

HSE Authorised Officer challenges to achieving best client outcomes. Part 1



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Aim of the presentation

- Review of The Mental Health Act 2001, focus on the process for involuntary admission of an adult
- How the AO role developed beyond the Act
- Benefits of a functioning AO service
- Challenges !!!
- Case examples of AO's experience.
- Review of the 2001 Act, HSE plans
- Are adult mental health social Workers well placed to take a lead role?.

Mental Health Issues & HSE Services

Around one in four of us will experience some mental health problems in our lifetime

This can range simply from a low period, to more serious depression, to a small number who will experience severe mental health problems. Most people are treated by the GP, at home and in the community

Only a small number of people with mental health problems will need hospital admission. A small number of these may not wish to be admitted – these may be ‘involuntarily detained’ in a service, to receive the treatment they need and these people are at the centre of the objectives of the Mental Health Act 2001

But how many?

Mental Health Commission

Annual Report 2010 Facts....1:

- Total number of involuntary admission of adults 1952 (In 2005, still under old 1945 Act, it was 2830; in 2007 new Act reduced to 2126)
- By admission orders Form 6: 1406
- By certificate & admission order to detain a voluntary patient Form 13: 546

MHC Facts: 2:2

Involuntary Admissions

- Males 1069 = 55%,
- Females 883 = 45%
- Ages 18-64, 1670= 86%
- Over 65, 282= 14%

- Children 274 admissions of which 14 involuntary
- But in 2007 217 admissions of which 3 involuntary

MHC the facts 3:

ICD-10 Diagnosis of patients that were involuntarily detained %?

- Schizophrenia, Schizotypal, and delusional disorders:?
- Mania:?
- Depressive disorders?
- Organic (dementia)?
- Personality and behavioural disorders?
- Intellectual disability?
- Alcohol? Drug? disorders

MHC the facts 3:

ICD-10 Diagnosis of patients that were involuntarily detained

- Schizophrenia, Schizotypal, and delusional disorders: 49%
- Mania: 23.8%
- Depressive disorders 7.8%
- Organic (dementia) 7%
- Personality and behavioural disorders 1.8%
- Intellectual disability .6%
- Alcohol 2.6% Drug 4.3% disorders
- *Schizophrenia, Schizotypal, and Delusional disorders, followed by Mania: highest category, also for 2007/8/and 9*

Mental Health Act, 2001

- Provides new procedures for the involuntary admission of people with mental illness
- Provides for the independent review of the involuntary admission of any person
- Provides for the establishment of the Mental Health Commission, the appointment of Mental Health Tribunals and for the appointment of the Inspector of Mental Health Services

Principles of the Mental Health Act, 2001

- The best interest of the person is the principal consideration in making any decisions about their care
- Regard to be paid to the interests of others who may be involved
- Right to information & participation

Principles of the Mental Health Act, 2001

- Respect for dignity, bodily integrity, privacy and self determination
- Though a person's mental capacity may be reduced because of mental illness, their rights are not diminished
- Clinical judgement & professional discretion are important

Role of the Mental Health Commission

The Mental Health Commission was set up as part of the Mental Health Act 2001. Its role is to promote and encourage high standards and good practices in the delivery of mental health services and to protect the interests of persons detained involuntarily

It includes the Inspector of Mental Health Services

- Visits and Inspections
- Review of Mental Health Services

The Mental Health Act 2001 refers to Mental Disorder – What does that mean?

*“A state of mind which **affects** the persons **thinking, perceiving, emotions or judgement***

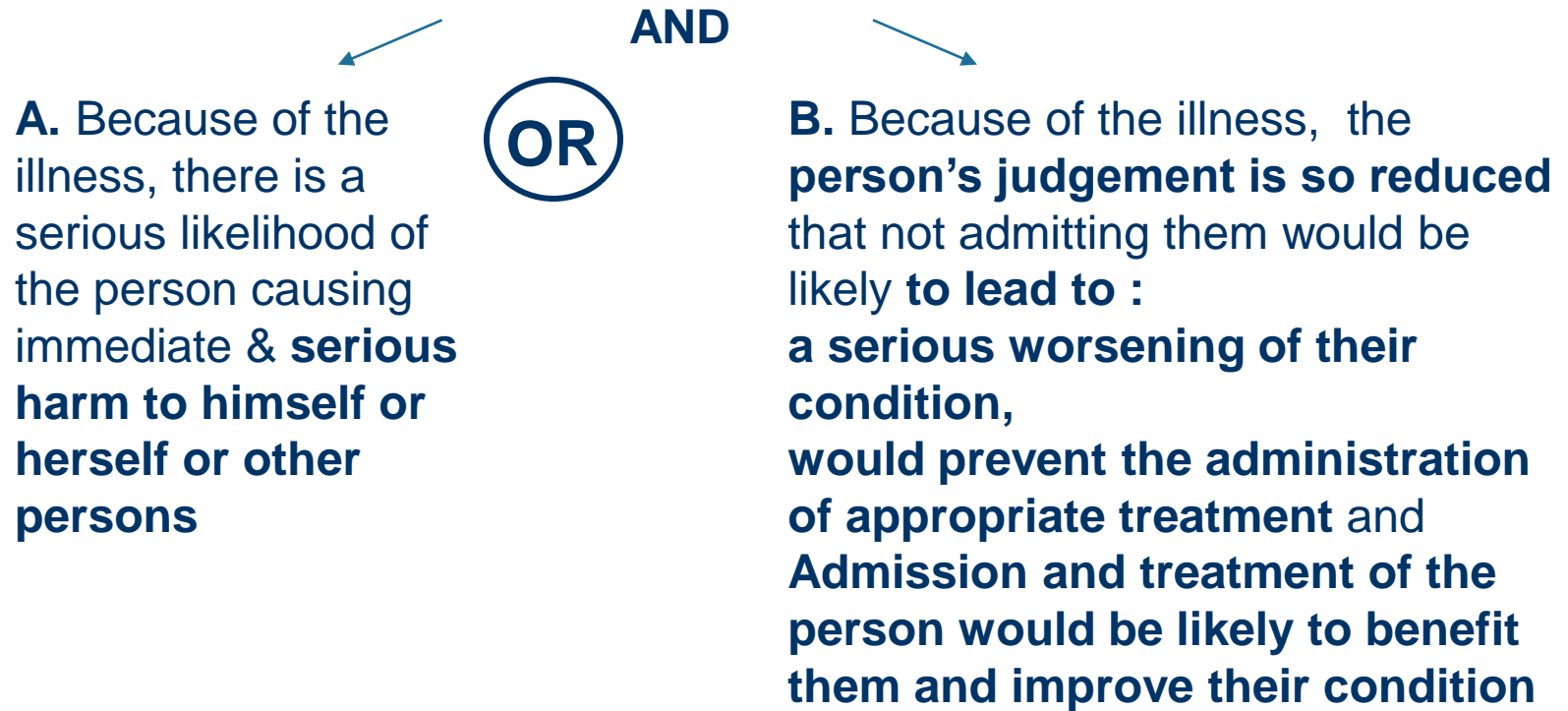
and

*which **seriously impairs the mental function of the person to the extent that he or she requires care or medical treatment***

in his or her own interest or in the interest of other persons”

Why and When does someone with a mental illness need to be admitted to hospital against their will?

A person may be involuntarily admitted where they have a mental illness, severe dementia or significant intellectual disability



Severe Dementia

“A deterioration of the brain of a person which significantly impairs the intellectual functions of the person thereby affecting thought comprehension and memory and which includes severe psychiatric or behavioural symptoms such as physical aggression”

Significant Intellectual Disability 1:2

*“...a state of **arrested or incomplete development of mind** of a person which **includes significant impairment of intelligence and social functioning** and **abnormally aggressive or seriously irresponsible conduct** on the part of the person.”*

Significant Intellectual Disability

2:2

Significant Impairment of Intelligence

- IQ level under 69; psychometric assessment

Assessment of Social functioning

- Measured direct observation with at least one informant who knows the person well

Abnormal Aggressive Conduct

- Outside the usual range of aggressive behaviours
- Unpredictable

Seriously Irresponsible Conduct

- Lack of responsibility and or disregard for consequences

When is a person NOT admitted involuntarily?

The **Mental Health Act 2001** states that it is **not lawful** to detain a person involuntarily in an approved Centre **solely** because that person is

- suffering from a personality disorder
- is socially deviant
- is addicted to drugs or alcohol

Can a voluntary patient become an involuntary patient?

Sometimes someone who has been admitted to a service voluntarily may wish to discharge themselves.

What happens if the mental health professionals are concerned about the person's mental state?

If a Voluntary Patient in Approved Centre wishes to leave: Sec 23 & 24

If a consultant psychiatrist, a doctor or a nurse on the staff believes that the person is **suffering from a mental disorder**, then they can detain the voluntary patient for **24 hours**. Sec 23

Within the 24 hour period, the consultant psychiatrist responsible for the person's care shall **either discharge the person or arrange for him or her to be examined by another consultant psychiatrist**. Sec 24

Second opinion consultant psychiatrist examines the patient. If they agree, the person may be detained, and the Mental Health Commission must be informed. If they do not agree, the person may be discharged.

Involuntary Admission

Stage 1: Application Sec (9)

Who can make an application for a recommendation to detain a person (to registered medical practitioner)?
Includes *2010 MHC figures*

1. Spouse/relative 61%
2. Authorised officer 7%
3. Member of the Garda Siochana 23% (Sec 12 Powers)
4. Any other person 9%

The applicant must have observed the person within the **48 hours** before making the application

Stage 2: Recommendation Sec (10)

- A Doctor, a registered Medical Practitioner, receives the application, and **within 24 hours** of the receipt of the application must examine the person
- If the Doctor is satisfied following the examination of the person that he/she is suffering from a mental disorder, they make a recommendation that the person can be involuntarily admitted to an Approved Centre
- The Doctor **gives a copy** of the recommendation to the applicant
- A recommendation is **valid for a period of 7 days**

How is the person brought to the Approved Centre?

- **The original applicant is responsible** for arranging for the person to be brought to the Approved Centre
- Where the **applicant is unable** to make such arrangements the **Clinical Director** of the Approved Centre shall arrange for removal of the person to the Approved Centre
- Where it is believed that there is a serious likelihood of the person causing serious harm to themselves, or to other persons, the Garda Síochána must assist the members of staff in the removal by the staff of the person to that centre

Stage 3: Admission Order (Sec 14)

- The Clinical Director of the Approved Centre receives a recommendation
- A Consultant Psychiatrist examines the person within 24 hours
- If the Consultant Psychiatrist is satisfied that the person has a mental disorder they make an admission order
- The Admission Order authorises the reception, detention and treatment of the patient.
- Within 24 hours of making the order the Consultant psychiatrist must send a copy of the order to the Mental Health Commission and give the patient notice in writing that the admission order has been made.
- An admission order is **valid for up to 21 days**

Renewal Order

- **First renewal order** - a period not exceeding three months from the **expiration of the 21 day period** provided for in the **admission order**
- **Second renewal order** - a period **not exceeding six months** from the expiration of the three month period provided for in the **first renewal order**,
- **Subsequent renewal orders** – for any periods **not exceeding 12 months** in any one subsequent renewal.

Provision of Information for People Admitted

A person detained involuntarily will be informed that:

- They are being detained pursuant to **Section 14 or Section 15**
- They are entitled to legal representation
- They will be given a general description of the proposed treatment to be administered to him/her during the period of his/her detention
- They are entitled to communicate with the Inspector of Mental Health Services
- They will have their detention reviewed by a tribunal
- They are entitled to appeal to the Circuit Court against a decision of a tribunal
- They may be admitted to the approved centre as a voluntary patient if they indicate this is their wish

Mental Health Tribunals will Review

In 2010 137 hearings of which 4.4% revoked

- Admission Orders
- Renewal Orders
- Proposed Transfers to the Central Mental Hospital

Mental Health Tribunal Membership

- A practising barrister or solicitor, who has been in practice for not less than 7 years immediately prior to appointment, who will act as Chairperson
- A consultant psychiatrist,
and
- A person other than a barrister, solicitor, consultant psychiatrist, registered medical practitioner or registered nurse.

Discharge from an Approved Centre

Revocation of order Sec 28

In 2010 1347

If a Patient is no longer suffering from a Mental Disorder, the Consultant Psychiatrist must:

- Be of the opinion that circumstances warranting the patients admission and subsequent detention no longer exists,
- Ensure that discharge is appropriate,
- Have regard to the principle that no patient may be detained under an admission order for longer than necessary,
- A person may remain in Approved Centre as a voluntary patient.

Consent to Treatment

- Consent obtained freely without threats or inducements where the Consultant Psychiatrist is satisfied that the patient is capable of understanding the nature, purpose and likely effects of the proposed treatment

And

- Consultant psychiatrist has given the patient adequate information in a :
 - Form or language he/she understands
 - The nature, purpose and the likely effects of the proposed treatment.

Treatment in the absence of Consent

May only occur when:

In the opinion of the consultant psychiatrist (responsible for the care and treatment of the patient)

- The treatment is necessary to safeguard the life of the patient
- To restore his/her health
- To alleviate his/her condition
- To relieve his/her suffering

And

Patient concerned is incapable of giving consent by reason of his/her mental disorder

Except

- E.C. T. Must have 2nd opinion
- Medication 2nd opinion after 3months.

Voluntary Admission of a Child

Children are defined as anyone aged under 18 years who has not been married.

- The majority of children requiring in-patient treatment for:
 - Mental illness,
 - Mental disorder,

will be admitted as voluntary patients.

- Such admissions will be at the request of the child's parent(s)/guardian.

Application for Involuntary Admission of a child

- Made to the **District Court**
- Best interests and welfare of the child is paramount, having regard to:
 - the rights and duties of the parents, and, in so far as in practicable,
 - The age, understanding and wishes of the child.

Sources for further information

- Mental Health Commission
- www.mhcirl.ie or Ph : 636 2400

- Irish Advocacy Network -
- www.irishadvocacynetwork.com or ph: 047 38918

- Shine -
- www.sshineonline.ie or ph : 1890 621 631

- GROW -
- www.grow.ie or ph : 1890 474 474