

Mental health ward admissions for people with dementia



Living with dementia brings many challenges, and at times people can become distressed, frustrated and angry. This could be caused by, for example:

- changes relating to dementia, such as hallucinations, false beliefs or paranoia
- fear and confusion
- misunderstandings or tension with the people around them
- being cared for in an environment that does not meet their needs

In some circumstances, a person with dementia might behave in a way that puts them or the people around them at risk. For example, they may not recognise family members and refuse to allow them into the house; or put themselves in danger by running away from something that has frightened them without thinking about the consequences.

This may lead to a crisis situation where professionals decide that the person needs to be admitted to a mental health ward for an assessment and treatment.

Mental health wards may also be known as psychiatric wards or psychiatric units.

The aim of an admission is to work out what is causing the person's mental distress and try to alleviate it. This might be through medication, therapeutic activities and/or developing a care plan, which may include finding suitable care for when they are discharged.

What is a mental health ward?

Mental health wards provide care to people who are experiencing a mental health crisis.

They are different from general hospital wards and care homes and vary greatly across the UK. Some wards just care for people with dementia; some care for people with dementia alongside older people with a range of other mental health conditions. People with young onset dementia (where symptoms develop before the age of 65) could be admitted to one of these wards or to a ward that cares for younger people with other mental health conditions. You can contact the ward and ask for more information, including photos of the ward so the person with dementia can see the environment before they are admitted.



Sometimes, people are admitted to a ward outside their local area, for example if there are no beds locally or if another unit can better meet their needs. This is known as an ‘out of area placement’ and should be discussed with you at the time of arranging the admission.

Voluntary and involuntary admissions

In some circumstances, people are admitted to hospital voluntarily/informally – this means they consent to being admitted.

If a person needs to be in hospital but does not agree to go in voluntarily, they may be admitted under a section of the Mental Health Act (1983) – often referred to as ‘being sectioned’.

How long a person can be kept in hospital and whether treatment can be given will depend on which section of the Mental Health Act they are admitted under – please see p10 for information. The ward staff should provide further information about the person’s individual circumstances and their rights while in hospital – do not

hesitate to request a meeting with their care team to discuss these issues.

How are people with dementia assessed on a mental health ward?

When a person is admitted to a mental health ward, staff will carry out assessments to try to understand what is causing their mental health crisis and how to help them. These should include:

- spending time talking to them
- talking to their family and other people who know them
- monitoring their behaviour
- assessing their mood
- reviewing their health and medications
- assessing their ability to care for themselves

These assessments could take some time as the person may need a chance to get used to the new environment and to feel safe around the staff.

What might the person's care involve?

Supporting a person with dementia who is experiencing a mental health crisis often involves a range of different approaches. Bear in mind that dementia is a progressive condition, so it will not be possible to make all of their symptoms go away. The aim is usually to improve quality of life.

Many people on mental health wards are prescribed medication – for example, for low mood, anxiety or psychotic symptoms such as hallucinations, false beliefs or paranoid thoughts. Sometimes, a person may be so stressed and distressed on admission that staff give them medication straight away.

Prescribing medication for a person with dementia can be complex and a balance needs to be struck between treating the symptoms and not causing side effects. They may need to try several different medications before they find the most effective one(s). If the person cannot explain how they feel, staff will make decisions based on



observations of their behaviour and mood.

If the person with dementia has to stop taking their usual medication and/or start another, they will usually stay in hospital while these changes are made so staff can monitor them for any improvement in symptoms and/or side effects. You can ask the ward doctor for the patient information leaflet for each medication, which lists these in detail. You can also speak to the doctor if you have questions or concerns about the person's medication.

Alongside medications, staff should use other approaches to ease the person's distress, such as purposeful activities and therapies that take place on the ward.

Decisions about care and treatment are usually made in a multi-disciplinary team (MDT) meeting of the different professionals who are involved in the person's care. They will write a care plan which can be shared with everyone involved in their care and support. You should be invited to these meetings, so ask the ward staff when they will take place and how you can join.

What if the person becomes physically unwell?

Staff on mental health wards provide some physical healthcare such as monitoring heart rate, blood pressure and blood sugar levels; giving routine medications; and prescribing some other medications, for example antibiotics for infections.

However, if a person becomes very unwell and their health cannot be managed on the mental health ward, they may need to be transferred to a general hospital. Usually, a member of staff will accompany the person, stay with them while they are in the general hospital, then help to transfer them back to the ward.

Transferring to and from hospitals is a common occurrence for people with dementia on mental health wards. This may mean their overall admission is longer, particularly as being unwell and changing environments is likely to add to their distress.

If the person has existing outpatient appointments, ward

staff will try to help them attend these if they are well enough.

Many people with dementia who are admitted to a mental health ward also have physical health problems, which may be severe. Their care will include making plans for their future – known as advance care planning. This may involve thinking about what should happen at the end of their life, including where they will be cared for and what treatments they should and should not have.

If the person is in poor physical health and unlikely to get better, the ward staff may have a discussion with you and them (if they have capacity) about whether it is in their best interests to receive cardiopulmonary resuscitation (CPR) if their heart or breathing stop. If it is decided that the person should not receive CPR, this will be recorded on a special ‘Do not attempt CPR’ (DNACPR) form.

These discussions may be unexpected and upsetting, but working together with the ward staff to form an advance care plan will help the person with dementia receive the right care and support



as they approach the end of life.

For more information on advance care planning, end of life care and DNACPR, please see Sources of support on pages 13 and 15.

Personal care on mental health wards

When someone is on a mental health ward, staff are responsible for providing personal care, including assistance with washing, dressing and going to the toilet, if needed. This should be included in the person's care plan.

If you have been providing personal care and would like to continue

to do this, talk to the staff. You may notice some changes in the person's care needs, as being in hospital for long periods may affect their continence, mobility and ability to care for themselves – for example, they may find it difficult to manage a shower if they are used to having a bath.

If a person is stressed or distressed, they may resist getting washed or dressed, especially around strangers. To help build trust, staff may not be too insistent initially. You can help by sharing information on how the person was supported before they came into hospital.

What to bring to the ward

The ward staff can advise on what the person will need while in hospital, such as clothes, toiletries, medication and familiar items to help them feel more comfortable. Certain items, such as glass, sharp objects like razors and scissors, and ties/belts/scarves may not be permitted for safety reasons.

You can find more information in our leaflet on a stay in hospital and our What to bring to a mental health hospital checklist (see Sources of support on pages 13 and 14).

Being discharged from hospital

Once the person is ready to leave hospital, staff should work with their family and care professionals to plan what care they will need next and where this can best be provided. Often, this will be a residential care setting that can meet the person's need for a high level of ongoing care. Be aware that it can take some time to arrange a care package or suitable placement, even once the person is ready to be discharged.

Questions and concerns

If you have questions or concerns about how the person with dementia is being cared for in hospital or if you feel you are not being included in planning and decision-making, speak to the ward manager.

If your worries are not resolved, you can contact the hospital's Patient Advice and Liaison Service (PALS) for help – please see Sources of support on p15.

Support for families

When a person with dementia is admitted to a mental health ward, it is usually because things have been very difficult at home or in their care home for some time. Families are often exhausted and overwhelmed, and may feel:

- angry and frustrated by a lack of support services that could perhaps have prevented things reaching crisis point
- guilty that their relative is in hospital and questioning if they should have done things differently



- worried about the person's future
- embarrassed about their relative needing mental health services
- frightened about visiting the ward, what to expect and what to say to their relative
- traumatised by the admission process, especially if the person was admitted involuntarily

It is important to look after your own needs and those of other family members, including children, while the person with

dementia is in hospital. Some wards may offer psychological support for families or be able to refer you to local services, or you can speak to your GP about accessing support. Our dementia specialist Admiral Nurses can also help – please see Sources of support on p13 for contact details.

It is a good idea to arrange a carer's assessment to identify any financial and practical support you might need – please see Sources of support on p13 for information.

Frequently asked questions

How long is my relative likely to stay on the ward?

A mental health ward is not a permanent placement, but people with dementia often stay in for months rather than weeks depending on their individual needs.

If the person is admitted under a section of the Mental Health Act (1983), these have particular timeframes: for example, they can be held on Section 2 (for assessment) for up to 28 days, and on Section 3 (for treatment) for up to six months initially. However, these are not definitive so try not to focus on them too much.

Why does the ward have a locked door?

Wards are usually locked to prevent people from leaving for their own safety and to stop people entering without permission. Most are locked all the time, but others may be locked only at certain times.

Can the person have visitors?

Wards often have visiting hours and may ask you to avoid busy times like

mealtimes. However, some wards are signed up to John's Campaign which recognises the importance of visitors for people with dementia and encourages more flexibility with visiting – please see Sources of support on p15.

Some hospitals have visiting rooms rather than allowing you to visit the person on the ward. This is to keep everyone safe and protect the dignity and privacy of other people on the ward. Others allow visitors on the ward – you can ask staff how to arrange this. You are unlikely to be able to visit the person in their bedroom.

Typically, children and young people under the age of 18 are not allowed to visit mental health wards. However, ward staff may be able to support a visit, for example in a visitors' room or the grounds – you can ask if this can be arranged.

Can the person leave the ward?

This will depend on factors like their level of distress and the availability of staff/visitors to accompany them. If the person is allowed to leave the ward – for example to take part in activities in a different area of the hospital or walk around



the grounds – they will usually need to be escorted. This may be by one or more members of staff, or by family or friends.

If the person's mental health crisis subsides, they may be allowed 'leave' from the hospital, often to go home for a few hours or overnight. This is a test of how well they manage outside hospital and is an important step towards discharge.

How can I visit the person if I do not have transport?

Speak to the ward manager and your social worker, as a volunteer driver or hospital transport may be able to help. However, there is no expectation that you visit every day – this can be exhausting, especially if you have to travel some distance.

If you are unable to visit, ask the ward to support you to stay in contact with your relative, for

example by phone, video calls, photos and text updates.

What if the person needs support with eating and drinking?

Sometimes, people in hospital have difficulty eating. Staff will provide support to people who need help to eat and drink, so please let them know about the person's likes and dislikes and any dietary needs.

For more information on eating, drinking and dementia, please see Sources of support on p13.

What if the person with dementia is upset, afraid, or looking for me?

Hospital staff are used to working with people who are distressed. You can help by sharing as much information about the person as possible, including methods that have helped ease their distress in the past. This will help staff understand and relate to them better.

For more information on coping with distress, please see Sources of support on p13.

I have been told not to visit for a week to let the person settle in – is this right?

There is no evidence to suggest

that restricting visits will help the person with dementia settle into a new environment, but some wards still give this outdated advice. We suggest discussing this with the ward in the first instance. If they maintain that you cannot visit, you can contact the hospital's PALS Team for support – please see Sources of support on p15.

What if there is Covid-19 on the ward?

The chances of catching Covid-19 in hospital are higher than at home. People who are in crisis may be receiving close support from staff and have difficulty distancing themselves from others. If there is a confirmed Covid-19 outbreak on the ward, you may not be able to visit.

Will being in hospital affect the person's benefits?

Being in hospital will not affect the person's State Pension, but some other benefits may be affected. For more information, please see the Government's benefits advice or contact Citizens Advice – see Sources of support on p15.

Sources of support

To speak to a dementia specialist Admiral Nurse about admission to a mental health ward or any other aspect of dementia, please call our Helpline on **0800 888 6678** (Monday to Friday 9am–9pm, Saturday and Sunday 9am–5pm) or email helpline@dementiauk.org

To book a phone or video call appointment with an Admiral Nurse, please visit dementiauk.org/book-an-appointment

Dementia UK resources

**Anxiety, depression
and dementia**

dementiauk.org/managing-anxiety-and-depression

Advance care planning

dementiauk.org/advance-care-planning

Carer's assessments

dementiauk.org/the-carers-assessment

**Changes in care: a stay
in hospital**

dementiauk.org/changes-in-care-a-stay-in-hospital

**Changes in perception
and hallucinations**

dementiauk.org/changes-in-perception-and-hallucinations

Coping with distress

dementiauk.org/coping-with-distress

Creating a life story

dementiauk.org/creating-a-life-story

Dealing with restlessness

dementiauk.org/dealing-with-restlessness

Delirium

dementiauk.org/delirium

Eating and drinking

dementiauk.org/eating-and-drinking

**Financial and legal sources
of support**

dementiauk.org/sources-of-support-and-advice



**Keeping safe when
you care for someone
with dementia**
[dementiauk.org/
keeping-safe](https://dementiauk.org/keeping-safe)

Lasting power of attorney
[dementiauk.org/
lasting-power](https://dementiauk.org/lasting-power)

**Mental capacity and
decision-making**
[dementiauk.org/capacity-
decision-making](https://dementiauk.org/capacity-decision-making)

**Mental health
admissions glossary**
[dementiauk.org/
mental-health-glossary](https://dementiauk.org/mental-health-glossary)

**Recognising the later stages
of dementia and moving
towards end-of-life care**
[dementiauk.org/end-of-
life-care](https://dementiauk.org/end-of-life-care)

Understanding dying
[dementiauk.org/
understanding-dying](https://dementiauk.org/understanding-dying)

**What to bring to a mental
health ward**
[dementiauk.org/mental-
health-packing-list](https://dementiauk.org/mental-health-packing-list)

Other resources

The Advocacy People – independent mental health advocates
theadvocacypeople.org.uk

Citizens Advice
citizensadvice.org.uk

Gov.uk: benefits
gov.uk/browse/benefits

John's Campaign
johnscampaign.org.uk

The Mental Health Act (1983)
legislation.gov.uk/ukpga/1983/20/contents

Mind – the mental health charity
mind.org.uk

Mind: sectioning – an overview
mind.org.uk/information-support/legal-rights/sectioning/overview

NHS: do not attempt CPR (DNACPR decisions)
nhs.uk/conditions/do-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions

NHS: the Mental Capacity Act
nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act

NHS: the Mental Health Act
nhs.uk/mental-health/social-care-and-your-rights/mental-health-and-the-law/mental-health-act

NHS: what is PALS (Patient Advice and Liaison Services)?
nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service

POhWER – independent mental health advocates
pohwer.net

Rethink Mental Illness
rethink.org

Voiceability – independent mental health advocates
voiceability.org

The information in this leaflet is written and reviewed by dementia specialist Admiral Nurses. We hope you find it useful. If you have feedback, please email feedback@dementiauk.org

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We want to ensure no one has to face dementia alone – and we can only do this because of our generous supporters. If you would like to help, please consider making a kind gift.



To donate: call **0300 365 5500**,
visit dementiauk.org/donate-to-support
or scan the QR code.
Thank you.



If you have questions or concerns about any aspect of dementia, please contact our Admiral Nurses.
Helpline: **0800 888 6678** or helpline@dementiauk.org
Virtual clinics: dementiauk.org/book-an-appointment



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