EASY READ

The Mental Health Act, being in hospital, and restricted patients

An easy read guide for England and Wales

NeuroHub Connect CIC

November 2026

This is the easy read version of our training manual.

About this booklet



This booklet is the **easy read** version of our training manual.



It is about the **Mental Health Act**. This is a law about mental health.



It is also about being in a mental health hospital.



And it is about **restricted patients**. These are people who came to hospital through a court or a prison.



We say "you" in this booklet. We mean a person who is in hospital, or who might go to hospital.



Families, supporters and staff can use it too.

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How to use this booklet



Each part has pictures to help you.



Hard words are in **bold**. We explain what they mean.



You do not have to read it all at once. You can read one part at a time.



You can ask someone you trust to read it with you.

REMEMBER **Important**

This booklet gives information. It is not legal advice. The law is changing. This booklet was correct on 5 November 2026.

What is in this booklet



This booklet has 4 parts.

- Part 1: The Mental Health Act
- Part 2: Being in hospital
- Part 3: Restricted patients
- Part 4: Getting help

At the end there is a **word list**. It explains the hard words.

PART 1

The Mental Health Act

What the law says about mental health hospitals, and your rights.

What is the Mental Health Act?



The **Mental Health Act** is a law. It is used in England and Wales.



It says when people can be kept in a mental health hospital, even if they do not want to stay.



It also says when people can be given treatment they do not want.



The law also gives you **rights**. Rights are things the law says you must have.



The law is changing. A new law called the **Mental Health Act 2025** is starting bit by bit.

Being sectioned



When someone is kept in hospital under the Mental Health Act, people often say they have been **sectioned**.

This is because the law is split into parts called sections. Each section has a number.



Usually, 2 doctors and an **AMHP** must agree before you can be sectioned.

HARD WORD **AMHP**

AMHP means **Approved Mental Health Professional**. This is a trained worker, often a social worker. They must check if there is another way to help you without going into hospital.



They must talk with you first. They should help you understand what is happening.



You can ask for things that make it easier. For example:

- a person you trust to be with you
- fewer people in the room
- a quiet space
- more time to think
- writing things down instead of talking

The main sections



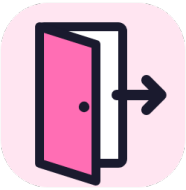
Section 2 is for finding out what is wrong. It lasts up to 28 days.



Section 3 is for treatment. It lasts up to 6 months at first. It can be made longer.



Section 4 is for emergencies. It lasts up to 72 hours. That is 3 days.



Section 5 can stop you leaving a ward for a short time, while you are checked.



A **community treatment order** lets you leave hospital, but you must follow some rules. You can be called back to hospital.

The police



The police can take you to a **place of safety** if they think you need help with your mental health straight away. This is called **section 136**.

HARD WORD **Place of safety**

A place of safety is somewhere you can be checked by a doctor and an AMHP. It is usually a special room in a hospital.



You can be kept there for up to 24 hours. Sometimes a doctor can make this 12 hours longer.



Children under 18 must never be taken to a police station for this. Adults should only be taken to a police station in very rare cases.

Your rights in hospital



Staff must tell you which section you are on and what it means. They must tell you in a way you understand. They should give it to you in writing too.



You can have an **advocate**.

HARD WORD **Advocate**

An advocate helps you say what you want. They make sure your rights are respected. They do not work for the hospital. An advocate for people who are sectioned is called an **IMHA** (Independent Mental Health Advocate).



You can ask a **tribunal** to look at your section.

HARD WORD **Tribunal**

A tribunal is like a small court. It includes a judge and a doctor. They decide if you still need to be kept in hospital. They can say you can leave.



You can have a solicitor for the tribunal. A solicitor is a kind of lawyer. This is free.



Your **nearest relative** has some rights too. This is a family member. The law chooses who it is.



In the future, you will be able to choose your own person. They will be called your **nominated person**.

Treatment and medicine



When you are sectioned, you can be given some treatment for your mental health even if you say no.

Leaving hospital



Your doctor can let you go out of hospital for a while. This is called **leave**.



You can leave hospital when your doctor, the hospital managers or a tribunal say your section can end.



If you were on section 3 (or some other sections), you can get help after you leave. This is called **section 117 aftercare**. It is free.

The new law: what is changing



The **Mental Health Act 2025** became law in December 2025. Most of it has not started yet. It will start bit by bit, over about 10 years.



So far, these parts have started:

- some restricted patients can leave hospital with strict rules (see Part 3)
- more people can be moved from immigration centres to hospital when they need help
- private hospitals must follow human rights law



When the rest starts, it should mean:

- people are only kept in hospital if there is a risk of **serious harm**
- treatment must have a real chance of helping
- you can choose your nominated person
- you can write down what you want in advance, in an **advance choice document**
- you will have a care and treatment plan
- advocates will be offered to everyone in hospital
- police stations will not be used as places of safety

Autistic people and people with a learning disability



Right now, autistic people and people with a learning disability can be kept in hospital for treatment under section 3, even if they do not have a mental illness.



The new law will change this. Being autistic, or having a learning disability, will not be a reason for section 3 on its own.



But this change will only start when there is enough support in the community. It has not started yet.



People who have been to court can still be kept in hospital because of autism or a learning disability.

PART 2

Being in hospital

What happens on a ward, and how to make it safer and fairer.

Different kinds of hospital ward



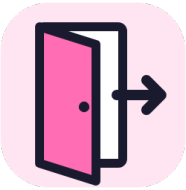
There are different kinds of ward. For example:

- **acute wards**, for people in a mental health crisis
- **PICU**, a smaller locked ward with more staff
- wards for children and young people
- wards for autistic people and people with a learning disability
- **secure wards**, for people who may be a risk to others



Some people are sent to hospitals a long way from home. This can make it hard to see family and friends.

If you are not sectioned



If you are in hospital but you are **not** sectioned, you are an **informal patient**.



This means you can leave if you want to. You can say no to treatment.



Staff should not tell you that you will be sectioned if you try to leave. If this happens, tell an advocate.

Your care



You should have a **care plan**. This says how staff will help you. You should help to write it.



There are meetings about your care. They are often called **ward rounds**. You can go to them. You can take someone with you.



You can ask for:

- the time of the meeting before it happens
- to send your questions in writing
- fewer people in the room
- notes afterwards, in easy words



Leave should never be taken away to punish you.

Restraint and seclusion



Restraint means staff holding you so you cannot move.



Seclusion means being kept on your own in a room.



These things can hurt people and cause **trauma**. Trauma means harm to your mind that can last a long time.



A law called **Seni's Law** says hospitals must keep a record every time staff use force. They must tell you about your rights.



If this happens to you, you can:

- ask why it happened
- talk to an advocate
- make a complaint

REMEMBER **Our view**

At NeuroHub, we believe restraint, seclusion and keeping people apart from others are not care. They are signs that support has gone wrong.

Autistic people in hospital



Hospital can be very hard for autistic people.



Things that can cause distress include:

- noise, alarms and bright lights
- lots of people
- not knowing what will happen next
- changes of staff



Sometimes staff think autistic distress is "bad behaviour". This can lead to restraint. It can keep people in hospital for a long time.



Things that can help:

- a **hospital passport** that tells staff about you
- a quiet space
- ear defenders or other sensory things you like
- information in writing or pictures
- warning before things change
- people who know you well being involved



You may have a **Care and Treatment Review**. This is a meeting to check if you need to be in hospital, and what you need to go home.



In July 2026, about 2,100 autistic people and people with a learning disability were in mental health hospitals in England. Nearly half had been in hospital for more than 2 years.

Fair treatment for everyone



Black people are nearly 4 times more likely to be sectioned than White people.



This is not fair. Hospitals must work with communities to change this.

Getting ready to go home



Planning for going home should start soon after you arrive in hospital.



The plan should say where you will live, who will support you, and what to do if things get hard.



Someone from your team should contact you within 3 days of you leaving hospital.

PART 3

Restricted patients

What happens if you come to hospital through a court or a prison.

What is a restricted patient?



A **restricted patient** is someone who came to hospital through a court or a prison.



A government minister called the **Justice Secretary** has to agree to some big decisions about them. This is to keep the public safe.



A team at the Ministry of Justice makes these decisions for the Justice Secretary. It is called the Mental Health Casework Section. In this booklet we call it **the MoJ team**.



Your doctor and your ward team still look after you every day.



At the end of 2025, there were nearly 8,000 restricted patients in England and Wales. About 4,700 were in hospital. About 3,300 were living in the community.

How people become restricted patients



From court. A judge can send someone to hospital instead of prison. This is called a **hospital order**. The judge can add **restrictions** if they think the public needs to be kept safe from serious harm. This is often called a **37/41**.



A 37/41 has **no end date**. It lasts until the restrictions are taken away.



A judge can also give a prison sentence and send the person to hospital first. This is called a **45A**.



From prison. If someone in prison becomes very unwell, they can be moved to hospital. This is called a **47/49** if they have been sentenced, or a **48/49** if they are waiting for their trial.



When they are well, people who came from prison usually go back to prison.



If they are still in hospital on the day they would have left prison, the restrictions end.



People on a community treatment order are **not** restricted patients.

What the MoJ team decides



The MoJ team must agree before:

- you can have leave out of hospital
- you can move to another hospital
- you can leave hospital to live in the community
- you go back to prison



Leave usually happens in steps. First with staff. Then on your own. Then overnight.



If you need medical help in an emergency, the MoJ team will not stop you getting it.



Your doctor sends the MoJ team a form asking for a decision. The MoJ team looks at it carefully.



Some decisions take a few days. Others can take 4 or 5 weeks.

How the MoJ team decides



The MoJ team thinks about keeping the public safe. It also thinks about your right to get better and move on.



They look at things like:

- how you are doing with your treatment
- how you are getting on in hospital
- why you came to hospital
- how your leave has gone
- what any victims have asked for



You can give your own views on the form. An advocate can help you.

Victims



If someone was hurt, they may get information about big decisions. They may ask for rules. For example, that you do not go to the area where they live. This is called an **exclusion zone**.

The tribunal



Restricted patients can ask a tribunal to look at their case too. A solicitor is free.



If you are on a 37/41, you can ask after the first 6 months. Then you can ask once every year.



If you have not had a tribunal for 3 years, the MoJ team must send your case to the tribunal anyway.



If you are called back to hospital, your case must go to the tribunal within 1 month.

Leaving hospital with conditions



Conditional discharge means you can leave hospital and live in the community, but you must follow some rules. The rules are called **conditions**.



The MoJ team or a tribunal can decide this.



You will have 2 workers to support you. A **clinical supervisor** is usually a psychiatrist. A **social supervisor** is usually a social worker.



They send reports to the MoJ team about how you are doing.



You can still be called back to hospital. This is called **recall**.

Your conditions



Your conditions might say things like:

- where you will live
- that you will meet your workers and go to appointments
- not to drink alcohol or take drugs
- not to go to some places (exclusion zones)
- not to contact some people
- to tell your team about new relationships



Breaking a condition does **not** mean you will go back to hospital straight away. But your team will talk to you about it. You might get a warning letter.



You should have your conditions written in easy words. Ask if any rule is not clear.



Conditions can be changed. Over time, there are often fewer of them.

Supervised discharge



Since February 2026, a small number of people can leave hospital with very strict conditions. For example, always having staff with you when you go out. This is called **supervised discharge**.



A tribunal must check this regularly.

Moving house and travel



Tell your team before you move house. The MoJ team asks to know 14 days before.



Going abroad is not banned, but it is not always allowed. Talk to your team early.

Going back to hospital



The MoJ team can call you back to hospital. This is called **recall**.



They might do this if:

- your mental health gets worse
- you stop taking your medicine
- there is a risk that someone could be harmed



Your team should talk to the MoJ team first. Sometimes they can find another way to help.



If you are recalled, the police can take you back to hospital.



Your case will go to a tribunal within 1 month.

REMEMBER **It is okay to say what is really happening**

Sometimes things that look like being unwell are really autistic burnout, too much sensory stress, or losing support. You can tell your team what is really going on.

When all the restrictions end



Absolute discharge means all the restrictions end. You cannot be recalled. There are no more conditions.



The MoJ team or a tribunal can decide this. It does not happen very often.



You can still get section 117 aftercare if you need it.

PART 4

Getting help

Who can help you, and the hard words explained.

Who can help



An advocate. Ask the ward staff how to contact the advocacy service.



A solicitor. Look for a solicitor who works on mental health law. It is free for tribunals.



Making a complaint. You can complain to the hospital. In England you can also contact the **Care Quality Commission** (CQC). In Wales you can contact **Healthcare Inspectorate Wales**.



The MoJ team. Staff and supporters can call 020 7820 5900, Monday to Friday, 9am to 5pm. Email: mhcsmailbox@justice.gov.uk



NeuroHub Connect CIC. Website: neurohubcommunity.org. Email: david@neurohubcommunity.org. Phone: 01903 495988.

Word list

Word	What it means
Absolute discharge	When all the restrictions end and you cannot be called back to hospital
Advance choice document	A paper where you write down what you want to happen if you become unwell
Advocate	Someone who helps you say what you want and stands up for your rights
Aftercare	Help after you leave hospital. Section 117 aftercare is free.
AMHP	Approved Mental Health Professional. A trained worker who helps decide if you need to be sectioned
Community treatment order	Rules that let you leave hospital, but you can be called back
Conditional discharge	Leaving hospital to live in the community, with rules you must follow
Conditions	The rules you must follow when you leave hospital
ECT	A treatment that uses electricity on the brain
Exclusion zone	A place you are not allowed to go
Informal patient	Someone in hospital who is not sectioned and can leave
Justice Secretary	The government minister in charge of justice
Leave	Time away from hospital that your doctor agrees to
MoJ team	The Mental Health Casework Section at the Ministry of Justice
Nearest relative	A family member who has some rights. The law chooses who it is.
Nominated person	A person you will be able to choose to have rights for you, under the new law

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Word	What it means
Place of safety	A safe place, usually in a hospital, where you can be checked
Recall	Being called back to hospital
Restraint	Staff holding you so you cannot move
Restricted patient	Someone who came to hospital through a court or prison, with extra rules
Rights	Things the law says you must have
Seclusion	Being kept on your own in a room
Sectioned	Being kept in hospital under the Mental Health Act
SOAD	A doctor from outside the hospital who checks your treatment
Supervised discharge	Leaving hospital with very strict rules, such as always having staff with you
Tribunal	A small court that decides if you still need to be kept in hospital

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