



Mr John Farrelly
Chief Executive
Mental Health Commission
Waterloo Exchange
Waterloo Road
Dublin 4

October 2024

Dear John

Ref: Irish College of GPs Submission in response to the Mental Health Act 2024

This submission from the Irish College of GPs is the result of the College receiving a volume of concerns from its GP members regarding some changes in the Mental Health Act 2024. Outlined below is a summary of these key concerns.

1. Timing of the involuntary admissions process

Mental Health legislation should provide for timely, accountable treatments for all patients. (1)

This includes people with psychosis who have poor or no insight into their condition while unwell markedly affecting their decision-making capacity. Patient outcomes for those with first episode psychosis are proven to be better with early intervention as duration of untreated psychosis is thought to be neurotoxic. (2)

We would not wait for someone with an identified physical disease to deteriorate to a life-threatening stage to intervene.

Therefore, members of the Irish College of GPs have questioned the meaning of “immediately” in 12(b) – (below) they question if this limits the interpretation of the Act to patients who need treatment straight away or if it will allow for those who will need treatment in the next few days, allowing time for the admission to be arranged. Further they have queried how the term immediately is defined.

or

*(b) the person has a mental disorder, the nature and degree of which is such that
— (i) he or she requires care and treatment immediately,*

2. Authorised Officers (AOs)

The new Act proposes that Authorised Officers (AOs) will be the primary people responsible for an application for involuntary admissions. By their own data, gardai are currently responsible for 30% of applications for involuntary admission.

The College understands the need to move away from a system where family members are making applications with all the difficulties inherent in this process. However, despite a significant increase in AO training in recent years, there are insufficient AOs who are HSE employees who work a 9 am to 5 pm day only; further GPs and other healthcare professionals do have access to a list of available AOs nationally.

In addition, if AOs (as HSE staff) work in an approved centre as part of their regular work, they cannot act as AOs in their area. This restriction will cause difficulty particularly in rural areas with limited staff and large geographical spread.

We refer to the Irish College of GPs original submission as part of the public consultation in 2021

[ICGP response to consultation on review of the Mental Health Act](#)

“The ICGP agrees that there should be an increase in the availability and accessibility of authorised officers with an expanded and active role.

The number of authorised officers nationally is inadequate.

The expert group states, “significant issues such as having enough people trained, delegated and geographically placed must be considered in addition to the necessary on call arrangements and 24 hour cover of staff. A system would need to be put in place where a second person would always be on call in the event that the first named Authorised Officer is unavailable. All of this requires investment.”

“The Irish College of GPs has concerns that in the absence of appropriate investment and planning, which traditionally has been slow to occur, there could be potential barriers to timely application to a registered medical practitioner for a recommendation that a person be admitted to an approved centre. This could have a serious detrimental impact on patient care. It is important that a KPI in relation to rapid response times would be included for Authorised Officers. With this in mind and until all significant resource issues have been addressed, a spouse or relative of the person or a member of the Garda Síochána should continue in their current role of making an application.”

There is an inherent contradiction in the legislation in limiting the application process to people who are not acutely available (if available at all) and the criteria in the legislation are defined as Immediate.

3. Examination for Recommendation for involuntary admission

We appreciate the change detailed below regarding

“Making of recommendation for involuntary admission

16. (1) A registered medical practitioner to whom—

(a) an application for a recommendation for involuntary admission, or



(b) a direct application for a recommendation for involuntary admission, is made in respect of a person shall, within 24 hours of the receipt of the application carry out an examination of the person concerned to assess whether that person has a mental disorder which fulfils the criteria for involuntary admission

(6) Notwithstanding the generality of subsection (1),

an examination of a person which is carried out by a registered medical practitioner prior to receipt of an application for a recommendation for involuntary admission or a direct application for a recommendation for involuntary admission shall be valid for the purposes of this section if—

(a) the examination was carried out within a period of not more than 24 hours prior to the receipt of the application concerned, and

(b) the decision to make a recommendation for involuntary admission or to refuse to make such a recommendation made by the registered medical practitioner concerned is made after the receipt of the application concerned and within 24 hours of the examination.”

This a welcome and pragmatic change to the timing of the examination by the registered medical practitioner and we feel will benefit the people at the centre of this process by reducing delays.

Thank you for taking these concerns into consideration.

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October 2024