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**Decision Maker Information for Child and Youth Mental Health Services**  
Refer to Decision Maker Information Checklist - Guide for Use.

**A. Does the child/young person have capacity?**

Yes Gillick competency/capacity to consent was assessed on: \_\_/\_\_/\_\_\_\_ (date) and is documented in:

Provide details of location on CIMHA:

The child/young person is to actively participate in the discussions outlined in this checklist.

No Parent/legal guardian/other person\* with parental rights and responsibilities to participate in the discussions outlined in this checklist.

If applicable, source of decision-making authority (tick one):

Court order →  Court order verified

Legal guardian →  Documentation verified

Name of parent/legal guardian\*

Relationship to child/young person

\*Formal arrangements such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures. Complete the source of decision-making authority as applicable below.

**B. Understanding Informed Consent**

The clinician is to talk with the child/young person and/or parent/guardian about informed consent, including:

- what is meant by 'informed consent'.
- the treatment and care provided by the service.
- engaging in developing a care plan.
- providing consent for any treatment or care proposed in the care plan.
- provide the opportunity for questions to be asked and answered.

Additional notes:

**C. Restrictive practices**

The clinician should explain the following to the child/young person and/or parent/guardian:

- The service has a duty of care to keep people safe. If the child/young person is at risk of harm to self or others, and no other less restrictive method is able to maintain safe care, as a last resort restrictive practices might be used. Every effort will be made to include safe ways of managing behaviours in the care plan to prevent resorting to these practices.
- the inpatient unit is a locked unit. This means that the child/young person will not be able to leave without permission.
- the use of restrictive practices (physical restraint, sedation and seclusion) as a last resort of treatment the child/young person is a risk of harming self, others or property. Providing written information about how these practices might be used, including the risks involved, is suggested best practice.



- consent cannot be given for seclusion; this can only be authorised by clinicians under the Mental Health Act 2016.
- provide the opportunity for questions to be asked and answered.

Additional notes:

**D. Withdrawal of consent**

The clinician should explain the following to the child/young person and/or parent/guardian:

- Consent to treatment may be withdrawn at any time by telling the clinician (or another staff member) at the Child and Youth Mental Health Service. Such a decision will be discussed and clearly written in the child's/young person's medical record.
- The decision will be acted upon unless there are concerns that the condition will get significantly worse, or there is serious risk of harm to self or others. The treating team will discuss any concerns with me to work out options.
- If treatment and care is necessary to prevent harm and there is no less restrictive way to provide it, the treating team may need to consider involuntary treatment under the *Mental Health Act 2016*.
- If consent is withdrawn, the treating team may have concerns about a child or young person's best interests and need for ongoing care. In these circumstances the team will further discuss options to meet the child or /young person's needs, including the option of involuntary treatment under the *Mental Health Act 2016* if required.

Additional notes:

**E. Doctor/Clinicians statement**

**I have explained all the ticked content in this form to the patient/parent/legal guardian\* and I am of the opinion that they have understood this information.**

Clinician Name:

Clinician Signature:

Date

**F. Does the patient/parent/legal guardian need interpreter/cultural services?**

- i.** a) Is a language interpretation service required?  Yes  No → **GO TO ii**
- b) If yes, is a qualified Interpreter present?  Yes (complete section H)  No

If *no*, please state reason:

- ii.** a) Is a cultural support person required?  Yes  No
- b) If yes, is a cultural support person present?  Yes  No – indicate reason below

If *no*, please state reason:

**G. Interpreters Statement**



I have:	
<input type="checkbox"/> provided a sight translation	
<input type="checkbox"/> translated as per doctor/clinician explanation in:	
Language:	
(state patient's/parent's/legal guardian's language) of the information and assisted in the provision of any verbal and written information given to the patient/parent/legal guardian by the doctor/clinician.	
Name of child/young person (patient):	
Language of patient/parent/legal guardian	
Name of Interpreter service:	
Name of Interpreter:	
Signature of Interpreter:	Date: