APPENDIX 1

Relevant information to assess a patient’s consent to informal admission to a psychiatric unit. (N.B. This will need to be adapted to the specifics of the ward and hospital)

1. That the patient is being admitted for the purpose of care and treatment for a mental disorder;
2. That the doors to the ward will be locked;
3. That staff at the hospital will be entitled to carry out property and personal searches;
4. That the person will be expected to remain on the ward at least until they have been seen by a doctor, and most likely for at least the first 24 hours of their admission;
5. That the person will be required to inform nursing staff whenever they want to leave the ward, providing information about where they are going and a time of return;
6. That the nursing staff may refuse to agree leave from the ward if they believe that person may be at risk to themselves, from others, or to others, and may resort to the Mental Health Act if needs be;
7. That if the person leaves the ward without notifying staff or fails to return at an agreed time the staff may call police in order to find them;
8. That the person’s physical description will be recorded for the purposes of 7, above.
9. In addition, it is important to include the likely consequences of the person not being admitted. This will vary with each individual and their circumstances.

This table was adapted from Sorinmade 2015 with the authors’ permission, drawing upon the judgment of *A PCT v LDV* [2013] EWHC 272 (Fam).

Sorinmade O, Ruck Keene A, Moylan L (2015). Addressing the Conundrum: the MCA or the MHA? Journal of Patient Safety and Risk Management. 21: 31-36 doi:10.1177/1356262215577520