



mhc
coimisiun meabhair - shláinte
mental health commission



Mental Health Tribunals

Patient Notification Form - Guidance

**Promoting Quality, Safety and
Human Rights in Mental Health**

V.3 July 2023

Note

This document is for guidance only. The guidance should not be relied on as a legal interpretation and it is not intended to be a complete or authoritative statement of the law and is not intended as legal advice or advice of any type.



Revised July 2023

PATIENT NOTIFICATION - ADMISSION ORDER

MENTAL HEALTH ACTS 2001 - 2018 (AS AMENDED) - SECTION 16(2)
PLEASE USE BLOCK CAPITALS AND READ NOTES OVERLEAF BEFORE COMPLETING

Patient Information

- You are entitled to legal representation.
- You are entitled to communicate with the Inspector of Mental Health Services (info@mhcirl.ie).
- You will have your Admission Order reviewed by a Mental Health Tribunal in accordance with the provisions of Section 18 of the Mental Health Act 2001 (as amended).
- You are entitled to appeal the decision of a Mental Health Tribunal to the Circuit Court.
- You may be admitted as a voluntary patient if you indicate a wish to be so admitted.

1. Full name of patient

2. Name and address of Approved Centre

3. I, Dr _____ (Consultant Psychiatrist) notify you (the patient), in writing as required by Section 16(2) of the Mental Health Acts, that you are currently being detained on an Admission Order dated // for a period of 21 days.

(a) This is an Admission Order under Section 14

(b) This is an Admission Order under Section 24

1

4. Section 14 Order only Application for a Recommendation for Involuntary Admission made on // by _____ (insert name of applicant).

2

5. Section 14 Order only Recommendation (by a Registered Medical Practitioner) for Involuntary Admission made on // by _____ (insert name of doctor).

3

6. General description of the proposed treatment to be administered to you during your period of detention is as follows:

Signed: _____ (Consultant Psychiatrist)

MCRN:

Date: //

Time: :

(24 hour clock e.g. 2:41pm is written as 14:41)

Explanatory memorandum

This form is completed when a patient is detained on an admission order under Section 14 or Section 24 of the Mental Health Acts 2001-2018.

1

The date in Q.3 is the date that the Admission Order (*Form 6* or *Form 13*) was signed by the Consultant Psychiatrist.

2

Q.4 is only to be completed where the Admission Order is made under Section 14 of the MHAs i.e. *Form 6 Admission Order*. The date in Q.4 is the date that the application form (*Form 1, 2, 3 or 4*) was signed.

3

Q.5 is only to be completed where the Admission order is made under Section 14 of the MHAs i.e. *Form 6 Admission Order*. The date in Q.5 is the date that the *Form 5 Recommendation (By a Registered Medical Practitioner)* was signed.



PATIENT NOTIFICATION - RENEWAL ORDER

MENTAL HEALTH ACTS 2001 - 2018 (AS AMENDED) - SECTION 16(2)
PLEASE USE BLOCK CAPITALS AND READ NOTES OVERLEAF BEFORE COMPLETING

Patient Information

- You are entitled to legal representation.
- You are entitled to communicate with the Inspector of Mental Health Services (info@mhcirl.ie).
- You will have your Renewal Order reviewed by a Mental Health Tribunal in accordance with the provisions of Section 18 of the Mental Health Act 2001 (as amended).
- You are entitled to request a second review by a Mental Health Tribunal, after three months, if your order is for a period longer than three months.
- You are entitled to appeal the decision of a Mental Health Tribunal to the Circuit Court.
- You may be admitted as a voluntary patient if you indicate a wish to be so admitted.

1. Full name of patient

2. Name and address of Approved Centre

3. I, Dr _____ (Consultant Psychiatrist) notify you (the patient), in writing as required by Section 16(2) of the Mental Health Acts, that I have examined you on

1

/ / . I have made a Certificate and Renewal Order which will come into affect

2

on / / and end on / / .

3

This extension of your detention will commence after the expiry of your current order.

- (i) This extension has been made under Section 15(2)
- (ii) This extension has been made under Section 15(3)

4. General description of the proposed treatment to be administered to you during your period of detention is as follows:

Signed: _____ (Consultant Psychiatrist)

MCRN:

Date: / /

Time: :

(24 hour clock e.g. 2:41pm is written as 14:41)

This form is completed when a patient is to be detained on a renewal order under either Section 15(2) or Section 15(3) of the Mental Health Acts 2001-2018.

Explanatory memorandum

1

The first date in No.3 (b) is the date the patient was examined as per the date the Renewal Order (Form 7) to which this PNF relates.

2

The second date in No.3 (b) is the date the renewal comes into effect e.g. if the admission order expires on 3 June, as per the above example, the renewal order comes into effect on 4 June, and if a previous renewal states that it ends on 10 August then the next renewal order comes into effect on 11 August.

3

The third date in No.3 (b) is the expiry of the order, which is the same date as per the Renewal Order (Form 7) to which this PNF relates.