

HSE South, Waterford Mental Health Services

Admission of an Involuntary Patient (Adult)

Developed By: Senior Nurse Managers	Date Developed: March 2010
Approved By: Executive Management Team	Date Approved: May 2010
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Responsible person for implementation: Assistant Director of Nursing	
Responsible person for Verification: Director of Nursing	
Accountable person for implementation: Executive Clinical Director	

**1.0 Purpose:** It is the Policy of the Department of Psychiatry that patients are admitted in accordance with the Mental Health Act 2001, which sets out the formal procedures that must be followed when admitting an involuntary patient.

**2.0 Scope;** Nursing, Medical, and Administration

**3.0 Definitions:** NCHD Non Consultant Hospital Doctor

Registered Nurse – Registered Psychiatric Nurse

**4.0 Responsibility** Nursing / Medical

**5.0 Procedure. Admission of an involuntary patient (Adult) to Department of Psychiatry under Section 9 or section 12 of Mental Health Act 2001**

**5.1** Client presents at Department of Psychiatry with completed Mental Health Act 2001 forms 1, 2, 3 or 4. (**Application**) and form 5 (**Recommendation**) signed by a Registered Medical Practitioner.

**5.2** Notice must be given of a planned involuntary admission of an Adult under Section 9 or Section 12 of the Mental Health Act 2001 to the Dept.of Psychiatry.

**5.2.1** Where the Gardai are involved they should phone the Dept of Psychiatry on **( tel ; 051 842252)** at the earliest opportunity to alert the staff of their intention to convey someone for assessment and also fax the documentation , on **( fax; 051 848570)** so it can be scrutinized before commencing their journey to Hospital . The above measures are to assist the Gardai and ensure they are not faced with any unnecessary delays at the Dept of Psychiatry . Dept staff will then alert the NCHD who should arrive on site within 20 minutes.

**5.3** The Registered Psychiatric Nurse and NCHD who meets the patient, checks again that the documentation is completed correctly, and asks the person accompanying the patient for clarification where necessary

**5.3.1(a)** If paper work is incorrect the potential admission must be escorted to the Emergency Department by the accompanying Gardai, and application and / or recommendation can be made by ED staff on observation of the patients condition. Thereafter, on completion of the relevant forms, the Gardai accompanies the patient back to the reception area of the DOP for mental health assessment.

**5.3.1(b)** The Registered Psychiatric Nurse records the patient's details, and notes the time of arrival which is also recorded on the admission sheet. For the purposes of the Mental Health Act the **arrival time is the time the resident enters the Department of Psychiatry.**

**5.3 .2** Clinical Practice Form 14.2 must be completed.

**5.3.3** Where the Gardaí are in attendance, they are required to remain in the reception area until a decision to admit is made and may be requested to assist hospital staff in conveying a violent patient to the seclusion room.

**5.4** The patient ,and accompanying persons are welcomed to the ward by sector nurse.

**5.4.1** The NCHD examines the patient and contacts the Responsible Consultant Psychiatrist or the Consultant Psychiatrist acting on his or her behalf. If serious medical attention is required the potential admission can be brought immediately to the Emergency Department.

**5.4.2** The Responsible Consultant Psychiatrist must examine the patient, and the patient must be either admitted as an involuntary patient / regarded as a voluntary resident, or discharged as soon as possible, or at the latest **within 24 hours** of his/her arrival at the Department of Psychiatry.

**5.4.3** The Responsible Consultant Psychiatrist completes Form 6 if he/she decides to admit the patient as involuntary status. Within 24 hours of the Admission Order - Form 6 being signed, the Mental Health Act Administrator or the person acting on her behalf must fax Forms, 1, 2, 3 or 4 + 5 and 6 to the Mental Health Commission.

**5.4.4** Within 24 hours of the signing of the Admission Order the Consultant Psychiatrist will give the patient a notice of the admission order in writing.

**5.5.** The registered Psychiatric Nurse and NCHD shall complete the initial Risk Assessment, as per the admission proforms. This should be reviewed at the first Multidisciplinary Team Meeting post admission, or sooner, if necessary.

**5.6** Resident Information Booklet - Your Guide to the Mental Health Act 2001 and Department of Psychiatry leaflet – (information for residents and relatives) to be given to the resident and same must be recorded on the Admission Sheet.

**5.7** Nursing Care plan shall be commenced in collaboration with the patient, and signed by the nurse and patient where appropriate.

**5.8** The NCHD must record any abnormalities following physical review in the admission proforms.

**5.9** All staff must be aware of and conversant with hospital procedure regarding the recording of patient's property on admission.

**5.9.1** Medicines or alcohol brought into hospital by the patient must be handed over to the Registered Psychiatric Nurse and securely stored.

**5.9.2** **Gardai are required to search the patient before presenting for admission.** All harmful objects i.e. razor blades, glass objects etc. should be removed from the patient and either returned to the relatives or securely stored following appropriate explanation to patient.

**5.9.3** It is the responsibility of the sector nurse to provide the patient and relatives with the appropriate information regarding the hospital services, and to introduce the patient to other clients, and gradually orientate the patient to the ward.

**6.0 Reference** : Mental Health Act 2001

**Disclaimer:**

Each situation must be judged on its own merits and it is unreasonable for readers to follow instructions in the guideline, policy or protocol without proper assessment of individual circumstances. The information contained within this guideline, policy or protocol is the most accurate and up to date, at date of approval