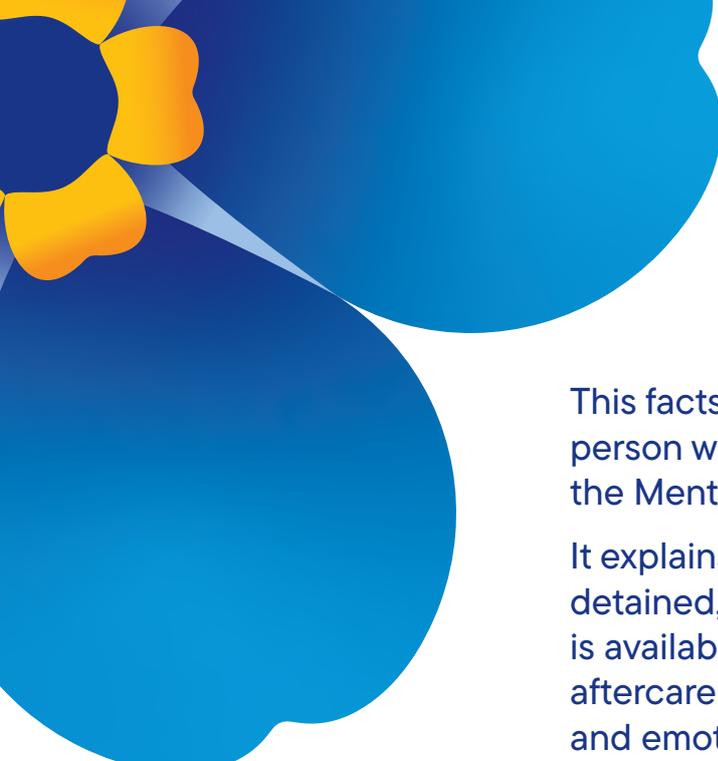


The Mental Health Act 1983



**Alzheimer's
Society**

Together we are help & hope
for everyone living with dementia



This factsheet is for carers, family and friends of a person with dementia who may be detained under the Mental Health Act.

It explains why a person with dementia may be detained, the rights they have, and what support is available. It deals with guardianship and aftercare services, as well as providing practical and emotional guidance.

Northern Ireland has its own laws under the Mental Health (Northern Ireland) Order 1986.

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1 The Mental Health Act 1983

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Sometimes the law allows a person with serious mental health needs to be detained in hospital against their will. This is so that they can be assessed and/or treated. The law is there to protect them, and others, from any harm if their condition reaches a crisis point. This can include someone with dementia.

In England and Wales, the Mental Health Act 1983 covers this and it includes strict criteria. The Mental Health Act is about people who have a 'mental disorder', which threatens their health or safety, or the safety of others. Some people would choose not to use the term 'mental disorder'. However, it is the term the Act uses to describe any disorder or disability of the mind, including dementia.

The Act explains when and why a person may be kept (detained) in hospital. This is sometimes referred to as 'sectioning', although that is not the term used in the Act.

Under this law, a person can be detained whether or not they have the 'mental capacity' (the ability to decide for themselves) to agree. However, it sets out safeguards to protect a person who is detained and outlines the responsibilities of health and social care providers.

The Act might be used for a person with dementia if they are consistently:

- very aggressive
- very agitated
- experiencing distressing hallucinations or delusions
- displaying inappropriate sexual behaviour
- seriously neglecting themselves
- indicating suicidal behaviours or thoughts.

This would usually be where the person is at crisis point and the situation cannot be managed in other ways. If the Act is used for someone with dementia, it can be stressful for them and their carers. Some of this factsheet may be distressing to read, but it outlines where to get help and support.

Changes to the Mental Health Act have been proposed by the government and it is likely that the Act will change in the next few years. However, there is no definite date yet.

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2 When a person can be detained

A person can only be detained if:

- they have a mental disorder that makes it appropriate to detain them under the Act for assessment and/or treatment and
- it is necessary to protect them or other people.

A person should not be detained unless less-restrictive ways of giving them care and treatment have already been considered.

A person with dementia might be detained:

- following a hospital visit (either to accident and emergency or if they are on another ward) or
- from a care home or
- from their own home.

In some cases, it could be that the police are called to the person's home (see 'Sections 135 and 136 – powers of the police' on page 7). Sometimes the police may help to take the person into hospital if they are being detained under the Act.

It would usually be an 'approved mental health professional' who makes the application for the person to be admitted to hospital. The 'nearest relative' also has that power, although it is rare for them to use it. See 'The key roles in the Mental Health Act' on page 9 for an explanation of 'approved mental health professional' and 'nearest relative'.

When someone is detained under the Act, both they and their nearest relative must be told about their rights, including what is happening and how this relates to the Act.

The rights the person and their nearest relative have

The Act sets out various rights and protections for the person and their nearest relative. There are also Codes of Practice (a different one for each of England and Wales), which explain these rights and protections in more detail. These Codes are there to help you. They include the right to be:

- told under what section of the Act the person is being detained and why
- for the person to access support from an Independent Mental Health Advocate and how to get that (see 'Independent Mental Health Advocate' on page 10)
- told how to be discharged, including by appeal to the Mental Health Tribunal
- for the nearest relative to request the person be discharged and what happens if doctors disagree
- told how to get legal advice and the right to access this or independent advice
- told about the role of the Care Quality Commission or the Healthcare Inspectorate Wales, including the right to make a complaint

The Codes also state that information given to the person should be given in a way that they can understand and that supports their independence.

See further 'Safeguards and challenges to a detention under the Act' on page 11.

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3 The sections of the Mental Health Act

What does sectioning mean?

The Mental Health Act has over 100 parts, which are known as 'sections'. Some sections allow people to be detained, so they can be assessed and/or treated against their will. This would be on a mental health ward in a hospital or in a specialist mental health hospital. This is where the term 'sectioned' comes from. Although this term is commonly used, it is not used in the Act.

The sections of the Mental Health Act that are likely to be most relevant to people with dementia and their carers are explained from this page to page 7.

Section 2 – detention for assessment in hospital

Section 2 of the Act allows a person to be detained in hospital to have their mental health assessed. This can happen if the person:

- **refuses to agree** to being assessed voluntarily or
- **is likely to change their mind** about going into hospital or
- **doesn't have the mental capacity** to give 'informed consent' – this means they are not able to understand all the relevant information to agree to be assessed.

A person can only be detained for assessment if that is necessary to prevent harm to themselves or others. For example, a person with dementia may be detained under section 2 if they are seriously neglecting themselves. Or they may be detained if they are behaving in ways that challenge, such as being aggressive.

How long can a person be detained under section 2?

A person would usually be admitted under section 2 initially, where they can only be detained for a maximum of 28 days for assessment. They can be discharged sooner, if that is appropriate. Often, however, the person will move onto section 3.

Section 2 also allows for a person to be given appropriate treatment, such as medication, whilst they are being assessed.

Who has the power to use section 2?

An approved mental health professional (AMHP) and a person's nearest relative both have the legal power to apply to have the person admitted to hospital under section 2. However, it is very unusual for a nearest relative to do this as it is not a familiar process and it can be distressing. Instead, every local authority has a trained team of AMHPs who can help to do this role.

If someone is worried about a person with dementia and thinks they are a risk to themselves or others, they can contact the safeguarding adults team at their local council.

An AMHP can make an application under section 2 even if the nearest relative disagrees. This is different where section 3 is used. See 'Section 3 – detention for treatment in hospital' on page 6.

What is the process?

Two doctors must agree that the person should be detained. They must follow strict legal rules. The doctors need to sign medical recommendations that say why the person needs to be detained in hospital to be assessed.

One of the doctors must have specialist experience of working with people who have a 'mental disorder'. Some local areas may have doctors who specialise in assessing people with dementia. The second doctor should normally be someone who knows the person, such as their GP or their psychiatrist.

Once the person is in hospital they will be closely supervised. There will be significant restrictions on where they can go until they are discharged. This can be distressing both for the person and for those who care for them. See 'How to support a person who has been detained' on page 13 and 'Support for carers' on page 15.

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Section 3 – detention for treatment in hospital

Section 3 of the Act allows for someone to be detained in hospital for treatment. This could apply to someone who has already been detained under section 2 and who then needs to be treated for longer. It can also be used immediately if the relevant criteria are met.

How long can a person be detained under Section 3?

Section 3 of the Act allows for a person to be detained for up to six months to begin with. After this, the period of detention may be renewed for another six months, and then for a year at a time. Having these regular reviews in place is to ensure that people don't stay in hospital longer than they need to.

Who has the power to use Section 3?

As with detention under section 2 of the Act (explained on page 4), either an AMHP or the nearest relative can apply for a person to be detained in hospital for treatment.

However, an AMHP can't admit a person to hospital under section 3 if the person's nearest relative doesn't agree to this. See 'The key roles in the Mental Health Act' on page 9 for more information about AMHPs and nearest relatives.

What is the process?

The process for detaining someone for treatment under the Act is similar to the process for detaining someone for assessment. However, before the doctors sign the medical recommendations, they must make sure appropriate treatment is available for the person in hospital.

Treatment does not just mean medication. It could include specialist mental health nursing care or psychological therapies

The Act says that a person detained under either sections 2 or 3 can be given treatment without their consent as long as it is prescribed by their 'responsible clinician' (see 'The key roles in the Mental Health Act' on page 9) and relates to their mental disorder. If someone has been treated with medication for three months, an approved doctor must give a second opinion for this treatment to continue.

Sections 135 and 136 – powers of the police

Sections 135 and 136 of the Act give certain powers to the police. These include the power to remove a person from their home or a public place to a 'place of safety'. This could be for a mental health assessment, or a referral for treatment or care. An AMHP and a doctor should be involved in this process.

The place of safety is usually a police station or a hospital. This might be used if, for example, the police find a person with dementia in distress in a public place and they are unable to find help for them elsewhere.

Section 117 – aftercare services

What is aftercare?

Section 117 of the Act deals with aftercare services. These are the services that a person must be given when they are discharged from detention for treatment under section 3. They are not available if someone has only been detained under section 2.

The local authority and the NHS have a joint duty to arrange aftercare services if a person needs them. This means they must find the ongoing support that the person needs. There are many types of aftercare services. Examples include:

- **providing a place to live** that is suitable for the person, such as supported accommodation or a care home
- **providing a package of care** for the person in their own home
- **providing daycare** or other recreational activities.

A person with dementia who has been detained under the Act is more likely to be discharged to a residential care setting than back to their own home.

To receive aftercare, a person must have an ongoing need for support. The support must meet a need that is connected to their mental disorder. It must also reduce the risk of their mental condition getting worse and having to be readmitted to hospital.

It can take a while for an aftercare package to be arranged which may delay the person's discharge from hospital.

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Who pays?

Aftercare support is not means-tested. Everyone who needs aftercare services should get them, no matter how much money they have.

Aftercare must be provided free of charge by both the NHS and the relevant local authority. This includes paying for care in the person's own home and paying for care home fees.

The NHS and the local authority must arrange for the person to move to a care home or receive a care package that meets their needs. This must happen even if it means paying for the person to live in a care home that is not on the NHS and local authority's standard list.

If someone is offered a care home that meets their needs, but they want to move into a different and more expensive care home, they can pay a top-up fee. This means they can pay the difference between the amount the NHS or local authority pay and the cost of their chosen care home. Someone else, for example a family member, can also agree to do this on their behalf.

Can aftercare be removed?

The NHS and the local authority can withdraw aftercare support if they decide together that the person no longer needs it. This would be if the support no longer meets a need connected to their mental disorder or no longer reduces the risk of their condition getting worse.

Because dementia gets worse over time, it is likely to be hard for the NHS and local authority to show this. Sometimes it may seem that the person is settled in a residential care setting, but the key question is: if that care was removed, would the person be likely to be readmitted to hospital?

If aftercare support is withdrawn, the person's care needs will be reassessed using a means-test. They may then have to pay for some or all of their care costs, unless they qualify for NHS Continuing Healthcare funding, which is also non-means-tested.

If someone is worried that aftercare is going to be removed inappropriately, they may need to ask for specialist advice. See 'Other useful organisations' on page 21 for some suggestions about who can help.

For more information about paying for care, including means-testing and NHS Continuing Healthcare funding, see booklet 813, **When does the NHS pay for care?** and factsheets 532, **Paying for care and support in England**, W532, **Paying for care and support in Wales** and NI532, **Paying for care and support in Northern Ireland**.

4 The key roles in the Mental Health Act

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Nearest relative

'Nearest relative' has a very specific meaning in the Mental Health Act. It is different from 'next of kin'. It is generally the person who comes first in the following list:

- husband, wife or civil partner (or unmarried partner who has lived with the person for at least the past six months before admission)
- adult son or daughter
- father or mother
- brother or sister
- grandparent
- adult grandchild
- uncle or aunt
- adult nephew or niece
- someone (not a relative) the person has lived with for at least the past five years before admission.

It is the approved mental health professional's (AMHP's) responsibility to work out who the person's nearest relative is.

The Act does mention specific circumstances where the nearest relative can be changed or someone specific appointed. A legal adviser can explain about this if needed.

The Mental Health Act gives significant powers to the nearest relative. They can:

- **apply for the person to be detained** under the Act or be placed under a guardianship
- **be consulted and/or given information** about the person if they are detained
- **block the person from being detained** under section 3, or placed under a guardianship
- **discharge the person if they are detained** and apply to the Mental Health Tribunal if that is refused
- **ask for an independent advocate** to support the person.

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Independent mental health advocate (IMHA)

A person who is detained in hospital under the Mental Health Act or is subject to a guardianship order (see 'Guardianship', page 16) has the right to access an Independent Mental Health Advocate (IMHA). This service is free.

The IMHA, who is independent from the hospital, will help a person to understand and use their rights. They will also support the person to say what they want or speak on their behalf at meetings.

Approved mental health professional (AMHP)

The AMHP is the professional who is responsible for deciding whether a person is detained under the Mental Health Act. They might be a social worker, mental health nurse, occupational therapist or psychologist. The AMHP will have special training to carry out the role.

Responsible clinician

The 'responsible clinician' is the medical professional (usually a doctor) who has overall responsibility for the person's care while they are detained.

5 Safeguards and challenges to a detention under the Act

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The powers that are created by the Mental Health Act can have a significant effect on a person's freedoms. This is why the Act also contains some safeguards to protect the person's rights.

One of the main rights the Act creates is the right for the detained person to have access to an Independent Mental Health Advocate (IMHA). See 'The key roles in the Mental Health Act' on page 9 for more information about IMHAs.

The person's nearest relative also has the right to ask for an IMHA to be appointed to support the person. IMHAs generally visit hospital wards, or hospital staff can help people contact one. Don't be afraid to ask.

If it is believed that someone is being wrongly detained under sections 2 or 3 of the Mental Health Act, this can be challenged in the following ways.

- The **responsible clinician** can be asked informally to discharge them.
- The **special team at the hospital**, which makes sure the Act is properly applied (called 'hospital managers') can be asked to hold a hearing to decide whether to discharge the person.
- The **nearest relative** has the power to discharge the person. However, they must give the hospital written notice 72 hours before and a doctor can override the discharge if they think the person is a danger to themselves or to other people.
- An application can be made to the **Mental Health Tribunal**. The role of the Tribunal is to decide whether the legal criteria are met and whether the section should continue, based on the evidence on the day of the hearing. Staff on the hospital ward or an IMHA can help people contact a solicitor who can represent them at a tribunal hearing.
- **Legal aid** (public funding) is available to help people who are detained pay for tribunal legal costs. The Law Society of England and Wales has a list of solicitors who are accredited to represent people at tribunal hearings. See 'Other useful organisations' on page 21 for details.

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These options can be tried together, rather than in any particular order. However, it's important to be aware that there are time limits for tribunal applications. An IMHA or a solicitor can provide information about the time limits.

The tribunal will itself automatically review a person's detention in certain circumstances.

It is also possible to make a complaint to the Care Quality Commission (in England) or the Healthcare Inspectorate (in Wales) if there are concerns about how the Act is being used. See 'Other useful organisations' on page 21.

6 How to support a person who has been detained

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What to expect

When someone is detained under the Mental Health Act, this can be very frightening for them and also those close to them. It is not a familiar process and people sometimes have very negative perceptions from films and other media.

Whilst the ward environment is designed to focus on the safety of patients, the staff are specially trained to support and care for them, and to make their time in hospital as comfortable as possible.

Many people would ideally want the person to be given the assessment and treatment they need in the community. Whilst that option should always be considered, it is not always possible. Some people find that use of the Mental Health Act is the only option in a very difficult situation. It can be a way for the person to get the specialist help they need.

Where will someone be detained?

The place where the person is detained may either be a mental health ward in a general hospital, or a specialist mental health hospital. There may be just patients with dementia there or patients with other mental health issues.

Whilst efforts should be made to place the person in a hospital or ward close to their family or local community, this is not always possible. In practice, the ward or hospital may be quite a way from where the person or those close to them live. This might be because of a shortage of suitable places nearby or just a shortage of places in general.

If the person also has physical health conditions that require treatment while they are detained, they may need to go to a general hospital and then transfer back again to the mental health ward or hospital. This can be disorientating and frustrating, particularly if it happens several times.

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Visiting someone who has been detained

There will be restrictions around who can visit. Many wards do not allow people under 16 to visit. There may also be restrictions on items that the person or family and friends can take in. This can be hard to get used to. It's important to remember, however, that visits are still possible. Ask the staff about visiting arrangements. If you are worried about visiting, staff may be able to accompany you to begin with.

Supporting the person in hospital

Although mental health wards and hospitals are in many ways quite different from general hospitals, there are some similarities. Many of the things that can help a person with dementia in a general hospital can still be useful. This might include taking in familiar objects or explaining to ward staff the person's likes and routines. Ask staff how you can still be involved in the person's care if you want to be. For more information see Factsheet 477, **Hospital care**.

Involvement of the nearest relative and others

Those close to the person, including the 'nearest relative', should be involved in meetings and decisions about their care wherever possible and where the person agrees.

If the person lacks the ability (legally known as 'mental capacity') to agree, then decisions about how far others are involved in their care planning should be made in the person's best interests.

It may be possible for these discussions to take place when visiting or at the regular ward round by doctors. There will also be regular meetings involving everyone in the person's care which those close to them can attend either in person or online. They can ask when meetings are going to happen and how they can contribute.

Support for carers

Experiencing a person you care for being detained under the Mental Health Act can be very distressing. It is important that carers look after themselves and seek support. Staff on the ward may be able to provide information about support available.

It can often help to talk to friends and family or to other people who have been through a similar event. The Dementia Support Forum, our online community, is a good place to share experiences and talk to people in a similar situation.

Visit **forum.alzheimers.org.uk**

It may also help to speak to a counsellor or therapist. They could provide impartial advice and support to help cope with the emotional impact of the situation.

Alzheimer's Society's support line **0333 150 3456** offers space to talk things through and can provide more help. There are also some specialist mental health helplines that can offer practical and emotional support. Some can also offer legal help. See 'Other useful organisations' on page 21.

Benefits

It is important that the Department for Work and Pensions (DWP) is told if a person goes into any type of hospital, including when they are detained under the Mental Health Act. This can be done on their behalf by a family member or friend.

Some benefits stop if the person has been in hospital for a certain amount of time. Any Carer's allowance that a carer receives may also be affected.

For more information see Factsheet 413, **Benefits for people affected by dementia**.

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7 Guardianship

It isn't always necessary to detain a person in hospital for them to be assessed or treated. When detention isn't necessary, section 7 of the Mental Health Act gives the option for an individual called a 'guardian' to be appointed.

What is a guardianship?

A guardian has special legal powers to make some decisions for a person who has a mental disorder. It is rare for someone with dementia to have a guardianship order, but it is an option.

A 'guardianship order' made under the Mental Health Act has some similarities with detention in hospital under the Act. For example, decisions may be made for the person that they might not agree with. Plus, an order cannot be made unless there is a risk of harm to them or others. However, under a guardianship order, the person can stay living in their community.

A guardian has three powers:

- to decide where the person lives
- to require the person to attend medical or other appointments – but they can't use force to take the person there
- to require that mental health professionals are able to visit the person where they live.

A guardian does not have power to make the person have treatment they don't agree to, or to consent to treatment on their behalf if they lack mental capacity to agree. A guardian does not have power over the person's finances.

Applying for a guardian to be appointed

The process to apply for a guardian to be appointed is similar to the process for having a person detained under section 3 of the Mental Health Act (see page 6).

An AMHP or the person's nearest relative can apply for a guardianship order if there is a risk of harm to the person or others. Two doctors must agree. An AMHP cannot apply if the person's nearest relative does not agree to it.

A guardianship order will last for six months to begin with. After this, it may be renewed for another six months and then for a year at a time.

Who can be a guardian?

The person's local authority is usually named as their guardian. Occasionally, a relative or friend may be appointed.

Objecting to a guardianship order

A guardianship order can't go ahead if the person's nearest relative objects to it. Also, after an order has been granted, the nearest relative can ask the Mental Health Tribunal to decide if the guardianship is needed.

A person who has a guardian appointed for them has the right to access an IMHA. See 'The key roles in the Mental Health Act' on page 9 for more information about IMHAs.

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8 Lasting powers of attorney and deputyships

Under the Mental Capacity Act 2005, attorneys under a Lasting power of attorney (LPA) have the power to make decisions about a person's welfare, property and affairs, if the person doesn't have the mental capacity to make these decisions for themselves.

Deputies have similar powers although usually only in relation to property and affairs.

The Mental Health Act does not affect these powers. If a person is detained under the Act, the attorney or deputy can still carry out their role. However, they can't:

- **give consent for the person to have certain medical treatments** for their mental health, where the Act says the person being detained must give their consent
- **make decisions about where the person should live** if they are detained under the Act or a guardian has been appointed for them.

If the Mental Health Act is being used to detain a person, or a guardian has been appointed, the person can still create an LPA (if they have the mental capacity to do so) and a deputy can still be appointed.

It's important that the hospital knows about any LPA or deputyship order that relates to the person as soon as possible. Take a copy in on the first visit.

For more information on Lasting powers of attorney and deputyship, see factsheet 472, **Lasting power of attorney** or factsheet 530, **Deputyship**.

9 Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 allows for a different set of processes to be used to lawfully 'deprive a person of their liberty' (to take away some of their freedom). This is when they don't have mental capacity to consent to that deprivation.

These processes are called the Deprivation of Liberty Safeguards (DoLS). They might be followed if a person needs care that involves supervision and restriction. For example, they might apply if the person is living in a care home where their routine, and where they can go, are restricted.

The Mental Health Act is specifically about detention for assessment and treatment rather than day-to-day care but there can be an overlap between DoLS and the Mental Health Act. This is a very complex area of law and is not always straightforward – particularly around whether it is most appropriate to follow DoLS or the Act.

Any deprivation of a person's liberty must be proportionate to protecting them (not anyone else) from harm. It must also be in the person's best interests.

For more information see factsheet 483, **Deprivation of Liberty Safeguards (DoLS)**.

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10 Mental Health (Northern Ireland) Order 1986

The relevant law in Northern Ireland is the Mental Health (Northern Ireland) Order 1986. This is similar to the Mental Health Act in England and Wales, but there are some differences.

As in England and Wales, a person in Northern Ireland can be detained in hospital to be assessed or treated if they have a 'mental disorder' and they are a danger to themselves or others. However, there are some differences around the process and how long they can be detained.

Northern Ireland also has similar rules about guardianship | (see page 16), but again there are some differences in the detail around this. There is no equivalent in Northern Ireland to Section 117 of the Mental Health Act, which deals with providing aftercare services (see page 7).

There are also important general differences in the way care is provided and paid for in Northern Ireland compared with England and Wales. For more information see factsheet NI532, **Paying for care and support in Northern Ireland**.

As in England and Wales, the law in Northern Ireland is set to be changed. However, there is no confirmed date for when this will happen. For more information about the law in Northern Ireland see www.nidirect.gov.uk/articles/your-rights-health.

Other useful organisations

Care Quality Commission

03000 616161 (phoneline, 8.30am–5.30pm, Monday–Friday)
enquiries@cqc.org.uk
cqc.org.uk

CQC is the independent regulator of health and adult social care in England. They monitor, inspect and regulate services.

Care Inspectorate Wales

0300 7900 126 (9am–5pm, Monday–Thursday)
CIW@gov.wales

Care Inspectorate Wales is the independent regulator of social care in Wales. They register, inspect and take action to improve the quality and safety of services.

Civil Legal Advice

0345 345 4345 (9am–8pm Monday–Friday, 9am–12.30pm Saturday)
www.gov.uk/civil-legal-advice

Civil Legal Advice (CLA) can advise people about legal aid (publicly funded help with legal fees, for example at Mental Health Tribunal hearings).

The Law Society of England and Wales

020 7242 1222
www.lawsociety.org.uk

This Law Society represents solicitors in England and Wales. It provides details about law firms and solicitors who practise in England and Wales.

The Law Society of Northern Ireland

028 9023 1614
www.lawsoc-ni.org/

This Law Society represents and regulates solicitors in Northern Ireland. It offers a search facility to find a solicitor for particular types of law.

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Mental Health Foundation **020 7803 1100** **www.mentalhealth.org.uk**

Mental Health Foundation provides information, carries out research, campaigns and works to improve services for anyone affected by mental health problems, whatever their age and wherever they live.

Mind **0300 123 3393 – Info line** **0300 466 6463 – Legal line** **www.mind.org.uk**

Mind is a mental health charity that publishes information on all aspects of mental health. It has a legal helpline which provides general advice about mental health law, including the Mental Health Act.

Rethink Mental Illness **0808 801 0525 (9.30am–4pm Monday–Friday)** **advice@rethink.org** **www.rethink.org**

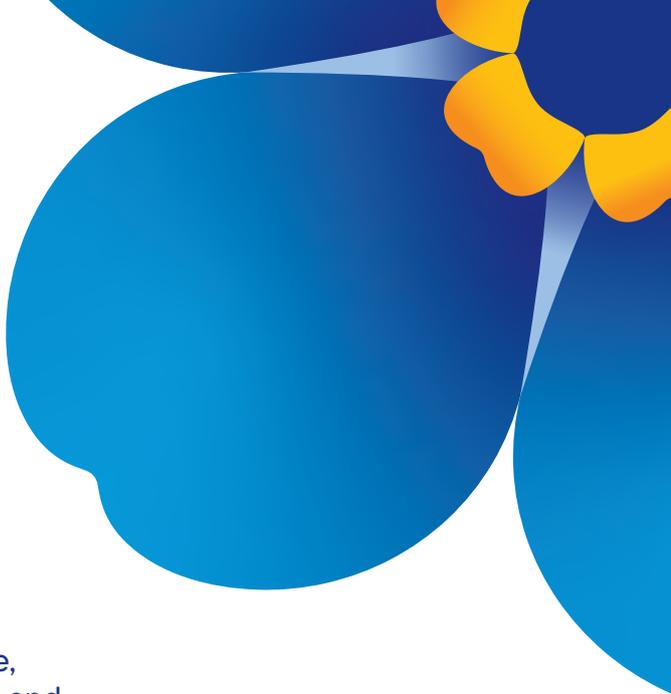
Rethink Mental Illness is a charity that provides advice and information to anyone affected by mental health problems through its helpline. It also provides direct services and support groups.

SANE **SANEline- 0300 304 700 (4pm to 10pm every day)** **support@sane.org.uk** **www.sane.org.uk**

SANE is a charity that works to improve the quality of life for people affected by mental illness. Its SANEline is a national out-of-hours mental health helpline offering emotional support, guidance and information to anyone affected by mental illness, including family, friends and carers.

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Factsheet 459

Last reviewed: July 2023

Next review due: July 2026

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To give feedback on this factsheet, or for a list of sources, please email publications@alzheimers.org.uk

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At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. We do this by giving help to everyone who needs it today, and hope for everyone in the future.

We have more information about **Hospitalisation.**

For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit **alzheimers.org.uk**

Thanks to your donations, we're able to be a vital source of support and a powerful force for change for everyone living with dementia. Help us do even more, call **0330 333 0804** or visit **alzheimers.org.uk/donate**



**Alzheimer's
Society**

Together we are help & hope
for everyone living with dementia

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