Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Mental Health Services

Guideline Title: Authorised Officer (Consideration of an application for involuntary admission following assessment by an Authorised Officer as defined within the Mental Health Act 2001)

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Introduction:

This updated Authorised Officer Policy is the result of the HSE's Mental Health Act Implementation Group (MHAIG) undertaking a review of the functioning of the Authorised Officer by consulting with all relevant stakeholders. The role of the Authorised Officer has made a positive contribution to service delivery; in facilitating the least restrictive alternative to involuntary admission to hospital, in taking the onerous role of making an application for admission from family members and providing a source of knowledge regarding the implementation of the Mental Health Act 2001 to Registered Medical Practitioners and members of the public.

1.0 Policy Statement:

1.1 Part 2 of the Mental Health Act, 2001 (MHA) Section (S) 9. (8) Lays down the process of making an application for involuntary admission, of a person suffering from a mental disorder to an approved centre. The Act introduces the role of the "authorised officer".

1.2 The MHA – S. 8(1), states that a person can be involuntarily admitted to an approved centre pursuant to an application under section 9 or 12.

1.3 Section 9 details persons who may apply for involuntary admission. Among the four categories of person eligible, the Act identifies 'an authorised officer' which it describes in Section 9, sub-section 8, as "an officer of a health board [HSE] who is of a prescribed rank or grade and who is authorised by the chief executive officer to exercise the powers conferred on authorised officers by this section".

1.4 The Mental Health Act 2001 (Authorised Officer) Regulations 2006 - APPENDIX A, STATUTORY INSTRUMENT (S.I. No. 550 of 2006), sets out the officers of the Health Service Executive who may apply to have a person (other than a child) involuntarily admitted for care and treatment in a psychiatric hospital or unit. For the purposes of section 9 of the Mental Health Act 2001, the rank and grade of "authorised officer" is prescribed as: Local Health Manager, General Manager, Grade VIII, Psychiatric Nurse, Occupational Therapist, Psychologist or Social Worker.

1.5 "*Prescribed*" in this context means prescribed in regulations made by the Minister for Health and Children. In relation to Authorised Officers, S 9.(2), states that the Authorised Officer shall be disqualified for making an application in respect of a person if:

1.5.1 The authorised officer is a relative of the person or of the spouse of the person

1.5.2 The authorised officer has an interest in the payments (if any) to be made in respect of the taking care of the person concerned in the approved centre concerned,

1.5.3 Implications of S 9.(2),(c) & (d) means that any mental health staff working in an approved centre, i.e. part of the rostered staff of the approved centre, will be excluded from the role of authorised officer.

1.6 The Authorised Officer Working Group are working in good faith and on the assumption that the following staff will be disqualified from acting as authorised officers within their approved centre as part of a full authorised officer service.

- Director of Nursing
- Assistant Director of Nursing with responsibility for the Approved Centre
- Administrator for the Approved Centre
- Any discipline rostered to work within the Approved Centre
- Authorised Officers who are related or married to any of the identified disqualified persons will also be ineligible to act as an authorised officer for that approved centre S 9(2),(f).

1.7 The requirement of an authorised officer, as determined by the HSE Authorised Officer Working Group, is that of a suitably trained independent applicant whose function is to assess and consider an application for involuntary admission of a person to an approved centre. He /she will consider the best interests of the person, balanced with any risk to the person or others, whilst maintaining the least restrictive option of care. The authorised officer will be a professionally qualified person with experience of working in a community mental health team. This latter requirement will ensure that Authorised Officers will have an awareness of what support services are available locally.

1.8 The person undertaking the role will place a strong emphasis on human rights and treatment to benefit the person; information giving to the person, relatives and carers; act as a resource for the person and the family at a time when they are vulnerable and in need of support. Thus, they must be able to give or source support in a crisis and be skilled in negotiating care options using best practice interventions.

1.9 The person undertaking the role must be capable of responding as a priority, to the situation. Response from time of referral to face to face contact with the person, who is the subject of the application, should be as soon as practicable.

1.10 In terms of the operationalisation of the role of the authorised officer to meet the identified objectives, best practice would indicate the location of the authorised officer to be within local community mental health teams (CMHT) / community services. This will assist in the aim of achieving the least restrictive alternative, as the authorised officer working within the community will be aware of all relevant services and any available alternatives to involuntary admission.

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1.11 An Authorised Officer is professionally accountable, within the terms of the Mental Health Act 2001 for his/her actions whilst carrying out functions under the Mental Health Act 2001. Authorised Officer's should therefore exercise their own judgement and not act at the direction of any person who might be involved with the persons' welfare.

1.12 Authorised Officers will undertake a training programme. In undertaking the Authorised Officer training programme, staff are making a commitment to be available to provide Authorised Officer services as requested.

1.13 The new arrangements laid down in this policy will replace the interim arrangements put in place by the HSE, to meet the requirement of the MHA Act 2001 to date.

1.14 This policy will develop in response to emerging stakeholder needs and developments within mental health services.

2.0 Purpose:

2.1.1 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. In making a decision under the Mental Health Act 2001 concerning the care and treatment of a person, including a decision to make an application for an admission order, "the bests 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". The legal and civil status of the person, who is the subject of an application and recommendation, is that of any other person.

2.1.2 The purpose of this policy is to direct HSE Authorised Officers in the process of giving consideration to the need for an application, for a person to be involuntarily detained as legislated within the MHA 2001.

3.0 Scope:

3.1 This policy relates to all professional mental health practitioners (Social Workers, Psychologists, Occupational Therapists and Nurses) employed and authorised by the HSE to act as authorised officers following completion of the approved Authorised Officer training programme.

3.2 This policy should be read in conjunction with the MHA 2001, S.I. No. 550 of 2006, Mental Health Act (2001) (Authorised Officer) Regulations, Standards and Policy on Assisted Admissions and other relevant documentation from the Mental Health Commission.

3.3 The scope of the policy relates to all HSE mental health practitioners working in mental health services in order to support and assist the role of the Authorised Officer as a means to achieving the least restrictive alternative to an involuntary admission. If the application is not made by the Authorised Officer and the person, the subject of the referral is willing to attend for an outpatient appointment; this appointment should be facilitated as a priority by the appropriate mental health team.

4.0 Legislation/ Other Related Policies

4.1 Authorised Officers will comply with all National and Local HSE policies, including:

4.1.1 Documentation and Recording policy
4.1.2 Lone working Policy
4.1.3 Assisted Admission Policy
4.1.4 Memorandum of Understanding between An Garda Síochána and the HSE
4.1.5 Authorised Officer Policy
4.1.6 MHC Codes, Regulations and Rules
4.1.7 Children's Legislation
4.1.8 Approved Centre Admission Policies.

5.0 Definitions

5.1 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.

5.2 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.

5.3 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, S. 14(1, a)).

5.4 Approved "Centre": a hospital or other inpatient facility for the care and treatment of persons suffering from mental illness or mental disorder (MHA 2001, S. 62).

5.5 Assisted Admission: Where a recommendation under Section 10, MHA 2001 is made and the applicant concerned (other that 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.

5.6 Assisted Admission Co-coordinator: A Health Service Executive senior nurse manager of the Approved Centre who coordinates the assisted admission.

5.7 Authorised Officer: An eligible 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.

5.8 Catchment Management Team / Local Mental Health Management Team: mental health management team charged with the provision of mental health care within a defined area / population.

5.9 Cross Cover: Provision of Authorised Officer availability which can extend into a neighboring Local Health Office area or a neighboring approved center catchment area.

5.10 Observe: to watch carefully the way something happens or the way someone does something, especially in order to learn more about it, (Cambridge International Dictionary of English, 2002)

5.11 Direct Observation: "face to face" contact which provides the opportunity, through "seeing" and "listening", to document activities, behavior and physical aspects without having to depend upon an individual's willingness and ability to respond to questions.

5.12 Patient: A person to whom an admission order or renewal order pursuant to the Mental Health Act 2001 relates.

5.13 The Person: means the individual to which an application and recommendation relate.

5.14 Recommendation: Where a registered medical practitioner is satisfied following an examination of the person the subject of the application that the person is suffering from a mental disorder, he or she shall make a recommendation in a form specified by the Commission that the person be involuntarily admitted to an approved centre (other than the Central

mental Hospital) specified by him or her in the recommendation.S 10. (1) Mental Health Act 2001.

5.15 Staff of the Approved Centre: Any member of staff rostered to work within the Approved Centre.

6.0 Roles and Responsibilities

6.1 Health Service Executive:

6.1.1 It is the legal responsibility of the Health Service Executive within the Mental Health Act, 2001 (MHA) to provide the services of an 'authorised officer'.

6.1.2 The HSE is responsible for the provision of adequate resources to support where necessary, the Authorised Officers role as possible applicants for persons who may require involuntary admissions to an Approved Centre.

6.1.3 The HSE is responsible for the provision of training to mental health service personnel providing the Authorised Officer function.

6.2 Local Catchment Management / Mental Health Management Team (LCM/MHMT):

6.2.1 It is the responsibility of the LCM/MHM Team to ensure systems are in place through local operational policy to ensure that Authorised Officers are available to respond to requests for assessment, both within normal working time, but also outside of these.

6.2.2 It is the responsibility of the LCM/MHM Team to monitor the implementation of this policy. This should be undertaken within a clear audit framework.

6.2.3 It is the responsibility of LCM/MHM Team to put systems in place to ensure this policy is reviewed within the policy standards.

6.2.4 Line managers will facilitate Authorised Officers to be adequately prepared for the role in terms of competence and training.

6.2.5 LCM/MHM Team will facilitate the provision of professional supervision of Authorised Officers both within teams and also within the wider Authorised Officer cohort regionally.

6.2.6 Provision for storage of documentation in relation to clinical practice sheets and assessment forms completed by Authorised Officers, should be provided that meets current data protection guidelines. These forms should be collated by the Mental Health Act Administrator for the approved centre concerned.

6.3 Staff

6.3.1 It is the responsibility of all Authorised Officers and all other mental health staff, to read and ensure understanding when implementing this policy

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6.3.2 All staff will be required to sign that they have read and understand this policy.

6.3.3 It is the responsibility of all staff to ensure that they are familiar with the Mental Health Act 2001 and other relevant legislation.

6.3.4 Authorised Officers will be responsible for maintaining their own professional practice and to assist in the further development of the Authorised Officer role, practice, policies and procedures as requested.

6.3.5 Authorised Officers will comply with all National and Local HSE policies, including: Documentation and Recording policy, Lone working Policy, Assisted Admission Policy, Memorandum of Understanding between An Garda Síochána and the HSE, Authorised Officer Policy, MHC Codes, Regulations and Rules, Children's Legislation, Approved Centre Admission Policies.

7.0 Authorised Officer Procedure

Referral

7.1 Relatives / Carers should be made aware that an alternative choice of applicant is available, if required, i.e. an Authorised

Officer with professional training, knowledge of legislation and of local resources. The Authorised Officers will make a professional assessment of the need for a person to be admitted under the Mental Health Act 2001, having regard for the potential adverse effect that an application from a relative, might have on the relationship with the person, the subject of the application.

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7.2 On receipt of a suitable referral from a Registered Medical Practitioner (RMP) or other mental health MDT, the available Authorised Officer should respond as soon as is practicable with due regard to any indication of immediate and serious risk of harm. 'Respond' in this case will mean acknowledgement of the referral and an initial discussion with referrer, family members and other relevant persons. (See sample referral form, Appendix 11.3).

7.3 After the referral above has been received, time will be given to collating relevant additional information from sources such as previous case notes, discharge summaries, if available. This approach will help to determine any immediate risk and priorities in planning the assessment strategy. If the person has been in receipt of care previously within mental health services, an inclusive history should be collated in consultation with key relevant professional staff in primary care, secondary mental health services, or family as appropriate. This combined information will form the basis of an initial assessment, prior to visiting and interviewing the person

7.4 Based on the nature of the referral and information collated, the Authorised Officer will plan the assessment accordingly. He/she will carefully consider where the assessment should take place and who should be there, taking into account any identified risk to self in conducting the assessment. It may be important that the person's key worker or other member of the community mental health team or someone from the person's social system is involved.

7.5 Where indicated, with a view to achieving the least restrictive outcome, the Authorised Officer may plan to co-ordinate the assessment visit with the person's registered medical practitioner. If this is the case, the Authorised Officer will need to make sure that she/he conducts his/her assessment first and independently reaches a decision with regard to making an application.

7.6 Again, before the initiation of the assessment, i.e. prior to conducting a face to face assessment, if serious concerns emerge regarding access, behaviour or attitude of the person in relation to conducting the assessment, consideration should be given to alternatives such as joint visiting with a colleague / keyworker if available, relocation of assessment to a safer environment, or requesting the assistance of the Gardaí.

7.7 The Authorised Officer Service operates locally Monday to Friday 8am-8pm excluding Bank Holidays. Where possible, referrals should be dealt with within working hours. However, urgent referrals for assessment may need to be dealt with out of normal contracted hours.

Assessment procedure for involuntary admission to an Approved Centre under the Mental Health Act 2001

7.8 The Authorised Officer must observe and attempt to interview the person, where practicable.

7.9 An Authorised Officer will identify themselves as an Authorised Officer of the HSE, to the person being assessed and will clarify that they are undertaking an assessment under the Mental Health Act, 2001. They will carry with them, a valid identification card identifying themselves as a HSE Authorised Officer.

7.10 If the person, the subject of the request for application requests another person (for example, a friend) to be with them during the assessment and any subsequent action that may be taken, then ordinarily the Authorised Officer should assist in securing that person's attendance unless the urgency of the case or some other reason makes it inappropriate to do so.

7.11 Where the person, the subject of the application and Authorised Officer cannot understand each other, or where there are communication / language difficulties, consideration should be given in engaging a professional interpreter or if none is available, a family member.

7.12 Decisions regarding the format of the interview should be made on the basis of the person's mental state and needs, and the perception of risk by the Authorised Officer.

7.13 The role of the Authorised Officer in assessment for involuntary admission will be to gather facts and form an opinion pertaining to the persons situation, in determining the extent to which the person meets the criteria for involuntary admission, the Authorised Officer will:

- Investigate the person's biopsychosocial circumstances and how that has developed;
- Determine as best as possible, whether the person exhibits signs or symptoms of mental disorder as defined under the MHA 2001;
- Detail the persons wishes and views of their own needs;
- Take account of the capacity of the person, to make informed decisions concerning themselves
- Indicate whether the person presents as a risk to themselves or others;
  - Identify the supports and protective factors available to the person.

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And in addition the assessment will:

- Take account of the needs of the persons family or others

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7.14 The on site assessment may include an interview with the person and relevant others, a review of the persons past psychiatric and medical history (if feasible), presenting complaint, background details such as previous forensic history, risk of violence, risk of self harm, current intoxication with drugs or alcohol and mental state examination to elicit symptoms of hallucinations, delusions or paranoia, which could present a risk to the person, their family, members of the community, the Authorised Officer or others.

7.15 In certain circumstances, the urgency of the situation or the lack of cooperation by the person may inhibit detailed examination / consideration of all these factors. In these circumstances, the Authorised Officer will make a reasonable attempt to interview the person, the family, carers, relatives or neighbours as appropriate.

7.16 If the person has been sedated or is incapable, the assessment should be deferred until the person is in a fit state to participate meaningfully in the assessment interview, if possible. In the making of any decision to defer assessment, due regard will be given to all of the circumstances of the case e.g. the safety or otherwise, of the person / others. The reason for deferral should be clearly documented and communicated.

7.17 The Authorised Officer has a duty to inform the Registered Medical Practitioner of any previous applications which did not result in a subsequent recommendation concerning the person, that have been made by the Authorised Officer (or if they are aware of other applications, by any other Authorised Officers to any other Registered Medical Practitioner regarding this person).

7.18 The applicant must have observed the person, the subject of the application not more than 48 hours before the date of the making of the application S.9 (4).

7.19 The Authorised Officer has a responsibility, in as far as is possible; to ensure that when they are on duty, they have the capacity to continue if necessary beyond the time of office close. If the authorised officer is unable to follow through for personal, or other operational reasons, it is their responsibility to arrange with the Mental Health Act Administrator for that evening / night to provide an alternative arrangement.

Risk assessment

7.20 A clinical risk assessment will form part of the overall mental health assessment and will cover key risks such as: Risk to self; Risk to others; Vulnerability; Self Neglect and any other relevant areas. This information is necessary to guide the decision-making by the Authorised Officer in relation to the qualifying criteria for involuntary admission under the MHA 2001. It should also be made available to the co-ordinator of the Assisted Admission Team if this option is engaged later. A clinical practice form will be completed in line with local and national policy by the Authorised officer. (See sample Authorised Officer Assessment Form, Appendix 11.4)

7.21 Evidence-based tools, practice based frameworks to support risk assessment may be used to corroborate interview

assessment.(See Mental Health Services Clinical Risk Assessment Form, Appendix 11.1)

7.22 The Authorised Officer requires the permission of the home owner or the resident of the house to enter/trespass the property of the person, the subject of the referral. Where the Authorised Officer is unable to gain entry to the person's residence, encounters physical resistance on the part of the person, or senses a risk of immediate and serious harm, they should withdraw from the location, reassess the situation and contact the referrer and /or the Gardaí for their advice. Where the Gardaí are called out by the Authorised Officer to gain access to the premises, Gardaí will be assisting the HSE under Section 9, (1) sub (b) of the MHA 2001.

7.23 In some urgent cases, it may be in the best interests of the person for the Gardaí to intervene directly and invoke Section 12(1) (a) and (b) of the MHA 2001, to take the person into custody, if for example, the person is uncooperative or engaging in provocative and dangerous behaviour and deemed to be at imminent risk to self /others. Where the Gardaí are requested by family / member of the public or the Registered Medical Practitioner to intervene directly, they can invoke a Section 12. Note: A Section 9(1) sub (b) and Section 12 cannot be initiated to run concurrently.

7.24 Any available relevant information relating to risk screening/assessment held by the Authorised Officer should be shared with the Gardaí and the assisted admissions team if applicable.

Decision Making

7.25 **The role of the Authorised Officer is to:**

7.25.1 Determine as best as possible, within his/her professional scope of practice and training, whether or not the person may be exhibiting signs and symptoms of a mental illness, significant intellectual disability or severe dementia as defined by the MHA (2001).

7.25.2 Determine as best as possible, within his/her professional scope of practice, whether the person

poses an immediate and serious risk to themselves or others, due to being in a state of distress consistent with a mental disorder, or, whether the person may have impaired judgement, to an extent that would lead to a serious deterioration in their condition.

7.25.3 Determine as best as possible in conjunction with the person or family, the likely impact of involuntary admission to the person.

7.25.4 Identify the available alternative care options to involuntary admission, including voluntary admission to the approved centre or other mental health facility as appropriate.

7.25.5 Determine the burden on those close to the person of a decision not to admit

7.26 The decision to make an application for a recommendation for involuntary detention will only be made following direct observation of the person concerned and also with a clear attempt to interview the person and make an assessment of their circumstances and level of risk.

7.27 Authorised Officers will attempt to gather relevant information regarding the person's mental health and social circumstances, prior to making an application; this may include communicating with other mental health professionals, the Registered Medical Practitioner and family, as appropriate.

7.28 Where the Authorised Officer does not make an application under Section 9(1) sub (b) of the MHA 2001, the Authorised Officer in such circumstances will signpost appropriate supports and services to relevant stakeholders if appropriate. This decision supplemented with a report should be communicated with the referrer, the persons Registered General Practitioner, members of the CMHT and relevant family members.

7.29 The least restrictive option should be sought in making decisions regarding realistic available care, in line with Section 4(1), (MHA, 2001) the principle of best interest / balanced

with regard to the rights and risks to the person or to others. Alternatives to involuntary admission, such as voluntary admission or accessing community supports / services should be actively considered if available.

7.30 If the Authorised Officer is concerned that the person may have a mental disorder he/she will complete Statutory Form 2, (application by an Authorised Officer to a Registered Medical Practitioner for a recommendation for involuntary admission of an adult to an approved centre), providing he/she has observed the person the subject of the application within the previous 48 hours, and complete a report confirming the same.

7.31 The Authorised Officer will also act as a resource to the Registered Medical Practitioner, offering procedural advice where necessary on the involuntary admission process or in completing the detail of Form 5 (Recommendation by a Registered Medical Practitioner for an Involuntary Admission of an adult to an approved centre) in helping to ensure there are no procedural or technical impediments to the involuntary admission process. **Note**: Where the HSE Mental Health Service engage a Registered Medical practitioner (RMP) to assess a patient *(e.g. Authorised Officer, Detention of a Hostel resident...)* then the service makes a payment on receipt of an invoice from the RMP (at usual Home Visit rates).Where the patient has a medical card the RMP is already compensated for their services. Where a family member engages the RMP to conduct an assessment - then it is a matter of payment between the RMP & the family.

Form completion and report writing

7.32 The Authorised Officer will keep a record of their assessments and complete a report regarding their decision to make an application, or not. (See sample of Authorised Officer Assessment Form & sample of Assessment Summary Report Appendices 11.4 & 11.5)

7.33 The Authorised Officer will ensure that accurate and timely reports are produced and that up to date information on any mental health information technology system, as well as paper records as appropriate are recorded, particularly in

relation to contacts with individuals and outcomes of the assessment.

7.34 The Authorised Officer will alert senior managers regarding serious and untoward incidents and will ensure appropriate reports are provided in relation to these.

7.35 The Authorised Officer will adhere to policies and local protocols, particularly in relation to health and safety.

7.36 The Authorised Officer must have available to them, the most up to date statutory forms of the Mental Health Commission, i.e. Form 2 and Form 5 (Recommendation by a Registered Medical Practitioner for an Involuntary Admission of an adult to an approved centre), (see Appendices 11.6 & 11.7).

7.37 The Authorised Officer must ensure that the statutory Form 2 is properly completed to professional standards (e.g. An Bord Altranais - Guidance for Recording Clinical Practice), is legible and that the original completed Form 2 is forwarded to the Registered Medical Practitioner.

7.38 All supporting documentation for the current episode of care, including the referral request should be contained in the person's clinical files where it exists. If no file exists then a file will need to be made. If the person is not admitted and there is no further action required, then the file will be closed and kept by the local Mental Health Act Administrator, for administration purposes and for safe keeping.

Arranging transport to the Approved Centre

7.39 Under the MHA 2001, section 13(1), the applicant [Authorised Officer] is responsible for arranging the removal of the person the subject of the recommendation to the Approved Centre specified in the recommendation. The recommendation is valid for a period of up to 7 days.

7.40 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 (MHA 2001, section 13(2)).

7.41 Transport will be provided in accordance with national and local HSE arrangements to appropriately and safely convey the person to the approved centre. Garda vehicles may not be used. (See HSE Protocol for Assisted Admissions to an Approved Centre & Memorandum of Understanding involving Gardaí and HSE Mental Health Services).

7.42 An Authorised Officer working alone should never convey a person subject to involuntary detention by car to an approved centre. It is feasible that the Authorised Officer may accompany a person, the subject of a recommendation who is co-operative, who is being transported by a professional colleague, a carer or family member, especially if the person, the subject of the application and recommendation requests or is agreeable to this.

7.43 An Authorised Officer should not manually handle a person who is physically resistant and who is subject to assessment under the Mental Health Act (2001) for the purpose of getting them into an ambulance, or other means of transport.

7.44 If an Authorised Officer considers that a person may be physically resistant to getting into the transport provided, then the Authorised Officer should contact the Registered Medical Practitioner who made the recommendation, to request the Clinical Director of the Approved Centre or consultant psychiatrist acting in his/her behalf specified in the recommendation, to arrange for members of staff of the approved centre to remove the person to that centre (MHA 2001, Section 13(2).

7.45 The Authorised Officer may in conjunction with the Registered Medical Practitioner assist in liaising with the Clinical Director/ Consultant Psychiatrist / staff of the Approved Centre to co-ordinate and expedite conveyance of the person to the approved centre.

7.46 If the decision is authorised by the Clinical Director of the Approved Centre for a person to be conveyed to the Approved Centre by the Assisted Admission team, the local Gardaí must be informed by the assisted admission team of the time and

location of the intervention as planned by the assisted admissions co-ordinator (as per the HSE Assisted Admissions Policy).

7.47 The Assisted Admission coordinator will liaise with the Authorised Officer (if they are the applicant) and the Registered Medical Practitioner who made the recommendation and inform them of the date, time of the assisted admission.

Maintaining a safe environment for the Authorised Officer, individual and family

7.48 If necessary the Authorised Officer will liaise with the Assisted Admission coordinator, next of kin or relevant others to ensure appropriate steps are taken for the care of children/dependants, while the person is admitted to the approved centre.

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7.49 It will also be the duty of the Authorised Officer to ensure that an alert is made (to Gardaí / animal welfare organisations / next of kin / close neighbours etc) in relation to issues of security of the person's accommodation, or the care needed of the persons animals / livestock while the person is admitted to the approved centre.

Confidentiality and Consent

7.50 The Authorised Officer in gathering information regarding the referral for assessment will need to speak to a family member who expressed concerns or who may have important information prior to the face to face assessment. It is not essential or it may not be practical to get agreement from the person the subject to assessment at this point. However after the assessment interview, information received from the person is now subject to HSE confidentiality standards.

7.50.1 All Authorised Officers shall ensure where possible that individuals are informed of the confidentiality standards and practice of the service, at the point of first contact or as soon as is practicable. Individuals being assessed should know that information is

shared amongst members of the multi disciplinary team, as well as with possible outside agencies on a need to know basis. Authorised Officers should consider offering the person a copy of the HSE Information Leaflet- 'How we use the information you give us about yourself'. If possible, the Authorised Officer should explain to the person the subject to the assessment, of the need to gather information about them, from family and friends. Lack of agreement however, should not inhibit information gathering in support of assessment.

7.50.2 If an alternative care option to hospital admission is agreed with the individual, it will be necessary to gain the consent of the person, about the level of information to be given to relatives, carers, others, especially if they are to be part of the care of the person, (i.e. the person should also be asked if they are content for information, more than the most basic required by the Mental Health Act 2001, being shared with their nearest relative).

7.50.3 All Authorised Officers have responsibility to ensure that any records in their possession, relating to the referral and any subsequent assessment are securely stored.

7.50.4 When written information regarding a person is requested by an individual, who is not a member of the multi-disciplinary team, the person's consent shall be obtained before such information is disclosed.

7.50.5 Professional staff members who take enquiries seeking information on a person shall establish the identity of the enquirer.

Exceptions

7.51 The following exceptions may apply

7.51.1 When the person's capacity to give consent is sufficiently impaired by his/her psychiatric disorder or ailment. Consultation should take place within the

multi-disciplinary team for decisions in respect of the disclosure of information.

7.51.2 As permitted in the following circumstances, documented in professional ethical guidelines:

- Where disclosure is required by a judge in a court of law.
- Where disclosure is necessary to protect the interests of the person
- Where there are reasonable grounds for suspecting that a child is being harmed or is at risk of harm, (See Child Care Act and Children First policy).
- Where disclosure is necessary to protect society and the common good.
- Where disclosure on balance is necessary to safeguard the welfare of another individual or person.

7.51.3 In the first instance, any exception to confidentiality should be discussed within the multidisciplinary team and a decision made. In particular circumstances the team may seek legal advice. Any deliberate breach of confidentiality should be undertaken after careful consideration of the best interest of the person with due regard to the safety of others and the reasons for such breach must be documented in the case file (Section 4(1) MHA 2001).

Consultation with Family / Primary Caregivers

7.52 Provided the person consents, the carer or other family members should be given information about the person's situation if they request it.

7.53 Primary care givers views should be sought as a means to assessing both their own needs and the person's needs.

7.54 In circumstances where the person is unable to give consent or lacks insight into their condition, the sharing of information will need to be considered, on a need to know basis, by the Authorised Officer in conjunction with the multidisciplinary team in terms of the best interest of the person.

7.55 In the absence of informed consent by the person to share personal information, consideration should be given by the Authorised Officer to sharing some limited information for the accomplishment of their legislative role requirements, and in the best interests of the person.

Clinical Supervision

7.56 Authorised Officers need to commit to their ongoing professional development .They should aim to attend clinical supervision every 2 months facilitated by an identified suitably, qualified professional working in mental health services.

7.56.1 Supervision should utilise a preferred model of supervision to include both line manager and group supervision

7.56.2 Supervision should involve a review of all referrals from that interim period with a sharing of learning points

7.56.3 The Supervisor should keep the Authorised Officers up to date with legislative changes and recommend best practice guidelines

8.0 Revision and Audit

- Draft one of this document was developed by the authors (Authorised Officer Training Group established through Mental Health Act Liaison Group) in June 2008. The policy was initially circulated to the members of the Mental Health Act Liaison Group for comment in August 2008. It was subsequently shared with Authorised Officer trainers nationally and Authorised Officer trainees between September and December 2008. The Policy was implemented in March 2009.
- A sub group of the Mental Health Act Liaison Group was again established in May 2012 to review and audit this policy.
- In June 2012- An on line consultation survey was disseminated with all national current Authorised Officers to elicit their experience of delivering the Authorised Officer service utilising survey monkey.

- Findings that emerged from the on line consultation informed themes for a national multidisciplinary 'Focus Group' which was facilitated on 18th July, 2012 by the A sub group, chaired by Mr Tony Leahy, Planning Specialist in mental health services.
- A national report on the Authorised Officers service to include the survey findings and outcomes/recommendations of the Focus Group was collated in October/November 2012.
- This report has informed the review of the Authorised Officer National Policy October/November, 2012.
- Draft one of this reviewed policy document was developed and initially circulated to members of the Mental Health Act Liaison Group in October 2012 for feedback. It was subsequently shared with Authorised Officers and all major stakeholders nationally in November 2012.

9.0 References/ bibliography: Audit of key International Instruments, National Law and Guidelines relating to Health Information for Ireland and selected other countries 2008

Child Care Act, 1991

Children First (1999), National Guidelines for the Protection and Welfare of Children

Code of Conduct/Professional and Ethical Guidelines, Nurses Act 1986

Consent to Treatment Policy, WHO Resource Book on Mental Health, Human Rights and

Data Protection Act, 1988, (Amendment) Act 2003

Discussion Paper on the Proposed Health Information Bill 2008

Donegal Mental Health Services Risk Assessment Form.

Freedom of Information Act, 1997, (Amendment) Act, 2003

Information for Patients (2008), HSE Information Leaflet- 'How we use the information you give us about yourself': Wisdom Project, Donegal.

Mental Health Act 2001

Keys, Mary, Mental Health Act (2002), Round Hall Sweet and Maxwell, Dublin

Policy for Health Boards on Record Retention Periods, 1999.

Protocol for Assisted Admissions involving Gardaí and Mental Health Services

Recording Clinical Practice Guidance to Nurses and Midwives, November, 2002, An Bord Altranais

The Report of the Mental Health Commission Authorised Officer Group (2006) MHC

10.0 Revision History:

Document No. XXXXX Release of the Patient Record	
Section	**Changes Made**
All	**National Template Applied**
3.1 & 3.3	**Scope of Policy:** Amended
4.1.8	**Legislation/ Other Related Policies** Amended
5.14	**Definition** Added
6.2	**Local Catchment Management / Mental Health Management Team (LCM/ MHMT)** Amended
7.4	**Authorised Officers Procedures:** Amended as follows Based on the nature of the referral and information collated, th Authorised Officer will plan the assessment accordingly. He/she carefully consider where the assessment should take place and should be there, taking into account any identified risk to self ir conducting the assessment. It may be important that the perso key worker or other member of the community mental health t or someone from the person's social system is involved.
7.5	**Authorised Officers Procedures:** Amended as follows Where indicated, with a view to achieving the least restrictive outcome the Authorised Officer may plan to co-ordinate the assessment visit with the person's registered medical practitioner. If this is the case, the Authorised Officer will need to make sure that she/he conducts his/her assessment first and independently reaches a decision with regard to making an application.
7.13	**Assessment procedure for involuntary admission**: Amended
7.22	**Risk assessment**: Points Added The Authorised Officer requires the permission of the home owner or the residents of the house to enter/trespass the property of the person the subject of the referral. Where the Authorised Officer is unable to gain entry to the person's residence, encounters physical resistance on the part of the

	person, or senses a risk of immediate and serious harm, they should withdraw from the location, reassess the situation and contact the referrer and /or the Gardaí for their advice. Where the Gardaí are called out by the Authorised Officer to gain access to the premises, Gardaí will be assisting the HSE under Section 9, (1) sub (b) of the MHA 2001.
7.23	**Risk assessment:** Points added In some urgent cases, it may be in the best interests of the person for the Gardaí to intervene directly and invoke Section 12(1) (a) and (b) of the MHA 2001, to take the person into custody, if for example, the person is uncooperative or engaging in provocative and dangerous behaviour and deemed to be at imminent risk to self /others. Where the Gardaí are requested by family / member of the public or the Registered Medical Practitioner to intervene directly, they can invoke a Section 12. Note: A Section 9(1) sub (b) and Section 12 cannot be initiated to run concurrently.
7.28 & 7.36 & 7.41 & 7.46	**Authorised Officers Procedures** :Amended
7.31	**Decision Making:** Added Note The Authorised Officer will also act as a resource to the Registered Medical Practitioner, offering procedural advice where necessary on the involuntary admission process or in completing the detail of Form 5 (Recommendation by a Registered Medical Practitioner for an Involuntary Admission of an adult to an approved centre) in helping to ensure there are no procedural or technical impediments to the involuntary admission process. **Added Note** Where the HSE Mental Health Service engages a Registered Medical practitioner (RMP) to assess a Patient *(e.g. Authorised Officer, Detention of a Hostel resident…)* then the service makes a payment on receipt of an invoice from the RMP (at usual Home Visit rates).Where the patient has a medical card the RMP is already compensated for their services. Where a family member engages the RMP to conduct an assessment - then it is a matter of payment between the RMP & the family.
7.48	**Maintaining a safe environment for the Authorised Officer, individual and family** Amended
7.50 &.7.51.1	**Confidentiality and Consent** Amended

	Clinical Supervision Added
7.56	Authorised Officers need to commit to their ongoing professional development .They should aim to attend clinical supervision every 2 months facilitated by an identified suitably, qualified professional working in mental health services.
7.56.1	Supervision should utilise a preferred model of supervision to include both line manager and group supervision
7.56.2	Supervision should involve a review of all referrals from that interim period with a sharing of learning points
7.56.3	The Supervisor should keep the Authorised Officers up to date with legislative changes and recommend best practice guidelines

11.0 Appendices

11.1 Sample Mental Health Services Clinical Risk Assessment Form
11.2 Authorised Officer Flowchart
11.3 Referral for HSE Authorised Officer Services
11.4 Sample Authorised Officer Assessment Form
11.5 Sample Assessment Summary Report
11.6 Mental Health Commission Form 2
11.7 Mental Health Commission Form 5
11.8 Authorised Officer Pack


Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Mental Health Services
Risk Assessment Form
With prompts

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Appendix 11.1 - Sample Mental Health Services Clinical Risk Assessment Form

CLINICAL RISK ASSESSMENT

Name:	**DOB:**
Ward / Address:	**PCN No:** **(if known)**
Date of Admission/ Referral	**MHA Status**

INFORMATION SOURCES AVAILABLE/ ACCESSED IN COMPLETING RISK ASSESSMENT

Service User ❑ Community Notes ❑ In-patient notes ❑ Gardaí / Probation Service ❑
Carer Relative ❑ Other Involved Professional ❑ Other (Please specify)……

Risk to Self

Prompts/Indicators: recent or previous suicide attempts - description of behaviour / when; Any evidence of suicidal thinking (e.g. expressing hopelessness), suicidal plans; evidence of deliberate self-harm; Use/ misuse of alcohol/substances, mental health symptoms where they impact on risk e.g. specific depressive symptoms, command hallucinations etc. Medical conditions e.g. alcohol withdrawal, epilepsy, delirium.

Risk to Others

Prompts/Indicators: recent or previous violence (description of behaviour/towards whom/when); knowledge of any arrests/convictions; displaying threatening behaviour; mental health symptoms where they impact on risk e.g. specific depressive symptoms, command hallucinations etc Are there any children present who may be at risk. Is there any risk of a sexual nature e.g. assault, sexual threats, inappropriate sexual behaviour, non–contact behaviour (e.g. peeping, exposing etc) harassment, stalking or predatory intent, property damage, arson, public nuisance , reckless behaviour that endangers others e.g. drink driving.

Vulnerability

Prompts/Indicators: condition e.g. learning difficulties, Dementia, mobility, wandering, infectious disease, history of victimisation, recent significant relevant life event e.g. bereavement, crisis pregnancy. Physical, sexual or emotional harm or abuse by others. Social and financial abuse or neglect by others.

Self Neglect

Prompts/Indicators: recent or previous poor nutrition; poor personal hygiene; poor physical health; unable to cook/feed self; unable to wash/dress self, poor or non-compliance with medication. Mental health symptoms where they impact on risk e.g. specific depressive symptoms, command hallucinations etc

CLINICAL RISK SUMMARY & RECOMMENDATIONS

SUMMARY OF LEVEL 1 RISK ASSESSMENT

Primary risks identified (current)

.....
.....
.....
.....

Other risks identified (including Historical**)**

.....
.....
.....
.....

Service User perspective /narrative

.....
.....
.....

Service User Protective Factors

Prompts/Indicators: having at least one significant person to relate to; supportive family relationships; spirituality / belief system; having personal skills and resilience to deal with difficult situations; good physical health; willingness to seek help / treatment; economic security; good level of confidence; community and social integration; responsibility for children; belief that suicide is wrong; fear of death.

Assessor Recommendations:

.....
.....
.....
.....
.....
.....
.....

Are there any immediate precautions / practical steps that need to be taken? No ❑ Yes ❑
(if yes, please detail) .....
.....
.....
.....

Are any immediate discussions with others needed? No ❑ Yes ❑
(if yes, please detail)

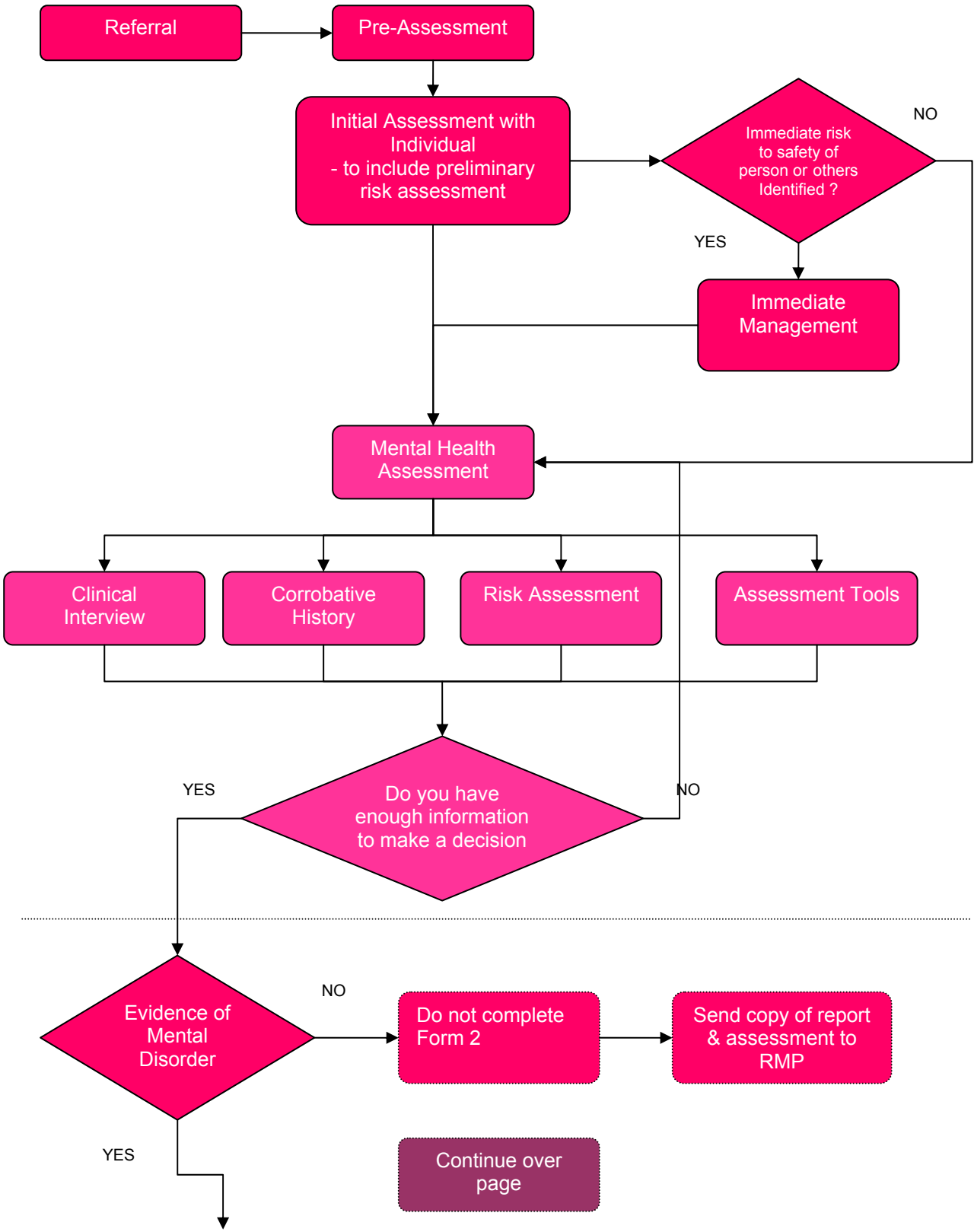
.....
.....
.....

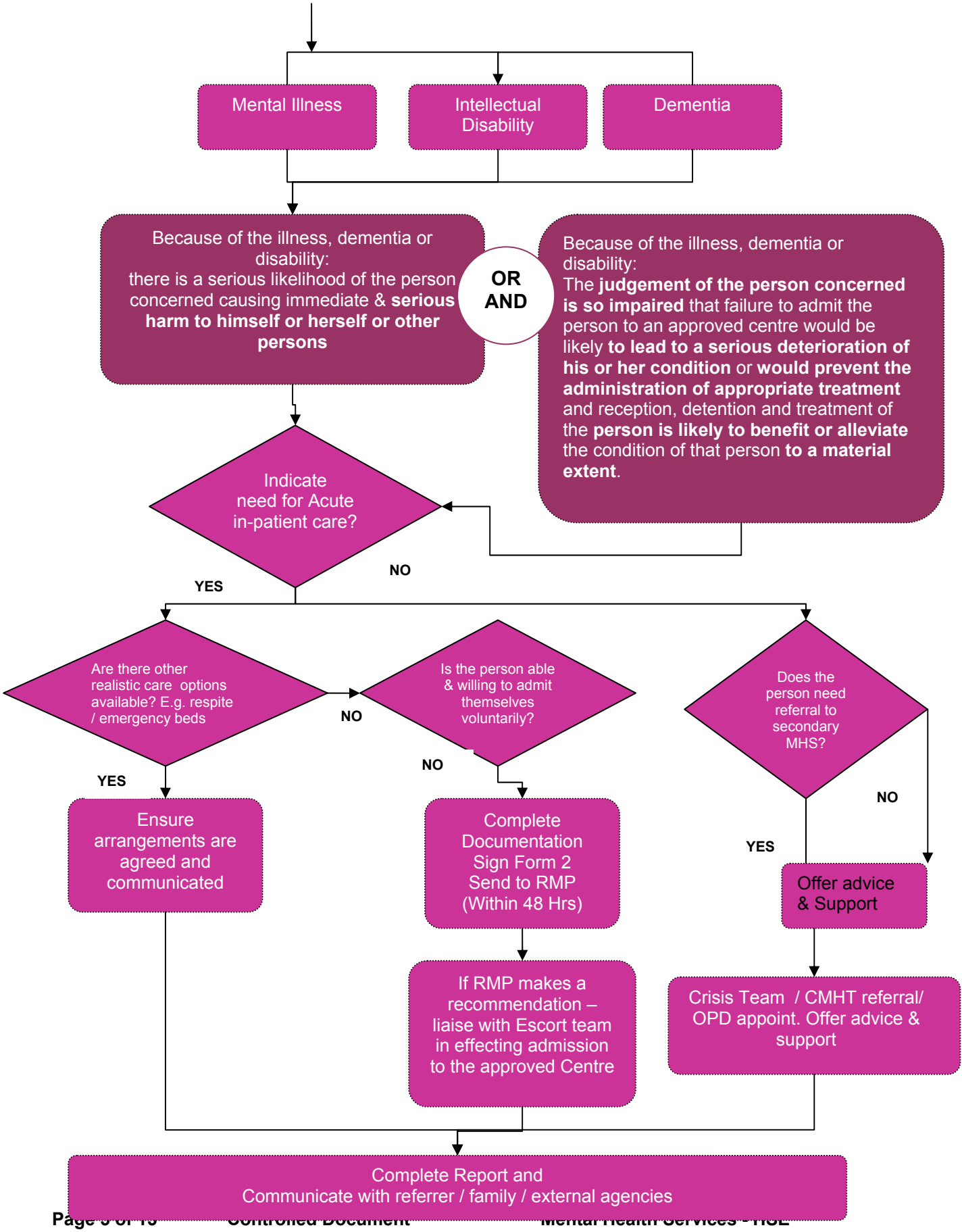
COMPLETED BY: ..... TIME of Assessment: __:__ DATE Completed: __/__/____

PRINT NAME:..... DISCIPLINE:.....

ADDRESS: .... TEL. NO. .....

Appendix 11. 2 - Authorised Officer Flowchart




Mental Illness
Intellectual Disability
Dementia
Because of the illness, dementia or disability:
there is a serious likelihood of the person concerned causing immediate & **serious harm to himself or herself or other persons**
OR AND
Because of the illness, dementia or disability:
The **judgement of the person concerned is so impaired** that failure to admit the person to an approved centre would be likely **to lead to a serious deterioration of his or her condition** or **would prevent the administration of appropriate treatment** and reception, detention and treatment of the **person is likely to benefit or alleviate** the condition of that person **to a material extent**.
Indicate need for Acute in-patient care?
NO
YES
Are there other realistic care options available? E.g. respite / emergency beds
NO
Is the person able & willing to admit themselves voluntarily?
Does the person need referral to secondary MHS?
YES
NO
NO
YES
Ensure arrangements are agreed and communicated
Complete Documentation Sign Form 2 Send to RMP (Within 48 Hrs)
Offer advice & Support
If RMP makes a recommendation – liaise with Escort team in effecting admission to the approved Centre
Crisis Team / CMHT referral/ OPD appoint. Offer advice & support
Complete Report and Communicate with referrer / family / external agencies

Appendix 11. 3 - Referral for HSE Authorised Officer Services

Referral form not accepted without all sections completed

Client Name _..... Phone Number ……

DOB _____ Age _____Male / Female_____ Ethnicity_____Language

Address_____

Date of Request_____ **Time_____**
(24 Hr Clock)

When was person last seen by Whom_____ Date_____

Other Agencies involved:

Is the person aware of referral Yes No

_____
Reason for Authorised Officer assessment request

_____
Past Medical History (including current medication)

Past psychiatric history

Social Circumstances

Risk Issues identified

Signed/Title_____ **Date:** _____

Designation_____ **Contact Number**_____

Address _____

GP informed **Yes** **No**

GP contact details: **Name** **Phone Number**

MDT Informed **Yes** **No**

Original source: **Name** **Phone Number**

Appendix 11.4 - Sample Authorised Officer Assessment Form

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Draft Sample

Authorised Officer

Assessment Form

Name:

_____

Address _____

_____

_____

Phone Number_____

Married _____ **Single**_____ **Divorced** _____ **Widowed** _____ **Partner**___

Ethnicity_____

Number of Children_____ **Ages**_____ **Primary social supports**

_____

_____

Employment History _____

_____

_____

Communication Barriers _____

Interpreter required_____ **Language**_____

Social

Circumstances_____

_____

_____

_____

_____

Name of Advocate / Friend

_____

Contact person	**Telephone**
Relationship	

Permission given for Authorised Officer to contact named contact person? ☐ **Yes** ☐ **No**

Persons GP _____

Source of referral _____

Referrer's reason for referral _____

_____

_____

_____

Person's account of referral, with reasons _____

_____

_____

Presenting complaint _____

_____

_____

_____

History of presenting complaint _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Past Mental Health History (include Key worker and any medications prescribed)

_____

_____

_____

_____

_____

_____

Health Practices

	First use	Frequency/Amount	Last Use
Alcohol			
Cannabis			
Cocaine			
Ecstasy			
Prescription Drugs			
Smoking			
Heroin			

Appearance

Hygiene: Unkempt; soiled; Neat clean;

Weight: Appropriate for height; thin; overweight; anorexic in appearance

Dress: Appropriate; out of context; dishevelled

Facial expression: calm; tense; perplexed; dazed

Attitude: co-operative; evasive; withdrawn; hostile

Speech: Normal rate; slow; pressured; incoherent; slurred; monotone; mumbling;

Eye Contact: present; intense; absent; minimal

Posture: Relaxed; slouched; tense; erect; posturing

Mood: Labile; euphoric; angry; anxious; depressed; calm; appropriate

Affect: appropriate; constricted; blunted; flat; labile; expansive; bright

Cognition

Orientation: person; place; time; situation

Memory: recent; remote

Thought: well ordered; delusions; phobias; obsession;
Content: compulsions; preoccupations; grandiosity; ideas of reference
Describe……..

Thought process: coherent/appropriate; tangential; blocking; loose association; flight of ideas; obsessive
Describe……..

Perceptions: paranoid ideations; hallucinations;

Type: visual; auditory; tactile; olfactory; gustatory
Describe…….

Insight:

Judgement:

Suicide Assessment **Yes** **No**

Is the person expressing recent or current suicidal ideation? ☐ ☐

Does the person have a definite plan? ☐ ☐

Does the person have means for carrying out this plan? ☐ ☐

Are suicidal ideas associated with a significant event? ☐ ☐

Has the person attempted suicide in the past? ☐ ☐

Does the person have command hallucinations to harm ☐ ☐

Is there a history of suicide in the family? ☐ ☐

Who_____ **Method** _____ **When** _____

Does the person have a history of self-mutilation? ☐ ☐

When_____ **Method**_____

Planned Intervention:

_____

_____

_____

_____

Outcome

SIGNED _____**Date**_____ ____**Time**_____

Appendix 11.5 - Sample Copy

Authorised Officer

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Assessment Summary Report

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Recommendations

_____

_____

_____

Outcome:

_____

_____

_____

_____

_____

Signature:_____ **Date** _____ **Time** _____

Appendix 11. 6 - Mental Health Commission Form 2

Go to

http://www.mhcirl.ie/Mental_Health_Act_2001/Forms_under_Mental_Health_Act_2001/Statutory_Forms

Appendix 11. 7 - Mental Health Commission Form 5

Go To

http://www.mhcirl.ie/Mental_Health_Act_2001/Forms_under_Mental_Health_Act_2001/Statutory_Forms

Appendix 11. 8 - Authorised Officer Pack

(Group suggestions for Authorised Officer Pack, not exhaustive)

The Authorised Officer Pack

Mental Health Act 2001	Authorised Officer National Policy
Statutory Application Forms 1-2-3-4	HSE Protocol for Assisted Admissions & Memorandum of Understanding involving Gardaí and Mental Health Services
Statutory Recommendation Form 5	Contact list for Local Authorised Officers
Authorised Officer Referral Form	Consent Form - information sharing
Authorised Officer Assessment Form(s) /black pens/ envelopes	Information on Interpretation Services
Risk Assessment Form(s)	Mobile phone (+ charger)
STORM Forms - assess & crisis management	Contact numbers for Nursing Office in the Approved Centre/ Mental Health Act administrator
Authorised Officer Identification Badge	Local area directory/contact list for General Practitioners/Gardaí