(Add own logos)

INTERPROFESSIONAL ASSESSMENTS IN MENTAL HEALTH

EXAMPLE OF STUDENT WORKBOOK

Contents

Introduction

Over the next 2 days you will all be immersed in generating a care plan for a service user with mental health difficulties; most of the patients are based in the community, but occasionally we use interesting cases who are in-patients.

Once placed in your group at the beginning of the first day, you will remain working with those people for the remainder of the 2 day course. Together you will be interviewing the service user and an agency involved in that person's care. Many of you will not have met before and you will come from differing professional backgrounds, but there is huge potential to learn a lot from each other about how your profession would approach and interact with a mental health service user.

Within your group there will be a mixture of students which could include medics, mental health nursing students, pharmacy students, midwives, or (graduate) social workers. Your group will simulate the experience of working in a multidisciplinary community mental health team. Together you will write a care plan for the service user you interview and present your findings.

This workbook will help to guide you through the process, along with the course facilitators. It would be most helpful if you could fill in all of the evaluation forms, so that we can incorporate your comments into the development of this course. This course has been developed locally to give all of you an experience of working in interprofessional teams and we hope that you will both enjoy and benefit from the course.

For those of you who have a portfolio, participation in this event will count as evidence. Please ensure you ask one of your tutors to sign this off in your portfolio."

Aims

- To explore the contribution of different disciplines in the mental health interdisciplinary working.
- To apply the social and medical models to holistic interagency care planning for service users.

Learning Outcomes

Knowledge

- Analyse the importance of the promotion of mental health and the prevention of psychiatric disorders.
- Appreciate the effects of stigma on service users and their families.

Skills

- Reflect upon your own and society's attitudes towards service users with mental health difficulties.
- Generate a comprehensive interagency care plan for a service user and evaluate the role of the various statutory and non-statutory agencies in the delivery of this care plan.
- Analyse the care given to service users with mental health difficulties and critically appraise the current working practices.
- Demonstrate effective communication between agencies and individuals throughout.
- Reflect upon how you work in interagency groups.

Attitudes or values

- Value the importance of involving service users and their carer's in the generation of care plans and in identifying unmet physical, psychological and social needs.
- Be aware of the need to tolerate uncertainty in clinical practice and be more receptive about the views of others.
- Develop a positive attitude towards the challenges of working in mental health.

Block contacts

Should there be any difficulties during the block please do not hesitate to contact any of the following. On the day of the course please contact the tutors via their phones, as emails may not be answered.

For Example:

Social Work Students: (Add own contact)

Medical Students: (Add own contact)

Nursing Students: (Add own contact)

Pharmacy Students: (Add own contact)

Dates and Venues

List dates of two day events plus full address of venue. Several cohorts may be run throughout an academic year

e.g.

Cohort 1

Cohort 2…

Car Driving, Refreshments and Food

During the course you will be going out in your small group to interview a service user and an agency. This could be some distance from the venue and if you own a car that you usually use to attend your placements, you are asked to bring it with you. If you usually claim for mileage when attending a placement, or you receive a travel bursary for placements, this course is counted as part of your practice hours, so the usual arrangements for claiming back your expenses would apply.

Parking

Add own details for each venue as location may be unknown to students.

Sample Timetable

Day 1

09:00 Welcome and Introductions - Group working exploring:

- Sharing past experience of mental health work
- Understanding of professional roles
- Medical / Social model
- Devising group goals

10:00 Mental Health Promotion:

- What influences mental health and well-being
- Stigma
- Where and how are needs met
- Benefits to the person

10:45 Coffee

11:00 Care Planning:

- Introduction to interagency care plan template
- Discussion of sample care plan
- Confidentiality issues

12:15 Lunch

13:00 Care Planning:

- Ongoing sample case
- Mental Capacity Act / DOLS
- Mental Health Act
- Advocacy
- Carers Support

14:00 Preparing for patient and agency Interviews:

- Setting relevant questions
- Agreeing who will ask which question etc

15:30 Patient Visit

16:30 Review of patient interview:

- Each student identify 2 questions for Agency Visit

16:45 End of day 1

Day 2

09:30 Agency Visit

- Must have interview questions ready to ask.
- Must have pre-negotiated group roles beforehand.
- Be mindful of time – you have one hour.

11:00 Return to venue to prepare presentation

- A lap top and projector is available if you want to use Powerpoint; also, flipcharts and OHTs.

- Presentation guidelines are on page 24.
- All presentations to last approximately 15 minutes.

12:00 Lunch

12:45 Complete presentations:

- The resource box is available with relevant text books, articles, legislation, BNF etc.

1.00 Presentations of interagency care plans to larger group:

- Each presentation should last 15 minutes (max).
- Everyone in the group must contribute/attend.
- As an audience member you are expected to think of questions to ask your peers; see page 25.

16:30 Feedback session:

- Reflection from students
- Reflection from the facilitators
- Completion of the evaluation forms

17:00 Close

Comment: A range of different lecturers and practitioners with different expertise. contribute to the Programme

Introduction Activities

What experience do I and members of my group have of mental health? This could be formal, or informal.

What are the key roles and responsibilities, in mental health for…?

- Medicine:

- Social Work:

- Nursing/Midwifery:

- Pharmacy:

- Occupational Therapy:

How might a mental health service user have experienced stigma? Give examples of how, or when, they could be discriminated against:

What is the bio psycho-social model? How can it be applied to mental health by the various professions in your group?

Setting Group Goals

To help you to consider some ground rules for your group see the Ten Essential Shared Capabilities for the mental health workforce

(Hope, R., 2004. The ten essential shared capabilities – a framework for the whole mental health workforce.

URL: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4087169).

How do these values and examples of good practice influence you?

My group discussed and agreed the following rules/goals:

Also, as a group discuss whether each of your rules/goals is predominantly about a piece of ***knowledge*** you hope to learn or understand more fully, a ***skill*** you want to acquire or develop further, or an ***attitude/value*** that you wish to incorporate or be able to demonstrate through working together. You must include at least one goal from each of these three categories.

Mental Health Promotion

What is mental health promotion?

- Wide range of theoretical perspectives
- Any action to enhance the mental well-being of individuals, families, organisations or communities
- National Service Framework – Standard 1 – Mental Health Promotion : A Quality Framework (HEA 1997)

What does it focus on?

- How individuals, families, organisations and communities think and feel
- The factors which influence how we think and feel, individually and collectively
- The impact this has on overall health and well-being

Mental health

- *We* all have mental health needs
- It is more than an absence of mental illness
- It influences: how we think about ourselves and others, our ability to learn and communicate; to form and sustain relationships; to interpret and cope with change and life events
- How we think and feel impacts on our physical health

Where are our mental health needs met?

- School
- Home and Relationships
- Work
- Community
- Neighbourhood and Environment
- Where we feel safe; included; valued; respected

Benefits of mental health promotion?

- Preventing mental ill health particularly depression, anxiety; self harm including drug and alcohol dependence and suicide
- Improving the health and well-being of individuals with mental health problems

- Wider universal benefits – improved physical health; increased emotional resilience; increased social inclusion and participation and improved productivity
- Challenging the stigma of mental illness

For further information please view: Mental capital through life: conceptual overview *In:* Foresight Mental Capital and Wellbeing Project., 2008. Systems maps. The Government Office for Science, London. Found at: http://www.bis.gov.uk/foresight/our-work/projects/published-projects/mental-capital-and-wellbeing/reports-and-publications

STIGMA: What is STIGMA ??

Secrecy/Silence

Taboo

Ignorance

Gulf

Myths

Avoidance

Myths

- People with mental health problems are in a minority
- People with schizophrenia, alcoholism, drug addictions are dangerous to others
- Individuals with any mental illness are unpredictable, hard to communicate with
- People with depression, eating disorders, alcoholism and drug addiction need to pull themselves together
- People who commit suicide are selfish

Results of Stigma

- Less than 4 in 10 employers would consider employing someone with a mental health problem

- 1 in 3 people with mental health problems report being dismissed/forced to resign

- 44% of people with mental health problems thought they had experienced discrimination from GPs

- 18% would not disclose their condition to a GP

- 24% thought individuals with a history of mental health problems should be excluded from public office

The above points are taken from Department of Health Research Report on Attitudes to Mental Illness, (2000) 30 March www.dh.org.uk and Mental Health Foundation Survey (2000) "Pull Yourself Together" April www.mentalhealth.org.uk

- 49% had stopped working because of actual stigma and discrimination

- Over 30% had experienced actual stigma and discrimination from friends

- Over 50% fear they would experience stigma and discrimination if they disclosed their mental health problem

- 4% reduction in reported discrimination

- 9% drop in discrimination in employers' attitudes to individuals seeking jobs

- 6% fewer reporting loosing a job due to mental health problem

(Time to Change Stigma Shout Survey, 2008, London, Moving People.org.uk)

Care planning

During this course your group will interview a mental health service user and an agency involved in that person's care. As a team you will discuss and prioritise what would need to go into an interagency care plan for that individual. The templates for these care plans will be made available to you. You might want to consider the questions you would need to ask the service user directly and which you might prefer to ask the professional.

Most mental health trusts now have a policy of offering service users copies of their care plans and all correspondence written by professionals involved in their care. Therefore, you must be comfortable for the service user to read anything you have documented.

At the end of this process, on the afternoon of day 2, you will need to feed back aspects of your care plan in a presentation to the wider group.

Simulated Activity

You are asked to imagine you are part of a mental health inter-professional team, representing the professional you are training to be.

1. To start the simulated activity off, you will receive a referral letter from a GP, asking you to review one of his elderly patients being cared for in the community. Discuss the content of the letter.

2. You are given an old care plan to look at. Apparently, this patient was assessed six months ago, but no services were required at that time. Initially, skim read the care plan quickly, what are your group's immediate thoughts about it?

3. As a team you must now discuss each section of the care plan in detail, to review the information included. Does it seem accurate ? Do you feel it contains enough detail about the patient's situation ? Do you agree this patient has no need of additional support or services ?

4. If there is any additional information you would like to have, you can ask the facilitator. The facilitator will not volunteer any details – you must ask the relevant and poignant questions.

5. As you gather more information, you will start to generate an improved and up-dated care plan, which reflects the detail and depth required to properly document a person's circumstances.

6. Be prepared to share some of your ideas with the larger group.

Sample GP REFERRAL LETTER of a fictitious patient :

Add fictitious address of GP

Non Urgent Referral

Dear Community Mental Health Team

Re: Mr Anil Maisuria Dob 26/10/1931

(Add fictitious address)

I wonder if you would agree to see this pleasant 78 year old gentleman. You previously saw him at home 6 months ago for an assessment. He seems to be getting more confused and the family are struggling to cope with him. I have prescribed some diazepam which the family give him when he gets agitated. The wife has a very supportive son and daughter in law, but came to see me to ask if there was other medication that could help. I have not been able to see Mr Maisuria as he did not want to talk to me.

Many thanks

Dr Jones

Current Prescription

Bendroflumethiazide	2.5mg	od
Simvastatin	20mg od	
Aspirin	75mg od	
Diazepam	5mg as required tds	

Past History

Hypertension	1985
Hypercholesterolaemia	1993
Atrial Fibrillation	1993
CVA	2004

Confidentiality Statement

Opportunities to have access to members of the public brings with it insights into personal lives. At no time can you discuss your encounters in public places. This includes corridors of hospitals, canteens, coffee bars, in a taxi, on public transport etc. Your common sense tells you that handling this information in verbal and written form is a privilege of your position and must be taken seriously at all times.

During this course you will be given a case summary detailing the service user you are to visit. This case summary will include the service users name and address. It will also include confidential material relating to the service user's health and social status. **The case summary must not be removed from the teaching venue. Your group must record the patients' address separately for the visit. In your notes you must only refer to the patient by use of their initials.**

You also need to consider what you will do as a group if the patient tells you some information in confidence.

The service user you are visiting tells you that he has stock piled medication, and has planned a suicide attempt. He forbids you to tell anyone about this. What do you do?

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The service user you are visiting confides in you, in great distress, that she is struggling with her baby of 8 months. She admits at times to smacking and shaking the baby when he is crying. She does not want you to tell anyone as she is worried the baby will be taken into care. What do you do?

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Planning Service User Interviews

During this session you and your group need to consider how you are going to conduct your interview. You should have copies of the blank interagency care plan which you will need to complete for that service user. You will also have a copy of the service users' case summary detailing their diagnosis, and giving some background information. The service user has seen the case summary and has agreed the information contained within it. You will have the opportunity to spend up to one hour with the service user. You may also have the opportunity to question the next of kin/carer. You need to consider how you as a group will manage this.

Here are a set of guidance notes which you might find helpful to read and consider.

- Plan your questions carefully. You have a copy of the blank interagency template. Consider what information you need to get from the patient, the agency, and if applicable the next of kin, to complete the care plan.
- You will be given a case summary. This will give the diagnosis and a synopsis of the past psychiatric history and current mental state. You do not need to spend much time on the interview reviewing this.
- You need to concentrate on asking questions designed to elicit the impact of the mental health problems on the service user's, social, occupational, family and wider lifestyle.
- Consider formulating a set of questions under the individual headings in the interagency care plan.

Example: Under Accommodation and Environment (page 5 of the care plan)

- Who do you live with?
- What is the relationship between the service user and others in the house ? (Links to current support network)
- Who owns the house?
- Is it privately rented, council, housing association, or is it owned outright, mortgage etc?
- Who pays the rent, mortgage? (Links to any financial difficulties)

- Is the house in good order?
- Is the house large enough for those living there to have their own personal space?
- Is the house appropriate for the service user and their family?
- What are the neighbours like?
- Are there any difficulties in the local community

You might find the following themes also useful to consider.

Plan your Introduction

- Greet service user by name.
- Introduce the small group.
- Orientate the service user: mention purpose of the interview, time available, need for note taking and obtain permission to continue.

Impact on the service user and their family

- Establish the effect of the condition on job and daily routines of life.
- The social consequences of the condition.
- The effects on leisure.
- Effects on psychological state - self confidence, loss of role in life etc.
- Effects on the relationships within the family.
- Effects on relationship with members of the community.

Service user's view of the condition and priorities for the future

- Elicit their attitude towards the condition and identify their priorities.
- Establish the extent that they feel involved in decision making.

Service user's experiences of agency involvement

- Detail all the agencies statutory and voluntary. Clarify the strengths and weaknesses from the service user's perspective.
- Establish the referral pathway and accessibility and waiting list of each organisation from the service user's point of view.
- Elicit the outcome of contact with each organisation.

General Points to consider:

- Decide which of you is going to ask specific questions. It is important that all members of the group take a turn in leading the interview.
- Decide who will keep notes.
- You might find it useful for one person at any point in the interview to observe the service user and interviewers non verbal communication.
- Decide how you will manage the situation if there are carers/family present. Do you interview together or separately? Do you stay together as a group of 4, or split into 2 groups of 2.
- Please be aware of time, one member of the group needs to monitor this during the interview, and you need to consider what you will do if you feel that the service user is talking about an issue at length. Appropriate interruption may be required if the client is unable to focus upon the questions e.g. 'that is very interesting, however can I just bring back to the … etc'.

Interview with Service User in the Community

You need to ensure that you leave enough time to get to the person's home, or other allocated venue. Students are expected to plan and make their own way to this address. You have one hour to interview the service user and if applicable their next of kin and/or main carer. The interview needs to start promptly at the designated time. If you encounter any difficulties during the visit please contact one of the tutors immediately. On finishing the interview, thank the service user and leave the property. Once you have left you must phone the tutors to let them know. If the number is engaged, please phone again in 5 minutes, and continue to try, until you have reached one of the tutors. If the tutors have not heard from you they will phone you. If you have any immediate concerns about anything associated with the visit, these should also be communicated to the tutors at this time.

Please remember not to write the patients name or address within the workbook. This should be kept separate and the details destroyed appropriately.

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Medication review

This grid is for the use of students not familiar with common psychiatric medication. Of particular importance, consider whether the side effect of these drugs may interfere with the patient's quality of life.

To the average lay person, could any of the side effects be regarded as 'odd behaviour' and mistaken for symptoms of their mental illness?

Name of Medication	What is it For ?	What is the Dose?	Common Side Effects

Reflection of Service User Interview

Individually, and then in your small groups, look back over yesterday's interview with the service user.

What 3 things do you feel you did well as an individual?

1……

2……

3……

What 3 things did you feel you did well as a group?

1……

2……...

3……

What 3 things would you do differently next time?

1……

2……

3……

Any other thoughts or reflections about this experience:

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……

Planning your interview with the Agency

During this session your group has to consider what information you need from the agency/professional involved in the service user's care, in order to further complete the interagency care plan. Again you need to decide and agree, within your teams, on appropriate questions.

Points to consider

- You may want to ask the agency worker about the current plan.
- What contact does the agency have with the service user?
- What do they see as their role?
- Are there any unmet needs?
- Why are they unmet, and what can be done about it?
- How does the agency view the service users needs, does this match to the service users' views and wishes?
- Why not?

You will have up to one hour with the worker from the agency. You need to discover the role of the agency for the individual and for the wider society.

You also need to consider that the service user may have more than one agency involved in their care.

- How do the different agencies communicate amongst themselves and with the service user?
- Is it effective?
- What does the agency worker you are speaking to think about the role of the other agencies involved in the service users' care?

Interview with the Agency

You need to ensure that you leave enough time to get to the agency workers base. Students are expected to plan and make their own way to this address. You have one hour to interview the agency worker. The interview needs to start promptly at the arranged time and finish promptly. The interview may not take an hour, in which case you are welcome to return to the teaching venue. If you have any difficulties during the visit please contact the tutors. You are due back to the teaching venue by 11:00am. (*or give own time based on programme)*

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Reflection of Agency Interview

Individually, and then in your small groups, look back over the interview with the agency. Review the good practice guidelines on page 11 – do you feel that your agency demonstrated all, some or none of these competencies?

What 3 things do you feel you did well as an individual?

1……

2……

3……

What 3 things do you feel you did well as a group?

1……

2……

3……

What 3 things would you do differently next time?

1……

2……

3……

Any other thoughts or reflections about this experience:

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Guidelines for Presentations

You will have **no more than 10 minutes** for your group presentation.

There is an expectation that every member of the group will participate in the presentation.

The facilities available to you are:

- Laptop and Powerpoint (If you have your own laptops please bring these along for preparing your session)
- Flipcharts and pens
- Transparencies, pens and overhead projector

The presentations need to be focused and clear. We expect you to briefly:

- Summarise the case briefly.
- Present the key features of the care plan i.e. the selected 3 or 4 sections that were deemed to be of greatest importance, or relevance.
- Illustrate you have considered the objectives of this course set out on page 4 of this workbook.
- Discuss the relevance of broader issues discussed within the course e.g. health promotion, stigma, carer involvement, advocacy etc.
- Recognise any other barriers the service user has faced in trying to live a 'normal' life in the community.
- Consider how relevant legislation or health/social policy has influenced aspects of how the case is managed
- Critically appraise the current working practices and communication between agencies and individuals involved with the case.
- Evaluate how effectively you worked as an interprofessional group.

It is also very useful to look at how this course might have changed your perceptions and beliefs about:

- Mental health in general
- The people who access mental health services
- The breadth and scope of professional roles involved

- What will you each take forward from this course into practice?

At the end of the presentation your group will be asked questions from the audience for 5 minutes. Audience members are expected to actively contribute to this session. It is recommended that you jot down questions, during the presentations, to be answered by the group.

Questions during the Presentations

It is an important skill to be able to critically appraise another group and to be able to ask poignant questions to clarify your understanding. At the end of the presentation each group will be asked a series of questions, ideally, these should come mainly from their peers in the audience. Below there is space to write down some thoughts whilst listening to the other presentations and think about a question you want to ask.

Questions for Presentation 1

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Questions for Presentation 2

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Questions for Presentation 3

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Questions for Presentation 4

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Questions for Presentation 5

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Questions for Presentation 6

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Questions for Presentation 7

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APPENDICIES

APPENDIX 1

What is Stigma?

"the situation of the individual who is disqualified from full social acceptance"

(Goffman 1970)

In the original meaning from the Greek it refers to the brand with which slaves and criminals were marked. Goffman, (1963) argued that stigma is a mark of social devaluation. It is associated with shame which may be internal or external, and when extreme felt as humiliation.

Look at the images on the next page. Select one or two of them to focus on. What are your first thoughts about them ?

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What role does the media play in contributing to the stigma of individuals with mental health difficulties?

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How might we as health and social care professionals in mental health contribute to an individual service user's sense of being stigmatized or devalued?

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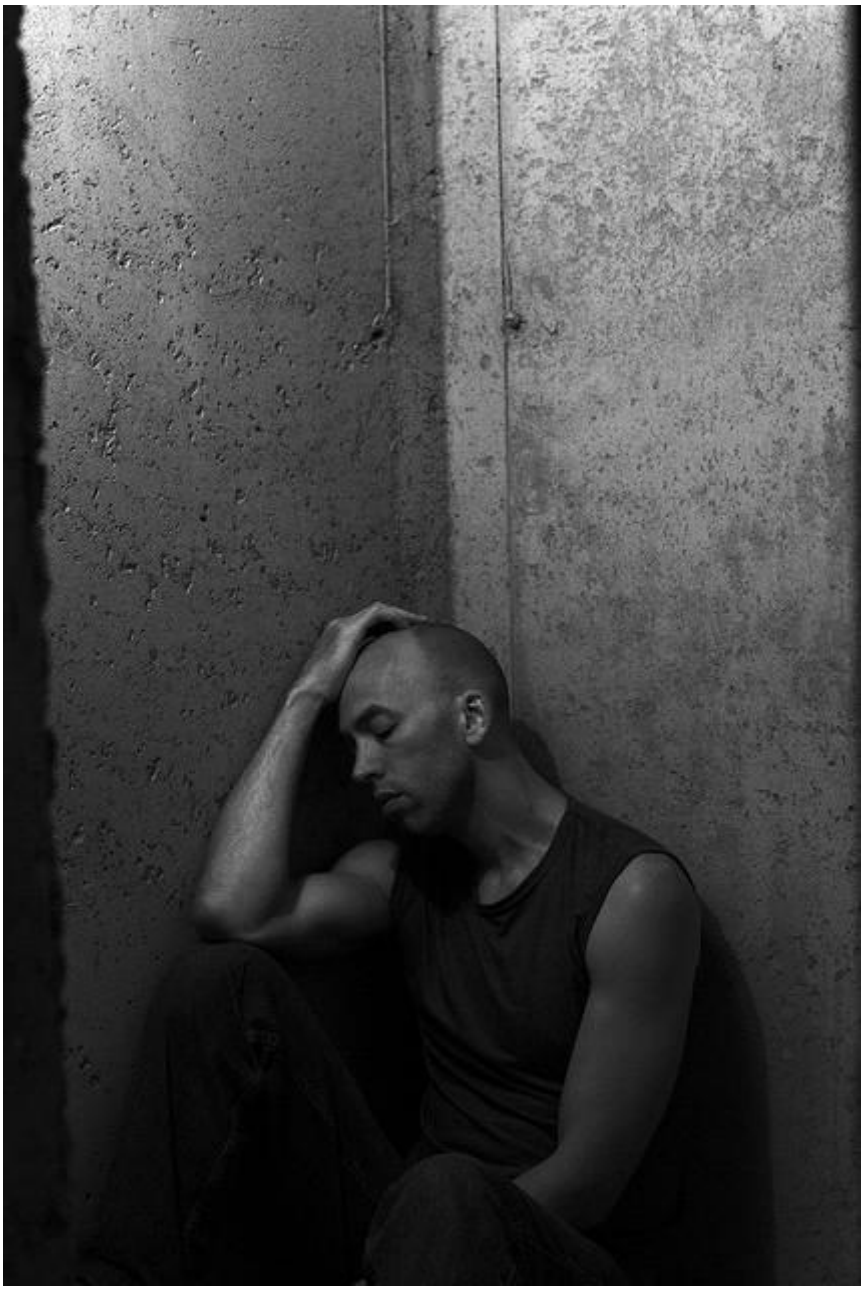
Image 1:

Sorrow Suffocates

I'm having bad mood swings just now. One moment I'm fine, the next & sobbing my heart out, then feeling angry!
So much for the "mood stablizers"!!! <____<

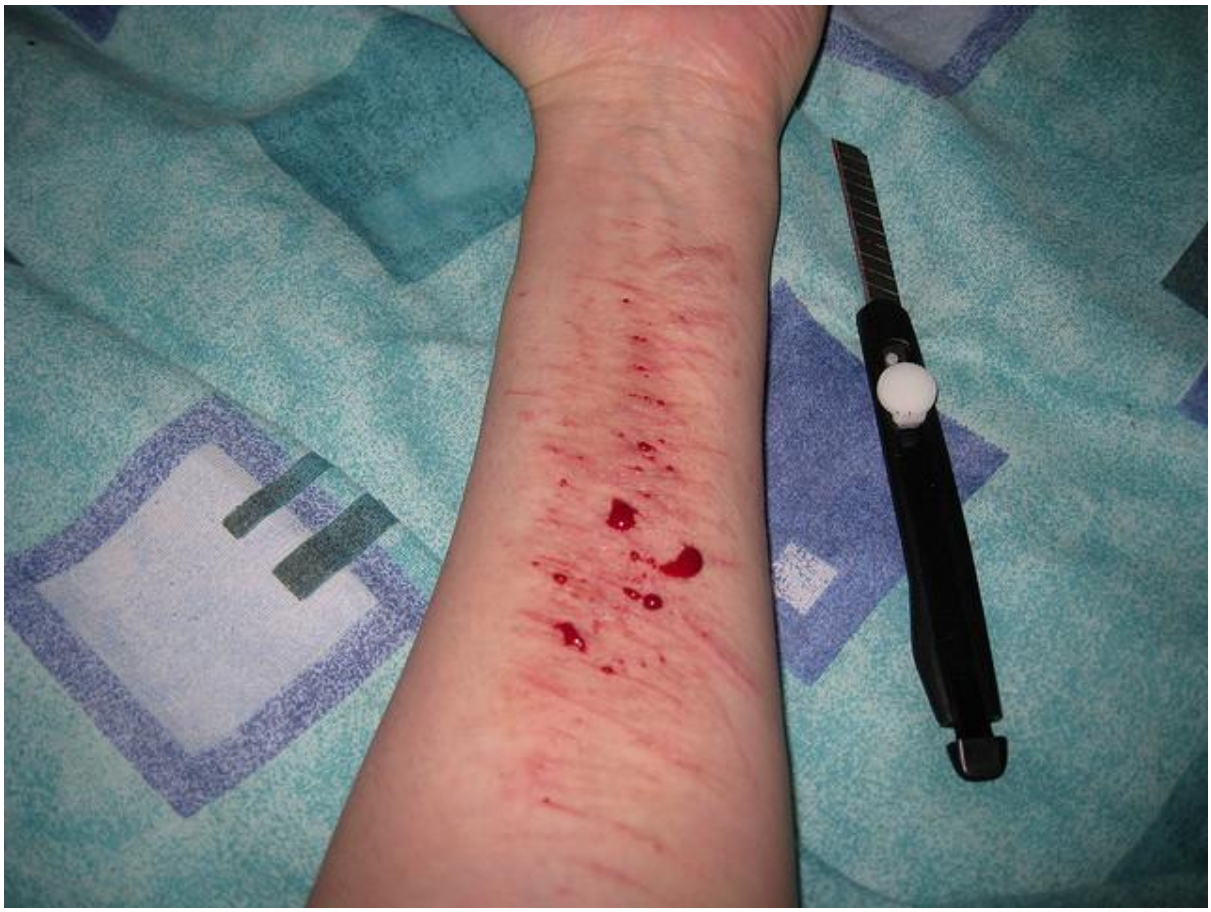
If anyone has a spare brain about, let me know....mine is f**ked!

Image 2



"Cornered," © 2006 Flyzipper, Found at:
http://www.flickr.com/photos/flyzipper/198217425/

Image 3:



"Hurting," © 2009 Alice Chapman, Found at: http://www.flickr.com/photos/alan_c/3234412417/

Used under a Creative Commons Attribution-Non-commercial-ShareAlike 2.0 Generic license: http://creativecommons.org/licenses/by-nc-sa/2.0/deed.en_GB

Image 4:

"Homeless people on the move," © 2009 Ed Yourdon, Found at: http://www.flickr.com/photos/yourdon/3892862254/

Used under a Creative Commons Attribution-ShareAlike 2.0 Generic license: http://creativecommons.org/licenses/by-sa/2.0/deed.en_GB

Image 5:

Downtown on Dunsmuir. I'm seeing fewer homeless now that winter is nigh, but the ones I'm seeing are obviously unable to cope - either mental illness or addiction or both...

APPENDIX 2: Guidelines for Personal Safety

Important things to remember:

- Travel as a team to your visits. Do not have valuables on show. Be careful with your bag; if possible wear one that you can sling across your body. Keep the opening innermost. Feeling threatened in any situation: Leave immediately.

- Do not respond to aggression with aggression, just leave. If you are attacked: In this very unlikely event scream and shout for help.

- Do not appear to be lost; check your map inconspicuously before you set off anywhere. Do not isolate yourself: Carry change, a phone card, mobile 'phone etc in case you need to make a call and ensure you have the contact details of your tutor.

- Never go straight home after a visit without letting your tutor know. Ideally you should always return to the base classroom first. If by prior arrangement you are not doing this (e.g. a visit is finishing quite late) a designated person in the group must contact the tutor by mobile phone to confirm everyone has left safely.

Risk Assessment:

- An experienced tutor will have previously met all the patients in their homes and assessed the environment as suitable for a home visit by students. You are reminded that a person's home is a private residence and it is not possible to check everything. Therefore, you must take reasonable measures to ensure your own safety, and that of your group e.g. the group remain together at all times.

- You are welcome to use your car to travel between your appointments. However, if you intend to give other students a lift, you must check with your insurance company that you are insured for *business use*, as the university's insurance does not cover this.

- To maximise your safety whilst travelling between your visits please see the relevant points above relating to personal safety. Additionally, it is your responsibility, as representatives of your university, to act in a sensible, mature and professional manner at all times.

- **You have a responsibility for health and safety too**. If you observe anything that concerns you during any part of a visit, please feed it back immediately to your locality tutor or to the module leader.

APPENDIX 3

SUMMARY: Mental Health Act 1983

Mental Health Act (MHA) 1983 – amended in 2009

1. Person suffering from a mental disorder
2. Of a nature and degree to warrant detention

Which makes it appropriate for the patient to receive medical treatment.

And that it is necessary for:

1. The patients health
2. The patients safety
3. The protection of other persons

At least 1 of the above must apply

Section 2 of MHA:

- Detention following application made by nearest relative or Approved Mental Health Profession, (replaces the approved social worker – ASW term) for assessment (or assessment followed by treatment) for a period of up to 28 days.
- Supported by two medical recommendations which agree that

a) The nature of the mental disorder warrants detention *and*

b) The patient should be detained for his/her health or safety or to protect other persons.

Section 3 MHA:

- Admission for treatment
- Detention similar to Section 2, but is a treatment order when the category of mental disorder is already determined
- Detention for up to six months
- Requires agreement of 'nearest relative'

Section 5(2): Doctors holding power

- Detention of an informal patient by the doctor in charge of his/her treatment (or nominated deputy) for up to 72 hours to allow for assessment for a Section 2, 3 or 7
- *Allows emergency treatment only, given under common law in the best interests of the patient.*

Section 136:

- Gives a constable the power to take a person who appears to be mentally disordered & in immediate need of care or control to a 'place of safety' for up to 72 hours for assessment under MHA

Supervised Community treatment orders:

Introduced after 2007 amendments:

- Available for suitable patients following an initial period of detention and treatment in hospital
- Mental health problem would be a risk to their own health and safety or safety of others – if they did not continue to receive treatment when discharged from hospital
- Patients with capacity to consent can only be treated if they consent to the treatment

Role of Professionals in the MHA:

- AMHP- to make applications to admit patients for assessment or treatment
- RC – Who is in charge of the patient's treatment and who can normally decide when patients can be discharged and allow leave of absence from hospital

Reference: Mental Health Act (1983) last modified 15 October 2009 May 2010 available from www.cqc.org.uk/_db/_documents/mental_health

Appendix 4

SUMMARY: Mental Capacity Act 2005

Consent

a. Informed consent – appropriate level of information

b. Competent – has the Service user got capacity

c. Not coerced

- Can be withdrawn
- Can be verbal, non-verbal or written
- Under age 16 may be competent (*Gillick)*
- Somebody with Power of Attorney for health matters can act on behalf of another (but not refuse life sustaining treatment unless stated)

Case Law

- *"As a matter of law the parental right to determine whether or not their minor child below the age of 16 will have medical treatment terminates if and when the child achieves sufficient understanding and intelligence to enable him to understand fully what is proposed."*

Capacity

- Issue specific – not a blanket - has or does not have capacity
- Covers a wide range of topics
    - Medical treatment
    - Financial affairs
    - Wills
    - Contracts
    - Discharge from hospital
    - Research

MCA 2005 - Five key principles

1. Presumption of capacity
2. Retain right for eccentric/unwise decisions

3. Right of support for own decisions
4. Best interests
5. Least restrictive intervention

Assessing lack of capacity:

- Who is responsible?
- Not global
    - Not related to diagnosis alone, age appearance or behaviour e.g. because Mr Smith has dementia it does not mean that he lacks capacity
- Issue specific
- Capacity assessment should ultimately be carried out by the person making the decision
- May fluctuate

Two stage test:

1. Is there an impairment of, or disturbance in the functioning of the person's mind or brain?
2. Has it made the person unable to make a particular decision/is it relevant to this issue?
    - (Degree of proof)

Capacity – Service User needs to be able to:

- Understand the information
- Retain that information
- Use or weigh it up
- Communicate decision
- Understanding
    - Relevant information
    - Assist the process
        - Nature of the decision
        - Purpose

        - Consequences of either choice

- Retaining
    - Poor Short Term Memory is not automatic disqualification
    - Information need only be retained for a short period
    - Specific to the issue
    - Should be assisted e.g. tapes, video

- Weighing up
    - Complex process
    - Mental state examination
    - Believing it

- Weighing up
    - Can't use the information
        - Anxiety disturbing thinking
        - Psychosis- delusions relevant to the decision
        - Anorexia belief in body image

- Communicate decision
    - Include simple movements

Lack of Capacity:

- Best interest
    - Relates to everything done on patients behalf
    - Patients wishes must be considered
    - Least restrictive option
    - Consult relatives/carers

- Powers of Attorney
- Common Law

- Advance directives
    - Legally binding if
    - The patient was a competent adult when directive was made
    - Based on sufficient accurate information
    - The circumstances that have arisen are those the patient envisaged
    - The patient was not subject to undue influence in making the decision
    - (competence presumed)

An AD will not be applicable to life-sustaining treatment unless:

- There is a written statement by P to the effect that the AD is to apply to the treatment even if life is at risk
- The AD and statement are signed by P, or by another in P's presence
- The signature is made in the presence of a witness

Reference

Mental Capacity Act (2005) www.legislation.gov.uk/ukpga/2005/9/contents (accessed 15 February 2011)

APPENDIX 5

Who Would be on Care Planning Approach (CPA)?

The following is a list of the characteristics that would identify which people coming into contact with mental health services should be on CPA.

- Severe mental disorder (including personality disorder) with high degree of clinical complexity
- Current or potential risk(s), including:
    - Suicide, self harm, harm to others (including history of offending)
    - Relapse history requiring urgent response
    - Self neglect/non concordance with treatment plan
    - Vulnerable adult; adult/child protection e.g.
        - exploitation e.g. financial/sexual
        - financial difficulties related to mental illness
        - disinhibition
        - physical/emotional abuse
        - cognitive impairment
        - child protection issues

- Current or significant history of severe distress, instability or disengagement
- Presence of non-physical co-morbidity e.g. substance, alcohol, prescription drugs misuse, learning disability etc.
- Multiple service provision from different agencies, including: housing, physical care, employment, criminal justice, voluntary agencies
- Currently or recently detained under Mental Health Act or referred to crisis/home treatment team
- Significant reliance on carer(s) or has own significant caring responsibilities

- Experiencing disadvantage or difficulty as a result of:
    - Parenting responsibilities
    - Physical health problems/disability
    - Unsettled accommodation/housing issues
    - Employment issues when mentally ill
    - Significant impairment of function due to mental illness
    - Ethnicity (e.g. immigration status; race/cultural issues; language difficulties; religious practices);sexuality or gender issues

Reference: Care Programme Approach (CPA) available form http://cpaa.co.uk/thecareprogrammeapproach