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The Assisted Decision-Making(Capacity) Act 2015

Views of an Old Age Psychiatrist

The Relevant Person

- To enable recovery the individual has to be involved in their decision making.
- There needs to be a societal shift to thinking that having a mental illness does not mean that you can't make significant decisions.
- Support people with the use of decision making assistants and co-decision makers.
- Utilise advanced directives.

Do Carers have a Voice?

- Caring for someone with a mental illness can take a tremendous toll.
- Need to consider education for carers around capacity legislation.
- Encourage the individual with the illness to involve carers in decision making.
- But beware ulterior motives.

John – Severely Depressed

- Inpatient
- Limited conversation/interaction.
- Passively consenting to treatment.
- Family making suggestions re treatment based on previous episodes.

Voluntary Patients in Acute Psychiatric Ward.

- Some do not have the capacity to decide whether they should be there or not.
- If not detained under the MHA and therefore voluntary there are not the same legal protections available as there are for involuntary patients.
- Stigma attached to being detained under the MHA.

Kate – Schizoaffective Disorder

- Admitted as involuntary patient given chaotic behaviour, psychotic symptoms and high risk of harm to self.
- Unable to communicate in any meaningful way.
- Family exhausted and not feeling able to engage with care planning.

Acutely unwell with mental ill-health

- What decisions can the person make?
- Have they documentation of what they want/ don't want?
- Do they have someone to represent them?
- Regular revision of their ability to make decisions.
- Positive risk taking.

Kate at Discharge – quite well

- Focus on Stabilising
- Then on Recovery.
- Advanced directive.
- Support/ educate family.

Where Illness Makes Decision Making Hard or is it Cognitive Deterioration?

- Mary in a Nursing Home.
- History of a chronic schizophrenic illness but seems to be stable for some years.
- Refusing medical treatment/ investigation for potentially life threatening condition.



Getting Older with Poor Home Circumstances

Dementia

- Need for early diagnosis.
- Enduring power of attorney.
- Understand the individuals cognitive deficits.
- Do not use an assessment score to determine their capacity.
- Management of risk may be more relevant than whether the person has capacity to make certain decisions.

Delirium

- A transient and often fluctuating condition.
- May last less than 24 hours or 6 months.
- Currently 'common law' is used to treat and keep safe.

Need to Consider

- People in other contexts – acute hospitals – locked doors, lack of information, take ‘your own discharge’.
- Huge time resource.
- If we are focussing on certain people where issues around capacity are raised we will be taking time from other people.