

**Memorandum of Understanding
between
An Garda Síochána and the HSE on
Removal to or Return of a person to an
Approved Centre in accordance with
Section 13 & Section 27, and the
Removal of a person to an Approved
Centre in accordance with Section 12, of
the Mental Health Act 2001**

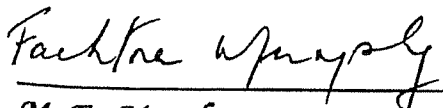


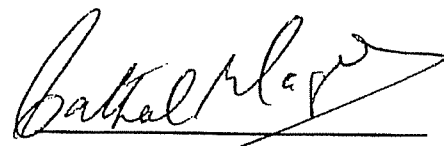
Foreword

The Memorandum of Understanding between An Garda Síochána and the Health Service Executive has been developed in order to provide an appropriate response in respect of the removal or return of persons to approved centres in accordance with the Mental Health Act 2001. An Garda Síochána and the Health Service Executive are the key agencies empowered by law to carry out these functions. Mutual understanding and cooperation is essential in ensuring that these roles are carried out effectively.

The purpose of this Memorandum of Understanding is to update existing arrangements with respect to the removal or return of persons to approved centres. Amongst the aims include the development of formal liaison systems between the Mental Health Services and An Garda Síochána as recommended in the Report of the Joint Working Group on Mental Health Services and the Police 2009 and the establishment of a good working relationship between the Mental Health Service and An Garda Síochána in respect of collaboration in addressing the needs of persons with mental ill health.

The Memorandum of Understanding is a joint initiative by An Garda Síochána and the Health Service Executive to maximise interagency co-operation and to promote the welfare and safety of persons with mental ill health.


M. F. Murphy
Commissioner of
An Garda Síochána.


Mr. Cathal Magee
Chief Executive Officer
Health Services Executive

15th September 2010

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Terms of Reference for Liaison arrangements between An Garda Síochána and HSE Mental Health Services at Divisional/Approved Centre level.

1. The development of formal liaison systems between Mental Health Services and An Garda Síochána as recommended in the Report of the Joint Working Group on Mental Health Services and the Police 2009,
2. Establish a good working relationship between the Mental Health Service and An Garda Síochána in respect of collaboration on addressing the needs of persons with mental ill health,
3. Ensure the implementation of the Memorandum of Understanding between An Garda Síochána and the HSE on Removal to or Return of a person to an Approved Centre in accordance with section 13 and section 27, and the Removal of a person to an Approved Centre in accordance with section 12, of the 2001 Act,
4. Monitor in particular the interface between the two services in relation to the involuntary admission of persons to approved centres as provided for in sections 12, 13 and 27 of the 2001 Act and address any issues arising,
5. Identify named persons at the appropriate operational level within both services as the initial point of contact when operational issues arise,
6. Establish the operational boundaries of the respective services, and
7. Schedule meetings as appropriate to discharge the Terms of Reference.

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**Memorandum of Understanding between
An Garda Síochána and the HSE on
Removal to or Return of a person to an Approved Centre in accordance with
Section 13 & Section 27, and the Removal of a person to an Approved Centre in
accordance with Section 12, of the Mental Health Act 2001**

1. Guiding Principles:

- 1.1 The right to liberty is a fundamental personal and human right under the Irish Constitution and the European Convention on Human Rights and Fundamental Freedoms. A person may only be deprived of the right to liberty strictly in accordance with the law.
- 1.2 The Mental Health Act 2001 (2001 Act) makes provision for the involuntary admission of a person to an approved centre for assessment, care and treatment in certain circumstances. The 2001 Act specifies that the best interest of the person shall be the principal consideration in the making of any decisions under the 2001 Act.
- 1.3 It further specifies that:
In making a decision under this Act concerning the care or treatment of a person (including a decision to make an admission order in relation to a person) due regard shall be given to the need to respect the right of the person to dignity, bodily integrity, privacy and autonomy.” (Section 4 (3) of the 2001 Act).

2. Definitions

- 2.1 **The 2001 Act:** Means the Mental Health Act 2001.
- 2.2 **Assisted Admission Team:** Suitably qualified staff of the approved centre (nursing, medical, allied health professionals, care staff) or other authorised persons who are deployed to remove or return a person to the approved centre.
- 2.3 **Assisted Admission Site:** The address, residence or current location of the person the subject of the application and recommendation.
- 2.4 **Assisted Admission:** Where a recommendation under section 10 of the 2001 Act is made and the applicant concerned (other than an application made under section 12 of the 2001 Act) is unable to arrange for the removal of the person to the approved centre the clinical director of the approved centre specified in the recommendation or a consultant psychiatrist acting on his or her behalf shall, at the request of the registered medical practitioner who made the recommendation, arrange for the removal of the person to the approved centre by members of the staff of the approved centre or other authorised persons or where a patient (including a child) is absent without leave from the approved centre (Section 27, 2001 Act) the clinical director of the approved centre concerned may arrange for members of the staff of the approved centre or other authorised persons to bring the patient back to the approved centre.

- 2.5 **Authorised person:** Means a person who is for the time being authorised pursuant to section 71A (2) of the 2001 Act to provide services relating to the removal to or bringing back of a person to an approved centre.
- 2.6 **Team leader:** A member of the assisted admission team with overall responsibility for the decision making and direction of the assisted admission.
- 2.7 **Removal:** Means removal under sections 12 or 13 of the 2001 Act.
- 2.8 **Return:** Means return under section 27 of the 2001 Act.

3. **Basis for collaboration between staff of the approved centre or other authorised persons and An Garda Síochána in respect of Section 13 removal or Section 27 return**

The removal of a person to an approved centre under section 13 is the responsibility of the applicant and where the applicant is unable to arrange the removal, such removal becomes the responsibility of the clinical director of the approved centre who arranges it to be conducted by staff of the approved centre or other authorised persons. The return of a patient under section 27 is also the responsibility of the approved centre. Assisted admissions are planned interventions informed by the therapeutic skills of mental health professionals.

Two sections in the 2001 Act provide for the clinical director of the approved centre or consultant psychiatrist acting on his/her behalf to request An Garda Síochána to **assist** the staff of the approved centre to effect the removal or return of a person to the approved centre:

3.1 **Section 13 Removal of Persons to Approved Centres**

Where the clinical director of the approved centre or a consultant psychiatrist acting on his or her behalf and the registered medical practitioner who made the recommendation are of opinion that there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons, the clinical director or a consultant psychiatrist acting on his or her behalf may, if necessary, request An Garda Síochána to assist the staff of the approved centre or authorised persons in their removal of the person to that centre and An Garda Síochána **shall comply** with any such request.

Where a request is made to An Garda Síochána as above a member or members of An Garda Síochána may –

- Enter if need be by force any dwelling or other premises where he or she has reasonable cause to believe that the person concerned may be, and
- Take all reasonable measures necessary for the removal of the person concerned to the approved centre including, **where necessary**, the **detention or restraint** of the person concerned.

3.2 Section 27 - Absence without leave

This section applies to patients, including detained children, who leave approved centres without permission, who fails to return to the approved centre or who fails to comply with the conditions of a temporary permission to leave a centre.

Where a patient is absent without leave the clinical director of the approved centre concerned or a consultant psychiatrist acting on his/her behalf may arrange for the staff of the approved centre or authorised persons to bring the patient back to the approved centre or, if they are unable to do so and the clinical director or consultant psychiatrist acting on his/her behalf is of the opinion that there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or other persons, the clinical director or a consultant psychiatrist acting on his/her behalf may, if necessary, request An Garda Síochána to assist the members of the staff of the approved centre or authorised persons in their removal to that centre and An Garda Síochána **shall comply** with any such request.

Where a request is made to An Garda Síochána as above a member or members of An Garda Síochána may –

- Enter if need be by force any dwelling or other premises where he or she has reasonable cause to believe that the patient may be, and
- Take all reasonable measures necessary for the return of the patient to the approved centre including, **where necessary**, the **detention or restraint** of the patient concerned.

In this section “patient” includes a child in respect of whom an order under section 25 is in force.

4. Standard procedures on receipt of request to provide an assisted admission

4.1 Risk Screening/ Assessment

4.1.1 Risk screening prior to deployment of the Assisted Admission Team.

Risk screening/assessment is conducted by the registered medical practitioner who sees the person and is discussed with the clinical director or consultant psychiatrist acting on his/her behalf to determine if there is the serious likelihood of the person concerned causing immediate and serious harm. Where in the course of this assessment it is determined that there is a serious likelihood of the person causing immediate and serious harm to himself or herself or to other persons the clinical director or consultant psychiatrist acting on his/her behalf may request An Garda Síochána to assist in the removal of the person to the approved centre.

Where an Authorised Officer (officer of the Health Service Executive) is the applicant the initial risk assessment conducted by the Authorised Officer will be made available to the clinical director or consultant psychiatrist acting on his/her behalf.

Where the person is known to the mental health service, information on risk is collated and evaluated. This includes where possible a review of the medical

notes, information from the applicant, from the General Practitioner or other relevant sources.

The Assisted Admission Team is fully briefed on information available before deployment.

4.1.2 **Risk Assessment at the site**

The on site risk assessment will be conducted by the team leader at the site. The potential or actual risks to the person, the Assisted Admission Team or any other person will be assessed by the Assisted Admission Team. This will form the basis of a decision by the team leader on how to proceed with the Assisted Admission.

4.1.3 **Continuous Risk Assessment during the removal/return to the approved centre**

Risk assessment by the Assisted Admission Team continues throughout the conduct of the removal/return to the approved centre and if at any point the risk escalates significantly the team leader will inform An Garda Síochána immediately and seek their assistance. Further guidance on this matter is provided in section 5 of this memorandum, in particular paragraphs 5.7, 5.8, 5.9 and 5.10 as appropriate.

4.2 **De-escalation and eliciting co-operation in the course of Assisted Admission**

4.2.1 The Team Leader will make every effort to elicit the person's co-operation with the removal/return to the approved centre.

4.2.1.1 The Team Leader will make all reasonable efforts to identify himself/herself to the person subject of the Assisted Admission

4.2.1.2 The Assisted Admission Team will use their therapeutic skills to address any presenting concerns or anxieties, to provide reassurance and create a calm environment to the extent possible in the circumstances.

4.2.1.3 The Assisted Admission Team will take time to inform the person concerned of the process and reason for the Assisted Admission, the person's rights and the person's options to make representations related to the process to the extent that the circumstances permit.

4.2.1.4 The Assisted Admission Team will use their therapeutic skills to elicit the person's cooperation to effect the removal of the person to the approved centre.

4.2.1.5 The Assisted Admission Team will continue to proceed in a manner calculated to maintain the co-operation of the person with the Assisted Admission.

4.2.2 If after all avenues of communication have failed to persuade the person, subject of an application and recommendation, to come to the approved centre with the Assisted Admission Team and there is a "*serious likelihood of the person concerned causing immediate and serious harm to himself or herself or other*

persons” the Team Leader will request An Garda Síochána on site to assist in removing the person to the approved centre. Further guidance on this matter is provided in section 5 of this memorandum, in particular paragraphs 5.7, 5.10 and 5.12.

4.3 **Registered Medical Practitioner**

The Registered Medical Practitioner making the recommendation for an involuntary admission will determine on the basis of his/her assessment of the person if they need to accompany the person during the Assisted Admission.

4.4 **Sharing Information**

Relevant information relating to risk screening/assessment should be shared with An Garda Síochána in order to assist An Garda Síochána in carrying out their own risk assessment. When An Garda Síochána is contacted in relation to the removal/return of a person to an approved centre and if they are in possession of any relevant information relating to risk posed by the person concerned this should be shared with the Assisted Admission Coordination/Team Leader. The information should be shared in circumstances where such information is required urgently to prevent injury or other damage to the health of a person or serious loss of or damage to property.

5. Joint understanding on respective roles in effecting the removal/return to the approved centre under Sections 13 and 27

- 5.1 When the Mental Health Service is planning the involuntary admission of a person for assessment, care and treatment under the provisions of the 2001 Act it will alert An Garda Síochána of such plan by informing the local Garda Station of the time and location of the intervention.
- 5.2 The Mental Health Service will dispatch an Assisted Admission Team trained specifically for this duty to effect a removal.
- 5.3 The Assisted Admission Team will have a copy of the correctly completed Application and Recommendation forms relating to the person who is to be removed to the approved centre.
- 5.4 Where there is serious likelihood that the person will cause immediate and serious harm to himself/herself or to others the clinical director or a consultant psychiatrist acting on his or her behalf may request the presence of An Garda Síochána at the location of the intervention. An Garda Síochána **shall** comply with this request.
- 5.5 Where such a request is made orally it will be followed up in writing as soon as practicable.
- 5.6 The Assisted Admission Team will take the lead on the removal of the person from the location to the approved centre and An Garda Síochána will act in an assistance role. The Team Leader of the Assisted Admission Team will maintain ongoing communication with An Garda Síochána present, monitoring the progress of the intervention.
- 5.7 If after all avenues of communication have failed to persuade the person, subject of an application and recommendation, to come to the approved centre with the Assisted

Admission Team and there is a “*serious likelihood of the person concerned causing immediate and serious harm to himself or herself or other persons*” the Team Leader will request An Garda Síochána on site to assist in removing the person to the approved centre. An Garda Síochána may exercise their powers under section 13(4) or section 27(2) of the 2001 Act as they deem appropriate. In such circumstances the staff of both agencies will continue to collaborate closely with each other to effect the safe removal of the person to the approved centre.

- 5.8 In circumstances where an application and recommendation for involuntary admission have been made but contact has not yet been established with the approved centre and there is a serious likelihood of the person causing immediate and serious harm to himself or herself or to others and An Garda Síochána are called, they will respond and take whatever lawful measures are necessary in order to prevent the person causing serious harm to himself or herself or to others.
- 5.9 In circumstances where the lawful request has been made and An Garda Síochána are on site **before** the arrival of the Assisted Admission Team and there is a serious likelihood of the person causing immediate and serious harm to himself or herself or to others An Garda Síochána will take all reasonable measures in the circumstances, including where necessary, the detention or restraint of the person concerned (section 13(4)(b) or 27(2)(b) of the 2001 Act as the case may be). This may require the removal/detention of the person to the Garda station pending the arrival of the Assisted Admission Team to remove the person to the approved centre. Section 12 **shall not** be invoked where a sections 13 or 27 procedure has been commenced.
- 5.10 In circumstances where the Assisted Admission Team are on site and there is a real risk to person or property as a result of the persons actions or behaviour **and no lawful request has been made** under section 13 or 27 of the 2001 Act by the clinical director or consultant psychiatrist acting on his/her behalf to An Garda Síochána to assist in the removal of the person, there will be an obligation on An Garda Síochána to take whatever lawful measures as are necessary in the circumstances to protect such persons or property. This action will not amount to an assisted removal/return under section 13 or 27 of the 2001 Act. Again, section 12 shall not be invoked where a sections 13 or 27 procedure has been commenced.
- 5.11 In circumstances where An Garda Síochána has been requested to assist in the removal/return of the person to the approved centre the registered medical practitioner making the recommendation will determine whether it is necessary to have a registered medical practitioner or a paramedic present during the removal to monitor the physical well being of the person concerned.
- 5.12 In any case where removals or returns in accordance with sections 13 or 27 of the 2001 Act have been initiated, the person concerned **shall not** be transported to an Approved Centre in a Garda vehicle but An Garda Síochána may travel in the designated vehicle if requested.

6. **Section 12 Powers of An Garda Síochána to take person believed to be suffering from a mental disorder into custody**

- 6.1 Where a member of An Garda Síochána has reasonable grounds for believing that a person is suffering from a mental disorder and that because of the mental disorder there is a serious likelihood of the person causing immediate and serious harm to himself or

herself or to other persons, the member may either alone or with any other members of An Garda Síochána -

- (a) Take the person into custody, and
 - (b) Enter if need be by force any dwelling or other premises or any place if he or she has reasonable grounds for believing that the person is to be found there.
- 6.2 Where a person has been taken into custody a member of An Garda Síochána shall make an application for a recommendation to a registered medical practitioner forthwith to have the person admitted involuntarily. The application is made on MHC Form 3, **Application (to a registered medical practitioner) by a member of An Garda Síochána for a recommendation for involuntary admission of an adult (to an approved centre)**. The recommendation by the registered medical practitioner is made on MHC Form 5, **Recommendation (by a registered medical practitioner) for involuntary admission of an adult (to an approved centre)**.
- 6.3 Where a recommendation is made, a member of An Garda Síochána shall remove the person to the approved centre specified in the recommendation. Both MHC 3, **Application (to a registered medical practitioner) by a member of An Garda Síochána for a recommendation for involuntary admission of an adult (to an approved centre)** and MHC 5, **Recommendation (by a registered medical practitioner) for involuntary admission of an adult (to an approved centre)**, Forms must accompany the patient to the approved centre. See also paragraph 7.3. If an application for a recommendation is refused, the person subject to the application shall be released from custody immediately.
- 6.4 If a person is taken into custody on a subsequent occasion and a recommendation sought, the member of An Garda Síochána applying for such recommendation **shall** inform the subsequent registered medical practitioner, whether or not a request is made by the registered medical practitioner, of the facts relating to any previous application and its refusal in so far as he or she is aware of them. **Failure to do so is an offence.**
- 6.5 All applications under **section 12**, made to and refusals by registered medical practitioners shall be recorded on **PULSE** to enable An Garda Síochána to comply with its obligations in regard to the disclosure of previous applications for involuntary admission.

7. Joint understanding on respective roles in respect of a Section 12 Removal

- 7.1 When initiating a section 12 removal An Garda Síochána will contact the local approved centre, when Form 5, **Recommendation (by a registered medical practitioner) for involuntary admission of an adult (to an approved centre)** has been completed by a registered medical practitioner, to inform the approved centre of the recommendation and giving such information as will assist the centre to prepare for the reception of the person.
- 7.2 On receipt of the recommendation An Garda Síochána will present the person to the approved centre with MHC Form 3, **Application (to a registered medical practitioner) by a member of An Garda Síochána for a recommendation for involuntary admission of an adult (to an approved centre)** and Form 5, **Recommendation (by a registered medical practitioner) for involuntary admission of an adult (to an approved centre)** correctly completed.

- 7.3 An Garda Síochána will continue to accompany the person at the approved centre until a preliminary medical examination of the person has been completed by a registered medical practitioner.
- 7.4 The preliminary medical examination will be completed as soon as possible after reception. This should be completed within one hour after arrival.
- 7.5 Where the approved centre refuses an admission and if the circumstances require, members of An Garda Síochána will take the person back to the place from which he/she was taken.

8. Annex

The Annex details the HSE Policy in relation to an Assisted Admission (Removal of the Person to the Approved Centre Section 13 Mental Health Act 2001) and Assisted Return (Return of a person to the Approved Centre Section 27 Mental Health Act 2001).

The Annex does not form part of this Memorandum of Understanding between An Garda Síochána and the HSE on Removal to or Return of a person to an Approved Centre in accordance with Section 13 & Section 27, and the Removal of a person to an Approved Centre in accordance with Section 12, of the Mental Health Act 2001.

The HSE Policy in relation to Assisted Admissions is Annexed for **informational purposes only**.

Annex

HSE POLICY on:

Assisted Admission (Removal of the Person to the Approved Centre Section 13 Mental Health Act 2001) and Assisted Return (Return of a person to the Approved Centre Section 27 Mental Health Act 2001).

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1.0 Policy Statement:

- 1.1 The right to liberty is a fundamental personal and human right under the Irish Constitution and the European Convention on Human Rights and Fundamental Freedoms. A person may only be deprived of the right to liberty strictly in accordance with the law.
- 1.2 Section 13 of the Mental Health Act 2001 (MHA) makes provisions for the removal of a person to an approved centre. An application must be made to a registered medical practitioner and a recommendation must then be made by the registered medical practitioner to have an individual involuntarily detained in an approved centre.
- 1.3 Where a recommendation is made the applicant concerned shall arrange for the removal of the person to the approved centre. However if the applicant is unable to arrange for the removal of the person concerned to the approved centre, the clinical director of the approved centre or the consultant acting on his/her behalf shall at the request of the registered medical practitioner who made the recommendation arrange for the removal of the person to the approved centre by members of staff of the approved centre.
- 1.4 Where an assisted admission is requested it shall be commenced and completed without any undue delay.
- 1.5 The removal of a person to an Approved Centre must comply with the MHA 2001, therefore the application and Recommendation to have a person involuntarily admitted to the approved centre must be strictly in compliance with the MHA 2001.
- 1.6 Section 27 of the MHA 2001 makes provisions for the return of a person to an approved centre by staff of the approved centre.
- 1.7 The removal of a person or the return of a patient to an approved centre is a planned intervention informed by the therapeutic skills of mental health professionals.
- 1.8 A person's right to information is vital in all aspects of mental health care and they must, as far as is reasonable practicable, be provided with information in relation to the assisted admission in a manner and form that they understand. They should also be allowed to make representations in relation to it and due consideration to those representations must be made under the MHA 2001.
- 1.9 The transfer of a person to another Approved Centre or service **is not** an Assisted Admission.

2.0 Policy Purpose:

- 2.1 Human and civil rights are a fundamental tenet of our society. Such rights are enshrined in the Irish Constitution and in the European Convention on Human Rights Act 2003. For mental health service users those rights are paramount and form the foundation of excellence in mental health practice. In making a decision under the Mental Health Act 2001 concerning the care or treatment of a person, including a decision to make an admission order or an assisted admission to an approved centre "the best interests of the person concerned shall be the principal consideration with due regard being given to the interests of other persons who may be at risk of serious

harm if the decision is not made" (section 4(1), MHA 2001,). The removal of a person or return of a person to an approved centre is a planned intervention informed by the therapeutic skills of mental health professionals where "due regard shall be given to the need to respect the right of the person to dignity, bodily integrity, privacy and autonomy" (section 4(3), MHA 2001,).

- 2.2 The purpose of this policy is to guide staff of the approved centre in the provision of Assisted Admissions related to section 13 (removal of a person to an Approved Centre) and section 27 (Absent without Leave) of the MHA 2001.
- 2.3 This policy aims to ensure that the most appropriate, most sensitive, discreet, safest and least restrictive method of conveying the person (whom a recommendation applies) to the Approved Centre is used, ensuring that risk is minimised to the person or to others.

3.0 Scope of Policy:

- 3.1 This policy relates to all staff of the Approved Centre, in particular staff who are members of the assisted admission team, or persons involved in the arranging and or co-ordination of assisted admissions.
- 3.2 This policy should be read in conjunction with the MHA 2001, S.I. No 551 of 2006, Mental Health Act (2001) (Approved Centres) Regulations and other relevant documentation from the Mental Health Commission.

4.0 Definitions:

- 4.1 Applicant: means a person who under section 9 of the MHA 2001, may make an application to a registered medical practitioner to have a person involuntarily admitted to an Approved Centre.
- 4.2 Application: means an application (to a registered medical practitioner by a person under section 9 of the MHA 2001) for a recommendation that a person be involuntarily admitted to an Approved Centre.
- 4.3 Patient: A person to whom an admission order or renewal order pursuant to the Mental Health Act 2001 relates.
- 4.4 Admission order: An order (signed by a consultant psychiatrist responsible for the care and treatment of the patient) for the reception, detention and treatment of the person the admission order relates to (MHA 2001, section 14(1)(a)).
- 4.5 Approved "Centre": a hospital or other inpatient facility for the care and treatment of persons suffering from mental illness or mental disorder (section 62, MHA 2001).
- 4.6 Assisted Admission: Where a recommendation under section 10 of the MHA 2001 is made and the applicant concerned (other than an application made under section 12 of the MHA 2001) is unable to arrange for the removal of the person to the Approved Centre the clinical director of the approved centre specified in the recommendation or a consultant psychiatrist acting on his or her behalf shall, at the request of the registered medical practitioner who made the recommendation, arrange for the removal of the person to the approved centre by members of the staff of the approved

centre or where a patient (including a child) is absent without leave from the approved centre (Section 27, MHA 2001), the clinical director of the approved centre concerned may arrange for members of the staff of the approved centre to bring the patient back to the approved centre.

4.7 Assisted Admission Coordinator: A senior nurse manager of the Approved Centre who coordinates the assisted admission.

4.8 Authorised Officer: An officer of the Health Service Executive who is of a prescribed rank or grade and who is authorised by the Health Service Executive to make an application under section 9 of the MHA 2001.

“For the purposes of section 9 of the Mental Health Act 2001, the rank and grade of “authorised officer” is hereby prescribed as Local Health Manager, General Manager, Grade VIII, Psychiatric Nurse, Occupational Therapist, Psychologist or Social Worker”. (Mental Health Act 2001 (Authorised Officer) Regulations). Subject to section 9(2) of the Mental Health Act 2001).

4.9 Authorised Person: in relation to the removal pursuant to section 13 (MHA 2001), or the bringing back pursuant to section 27 (MHA 2001) of a patient to an approved centre, means a person who is for the time being authorised pursuant to section 71A(2) of the Health (Miscellaneous Provisions) Bill 2009 to provide services relating to such removal (Appendix 1).

4.10 The Person: means the individual to whom an application and recommendation relates.

4.11 Relevant Individual: in this policy means a family member, relative, carer, neighbour, advocate or authorised officer.

4.12 Renewal Order: An order extending the period of detention of the person (section 15(2) and 15(3), MHA 2001).

4.13 Registered Proprietor: means the person whose name is entered in the register of approved centres as the person carrying on the centre (section 62, MHA 2001).

4.14 Staff of the Approved Centre: Means suitably qualified persons (nursing, medical, allied health professionals and care staff) who are or can be deployed to work in the Approved Centre, including an authorised person/s.

5.0 Responsibilities:

5.1 Organisational:

5.1.1 The HSE is responsible for the provision of adequate resources to effect assisted admissions for the Approved Centre concerned.

5.1.2 The HSE is responsible for the provision of training to mental health service personnel involved in assisted admissions.

5.2 Management:

- 5.2.1 It is the responsibility of the mental health services senior management team to monitor the implementation of this policy.
- 5.2.2 It is the responsibility of the mental health services senior management team to ensure this policy is reviewed within the allocated time frame and or as a result/outcome of incidents accidents/complaints or changes to legislation.
- 5.2.3 It is the responsibility of the appropriate service line manager to ensure that members of the Assisted Admission team are adequately prepared for the role in terms of competence and training.
- 5.2.4 It is the responsibility of the mental health services senior management team to ensure that advocacy services are in place so that where a patient requests a review of their assisted admission, that they have access to an independent advocate to conduct such a review with the patient. This process should include where necessary access to a responsive, fair and formal complaints procedure.

5.3 Staff:

- 5.3.1 It is the responsibility of all staff to be aware of and adhere to this policy.
- 5.3.2 All staff will be required to sign that they have read and understand this policy.
- 5.3.3 It is the responsibility of all staff to ensure that they are familiar with the Mental Health Act 2001 and other relevant legislation governing the delivery of mental health services.

6.0 Procedure:

- 6.1 Under the section 13(1), MHA 2001 the **applicant** should arrange the removal of the person the subject of the recommendation to the Approved Centre specified in the recommendation.
- 6.2 If the applicant is unable to make such arrangements, the registered medical practitioner who made the recommendation must request the clinical director of the approved centre or consultant psychiatrist acting on his/her behalf specified in the recommendation to arrange for members of staff of the approved centre to remove the person to that centre (section 13(2), MHA 2001).
- 6.3 Before the initiation of the assisted admission, the assistance of the Gardaí may be requested by the clinical director of the approved centre or consultant psychiatrist acting on his/her behalf, if the clinical director of the approved centre or consultant psychiatrist acting on his/her behalf **and** the registered medical practitioner are of the opinion that there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or others (section 13(3), MHA 2001) (see also 9.6 &.9.7)

- 6.4 Members of the Gardaí are empowered to “enter, by force if necessary, any premises where they have reasonable cause to believe the person concerned may be and may take all reasonable measures necessary for the removal of the person to the approved centre including the detention or restraint of the person concerned” (section 13(4), MHA 2001).
- 6.5 During the assisted admission process all reasonable efforts should be made to protect the privacy and dignity of the person concerned.
- 6.6 The assisted admission team will make every effort to gain the cooperation of the person during the assisted admission process. Ensuring that adequate information is provided to the person on the procedure for assisted admission.
- 6.7 An assisted admissions log should be used in each approved centre to collect information relating to assisted admissions.

7.0 Assisted Admission Team:

- 7.1 The assisted admission team will consist of a minimum of a team leader and two other staff, at least one of whom will be a registered psychiatric nurse.
- 7.2 Where the person for admission is female, at least one of the team members should be female.
- 7.3 The team members will have read and be familiar with the policy on assisted admissions and the Mental Health Act 2001.
- 7.4 An education/training programme specific to assisted admissions is being developed and will be available to staff undertaking the role of assisted admission team member.
- 7.5 The assisted admission’s coordinator will nominate the team leader who will be given a mobile phone for the period of the assisted admission.
- 7.6 Where an assisted admission is proposed, the community mental health services, including the community mental health nurse/community key worker, should be involved at the earliest stage of the process, where possible.
- 7.7 Other members of the mental health service may be required to assist at the location of the person.
- 7.8 On deployment the assisted admission team leader will ensure that the assisted admission team are in possession of emergency equipment which may be required during the assisted admission (Appendix 2).

8.0 Role of the Clinical Director or Consultant psychiatrist acting on his/her behalf:

- 8.1 The registered medical practitioner shall arrange for the application and recommendation forms to be sent to the clinical director or consultant psychiatrist acting on his/her behalf of the approved centre concerned

(section 10(4), MHA 2001). (A referral letter, requesting an assisted admission to the approved centre and detailing the patient's relevant clinical details, should also be sent to the approved centre by the registered medical practitioner).

- 8.2 The registered medical practitioner should ensure that the referral letter, application and recommendation forms are delivered to the approved centre. Where circumstances require, a faxed copy may suffice at this initial stage, if the registered medical practitioner has given assurances that the original forms are available for collection by the assisted admission team prior to the removal of the individual to the approved centre.
- 8.3 The application and recommendation forms will be reviewed to ensure they are correctly and fully completed (see 12.2).
- 8.4 Where the application and recommendation forms are faxed to the approved centre by the registered medical practitioner, the original forms must be present at the site where the assisted admission is taking place. The original forms are checked by the assisted admission team leader to ensure that the assisted admission is effected in compliance with the MHA 2001.
- 8.5 Where the clinical director or consultant psychiatrist acting on his/her behalf and the registered medical practitioner consider there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to others, the clinical director or consultant psychiatrist acting on his/her behalf, may request the Gardaí to assist the staff of the approved centre in the removal of the person to the approved centre (section 13(3), MHA 2001).
- 8.6 The clinical director or consultant psychiatrist acting on his/her behalf will discuss the case with appropriate staff to arrange the assisted admission of the person concerned.
- 8.7 The clinical director or consultant psychiatrist acting on his/her behalf or non consultant hospital doctor (under the supervision of a consultant psychiatrist acting on his/her behalf) will complete and sign part 1 (authorising the assisted admission) of the assisted admission recording form (Appendix 4).

9.0 Role of the Assisted Admission Coordinator:

- 9.1 The assisted admission coordinator will coordinate the formation of the assisted admission team and the nomination of the team leader.
- 9.2 The mode of transport is determined by the person's clinical condition and following discussion between the assisted admission coordinator, the clinical director or consultant psychiatrist acting on his/her behalf and ambulance control (see 16.1).
- 9.3 The assisted admission coordinator will liaise with the assisted admission team leader in relation to transport of the patient and ensuring that the process of assisted admission is safely managed.

- 9.4 The assisted admission coordinator will complete the assisted admission check list prior to the assisted admission team deployment (Appendix 3).
- 9.5 The assisted admission coordinator will communicate with the team leader and/or others as appropriate in relation to any difficulties that may arise during the process of Assisted Admission.
- 9.6 The assisted admission coordinator will liaise with the Gardaí in the area of the assisted admission to inform them of the date, time and location of an assisted admission and to inform them that they may be requested to assist the assisted admission team.
- 9.7 The assisted admission coordinator will pass on a contact name and number of the Gardaí to the assisted admission team leader.
- 9.8 The assisted admission coordinator will liaise with the applicant or Authorised Officer (if they are the applicant) and the registered medical practitioner who made the recommendation and inform them of the date and time of the assisted admission. The assisted admission coordinator will also inform them that their assistance may be required at the assisted admission site especially if the registered medical practitioner **has not informed** the person that an application and recommendation has been completed for their involuntary admission to the approved centre.
- 9.9 If necessary, the assisted admission coordinator will liaise with the applicant, next of kin or relevant other to check that appropriate steps are taken for the care of children/dependants, the security of the person's accommodation, and/or care of animals while the person is admitted to the approved centre.
- 9.10 Where assisted admission is not conducted by the external provider, the assisted admission coordinator will review the assisted admission with the assisted admission team on completion of the assisted admission.
- 9.11 The assisted admission coordinator will arrange a review session for the person concerned (and the family) if requested.
- 9.12 The assisted admission coordinator will complete and sign part 2 of the assisted admission recording form (Appendix 4).

10.0 Role of Assisted Admission Team Leader:

- 10.1 It is the responsibility of the assisted admission team leader to ensure that the application and recommendation form or a copy of same are in their possession before the assisted admission team depart from the approved centre or meeting point.
- 10.2 The team leader will ensure that documentation pertaining to the assisted admission is in order and available to show Gardaí and other relevant people during the assisted admission.
- 10.3 The team leader is responsible for the identification of the person and must satisfy themselves that they can correctly identify the person whom the

application and recommendation applies to. The team leader may request the assistance of the applicant, family, registered medical practitioner, authorised officer, community mental health nurse, key worker or any other appropriate person for this purpose.

- 10.4 The team leader is responsible for ensuring that they have received all available relevant information regarding the assisted admission.
- 10.5 The team leader is responsible for ensuring that an on site risk assessment is conducted.
- 10.6 The team leader will have regard for the safety and welfare of all involved and will contact the Gardaí for their assistance in situations of **immediate and serious risk**.
- 10.7 The team leader will take a lead in decision making to ensure a safe transfer, such as obtaining information and communicating with the approved centre and or assisted admission coordinator.
- 10.8 The team leader will ensure that the assisted admission team are acquainted with the risk screening carried out on the person for admission and all other relevant clinical information.
- 10.9 The team leader will ensure that the assisted admission team familiarise themselves with the layout of the location the person is (in as much as is reasonable possible) where and liaise with relevant persons such as family members/carers and health professionals who may introduce the team to the person for admission.
- 10.10 The team leader will maintain contact with relevant individuals to obtain directions to the location of the person and update them on the arrangements prior to the assisted admission. The team leader will also inform them when the person has been admitted to the approved centre and will arrange a review session with the family and the community Mental Health/key worker Nurse following the assisted admission (if requested).
- 10.11 The team leader will determine from the assisted admissions coordinator whether checks have been made (where required) that the relevant steps have been taken for the care of children/dependants, the security of the person's accommodation, and care of animals while the person is admitted to the approved centre (see 9.9).
- 10.12 The team leader will make every effort to elicit the person's cooperation with the assisted admission.
- 10.13 If the person is uncooperative the team leader will decide the approach required to effect the assisted admission and communicate this to the assisted team members.
- 10.14 The team leader is responsible for completing a report following the assisted admission (Appendix 5).

11.0 Steps in Risk Assessment:

- 11.1 Step 1: Registered Medical Practitioner making the recommendation performs and documents a risk screening.
- 11.2 Step 2: Information on the risk screening is taken by the medical staff of the mental health services (Appendix 6).
- 11.3 Step 3: Where the person is known to the mental health services information on risk is collated and evaluated (e.g. from patient notes).
- 11.4 Step 4: The assisted admission coordinator will liaise with medical staff to ensure the collation of all currently available information relating to the assisted admission.
- 11.5 Step 5: The information is communicated to the assisted admission team prior to deployment.
- 11.6 Step 6: The assisted admission team will conduct an appropriate risk assessment at the site of the assisted admission (Appendix 7).
- 11.7 Where there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to others, the Gardaí should be contacted by the clinical director or consultant psychiatrist acting on his/her behalf, to assist the staff of the approved centre in the removal of the person to the approved centre (section 13(3), MHA 2001).
- 11.8 Relevant information relating to risk screening/assessment should be shared with the Gardaí.

12.0 Assisted Admission Initiation:

- 12.1 Following the receipt of the referral letter, application and recommendation forms from the registered medical practitioner the clinical director or consultant psychiatrist acting on his/her behalf will request the Assisted Admission Coordinator to arrange and coordinate Assisted Admission Team.
- 12.2 Where the clinical director or consultant psychiatrist acting on his/her behalf is off site the forms will be examined by a non consultant hospital doctor and assisted admission team coordinator and they will contact the clinical director or consultant psychiatrist acting on his/her behalf, in relation to the accuracy of the relevant forms and the organisation of an assisted admission.
- 12.3 Prior to the initiation of the assisted admission the need for the assistance of the Gardaí should be considered.
- 12.4 In order to initiate an assisted admission the approved centre must be in possession of the correctly completed application and recommendation forms or a copy of these.
- 12.5 Where a copy of the application and recommendation forms are used, the original forms must be available to the assisted admission team or be present

at the site where the assisted admission is taking place. The original forms are checked by the assisted admission team leader to ensure that the assisted admission is effected in compliance with the MHA 2001.

- 12.6 The team leader contacts the relevant individual and Gardaí to inform them of the estimated time of arrival of the assisted admission team. (The agreement between the Health Service Executive and the Gardaí is such that the mental health service will inform the Gardaí of the time and location of the assisted admission and that the Gardaí may be requested to assist the assisted admission team).
- 12.7 On arrival the assisted admission team will be as discreet as possible and gain entry to the person's residence with the consent of the person or relevant individual.
- 12.8 On gaining entry to the person's location the team leader assess the environment for the purposes of ensuring the safety of all persons concerned.
- 12.9 The assisted admission team leader will inform the person of their role in an understanding and supportive manner. They should use their professional judgement, knowledge and skills to assess the situation, allay fear and gain the cooperation of the person to come to the Approved Centre for assessment and/or treatment.
- 12.10 Where the assisted admission team are unable to gain entry to the person's location, or encounter physical resistance on the part of the person, or sense a risk of immediate and serious harm they should initially withdraw from the location reassess the situation and contact the Gardaí for their assistance. However in an emergency situation the duty of care to the patient and others is paramount and actions under common law may be required based on the doctrine of necessity.
- 12.11 The Gardaí are empowered to use any reasonable measures, if necessary, to forcibly enter the premises and to detain and or restrain a person concerned (section 13(4)(a) & (b), MHA 2001).
- 12.12 The team/Gardaí should ensure the person is not in possession of dangerous items/weapons before transportation to the Approved Centre.
- 12.13 Where possible the team should ensure that the person's medications (for physical and mental health conditions) accompany the patient to the approved centre.
- 12.14 If necessary, the team leader will liaise with the assisted admission coordinator to check that the applicant has taken appropriate steps for the care of children/dependants, the security of the person's accommodation, and care of animals while the person is admitted to the approved centre.

13.0 Where a person is no longer at the stated location:

- 13.1 If the person cannot be located the assisted admission team leader checks with the applicant and or the registered medical practitioner to see if they are aware of the persons location.

- 13.2 Where a person is no longer at the stated location on arrival of the assisted admission team, all reasonable efforts should be made to locate the person.
- 13.3 The team leader will contact the assisted admission coordinator to inform them of the situation and for further instruction.
- 13.4 The assisted admission coordinator will inform the clinical director or consultant psychiatrist acting on his/her behalf, the applicant, the Gardaí and the registered medical practitioner that the assisted admission team were unable to locate the person concerned and the team returns to the approved centre unless otherwise directed.

14.0 Return of a person who has been granted leave to the Approved Centre:

- 14.1 A patient who is the subject of an admission order or renewal order or in the case of a child an order under section 25 is in force, may be granted permission in writing to be absent with leave from the approved centre by a consultant psychiatrist responsible for the care and treatment of a patient. The consultant psychiatrist may specify and attach conditions to the leave (see section 26(1) MHA 2001).
NOTE: The patient should be notified that they may be directed in writing to return to the approved centre before the period of leave has expired. Issues relating to language and communication difficulties should be addressed prior to patients being granted leave so as they understand the conditions that may be attached to leave and any subsequent correspondence relating to the withdrawal of permission for leave.
- 14.2 The period of leave must be less than the unexpired period provided for in the relevant admission order, renewal order or section 25 order (children).
- 14.3 Where a patient has been granted leave under section 26(1) of the MHA 2001 and the consultant psychiatrist responsible for the care and treatment of the patient is of the opinion that it is in the best interest of the patient to return to the approved centre before a period of leave has expired (section 26(2), MHA 2001), the consultant psychiatrist may withdraw permission for leave and direct the patient in writing to return to the approved centre.
- 14.4 Arrangements should be made by the community mental health nurse/key worker or other members of the mental health service team to ensure the letter is delivered to the patient.
- 14.5 If a patient fails to return to the approved centre as directed, then they are considered absent without leave and the clinical director of the approved centre or the consultant acting on his/her behalf may arrange the patients return by the staff of the approved centre (section 27(b)& (c), MHA 2001).

15.0 Return of a person (who is absent without permission) to the Approved Centre:

- 15.1 A patient (including a child) will be considered to be absent without permission if he or she:-
- ❖ leaves the approved centre **without** permission (section 27(a), MHA 2001),
 - ❖ was absent from the Approved Centre with permission and fails to return within the specified time permitted,
 - ❖ was absent from the Approved Centre with permission and fails to return to the centre in compliance with a written direction from the consultant psychiatrist (responsible for the care and treatment of the patient) that he or she should so return,
 - ❖ fails, in the opinion of the consultant psychiatrist (responsible for the care and treatment of the patient), to comply with any condition specified in writing to the patient when he or she was granted leave to be absent (Section 27, MHA 2001).
- 15.2 The clinical director of the approved centre concerned may arrange for the return of the patient to the approved centre by staff of the approved centre (section 27(1), MHA 2001).
- 15.3 If the assisted admission team are unable to return the patient to the approved centre or if the clinical director of the approved centre or the consultant acting on his/her behalf is of the opinion that there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or others the clinical director or the consultant acting on his/her behalf may request via the assisted admission team coordinator the assistance of the Gardaí in the return of the patient to the approved centre.

16.0 Transport

- 16.1 Appropriate patient transport provision will be made in accordance with established local HSE patient transport arrangements.
- 16.2 Vehicles utilised for the provision of assisted admissions will meet minimum requirements specified for the safe transport of the individual, the assisted admissions team (minimum 3 persons) and driver with additional capacity to transport other person(s) if required in accordance with risk assessment for the particular assisted admission (e.g. registered medical practitioner, garda).
- 16.3 Where the subject of the assisted admission has a known and potentially serious medical condition a standard medical ambulance will be used.

17.0 On Arrival at the Approved Centre:

- 17.1 The assisted admission team will transfer the care of the person over to the staff of the approved centre and ensure that all relevant information is passed on in writing.
- 17.2 The team leader will complete a report on the assisted admission.
- 17.3 A review session will be organised by the assisted admission coordinator, for the assisted admission team and if requested the family and the person concerned.
- 17.4 The person will be informed that an independent advocate will be available to meet with them to provide information on their rights and if requested by the patient, the independent advocate will review the assisted admission process with the assisted admission coordinator.
- 17.5 A copy of the complaints procedure will be provided to the person and their carers if requested.
- 17.6 The team leader will ensure that the emergency box is fully restocked for the next assisted admission.

18.0 Abbreviations:

- 18.1 MHA = Mental Health Act 2001.

19.0 References:

- 19.1 Department of Health and Children (2006) Statutory Instrument, No. 551 of 2006, Mental Health Act (2001) (Approved Centres) Regulations. Dublin. Stationary Office.
- 19.2 Department of Health and Children (2006) Mental Health Act 2001 (Authorised Officer) Regulations, S.I. No.550 of 2006. Dublin: Stationary Office.
- 19.3 Government of Ireland (2006) Mental Health Act 2001. Dublin. Stationary Office.
- 19.4 Government of Ireland (2009) Health (Miscellaneous Provisions) Bill 2009. Dublin. Stationary Office.
- 19.5 Mental Health Commission (2006) Reference Guide to Mental Health Act 2001.

20.0 Appendix 1: Section 63 Health (Miscellaneous Provisions) Act 2009

63.—(1) Section 2 of the Mental Health Act 2001 is amended in subsection (1) by the insertion of the following definition after the definition of “approved centre”: Amendment of
Mental Health Act
2001.

“ ‘authorised person’—

35 (a) in relation to the removal pursuant to section 13 of a person to an approved centre, means a person who is for the time being authorised pursuant to section 71A(2) to provide services relating to such removal.

40 (b) in relation to the bringing back pursuant to section 27 of a patient to an approved centre, means a person who is for the time being authorised pursuant to section 71A(2) to provide services relating to such bringing back;”.

(2) Section 9 of the Mental Health Act 2001 is amended in subsection (2) by the insertion of the following paragraph after paragraph (c):

“(cc) an authorised person (but without prejudice to any capacity that the authorised person has to make such an application by virtue of paragraph (a), (b) or (c) of subsection (1)),”.

(3) Section 13 of the Mental Health Act 2001 is amended—

(a) in subsection (2), by the insertion of “or by authorised persons” after “staff of the approved centre”, and 10

(b) in subsection (3), by the substitution of “in such removal” for “the members of the staff of the approved centre in the removal by the staff”.

(4) Section 27 of the Mental Health Act 2001 is amended in subsection (1)— 15

(a) by the insertion of “or authorised persons” after “staff of the centre”,

(b) by the substitution of “patient” for “person concerned”,

(c) by the substitution of “to other persons” for “the other persons”, and 20

(d) by the substitution of “in such bringing back” for “the members of the staff of the approved centre in the removal by the staff”.

(5) The Mental Health Act 2001 is amended by the insertion of the following new section after section 71: 25

“Removal of persons and bringing back of patients to approved centres by authorised persons or by relevant persons.

71A.—(1) The registered proprietor of an approved centre may enter into an arrangement with a person for the purposes of arranging for persons who are members of the staff of that person to provide services relating to— 30

(a) the removal pursuant to section 13 of persons to that centre,

(b) the bringing back pursuant to section 27 of patients to that centre, or

(c) both such removal and bringing back. 35

(2) Where the registered proprietor of an approved centre has entered into an arrangement referred to in subsection (1) with a person, the clinical director of that centre may authorise, in writing and for a period not exceeding 12 months as is specified in the authorisation, such and so many persons who are members of the staff of that person to provide the services referred to in that subsection which are the subject of that arrangement. 40 45

(3) Where, before the date of commencement of this section, a person was removed to an

5 approved centre pursuant to and in accordance with section 13 except in so far as the removal was carried out (whether in whole or in part) by a relevant person, such removal shall, to the extent that it was carried out by the relevant person, be deemed to be and to always have been carried out by a member of the staff of that centre, save for the purposes of any proceedings commenced before such date.

10 (4) Where, before the date of commencement of this section, a person was brought back to an approved centre pursuant to and in accordance with section 27 except in so far as the bringing back was carried out (whether in whole or in part) by a relevant person, such bringing back shall, to the extent that it was carried out by the relevant person, be deemed to be and to always have been carried out by a member of the staff of that centre, save for the purposes of any proceedings commenced before such date. 15 20

(5) In this section—

‘relevant person’—

- 25 (a) in relation to a removal referred to in subsection (3) of a person to an approved centre, means a person who carried out (whether in whole or in part) such removal pursuant to an arrangement entered into by the registered proprietor of that centre,
- 30 (b) in relation to a bringing back referred to in subsection (4) of a patient to an approved centre, means a person who carried out (whether in whole or in part) such bringing back pursuant to an arrangement entered into by the registered proprietor of that centre.”.
- 35

21.0 Appendix: 2. Emergency Box (Suggested Contents):

- ❖ Disposable gloves
- ❖ Hoffman Knife
- ❖ Selection of plasters
- ❖ Selection of wound pads
- ❖ Bandages
- ❖ Swabs
- ❖ Antiseptic wipes
- ❖ Antiseptic wound cleaning agent
- ❖ Selection Steri-strips
- ❖ Ambubag or Laerdal Mask
- ❖ Assorted sizes of Guedal Airways
- ❖ Flash Lights x 3
- ❖ Spare Batteries (to fit flashlights)
- ❖ Stab proof vests
- ❖ Stab proof gloves

Please Note: This is not a definitive list and may be added to.

22.0 Appendix: 3. Assisted Admissions Coordinator Check List (Sample).

Patient Name:
Address:
Psy. No.:
D.O.B:
Consultant:

Patients contact details:

Mobile No.: _____

Telephone No.: _____

Prior to Leaving Approved Centre: (insert ✓)

Request for assisted admission received from Registered Medical Practitioner/G.P.

Application and recommendation forms received: Fax Copy Original Original at site

Application and recommendation forms checked for accuracy

Gardaí notified of the place and time of the assisted admission Yes No

Gardaí requested to assist at assisted admission site Yes No

Name of Gardaí Contact _____ Mobile No. _____

CMHN Name _____ Mobile No. _____

Applicant/Relatives/carers informed Mobile No. _____

Address: _____

Authorised Officer Name _____ Mobile No. _____

Risk screening form completed Interpreter services required YES NO

Assisted admission team leader nominated Original forms confirmed to be available on site

Assisted admission Mobile phone allocated Assisted Admission team briefed

Emergency box with the assisted team Transport arranged

Post Assisted Admission: (insert ✓)

Hand over care of patient to staff of approved centre Team Leaders report completed

Patient debriefing arranged Relatives/carers review arranged (if required)

Assisted Admission team review Gardaí contacted and informed AA completed

Emergency box restocked

23.0 Appendix: 4. Assisted Admission Recording Form (Sample).

PART 1 Approved Centre: _____

Patient Name: _____ D.O.B.: _____

Address/location: _____

G.P.: _____ phone/mobile no. _____

Applicant Name: _____

Address: _____

Contact No.: _____

Relative/Carer: _____ phone/mobile no. _____

Address: _____

Consultant Psychiatrist authorising assisted admission: (or P.P by NCHD if Consultant is off site)

Name _____

Signature: _____ **Date:** _____

PART 2

Assisted admission coordinator: _____ phone/mobile no. _____

Assisted Admission Team Members:

Team Leader: _____

Member: _____

Member: _____

Assembly time at approved centre: _____ hrs Date: _____

Departure Time: _____ hrs Date: _____

Time and Date of Arrival at assisted admission location: _____ hrs Date: _____

Time and Date of return to approved centre: _____ hrs Date: _____

A.A Coordinator: _____ **Signature:** _____

Date: _____ **Time:** _____

25.0 Appendix: 6. Assisted Admission Risk Screening Form (Sample)
(information gathered from the Registered Medical Practitioner)

Purpose: To highlight potential risks prior to deployment of the assisted admission team.
The medical staff discusses with the Registered Medical Practitioner (RMP/G.P) all the risk headings below. Subsequent to this a discussion takes place with the assisted admissions coordinator and using all other available information the form is jointly agreed.

Name of person being assessed:	Assessment Date:
D.O.B.:	
Address:	

State whether the following indicators for both violence and suicide/deliberate self harm are present (Please ✓).
NOTE: These indicators are intended to guide risk screening only.

VIOLENCE	Y	N	N/K	SUICIDE/DELIBERATE SELF HARM	Y	N	N/K
Is there a significant recent/past history of violence?				History of previous significant suicide/deliberate self harm events?			
Current thoughts, plans or symptoms of violence?				Thoughts or plans which suggest suicide/deliberate self harm ideation?			
Current behaviour suggesting there is a risk of violence?				Current behaviour suggesting there is an imminent risk of harm to self?			
Appears to suffer from a major mental illness with symptoms of paranoia, delusions or hallucinations?				Appears to suffer from a major mental illness with symptoms of paranoia, delusions or hallucinations?			
Current problems with alcohol or substance misuse?				Current problems with alcohol or substance misuse?			
An expressed concern from others about a risk of violence?				An expressed concern from others about a risk of Suicide?			
Is it the opinion of the RMP/GP that there is a risk of violence?				Is it the opinion of the RMP/GP that there is a risk of suicide/self harm?			

Medical Risks: *Are there any known medical risks to be considered prior to/during the assisted admission? (Please detail).*

Other Risks: *Taking into account other relevant information and the extent of which information is available to you, are there other risks you are concerned about? (e.g. access to firearms, potential/lethal weapons ,patient having skills/ training in martial arts, access to residence).*

Medical Staff Name (Print):..... Signature:.....

Date:..... Time:.....

G.P.= General Practitioner. RMP= Registered Medical Practitioner. N/K= Not Known

26.0 Appendix: 7.

On Site Risk Assessment: (Sample)

Longford/Westmeath Mental Health Services.
Risk Assessment

Name..... Address..... Location..... D.O. B..... D.O.A..... File No.....	The following criteria are devised to assist clinicians in the formulation and management of risk. Where a risk is present insert a (✓) Y – Yes, risk present. N – No, no risk. U – Unknown, it is not possible to rate at present.
---	---

A: ABSCONDING RISK	Y	N	U	S: SUICIDE RISK (brief risk screen)	Y	N	U
Expressing desire to leave/not come into hospital				History of previous suicide attempt			
Pacing/watching doors				History of repeated self-harm			
Active addictions (detoxing/craving) – strong desire take alcohol or non prescribed drugs				Current problems with alcohol or substance abuse			
Currently impulsive (disinhibited, erratic)				An expression of concern from others about suicide			
History of impulsivity, defiance, non compliance, boundary breaking behaviour				Current thoughts that indicate risk			
Previously absconded from (any) hospital				Current plan of action that indicates risk			
Current suspiciousness re the hospital or staff especially command hallucinations				F: FALLS RISK			
Expressing dissatisfaction with care/treatment				Significant past history of falls			
Current social stressors increasing absconding risk				Hypotension			
Risk of wandering – mobile and confused				Muscle rigidity			
				Visual impairment			
				Ataxia			
				An expression of concern from others about the risk of falls			
V: VIOLENCE RISK (brief risk screen)							
	Y	N	U		Y	N	U
Significant past history of violence				Current behaviour suggesting there is a risk			
Current thoughts plans or symptoms indicating risk				An expression of concern from others about the risk of violence			
Current behaviour with alcohol or substance abuse							

Risk Determination

Place the appropriate heading A, S, F or V within the risk category (see above) rated most appropriate following clinical assessment

Risk	Category	Time	Date	Assessor	Grade
High – imminent risk of harm/injury to self or others					
Medium – background risk but no imminent risk					
Low – no evidence of risk of harm to self or others					

Risk Management

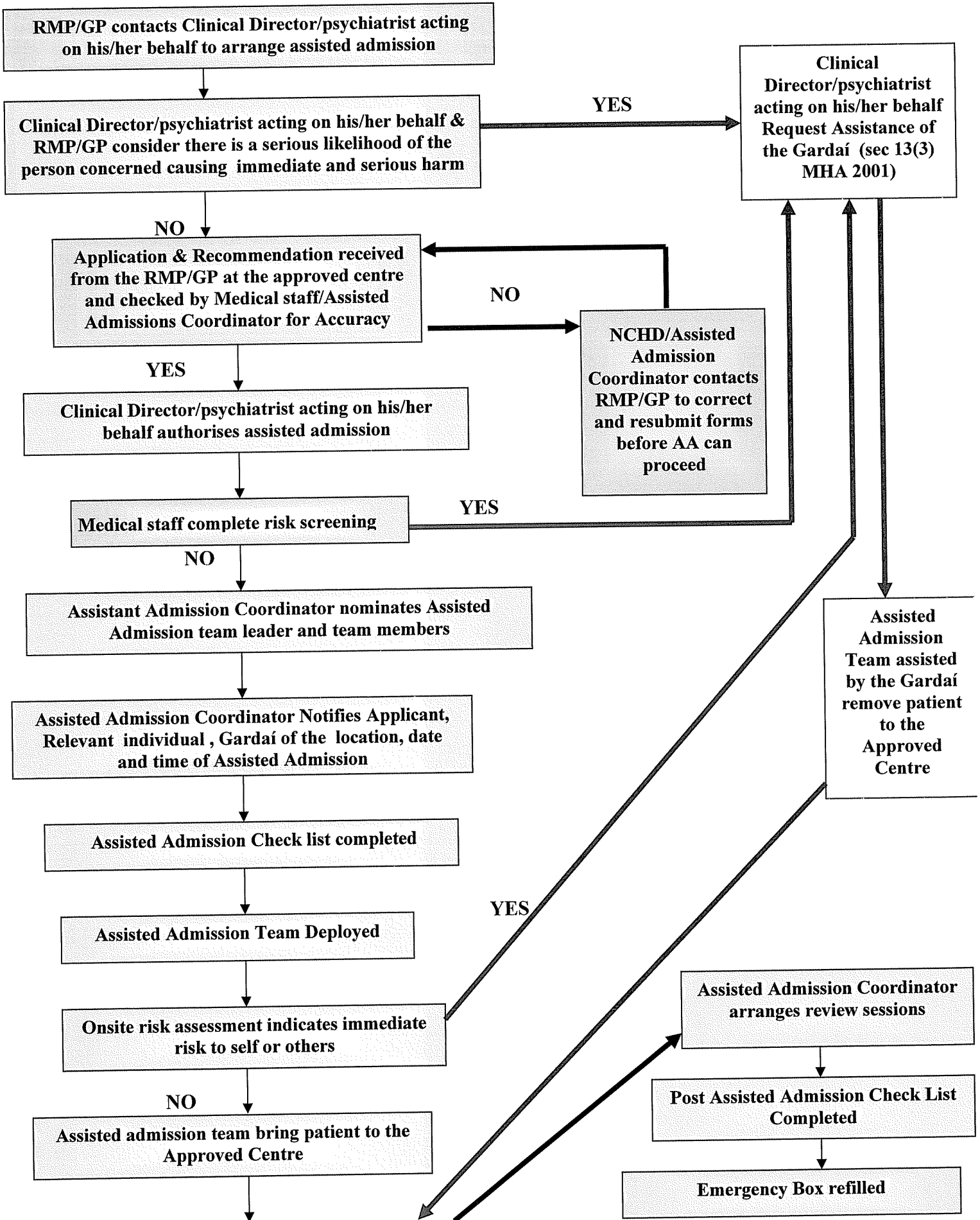
High observation	When the risk assessment is completed the Clinical Team should rate the level of observation necessary to maintain an appropriate therapeutic environment
Observe and remain on ward	
Circulate freely but know location at all times	
Observe in geriatric chair	

Special nursing observations can only be initiated following its prescription by a Consultant Psychiatrist. When a patient is rated 'High Risk' for violence to self or others a HCR 20 should be completed under MD Team supervision by a trained assessor.

Name: _____ Signed: _____ Date: _____

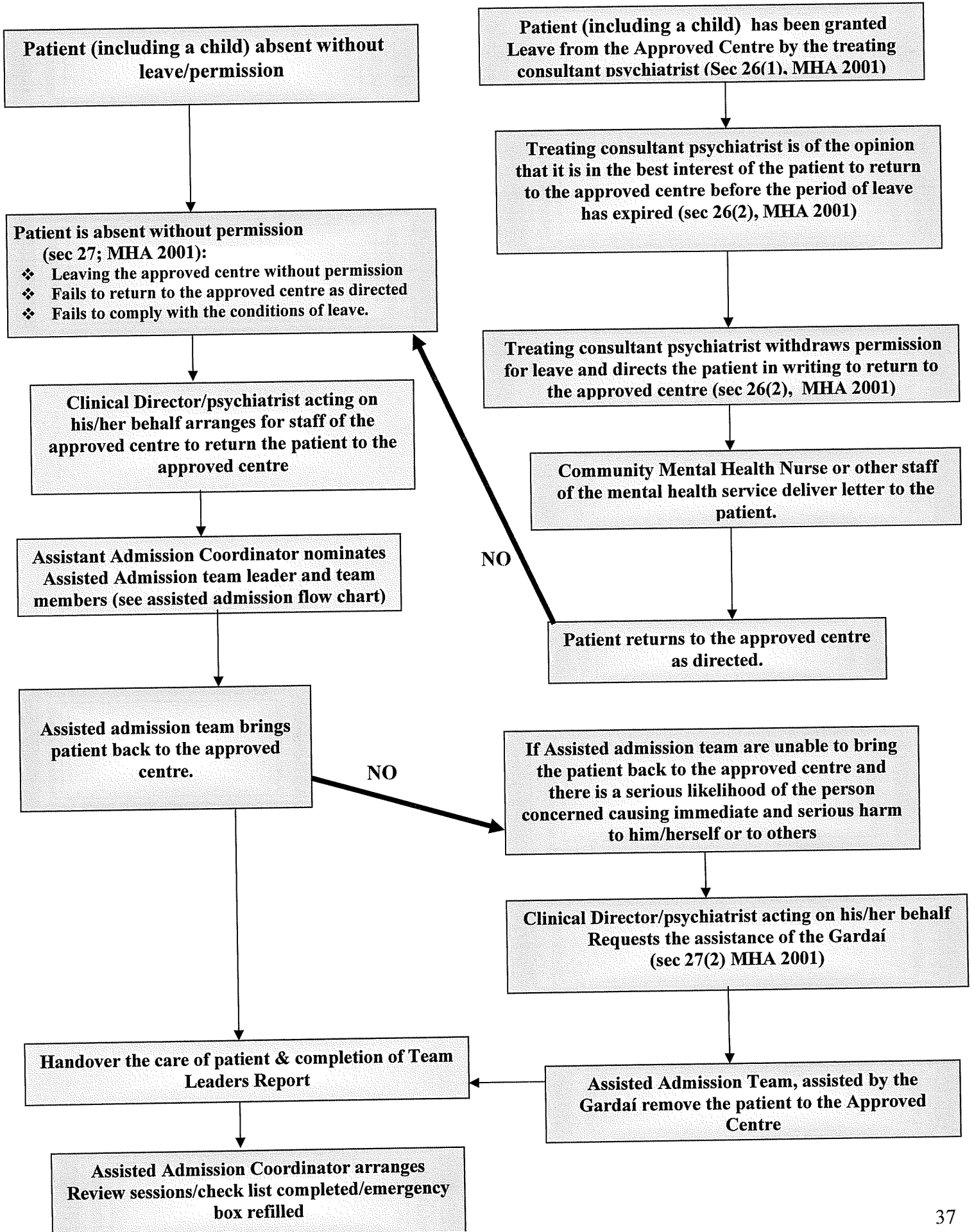
*This risk assessment is subject to review in line with best practice and the best interest of the patient
– updated April 2008. Michael Hyland (0449384379)*

Assisted Admission Flow Chart.



Handover the care of patient & completion of Team Leaders Report

28.0 Return of a Patient to the Approved Centre (Adult or Child).



29.0 Production and Consultation Trail:

Draft One of this document was developed by the authors on December 2007. It was distributed to the following for comment in April 2008,

Clinical Directors
Directors of Nursing
Managers
Social Work Managers
Occupational Therapy Managers
Principal Psychologists
Mental Health Act Administrators
Service user representatives
Local Health Managers
National Hospitals Office
National Ambulance Service
ICGP
Gardai
Mental Health Commission
S.T.E.E.R.
Nationwide Health Services.

The outcome of the consultative process was reviewed and the document was further refined June 2008. Legal opinion was sought from Brendan Naughton Barrister at Law, Legal Advisor, Legal Advice Department, HSE-West in June 2008 and suggested amendments were made.

The document was sent to the Assisted Admission Working Group for final consideration in June 2008.

The final document was presented to the Mental Health Governance Group in July 2008.

30.0 Acknowledgements:

- 21.1 Kerry Mental Health Services Policy on Assisted Admissions.
- 21.2 West Galway Mental Health Services Protocol for Assisted Admissions.
- 21.3 Wexford Mental Health Services Policy on Assisted Admissions.
- 21.4 Limerick Mental Health Services, Assisted Admission Procedure.
- 21.5 Michael Hyland CNM 3, Longford/Westmeath Mental Health Services for the sample Risk Assessment Tool.

Mental Health Extended Catchment Areas

1. Donegal Sligo, Leitrim
2. Mayo, Roscommon, Galway,
3. North Tipperary, Clare & Limerick
4. Kerry, West Cork & South Lee
5. Cork North & North Lee
6. Waterford & Wexford
7. Carlow, Kilkenny & South Tipperary
8. Longford, Westmeath, Laois, Offaly, Kildare & West Wicklow
9. South Dublin & East Wicklow (HSE Areas 1, 2 & 10)
10. South City & South West Dublin (HSE Areas, 3,4 & 5)
11. Dublin North (HSE Area 8)
12. Dublin Central & North West (HSE Areas 6 & 7)
13. Louth, Meath, Monaghan & Cavan
14. The National Forensic Mental Health Service (National)

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11. Dublin North (HSE Area 8)
12. Dublin Central & North West (HSE Areas 6 & 7)
13. Louth, Meath, Monaghan & Cavan
14. The National Forensic Mental Health Service (National)

EXECUTIVE CLINICAL DIRECTOR'S CONTACT DETAILS

Executive Clinical Director	Address	Office Phone Number	E-mail Address
Dr. Jack O' Riordan	Midwest Regional Hospital, Dooradoyle, Limerick	Office - 061 482 354	Jack.oriordan@hse.ie
Dr. Justin Brophy	Department of Psychiatry, Newcastle Hospital, Greystones, Co. Wicklow	Office – 01 201 5109	Liz.sharkey1@hse.ie
Professor Harry Kennedy	National Forensic Mental Health Service Central Mental Hospital, Dundrum, Dublin 14.	Office – 01 215 7458	Harry.kennedy@hse.ie
Dr. Eamonn Moloney	South Lee Mental Health Services, Department of Pyschiatry, Cork University Hospital, Wilton, Cork	Office – 021 4922 581 / 8	Eamonn.moloney@hse.ie
Dr. Owen Mulligan	Sligo Mental Health Service, Ballytivnan, Sligo	Office – 071 9144 831	Owen.mulligan@hse.ie
Dr. Maeve Rooney	St. Michael's Unit, Mercy Hospital, Cork	021 493 5045	Maeve.rooney@hse.ie
Dr. Mary Cosgrave	St. Ita's Hospital, Portrane, Co. Dublin.	Main Hospital – 01 843 6337	Mary.cosgrave@hse.ie
Dr. Ian Daly	St. Loman's Hospital, Ballyowen Road, Palmerstown, Dublin 20.	Office – 01 620 7437	Ian.daly@hse.ie
Dr. Maurice Gervin	St. Fintan's Hospital, Portlaoise, Co. Laois	Office – 057 869 2874	Maurice.gervin@hse.ie
Dr. Anne Jackson	Clonard House, Market Square, Navan, Co. Meath.	Office – 046 907 1648	Anne.jackson@hse.ie

Executive Clinical Director	Address	Acute Unit & Office Phone No's	E-mail Address
Dr. Francis Kelly	Department of Psychiatry, St. Lukes Hospital, Kilkenny.	Office – 056 775 5088	Francis.kelly@hse.ie
Dr. Margo Wrigley	Department of Pyschiatry of Old Age, 61 Eccles Street, Dublin 7.	Dept of Psychiatry of Old Age – 01 860 0488	oapsych@mater.ie
Dr. Noel Sheppard	St. Otteran's Hospital, John's Hill, Waterford.	Office – 051 842 752	Noel.sheppard@hse.ie