



Avoiding Pitfalls in Filling Form 5 of the Mental Health Act 2001

The aim of this guide is to support the GP who assesses a patient with a mental illness and decides they may require an involuntary admission to hospital. We wish to highlight the common clerical and other errors in filling out Form 5 which invalidate the process. For the purposes of this guide, we presume the applicant is a family member and the recommendation to admit the patient is in his or her best interests.

The Form

The current form was revised in December 2011. Any form which does not have the words "Revised December 2011" in the top right hand corner will render the involuntary committal invalid until the current form is correctly filled out by the same doctor.

The Timings

- The applicant must have observed the subject of the application within the previous 48 hours before signing Form 1.
- The GP must examine the patient within 24 hours of the time noted after the applicant's signature on Form 1.
- The time the GP examines the patient is noted in section 6 of Form 5. This time must be after the time noted beside the applicant's signature on Form 1.
- The time noted beside the GP's signature at the end of Form 5 (section 8) must be later than the time of examination of the patient noted in section 6.

The Transport

The Applicant is responsible for arranging the transfer of the patient to the approved centre. Where the Applicant is unable to make such arrangements, the GP should contact the Clinical Director of the approved centre who is responsible for arranging transport. The Clinical Director may enlist the help of the assisted admissions unit.

The Applicant

A spouse can only be an applicant if both are co-habiting.

Children <18 years

The involuntary admission of children is rare. The majority of children will receive care and treatment in an approved centre with the consent of their parent(s). The legal status of the child is that of a voluntary patient.

The GP should encourage the child's parents to bring the child to hospital for a psychiatric assessment. If the child's parents do not consent to this, the GP should contact the local mental health services or psychiatrist on call. Form 5 is never used for those under 18 years of age except where the person is or has been married. The procedure for the admission of a child on an involuntary basis is that the HSE makes an application to the District Court.

The Gardai

The Gardai do not need to attend every involuntary admission. Only the Clinical Director of the approved centre may request the presence of the Gardai to support the assisted admissions team. The only time the GP should contact the Gardai directly is if there is a threat to the safety of the GP or others at the scene.

RECOMMENDATION
(BY A REGISTERED MEDICAL PRACTITIONER)
FOR INVOLUNTARY ADMISSION OF AN ADULT
(TO AN APPROVED CENTRE)

Revised December 2011

FORM 5

MENTAL HEALTH
ACT 2001
(as amended)
SECTION 10

PAGE 1 OF 2

BLOCK CAPITALS (Before completing this form please read the notes overleaf)
In accordance with Part 2 of the Mental Health Act 2001

I, ALAN SMITH (Full Name of Registered Medical Practitioner)

1. Professional Address of Registered Medical Practitioner

1 MAIN STREET
EAST HALL DUBLIN 3

2. Medical Practitioner Registration Number

012345 I am the person's general medical practitioner Yes No

3. Full Name and Home Address of PERSON the subject of the recommendation

JOHN CITIZEN
10 MAIN STREET
EAST HALL DUBLIN 3

4. Date of Birth OR Age (if Date of Birth not known)

25/05/1960 Age: 50 Gender M F

5. Name and address of Approved Centre

be admitted to:
ST VINCENTS HOSPITAL
FAIRVIEW DUBLIN 3

6. Date:

I last examined the person on 04/02/2011 Time: 14:25
(24 hour clock e.g. 2.41p.m. is written as 14.41)

Which was within 24 hours of receipt of the application for involuntary admission which was made on 04/02/2011 by:

JOAN CITIZEN (Name of Applicant)

7. In my opinion this person is suffering from a mental disorder where-

(a) because of the illness, disability or dementia, there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons.

OR

(b) (i) because of the severity of the illness, disability or dementia, 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 in his or her condition or would prevent the administration of appropriate treatment that could be given only by such admission.

AND

(ii) the reception, detention and treatment of the person concerned in an approved centre would be likely to benefit or alleviate the condition of that person to a material extent.

OR

(a) (as above) and (b) (as above)

8. Give clinical description of the person's mental condition

My opinion above is based on the following grounds

GUARDED, PARANOID, AGITATED, NON
COMPLIANT WITH MEDICATIONS
ADDITIONAL DETAILS IN REFERRAL
LETTER

I have informed the above named person of the purpose of the examination; Yes No

Where "No" is indicated I _____ (name) confirm that such information has been withheld because the provision of such information would be prejudicial to the person's mental health or well-being or emotional condition.

I am not a person disqualified for making a recommendation (see Section 10 (3) replicated overleaf)

Signed:

Alan Smith
(Registered Medical Practitioner)

Date:

04/02/2011 Time: 14:30
(24 hour clock e.g. 2.47p.m. is written as 14.47)

For use only in accordance with the Mental Health Act 2001. Penalties apply for giving false or misleading information.

save in mobile phone

is approved centre correct?

MUST BE after time of applicants signature on Form 1

tick one as appropriate

MUST BE after time of Doctor's examination in section 6

sample clinical description