

. The Group recommends that an Authorised Officer should be the person to sign all applications for involuntary admission to an approved centre (this also includes change of patient status in an approved centre from voluntary to involuntary – see section 2.17 on Change of Status for details). This will have the effect of reducing the burden on families/carers in these difficult circumstances and reducing the involvement of Gardaí in the admission process.

I am a GP working with the homeless services in [REDACTED]

I have over the last 6 years been involved in 25 or more applications for involuntary admissions.

Despite this being a difficult process it has largely been to the benefit of the people involved, removing them for immediate harm and better access to treatment and improved mental health outcomes.

There has been some research in this area

[https://www.researchgate.net/publication/279250613\\_Involuntary\\_Admission\\_to\\_Hospital\\_of\\_Homeless\\_People\\_with\\_Schizophrenia\\_From\\_the\\_Street\\_-\\_1\\_Year\\_Outcomes](https://www.researchgate.net/publication/279250613_Involuntary_Admission_to_Hospital_of_Homeless_People_with_Schizophrenia_From_the_Street_-_1_Year_Outcomes)

I support taking into account personal autonomy and safeguarding individual rights but this has to be balanced with the right to access timely and appropriate treatment and in some cases this does involve involuntary admission.

Applications for involuntary detention assessments and involuntary admissions should always be used with upmost discretion and judgement but it is not, in my opinion, always to negative thing to intervene in this way.

The benefits of early intervention in psychosis are well recognised and prolonged untreated mania/psychosis have long term negative impacts./

I support the expansion of the authorised officer role and provision of supports as outlined.

I do have concerns about the requirement for the authorised officer to be the person to sign all applications.

In my experience the applicant has often been a staff member of the shelter using form 4.

I am concerned that the sole use of authorised officers would reduce the amount of information available to inform a decision in making an application and depending on availability of authorised officers, cause unnecessary delay the process. This would risk deterioration of the illness and subsequent escalation of the response required eg more gardai etc.. I support maintaining the current system with increased availability of authorised officers especially in supporting family members.

I have always given deep thought and consideration to any of the applications I have been involved with and done my best to look at other avenues to providing care. We have one of the lowest rates of involuntary admission in Europe. I am very clear that for people suffering from severe mental

illness it is a necessary tool and whilst it should be used carefully with maximum safeguards, it will always be required.

The goal of constantly reducing the numbers of involuntary admissions may not actually serve the purpose of helping those with the most severe mental illness access the care they need earlier in their illness. If it evolves into a more complex procedure with more barriers, fewer and fewer professionals will want to be involved and the easiest thing to do will be to avoid getting involved at all. It is part of the spectrum of care in mental health which should always be reviewed and monitored but not to forget the significant benefits it provides.