

**Capacity Assessment for Mental Health Treatment - Adults**

This form is an aid to documenting capacity to make decisions related to mental health treatment ONLY. It does not replace any other capacity assessment for other matters or decisions. An assessment for the presence of a mental illness needs to occur prior to this capacity assessment to determine the need for treatment.

**A. Person's details**

Surname:		Given name(s):	
Residential address:			
Town / Suburb		State:	Postcode:
Date of birth:	Or age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex / Indeterminate <input type="checkbox"/> Not stated / unknown	

**B. Supported Decision**

A person may have capacity to make decisions about their own mental health treatment, without the assistance of others. However, support from others should be actively encouraged. Capacity may be achieved with support from others in understanding information relevant to the proposed treatment. (Section 14(3) of the *Mental Health Act 2016*).

This capacity assessment pertains to the principle decision maker; this can be achieved with supported decision makers, e.g. the person is taken to have capacity to make decisions if they can do so with the assistance of someone else.

**Who are the persons assisting during this capacity assessment?** (please write 'nil' if no-one else present)

Name of Support:	Relationship to patient:	Contact details:

**C. Reason for Capacity Assessment**

Capacity is presumed for people over 18 years of age. What is the trigger for this capacity assessment? (e.g. severity of symptoms impacting on cognition, level of risk).

Document details:

For each of the following criteria (D, E, F) please provide details including:

- i) how these were explained to the person;
- ii) the person's responses indicating understanding or lack thereof. This may include understanding of the cause and effect; consequences for self and others; permanent or long-term outcomes;
- iii) any written or other materials provided;
- iv) any factors that were considered important to the person.

**D. What is the treatment being proposed?**

Document details:

Does stability of capacity need to be demonstrated before consent can be given for this treatment decision?

- Yes – ensure that the ‘stability of capacity’ section is completed at the end of this document. The capacity decision of this form may not be acted on until stability is demonstrated.
- No – the capacity decision from this assessment can be acted on directly.

**E. Does the person understand, in general terms, that they have a mental illness, or symptoms of a mental illness that affects their mental health and wellbeing?**

Yes  No

Document details:

**F. Is the person capable of understanding in general terms:**

a. The nature and purpose of the treatment proposed?

Yes  No

Document details:

b. The benefits and risks of treatment, and alternatives to the treatment?

Yes  No

Document details:

c. The consequences of not receiving the treatment?

Yes  No

Document details:

**G. Is the person able to make a decision and communicate the decision in some way?**

Yes  No

Provide details including how the decision was communicated and the persons reasons for the decision, including any factors that were considered important to the person and/or the support person(s):

**H. If a 'NO' response was documented for any of the above questions (E, F, G) this may indicate that the person lacks capacity to make the decision at this point in time**

Before making this judgement, you should ensure that every effort has been made to encourage and support the person to be able to make their own decision. Consider the following ways to enhance capacity:

- Providing all relevant information for the decision in a way the person understands. This may include written, pictorial, verbal and other means.
- If the choice is between alternatives, do they have the information on the different options? Are the choices clear, or have they been presented in a way that might be confusing? Are the same options being presented each time, or are different options being given?
- Impact of the environment on decision making, e.g. noise, distractions, interruptions, trauma triggers. Can the person be made to feel more at ease?
- Have cultural and religious needs been recognised and taken into account in providing information and choices, e.g. setting, appropriate support people, adapting to beliefs and customs.
- Have communication needs been adequately addressed, e.g. use of interpreters, written information in the person's preferred language, use of plain English, no jargon, use of visual aids?
- Timing – can the person be given time to consider their options? Can the decision be delayed until a time when the person can make a decision? Is there a time of day that is better for the person to take in and retain information?
- Can a family member, friend, carer or advocate help the person to make a choice or express a view?
- Does the person feel that they are able to give their decision freely and voluntarily? Consider the language used, the setting, the influence of others, and other factors that may be perceived as coercive.

**Provide any details of these considerations:**

**I. Capacity Decision**

At this point in time, I consider the person:

has capacity under section 14 of the *Mental Health Act 2016*  does not have capacity\* → complete section J

to make this health assessment and or/treatment decision.

\*where an appropriate substitute decision maker exists, they will need to be identified to consent to mental health care. Ensure that where a substitute decision maker makes a decision, the substitute decision maker is identified on any consent forms for treatment.

**Stability of Capacity**

For a person whose capacity appears to be borderline or fluctuating, capacity may need to be established over time to ensure that the person can make a valid decision.

To determine that this person's capacity is stable and not fluctuating, I recommend:

- a further capacity assessment on \_\_\_/\_\_\_/\_\_\_ (date)
- a series of further assessments with stability demonstrated by \_\_\_/\_\_\_/\_\_\_ (date)  
(e.g. consistently shows capacity over at least three assessments by a certain date); OR
- this person has consistently demonstrated capacity from \_\_\_/\_\_\_/\_\_\_ (date) to present and has stability of capacity

**Capacity assessed by:**

Name:		Role:	
Signature:	Date:	Time:	
If it is determined that patient does not have capacity, who is the substitute decision maker?			
Name of substitute decision maker:		Relationship to patient:	
Contact details:			

**J. Substitute Decision Maker**

**If it is determined the patient does not have capacity, is there a substitute decision maker?**

You must adhere to the Advance Health Directive (AHD) or the consent obtained from a substitute decision maker.

**a) Does the patient have an AHD that is applicable to the treatment?**

- Yes → GO TO b)       No → GO TO c)

**b) If yes, has the AHD been sighted and a copy is in the medical record?**

- Yes (the AHD must be adhered to)     No → GO TO c)

**c) Substitute decision-maker (select one only):**

- Attorney(s) for health matters under an Enduring Power of Attorney or AHD
- Personal guardian appointed by QCAT under the *Guardianship and Administration Act 2000*
- Statutory Health Attorney
- If none of these, the Office of the Public Guardian must provide consent (ph: 1300 653 187)

Name of substitute decision maker

Relationship to patient:

Contact detail