Cygnet Health Care

Information for Family, Friends and Caregivers

Cygnet Hospital Woking

Female Psychiatric Intensive Care Unit (PICU)
(Acorn)

Updated: January 2025

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Who are we?

Acorn Ward, at Cygnet Hospital Woking is a 10 bedded female Psychiatric Intensive Care Unit (PICU). We work with females who are detained under the Mental Health Act and in a period of acute distress and need a high level of support and safety. Acorn Ward provides an extensive therapy programme incorporating Medical treatment, Psychology, Occupational Therapy and social activities.

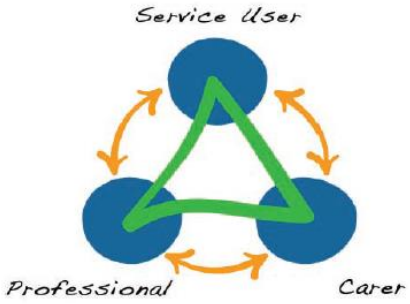
Our aim is a short, rapid intervention to help service users regain a sense of control and order in their lives, so they can move to a less restrictive care setting and/or return home.

Acorn ward operates a locked door policy. This means that service users cannot freely leave the building unless this has been agreed with the multi-disciplinary team.

The Triangle of Care

The Triangle of Care guide was launched in July 2010 by The Princess Royal Trust for Carers (now Carers Trust) and the National Mental Health Development Unit to highlight the need for better involvement of carers and families in the care planning and treatment of people with mental ill-health.

This is a therapeutic alliance between carers, service users and professionals. It aims to promote safety and recovery and to sustain wellbeing in mental health by including and supporting carers. Cygnet Woking is committed to using this approach.



Meet the Team

The ward is supported by the multidisciplinary team (MDT) that works to provide our service users with the best quality of care.

Consultant Psychiatrist

A medically trained and particularly experienced doctor in mental health who has completed specific additional training who provides a diagnosis following a period of assessment/ evaluation and prescribes psychiatric medication. The consultant psychiatrist has the role of Responsible Clinician (RC) under the Mental Health Act and provides information and advice to statutory bodies including the courts and mental health tribunals regarding service user care and treatment.

Speciality Doctor

Support the Consultant Psychiatrist and ward staff by completing physical and mental health assessments, order and interpret laboratory results.

Ward Manager

The ward managers is the most senior nurse in charge of running the inpatient ward.

Nurses - Primary, Associate and Allocated Nurses

Trained mental health nurses work on each ward. Nursing staff are responsible for meeting with individuals to review their health and anything they might need on that day. Each ward shift is co-ordinated by a Charge Nurse who is the most senior nurse for the shift.

Practice Nurse- Our practice nurse will be involved in almost every aspect of patient care and treatment, undertaking such tasks as: Treating wounds/injuries, referrals to specialist care, helping patients manage long-term conditions, and various physical health concerns

Mental Health Support Workers (MHSW), Graduate Mental Health Workers and Student Nurses

The delivery of nursing care is supported by a team of additional workers and professionals in training who also provide care with mentoring and supervision by registered professionals.

Psychologists

The Psychology team includes a Clinical, or Forensic Psychologist and an Assistant Psychologist. At times we also have Trainee Psychologists and psychology students. Psychologists provide individual and group therapy. Psychologists can also refer to appropriate psychological therapy services in the community upon discharge.

Occupational Therapists (OT's)

The OT team includes Qualified OT's, OT Assistants and OT students. OT's work with patients to help them carry out every day activities that they need or want to do in order to manage at home and in the community. This may include domestic tasks such as cooking, leisure pursuits and linking in with social and vocational resources. The OT's will work with people to identify which skills they would like to develop and agree a plan to help achieve their goals with moving on from hospital.

Social Work

The social work team is made up of qualified social workers and social work assistants. The social work team provides support to patients to enhance financial wellbeing including access to benefits, advice and support with debt often working alongside relevant agencies including advocacy, Citizens Advice Bureau, housing, community teams to achieve this. They have a role in promoting family contact and contact with wider support networks in home locations as well as including these relevant people in a holistic assessment to understand the social circumstances of patients.

The social work team are also here to assist families or carers to understand any legal role they may have under the Mental Health Act as well as signposting carer's to specific support – both emotional and practical. Further to this the team can provide advice and guidance on legal issues such as Mental Capacity Act, Children Act and Care Act and take an active role in supporting discharge planning to promote a timely discharge from hospital. The Social Work team also take a lead role in Safeguarding Adults and Children, being the point of liaison between the patient and other relevant agencies in order to promote the wellbeing of those at risk of experiencing harm or abuse.

CONFIDENTIALITY STATEMENT:

During the course of your visit you may be provided with or have access to Confidential Information relating to Service Users/ residents and/or staff. You are reminded that such information is not be disclosed to any other individuals unless in pursuit of your duties within in the terms of your contract and in accordance with the Data protection Act 2018. Cygnet takes data confidentiality very seriously and any breaches will be reported in accordance with Information Governance and confidentiality codes of practice. If you would like further information about Data Protection or Confidentiality then please email Cygnet's Data Protection Officer Michelle Crump, on: dataprotection@cygnethealth.co.uk

Am I a Carer?

The word "carer" refers to a friend, relative or partner of a service user. A carer may provide practical or emotional support to the service user. They may or may not live with the service user.

The legal definition of an adult carer according to Section 10 of Care Act (2014):

"someone 18 or over who provides, or intends to provide, care for someone but is not contracted to provide care or provide the care as formal 'voluntary work'"

You may not want to consider yourself a carer and call yourself a parent, partner, relative or friend instead. We use the term carer to cover all family and friends who provide significant support to a service user. It is the word used in government policies, law and by professionals so there may be benefit in recognising that it applies to you even if you choose not to use it.

What are Carers rights?

As a carer, you have legal rights and entitlements. These rights include:

1. The right not to provide care … No adult is obliged to care for another adult, not even a spouse. Parent Carers have a duty to care for their own children under 18.
2. The right to a separate Carers Assessment where there is an appearance of need (this is no longer dependent upon the carer providing regular and substantial care or on the carer making a request)
3. The right to services and support from the Local Authority if they have been assessed to have their own eligible needs as a carer (Care Act 2014 &

Children and Families Act 2014)

4. The right to be involved in the process of hospital discharge (NICE guidance 2015; Regulations accompanying the Care Act 2014 reinforces right to Carers Assessment; Surrey NHS Carers Care Pathway)
5. The right to be supported to get back into employment or remain in employment (Employment Relations Act 1999; Work & Families Act 2006; The Equality Act 2010; The Care Act 2014)

Many carers can now expect to be identified as a carer by their GP practice via Carer Registration Scheme (Modernising Health and Social Services White Paper 1998)

What can I do to support myself?

Supporting your relative/loved one whilst they are in hospital and/or during times of crisis can be a very difficult period for carers. Sometimes a crisis episode can be building and carers can already be exhausted by the time services intervene. As a carer you may then be faced with a variety of emotions during these times, such as worry, relief, guilt and sadness.

During these times it is essential that you look after your own health and wellbeing. We have found that often carers report that their main priority is their relative/loved one (service user), thus often neglecting their own needs. Here are some key things that may help during these times:

- Try to eat regularly and exercise when you have the opportunity
- Monitor your sleep and ensure you have enough rest
- Try to give some time to yourself to do things you enjoy
- Balance your daily activities and try to cut down on non-essential tasks
- Seek support from friends, family, or join a local support group
- If you begin to feel low, you can speak with your GP - Talking therapies are often available via your GP
- Try not to put too much pressure on yourself

Family, Friends and Carers Forum

There is a monthly online information and support session provided to family, friends and carers of patients admitted to Cygnet Woking.

For more information please email:
Friends&FamilyWoking@cygnethealth.co.uk

We always value carer feedback and encourage you to take part in our Family, Friends and Carers survey. https://eu.surveymonkey.com/r/5ZS9HHF

Why is my family member/ friend here?

Your family member has been referred to our service so that they can be supported to move back into the community. We offer an environment where people can learn and understand from their past behaviours, develop new ways of dealing with their feeling and emotions and learn new skills to support them when they leave hospital.

Whilst your family member is here, they are detained under the Mental Health Act 1983 (amended 2007).For more information:
https://www.cygnethealth.co.uk/service-users-carers/mental-health-act/

How will my family member/friend be supported in their recovery?

Recovery is a uniquely personal journey empowering individuals to live life with purpose, meaning and hope for the future. Recovery can mean different things to different people and there are a number of ways in which the service user can take an active role in their own recovery journey.

We aim to support your family member/ friend to take back control of their life, which is an important aspect of recovery. They will be supported to identify what helps them stay well, how to manage their ups and downs, how rises can be managed and how they can use their support network to maintain their wellbeing.

Maintaining contact with my family member/ friend

We recognise the importance of maintaining relationships during the recovery process and actively encourage and provide our service users with

the opportunity to do so. You can contact your family member/friend in the following ways:

- Phoning the ward phone and asking to speak to your family member/friend
- Phoning/texting your family member/friends' mobile phone (if assessed to be able to have one on the ward)
- Email/Skype (if assessed to be suitable)
- Letters/ Parcels
- Visits to the ward
- Zoom/ MS Teams

What can I do to help my family member/friend during their admission to hospital?

It can be difficult to know how best to support your relative/loved one during times of crisis, especially if you see them experiencing acute distress, self-harm, extreme changes in their behaviour or suicidal thoughts. These are some key things to keep in mind during these times:

- **Mental health charities** can provide information on how best to support individuals. Unfortunately however there is no "one size fits all" solution
- It may be useful to **note the helpful and not so helpful approaches** you have already tried in supporting the individual
- Sometimes, it is valuable to **understand the individuals diagnosis** and how mental health problems affect them
- **Keep a note** of their medication, changes to treatment and any questions you may have for the professionals involved in their care
- Sometimes **keeping a diary of all appointments** and meetings can be helpful
- When possible **encourage** the individual to continue to do shared daily activities with you (where possible)

We recognise the importance of working collaboratively with family, friends and/or carers to support the recovery and wellbeing of our service users. Our service users are actively encouraged to invite individuals from their social network, where they feel appropriate, to various parts of their care planning. This may include:

- Attending **ward rounds**
- Attending **Care Programme Approach (CPA) meetings**
- Attending **Managers Hearing Meetings** and **Tribunals**
- Attending **health appointments**
- **Providing history/background information** about your family member/friend
- Requesting or agreeing to **Home visits**
- Engaging with **family sessions or assessments** with either psychology or occupational therapy
- Attending **Family, Friends & Caregivers (FF&C) events**
- Meeting your family/friend **during agreed leave**

Ward rounds

Ward rounds are held weekly. The ward round includes the Consultant, ward staff and if appropriate community professionals (e.g. the service users care coordinator). The ward round aims to develop care plans and move patients towards discharge.

Ward rounds can sometimes feel daunting for both carers and service users. Service users can be supported in ward rounds by an ADVENT advocate who is independent from those providing their care.

You are welcome and encouraged to attend ward rounds if the service user agrees. If the ward round times are unclear or if you need to attend at a specific time during the week please telephone the ward. You can also request to speak on a 1:1 basis if necessary before a ward round.

Ward Phones

Service users may be allowed to use mobile phones on the ward depending on a risk assessment being completed first by the multidisciplinary team. Where service users are unable to use a mobile phone we can facilitate phone calls to family, friends and carers.

Model of Care and Treatment Pathway

Our PICU ward offers a treatment pathway which provides four core treatment phases:

Stage 1: Admission and Assessment (Understanding me)

Stage 2: Formulation (My Skills)

Stage 3: Treatment (My independence)

Stage 4: Transition and Discharge (My Future)

Advocacy

An advocate is someone who can both listen to your family member/friend and speak for them in times of need. They may help to access relevant information or attend meetings or interviews with your family member/friend. Advocates can write letters on behalf of your family member/friend or speak for them in situations where they don't feel able to speak for themselves

Independent Mental Health Advocacy (IMHA) services within Cygnet Woking are provided by **Advent Advocacy** an independent organisation. Staff from **Advent Advocacy** visit the wards regularly to offer individual, confidential support. Every service user is entitled to a free, independent and confidential advocacy service.

Confidentiality & Information Sharing

We recognise the importance of information sharing between service users, professionals and yourself (as noted in the Triangle of Care). However service users must consent to information being shared with you, and this may vary. For example, they may choose to share information about their diagnosis and care plan with you but not more sensitive, personal information. We understand that it can be upsetting and worrying when service users decide to withhold information from you, and we consciously review this service users, as this decision is likely to change during their admission. We at Cygnet Hospital Woking aim to support you during these times.

Clinical teams will be ready to focus on aspects of care which specifically relate to you (e.g. overnight leave from hospital if you live with the service user). Clinical staff have a duty of care to disclose any appropriate risk information with you following a risk assessment.

Although we may not always be able to share information with you, we do welcome any information provided by you. You can provide 'third party information' which is kept confidential and not disclosed to service users. Service users cannot prevent clinical staff from receiving information from carers.

Top tips for sharing information between you and staff:

- Share your views on your own needs as well as the services users.
- Inform the clinical team of the areas of care you wish to be involved in.
- Always state if you want anything you say to be kept confidential.
- If you wish to discuss issues or concerns with senior staff, please ask for this. Appointments with senior staff may need to be booked in advance. Any written information provided by the carer in advance of discussion is welcome.

Type of Admission

Formal admission

An individual is viewed as a formal patient when they are admitted to the ward under a section of the Mental Health Act 1983 (2007). The Mental health act is a law which allows an individual to be treated in hospital against their wishes. Individuals are usually sectioned if their own health and safety is at risk or to protect others. This will be assessed by a team of professionals. Section is only used when necessary and can be an upsetting time for both the service user and their carer.

For more information: https://www.cygnethealth.co.uk/service-users-carers/mental-health-act/

The Nearest Relative:

The Mental Health Act gives particular rights to the 'Nearest Relative' of the person who has been detained.

Who is the Nearest Relative?

Nearest Relative (NR) is not the same as next-of-kin and has a legal definition. The Nearest Relative is the person appearing highest in the following list if over the age of 18 and living in the UK (being the eldest where there is more than one):

- Spouse/Civil Partner (Partner if living together over 6 months)
- Son or Daughter
- Father or Mother
- Brother or Sister
- Grandparent
- Grandchild
- Uncle or Aunt
- Nephew or Niece
- People who have lived with the detained person for over 5 years. There are some exceptions to this rule: if you are a relative of the detained person and normally live with them or provide their care, you will be defined as their Nearest Relative.

The legal Nearest Relative can appoint someone else to act as Nearest Relative, who takes on the rights of this role. A Court of Law can also appoint an acting Nearest Relative under certain circumstances, such as if a Nearest Relative (as defined above) does not exist.

Staff at the hospital will be able to help you understand whether you are the legal Nearest Relative to the person you care for.

What rights does the Nearest Relative have?

As the Nearest Relative, if the person you care for becomes seriously unwell and is unwilling to seek hospital care, you can:

- Ask an Approved Mental Health Professional (AMHP) to assess whether your relative needs to be admitted against their wishes (compulsory admission)
- Apply for a compulsory admission yourself.
- If an application is made for your relative to be admitted to hospital for assessment (section 2), you have the right to be informed about the admission.
- If an application is made for your relative to be admitted to hospital for treatment (section 3), you have the right to be consulted before the admission and object to the person being detained.

Hospital leave

Your loved one/ friend may be granted Section 17 leave following a risk assessment. Initially, service users will be offered 'escorted leave' which means at least one staff member will accompany them whilst they are on leave. Over time, the amount of leave they are granted is likely to increase, with the aim of helping the service users to prepare for discharge.

Sometimes carers may accompany their loved one/relative whilst they are on leave. This can be useful to support and maintain the service users usual day-to-day activities. If there are any special events that require additional leave, please speak with ward staff so this can be discussed with the multidisciplinary team.

We are Smokefree

Cygnet is dedicated to the recovery of our service users physical health and not just their mental health, as such Cygnet Woking has been a smoke free service since 4th January 2017. Service Users, staff and visitors are not permitted to smoke in the hospital or on hospital grounds. Nicotine Replacement Therapy (NRT) is provided for service users and disposable vapes are permitted.

PLEASE NOTE: Disposable vapes can be purchased by service users from the on-site patient shop or from the local shops. Visitors are not able to bring disposable vapes on site for service users, due to the inability to verify contents or safety.

Access to shops

Your loved one will be supported to access the local shops if appropriate. There is also a small patient shop on site that sells basic goods (underwear, socks, snacks, soft drinks, sweets). Card machines are available for card payments or cash back. If you wish to send your relative money during their stay, please ask the ward about depositing money into the patient bank account.

Visiting the Ward

Family, friends and carers are an important part of our service user's lives. Acorn ward actively encourages visitation from anyone who would like to visit. As Acorn is a PICU and service users are often unsettled it is advisable to visit for short periods of time.

Prior to visiting - We ask for 24 hours-notice when planning a visit. This is to allow us to assess the service user to ensure that they are comfortable with the visit and to confirm room availability. Furthermore it means that planned sessions and activities can go ahead as normal. All visits are booked at the discretion of the nurse in charge.

The hospital has a written policy on the arrangement for patients receiving visits from children. In some cases visits from children may require an assessment by our social worker prior to them being able to visit. A visit by a child should only take place following a decision that such a visit would be in the child's best interest. All children's visits must be booked and approved in advance.

There is a dedicated visitor's room for your visits. Visits may need to be supervised, more so when the service user is new on the ward or there may be other factors that call for this. In such cases a member of staff will/ may sit outside of the room, observing the visit. This is purely for safety and is not usually the case.

Gifts are welcome for service users, where appropriate. We do have a contraband list and we ask visitors to not bring any items listed as contraband. The contraband list is available in this booklet, however this list is not exhaustive. These items are contraband to ensure the safety of our service users, staff and visitors to the wards. Visitors may be asked to consent to being searches on entry to the ward.

Sometimes visitors may be refused entry if they behave in an abusive or threatening way, or seek to bring banned items such as drugs onto the ward.

Day of visit - On arrival to Cygnet Hospital Woking you will need to walk around to the reception area, and press the buzzer and await to be let in. On entering, please inform reception staff who you are there to see and for which ward.

Please sign in the visitors book and obtain a visitors badge and locker key from reception. You will also be asked to store your personal items in the locker (e.g. mobile phones with camera/recording capabilities). If you are taking items onto the ward to give to your loved one, you may be asked to allow us to search your bag to ensure no such items are there. This is a safety and security measure for you and the people on the unit.

Prohibited Item List

Cygnet Hospital Woking is a Secure Mental Health Hospital and as such we embrace the principle of least restriction for our service users. We review our "blanket restrictions" regularly to ensure that any restriction is necessary and proportionate.

All Service users, staff and visitors are entitled to expect that Cygnet Hospital Woking Lodge will provide a safe and secure environment whilst they are within the building.

Due to the hospital being secure we do not allow access to some types of items. These items below are not allowed because it would not be safe for them to be used in this environment:

Prohibited items:

- Alcohol and drugs or substances not prescribed (including illicit and legal highs)
- Items used as weapons (firearms- real or replica, knives or other sharps, bats)
- Fire hazard items (flammable liquids, matches, incense)
- Pornographic material as per our policy
- Material that incites violence or racial/cultural/religious/gender hatred
- Clingfilm
- Foil
- Chewing gum
- Blue tack
- Plastic bags
- Rope
- Plastic shopping bags
- Metal clothes hangers
- Laser pens

This list is NOT exhaustive. There may be items that are restricted on an individual basis to reduce risk for that individual. Please ask a member of staff if you wish to discuss this.

Items other than those above that are brought into the hospital may be assessed as being potentially compromising to the security of the Hospital or to the safety of staff and service users. In instances such as this, these items will be removed by Hospital staff and stored in lockers for the duration of the visit.

Items can be added or removed at staff's discretion and are based on individual as well as environmental risk assessment

There are some items that are only allowed after checking or have to be kept in a special area.

Compliments & Complaints

At Cygnet Woking we strive to provide the best service possible. Whether it be from our service users or their families, friends and/or carers. We welcome all types of feedback, both positive and negative. If you feel you want to make a comment, a compliment or a complaint then please feel free to do so.

If you want to make a complaint we would encourage you to discuss this with a member of staff.

Staff will try to resolve your complaint informally there and then. Staff will write down details of your complaint and how it was resolved using a complaints form.

We have a detailed complaints process which follows stages of complaints. Should you feel your complaint is not being addressed, you are encouraged to seek support from the next level of management.

If you would prefer to make a formal complaint you should use the following procedure:

Stage 1- In the first instance inform ward staff of your complaint (Nursing, Health Care assistant) if the complaint is not satisfactorily resolved then stage 2 of the complaints process should be initiated.

Stage 2- Meeting with Ward Management (Make complaint to Ward Manager– Naomi Thompson)

Stage 3- If after discussion the complaint is not resolved then it should be made in writing to senior hospital management- Hospital Manager (Carla Roadnight), Clinical Managers (Lindah Munowenyu and Lindsey Gray) or General Manager (Julie Fulk).

Stage 4: Submit a concern or complaint online: https://www.cygnetgroup.com/service-users-carers/information-for-family-carers/feedback/form/

Stage 5- **Care Quality Commission**

Care Quality Commission

The Care Quality Commission is responsible for registration and inspection of independent hospitals and for ensuring that there has been no breach of the registration requirements. The Care Quality Commission may be contacted at any time. Telephone 0300 0616 161. Email: enquiries@cqc.org.uk

Please tell us when we get it right so we can keep doing it and when we get it wrong so that we can do better.

Glossary

We hope that this glossary will be useful for you, in understanding some of the terms in the booklet, as well as terms you may come across during your interactions with individuals at Cygnet Hospital Woking (& other mental health services)

Advocate
An advocate is someone who helps to support a service user or carer through their contact with health services.

Affect
Behaviour that expresses a subjectively experienced feeling state (emotion; affect is responsive to changing emotional states, whereas mood refers to a pervasive and sustained emotion. Common affects are euphoria, anger, and sadness.

Anti-psychotic medication
Medication used to treat psychosis. There are several different types of anti-psychotic medication.

Assessment
When someone is unwell, health care professionals meet with the person to talk to them and find out more about their symptoms so they can make a diagnosis and plan treatments. This is called an assessment. Family members should be involved in assessments, unless the person who is unwell says he or she does not want that.

Autism
A Pervasive Developmental Disorder (PDD) that affects a person's ability to communicate, form normal social relationships and respond appropriately to the external world. Some people with autism can function at a relatively high level, with speech and intelligence intact. Others, however, have serious learning problems and language delays, and some never speak.

Bipolar Disorder

Also known as manic-depressive illness. A serious illness that causes shifts in a person's mood, energy and ability to function. Dramatic mood swings can move from "high" feelings of extreme euphoria or irritability to depression, sometimes with periods of normal moods in between. Manic episodes may include such behaviours as prolonged periods without sleep or uncontrolled shopping. Each episode of mania or depression can last for hours, weeks or several months.

Bizarre delusion
A delusion that involves a phenomenon that the person's culture would regard as totally implausible.

Blunted affect
Significant reduction in the intensity of emotional expression.

Care Coordinator
A Care Coordinator is a trained health professional that helps to manage a patient's care. They monitor and coordinate patients' treatment plans, educate them about their condition, connect them with health care providers, and evaluate their progress.

Care pathways
This is the route someone who is unwell follows through health services. The path starts when someone first contacts health services – through their GP or an accident and emergency department, for example. The path continues through diagnosis, treatment, and care.

Care plan
Care planning is essentially about addressing an individual's full range of needs, taking into account their health, personal, family, social, economic, educational, mental health, ethnic and cultural background and circumstances. It recognises that there are other issues, in addition to medical needs, that affect a person's total health and well-being. It is therefore a holistic process, treating the person "as a whole" with a strong focus on helping people, together with their carers, to achieve the outcomes they want for themselves.

Care Programme Approach (CPA)
A way of assessing the health and social care needs of people with mental health problems, and coming up with a care plan that ensures people get the full help and support they need.

Carer
A friend or relative who voluntarily looks after someone who is ill, disabled, vulnerable, or frail. Carers can provide care part-time or full-time.

Challenging behaviour
Behaviour that puts the safety of the person or other people at risk, or that has a significant impact on the person's or other people's quality of life.

Chronic condition
A condition that develops slowly and/or lasts a long time.

Clinician
A health professional who is directly involved in the care and treatment of people. Examples include nurses, doctors, and therapists.

Cognitive behavioural therapy (CBT)
This is a way of helping people to cope with stress and emotional difficulties by encouraging them to make the connections between how we think, how we feel, and how we behave.

Consent to Treatment (CTT)

Must be completed after three months of detention. It lists all the psychiatric medication that can be given either on a form T2 (patient consents) or on form T3 (no consent), which the SOAD completes.

Comorbidity
The simultaneous appearance of two or more illnesses, such as the co-occurrence of schizophrenia and substance abuse or of alcohol dependence and depression. The association may reflect a causal relationship between one disorder and another or an underlying vulnerability to both disorders.

Compulsion
Repetitive ritualistic behaviour such as hand washing or ordering or a mental act such as praying or repeating words silently that aims to prevent or reduce distress or prevent some dreaded event or situation. The person feels driven to perform such actions in response to an obsession or according to rules that must be applied rigidly, even though the behaviours are recognized to be excessive or unreasonable.

Concrete thinking
Thinking characterized by immediate experience, rather than abstractions. It may occur as a primary, developmental defect, or it may develop secondary to organic brain disease or schizophrenia.

Crisis
A mental health crisis is a sudden and intense period of severe mental distress.

Delusion of control
The belief that one's feelings, impulses, thoughts, or actions are not one's own but have been imposed by some external force.

Delusion of reference
A delusion whose theme is that events, objects, or other persons in one's immediate environment have a particular and unusual significance. These delusions are usually of a negative or pejorative nature, but also may be grandiose in content. This differs from an idea of reference, in which the false belief is not as firmly held nor as fully organized into a true belief.

Delusion
A false belief strongly held in spite of evidence that it is not true, especially as a symptom of a mental illness.

Depersonalization
Feelings of unreality or strangeness concerning either the environment, the self, or both. This is characteristic of depersonalization disorder and may also occur in schizotypal personality disorder, schizophrenia, and in those persons experiencing overwhelming anxiety, stress, or fatigue.

Depression
In psychiatry, a disorder marked especially by sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness and sometimes suicidal thoughts or attempts to commit suicide. While standing alone as a mental illness, depression also can be experienced in other disorders such as bipolar disorder. Depression can range from mild to severe, and is very treatable with today's medications and/or therapy.

Depot injections
Long acting medication often used where people are unable or unwilling to take tablets regularly.

Dialectical Behavioural Therapy (DBT)
The goal of DBT is to help people learn to manage difficult emotions by letting themselves experience, recognise and accept them. As they learn to accept and regulate their emotions, they will develop skills to change harmful behaviour.

Disinhibition
Disinhibition is a lack of restraint manifested in disregard of social conventions, impulsivity, and poor risk assessment. Disinhibition affects motor, instinctual, emotional, cognitive, and perceptual aspects. Reduced control over one's impulses, or urges, which means being unable to stop, delay, or change ("inhibit") an action that is not appropriate for the situation they are in.

Dissociation
A disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment. The disturbance may be sudden or gradual, transient or chronic.

Dual diagnosis
When two or more problems or disorders affect a person at the same time.

Dysphoric mood
An unpleasant mood, such as sadness, anxiety, or irritability.

Elevated mood
An exaggerated feeling of well-being, or euphoria or elation. A person with elevated mood may describe feeling "high", "ecstatic", "on top of the world", or "up in the clouds".

Euthymic mood
Mood in the "normal" range, with implies the absence of depressed or elevated mood.

Experts by/through experience

A more recently coined term used by the recovery movement to draw attention to expertise of people with mental health problems gained through personal experience, and their expertise about their own mental health. It is used within a participative approach to treatment that acknowledges a person's ability to work in partnership with the mental health services/professional towards their own recovery.

Flat affect
Absence or near absence of any signs of affective expression.

Flight of ideas
A nearly continuous flow of accelerated speech with abrupt changes from topic to topic that are usually based on understandable associations, distracting stimuli, or plays on words. When severe, speech may be disorganized and incoherent. Flight of ideas is characteristic of manic episodes, but it may occur also in organic mental disorders, schizophrenia, other psychoses, and, rarely, acute reactions to stress.

Forensic services
Services that provide support to offenders with mental health problems.

Formal patient
A formal patient is a person who has been detained in hospital under a section of the Mental Health Act (1983).

Formal thought disorder
An inexact term referring to a disturbance in the form of thinking rather than to abnormality of content

Grandiosity
An inflated appraisal of one's worth, power, knowledge, importance, or identity. When extreme, grandiosity may be of delusional proportions.

Hallucination
Hallucinations are where someone sees, hears, smells, tastes or feels things that don't exist outside their mind. They're common in people with schizophrenia, and are usually experienced as hearing voices

- Auditory hallucination: A hallucination involving the perception of sound, most commonly of voices.
- Tactile hallucination: A hallucination involving the perception of being touched or of something being under one's skin. The most common tactile hallucinations are the sensation of electric shocks and formication (the sensation of something creeping or crawling on or under the skin).
- Visual hallucination: A hallucination involving sight, which may consist of formed images, such as of people, or of unformed images, such as flashes of light. Visual hallucinations should be distinguished from illusions, which are misperceptions of real external stimuli.

Hypomania
Mild mania without much change in behaviour, but accompanied by sound

associations and distractibility.

Inappropriate affect
Discordance between affective expression and the content of speech or ideation.

Intervention
An 'intervention' describes any treatment or support that is given to someone who is unwell. An intervention could be medication, a talking therapy, or an hour spent with a volunteer.

Labile affect
Abnormal variability in affect with repeated, rapid, and abrupt shifts in affective expression.

Loosening of associations
A disturbance of thinking shown by speech in which ideas shift from one subject to another that is unrelated or minimally related to the first. Statements that lack a meaningful relationship may be juxtaposed, or speech may shift suddenly from one frame of reference to another. The speaker gives no indication of being aware of the disconnectedness, contradictions, or illogicality of speech.

Low secure mental health services
Low secure units deliver intensive, comprehensive, multidisciplinary treatment and care by qualified staff for patients who demonstrate challenging or disturbed behaviour in the context of a serious mental disorder, usually with complex co-morbidities and who require the provision of security.

Mania
A form of psychosis characterized by excessive excitement, exalted feelings, delusions of grandeur, elevation of mood, psychomotor over-activity and over-production of ideas.

Mental Disorder
A health condition characterized by alterations in thinking, mood or behaviour (or a combination of the three). Mental disorders are mediated by the brain and associated with distress and/or impaired functioning. They can be the result of family history, genetics or other biological, environmental, social or behavioural factors that occur alone or in combination.

Mental health
Someone's ability to manage and cope with the stress and challenges of life, and to manage any diagnosed mental health problems as part of leading their normal everyday life.

Mental Health Act (1983)
The Mental Health Act is a law that allows for the compulsory detention of people in hospital for assessment and treatment of a mental illness.

Mental Illness
Refers collectively to all diagnosable mental disorders. Can refer to a disease of the brain with predominant behavioural symptoms as in acute alcoholism

or a disease of the mind or personality that results in abnormal behaviour as with hysteria or schizophrenia. .

Multi-disciplinary team (MDT)
A team made up of a range of both health and social care workers combining their skills to help people.

National institute for clinical excellence (NICE)
An organisation responsible for providing guidance on best practice and the prevention and treatment of ill health.

Negative symptoms
Most commonly refers to a group of symptoms characteristic of schizophrenia that include loss of fluency and spontaneity of verbal expression, impaired ability to focus or sustain attention on a particular task, difficulty in initiating or following through on tasks, impaired ability to experience pleasure to form emotional attachment to others, and blunted affect.

Paranoia
Paranoia is thinking and feeling as if you are under threat even though there is no (or very little) evidence that you are. Paranoid thoughts can also be described as delusions. Paranoid thoughts could also be exaggerated suspicions.

Paranoid ideation
Ideation, of less than delusional proportions, involving suspiciousness or the belief that one is being harassed, persecuted, or unfairly treated.

Persecutory delusion
A delusion in which the central theme is that one (or someone to whom one is close) is being attacked, harassed, cheated, persecuted, or conspired against.

Personality Disorders
Personality disorders are conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.

Changes in how a person feels and distorted beliefs about other people can lead to odd behaviour, which can be distressing and may upset others.

Common features include:

- being overwhelmed by negative feelings such as distress, anxiety, worthlessness or anger
- avoiding other people and feeling empty and emotionally disconnected
- difficulty managing negative feelings without self-harming (for example, abusing drugs and alcohol, or taking overdoses) or, in rare cases, threatening other people
- odd behaviour
- difficulty maintaining stable and close relationships, especially with

partners, children and professional carers

- sometimes, periods of losing contact with reality
- Symptoms typically get worse with stress.

People with personality disorders often experience other mental health problems, especially depression and substance misuse.

Personality disorders are grouped into three categories:

- Suspicious – paranoid, schizoid, schizotypal and antisocial.
- Emotional and impulsive – borderline, histrionic and narcissistic.
- Anxious – avoidant, dependent and obsessive compulsive.

Poverty of speech
Restriction in the amount of speech; spontaneous speech and relies to questions range from brief and unelaborated to monosyllabic or no response at all. When the amount of speech is adequate, there may be a poverty of content if the answer is vague or if there is a substitution of stereotyped or obscure phrases for meaningful responses.

Pressured speech
Speech that is increased in amount, accelerated, and difficult to impossible to interrupt. Usually it is also loud and emphatic. Frequently the person talks without any social stimulation and may continue to talk even though no one is listening.

Primary Care Trust (PCT)
Primary Care Trusts are responsible for planning and securing health services in their local area.

Psychiatric intensive care unit (PICU)
A locked ward in a hospital where some people detained under the Mental Health Act may stay. They stay in the unit because they have been assessed as being at risk to themselves or others on an open acute inpatient care ward.

Psycho-educational groups
Group work, using psychological therapy techniques, that address mental and emotional problems such as anxiety, depression, trauma, and severe stress.

Psychosis
Psychosis is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions.

The two main symptoms of psychosis are:

- hallucinations – where a person hears, sees and, in some cases, feels, smells or tastes things that aren't there; a common hallucination is hearing voices

- delusions – where a person believes things that, when examined rationally, are obviously untrue – for example, thinking your next door neighbour is planning to kill you

The combination of hallucinations and delusional thinking can often severely disrupt perception, thinking, emotion, and behaviour. Experiencing the symptoms of psychosis is often referred to as having a psychotic episode.

Psychotropic
In mental illness, a medication prescribed to treat the illness or symptoms of that illness.

Recovery
A process by which people who have a mental illness are able to work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.

Rehabilitation
A programme of therapy that aims to restore someone's independence and confidence and reduce disability.

Schizoid
A pervasive pattern of detachment from social relationships, social isolation and a restricted range of expressing emotions in interpersonal settings. Pattern begins in early adulthood. Does not occur exclusively with schizophrenia, but may also appear with another psychotic disorder or a pervasive developmental disorder.

Schizophrenia
A psychotic disorder characterized by loss of contact with the environment, noticeable deterioration in the level of functioning in everyday life and disintegration of feeling, thought and conduct. Individuals with schizophrenia often hear internal voices not heard by others (hallucinations) or believe things that other people find absurd/unusual (delusions). The symptoms also may include disorganized speech and grossly disorganized or catatonic behaviour. Individuals with schizophrenia have marked impairment in social or occupational functioning.

Second Opinion Approved Doctor (SOAD)
Appointed by the Care Quality Commission (CQC) a SOAD will decide whether patient consent is able to be given and whether or not the treatment should be given. They will complete a T3 form. The RC (Responsible Clinician) provides details of the treatment plan and the SOAD will interview the patient. They also discuss treatment with a nurse and another professional (often a pharmacist) involved with the patient's care about the appropriateness of treatment.

Section
When someone is sectioned it means they are compulsorily admitted to hospital, because it was felt by either the court of law or the prison authorities that they would benefit from time spent in hospital to assess or treat their

mental health problem

Service User
Someone who uses health services. Some people use the terms patient or client instead.

Stressor, psychosocial
Any life event or life change that may be associated temporally (and perhaps causally) with the onset, occurrence, or exacerbation of a mental disorder.

Useful Contacts & Resources

There are many different sources you can get more information from. This includes asking staff about anything you would like to know, checking notice boards and websites.

Below are some helpful websites that you could find more information from.

⇒ Action for Carers - Carer-led organisation providing information and support for carers | Web: www.actionforcarers.org.uk

⇒ Advocacy in Surrey - Is for people who face difficulties being involved, having their voice heard or have no other independent person to help them do so | Web: Advocacyinsurrey.org.uk | Tel: 0800 335 7330

⇒ Care Act 2014 - outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and places new obligations on local authorities | Web: http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

⇒ Carers Allowance - You could get £66.15 a week if you care for someone at least 35 hours a week and they get certain benefits. | Web: https://www.gov.uk/carers-allowance

⇒ Carers Credit Information - You could get Carer's Credit if you're caring for someone for at least 20 hours a week | Web: https://www.gov.uk/carers-credit

⇒ Carers UK - Provide information, support and advice to carers covering a range of subjects including benefits, carers employment rights, carers assessments and services available to carers | Web: https://www.carersuk.org/help-and-advice | Tel: 0808 808 7777

⇒ Carers Net - Surrey County Council site for carers information, updated policy and links to local Carers Support schemes in Surrey | Web:

www.carersnet.org.uk

⇒ Carers Trust – This is the result of the merger of Crossroads and Princess Royal Trust for Carers. Lists Carers centres and policy information, it is also the national site for local schemes providing domiciliary respite. | Web: www.carers.org

⇒ Crossroads Care Surrey - Crossroads Care Surrey is the leading provider of support for carers in Surrey. Providing carers with a regular break from their caring responsibilities | Web: www.crossroadscaresurrey.org.uk

⇒ Cygnet Health Care - Cygnet Hospital Woking website containing additional information | Web: https://www.cygnethealth.co.uk/locations/cygnet-Hospital-woking/ | Tel: 01483 289 999

⇒ Elefriends - Elefriends is a supportive online community where you can be yourself. We all know what it's like to struggle sometimes, but now there's a safe place to listen, share and be heard. | Web: elefriends.org.uk

⇒ Families Anonymous - Families Anonymous is a world-wide fellowship of family members and friends affected by another's abuse of mind-altering substance or related behavioural problems. FA has groups, spread throughout the country which meet regularly | Web: famanon.org.uk

⇒ First Steps - Provided by Virgin Care on behalf of the local authority. Trained mental health advisors with backgrounds in a variety of professions offer a range of self-help resources, educational sessions and signpost people to other relevant local services. | Web: www.firststeps-surrey.nhs.uk

⇒ Hub of Hope - The Hub of Hope is a first of its kind, national mental health database which brings together organisations and charities, large and small, from across the country who offer mental health advice and support, together in one place. | Web: hubofhope.co.uk

⇒ Jointly App - Jointly is a mobile and online application created by carers for carers. It combines group messaging with other useful features including to-do lists, medication details, calendar and more. | Web: www.jointlyapp.com

⇒ Kent and Medway Carer's Emergency Card Scheme - The Carer' Emergency card enables immediate access to pre-arranged planned care, giving the care the peace of mind they need. To join the scheme sign up via Web: www.kentcarersemergencycard.org.uk

⇒ Local Council - Your local council will have information and resources specific to your area about what support and help they may be able to access. Find the website for your local council using Web: https://www.gov.uk/find-local-council

⇒ Mental Health Act 1983 Information - The Mental Health Act (MHA) 1983 is the law in England and Wales which was updated in 2007 | Web: https://www.mind.org.uk/information-support/legal-rights/mental-health-act-1983/#.XW_Vw2aG_IV

⇒ Mental Health Foundation - A charity for everyone's mental well-being. They work to improve the mental health of everyone | Web: www.mentalhealth.org.uk

⇒ MIND - A mental health charity which includes a lot of information about many different diagnoses | Web: www.mind.org.uk

⇒ NHS Carers Direct - Free national service offering information and advice to carers. | web: www.nhs.uk/carersdirect

⇒ Recovery Colleges - Offer courses designed to support people in their recovery. They help people to improve their health and wellbeing through courses on a range of mental and physical health conditions

- Brighton and Hove web: https://www.southdown.org/how-we-help/mental-health-recovery/recovery-college-brighton-hove
- Camden & Islington web: https://www.candi.nhs.uk/our-services/education-and-employment/recovery-college
- Central and North West London web: https://www.cnwl.nhs.uk/recovery-college/
- Norfolk & Suffolk web: https://www.nsft.nhs.uk/Get-involved/Pages/Recovery-College.aspx
- South London and Maudsley web: https://www.slamrecoverycollege.co.uk/
- South West London & St Georges web: https://www.swlstg.nhs.uk/south-west-london-recovery-college
- Surrey and Boarders Web: www.sabp.nhs.uk/recovery/recovery-college
- West & East Sussex web: https://www.sussexrecoverycollege.org.uk/

⇒ Rethink Mental Illness - A charity that believes a better life is possible for millions of people affected by mental illness. They have information and

give advice to over 500,000 people. | Web: www.rethink.org.uk

⇒ Richmond Fellowship - National mental health charity making recovery reality for thousands of people every year. | Web: www.richmondfellowship.org.uk

⇒ Secure Carers' Toolkit - Carer support and involvement in secure mental health services toolkit. Developed by NHS England in partnership with UCLAN. The most up-to-date version can be found on the weblink | Web: https://www.england.nhs.uk/wp-content/uploads/2018/05/secure-carers-toolkit-v2.pdf)

⇒ The Surrey Hubs - The Surrey Hubs in each of the eleven district and borough areas provide information and support to help people stay independent. The Hubs offer access to advice and signposting to services for disabled people, older people, carers and families. | Web: www.thesurreyhubs.org.uk

How to find us

Cygnet Hospital Woking is located within easy reach for family, friends and carers to visit either by public transport or by car. Woking is located just half an hour from London, is close to the M3 and motorway networks and is supported by a vast public transport network.

Directions by Public Transport (from London)

Train from London Waterloo to Woking Station From Woking Station get the No 91 bus to the Vine. The Vine is situated on Redding Way, if you follow the road with the park on your left, you will see Cygnet Hospital Woking after just a couple of minutes.

Directions by car

Leave the M3 at Junction 3. Take the A322 towards Guildford and Woking. Continue on the A322 for approximately 5 miles. You will pass a Sainsbury's supermarket on your left. At the next set of traffic lights at a crossroads, turn left on to Brookwood Lye Road. Follow this road, over a canal, to a roundabout. Take the first exit on to Redding Way. Cygnet Hospital Woking is approximately 500m on the right

Unfortunately, we only have a few spaces for visitor's parking at the main hospital site, however the Alexandra Gardens Car Park is a large free car park and is a short 5-minute walk across the park from the hospital. Disabled parking is available at the main hospital site.

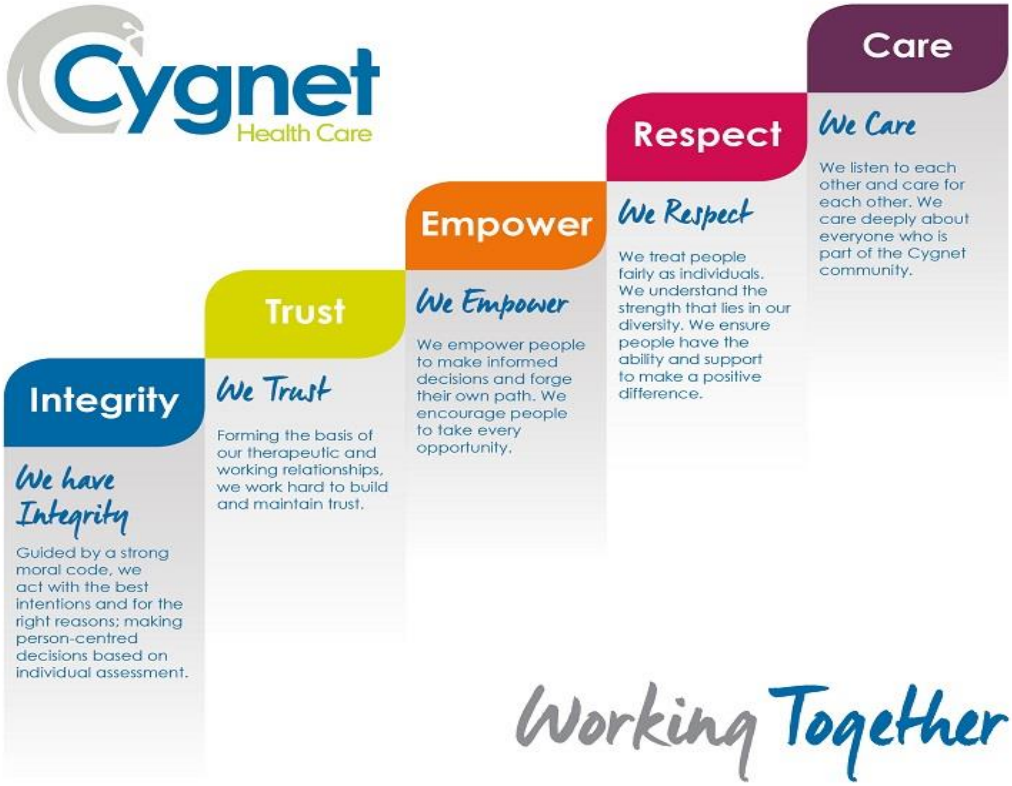
Contact us

Address: Cygnet Hospital Woking, Redding Way, Knaphill, Woking, GU21 2QS

Tel: 01483 795 100

Fax: 01483 795 150

Dedicated Email: Friends&FamilyWoking@Cygnethealth.co.uk

Cygnet Woking Carers Leads: Courtney Greene

Carers Leads Acorn Ward: Chiemerie Ude and Adedoyin Okeleye