home, a break-up, parents’ separation).</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>An anxiety disorder where you are so worried about having a panic attack that you avoid situations, such as crowds and shopping centres. You worry if you have a panic attack that you will not be able to escape the situation or you will be embarrassed.</td>
</tr>
<tr>
<td>Anorexia Nervosa</td>
<td>A type of eating disorder that involves a distorted view of body shape and weight (e.g. you believe you are overweight when you are clearly not), extreme concerns about weight, intense fear of gaining weight, and being very determined to maintain a very low body weight.</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>A group of disorders involving symptoms of excessive anxiety (i.e. constant or irrational worrying, stress, fear or discomfort). The anxiety is strong enough to cause trouble at work or school, in personal relationships (e.g. with family, friends, partners) or to make it difficult to get on with day-to-day activities. Anxiety disorders include Phobias, Panic, Obsessive Compulsive, Generalised Anxiety and Post Traumatic Stress Disorders.</td>
</tr>
<tr>
<td>Attention Deficit and Hyperactivity Disorder</td>
<td>A behavioural disorder that involves problems paying attention, concentrating, and following directions, as well as getting easily bored or frustrated with tasks. These problems are severe enough to affect everyday tasks (e.g. unable to focus at school or complete a basic task). People with this disorder tend to move constantly (i.e. they are hyperactive) and are impulsive, not stopping to think before they act.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Explanation</td>
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</tr>
<tr>
<td>Avoidant Personality Disorder</td>
<td>A personality disorder that involves patterns of avoiding social situations, feelings of not being ‘good enough’ and being over-sensitive to negative judgements (e.g. criticism) from others.</td>
</tr>
<tr>
<td>Behavioural/Anger problems</td>
<td>Behavioural problems refer to a pattern of hostile/aggressive, destructive or disruptive behaviour towards yourself or others. These can include:</td>
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<td></td>
<td>• Harming or threatening yourself, other people or pets</td>
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<td></td>
<td>• Damaging or destroying property</td>
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<tr>
<td></td>
<td>• Lying or stealing</td>
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<td></td>
<td>• Not doing well in school, skipping school</td>
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<td></td>
<td>• Early smoking, drinking or drug use</td>
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<td></td>
<td>• Early sexual activity</td>
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<td></td>
<td>• Frequent tantrums and arguments</td>
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<td></td>
<td>• Consistent hostility towards authority figures</td>
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<tr>
<td></td>
<td>• For example: conduct disorder, oppositional defiant disorder</td>
</tr>
<tr>
<td>Binge-Eating Disorder</td>
<td>A type of eating disorder that involves regularly eating large amounts of food when you not feeling hungry, usually to the point of feeling overly full, and at a much faster rate than usual. This is often followed by strong feelings of guilt.</td>
</tr>
<tr>
<td>Bipolar Disorder (previously known as “Manic Depression”)</td>
<td>A mood disorder that involves mood swings, where your mood experiences periods of depression (feeling low) and periods of mania (elevated mood), with periods of normal mood in between. Mania can involve feeling a decreased need for sleep, an exaggerated sense of self-importance, being more talkative than normal, having racing thoughts, behaving more impulsively (i.e. without thinking it through), and doing things that are likely to lead to painful consequences, for example, spending money that you don’t have. Sometimes you can experience psychosis while you are depressed or manic.</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td>A personality disorder that involves a pattern of problems that may include unstable emotions (e.g. the way you feel changes very suddenly and/or frequently), unstable self-image (e.g. you feel like you don’t know who you really are or feel like your sense of who you are keeps changing), unstable relationships with others (e.g. often changing your opinion of others from being wonderful to being the worst person in the world), and impulsive behaviour (i.e. acting without thinking things through first).</td>
</tr>
<tr>
<td>Bulimia Nervosa</td>
<td>A type of eating disorder that involves eating large amounts of food in short periods of time and feeling that this food intake is out of control. This is often followed by strong feelings of guilt, resulting in a need to ‘throw up’, over-exercise or not eat for several days afterwards.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Explanation</td>
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</tr>
<tr>
<td>Depression (‘depressive disorders’)</td>
<td>A group of mood disorders which involves patterns of feeling down or sad that last longer than normal and stop you from enjoying things you used to like, or from taking part in usual activities (e.g. going out with friends, playing sport etc). When this happens, symptoms other than sadness also develop (e.g. feeling worthless, not sleeping well, having an increased or decreased appetite). The symptoms are severe enough to interfere with everyday life (e.g. they make it hard for you to focus at school/college/University, to perform well at work or to get along with friends and family). Depressive disorders include major depressive disorder and dysthymia.</td>
</tr>
<tr>
<td>Dysthymic Disorder (Dysthymia)</td>
<td>A type of depression that involves continuously depressed mood. When you have dysthymia, depressed mood is less severe than that seen in major depressive disorder, but it lasts for a minimum of 2 years (or 1 year in young people).</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>A group of disorders that involve a distorted (i.e. inaccurate) view of body shape and weight, and/or extreme disturbances in eating or exercise behaviour or other compensatory behaviours (e.g. purging, using laxatives or fasting). Eating disorders include Anorexia Nervosa, Bulimia Nervosa and Binge-Eating Disorder.</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder (GAD)</td>
<td>A type of anxiety disorder that involves worrying excessively (more than makes sense) about lots of different problems. For example, you may worry a lot about things like study, money, health, family and work, and feel unable to cope even when there are no signs of trouble. People with GAD often struggle to control their worries and worry about their worrying.</td>
</tr>
<tr>
<td>Major Depressive Disorder (Major depression)</td>
<td>A type of depression that involves periods of low mood or sadness that last longer than 2 weeks and stop you from enjoying things that you used to like, or from taking part in usual activities (e.g. going out with friends, playing sport etc). Symptoms can include: tiredness and lack of energy, worthlessness, thoughts of death, and changes in eating and sleeping patterns. The symptoms are severe enough to interfere with everyday life (e.g. they make it hard for the person to focus at school/college/University, to perform well at work or to get along with friends and family). Adolescents experiencing this kind of depression may describe their mood as irritable (i.e. bad-tempered, cranky, easily “triggered” into fights or arguments) rather than low or sad.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Explanation</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mood Disorder (depression, bipolar)</td>
<td>A group of disorders that affect the way you feel (i.e. your mood). Disturbances in mood affect your thoughts, feelings and behaviours, and get in the way of your daily activities. For example, making it hard for you to focus at work, school, college or University, causing problems with relationships (e.g. with friends, family, partners) or making it hard for you to do everyday things (e.g. getting out of the house, meeting friends). Mood disorders include depression and bipolar disorder.</td>
</tr>
<tr>
<td>Narcissistic Personality Disorder</td>
<td>A personality disorder that involves patterns of feeling really important (i.e. more important than most people), needing and expecting to be admired by others, and lacking understanding of and compassion (or sympathy) towards others.</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder (OCD)</td>
<td>A type of anxiety disorder that involves you experiencing either obsessions or compulsions, or a combination of both. Obsessions include having unwanted, repeated thoughts or urges that you cannot get out of your head. These thoughts or urges are known as obsessions (e.g. fear of being contaminated with germs). Obsessions cause distress and anxiety (i.e. excessive worrying/fear/discomfort). Compulsions refer to you feeling the need to carry out certain repetitive behaviours to reduce anxiety or distress (e.g. repetitive hand washing).</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>A type of anxiety disorder that involves experiencing panic attacks. A panic attack is an intense feeling of anxiety or fear which happens suddenly and very quickly. During a panic attack you experience physical symptoms (e.g. a pounding heart, sweating, shaking, shortness of breath) that are so strong you may fear that you are having a heart attack or are ‘going crazy’. After a panic attack, you may be afraid of having another panic attack or of losing control.</td>
</tr>
<tr>
<td>Paranoid Personality Disorder</td>
<td>A personality disorder that involves suspicion of other peoples’ motives (i.e. the reasons behind their actions) and intentions (i.e. what they are trying to do). This causes you to be unable to trust others, for example, interpreting other person’s motives as nasty even when this is not the case.</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>A pattern of problems that usually start in adolescence or early adulthood and affect most areas of your life, causing you significant distress over a number of years. This pattern can be seen in the way you think, feel, relate to other people, and exercise self-control.</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>A type of anxiety disorder that involves a long-lasting response following a traumatic event that may involve feeling very afraid, helpless or horrified. Other symptoms may include memory loss, flashbacks of the traumatic event, nightmares related to the event and the avoidance of objects or situations that remind you of the traumatic event.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Explanation</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Psychotic Disorder (Schizophrenia or Psychosis)</td>
<td>A mental health disorder that involves changes in the way you interpret reality, making it hard for you to tell the difference between what is real and what is not real. This may cause unusual experiences, thoughts or beliefs. For example, sensing something that is not actually there (hallucinations), believing something that others can clearly see is untrue (delusions), or feeling very confused and experiencing jumbled thoughts (thought disturbances). It may also lead to disorganised behaviours, for example, dressing in strange ways. Psychotic disorders include Schizophrenia and Psychosis.</td>
</tr>
</tbody>
</table>
| Relationship problems                        | Difficulty managing relationships with others (e.g. romantic relationships or friendships). This may include:  
  • Worrying a lot about relationships ending, even when things are good.  
  • Being unable to maintain long-term relationships even though you want to  
  • Being unable to cope with relationship problems or break-up  
  • Being unable to get along with others which affects other aspects of the your life, e.g., having problems with people at school/work which affects the your ability to do their work well |
| Schizophrenia                                 | A mental health disorder that involves changes in the way you interpret or experience reality, including the experience of delusions, (believing something that others can clearly see is untrue) and hallucinations (sensing something that is not actually there), thinking difficulties, blunted or inappropriate emotions (e.g. unable to experience a change in emotions), loss of drive or motivation and social withdrawal |
| Specific Phobia                               | A type of anxiety disorder that involves being extremely afraid of specific objects or situations (such as heights, spiders, or injections). People with phobias avoid the feared object or situation, or become extremely anxious if forced to confront it. Their phobia interferes with their daily life, causing problems with relationships, work or study, or makes it difficult for them to do things that they need to do (e.g. avoiding medical treatment from a doctor or dentist because they are too afraid of needles). |
| Substance Use Disorder                        | Using substances (alcohol or drugs) at a level that causes harm to you, such as problems at work, school or home, damage to health or relationships, or trouble with the law. Substances may be legal or illegal, and can include alcohol and other drugs, such as cocaine, marijuana, heroin, ecstasy, special-K, and ice, as well as more common ones like caffeine and nicotine. |
Be Heard
Your Rights

How to be heard

A trusted person to speak for you

Making a complaint

Your Rights

Your right to services

The rules for who can get mental health services are the same as the rules for physical health services. You must live in Ireland and whether you have to pay for services depends on whether you have a medical card and whether you go to a service run or funded by the HSE. For more details see here.

The standards services must use

Different services operate to very different standards, with very detailed rules for hospitals but in general you can expect to be

- Provided with full information on your treatment plan in a way you can understand it.
- Your service provider to work with other services providing you with support to make sure there are no problems with your treatment.
- Have at least two days’ notice of your discharge from hospital
- Not be admitted to an adult ward if you are under 18.
- Be asked if you want to have an advocate, a trusted person who will make sure your views are heard.

What The Standards Say

You have the right to be treated with dignity and respect. You have the right to have your mental and physical health looked after in the same way as everyone else.

The standards help mental health services treat you in a person-centred way which helps you to recover from your mental health difficulty. Being person-centred is about making sure that you:

- Get treatment that is right for you
- You are given choices in your treatment
- Are supported in the best way
- Have a say in your care and treatment
- Have your needs understood
- Are respected
- Are listened to.
Being Treated in a Person-Centred Way

Being person-centred means health services should fit around what you need. You should be able to use a service that is right for you. You should be able to use services that meet your care and support needs.

Your care and treatment should be based on who you are and what you need to help you recover your good mental health. Specialist mental health services (generally those services with a psychiatrist) should make a care plan with you.

Recovery

Recovery is important and is different for each person. It does not always mean that the symptoms of your mental health difficulty stop, but can mean you learn to live with them.

Recovery means services should always:

• Be hopeful that you will get better
• Work with you as an equal partner
• Give you choices about your treatment
• Help you to take part in your local community. This can mean help to get welfare benefits, housing, education and employment.

So recovery and being person-centred means that you are helped to find out what type of treatments are best for helping you to recover your full health and live a full life in your community.

The standards also tell mental health services that:

• They should always do what is best for each individual.
• Must always think that you can make your own decisions and choices about your treatment and care.
• All your care and should be done in such a way that you keep as much of your independence and freedom as possible.
Communication

The standards also deal with communications and state

• You should be able to say what you think
• You should be kept informed of all aspects of your treatment

Services should find out

• What you want to know and when you want to know it. With your permission family, friends, carers or an advocate should be asked about how you like to communicate they can also be asked to help you communicate and understand what is going on.
• Services should have information that is easy to read.

The Building you are treated in

The standards say the building you are treated in should be of good quality. Being in a nice place helps you to feel more at ease and relaxed.
Buildings should be:

• The right temperature
• Not too noisy or have lights that are too bright
• Easy to get around

If you are staying overnight in a mental health service (such as a hospital or supported residence), there should be a garden or outdoor space that you can use when you want to.

Your Care Plan

Your care and treatment should be based on who you are and what you need. A care plan is written on paper or printed from a computer

The care plan should be about;

• Your mental health and physical health
• What skills you have
• What you can do in your personal daily life,
• Your medication
• The concerns you have
• The things you would like to try to do in future (goal setting)
• The treatment you will get
• What can be expected to happen from the treatment
• Looking after risks to you or others because of your mental health. For example, if a person is thinking about killing themselves. The date the plan will be looked at again

A care plan is very important and you should always be asked your views about what you want in your care plan.
Usually you will sign the care plan to show you have talked to your care team and are happy with your care plan. You should be offered a copy of your care plan; however you do not have to take one if you do not want it.

You can find examples of care plans in the mental health commission publication, “Guidance Document on Individual Care Planning in the Mental Health Services” which can be found on the Mental Health Commission website.

**How To Be Heard**

- Preparing for Appointments
- Asking Questions
- Explaining Your Needs

**Preparing For Appointments**

It is easier to make your opinion heard if you have planned for your appointment. You could consider:

- Writing down any symptoms or changes in symptoms that you or people close to you have noticed, and for how long they have been there? Have these symptoms changed since your last appointment? Include when they occur and whether anything seems to make them better or worse. Also note how much they affect your day-to-day activities, such as work, education/training or relationships.

- What’s causing you stress? Include any major life changes or stressful events you’ve dealt with recently.

- Writing down key personal information, including traumatic events in your past and any current problems that may be affecting you.

- Making a list of your medical information, including other physical or mental health conditions, and the names and amounts of medications, herbal remedies or supplements you take. You could use the suggested template here(if you like)

- Treatments you’ve had in the past (if any), and how well they have worked for you.

- Ask a family member or friend along, if possible. Someone who has known you for a long time may be able to share important information with the doctor or mental health professional, with your permission. They may also support you as well and help you to remember what the doctor said.
Asking Questions

About Care and Treatment

• What is the plan for treating my mental health problem? (care plan)
• What are the aims of the care and treatment?
• Who will be involved in the treatment?
• How often will appointments be made to see a member of the clinical team, and which member of the team will this involve?
• Will I have a key worker, and who will this be?
• How long will this treatment last?
• When should I start noticing an improvement?
• Would psychotherapy (talking treatment) help? Is it available close to where I live?
• What support and services are available for carers and families and how do I get them?
• What do I do if I’m unhappy/unsure of any element of treatment?

About the Diagnosis

• What illness or diagnosis do (the person I care for) have?
• What does my relative's/friend's diagnosis mean in simple terms?
• What are the main recognisable features?
• How is this diagnosis made?
• What is known about the causes?
• Where can I get more (written, help line) information about this condition?
• If a diagnosis has not been made, what are the possibilities?
• Will the person get better/recover?
• What is likely to happen in the future?
• What help will I get in dealing with the practical issues that may arise in the meantime?

About Medication

• What medication is being used and why?
• How often will the medication be reviewed?
• What is the name of the medication?
• Can you provide written information about the medication?
• Where can I get print information? (e.g. Patient information Leaflets etc)
• What is it used for?
• How does it work?
• How should I take it?
• When should I take it?
• How soon should I notice a change?
• How long will it take to work?
• How long will it need to be taken for?
• Is it addictive?
• Can I stop taking it suddenly?
• What should I do if I forget to take it?
• Are there side effects, and if so, what sort of side-effects might occur?
• If I experience side effects what should I do about it?
• Will it make me drowsy?
• Will it cause me to put on weight?
• Will it affect my sex life?
• Can I drive while I am taking it?
• Can I drink alcohol while I am taking it?
• Are there any foods or drinks that should be avoided?
• Will it affect my other medication?
• Are there any problems with smoking with this medicine?
• What is the lowest effective dose?
• Can the dose be increased when necessary?
• What is the maximum dose?
• Will I need blood tests?
• Are there other medication choices?
• Are there non-pharmaceutical alternatives to this medication?

For Women:

• I am on the contraceptive pill, will it be affected?
• Will emergency contraception (“morning after pill”) work?
• Will it affect my periods (menstrual cycle)
• What if I want to start a family or find I’m pregnant?
• Can I breast-feed if I am taking this?

Questions to Ask Self About Medication

• What do I hope to improve about my life by taking medication right now?
• What medication(s) have I taken before? At what dosage and for how long?
• What was helpful or unhelpful about those medications?
• The thing that worries me the most about taking medication is_____
Hospital Treatment

- Do I (or the person I care for) need to come into hospital?
- What happens if there is no bed available?
- What are the alternatives to hospital admission?
- How long will my relative/friend need to stay in hospital for?
- If I (the person I care for) has to go into hospital, which one would it be?
- What arrangement will be made for care to be given once I (he or she) leaves hospital?
- If the person I care for is discharged and I am unable to look after them, what will happen?
- Can I have a copy of the aftercare plan which has been agreed with me?
- If transport is difficult, can I go to a place near my relatives/friends?
- Can arrangements for social welfare benefits be installed/reinstated immediately on discharge so financial security/housing does not become a problem?
- Who will inform utilities etc. That someone is admitted/discharged so that there is no danger of non-payment summons being incurred?
- If it is not appropriate for you to return home, what other options are available in your area?

Getting Help

- Who do we contact if we are worried about something?
- How can we get in touch with you?
- Who do we contact in an emergency?
- How can we get a second opinion?
- Who can advise/inform us about this?

Counselling

Checking Your Understanding

- What does this information mean to me?
- Do I understand this? If not, then who could explain it to me some more?
- What impact does it have on my care and treatment?
- Now?
- For my future?
- Does It Raise New Questions For Me?
- How can I best get these new questions answered?
Questions to Help You Make Decisions About Treatment

• Are you clear about what is the decision or choice you need to make?
• Do you know what to expect from this treatment?
• Will you have to stay in hospital to have this treatment?
• How will you be supported until the treatment starts helping?
• Do you have all the information you need to make a decision? For example, do you know the side effects of medications?
• If you don’t have all the information you need to make a decision, where can you get it?
• Are there any leaflets you can read on your condition and treatments?
• Do you know about all the different choices you have?
• Do you know the advantages and disadvantages of each choice? It can be useful to write this down on paper as it can be easier to see a way forward.
• Have you discussed your choices and concerns with a person you trust from your family and friends or with an advocate?

Questions to Think About For Your Future

• What I want to achieve for myself before I leave this service
• What else I want to happen before I leave this service
• Support I will need when I have left this service
• How I would like things to be in 6 months time
• How will my treatment or medication change when I leave the service
• What is the plan for my treatment if I need it at home?
• Will I be able to reduce my medication?
• Where will I get support if I need it?
• What will happen if I relapse? (become mentally unwell again)
• What are the goals I would like to set for when I leave?

Explaining Your Needs

Advocating for yourself is easier if you understand the information you have been given. If you are able to show other people that you know what you are talking about, then you have a better chance of being understood by them and influencing decisions made about you. So check your understanding with the questions on page 84.

Your life doesn’t stop just because you are in mental health services. There will be things outside of the service that may be important to you. It is ok to ask about these things and express your views on them whatever they are.
Tips On Getting Your Opinion Heard

Try to be direct and specific
For example:

“I feel this will not work, because my sister used that type of medication before and she slept all the time.”

This is more useful to your treatment team than saying

“I am not going to use medication”

Say how you feel. for example:

“I want to disagree with my treatment because, this counsellor looks like a person who used to bully me in work and it makes me feel scared.”

In this example, you’re not blaming any one, but simply stating how you feel, and the treatment team are more likely to hear what you are saying.

Understanding how you are likely to react and feel in a certain situation and to different people is very important, as this will help you to say what is on your mind. For example:

“I feel that this is not helping me because I find it difficult to be in a group of people.”

Think about what you would like to happen and say what that is.
For example:

“I would like if Peter was not there at the meeting, as I find it more difficult to talk when he is there.”

Suggest alternatives
For example:

“If this is not possible, then I would be willing to agree to: (if anything)

Make it very clear that you do not agree
For example:

“However, I do not want to agree to but I will agree to (if anything):”

Ask for a second opinion
For example:

“If I would like an opinion from another doctor how do I get this?”
It can be hard to for a person to say what they need so the QCAC technique may be useful

Q is for quiet- take a look around and see what’s going on
C is for calm - stay relaxed and take deep breaths
A is for assertive - state what you need
C is for confident - assume you’ll get what you want

Advocacy

A trusted person to speak for you

Who is an advocate?
You may want a trusted person to speak for you or to look after your issue. This person could be an advocate. An advocate is someone who can both listen to you and speak for you in times of need.
Advocacy is a way to support and help you to:

• express your views and concerns;
• access information and services;
• defend and promote your rights and responsibilities; and
• explore choices.

What does an advocate do?
An advocate must:

• respect you and your wishes at all times;
• act in your best interests;
• act independently on your behalf; and
• protect your privacy.

Why might I need an advocate?
You may need an advocate if:

• you would like extra help and support;
• you do not wish to deal with the people or the place directly involved; or
• you have complained locally, but you feel the issue was not resolved and you want to take it further.

When must you be told about the advocacy service?
If you have to stay in a hospital, you must always be told how to contact the advocacy service.

The organisations below can help further with information, support and advice.
Support / Patient Groups
Irish Society for Quality and Safety in Healthcare
Runs patient advocacy groups and has reported on patients experiences with mental health services.
Web: www.isqsh.ie

Irish Patients’ Association
Providing Independent Patient Advocacy since 1995
24 Church Road, Ballybrack, Co. Dublin
Phone: 01 272 2555
Phone: (emergency) 087 659 4183
Email: info@irishpatients.ie
Web: www.irishpatients.ie

Irish Advocacy Network
Peer advocacy services for people who have experienced mental health difficulties
c/o The Health Care Unit, Rooskey, Monaghan, Co. Monaghan
Phone: 047 38918
Email: admin@irishadvocacynetwork.com
www.irishadvocacynetwork.com

Cairde
Community development organisation, working to tackle inequalities among ethnic minority communities
19 Belvedere Place, Dublin 1
Phone: 01 855 2111
Web: www.cairde.ie

EPIC
An independent association that works throughout the Republic of Ireland with and for children and young people who are currently or who have experienced living in community care settings
7 Red Cow Lane, Smithfield, Dublin 7
Phone: 01 872 7661
Web: www.epiconline.ie

Patient Focus
Independent Patient Advocacy Group
Sky Business Centre, Plato Business Park, Damastown, Dublin 15
Phone: 01 885 1611
support@patientfocus.ie
Web: www.patientfocus.ie

Pavee Point
Non governmental organisation committed to the promotion and realisation of Travellers Human Rights
46 North Great Charles St., Dublin 1
Phone: 01 878 0255
Email: info@paveepoint.ie
Web: www.paveepoint.ie
National Advocacy Service for People with Disabilities
Advocacy service for people with disabilities run by five Citizens Information Services, supported and funded by the Citizens Information Board
Citizens Information Board, 43 Townsend Street, Dublin 2
Phone: 01 605 9000
Email: info@ciboard.ie
Web: www.citizensinformationboard.ie/services/advocacy_services/

Inclusion Ireland
Inclusion Ireland is a national organisation advocating for the rights of people with an intellectual disability. It provides an independent advocacy service to people with an intellectual disability and their families.
Unit C2, The Steelworks, Foley St, Dublin 1
Phone: 01 855 9891
Email: info@inclusionireland.ie
Web: www.inclusionireland.ie
Your Health Records

You may see many different healthcare professionals during your lifetime such as your GP, a psychiatrist, or a counsellor as well as a physical health care professionals. Each of these health care professionals prepare separate information about you. In fact, even if your health care providers are all part of the same health care system, they may each keep a separate medical record for you and may not be aware of the other treatment you are receiving. This can lead to an incomplete and disconnected record of your health. The standards say specialist mental health services should maintain one file of your information. However we know from the Inspector of Mental Health’s reports that this does not always happen.

Keeping Your Own Personal Records

These could contain;

- Your name, birth date, blood type and emergency contact
- Date of your last physical review
- Dates and results of any assessments or treatments you've completed
- Dates of major illnesses and surgeries
- Copies of any discharge summaries from a hospital or service. A discharge summary is a short report on the reasons for admission, any findings from tests, procedures performed, treatments provided, response to treatments, how you are at discharge and instructions for medications, activities, diet and follow up care. You should ask for this and receive it before you leave the hospital or service.
- A copy of your care plan
- A list of your medicines, dosages and how long you've taken them. See a template you can use here.
- Any allergies to food or drugs
- Any chronic diseases
- Any history of illnesses in your family

Getting Access to Your Health Records

You are entitled to see and get a copy of your health records except where there is a danger to your physical or mental health. There are a number of different ways of getting access to your health records depending on whether you are in a public or private service. In general you should write to the service, detailing your specific request and enclose photo id. Some services require a witness to sign your request. For more details please click here for citizens information website.
How to Make a Complaint

All specialist mental health services must have a clear complaints procedure. Ask for a copy of this procedure and follow the steps in this procedure.

The website [www.healthcomplaints.ie](http://www.healthcomplaints.ie) has a wide range of information to help you to make a complaint, including checklists and sample letters.

Overview Of Your Choices To Complain

<table>
<thead>
<tr>
<th>Type of Complaint</th>
<th>Your Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your complaint is about a service run by the HSE</td>
<td>First complain to the complaints officer in your service</td>
</tr>
<tr>
<td></td>
<td>If you are not satisfied you can ask for a review by different HSE people</td>
</tr>
<tr>
<td></td>
<td>If you are still not satisfied you can complain to the Ombudsman</td>
</tr>
<tr>
<td></td>
<td>If the service is not run by the HSE</td>
</tr>
<tr>
<td></td>
<td>If the service is an “approved centre” you can complain to the complaints officer using the centres complaints procedure as they must have procedures under the standards.</td>
</tr>
<tr>
<td></td>
<td>If the service is not an approved centre they may still have a complaints procedure as this is best practise. If they do not have a complaints procedure, ask for the name of person who is responsible for running the overall service. Some times they are the called the chief executive officer (CEO), executive director, or general manager</td>
</tr>
<tr>
<td>Your complaint is about an individual person who is a GP, psychiatrist, psychologist, counsellor, social worker, speech and language therapist or occupational therapist</td>
<td>You can complain to the complaints officer</td>
</tr>
<tr>
<td></td>
<td>If the person works for a service run by the HSE, you can ask for a review of your complaint, if you are not happy with the reply from the complaints officer.</td>
</tr>
<tr>
<td></td>
<td>If you are still not satisfied you can complain to the Ombudsman</td>
</tr>
<tr>
<td></td>
<td>You can complain to the professional body of the person you are not happy with, For example, the medical council for doctors. You do not need to go to the complaints officer first if you are doing this. See a list of professional bodies here</td>
</tr>
</tbody>
</table>
The Inspector of Mental Health Services does not deal with individual complaints, but if you raise a concern in writing to them they will hold your concern on file and review it when they are doing their next inspection of the specialist mental health service.

**Your Choices To Complain**

- How to complain about a public mental health service
- How to complain about a medical doctor or psychiatrist
- How to complain about a nurse
- How to complain about other people involved in your care

**How To Complain About A Public Mental Health Service**

**Complaints Officer**

If you wish to complain about a mental health service operated by the HSE, your first point of contact for a complaint should be the Complaints Officer for that service. You should ask for the contact details of the Complaints Officer from your service. You should be able to make your complaint in writing, in person or over the telephone.

You can also
- Send an e-mail yoursay@hse.ie with your feedback
- Send a letter or fax to any HSE location
- Ring the HSE: 1850 24 1850
- Use the HSE website form

You should receive an acknowledgement within a few days and an update on your complaint within 30 days. If your complaint is not fixed at that stage you should receive an update every 20 days.

**Health Service Executive (HSE) Review**

If you are unhappy with the recommendations made by the Complaints Officer, you can ask for a review from the HSE’s Director of Advocacy or go straight to the Office of the Ombudsman or Ombudsman for Children.

You may ask for a review in writing from the Director of Advocacy, Oak House, Millennium Park, Naas, Co. Kildare. Telephone: 1890 424 555.

You have 30 working days from the date of the final report sent to you by the Complaints Officer to ask for a review.

**Office of the Ombudsman / Ombudsman for Children**

If you are not happy with the response from the HSE, you can ask the Office of the Ombudsman to examine your complaint and how your complaint was handled. You can find out more about making a complaint to the Ombudsman and whether your complaint can be accepted by the Ombudsman here

If the complaint relates to a child, you should contact the Ombudsman for Children
How To Complain About A Medical Doctor Or Psychiatrist

Who can complain to the medical council?

Anyone can make a complaint to the Medical Council about a doctor. This includes members of the public, employers and other healthcare professionals.

If you are making a complaint for another person, such as your husband or wife, partner, brother or sister, that person may need to consent to your making the complaint for them, as the complaint may include confidential medical information.

The complaints procedure

When the Medical Council receives a complaint about a doctor, the Preliminary Proceedings Committee of the Medical Council will look into the complaint. The Preliminary Proceedings Committee looks into complaints made about a doctor (or doctors) on one or more of the following grounds:

• Professional misconduct
• Poor Professional Performance
• A relevant medical disability
• A failure to comply with one or more condition(s) attached to a doctor’s registration
• A failure to comply with an undertaking given to the medical council or to take any action specified in a consent given in the context of a previous inquiry
• Contravention (infringement) of the Medical Practitioners Act 2007
• A conviction in the state for an offence triable on indictment or if convicted outside the state, for an offence that would be triable on indictment in the irish courts.

The Preliminary Proceedings Committee may request further documentation or information from the person who made the complaint, the doctor or from other people involved such as the doctor’s employer or a hospital. When the Preliminary Proceedings Committee is satisfied that it has enough information, it will then decide what action to take:

1. If the Preliminary Proceedings Committee believes that there is a case to take further action it will refer the complaint to the Fitness to Practise Committee;

   or

2. If the preliminary proceedings committee decides not to refer the complaint to the fitness to practise committee, it will give an opinion to the medical council that:

   • it should take no further action;
     or
   • the complaint should be referred to another body or authority or to the medical council's professional competence scheme;
     or
   • The complaint could be resolved by mediation or other informal methods
What the medical council cannot do regarding your complaint

• look into complaints about anyone who is not a registered doctor. in this regard the medical council cannot deal with complaints about nurses, pharmacists, dentists, opticians, social workers, hospitals, clinics or other healthcare organisations.

• Pay you compensation or help you make a claim for compensation.

• Give legal or professional advice or representation to people making complaints.

• Make a doctor apologise to you.

• Contact a doctor for you and ask him to do something such as provide the treatment that you want, write a prescription for you or give you access to your records.

• Give you a detailed explanation of what happened to you. This can only come from the doctor or health provider.

• Give or arrange medical treatment or counselling for you.

The legal framework for the Medical Council’s complaint procedures is set out in the Medical Practitioners Act 2007, which is linked below.

Can I complain about public or private care, or both?

The Medical Council accepts complaints against doctors working in public and private health care.

How do I make a complaint to the Medical Council?

The Medical Council complaints form can be downloaded and submitted by email to complaints@mcirl.ie, or submitted by post to the following address:

Professional Standards
Medical Council
Kingram House
Kingram Place
Dublin 2

Only written complaints can be dealt with by the Medical Council. In circumstances where you cannot access the complaint form you should submit your complaint in writing or by email. You will need to include the following information:

• Your full name and address.

• As much information about the doctor as you can give, such as his/her name, place of work and speciality, for example, gp, radiologist.

• If possible, the doctor’s registration number which you can find online at www.medicalcouncil.ie.

• As much information about the incident as you can give, including names, dates, places and details of persons who may have witnessed the incident.
When should I make my complaint?

There are no time limits for making a complaint about a registered doctor.

Is there further explanatory information available?
Further information is available on the Medical Council website: [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

Contact details
Medical Council
Kingram House
Kingram Place
Dublin 2
Ireland
Phone: 01 498 3100 or 01 498 3112
Email: complaints@mcirl.ie
Web: [www.medicalcouncil.ie](http://www.medicalcouncil.ie)

How Do I Make A Complaint About A Nurse?

What complaints can I take to The Nursing and Midwifery Board of Ireland?

The Nursing and Midwifery Board of Ireland will take complaints that relate to named nurses or midwives when the complaint is on one or more of the following grounds:

a) Professional Misconduct
b) Poor Professional Performance
c) A relevant medical disability
d) A failure to comply with a relevant condition to registration
e) Non-compliance with the Code of Conduct
f) An irregularity in relation to the custody, prescription or supply of a controlled drug or another drug that is likely to be abused
g) A failure to comply with an undertaking given to the Nursing and Midwifery Board of Ireland or to take any action specified in a consent regarding censure and remedial action
h) Contravention (infringement) of the Nurses and Midwives Act 2011
i) A conviction in the State for an offence triable on indictment or if convicted outside the State, for an offence that would be triable on indictment in the Irish courts.

You do not need to specify the grounds for complaint if you are not sure which is applicable.
Can I complain about public or private care, or both?

The Nursing and Midwifery Board of Ireland can investigate a complaint in relation to any nurse/midwife – it does not matter where they practice (public, private or self-employed).

What complaints can I not take to The Nursing and Midwifery Board of Ireland?

The Nursing and Midwifery Board of Ireland cannot deal with complaints about health care institutions or departments within institutions, for example, a complaint about all the staff in ward X in a certain hospital. The Nursing and Midwifery Board of Ireland also cannot investigate complaints in relation to employment matters.

How do I make a complaint to The Nursing and Midwifery Board of Ireland?

Your complaint must be sent in writing to The Nursing and Midwifery Board of Ireland. Your letter should give details of the complaint and identify the nurse or midwives involved in the complaint.

When should I make a complaint?

At any time. A complaint need not be delayed because there is an investigation being undertaken by another body, for example, the employer or An Garda Siochana.

Is there further explanatory information available?

Information about making a complaint can be found here.

Contact details

The Fitness to Practice Department
The Nursing and Midwifery Board of Ireland
18/20 Carysfort Avenue, Blackrock, Co. Dublin
Phone: 01 639 8527
Email: ftp@nmbi.ie
Web: www.nmmbi.ie

How to complain about other people involved in your care

You will need to find out the professional group the person you wish to complain about belongs to and follow the rules of their professional association. A listing of websites for professional associations is shown below:
# Contact Details for Healthcare Professionals

<table>
<thead>
<tr>
<th>Name</th>
<th>Website</th>
<th>Phone Number</th>
<th>Complaint procedure on website?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irish Association of Humanistic and Integrative Psychotherapy (IAHIP)</td>
<td><a href="http://iahip.org/">http://iahip.org/</a></td>
<td>01 284 1665</td>
<td>No. Need to contact organisation to find out details</td>
</tr>
<tr>
<td>Irish Council for Psychotherapy</td>
<td><a href="http://www.psychotherapy-ireland.com/">http://www.psychotherapy-ireland.com/</a></td>
<td>01 902 3819</td>
<td>No. Need to contact organisation for each case</td>
</tr>
<tr>
<td>Medical Council (GP’s and Psychiatrists)</td>
<td><a href="http://www.medical-council.ie/">http://www.medical-council.ie/</a></td>
<td>01 498 3100</td>
<td>Yes. Standard complaint form can be downloaded from website and emailed or posted in to medical council</td>
</tr>
<tr>
<td>Nurses</td>
<td><a href="http://www.nursing-board.ie">http://www.nursing-board.ie</a></td>
<td>01 639 8500</td>
<td>Yes. Complaint must be made in writing and posted</td>
</tr>
<tr>
<td>Occupational Therapists *</td>
<td><a href="http://www.aoti.ie/">http://www.aoti.ie/</a></td>
<td>01 874 8136</td>
<td>No. Need to contact organisation to find out details. There is an online feedback form.</td>
</tr>
<tr>
<td>Social Workers *</td>
<td><a href="http://www.iasw.ie/">http://www.iasw.ie/</a></td>
<td>01 677 4838</td>
<td>No. Need to contact organisation to find out details. There is an online feedback form.</td>
</tr>
<tr>
<td>Speech and Language Therapists *</td>
<td><a href="http://www.iaslt.ie/">http://www.iaslt.ie/</a></td>
<td>NONE</td>
<td>No. Need to contact organisation to find out details. There is an online feedback form.</td>
</tr>
<tr>
<td>The Irish Association for Counselling and Psychotherapy (IACP)</td>
<td><a href="http://www.irish-counselling.ie/">http://www.irish-counselling.ie/</a></td>
<td>1890 907 265</td>
<td>Yes. Complaint must be made in writing and posted.</td>
</tr>
<tr>
<td>The Psychological Society of Ireland (Clinical and Counselling Psychologists) (PSI)</td>
<td><a href="http://www.psihq.ie/">http://www.psihq.ie/</a></td>
<td>01 472 0105</td>
<td>Yes. Complaint must be made in writing and posted.</td>
</tr>
</tbody>
</table>

Professionals marked with an * will be regulated by [CORU](http://www.coru.ie/).
CORU

CORU (pronounced by placing the emphasis on the ‘u’ at the end of the word. It sounds similar to Brian Boru, and undo) was set up under the Health and Social Care Professionals Act 2005 (as amended)

It is an umbrella body, made up of the Health and Social Care Professionals Council and 12 registration boards, one for each profession named in the act. It promotes high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. Eventually it will start hearing complaints about the 12 health care professional it regulates.

The professions to be regulated by CORU are

1. Clinical biochemists
2. Dieticians
3. Medical scientists
4. Occupational therapists
5. Orthoptists
6. Physiotherapists
7. Podiatrists
8. Psychologists
9. Radiographers
10. Social care workers
11. Social workers
12. Speech and language therapists

Social workers are the first profession to be regulated by CORU. Registers for the other professions will follow, on a phased basis, between 2013 and 2017.

You can see from the list that counsellors or therapists are not included in CORU’s responsibilities.

For more details on CORU, please click [http://www.coru.ie/](http://www.coru.ie/)
Our Aim
The aim of this interactive PDF is to help you get the right kind of treatment for you at the first time of asking and to help you become more confident in finding your way around our very complicated mental health services and getting the right service for you.

This PDF was developed by open health www.openhealth.ie on a not for profit basis. If you would like to republish please click here.

Please note: this document is only a guide to mental health services. It is not a legal interpretation and it does not give a full description of services and treatments. Nor can we guarantee it is free from errors. Please do not rely on it for advice and always check in with your GP before you make any decisions based on this document.

Thanks
It would not have been possible to develop this without using the excellent materials developed by a number of organisations and we would like to thank them for allowing us to republish extracts. These include

Organisations
Bodywhys, who help people with eating disorders www.bodywhys.ie
Dual Diagnosis Ireland, who raise awareness of the need for mental health and addiction services to be integrated. www.dualdiagnosis.ie
Mental Health Reform, the national coalition of organisations working to promote improved mental health services. www.mentalhealthreform.ie
Professor Tony Jorm of the University of Melbourne, Australia, www.whatworks4u.org
Shine, the national organisation dedicated to upholding the rights and addressing the needs of all those affected by mental ill health http://www.shineonline.ie/
The health care informatics society of ireland, http://www.hisi.ie/ and their sponsors who organised the initial health hack weekend which kick started this project.
The Health Service Executive (HSE) www.hse.ie
The Irish Society for safety and quality in health care http://www.isqsh.ie/
Health Complaints is a group led by the Ombusman to help people understand how to complain www.healthcomplaints.ie/

Thanks also to everybody who drafted, edited, programmed, and provided advice and feedback. It could not have happened without you all. These great people who gave their time freely include

Angela Moore  Caithriona Doran  Denis Parfenov
Grainne Dowdall  Lisa O Farrell  Mark Lavelle
Niall O Neill  Sarah Doran  Shari McDaid
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In many instances, the content was sourced from the organisations listed in the acknowledgements.

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If you have not already done so, we would be grateful if you could take a few moments to answer 5 questions to help us improve this document.

Take Survey
Glossary
<table>
<thead>
<tr>
<th>Word</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 steps</td>
<td>The type of treatment used by AA to help you recover from addiction</td>
</tr>
<tr>
<td>AA</td>
<td>Alcoholics Anonymous a voluntary self help group who support people with addictions using a treatment called the 12 steps.</td>
</tr>
<tr>
<td>Act</td>
<td>The Mental Health Act 2001, which is the main law relating to mental health in Ireland</td>
</tr>
<tr>
<td>Admission</td>
<td>When you go into hospital for inpatient care and treatment</td>
</tr>
<tr>
<td>Admission order</td>
<td>When an order is made that you be admitted to an approved centre without your consent</td>
</tr>
<tr>
<td>Advocacy services</td>
<td>Organisations or groups that provide advocates to work with you</td>
</tr>
<tr>
<td>Advocate</td>
<td>A person who helps someone with a mental illness to understand their rights and speaks up for them. An advocate can be a family member or some who is specially trained in advocacy</td>
</tr>
<tr>
<td>Alternative treatment</td>
<td>A treatment which has not been proven to work by medical scientists, but some people have found helpful in their recovery from mental health problems.</td>
</tr>
<tr>
<td>Approved centre</td>
<td>A hospital or other in-patient service, registered by the Mental Health Commission, where you stay to receive care and treatment. It can be a ward within a general hospital. The standards must be used in an approved centre.</td>
</tr>
<tr>
<td>Assessment</td>
<td>When a health professional works with you to identify your mental health needs</td>
</tr>
<tr>
<td>Best practice</td>
<td>Methods of working that have been shown to give better results</td>
</tr>
<tr>
<td>Care plan</td>
<td>A care plan describes how the service is going to work with you to help you get better and should be agreed with you. You should be offered a copy of your care plan.</td>
</tr>
<tr>
<td>Child</td>
<td>A person under 18 years of age other than a person who is or has been married</td>
</tr>
<tr>
<td>Code of practice</td>
<td>A set of guidelines that outline what steps health professionals and other staff working in mental health services should follow. Codes of practice currently exist for admission transfer &amp; discharge to approved centres, admission of children to approved centres, death &amp; incident reports, people with intellectual disability, use of ECT for voluntary patients, use of physical restraints, use of mechanical restraints, use of seclusion.</td>
</tr>
<tr>
<td>Community mental health team (community mental health services)</td>
<td>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</td>
</tr>
<tr>
<td>Word</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Community care</td>
<td>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 offices, physiotherapists, home helps, community pharmacists, psychologists, counsellors and others. Can also be known as primary care. They do not generally have psychiatrists.</td>
</tr>
<tr>
<td>Complaints Officer</td>
<td>The person in the service who takes complaints and makes sure the complaint is answered</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Doctors, nurses, psychologists, counsellors must keep your information private and not to reveal your personal information</td>
</tr>
<tr>
<td>Consent</td>
<td>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</td>
</tr>
<tr>
<td>Co-ordinating</td>
<td>Talking to and working with other people and organisations to plan your care</td>
</tr>
<tr>
<td>CORU</td>
<td>The government body responsible for regulating 12 types of health professionals. See <a href="http://www.coru.ie">www.coru.ie</a> for more information</td>
</tr>
<tr>
<td>Data Protection Acts and Freedom of Information Acts</td>
<td>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</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>The process of discovering or identifying what type of mental illness, if any, is present</td>
</tr>
<tr>
<td>Diagnostic and Statistical Manual of Mental Disorders (DSM)</td>
<td>This is the book published by the American Psychiatric Association which describes the different types of mental health problems and what you can expect. It is now on the 5th edition. Some people find it useful others do not. For example homosexuality was described as a mental illness up until 1974</td>
</tr>
<tr>
<td>Discharge</td>
<td>When staff consider you well enough to leave the service</td>
</tr>
<tr>
<td>Discharge against medical advice</td>
<td>When you leave hospital but medical staff believe it would be better for you to stay</td>
</tr>
<tr>
<td>Word</td>
<td>Explanation</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Discharge plan</td>
<td>A plan to make sure you leave a service when you are well. You can be transferred to a different service to meet your needs or you may not need any other services</td>
</tr>
<tr>
<td>Dual Diagnosis</td>
<td>This is when a person has more than one problem which needs treatment from different health care services. For example addiction and mental health problems</td>
</tr>
<tr>
<td>Facility</td>
<td>An approved centre, psychiatric hospital outside Ireland or a general hospital</td>
</tr>
<tr>
<td>File</td>
<td>Contains details of your treatments and by law you are entitled to see your file unless it would cause a problem for you. Special rules apply to the information that must be kept in your file if you are admitted to an approved centre</td>
</tr>
<tr>
<td>First line services</td>
<td>A service which can be contacted directly by you without needing a referral from a doctor</td>
</tr>
<tr>
<td>Follow up</td>
<td>When you or health care staff research the next step in your treatment</td>
</tr>
<tr>
<td>General hospital</td>
<td>A hospital for treating physical illnesses. Some general hospitals also treat mental illness if they are authorised by the Mental Health Commission as an “approved centre”</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner - your local doctor who can treat both physical and mental health care problems.</td>
</tr>
<tr>
<td>Health professionals</td>
<td>People trained in health care</td>
</tr>
<tr>
<td>Health Service Executive (HSE)</td>
<td>The government agency that provides most health care services. They also provide money to other organisations to provide services.</td>
</tr>
<tr>
<td>HIQA</td>
<td>An independent government agency called the Health Information and Quality Authority try to improve health care services. They inspect residential services for children, older people and people with disabilities.</td>
</tr>
<tr>
<td>Inspector of Mental Health Services</td>
<td>The Inspector of Mental Health Services vists and inspects every approved centre annually and other services providing a psychiatric service on a sample basis. Their reports can be seen on the mental health commis- sion website</td>
</tr>
<tr>
<td>Involuntary patient</td>
<td>A person admitted to an approved centre without their consent. They have not agreed to go to hospital.</td>
</tr>
<tr>
<td>Key worker</td>
<td>A key worker gives extra support to make sure your views are heard. Their role is to co-ordinate your care and make sure all of your needs are looked</td>
</tr>
<tr>
<td>Mental disorder</td>
<td>A legal definition of mental health problems in the mental health act which is complicated and explained here</td>
</tr>
<tr>
<td>Mental health</td>
<td>The well being of your mind, thoughts, feelings and emotions.</td>
</tr>
<tr>
<td>Word</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mental Health Commission</td>
<td>An independent government agency who work to improve mental health services and protect the rights of people in approved centres. Their website is <a href="http://www.mhcirl.ie">www.mhcirl.ie</a></td>
</tr>
<tr>
<td>Mental Health Tribunal</td>
<td>If you are admitted to hospital without agreeing to this, a mental health tribunal will look at whether this was the right decision. This is a group of three people who look at your admission to decide if it followed the law and that your rights are protected</td>
</tr>
<tr>
<td>Mental illness</td>
<td>This is defined in the mental health Act as “A state of mind of a person which affects the person’s thinking, perceiving, emotion or judgment and which seriously impairs the mental function of the person to the extent that he or she requires care or medical treatment in his or her own interest or in the interest of other persons”</td>
</tr>
<tr>
<td>Multidisciplinary treatment team</td>
<td>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</td>
</tr>
<tr>
<td>Person centred</td>
<td>This means each person, who they are and what they need, is the starting point for all plans about their treatment and care. It is about mental health services seeing everyone as an individual.</td>
</tr>
<tr>
<td>Policy</td>
<td>Information for staff about how something should be done. For example, a policy about how to give out medication would tell staff the safest way to do it</td>
</tr>
<tr>
<td>Primary Health Care Team</td>
<td>A team of health care professionals working with your GP</td>
</tr>
<tr>
<td>Principle</td>
<td>A guiding belief or standard</td>
</tr>
<tr>
<td>Privacy</td>
<td>Your right to control information about yourself, including how that information is collected, used and shown to other people</td>
</tr>
<tr>
<td>Procedure</td>
<td>A written set of instructions that describe the right steps for a particular action</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>A doctor with specialist training in mental health. You need a referral from another doctor in order to see a psychiatrist</td>
</tr>
<tr>
<td>Quality framework</td>
<td>Issued by the Mental Health Commission. This provides guidance to services who work with someone with a mental health difficulty</td>
</tr>
<tr>
<td>Receiving facility</td>
<td>The approved centre, psychiatric hospital outside Ireland or general hospital to which you are transferred</td>
</tr>
<tr>
<td>Recovery</td>
<td>Recovery is a personal journey where you recover your well being and live a full life in your community. It is government policy that services should help you to recover.</td>
</tr>
<tr>
<td><strong>Word</strong></td>
<td><strong>Explanation</strong></td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Referral</td>
<td>A request from one person (such as a GP) or organisation to another to give you particular healthcare and treatment.</td>
</tr>
<tr>
<td>Relapse</td>
<td>A return to poor health after feeling well</td>
</tr>
<tr>
<td>Renewal order</td>
<td>A form signed by your consultant psychiatrist before your admission order ends, to say that you must stay in hospital for another period of time</td>
</tr>
<tr>
<td>Restrictive practices</td>
<td>To restrict means to stop or make it more difficult for you to do something. Restrictive practices means what is done to stop or make it more difficult to do something. For example someone who is very stressed and who is hitting out at other people might be put in a room by themselves for some time. This is a restrictive practice because it stops them hitting someone. Another restrictive practice might to give someone a tablet that makes them feel sleep so they calm down.</td>
</tr>
<tr>
<td>Right</td>
<td>If you have the right to something (for example, a care plan), then by law the service you are using must provide you a care plan.</td>
</tr>
<tr>
<td>Rules</td>
<td>These are detailed steps for how approved centres should operate. Currently they include rules for ECT, and restrictive practices. They also include specific forms that should be used under the act, such as clinical practice forms, patient notification forms</td>
</tr>
<tr>
<td>Socially deviant</td>
<td>This term is used in the law, however no clear interpretation of it is known to us. It could refer to being anti-social. The act states you cannot be sent to a hospital just because you are “socially deviant”</td>
</tr>
<tr>
<td>Staff</td>
<td>All employees or workers, including permanent staff, temporary staff, agency staff and locums (temporary stand-in workers such doctors and nurses)</td>
</tr>
<tr>
<td>Standards</td>
<td>This is when an organisation like the Mental Health Commission tells services about the best way of doing things.</td>
</tr>
<tr>
<td>Talk therapy</td>
<td>A psychological treatment which involves talking to a specially trained person. There are many different types which can be seen <a href="#">here</a></td>
</tr>
<tr>
<td>Transfer</td>
<td>When you stay in a hospital and then move to a different ward or hospital.</td>
</tr>
<tr>
<td>Voluntary patient</td>
<td>A person who agrees to be admitted to hospital</td>
</tr>
</tbody>
</table>