

WHAT THE SOCIAL WORK PERSPECTIVE CAN BRING TO THE MH ACT AO (APPLICANT) ROLE

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AIM OF PRESENTATION

1. An overview of the Mental Health (MH) Act Authorised Officer (AO) applicant role & the relevant parts of the MH Act
2. What the social work perspective can add to the MH Act AO role with examples from practice
3. An in-depth case example
4. The future- Expert Review Report of the MH Act and how this might effect the role- and why we need you!

THE DEVELOPMENT OF THE ROLE OF THE MH ACT AO

- MH Act 2001- just one of four applicants (2006 before Act fully enacted)
- HSE AO policy changed this to the applicant of choice who would seek the least restrictive alternative to involuntary admission
- Article -The Irish social Worker IASW Winter 2018- 'The Role of the Authorised Officer (Sec 9:1b) MH Act 2001. *Outlines the development of the role beyond what was envisioned,*

THE MENTAL HEALTH ACT 2001

PARTS OF PARTICULAR RELEVANCE TO MH ACT AO

- Section 3- Mental Disorder
- Section 4 – Best Interests of the person
- Section 8 -Criteria for involuntary admission
- Section 9 -Persons who may apply for involuntary admission
- Section 10 -Making of a recommendation for involuntary admission
- Section -12 Powers of Garda Síochána to take a person ...into custody
- Section 13- Removal of a person to approved centre

A person may be involuntarily admitted where they have a mental illness, severe dementia or significant intellectual disability

A. Because of the illness, there is a serious likelihood of the person causing immediate & **serious harm to himself or herself or other persons**

OR

AND

B. Because of the severity of the illness... 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 only be given by such admission, and
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.

Severe Dementia

*“A **deterioration of the brain** of a person which **significantly impairs the intellectual functions** of the person thereby affecting **thought comprehension and memory** and which includes **severe psychiatric or behavioural symptoms** such as **physical aggression**”*

Significant Intellectual Disability 1:2

“...a state of arrested or incomplete development of mind of a person which includes significant impairment of intelligence and social functioning and abnormally aggressive or seriously irresponsible conduct on the part of the person.”

WHY SOCIAL WORK?

Our core values and skills align with
the AO role

It's not about taking away someone's
civil liberties; it's looking for the least
restrictive option

FAMILY WORK

- A core skill of Mental Health Social Work
- The AO is often the person who links in most with the family and keeps them abreast of the situation
- Before, during and after the assessment
 - *A worried mother*
 - *Phone calls with a father*
 - *Communicating with a deaf brother*

RELATIONSHIP BUILDING

- So much of our work is around building relationships
- The person is not an illness
 - *Offering a cup of tea*
 - *Explaining the process and why people were concerned*

STRENGTHS APPROACH

- “A problem to fix or an illness to treat”
- Least Restrictive option means finding a chink of hope and putting a plan in place
 - *A woman who agreed to come in voluntarily*
 - *A man who agreed to meet his team the following week*
 - *A man who agreed to take medication*

DISAGREEING WITH THE MDT

- Communicating the decision to the team
- Not always a positive response
- Sometimes SW is the outlier on the team
- Different backgrounds, training, ideologies and approaches between disciplines
- Promoting discussion within the team and bringing a different approach

CASE EXAMPLE MARY

- **Woman 45 yrs. African origin**, lives alone in a one bed apartment, separated from previous partner in Ireland, children were placed in care some years ago- has had a number of previous involuntary admissions- diagnosis schizophrenia- has disengaged with treatment again- was discharged to GP- neighbours concerned and complain to housing association- Local Authority social worker makes contact

Report of the Expert Group on the Review of the Mental Health Act 2001(2015)

13. The recommended new criteria for detention are: a. the individual is suffering from mental illness of a nature or degree of severity which makes it necessary for him or her to receive treatment in an approved centre which cannot be given in the community; and b. it is immediately necessary for the protection of life of the person, for protection from a serious and **imminent threat to the health of the person, or for the protection of other persons** that he or she should receive such treatment and it cannot be provided unless he or she is detained in an approved centre under the Act; and c. the reception, detention and treatment of the person concerned in an approved centre would be likely to benefit the condition of that person to a material extent

36. The Group recommends that the **(AO) should be the person to sign all applications** for involuntary admission to an Approved Centre. (includes change of status too)