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Planning for discharge

This section of the Family Carer Advocacy Pack is about planning for discharge when your relative is admitted to a mental health unit.

As soon as your relative is admitted to a mental health service, planning for their discharge should begin. This is because discharge can be complicated, involve multiple agencies and take significant time to organise. Your relative should have received a thorough assessment of their needs during their detention (section) under the Mental Health Act and this should be formally recorded. This should influence what their community provision should look like, including what will prevent readmission.



[Read this detailed factsheet: How do we plan for a successful discharge for my family member](#)

What support is your relative entitled to following discharge

Section 117 aftercare:

- If your relative has been detained under a treatment section of the Mental Health Act (i.e. Section 3) then following discharge from a mental health service, they have a statutory (legal) entitlement to 117 aftercare. Section 117 aftercare is free
- The responsibility for providing 117 after care lies jointly with the Health and Local Authority where your relative was ordinarily living before being detained
- Although the duty to provide after care begins when your relative leaves the mental health service, the planning of after care should start as soon as they are admitted
- 117 aftercare should be person centred and its main purpose is to prevent the risk of readmission to a mental health service
- What and how 117 aftercare will be delivered should be part of discharge planning discussions and recorded in an aftercare plan.
- It should address the following:
 - continuing mental health needs and/or behaviour described as challenging (if this was related to your relative's detention/section)

- the psychological needs of your relative and, where appropriate, your needs as a family carer
- daytime activities including education, further education, training and employment
- appropriate accommodation
- identified risks and safety issues
- any specific needs arising from, for example, a sensory impairment
- if relevant, any specific needs arising from drug, alcohol or substance misuse
- social, cultural and spiritual needs
- transition planning, if appropriate, from children to adult services under the Children and Families Act
- assistance in welfare rights and managing finances
- involvement of authorities and agencies in a different area, if your relative is not going to be living locally
- the involvement of other agencies, for example the probation service
- if your relative's discharge is conditional the restrictions that will apply
- a crisis plan in case your relative's mental health and/or behaviour described as challenging deteriorate
- Your relative should receive a copy of the completed aftercare plan. The plan should be clear about the services which are under Section 117 provision
- A separate care and support plan under the Care Act 2014 should document the services which are not subject to section 117 because these will be subject to financial assessment
- 117 aftercare only covers your relative's emotional and mental health – it does not provide support for any physical health needs

If your relative already has an Education, Health and Care (EHC) Plan this should be updated to reflect their needs or alternatively you (family carer) may request that your relative is assessed for an EHC Plan.

[For further information read this brief guide from CQC](#)



- Your relative should be involved in all discussions and meetings. You (family carer), their nearest relative (if this is a different person) can also be involved. Your relative is also entitled to representation from an Independent Mental Health Act advocate and if appropriate an Independent Mental Capacity Act advocate
- 117 aftercare plans should be reviewed (at least 6 monthly during the first year of discharge)
- There is no specified time period for 117 aftercare. It should only end when both the health and Local Authority agree and are satisfied it is no longer required. Your relative, you (family carer) and their professional advocate (if they have one) should also be involved in this decision

Ask the mental health service your relative is using if they have a leaflet explaining 117 aftercare.



[Read information from Mind on section 117 aftercare](#)



[Read information from Rethink Mental Illness on section 117 aftercare](#)



[Read information from Rethink Mental Illness on Section 117 aftercare and personal health budgets](#)

The Care Act amends Section 117 MHA and defines 'after care services' as services which:

- Meet a need arising from or related to the person's mental disorder and
- Reduce the risk of a deterioration of the person's mental condition (and, accordingly, reducing the risk of the person requiring admission to a hospital again for treatment for the disorder)

What services should be included in an aftercare plan should focus on this definition when it is first developed and written and then when it is updated at every review.

Regardless of whether your relative was a voluntary or detained patient, they are entitled to support using the principles from the Health and Care Act and Integrated Care Systems.

Read more about the Health and Care Act and Integrated Care Systems:

[Click here to read information from the King's Fund](#)



[Click here to read information from NHS England](#)



Your relative may be entitled to support through the Care Programme Approach now referred to as the Community Mental Health Framework.

The change will not affect the care, support and treatment your relative receives if they are entitled. Your relative will have a plan and a named coordinator (usually a nurse, social worker or occupational therapist) who will provide help, support and advice about matters, including:

- Medication
- Finance
- Housing
- Support
- Support for your relative to access the community

The plan should include information about how to minimise the risk of your relative's mental health deteriorating (getting worse) and what should happen in an emergency or crisis.

Read more about the Care Programme Approach:



[Click here to read more from NHS England](#)



[Click here to read more from Rethink Mental Illness](#)

Receiving section 117 aftercare and/or being under the Care Programme Approach does not replace your relative's entitlement to a 'needs assessment' (under the Care Act).



[Read SCIE's information about the Care Act, the assessment process and eligibility.](#)

Housing

Inappropriate housing may have contributed to a decline in your relative's mental health and/or behaviour described as challenging which led to the need for a mental health service. For example living in a care home with people they did not get on with, or in an area which was not safe and left them vulnerable to abuse or

isolated. (“Not having the right home – whether that is general needs housing, supported housing or residential care – can also contribute to people having unmet needs and being admitted into a mental health hospital.” Source: Building the Right Support Action Plan) This means that before your relative can be discharged they will need alternative housing which meets their needs.

Data from Assuring Transformation in April 2022 identified that 45% of discharges from mental health services were delayed because of a lack of suitable housing. The Building the Right Support Action Plan has acknowledged this, and increased funding is available. However, there is currently a national housing shortage, so more people are competing for the same housing, including people with a learning disability, autism or both. [Click here to read more about the Assuring transformation data](#)



There are several housing options available for your relative:

- Registered Care Home
- Rented Social Housing
- Rented Private Sector Housing
- Shared Ownership
- Social Housing from Capital Programme
- Home Ownership and the Use of Discretionary Trusts
- Buy to Let
- Remaining in the Family Home and Other Family Solutions

Like all aspects of your relative’s care and support and/or treatment, accommodation should be person centred. Use all your relative’s assessments to develop a ‘housing specification’. Think about all the things that are important to your relative. Here are some things to consider:

Property

- House
- Flat
- Semi-detached
- Detached
- Purpose built
- Adapted

Who will your relative live with

- Live alone
- With a friend
- How many people
- Level of support (staff) and size of house
- Does your relative have/want a pet
- In the family home (with or without adaptations)

Location

- City centre
- Town
- Village
- Countryside
- Close to preferred activities and amenities
- Public transport
- How will support staff get to work
- Main road, side road
- Terrain e.g. is the area hilly, on a slope, flat
- Neighbourhood e.g. is it safe, well lit
- What else is nearby that might impact on your relative positively (e.g. cinema) or negatively (e.g. dog kennels if they have a fear of dogs or find barking difficult because of their sensory needs)

Design

- Sensory considerations e.g. lighting, soundproofing
- Any safety requirements e.g. ability to turn off water independently from source
- Specialist furniture, e.g. Velcro curtains, rip proof mattress
- Parking (for your relative and their support staff)
- Number of rooms
- Size of rooms
- Garden
- Technology
- Privacy e.g. height of fence

Resources about housing

From the Challenging Behaviour Foundation:

1. [8 ways to get a house includes a description of each type of housing option, the advantages and disadvantages of each option, a case study illustrating each option and a jargon buster](#)
2. [Planning your house includes information about where to start, funding options and case studies](#)
3. [Specialist equipment and safety adaptations](#)

Visit [the Council for Disabled Children's website](#) and download their No place like home - a housing and support guide:

This link takes you to [the Government's Own your Home website](#) which includes information about shared ownership for people with long-term disabilities

[My Safe Home is an organisation which provides support](#) for people with a learning disability, autism or both to access a mortgage through the HOLD scheme

[Read this factbook from Home Ownership for people with Long-term Disabilities \(HOLD\)](#)

[My Great Life is a not-for-profit social enterprise](#) which specialises in accommodation for people who have higher levels of support in the community and may need adaptations and specialist staff including people who are being discharged from mental health services

Although [this link 'Homes not Hospitals' is for social workers](#), it provides information "to support social workers to work preventatively, strengthen legal literacy and more specialised ways of working to avoid admissions to hospital, support, advocate and challenge on behalf of people currently in assessment and treatment units or restrictive settings to enable a return to home as soon as possible"

The right support

If the community care and support your relative was receiving did not meet their needs, e.g. the level of support was inadequate, support staff did not have the relevant training and skills, successful discharge and reducing the risk of readmission to a mental health

service may require additional funding. Part of your relative's assessment during their time in hospital should have identified the level of support and skills staff require, e.g. able to communicate using sign language, understanding of functional analysis. Depending on how long your relative has spent in a mental health service, the transition back to their community may have some teething problems. Everybody supporting your relative should be prepared for this and there should be contingency plans in place, e.g. funding for additional staff, a crisis plan.

What if my relative is ready for discharge but they have nowhere to go

If the rules for keeping your relative in a mental health service are no longer met but they are still being detained in hospital, this may be unlawful. Your relative's IMHA and/or a mental health solicitor should provide help in this situation. It may be necessary to also seek help from a community care specialist or human rights solicitor. There are specialist law firms who are able to provide advice for family carers and their relatives if they want to legally challenge issues such as:

- Inappropriate detention in an ATU
- Under threat of admission to an ATU
- Unlawfully detained in an ATU because because their local authority or Clinical Commissioning Group haven't found them a suitable home
- Received poor or inappropriate care during detention
- Experienced human rights violations whilst in a mental health service
- Placed in a community placement that was unsuitable for their needs

- Detained subject to a legal framework which is not the least restrictive
- Experienced inappropriate aftercare provision (s117 of the Mental Health Act 1983)



[Click here to go to the Irwin Mitchell Assessment and Treatment Unit solicitors webpage](#)

The National Autistic Society is funded to provide an autism inpatient mental health casework service which:

- Offers information, advice and support by phone or email
- Explains mental health rights and entitlements to help prevent or challenge detention and secure the care and support and/or treatment needed in the community
- Helps autistic people and their families explore their options and make informed decisions
- Provides guidance and support on specific issues such as accessing advocacy, finding suitable provision in the community, making a complaint or appealing against a decision
- Works closely with and signposts to other relevant advice and support within the National Autistic Society, including education rights, transition, autism helpline, parent to parent
- Helps with preparation for meetings
- Signposts to other external services, e.g. legal support



[Read more about the autism mental health casework service](#)

Self-advocacy

If your relative has been assessed as having the capacity to participate in the discharge planning process they can advocate for themselves, including in partnership with you (family carer) and a professional independent advocate. If your relative has been assessed as lacking capacity they should still be included in as much of the planning process as possible

Family Carer Advocacy

NICE guidelines promote the inclusion of

family carers in discharge planning and if you are your relative's nearest relative then you have a statutory (legal) right to be involved.

Professional Independent Advocacy

If your relative has a statutory entitlement to an Independent Mental Health Act advocate, they will be able to help and support your relative through the discharge planning process to make sure that their views are all taken into account.

Further information



Whilst this briefing is for local authorities it is useful for family carers to be aware of what financial models are available to meet the objectives of ensuring a reduced reliance on admission to mental health services through investment in community alternatives:

<https://www.local.gov.uk/learning-disability-and-autism-finance-briefing>

The Learning Disability and Autism Community Discharge Grant is a non-ringfenced grant available to local authorities in England to help accelerate discharge of patients with a learning disability or autism (or both) from mental health hospitals into the community:

<https://www.gov.uk/government/publications/learning-disability-and-autism-community-discharge-grant-2020-to-2023/learning-disability-and-autism-community-discharge-grant-guidance>

Read NICE guidelines about transition between inpatient mental health settings and community or care home settings:

<http://www.nice.org.uk/guidance/ng53/chapter/recommendations>

Housing LIN is a network for anyone working in housing, health and social care, promoting solutions that enable everyone to live well in good quality housing:

<http://www.housinglin.org.uk/>

Read Mind's section on leaving hospital:

<http://www.mind.org.uk/information-support/legal-rights/leaving-hospital/overview/>



We are the charity for people with severe learning disabilities who display challenging behaviour. We make a difference to the lives of children and adults across the UK by:

- Providing information about challenging behaviour
- Organising peer support for family carers and professionals
- Giving information and support by phone or email
- Running workshops which reduce challenging behaviour

To access our information and support, call 01634 838739, email info@theCBF.org.uk, or visit our website: www.challengingbehaviour.org.uk