

Information for Family, Friends and Carers

Cygnet Hospital Maidstone



Updated: September 2026

Information for Family, Friends and Carers

Who are we?

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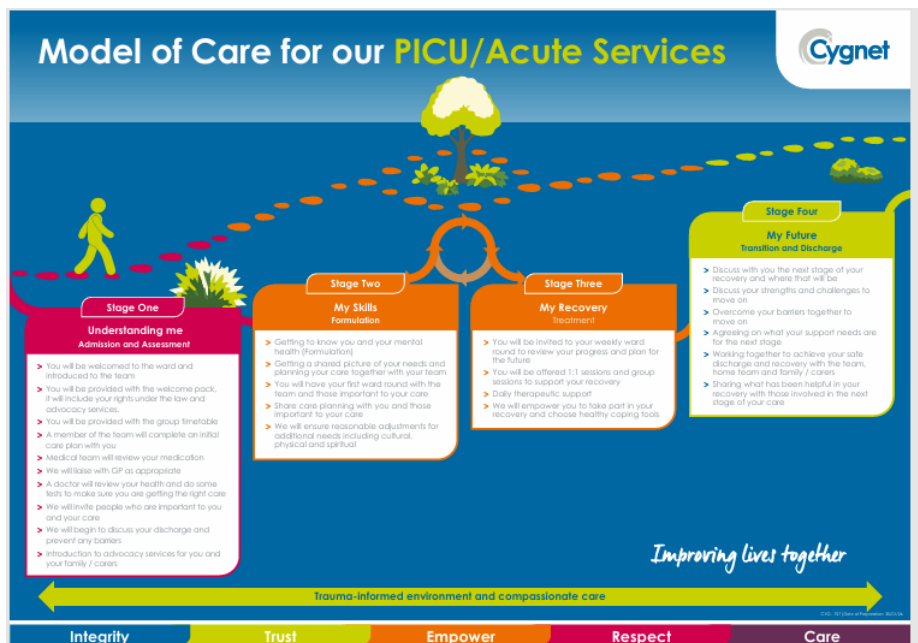
Bearsted Ward-Specialised Psychiatric Intensive Care Unit (PICU) Service for Men

Bearsted Ward is a 15 bed male PICU service for patients aged 18-65 that accepts emergency and crisis admissions and who require a rapid admission to mental health and intensive care environments.

Referrals will come to us from all areas, including acute and prison services. We offer a wide range of services nation-wide to meet the acute needs of adults and older adults who require a rapid admission to mental health and intensive care environments.

The focus of **Bearsted Ward** is stabilisation, and moving service users as quickly as possible to the most appropriate and least restrictive environment, whilst avoiding the need for readmission. This is achieved through the provision of a short term intensive individual assessment and treatment programme, designed to support service users to regain a sense of control and order in their lives so they can ultimately return to home. Our teams work closely and collaboratively with service users, their families and the referrer to provide a seamless pathway from referral to discharge.

Care and treatment on **Bearsted Ward** is person centred and delivered by a comprehensive multidisciplinary team. There is emphasis on the use of relational security, safety, recovery programmes and pharmacology in the management of risk, challenging behaviour and enduring mental health disorder.



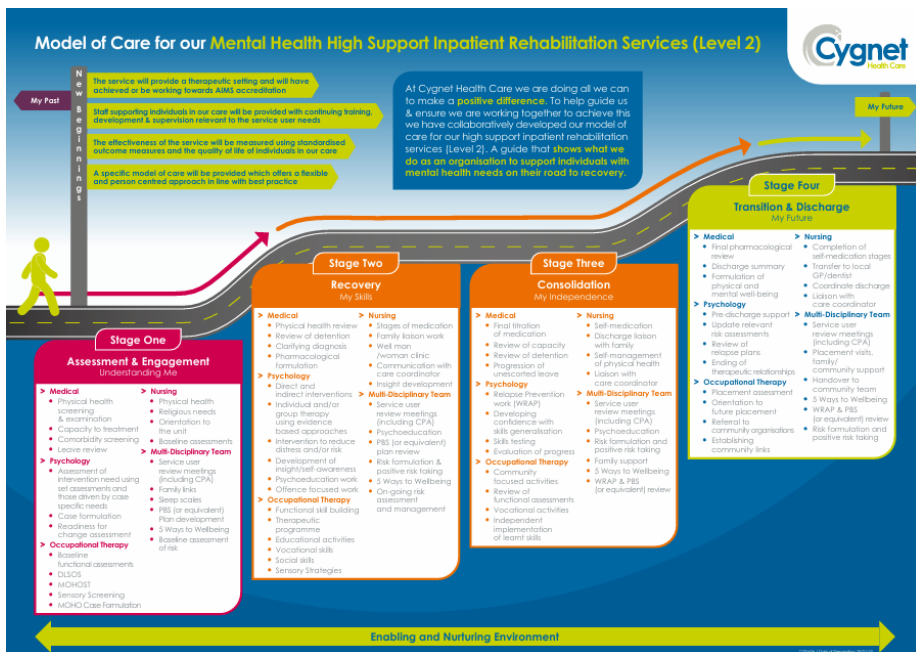
Kingswood Ward—High Dependency Inpatient Rehabilitation Service for Men

Kingswood Ward is our 16 bed high dependency inpatient rehabilitation service for men at Cygnet Hospital Maidstone, situated in the Kent Medical Campus. The service is delivered in a purpose-built therapeutic environment, where the focus is on maximising positive outcomes, recovery and reintegration into the community.

By combining a collaborative, multi-disciplinary approach and state-of-the-art facilities, we deliver high-quality care within a community atmosphere, while focusing on discharge planning from the moment individuals arrive. Our recovery programme is delivered in a culture that balances risk management with therapeutic optimism, where men have the opportunity to learn and practice the skills they will need in a completely safe environment.

Kingswood Ward provides a high level of therapeutic care and support that is underpinned by knowledge and practice of evidence-based interventions, delivered by a highly experienced multi-disciplinary team. Our individualised and group treatment programmes have clearly defined goals and outcomes for our service users. Our recovery principles are built around hope, empowerment, wellness, personal responsibility, community focus and connectedness.

We aim to integrate the hospital into local and regional care pathways and community services, with the focus on care close to families and friends, lowest length of hospital stay, and reducing the chances of re-admission. We work compassionately and collaboratively with the service users and their families (where appropriate), using recovery based and person-centred approaches. The average expected length of stay in Kingswood Ward is between 9 and 18 months.



Saltwood Ward—Low Secure Mental Health Service for Men

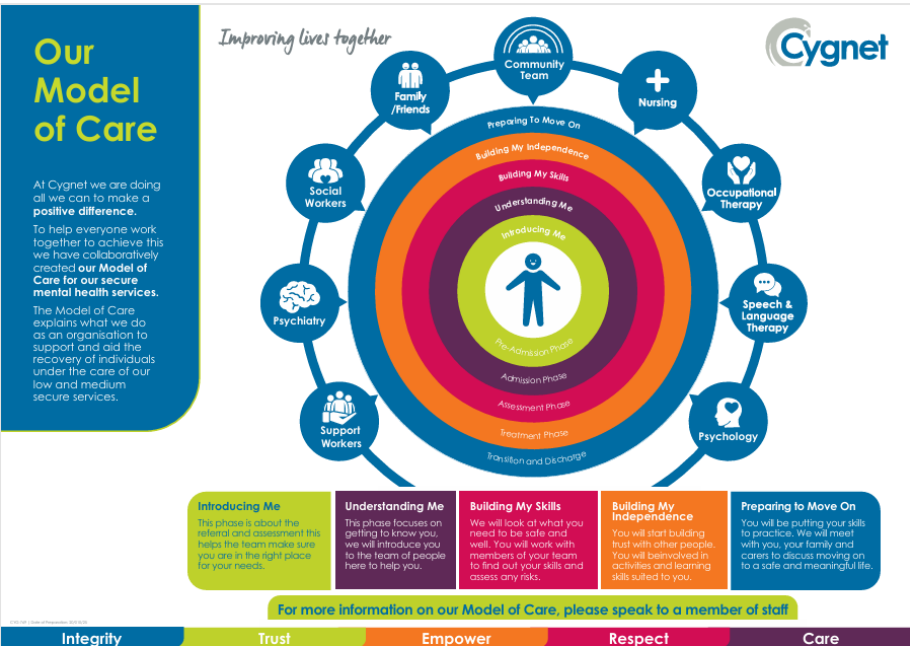
Saltwood Ward provides a 17 bed low secure service for men with enduring mental illness, including those with a personality disorder at Cygnet Hospital Maidstone, Kent.

NHS New Care Model Partner

Cygnet Hospital Maidstone is a core and active provider partner in the South East (KSS) New Care Model for Adult Secure Services, led by the three NHS Provider Trusts within the region. The primary focus of the partnership is to be able to offer secure care within the South East region when a service users requires it. Also to keep lengths of stay within secure services as appropriately short as possible, while achieving the treatment goals set out.

The service is provided in a joint working arrangement with Kent and Medway Partnership NHS Foundation Trust, and promotes shared understanding and practice. The NHS Trust undertakes case management and employs social workers who work at the hospital, while Cygnet Health Care provide psychiatry, nursing, therapy, and ancillary staff, and operate the service. This allows for opportunities of shared learning and shared excellence. The multidisciplinary team is integrated and work as one, sharing expertise.

The Trust also has extensive community links which can be particularly helpful for service users moving towards discharge, thus helping to keep lengths of stay to a minimum.



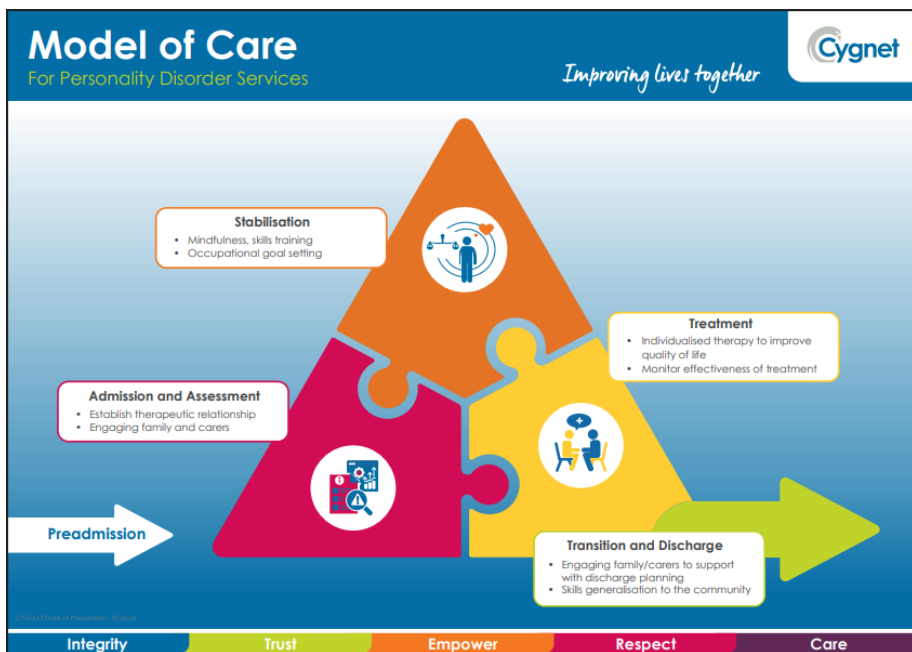
Roseacre Ward—Highly Specialised Personality Disorder Service for Women

Roseacre Ward is designed to a Tier 4 specification but commissioned by ICBs. Building on the expertise of the other personality disorder services within the Cygnet Health Care portfolio,

Roseacre Ward further complements our comprehensive national network of specialist services for women with this diagnosis.

Roseacre Ward also provides treatment for women with complex mental illnesses including schizophrenia, schizoaffective disorder, bipolar affective disorder or depression and those with secondary diagnosis of mild learning disability or autism spectrum disorder. We also accept service users with a forensic history and those stepping down from secure services.

Roseacre Ward provides a high level of therapeutic care and support that is underpinned by knowledge and practice of evidence-based interventions, delivered by a highly experienced multi-disciplinary team. Our individualised and group treatment programmes are highly specialised and have clearly defined goals and outcomes for our service users. The service is supported by **Dialectical Behaviour Therapy (DBT)**. The service operates in partnership with Kent and Medway NHS and Social Care Partnership Trust. This partnership helps integrate the hospital into local and regional care pathways and community services, with the focus on care close to families and friends, lowest length of hospital stay, and reducing the chances of re-admission.



Cygnnet Carer, Family & Friend Strategy

Our Aims for 2025 - 2028

During this period, we will continue to:

Consult – provide diverse opportunities for involvement (forums, surveys, digital platforms, outreach to seldom-heard carers).

Co-Design – work with families and carers to shape service improvements, including new digital and accessibility tools.

Co-Produce – empower carers as equal partners in leading, delivering, and evaluating improvement projects. New commitments include: Embedding carer voices into PCREF delivery and governance boards. Introducing mid-strategy reviews (2026/27) to check progress and adjust priorities. Expanding recognition of hidden and staff carers, ensuring they receive tailored support.

Improving lives together



**Cygnnet Carer, Family
and Friend Strategy
2025 - 2028**



At **Cygnnet Hospital Maidstone** we work hard to embed the standards of the Triangle of Care e.g.:

- All wards have carer leads and social workers who ensure that carers and relatives are involved in planning the care of the patients.
- Additionally we have a hospital wide carer lead and senior management is overseeing our carer work.
- Carers are recognised in their own rights and supported to have access to a carer assessment and other support like carer advocacy, carer support groups etc.
- Staff are ensuring carers and families are regularly updated about the patient's progress and support to maintain contact
- Patients and family members' views are sought on a regular basis
- Patients and carers have opportunities to give feedback on the service. The feedback is used to make improvements in our service.
- Carers are encouraged to visit their loved one and attend ward rounds either in person or virtually.

“As Board Sponsor for Carer, Family and Friends Engagement, I am honoured to support this strategy and the important work it represents. This strategy sets out a clear, ambitious plan to strengthen how we recognise, involve, and support carers across Cygnnet. I will provide the leadership to ensure that carer engagement remains a priority across Cygnnet.”

Shane Mills, Group Executive Director of Nursing



The Triangle of Care

A therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing.

A membership launched by the Carers Trust in 2010. The **Triangle of Care** focuses on keeping carers included, informed and supported when they are caring for an individual with mental health difficulties.

The **Triangle of Care Model** is an integral part of our **Carers Strategy** at Cygnet.

For more information please visit our website:

<https://www.cygnethealth.co.uk/service-users-carers/information-for-family-carers/service-users-carers-family-friends/>

Join the Carers Network

Do you have ideas about what would make Cygnet even better? Want to have your say, but not sure how to get involved?

Cygnet believes that service users, residents and carers can be influential partners in supporting change and improvements across our services by giving helpful feedback. We are looking for individuals with a lived experience of our services to join Cygnet's Carers Network and help influence and shape the design and improvement of our health and social care services. For further information on how to get involved contact us by email:

Family&Friends@cygnethealth.co.uk.

We want your

voice!

Carers Passport



The carers' passport is a record which identifies a carer in some way and sets out an offer of support, will help to improve and embed identification, recognition and support for carers across our services.

The family and friend Carer Passport will not only help individuals identify themselves as a carer, it will allow staff to immediately recognise a carer. The card is a credit card size and can be carried in your purse, wallet or bag..



Family Friends and Carer Zoom Event

We have scheduled every other month an online information and support session provided to family, friends or carers admitted to Cygnet Maidstone Hospital.

Why joining a Carer Support Group?

- Having a safe space where you are understood and don't need to explain yourself and where you can vent without judgement is priceless.
- By sharing your stories you learn from others. You gain knowledge about medication, behaviour, support, navigation the healthcare system and a lot more. You might get information about resources and support services you didn't know before.
- By joining forces you can better advocate and challenge systems and policies.
- Sharing tips and strategies about managing stress and anxiety can be lifesaving and empowering.

A poster titled 'Upcoming Family, Friends and Carer Events 2026' from Cygnet Health Care. It lists six events in colored boxes: 11 January (Compassion fatigue), 11 March (Supporting Young Carers), 13 May (Patient and Carer Race Equality Framework), 8 July (Supporting patients with Autism), 7 September (Dialectical Behavior Therapy), and 18 November (Carer's Advocacy Service). It includes a QR code and a Zoom meeting link.

Upcoming Family, Friends and Carer Events 2026

Cygnet Health Care
Cygnet Hospitals
Godden Green and Maidstone

Wednesday 11 January @ 18:00 <i>Topic:</i> Ray White: Lead Psychologist, Godden Green Compassion fatigue	Wednesday 11 March @ 18:00 <i>Topic:</i> Carly Ethell - Principle Invest. gaird University Plymouth Supporting Young Carers	Wednesday 13 May @ 18:00 <i>Topic:</i> Speaker TBC Patient and Carer Race Equality Framework (PCREF)
Wednesday 8 July @ 18:00 <i>Topic:</i> Rachel Cullen, Autism Pathway Manager "Supporting patients with Autism"	Wednesday 7 September @ 18:00 <i>Topic:</i> Alex Kim Thompson Psychologist, Maidstone Dialectical Behavior Therapy (DBT)	Wednesday 18 November @ 18:00 <i>Topic:</i> Kate Mearns, Broad Bell Advocacy Carer's Advocacy Service

Join Zoom Meeting:
<https://cygnethealthcare-uk.zoom.us/j/99953258417>
 Meeting ID: 999 5332 5841
 Passcode: 7779 36

QR Code: [QR Code]

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 NR

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.



Your role and rights are limited in some legal circumstances.
Find out more by visiting the website: <https://nearestrelativesources.bristol.ac.uk/>

Meet the Team

Our wards are supported by the **Multidisciplinary Team (MDT)** that works to provide our service users with the best quality of care. The staff team includes: a Consultant Psychiatrist (Responsible Clinician), Associate Specialty Doctor (Ward doctor), Ward Manager, Nurses (RMN's), Support Workers, Psychologists (Forensic/Clinical & an Assistant), and an Occupational Therapist (Qualified & Assistant)

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 manager 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.

Mental Health Support Workers (MHSW), 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.

Social Worker: promotes the importance of social connections and enables crucial alliances with people, to support them to overcome the barriers that have previously restricted their life choices. They will meet with all new service users and discuss issues such as: Family support and relationships, Finances, Housing, Support needs when moving on. Our Social Workers act as **Carer Leads** for each ward. They will talk with carers and family and offer support and referrals for Carer's Assessments under the Care Act 2014.



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 OTs, OT Assistants, OT students and Activity co-ordinators. 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.

Other people or organisations are also involved in providing and overseeing care: Secure mental health services are commissioned nationally by NHS England or regionally through specialized **NHS-Led Provider Collaboratives**, depending on the security level of the unit.

Some patients have a restriction order attached as part of their detention under the Mental Health Act (i.e. Section 41 or 49). In these cases, the **Ministry of Justice (MOJ)** is involved in their care and has to agree to transfers between prison and hospitals, leave and discharge. The Mental Health Casework Section makes decisions on behalf of the Secretary of State for Justice.

The **Hospital Managers** have the power to discharge some patients, depending on their section

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.

Could it be there is a Young Carer in your household?



A Young Carer is a child or a young person under 18 who provides regular and ongoing care and emotional support to a family member.

As many as 1 in 5 children and young people are young carers in the UK. Some begin giving care from a very young age, and others become carers overnight. Many young carers themselves or relatives don't see them as carers and they miss out on getting the help and support they need and deserve.

Reach out to your GP, to EARLY HELP, the Family Hub, the Young Carer Ambassador in school or speak to us! Seek support!

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)

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 feelings 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).

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 crises 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 ask to speak to your family member/friend
- Phoning/texting your family member/ friend's mobile phone (if assessed to be able to have one on the ward)
- Letters/Parcels
- Visits

Safeguarding

If you have witnessed or experienced abused

REPORT IT

Local Safeguarding Contact
Details:

Kent County Council

Telephone: 03000 416161

Your contact at Cygnet Maidstone is:

Name: Laurie Burleton

Telephone: 01622 580 412

Name: Perri Osborne

Telephone: 01622 580 355

Advocacy Services at Cygnet Maidstone

There are two types of advocacy service at Cygnet Maidstone. Both services are valuable, but there are differences which are important to understand.

The Advocacy People offers our statutory **Independent Mental Health Advocate (IMHA)** service. This service is outsourced by Kent County Council.

IMHA's are offered to **any patients detained under the MHA** as soon as they are admitted and as part of clerking in, except when detained under Sections 4, 5 (2), 5 (4), 135 and 136). The IMHA role is to help individuals understand their rights under the Mental Health Act and the parts of the Act which apply to them. They help individuals to understand their treatment and the reasons for this treatment. They also help individuals understand the rights other people may have in relation to them under the Mental Health Act; such as their Nearest Relative. IMHAs can support individuals at their Tribunals and Manager Hearings, as well as attend Ward Rounds and CPAs to help an individual make their wants, wishes and feelings clear.

Any individual who lacks capacity to understand their rights under the Mental Health Act MUST be referred to the IMHA.

Advent Advocacy offers general advocacy for all individuals, whether or not they are detained under the Mental Health Act. It supports channels of communication between any individual and the ward or wider services (such as community teams or the Department of Work and Pensions) Advent Advocacy are very visible on all wards. At present we have Mark MacGregor and Victoria Hutchings; both visit our site regularly. They cannot attend Managers Hearing or Tribunals; though they may help individuals find a solicitor for their hearing

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**
- **Providing history/background information** about your family member/friend
- Engaging with **family sessions or assessments** with either psychology or occupational therapy
- Attending **Hospital and Family, Friends & Carer events**
- Completing the **Cygnets Family and Friends Satisfaction Questionnaire** (<https://www.surveymonkey.com/s/family-and-friends>)



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 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.

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 with service users, as this decision is likely to change during their admission. We at Cygnet Hospital Maidstone aim to support you during these times.

Clinical teams will be ready to focus on aspects of care which specifically relate to you. 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.

Carers Advocacy Service

Are you a carer whose loved one is staying in a Cygnet hospital? If you would like information on your rights, support in speaking up and being heard, help to raise a concern or just an opportunity to talk to someone independent of the hospital - then get in touch with one of our advocates today. This is a free service designed to help you to be involved in the care of your loved one.



Phone line: **0808 175 0787 (freephone)**

Email: **carers@katemercer-training.com**

Experienced advocates available to listen, inform and support you

Cygnet Advice and Liaison Service (CALs)



Improving lives together

Cygnet Advice and Liaison Service (CALs)

Cygnet Advice and Liaison Service (CALs) is a point of contact for Cygnet relatives, carers and friends who require non-clinical advice or assistance regarding Cygnet services.

CALs will liaise with the appropriate staff or service to ensure your suggestions, feedback or queries are addressed.

What does CALs offer?

- > Advice for relatives, carers, family and friends of Cygnet service users.
- > CALs will listen to your concerns, feedback and queries.
- > CALs can help sort out queries quickly on your behalf, by arranging for the appropriate staff to contact you.
- > Advice on how to make a complaint if necessary.
- > Referral to free, confidential and independent advocacy services.
- > CALs can signpost relevant local support and / or voluntary groups that can give advice.
- > CALs also helps to improve Cygnet services by listening to your feedback and suggestions.

What are CALs unable to help with?

- > CALs cannot give medical advice or information.
- > CALs is unable to discuss a medical diagnosis.
- > We are not able to share any confidential information.
- > CALs is unable to alter decisions made regarding care, treatment or discharge plans.
- > CALs cannot offer a counselling service.
- > CALs is unable to provide copies of an individual's medical records (however can signpost to the right department who can help with this).
- > CALs is unable to help with queries relating to primary care providers, such as your GP, pharmacist, or optician etc.

For more information or to submit an enquiry please email:

CALS@cygnethealth.co.uk

CALS is operational Tuesday, Wednesday, Thursday and Friday between 10am – 2pm, when a dedicated team will respond to queries.

Access to Policies and Procedures

If you would like access to policies or procedures you can contact ffcMaidstone@cygnethealth.co.uk or ask a member of the care team and someone will be able to support you with this

Accessing money

We have a chip and pin device in reception that is available to all service users. A bank card in **the service users name** is required to use the machine and knowledge of the pin. The service user can get up to £20 a day.

Contactless is not available. If no bank card can be provided money can be transferred to our Cygnet bank account and it will be withdrawn weekly on Fridays. The bank details are:

Cygnet Health Care Ltd
Account number: 36203157
Sort code: 56-00-60

Telephone, TV and Internet Use

Mobile phones are allowed on the ward with a restriction on camera usage and posting on Social Media. It will be individually risk assessed.

Service users are allowed a TV in their rooms. There is also a TV lounge on the ward for communal use.

There is daily internet access in the ward IT room. Wi-Fi is available for all service users.

We are Smoke Free



All Cygnet hospitals are 'smoke-free environment!'

Cygnet is dedicated to the recovery of our service users' physical health and not just their mental health, as such Bearsted Ward.

Service users will be encouraged to take part in our smoking cessation program and will be prescribed any Nicotine Replacement Therapy (NRT).

Only approved disposable vapes are allowed to be used in certain areas at the hospital. All unapproved vapes and e-cigarettes will be contraband. Patients with sec. 17 leave are still able to use these on their leave.

Hospital leave (Sec. 17)

There is access to fresh air in the garden terrace on our ward. Leave will be discussed in the first ward round within the first week.

Your relative/ 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.

What is Section 17 Leave?

Section 17 leave is planned leave outside of the hospital building which is usually an important part of preparing Service Users, over time, for discharge from hospital. For the service user and professionals involved in their care it will be a way of finding out how well a service user is progressing in their care and treatment.

Who can authorise Section 17 leave?

Only the Responsible Clinician (RC) can authorise Section 17 leave. They must ensure that proper discussions are held with the service user and other professionals involved in their overall care.

Visiting the Ward



Family, friends and carers are an important part of our service user's lives. Our wards actively encourage visitation from anyone who would like to visit. All visitors need to be approved prior the first visit. You will be contacted by our ward Social Worker.

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.

Preferred visiting times are : Our wards are **fairly flexible** with visiting times, although after lunch is most preferred.

Due to protected times for meals and medication, we cannot facilitate visits between 12:00 - 13:00 and 17:00 - 18:00

If you wish to visit outside of visiting times please arrange this with staff prior to your visit.

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 may sit inside 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 searched 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 Maidstone you will need to enter the main reception. 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. If you are bringing items 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.



Munchies Coffee Shop

Please note there is a resident shop and on-site coffee shop located in our reception area. We sell a selection of food, drinks, clothing, toiletries and stationery. It is run by our residents with the help of our Occupational Therapy staff.

When you visit your friend or family member please pop in and support us!

It's a perfect place for carers to meet their loved one's!

Opening times

**Mondays to Thursdays 10am-12pm
Fridays 10am-12pm and 1pm-3pm and
Saturdays 10am-12pm and 1pm-3pm**

Restricted / Prohibited Item List

Cygnets Hospital Maidstone constantly reviews our “blanket restrictions” to ensure that any restriction is necessary and proportionate.

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

Due to the service we provide 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

- | | |
|---|--|
| ⇒ Illicit or illegal drugs including legal highs. | ⇒ or anything with a sharp edge, or bladed objects |
| ⇒ Pornographic material as per our policy | ⇒ BlueTack, adhesive putty and chewing gum |
| ⇒ Flammable materials such as explosives, petrol and lighter fuels. | ⇒ Foil, plastic bags and Clingfilm |
| ⇒ Firearms or imitation firearms. Other weapons including knives | ⇒ Cans (Food or drink). Glass including bottles, jars, mirrors, photo frames |
| ⇒ Alcohol based products | ⇒ Chargeable vapes and liquids |
| ⇒ Detergent including bleach | ⇒ Stimulant energy drinks, such as Red Bull. |
| ⇒ Tools of any sort e.g. screwdrivers, hammers, scissors, blades, nail files, cutting tools, any kind of needles/pins/staples | |



Restricted

Restricted items are items where access is controlled and may be directed according to policy and individual risk assessment.

- | | |
|---|--|
| ⇒ Electrical devices (including smart phones) | ⇒ Scissors |
| ⇒ Nail Clipper | ⇒ Sewing or knitting equipment |
| ⇒ Cigarettes or other tobacco products including E-cigarettes (to be kept in Contraband Room). | ⇒ Hair clippers |
| ⇒ Disposable razors | ⇒ Over the counter medication/ herbal medication |
| ⇒ Batteries | ⇒ Pets |
| ⇒ Hair dye and hair removal creams | ⇒ Metal Water Bottles |
| ⇒ All solvents (nail polish and remover) | ⇒ DVDs/CDs |
| | ⇒ Keys |
| | ⇒ Non-chargeable vapes |

These lists are NOT exhaustive. 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.

Please have a think about our prohibited and restricted items when you are visiting someone in our hospital!

Thank you for your cooperation!

Compliments & Complaints

At Cygnet Maidstone 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.

It is possible for you to voice your concerns or compliments verbally, either in person or over the phone. If you are visiting Cygnet Hospital Maidstone and have something you want to mention then speak with either the nurse-in-charge or the ward manager directly.

Compliments

To share positive feedback with us please contact the ward direct either in writing or by phone. Feedback can also be provided online by using the Contact Us page, be sure to mention which service you want to feedback on

Complaints

We see complaints as a valuable source of feedback and we try to learn from problems to improve services for everyone. Whatever you think about our services or staff we want to hear from you.

Wherever possible we encourage local resolution of complaints. Often complaints are able to be resolved effectively by talking to those involved in the delivery of care, for example a nurse, ward manager or doctor. Local resolution is overseen by the Unit Manager and classed as Stage 1 of the Complaints process.

If individuals do not feel that their complaint has been resolved satisfactorily they may wish to use Stage 2 of the Complaint process and seek a review with the Cygnet Operations Director responsible for that service. In most cases it is possible to agree a resolution at Stage 1 or 2, however in the event that an individual is not satisfied they may wish to use the 3rd Stage of referring their complaint to the Chief Operating Officer. There is also a further opportunity for NHS patients to take their complaint to the Health Service Ombudsman.

Further details of our Complaints Procedure is readily available at each of our services.

Alternatively you can contact the Care Quality Commission (CQC).



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 Maidstone

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, which 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).

Informal patient

A person who is admitted informally when they want to receive treatment and agree to their admission.

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.

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.

Remember, taking care of yourself as a carer is equally important, and utilizing the resources available can help maintain your well-being and sustain your ability to provide care.



Improving lives together



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

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

Tips for Family, Friends and Carers



- 😊 Have an open and honest conversation with the person you care for and the people who are involved in the care.
- 😊 Try to develop and maintain a good relationship with the team who is caring for the person you care for
- 😊 Don't be shy to ask questions or complain if necessary and try to resolve the issue by speaking to the nursing team
- 😊 Accept help when offered. Your friend, your neighbour, your local carer support can be a life saver!
- 😊 Talk to other Carers. Speaking to someone in a similar situation is always helpful.
- 😊 Contact us to find out what support is available for carers at our hospital.

Web-links useful Contacts & Resources

Here are some useful links that you could find more information from.

- ⇒ **Action for Carers** - Carer-led organisation providing information and support for carers | **Web:** www.actionforcarers.org.uk
- ⇒ **Adult Carer Support Kent:**
 - Involve Kent Ltd** – covering East Kent 0330 320 4444
carers@involvekent.org.uk/[make-a-referral](http://www.involve.org.uk/make-a-referral) carers@involve.org.uk
 - Imago Community** – covering West Kent 0300 011 1965
kentcarers@imago.community /www.imago.community/kent-carers
- ⇒ **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 £81.90 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 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
- ⇒ **Cygnnet Health Care** - Cygnnet Hospital Maidstone website containing additional information | **Web:** <https://www.cygnnethealth.co.uk/locations/Cygnnet-Hospital-Maidstone> | **Tel:** 01622 580 330

- ⇒ **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
- ⇒ **Frank**—Concerned about a friend or a family member? What to do in emergency. Honest information about drugs **Web:** <https://www.talktofrank.com>
- ⇒ **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 Advocacy** - 3 organisations (independent of the NHS and KCC) that all specialise in providing different services across the county. Together, they offer their advocacy services under the same name. | **Web:** <https://www.theadvocacypeople.org.uk/kent-advocacy>
- ⇒ **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>
- ⇒ **Live well Kent** - Provide carers support and information to those who are caring for a relative or friend, who due to physical or mental illness, age related difficulties, disability or addiction, cannot manage without your support. **Tel:** 0300 302 0061 **Web:** <https://livewellkent.org.uk/>
- ⇒ **Mental Health Act 1983 Information** - The Mental Health Act (MHA) 1983 is the law in England and Wales which was updated in 2025 | **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
- ⇒ **Nearest Relative**—A trusted 'go-to' place for Nearest Relatives/Supporting you in your role. Whether you are new to the Nearest Relative role or looking for specific guidance, this is your space to develop and enhance your knowledge, understanding, and existing skills, connect with others, and feel supported. **Web:** www.nearestrelativeresources.bristol.ac.uk/
- ⇒ **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 Borders Web:** www.sabp.nhs.uk/recovery/recovery-college
 - **West & East Sussex web:** <https://www.sussexrecoverycollege.org.uk/>
 - **Kent and Medway web:** www.kentmedwaymentalhealth.nhs.uk/about-us/recovery-and-wellbeing-college/
- ⇒ **Richmond Fellowship** - National mental health charity making recovery reality for thousands of people every year. **Web:** www.richmondfellowship.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

How to find us

By car:

Cygnets Hospital Maidstone is situated on the outskirts of Maidstone, Kent just off junction 7 of the M20 motorway.

Take the exit off the roundabout for the A249 to Maidstone, stay in the left-hand lane and at the next roundabout take the turning for Bearsted. The hospital is sign posted from here

Please note that our official postcode is: **ME14 5FT**

By train:

Maidstone is served by three railway stations with trains from London and the surrounding areas of Kent. All three stations are within a ten-minute car journey to Cygnets Hospital Maidstone. Although, Bearsted is the closest station to Cygnets Hospital Maidstone please be aware that there are limited taxi services.

Bearsted – 1.3 miles

Maidstone East – 2 miles

Maidstone West - 2.5 miles

Maidstone Barracks – 3 miles

By bus:

You can get to Cygnets Maidstone Hospital by bus, take the number **9** or **509** from Maidstone town centre and disembark at the Vinters Park Crematorium stop. For more information, please see :

<https://www.arrivabus.co.uk/find-a-service/9-maidstone-to-grove-green-and-bearsted>



***If it matters to you it matters to us!
Do you have a complaint, comment,
compliment, concern...?***

Please do reach out to our *Carer Support Team* here at
Cygnet Hospital Maidstone!

Whether you need information, a moment to talk, or guidance on
how to take care of your own wellbeing,
Supporting **YOU** is at the heart of what we do!

As well you can support us by **completing surveys**.
Thank you for taking the time and doing so!



**Scan the QR Codes to
complete the surveys**

**Cygnet's Family Friends and
Carers Satisfaction Survey for
PICU & Acute Wards**

<https://cygnethealth.surveyoptic.com/Acute-PICU-Carer>



**Cygnet's Family Friends and
Carers Satisfaction Survey for
Hospitals**

<https://cygnethealth.surveyoptic.com/Healthcare-Inpatient-Carer>

Contact Us



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Way, Weaving, Maidstone, ME14 5FT **Call: 01622058030**

Website: www.cygnetgroup.com **Email:** ffcmaidstone@cygnethealth.co.uk