

The notes are for guidance only and do not constitute an exact statement of the provisions of the Mental Health Act 2001.

The Health Act 2004 dissolves Health Boards. References to Health Boards in the Mental Health Act 2001 are to be read as references to the Health Service Executive.

SECTIONS OF THE MENTAL HEALTH ACT 2001

- 4.— (1) 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), the best interests of the person 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.
- (2) Where it is proposed to make a recommendation or an admission order in respect of a person, or to administer treatment to a person, under this Act, the person shall, so far as is reasonably practicable, be notified of the proposal and be entitled to make representations in relation to it and before deciding the matter due consideration shall be given to any representations duly made under this subsection.
- (3) 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.
- 14.— (1) Where a recommendation in relation to a person the subject of an application is received by the clinical director of an approved centre, a consultant psychiatrist on the staff of the approved centre shall, as soon as may be, carry out an examination of the person and shall thereupon either—
- (a) if he or she is satisfied that the person is suffering from a mental disorder, make an order to be known as an involuntary admission order and referred to in this Act as “an admission order” in a form specified by the Commission for the reception, detention and treatment of the person and a person to whom an admission order relates is referred to in this Act as “a patient”, or
- (b) if he or she is not so satisfied, refuse to make such order.
- (2) A consultant psychiatrist, a medical practitioner or a registered nurse on the staff of the approved centre shall be entitled to take charge of the person concerned and detain him or her for a period not exceeding 24 hours (or such shorter period as may be prescribed after consultation with the Commission) for the purpose of carrying out an examination under *subsection (1)* or, if an admission order is made or refused in relation to the person during that period, until it is granted or refused.
- (3) A consultant psychiatrist shall, for the purposes of this section, be disqualified for making an admission order in relation to a person the subject of an application—
- (a) if he or she is a spouse or a relative of the person, or
- (b) if he or she is the applicant.
- 15.— (1) An admission order shall authorise the reception, detention and treatment of the patient concerned and shall remain in force for a period of 21 days from the date of the making of the order and, subject to *subsection (2)* and *section 18(4)*, shall then expire.
- (2) The period referred to in *subsection (1)* may be extended by order (to be known as and in this Act referred to as “a renewal order”) made by the consultant psychiatrist responsible for the care and treatment of the patient concerned for a further period not exceeding 3 months.
- (3) The period referred to in *subsection (1)* may be further extended by order made by the consultant psychiatrist concerned for a period not exceeding 6 months beginning on the expiration of the renewal order made by the psychiatrist under *subsection (2)* and thereafter may be further extended by order made by the psychiatrist for periods each of which does not exceed 12 months (each of which orders is also referred to in this Act as “a renewal order”).
- (4) The period referred to in *subsection (1)* shall not be extended under *subsection (2)* or (3) unless the consultant psychiatrist concerned has not more than one week before the making of the order concerned examined the patient concerned and certified in a form specified by the Commission that the patient continues to suffer from a mental disorder.
- 16.— (1) Where a consultant psychiatrist makes an admission order or a renewal order, he or she shall, not later than 24 hours thereafter—
- (a) send a copy of the order to the Commission, and
- (b) give notice in writing of the making of the order to the patient.
- (2) A notice under this section shall include a statement in writing to the effect that the patient—
- (a) is being detained pursuant to *section 14* or *15*, as the case may be,
- (b) is entitled to legal representation,
- (c) will be given a general description of the proposed treatment to be administered to him or her during the period of his or her detention,
- (d) is entitled to communicate with the Inspector,
- (e) will have his or her detention reviewed by a tribunal in accordance with the provisions of *section 18*,
- (f) is entitled to appeal to the Circuit Court against a decision of a tribunal under *section 18* if he or she is the subject of a renewal order, and
- (g) may be admitted to the approved centre concerned as a voluntary patient if he or she indicates a wish to be so admitted.
- (3) In this section references to an admission order shall include references to the relevant recommendation and the relevant application.