Short Guide: Your Human Rights

A guide for children and young people accessing inpatient mental health services in England

Made by the British Institute of Human Rights and experts with lived experience of CAMHS inpatient services

December 2022

The British Institute of Human Rights

Introduction: Who is this for?

This resource is aimed at young people who are mental health inpatients (also known as CAMHS inpatients), including autistic people and those with a learning disability. Inpatient means you are receiving care and treatment in a hospital or care setting.

In this guide, we will focus on some rights that we have been told are important in a hospital setting, some ways in which they might be at risk, as well as guidance on how to raise issues that are of concern. There will also be links and signposting to other resources if you feel you need more information on any of the topics covered.

There is a longer guide which explores more rights which are important to CAMHS inpatient settings.

We do not cover all rights here, but there are detailed guides to all 16 human rights at www.bihr.org.uk/what-rights-do-i-have

The stories in this resource are based on real life cases or events in inpatient settings. These may be distressing and triggering.

Any words that are highlighted like this can be found in the glossary.

Introduction: What is the Human Rights Act?

All public authorities have a legal responsibility to support your human rights. Public authorities include (but are not limited to) all NHS services, local councils, and regulators such as the Care Quality Commission. This responsibility will fall on all staff within the hospital, including nurses, therapists, managers and healthcare workers. Staff in private CAMHS hospitals also have this responsibility, because they are performing the same function as a public body and they are regulated by a public body.

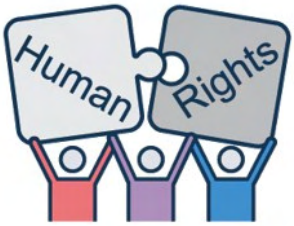
The Human Rights Act works as a foundation law, meaning all laws must be applied in a way that respects our rights, including the Mental Health Act.

If your human rights are not being looked after, you can:

- Talk to another staff member that you trust.
- Talk to an Independent Mental Health Advocate. In most hospitals there will be contact information available, or the Advocate may visit the ward at a regular time each week.
- Raise the issue formally. This could be by talking to the ward manager, or externally by writing to PALs, or contacting the commissioner.
- Take a legal case to court.

The Human Rights Act says that people working in public services should:

- **RESPECT your human rights**- Not take away your rights. Some rights can be limited but a test must be followed.
- **PROTECT your human rights** - Keep you safe from having these rights taken away. They have a duty to protect you from yourself, friends or family, other staff and other organisations.
- **FULFIL your human rights**- Investigate when something has gone wrong and try to stop it from happening again.



What rights do we have?

There are 16 rights in the Human Rights Act. Some of these rights are what we call "absolute rights". This means it's against the law to limit these rights, for any reason.

Others are non-absolute; this means there are certain circumstances in which a public official may be allowed to limit a person's human rights. These situations are specific and will usually have to follow the lawful, legitimate and proportionate tests.

Lawful
There must be a law which allows public officials to take the action or decision which restricts the right.

Legitimate (for a good reason)
There must be a good reason that the public official is trying to restrict the right.

Proportionate (thought about properly)
The Government or public body must have thought about other things they could do, but there is no other way to protect you or other people.

If a public official or body cannot meet these three tests then the limitation on human rights will not be lawful.

Article 14, the right to be free from discrimination, is different to the other rights. It has to be used by joining it onto another right, rather than on its own. For example, your right to life or right to liberty cannot be restricted on the basis of your race or disability. This right protects you from being treated worse than others for any reason, like disability or race, or for more than one reason, like being a young, black, disabled woman.

Absolute & Non-Absolute Rights

Absolute

- Right to Life (Article 2) ★
- Right to Be Free from Torture and Inhuman and Degrading Treatment (Article 3) ★
- Right to Be Free from Slavery and Forced Labour (Article 4)
- Right to a Fair Trial (Article 6)
- Right not to be punished for something that wasn't against the law when you did it (Article 7)
- Right to Freedom of Thought, Conscience and Religion (Article 9) ★
- Right to Education (Protocol 1, Article 2) ★
- Abolition of the Death Penalty (Protocol 13, Article 1)

Non-Absolute

- Right to Liberty (Article 5) ★
- Right to Private and Family Life, Home and Correspondence (Article 8) ★
- Right to Freedom of Thought, Conscience and Religion (Article 9) ★
- Right to Freedom of Expression (Article 10) ★
- Right to Freedom of Assembly and Association (Article 11)
- Right to Marry and Found a Family (Article 12)
- Right to be Free from Discrimination (Article 14)
- Right to Peaceful Enjoyment of Possessions (Protocol 1, Article 1) ★
- Right to Education (Protocol 1, Article 2) ★
- Right to Free Elections (Protocol 1, Article 3)

*Circled rights are both absolute and non-absolute. That means they contain a part which can never be restricted but they also contain a part which can be restricted in limited circumstances.

★ = we discuss this right in this guide

Article 2: The Right to Life

The right to life is an absolute right. This means that there is never a lawful reason for staff in public services to restrict your right to life.

This right may be at risk in the hospital ward, for example:

- If there is abuse or neglect in inpatient settings which could lead to death.
- If you are thinking about taking your own life whilst in hospital and public officials know you are at risk of suicide but don't protect you.
- If restrictive practice is used forcefully or dangerously.
- If you are allowed to go on leave when staff know you are at risk.
- If staff do not put care plans in place which you need to manage your risks.

What do staff have to do about this right?

- Risk assess you and make sure care plans and recommendations are put in place properly.
- Consider the impact of health conditions on your treatment and how staff interact with you.
- If staff know, or ought to know, that your life is at risk then they should take steps to protect you from harm.

Article 3: The Right to be Free from Inhuman and Degrading Treatment

This right protects against being treated in a way that causes serious mental or physical harm or humiliation.

This right is absolute. This means a public body can never treat you in a way that causes you serious mental or physical harm or humiliation. When we say serious mental harm we mean something that makes you feel worthless or hopeless or humiliates you. This includes deliberate harm (abuse) and harm that happens because they didn't take care of you like they were supposed to (neglect). In other words, it doesn't matter if the person or public body meant to cause this harm.

Remember: This right is about very serious mental and or physical harm. Because we are all different, serious harm might be different for each person. It is all about the impact the treatment has on you. If you are seriously harmed, either mentally or physically, by an experience or treatment you receive whilst in inpatient care, this will be a breach of this right. Traumatic experiences whilst in inpatient care often have a long-term impact.

This right may be at risk in the hospital ward, for example:

- If you aren't given medicine or care which means you are in pain or are suffering for a long time.
- If you are not given food or drink which means you become ill.
- If staff talk to you in a way that is frightening or humiliating.
- If you are physically or emotionally harmed by another young person and staff knew about this but didn't protect you.

What do staff have to do about this right?

- Only use restrictive practices when truly necessary to reduce the risk to you or others.
- Make sure care needs are in place including giving medication or treatment when needed.
- Treat you with dignity, including giving access to a bathroom and respecting you when washing or changing clothes.

The British Institute of Human Rights

Sometimes restrictive practice might harm your recovery and cause a serious mental or physical impact. This could be inhuman and degrading treatment.

Restrictive practice is when someone is made to do something they don't want to do or when someone is stopped from doing something they want to do. It can include things like:

- Seclusion
- Physical restraint
- Chemical restraint
- Mechanical restraint
- Psychological restraint

Examples of when this could be inhuman and degrading include using restrictive practice to:

- Manage behaviour rather than to keep you or others safe from harm.
- Punish you.
- Coerce you– for example threatening to restrain or seclude you if you will not take your medication.

Matt's story

Please be aware that this story contains difficult and potentially triggering issues, specifically seclusion and restraint.

Matt is a 15-year-old inpatient in a children and young people's mental health hospital. He is detained under Section 3 of the Mental Health Act in a medium secure hospital. He is autistic and has been exhibiting distressed behaviours. Matt made verbal threats to staff and patients so staff restrained Matt and placed him in a seclusion room. He has been held there for 3 days because he remains verbally aggressive and continues to make threats to staff. This is causing Matt serious distress.

The way Matt is being treated is causing him to suffer serious mental harm. This impacts on his Article 3 right to be free from inhuman and degrading treatment. Article 3 is an absolute right, which means there are never any lawful reasons why it can be restricted. Staff should have looked at less restrictive options, for example thinking about de-escalating the situation before putting Matt in seclusion.

Staff should be talking to Matt about what is happening, and finding out what he needs. They should also be speaking to the people who know Matt best, his family and his loved ones, as well as making sure Matt has access to an advocate. They should be thinking about what has caused Matt to behave in this way and how to support him to leave seclusion, for example psychological support or reviewing his medication. Staff should also have a care plan, created with Matt and his family, which explains how Matt should be supported during these periods in the future.

Article 5: The Right to Liberty

This right prevents your movement from being significantly restricted or controlled.

This right is at risk if you are under high levels of supervision and control, you are not allowed to leave, and you have not agreed to these restrictions. For this, it doesn't matter if you haven't tried to leave; if you **would** be stopped from leaving then it will be a deprivation of your liberty.

This right may be at risk in the hospital ward, for example:

- If you are restrained for a longer period of time than necessary.
- If you are not able to move around the ward freely, for example going to your bedroom when you want to or going to the garden.
- If you are placed in seclusion.
- If you have your leave reduced or taken away.

What do staff have to do about this right?

- Not limit your movement unless it's needed for your, or others', safety, and they can clearly show this is the case.
- Protect your liberty and make sure you are involved in conversations about your rights.
- If something goes wrong, find out why and try to stop things going wrong again.

This right is non-absolute, so it can be restricted, but only if it is lawful, legitimate and proportionate.

It's important to think about why staff have imposed these restrictions. Is it to protect you or other people? This would be a legitimate reason. Or is it because there aren't enough staff on the ward, or because staff don't want to do something? These would not be legitimate reasons.

Ellie's story

Ellie is a 17-year-old girl who has been detained on a CAMHS ward under Section 3 of the Mental Health Act for 8 months. Ellie is autistic and has ADHD. She often struggles with getting to sleep, going to bed late at night and waking up early in the morning. One evening, the staff decided that everyone was to go upstairs to their bedrooms earlier than usual. All staff and young people had to go upstairs at the same time as there weren't enough staff members to supervise both areas of the ward.

Ellie didn't want to go upstairs, as she wasn't ready to sleep yet and wanted to watch TV instead. The nurse in charge came out of the office, and said to Ellie: "You're on a section, if I want you to go upstairs I can just restrain you and take you upstairs." This made Ellie feel scared, completely out of control, and lose trust in the staff member. Using seclusion and restraint would be a violation of Ellie's right to liberty under Article 5.

Lawful?

Seclusion and restraint are allowed under the Mental Health Act in certain circumstances. However, the Mental Health Act has to be applied in a way that is rights-respecting, considering the other rights in the Human Rights Act. For Ellie, seclusion and restraint are being used as a punishment and as a way to change her behaviour which is not lawful.

Legitimate?

There is no good reason for Ellie's liberty to be limited in this way. There is no evidence that these measures need to be taken because Ellie is at risk of harm. Instead, it seems like the reason is lack of staff, which is not a legitimate reason. The impact on Ellie has not been considered and the measures taken may actually cause Ellie more harm.

Proportionate?

This seems like it is a blanket rule which means that the least restrictive option for Ellie has not been considered. The least restrictive option for Ellie would involve considering her individual needs and wellbeing. This should be decided by talking to Ellie about what would be better for her.

Article 8: The Right to Private & Family Life, Home & Correspondence

This right is about your access to living your own life, having different types of relationships, and communicating with others.

Private life includes:

- Wellbeing
- Autonomy: control over your own life and body
- Participation: being part of your community
- Relationships with others
- Confidentiality: private information not being shared

Home includes:

- This is not a right to housing but about enjoying the place you are currently housed in, in this case, your hospital ward. Public authorities should not come into your space without your permission.

Family life includes:

- Developing ordinary family relations. This includes your biological family and anyone else you consider family, including foster parents.
- Making friends, having a family or having a partner.
- Ongoing contact, so keeping in touch with family and friends when you are an inpatient.

Correspondence includes:

- Uncensored communication with others.
- Methods of communication like social media or letters.

This right may be at risk in the hospital ward, for example:

- If you don't feel as though you or your family have any say in your care and you don't feel like your concerns are being listened to.
- If you or your family are not offered access to an advocate when you need one to be involved in decisions about your care.
- If your friends or family aren't being allowed to visit you in hospital without a good reason or as a way to punish you.
- If your leave has been taken away, and you don't know why.
- If you are not allowed to use your phone or access the internet.
- If you are worried that staff are not keeping sensitive information confidential.

What do staff have to do about this right?

- Carry out person-centred care planning, where you are part of making plans and they are made individual to your own needs.
- Individual risk assessments instead of blanket bans.
- Ward provision of telephones and computers, or supervised phone use, or online safety training instead of blanket bans stopping you from using mobile phones or the internet.
- Provide alternative ways to help you access your community and family, such as supervised visits if staff are worried about safety.
- Not take away access to family or friends as a punishment or method of behaviour modification.

This right is non-absolute, so it can be restricted, but only if it is lawful, legitimate and proportionate.

Ryan's story

Ryan is a 17-year-old autistic patient on an adolescent unit. He is a talented artist who enjoys doing detailed drawings using ballpoint pen. He and his mum have told ward staff that Ryan was taking A level Art at college before he was admitted and he would like to keep up with his coursework. He also finds drawing in his bedroom a good way to relax and regulate his emotions when he feels stressed. However, this hasn't been noted on Ryan's care plan or risk assessment. A new agency member of staff tells Ryan he isn't allowed a ballpoint pen on the ward as it can be used to harm himself or others. She locks away Ryan's pen and gives him a crayon to use instead.

By locking away Ryan's pens, the staff member is impacting Ryan's Article 8 right to wellbeing and autonomy. For this to be acceptable, it needs to be lawful, legitimate and proportionate.

Lawful?

The Mental Health Act Code of Practice says staff can use lockable facilities to store items which may pose a risk to the patient or others - but the staff member has not explained why she believes the pen poses a risk. Ryan should be able to access his property on request if it is safe to do so.

Legitimate?

Protecting the safety of others is a legitimate reason to interfere with Ryan's Article 8 rights but the staff member has not explained how locking away Ryan's pen would meet this aim.

Proportionate?

In Ryan's case, it would not be the least restrictive option to stop him from using a pen, especially as there is no risk to Ryan's safety. Ryan was also involved in the decision and alternatives were not discussed with him, so it is therefore not the least restrictive option.

Article 9: The Right to Freedom of Thought, Conscience and Religion

This right means that you are free to hold different beliefs and follow different religions, but also includes the right to have no religion and protection for non-religious beliefs that are important to how we live our lives (for example, beliefs about ethical veganism).

This right may be at risk in the hospital ward, for example:

- If staff are stopping you from going to a space where you can pray or worship.
- If you follow a special diet because of your beliefs, for example you eat Kosher or Halal food or are vegetarian, and staff on the ward don't respect this.
- If you are being bullied because of your religion or belief and staff don't do anything to stop this
- If you are not allowed to access religious items or wear religious jewellery or clothing.
- If staff are imposing their own religious beliefs on you.

What do staff have to do about this right?

- Not interfere with the right to freedom of thought, conscience and religion, unless it is necessary and they can clearly show this is the case.
- Accommodate your religion or belief where possible.
- Remain neutral and impartial, and promote mutual tolerance rather than conflict between those holding different beliefs.
- If things go wrong, find out why and try to stop the same thing happening again.

This right has two different parts:

1) the right to hold or change religious or other beliefs

2) the right to put your thoughts and beliefs into action (called 'manifestation')

This right is both non-absolute and absolute. You can think or believe what you want. No public official can stop you doing this. But when we do things because of our religion or beliefs it has to respect other people's rights.

The right to hold or change beliefs is absolute, so can never be restricted or limited. The right to act on your beliefs is non-absolute and so can only be restricted if it is lawful, legitimate and proportionate.

Luke's story

Luke likes watching videos by a famous influencer who has controversial beliefs. In his videos, the influencer says he doesn't think gay people should be allowed to get married. Luke plays these videos in the common area, which upsets the other residents.
The staff told Luke he couldn't watch these videos in the common room anymore and could only watch them in his room. Luke told staff they couldn't stop him watching the videos in the common room because it would breach his right to freedom of thought.

The right to freedom of thought is absolute and protected by Article 9(1). However, the right to manifest (ie to express or act on) that thought is protected under Article 9(2) and can be limited if it is lawful, legitimate and proportionate to do so. Staff have obligations to protect other people's rights and have to balance different people's rights when considering this.

Lawful?

Under the Mental Health Act, staff can create an environment that is suitable for young patients.

Legitimate?

The legitimate reason would be to protect the rights of other patients from being exposed to Luke's videos.

Proportionate?

As the staff have not stopped Luke from watching the videos altogether or stopped him from watching any videos in the common room, it seems they have chosen the least restrictive (or most proportionate) option possible, so this would be a justifiable interference with Luke's rights.

Article 10: The Right to Freedom of Expression

This right is the freedom for you to express yourself. It means that you can speak, be heard and can participate in political, artistic and social life. It includes the "right to know" which means that you have the right to look for and receive information from others.

This right may be at risk in the hospital ward, for example:

- If you don't have the opportunity to express concerns or opinions in community groups.
- If you don't have the freedom to express yourself using writing, art, or any other media.
- If you cannot receive information from others, including magazines, newspapers.
- If you are not allowed to access to social media.
- If you are prevented from expressing unpopular opinions you may have.

What do staff have to do about this right?

- Allow you to express yourself unless it is harmful and they can clearly show this.
- Not restrict access to media unless truly necessary for your recovery.

This right is non-absolute, so it can be restricted, but only if it is lawful, legitimate and proportionate.

Public bodies may restrict this right if expression may be harmful to others, for example:

- Stopping you discussing triggering topics openly on the ward.
- Stopping you discussing topics that may have had a traumatic effect.

Eddie's story

On Eddie's ward, they can watch TV, listen to the radio, read magazines and use the internet. One day, Eddie wakes up and is told that there will be a complete media ban across the ward for the next few days. This is a blanket restriction. Eddie asks why but is just told "it's for your own good". This makes Eddie feel very distressed as watching TV and using the internet was Eddie's way of keeping in touch with the outside world. Without this, Eddie feels isolated and anxious. This is impacting Eddie's Article 10 right to receive information. Eddie also feels distressed that staff are further controlling what he can or can't do on the ward and disrupting his regime. A few months later, Eddie finds out that the media ban happened because there was an investigative TV programme about abuse in inpatients settings which staff did not want them to know about.

Lawful?

Under the Mental Health Act Code of Practice, blanket bans should not be used unless necessary for patient safety, so this restriction was not lawful.

Legitimate?

The ban was put in place because the staff do not want patients to watch the programme about abuse in inpatient settings. This might be a legitimate reason if staff can show that watching the programme would be harmful for Eddie but they have not assessed this; they have applied the ban to everyone. This means they have not shown there is a legitimate reason.

Proportionate?

As this is a blanket restriction, Eddie's individual needs have not been considered so the media ban was not proportionate.

Article 1, Protocol 1: The Right to Peaceful Enjoyment of Possessions

This right means we should all be able to enjoy things that belong to us without staff in public services trying to control them or take them away. Possessions means things that belong to us, such as mobile phones, money, or anything else you might own.

This right may be at risk in the hospital ward, for example:

- If your personal items are taken on arrival to a mental health hospital because of a blanket policy and not because you are at risk.
- If your personal items are locked away and you don't know how to access them, or you are told you cannot access them.
- If you change rooms or hospital and your personal items are lost.
- If someone moves your possessions around or uses them without telling you first.
- If your personal items are taken as a method of punishment.

What do staff have to do about this right?

- Individually risk assess you for access to items rather than putting blanket bans in place.
- Allow access to items under supervision or in certain areas of the hospital.
- Provide alternative options, such as a mobile phone without access to the internet instead of not allowing any phone access.
- Tell you when, where and why items are being taken from you.
- If your belongings have to be taken away from you, make sure that they are stored in a safe place and are not lost or given to someone else.

This right is non-absolute, so it can be restricted, but only if it is lawful, legitimate and proportionate.

Jason's story

Jason is a 16-year-old inpatient. Upon arrival to hospital, Jason had his mobile phone confiscated by staff. He was told that this needed to be taken away during his stay until discharge. Jason did not agree to this and asked medical staff why his belongings would be removed. The staff told Jason that it was "hospital ward policy" for inpatients to not have access to their phones (except in cases of emergency) for "safety" reasons.

Jason told staff that he had a right to peaceful enjoyment of possessions and that to take his phone away it had to be an individual decision which needed to be lawful, legitimate and proportionate for Jason.

Lawful?

The Mental Health Act Code of Practice says staff should assess the risk and appropriateness of each patient having access to mobile phones, but they have not done this so the decision would not be lawful.

Legitimate?

There was no legitimate aim as staff had not done an individual risk assessment that Jason having his phone would cause harm to him or others.

Proportionate?

It was also not the least restrictive option as his phone had been taken away from him on arrival and nothing else had been considered.

Blanket policies for these reasons are rarely human rights compliant as they do not consider the circumstances of individuals.

Article 2, Protocol 1: The Right to Education

The Government has a duty to provide access to education for all children (under 18) in the UK. Even if you are ill and are in hospital receiving treatment, this doesn't mean you can be denied the opportunity to learn. In the UK, this means also being provided with the opportunity to access higher education (University). If you have a learning disability or any other learning challenges, you should have access to a school or facility that provides the support necessary for you to learn (Article 14, right to be free from discrimination).

This right may be at risk in the hospital ward, for example:

- If you are not able to attend school, and there are no provisions for you to learn. For example, you don't have any leave from the ward and there aren't any resources for you to learn on the ward.
- If religious and other beliefs and principles of you or your parents are not thought about in your education.
- If there aren't any provisions on the ward or the hospital school for you to obtain qualifications such as GCSEs or A-Levels.

What do staff have to do about this right?

- Not try to stop you from accessing education, unless it is necessary, and they can show that this is the case.
- Make sure that you can access primary, secondary, and higher education.
- Take 'reasonable and appropriate' steps to protect your right to education.

This right has two different parts:

1) the Government must provide access to education for all children in the UK and this cannot be restricted or limited for any reasons.

2) the religious and philosophical beliefs and principals of parents should be considered.

This right is both non-absolute and absolute. Public bodies can consider the needs and resources of the community in deciding what educational provision to make available but they cannot unfairly deny anyone access to an education system that already exists and is available to them.

Considering parents' beliefs and principles is also non-absolute. A school does not have to adhere exactly to what the parents wish for as long as this can be objectively and reasonably justified. The non-absolute parts of this right can only be restricted if it is lawful, legitimate and proportionate.

Kim's story

Kim is a 15-year-old inpatient on a CAMHS ward. They have an eating disorder and are currently undergoing treatment. School is really important to Kim and is a distraction from life on the ward. One day, Kim leaves a teaspoon of rice on their plate. Because of this, staff take away all of their leave and say that they cannot leave the ward for the foreseeable future. Kim's school is next door in a different building. Because their leave has been taken away, Kim is not allowed to go to school. No other provisions are put in place for Kim to receive an education on the ward. This leaves Kim in the ward on their own and not going to school is not only disrupting their education which breaches her Article 2, Protocol 1 rights but also causing their negative thoughts to spiral which is breaching their Article 8 right to wellbeing.

Lawful?

Under the Mental Health Act, doctors can revoke leave if necessary for health and safety or the protection of others, but that does not seem to be the case here, so the restriction is not lawful.

Legitimate?

The hospital is restricting Kim's access to school as a way of modifying their behaviour which is not a legitimate reason to restrict this right.

Proportionate?

The disruption to Kim's education is causing them more harm than the initial behaviour that the staff were trying to change (not finishing their dinner). The interference is not proportionate.

Blanket Restrictions

Blanket restrictions are general rules or policies that apply to everyone who enters the ward, regardless of personal circumstances.

Examples include:

- Confiscating your belongings when you enter the ward.
- Having set times during which everyone on the ward can access facilities, go to their bedrooms or any other areas.
- Having strict routines that all young people must adhere to.

Blanket restrictions will generally not respect your human rights, because they do not consider you as an individual. For certain rights to be limited, the measure has to be the least restrictive option to protect you. Any blanket restrictions will not consider any individual circumstances so will not be the least restrictive option. Instead of imposing blanket bans, staff should undertake individual risk assessments and formulate care plans.

Examples of blanket restrictions include Ellie's story (Article 5), Eddie's story (Article 10) and Jason's story (Article 1, Protocol 1).

A flowchart to help you raise a human rights issue

What is the issue?

Is an absolute right (e.g. the right to be free from inhuman treatment) at risk?

No → Is a non-absolute right (e.g. the right to liberty or family life) at risk?

Yes → **TAKE ACTION**

- Make a complaint with PALS
- Contact the Ombudsman
- Contact the CQC
- Seek legal advice

Yes → Is the restriction lawful, legitimate and proportionate?

No → Raise it informally with the staff. Did they fix the problem?

No → Raise it formally e.g. write a letter to the hospital. Did they fix the problem?

No → Escalate it to next-level management or ask for a meeting. Did they fix the problem?

No → TAKE ACTION

The British Institute of Human Rights

Glossary

Abuse
This is when you are treated badly. It can include not being cared for properly, being physically harmed or someone hurting your feelings.

CAMHS
This stands for Children's & Young People's Mental Health Services. These can be inpatient or community services.

Care Quality Commission (CQC)
The independent body that monitors health and social care in England. If you are concerned about your care you can raise it with the CQC. This includes if you are concerned about how the Mental Health Act has been used: cqc.org.uk/contact-us/how-complain/complain-about-use-mental-health-act

If you have concerns about your care, you should be able to raise them with the hospital.

Censorship
This is when you are prevented from saying something or accessing information because someone decides that the information or opinion would go against what the rest of society would agree with.

Deprivation of liberty
This means that you are not free to leave somewhere and you are under some form of control or supervision. If you are an inpatient, you will be deprived of your liberty. Your liberty may also be deprived when you are on the ward, see Article 5 for more information.

Independent Mental Health Advocate
This is an independent person who supports you to have your voice heard and understand your rights.

Mental Health Act (MHA)
This is the law that tells people with a mental health disorder what their rights are and how they can be treated.

Mental Health Tribunal
This is an independent panel of people who can make a decision about whether you should remain in hospital or not.

Neglect
This is when people who are there to help you do not look after you properly.

Patient and Liaison Service (PALS)
This is a confidential NHS service that can give advice, support and information to patients and their families.

Restrictive Practice
This is when you are made to do something you don't want to do, or you are stopped from doing something you want to do. It can take a range of forms.

- **Chemical restraint**: using medication to restrict your movement, for example medication which has a sedative effect.
- **Mechanical restraint**: using equipment to restrain your movement, for example using a belt to stop someone getting out of their chair or being put in restrictive clothing.
- **Physical restraint**: being physically held or moved by members of staff. Also includes staff blocking your movement to stop you leaving.
- **Psychological restraint**: can involve being told constantly by staff not to do something, or that what you want to do is not allowed or is too dangerous. It may involve restricting your right to make choices about your life, for example what time you want to go to bed.

Seclusion
This is when you are taken away from other patients and put in an area which you are not allowed to leave.

Section
This is when you are made to stay in hospital for assessment or treatment under the Mental Health Act. This is sometimes called being detained. You can read more about this process here: mind.org.uk/information-support/for-children-and-young-people/hospital/being-sectioned/

Section 2
This means you can be kept in hospital for up to 28 days while staff assess your condition and what treatment you may need.

Section 3
This means you can be kept in hospital for treatment.

This resource has been co-produced by the British Institute of Human Rights (BIHR) and Lived Experience Experts: young people or parents of young people who have had experience receiving inpatient treatment for their mental health in England. The examples therefore come from England and refer to English legislation.

BIHR is a UK-wide charity working with people, communities, public bodies and policy-makers to make positive change through human rights.

This resource was made as part of a wider programme of human rights change work funded by NHS England's Quality Improvement Taskforce for Children and Young People's Mental Health Inpatient Services. The Taskforce was established in July 2019 as part of the NHS's long term plan to transform mental health, autism and learning disability services.

This resource is for information purposes only. It is not intended, and should not be used, as legal advice or guidance. The law referred to in this resource may have changed since it was published.

The British Institute of Human Rights