

Mental health ward admissions for people with dementia



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Living with dementia brings many challenges, and people living with the diagnosis may sometimes become distressed, frustrated and agitated. Reasons might include:

- changes relating to dementia, such as hallucinations, false beliefs or paranoia
- fear and confusion
- misunderstandings or tension with family or carers
- 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, if they are seriously neglecting themselves or show aggression towards family members when they are feeling distressed.

This may lead to a situation where professionals decide that the person needs to be admitted to a mental health ward for assessment and treatment. The aim is to work out what is causing their 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, also known as psychiatric wards or psychiatric units, provide care for people who are experiencing a mental health crisis. They are different from general hospital wards and care homes.

Some wards just care for older people or people with dementia. Others care for people of all ages with a range of mental health conditions. People with young onset dementia (where symptoms develop before the age of 65) are sometimes admitted to an older persons' ward, despite their age.



You can contact the ward and ask for more information, including photos, to help prepare the person with dementia for what to expect before they are admitted. This can also be helpful for you and other family members.

Sometimes, people are admitted to a ward outside their local area, for example if there are no beds nearby 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

Some people are admitted to a mental health ward voluntarily/informally – this means they consent to being admitted. If a person needs to be admitted to a mental health ward 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’.

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How long a person can be kept on a mental health ward and whether treatment can be given without their consent will depend on which section of the Mental Health Act they are admitted under – please see p11-12 for information.

The ward staff should provide further information about the person's individual circumstances and rights while they are on the mental health ward. 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 establish 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. Creating a life story – a record of the person's history, likes and dislikes, values etc – and sharing it with the staff can help them better understand how to support the person. Please see Sources of support on p16.

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, and some symptoms cannot be treated or cured. 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 distressed on admission that staff give them medication to calm them straight away.

Prescribing medication for a person with dementia can be complex and a balance needs to be struck between treating the symptoms and avoiding 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 on the mental health ward while these changes are made so staff can monitor their symptoms and any 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 medication, 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 professionals who are involved in the person's care. They will write a care plan which should 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 blood pressure and blood sugar; giving routine medications; and prescribing some other medications, for example antibiotics for infections.

However, if a person becomes physically unwell and this 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 and stay with them during their admission.

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



If the person has existing outpatient appointments, ward staff should try to help them attend these if they are well enough.

Many people with dementia who are admitted to a mental health ward have existing 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 ‘Do not attempt CPR’ (DNACPR) form.

These discussions may be unexpected and upsetting, but working with the ward staff to form an advance care plan will help the person with dementia receive the right care 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 p16-18.

Personal care on mental health wards

When someone is on a mental health ward, staff are responsible for providing support with personal care if needed, including assistance with washing, dressing and continence care. This should be included in the person's care plan. If you have been providing personal care and would like to continue to help with this, talk to the staff.

You may notice some changes in the person's care needs, as being in crisis and on a mental health ward may affect their continence, mobility and ability to care for themselves. For example, they may find showers distressing if they are used to having a bath.

If a person is stressed or agitated, they may resist personal care, especially from 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 were admitted to the ward.

What to bring to the ward

Ward staff can advise on what the person will need during their admission, such as clothes, toiletries 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 about items that might help the person with dementia feel more settled in our leaflet on hospital admissions: please see Sources of support on p17.



Being discharged from a mental health ward

Once the person is ready to leave the mental health ward, 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.

If the person with dementia was admitted to a mental health ward under certain sections of the Mental Health Act, they are entitled to additional support when they are discharged, known as 'Section 117 aftercare'. This might include things like free prescriptions for mental health medication, access to day centre facilities and recreational activities, and support with housing. For more information, please see Sources of support on p18.

Questions and concerns

If you have questions or concerns about how the person with dementia is being cared for on the mental health ward or 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 ward's Patient Advice and Liaison Service (PALS) for help – please see Sources of support on p18.

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 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 on the mental health ward and after they return home. Children and teenagers may need additional support if they witnessed behaviour that they found upsetting or frightening.



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 p16.

It is a good idea to arrange a carer's assessment to identify any practical support you might need. Young people under 18 who have caring responsibilities are also entitled to a young carer's assessment. Please see Sources of support on p18.

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 some time, 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 p18.

Some hospitals have visiting rooms rather than allowing visitors on the ward. This is to keep everyone safe and protect the dignity and privacy of other patients. 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 part of the hospital or walk around the grounds – they



will usually need to be accompanied. 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 ward, 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 obligation to visit every day – this can be exhausting, especially if you have to travel some distance.

If you are unable to visit the person, ask the ward to support you to stay in contact, 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 let them know about the person's needs, likes and dislikes and any dietary requirements.

For more information on eating, drinking and dementia, please see Sources of support on p16.

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 strategies that may ease their distress. This will help staff understand and relate to them better.

For more information on coping with distress, please see Sources of support on p16.

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

There is no evidence that restricting visits will help the person with dementia settle into their 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 PALS for support – please see Sources of support on p18.

What if there is an infectious illness on the ward?

The chances of catching contagious illnesses like flu and stomach bugs are higher in hospital 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 an outbreak of an infectious illness 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 p17.



Sources of support

If you are living with dementia or caring for someone with the condition, register for our free online sessions, ‘Dementia: what next?’ at [▶ dementiauk.org/dementia-what-next](https://dementiauk.org/dementia-what-next)

To speak to a dementia specialist Admiral Nurse, call our free Helpline on **0800 888 6678** (Monday-Friday 9am-9pm, Saturday and Sunday 9am-5pm, every day except 25th December) or email [▶ helpline@dementiauk.org](mailto:helpline@dementiauk.org)

If you prefer, you can book a phone or video call with an Admiral Nurse at a time to suit you: please visit [▶ dementiauk.org/book](https://dementiauk.org/book)

Dementia UK resources

Advance care planning

[▶ dementiauk.org/advance-care-planning](https://dementiauk.org/advance-care-planning)

Carer’s assessments

[▶ dementiauk.org/carers-assessment](https://dementiauk.org/carers-assessment)

Changes in perception and hallucinations

[▶ dementiauk.org/changes-in-perception-and-hallucinations](https://dementiauk.org/changes-in-perception-and-hallucinations)

Coping with distress

[▶ dementiauk.org/coping-with-distress](https://dementiauk.org/coping-with-distress)

Creating a life story

[▶ dementiauk.org/life-story](https://dementiauk.org/life-story)

Delirium

[▶ dementiauk.org/delirium](https://dementiauk.org/delirium)

Eating and drinking

[▶ dementiauk.org/eating-and-drinking](https://dementiauk.org/eating-and-drinking)

End of life care for people with dementia

➤ dementiauk.org/end-of-life-care

Hospital admissions for people with dementia

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

Keeping safe when you care for someone with dementia

➤ dementiauk.org/keeping-safe

Managing anxiety in a person with dementia

➤ dementiauk.org/managing-anxiety

Managing depression in a person with dementia

➤ dementiauk.org/managing-depression

Mental capacity and decision-making

➤ dementiauk.org/capacity-decision-making

Restlessness and agitation

➤ dementiauk.org/dealing-with-restlessness

Other resources

Citizens Advice

➤ citizensadvice.org.uk

Gov.uk: benefits

➤ gov.uk/browse/benefits

John's Campaign

➤ johnscampaign.org.uk

Mind – the mental health charity

➤ mind.org.uk

Mind: sectioning – an overview

👉 mind.org.uk/information-support/legal-rights/sectioning

NHS: being a young carer – your rights

👉 nhs.uk/social-care-and-support/support-and-benefits-for-carers/being-a-young-carer-your-rights

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: mental health aftercare if you have been sectioned (section 117 aftercare)

👉 nhs.uk/social-care-and-support/care-after-a-hospital-stay/mental-health-aftercare

NHS: what is PALS (Patient Advice and Liaison Services)?

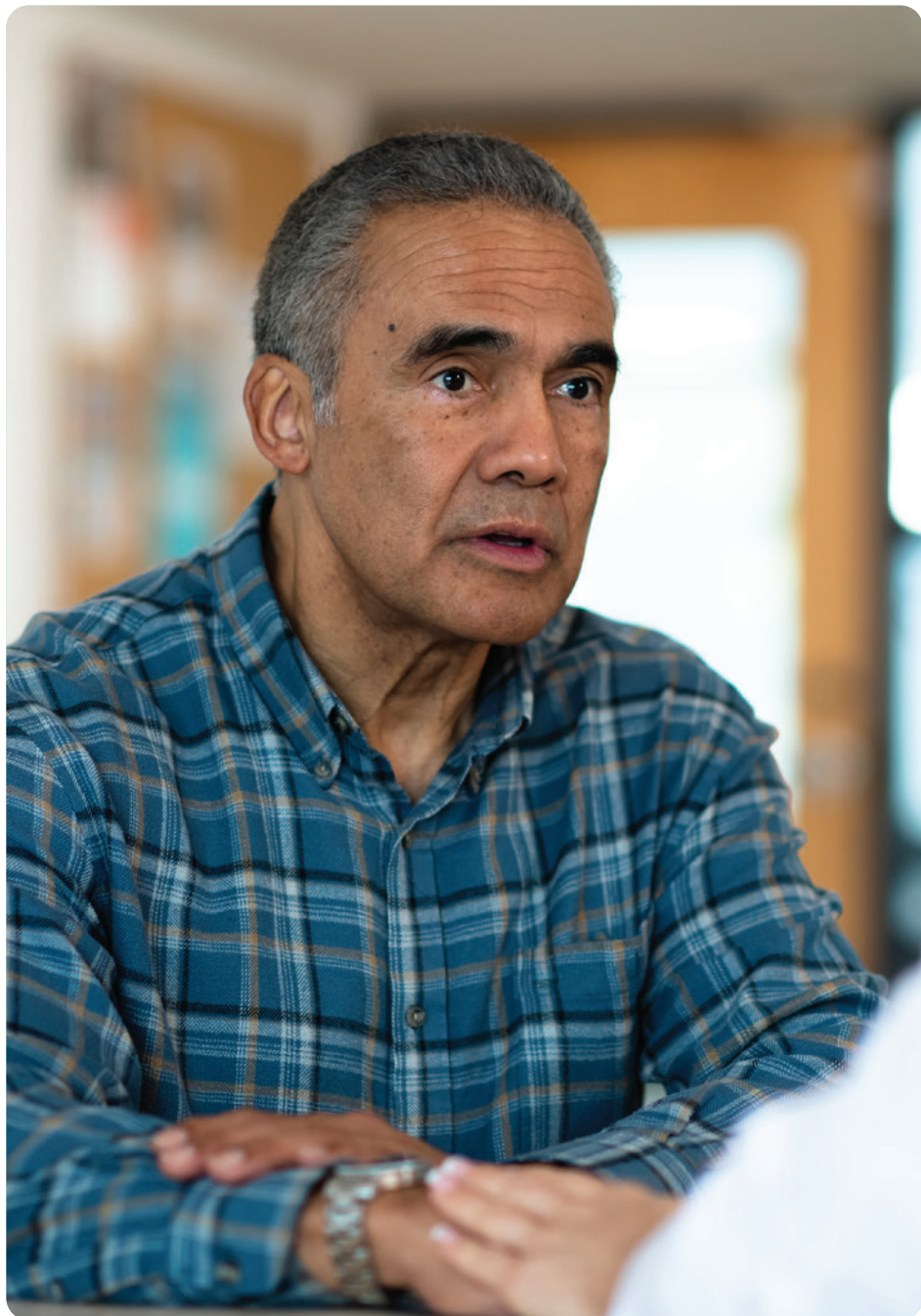
👉 nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service

Rethink Mental Illness

👉 rethink.org

Voiceability – independent mental health advocates

👉 voiceability.org



**To speak to a dementia specialist Admiral Nurse
about any aspect of dementia:**

Contact our Helpline:

0800 888 6678 or [▶ helpline@dementiauk.org](mailto:helpline@dementiauk.org)

Book a virtual appointment:

[▶ dementiauk.org/book](https://dementiauk.org/book)

**Our charity relies entirely on donations to fund our
life-changing work. If you would like to donate to help us
support more families:**

- Call **0300 365 5500**
- Visit [▶ dementiauk.org/donate](https://dementiauk.org/donate)
- Scan the QR code



Thank you.



DementiaUK

Helping families face dementia



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Publication date: April 2026 Review date: April 2029. © Dementia UK 2026

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