Assessment and Care of Children and Young People with Mental Health Needs, who are placed in an Acute General Hospital Ward Policy
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1. **INTRODUCTION**

Children and Young People with acute mental health needs may need admission to hospital for assessment and treatment. Acute general hospital wards (typically a paediatric ward) are often the first location for admission. Clinical staff from Children and Young People’s Mental Health Services (CaYPMHS) have a pivotal role in working with the acute general hospital ward multi-disciplinary team (MDT) to assess, plan and co-ordinate care for these children and young people.

Out of Hours for those aged 16 and 17 years the adult crisis team may be involved in the assessment.

2. **PURPOSE**

The purpose of this policy is to clearly set out best practice guidance and CaYPMHS requirements for the assessment and care of children and young people who are admitted to an acute general hospital ward with mental health needs.

When any child/young person has been admitted to an acute general hospital ward with associated emotional and mental health issues, be that planned or unplanned; they, their parent / carer or legal guardian and the admitting ward staff should have clarity regarding the roles and responsibilities of CaYPMHS and the nature and frequency of contact that can be expected.

This policy aims to support staff to:

- Maintain the safety and well-being of the child/ young person through a timely assessment, risk assessment and care and crisis plan
- Provide on-going assessment , care and support to the child/ young person/ family and the acute hospital ward during prolonged admission
- Provide a consistent approach and have clarity regarding their roles and responsibilities for the care of children and young people admitted to an acute general hospital ward with mental health needs.

2.1 **Definitions/Explanation of Terms Used**

Current View: The ‘Current View’ tool asks CaYPMHS staff to rate a number of presenting problems, complexity and contextual problems according to their understanding of their presence/impact upon the Child / Young Person at that time.

FACE Risk Assessment: ‘FACE’ is an abbreviation of the name of the company that produce several toolkits to assess risk and needs in health and social care.

BMI: Body Mass Index

SOP: Standard Operating Procedure

3. **SCOPE**

This Policy applies to those patients/service users who have not yet reached...
their 18th birthday and are therefore defined as children and young people and covers

- Those children and young people who have been referred to Trust services but whose needs and level of risk have yet to be assessed

- Those Children and young people who have been accepted by CaYPMHS and whose level of risk has been assessed and or has changed

This policy applies to all clinical staff in CAYPMHS, who as part of their work will assess children and young people (as defined in the scope) who have been admitted to an acute general hospital ward with associated mental health concerns.

Whilst it is recognised that this Policy will predominantly apply to CAYPMHS staff from adult services may also be involved in the assessment of children and young people and therefore should be aware of the content.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

CaYPMHS staff should ensure they maintain their professional knowledge and competence by accessing available training and seeking advice and guidance though clinical and managerial supervision and using the resources available on the Trust intranet.

4.1 Assistant Directors

Assistant Directors are responsible for:

- The implementation of the policy across the specified Business Divisions
- The on-going review of the policy to keep it up to date with current best practice
- Promoting collaborative working between services, in order that the needs of the patient remain at the centre of the process
- Providing reports to the Operational Management Meeting (OMM) on any issues associated with the implementation of the policy
- Facilitating effective joint working with internal and external partners and stakeholders
- Monitoring staff compliance with the Policy and Mandatory Risk Management Training Needs
- The development, implementation and monitoring of effective systems of supervision for clinical staff within their Business Division

4.2 Team Managers

Team Managers are responsible for:

- Making their staff aware of the contents of this policy.
- Monitoring the compliance of their staff with the contents of this policy.
- Facilitating Multi-disciplinary Team (MDT) discussion to assist decision making and communication of concern/ actions.
- Reporting any breaches in relation to this policy.
- Collating and providing data on a monthly basis to the CaYPMHS performance meeting in line with the monitoring arrangements set out in section 7

4.3 **Clinical Leads**

Clinical leads are responsible for:

- Supporting staff with the implementation of this policy
- Reporting any breaches in relation to this policy.
- Escalating any clinical issues that impact on the delivery of this policy
- Facilitating Multi-disciplinary Team (MDT) discussion and / or individual supervision to assist decision making and communication of concern/ actions.

4.4 **All Clinical Staff**

Clinical staff are responsible for:

- Following the appropriate steps in this policy and informing the team Manager/ clinical lead where necessary of any issues that impact on the delivery of care as defined within this policy
- Reporting any breaches in relation to this policy.

4.5 **CAYPMHs Performance Meeting** and CaYPMHS Clinical Governance Group will monitor compliance with the requirements of this procedure

5. **PROCEDURE/IMPLEMENTATION**

5.1 **Best Practice Guidance Self Harm**

There is a national recommendation that children up to 16 years of age who have self-harmed should have overnight observation on a paediatric ward and be assessed by CaYPMHS on the ward either on the same day or the following day dependent on the timing of the admission.

In accordance with national guidance for self-harm under ‘Special issues for children and young people (under 16 years)’ a paediatrician should normally have overall responsibility for the treatment and care of children who are admitted and have self-harmed. The admitting team should obtain the consent of someone with parental responsibility to undertake the mental health assessment of the child or young person.
5.1.1 Young people aged 16 and 17 years are not identified separately in national guidance and therefore referral, treatment and discharge following self-harm should be based on the overall assessment of needs and risk.

National Guidance states

- that the decision to discharge a person without follow-up following an act of self-harm should be based upon the combined assessment of needs and risk. The assessment should be written in the case notes and passed onto their GP and to any relevant mental health services.
- that a decision to discharge a person without follow-up following an act of self-harm should not be based solely upon the presence of low risk of repetition of self-harm or attempted suicide and the absence of a mental illness, because many such people may have a range of other social and personal problems that may later increase risk. These problems may be amenable to therapeutic and/or social interventions.
- that temporary admission, which may need to be overnight, should be considered following an act of self-harm, especially for people who are very distressed, for people in whom psychosocial assessment proves too difficult as a result of drug and/or alcohol intoxication, and for people who may be returning to an unsafe or potentially harmful environment. Reassessment should be undertaken the following day or at the earliest opportunity thereafter.

See NICE guidance NG16: Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. Sections: 1.9.1.3. and 1.9.1.5 and 1.9.1.6.for under 16 years and 1.8.1.3, 1.8.1.4 and 1.8.1.5.

5.2 Response by local CaYPMHS services within working hours

Normal working hours are defined as Monday to Friday 09.00 to 17:00 hours

Out of hours are defined as after 17.00 hours and weekends/public bank holidays

5.2.1 CaYPMHS response to referrals made by admitting wards in acute hospital settings

All children and young people placed on a paediatric / acute general hospital ward who require a mental health assessment will be seen within 24 hours of receipt of referral.

Referrals will be assessed as urgent if a young person has been placed on a paediatric / acute hospital ward as a result of:

- active self-harming and requires treatment
- is actively suicidal (has a plan and intent )
- has significant, rapid weight loss with a BMI of 14 or less
- is exhibiting active psychotic symptoms or unusual thought processes which are causing them to act in a manner which poses a risk to
themselves or others

The local standards to be adhered to within working hours are detailed in the local flowcharts (Appendix 1).

5.3 Referrals

Referrals are expected to be received from the relevant ward at the earliest opportunity to enable the CaYPMHS to plan. Referrals can be made by telephone (or faxed as per local acute Trust policy) as detailed below pending the progression of secure email.

Rotherham
Tel: 01709 304808
Fax: 01709 302547

Doncaster
Tel: 01302 304070
Fax: 01302 304077

North Lincolnshire
Tel: 01724 408460
Fax: 01724 869549

5.3.1 Receipt of referrals

All referrals received by CaYPMHS are directed to the duty team / worker for triage in accordance with the locality operating procedure for the duty team in hours (Section 5.3.3 and 5.3.5 below) and in accordance with the CaYPMHS Out of Hours SOP ( Section 5.3.4 and 5.5.2 below).

5.3.2 Monitoring of Referrals

The team / operational manager / clinical lead of the CaYPMHS will be responsible for collating referral data and information regarding all admissions to the acute hospital within their locality.

5.3.3 Triage

Triage is a clinical function which aims to assess and categorise the urgency of the referred mental health related problem. This role is performed by the CaYPMHS duty team on a daily basis between the hours of 09.00 and 17.00. A robust system is in place for the effective triage of all referrals received which includes triage for urgency by a minimum of 2 clinicians (one of which may be the duty manager/ clinical lead or their nominated deputy) within 24 hours.

Triage also ensures that all referrals that do not meet the criteria for acceptance by CaYPMHS are, where necessary, appropriately signposted and information is communicated effectively with children, young people, their parent /carer or legal guardian and the referrer within 5 working days.

CaYPMHS will support the acute general hospital by offering advice and or
assessment to support decision making regarding the safe discharge of children and young people.

5.3.4 Triage Out of Hours

CaYPMHS provide an out of hours service as detailed in section 5.5.2

5.3.5 Intoxication by Drugs and or Alcohol

Alcohol and drug intoxication may influence a person's mental state presentation and may imitate or mask symptoms of an underlying mental disorder.

The presence of alcohol and/or drug intoxication does not preclude early assessment, although it may indicate the need for further assessment when the person is no longer intoxicated or under the influence of drugs.

Consideration as to whether the child or young person has the capacity to consent to an assessment, due to being under the influence of alcohol or drugs at the point of request, needs to be taken account of. Equally the level of disturbance to the child or young person's presentation and associated risk should be a critical consideration.

5.3 Consent and parental responsibility

Parental responsibility means the rights and responsibilities that parents have in law for their child, including the right to consent to medical treatment for them, up to the age of 18 in England.

5.4.1 Establishing who has parental responsibility

Those with parental responsibility will usually, but not always, be the parents of the child or young person. Other people may acquire parental responsibility. Where the parents are not married it will be necessary to ascertain whether the father has gained parental responsibility.

Practitioners should always check with those caring for the child or young person whether any child arrangements orders, parental responsibility agreements or orders, or special guardianship orders have been obtained.

Where children or young people are ‘Looked After’ by the Local Authority it will be important to establish whether they are subject to a care order (Section 31 Children Act) or are being voluntarily accommodated by the Local Authority, to establish who has parental responsibility. Where the Local Authority has parental responsibility they must always be informed of the admission and assessment.

5.4.2 Consent in relation to children and young people

It is good practice to involve the child or young person’s parents and/or others involved in their care in the decision-making process, if the child or young person consents to information about their care and treatment being shared.
5.4.3 Children under 16

Children under 16 should be assessed to establish whether they have competence to make a particular decision at the time it needs to be made. The test for children under 16 is determined by considering whether they are “Gillick competent”. (Appendix 2: Gillick competence)

5.4.4 Young People (16 & 17 year olds)

The MCA applies to people aged 16 and over so young people must be assumed to have capacity to make the decision about a proposed admission / treatment unless it is established that they lack capacity. (Appendix 3: Mental Capacity Act 2005)

However, there may be times when a child or young person’s wish to withhold information from parents must be overridden.

5.4.5 Consent to the care regime during admission

The decision whether the child or young person consents to their care regime, or if it amounts to a deprivation of liberty, must be kept under regular review. A significant factor to be considered is the scope of parental responsibility and the level of supervision e.g. what is usual for a young child would not usually be an acceptable restriction for a 17 year old. This is particularly significant where for example the risk assessment and care plan indicates that close observation / supervision is required (e.g. to manage risk to self and / or others).

CaYPMHS should advise the admitting ward Multi-Disciplinary Team they will need to consider and apply developments in case law and may need to seek safeguarding / legal advice in respect of individual cases to ensure the care of the child is delivered within the appropriate legal framework.

CaYPMHS staff should seek advice and guidance as required though clinical and managerial supervision, the Trust Safeguarding team and via the Duty Manager Out of Hours.

Approved Mental Health Professionals will also have access to legal advice via the Local Authority.

5.5 Assessment prerequisites

The admitting ward staff are required to:

- Confirm who has parental responsibility
- Assess the competence/capacity of the child/young person to consent to and participate in a mental health assessment
- Obtain consent for referral and / or discuss with CaYPMHS those rare cases where consent cannot be secured to ensure the child / young person is assessed within the appropriate legal framework
• Agree a suitable time for assessment and make all attempts to have a person with parental responsibility present for any child / young person being assessed if appropriate

• Ensure a member of the ward team is available to provide a handover of reliable clinical information to inform the assessment

• Confirm that the child / young person is ‘medically fit’ for assessment having excluded toxicity or organic pathology as a cause of the presenting problem

(For the purpose of this SOP, ‘Medically fit’ is described as having completed all tests and treatment pertinent to the presenting problem and being suitably alert to participate in the assessment as in 5.3.5 and 5.7)

5.5.1 Assessment Pathway: Attending the ward following admission in working hours

It is the responsibility of the locality CaYPMHS duty team / worker (and / or CaYPMHS Liaison Nurse Rotherham only) to conduct a mental health and risk assessment on the paediatric / acute hospital ward in their locality irrespective of the child’s usual place of residence.

In the event that the child / young person has an allocated care coordinator and they are available to undertake an assessment they may accept responsibility to do this themselves within the agreed timescales.

Assessment should be undertaken by a single clinician except in exceptional circumstances where there is a complex presentation.

The CaYPMHS clinician that conducts the assessment will:

a) Complete a FACE risk assessment (as a minimum) for all children/young people seen.

The purpose of the assessment is:

• to determine whether the young person is mentally fit for discharge to an agreed community setting and will no longer pose an unacceptable level of risk to themselves and/or others

• to establish a risk management plan for young people deemed fit for discharge

• to determine the risk management plan for a young person not deemed fit for discharge

• to ensure the risk assessment and risk management plan is clearly communicated and recorded in the young person’s file on the ward and also the CaYPMHS Electronic Patient Record
• For localities where a secure email arrangement is in place this can be utilised to limit the need for duplicated record entries.

b) Adopt a collaborative approach to care and risk planning ensuring the child or young person, parent or carer and or legal guardian are involved and agree to the plan in consultation with the admitting ward where continued admission is agreed.

c) Inform the admitting ward’s Multi-Disciplinary Team / manager where the child or young person, parent or carer are not in agreement with the care plan / risk management proposed.

d) Record a clear plan of care in the child or young person’s file on the admitting ward at the point of assessment and ensure this is shared with the child or young person, parent or carer and or legal guardian. (Appendix 4)

e) Record the full assessment and outcome in the child or young person’s file on the admitting ward and also onto the CaYPMHS Electronic Patient Record (Silverlink).

f) Issue the child or young person and their family, with a crisis card pending a more substantive written care / crisis plan being agreed. (Appendix 5)

g) Contribute to Multi-Disciplinary / multi-agency decision making and discharge planning for the child / young person.

• Where this is at the point of initial assessment this is typically undertaken by the assessing clinician as the CaYPMHS representative (with support from CaYMPHS duty manager/ clinical lead/ Consultant Psychiatrist as required). Where admission has been prolonged (i.e. over 72 hours) or the presentation is more complex (eg: safeguarding concerns, elevated risk factors) CaYPMHS will ensure the most appropriate CaYPMHS representatives attend any discharge planning meetings convened by the acute general hospital. See 5.6.1 and 5.6.2

h) Add a face to face contact to their staff calendar

i) Take on the role of care co-ordinator (for those cases with no current allocated care coordinator) and ensure that they are allocated on the care network (Silverlink).

j) Complete a first contact ‘Current View’ form

k) Communicate the outcome of the assessment within 5 working days in writing to the child or young person’s GP as a minimum. Copies of this letter should be sent to the child or young person and / or their legal guardian in accordance with Trust policy for copying letters to service
Where there are identified safeguarding concerns and, or the child or young person has an allocated Social Worker, the details of the assessment / outcome and risk management plan should be shared with the allocated Social Worker in accordance with Trust /Local Safeguarding Children Board Policies.

5.5.2 Attending the ward following admission Out of Hours (in accordance with the SOP for CaYPMHs Out of Hours)

- Staff are expected to undertake assessments in line with Section 5.5.1 (a – h and l) however there are process differences as below:

  - Referring agencies will contact Tickhill Road Hospital switchboard (01302 796000) in the first instance, who will then contact the on call clinician. CaYPMHS clinicians will contact the referrer and triage the referral by telephone to determine suitability and necessity to attend the ward to undertake an assessment.

  - CaYPMHS clinicians will assess all young people up to the age of 16 years. For young people between the ages of 16 years and 18 years the Locality Access Teams may conduct assessments without CaYMHS clinicians, unless there are complex presentations. Where a young person aged 16 or 17 years has been admitted to a general hospital ward and an assessment is deemed necessary a joint assessment will be completed by the CaYPMHS on call clinician and the Access Team worker.

  - The CaYPMHS on call record should be completed for all out of hours contacts, including those where the child or young person has not been assessed.

  - All patient records should contain the child or young person’s name, date of birth and NHS number.

  - A copy of the CaYPMHS on call record should be uploaded onto Silverlink if the patient is known. If the patient is not known then the information will be faxed through to the locality team the next working day.

  - A FACE risk assessment and assessment document should be completed for all children and young people who have been assessed. This should be uploaded to Silverlink or faxed to the locality team if the patient is not known, scanned onto silverlink and placed in the patient’s paper file where it exists.

  - The locality CaYPMHS team must be informed of any assessment the following morning.

  - Correspondence to the child or young person, parent or carer and or legal guardian and GP will be followed up by the locality team within 1 working week. This will not be the responsibility of the assessing out of hours clinician.
Following an out of hour’s assessment, the clinician is responsible for handing over the information to the relevant team the next day / as soon as practically possible. Information about children or young people who are already known to service should be passed to the lead clinician, or if they are not available, the clinical lead / team manager for the relevant team.

For those children or young people who are “Looked After” ensure that there is liaison with the relevant Local Authority throughout the assessment and decision making process.

The following handover process should be adhered to for those children and young people who are presenting to service for the first time or are not currently in receipt of a service:

**Rotherham:**
Duty Team
Rotherham CaYPMHS
Kimberworth Place
Tel: 01709 304808
Fax: 01709 302547
E-mail: RotherhamCAMHS.DutyTeam@rdash.nhs.uk

**Doncaster:**
Duty Team
Doncaster Children and Young People’s Mental Health Service
Tel: 01302 304070
Fax: 01302 304077
Email: DoncasterCAMHSDutyTeam@rdash.nhs.uk

**North Lincolnshire:**
St Nicholas House
CaYPMHS
Tel: 01724 408460
Fax: 01724 869549

Children and young people currently in receipt of services should be directed to the lead professional / care coordinator. In the absence of the lead professional / care coordinator, the team manager or clinical lead (and liaison nurse Rotherham only) should be informed.

**Rotherham:** 01709 304808

**Doncaster:** 01302 304070

**North Lincolnshire:** 01724 408460

Where psychiatric medical assessment is required, this must be clear within the handover of the case and further information may be required from the appropriate psychiatrist.
5.6 Decision and outcome pathway: Discharge of the child or young person into the community

- Where possible the clinician / care coordinator (where known to the service) will be required to review the child or young person again within 7 working days following discharge, as per NICE guidelines. This may be sooner dependent upon presenting need and risk factors and may require a joint assessment with a Medical team member.

- Where the clinician / care coordinator (where known to the service) is not available to undertake the 7 day review, it is the responsibility of the assessing worker to ensure that the child or young person and parent / carer / legal guardian are clear as to who will undertake this assessment. This may be a duty worker (or liaison nurse Rotherham only). Information should be provided to the child or young person and parent / carer / legal guardian as to when and how to contact the service in the interim (crisis card). This should be recorded clearly in the electronic patient record.

- Where the 7 day follow up appointment indicates on-going care is required the child or young person and their parent / carer / legal guardian must be clear about who is their allocated care coordinator. The care coordinator must be named and allocated by the CaYPMHS within 10 working days of referral by the admitting ward.

5.6.1 Decision and outcome pathway: Where the child / young person is not fit for discharge and remains on the ward

There are occasions where a child or young person may have a brief admission and in more rare circumstances have a prolonged stay in an acute general hospital but also have on-going mental health needs. This may be due to co-existing or complex physical health needs and or delay in sourcing a suitable place for transfer or discharge. It is essential that the child or young person’s mental health and wellbeing is promoted and recovery maximised through on-going assessment and treatment by the local CaYPMHS during this time.

(Within the Rotherham locality CaYPMHS employ an Interface and Liaison Nurse who provides support to the paediatric unit / acute hospital wards during the hours of 09.00 – 17.00 Monday to Friday)

If on assessment the child or young person is not fit for discharge and remains on the ward, the following minimum standards will apply:

- Daily telephone contact with the ward by the care coordinator / duty worker / team (or liaison nurse Rotherham only) as per the local arrangement is expected. Details of the discussion and any decisions taken must be recorded in the CaYPMHS electronic patient record.

- Daily discussion of cases that are not discharged from the wards will take place with the CaYPMHS medical staff, as necessary.

- Face to face appointments must take place at no longer than 72 hourly intervals (Monday – Friday) unless agreed otherwise. Where visits are not
required at this frequency this must be agreed in liaison with the ward manager / Multi-Disciplinary team and the reasons documented in the clinical record.

- CaYPMHS staff will ensure that the ward is provided with a written initial care plan at the point of assessment to include (see Appendix 4):
  - An outline of the identified problem and core principles of care
  - Any observation required, for what purpose and describe how this should be undertaken (e.g. frequency, proximity, role of parents/carers/legal guardian)
  - Frequency of visits planned by CaYPMHS workers
  - Overview of Risk factors / triggers to risk and management plan including safeguarding concerns
  - Information where the child or young person/parent/carer/legal guardian do not consent to the care regime

- The child or young person, parent/carer/legal guardian should be provided with a crisis card (see Appendix 4):

- This care plan should be reviewed within a maximum of 7 working days and amended/updated as necessary. It should be agreed with the child or young person, parent/carer/legal guardian (and ward staff for all children and young people who remain as an inpatient)

- A written copy of the full CaYMPHS FACE risk assessment should be shared with the ward within 3 working days for all children and young people who remain as an inpatient

- CaYPMHS staff will be required to provide support to the paediatric nursing and medical staff. They should be clear about the risks and communicate this effectively to the paediatric staff highlighting what they should do if the risk changes, both in and out of hours.

- CaYPMHS staff will be required to progress any referral to Tier 4 inpatient services in a timely manner, update the admitting ward with regard to progress and escalate concerns to NHS England regarding delays.

- CaYPMHS / Admitting Ward staff should contact the relevant trusts safeguarding team for advice/support where there is a safeguarding concern. Any safeguarding referrals must be completed at the point of assessment by CaYPMHS / Admitting Ward in accordance with Trust/Local Safeguarding Children Board Policies. This will include escalation of concerns where discharge is delayed pending review by another agency e.g. Local Authority Children Services / Tier 4 providers.

- Rotherham CaYPMHS employs an Interface and Liaison Nurse who
provides support to the paediatric unit / acute hospital wards during the hours of 09.00 – 17.00 Monday to Friday. This role also includes supporting the co-ordination of care across the multiagency interface.

5.7 Assessment under the Mental Health Act

There are situations where a child / young person may require, either immediately (urgently) or as part of an assessment (routinely), a Mental Health Act assessment to be carried out. Approved Mental Health Professionals are employed within the Adult Access Teams and they will follow the Trust agreed pathway for dealing with Mental Health Act assessments including those for children and young people.

Mental Health Act Assessments are divided into ‘unplanned’ or ‘planned’. Unplanned Mental Health Act Assessments - where a response is expected that day include the following:

- Section 136
- Section 135
- Section 2
- Section 3
- Section 4

It is less likely that the adult access team will be included in Planned Mental Health Act Assessments for children and young people as these should be provided by CaYPMHS community and Tier 4 staff however these would include the following:

- Section 5(2)
- Section 2 to 3
- Cases known to the treatment teams such as Early Intervention in Psychosis (including section(s) 2 & 3, section 135)
- Community Treatment Orders
- Guardianship

The Mental Health Act: Code of Practice 2015 (14.56) makes reference to the role of the Approved Mental Health Professional (AMHP) and states:

“Where patients are subject to the short term effects of alcohol or drugs (whether prescribed or self-administered) which make interviewing them difficult, the AMHP should either wait until the effects have abated before intervening the patient or arrange to return later. If it is not realistic to wait because of the patient’s disturbed behaviour and the urgency, the assessment will have to be based on whatever information the AMHP can obtain from reliable sources. This should be made clear in the AMHP's record of the assessment.”

5.8 Escalation of concerns / conflict resolution

Any member of staff who has concerns regarding the application of this policy or encounters conflict which they are unable to resolve with regard to the care and treatment of a child/ young person within the scope of this policy should:
• Raise initial problems with the locality team manager/clinical lead/ or on call Manager out of Hours.
• If at this point it cannot be resolved then the manager/clinical lead will pass the information on to the Deputy Assistant Director of CYPMHS.

If problems still persist and a resolution has not been sought then this will be escalated to the Assistant Director, CYPMHS.

6. TRAINING IMPLICATIONS

“There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents:

All CaYPMHS clinical staff and any other individual or group with a responsibility for implementing the contents of this policy. Each CaYPMHS locality team will make the team aware of the new policy via team meetings and ensure this is covered in local induction for new starters.

As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through: Trust wide email.

7. MONITORING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Area for monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of admissions of children and young people to acute general hospital wards</td>
<td>Reports to be made of the total number of children and young people admitted. Collation of the information by (to be agreed) Detailing the following: • Patient Number • Age • Gender • Ethnicity • Distribution by Locality area • Reason (e.g. self-harm ) • Length of stay • Discharge to ( e.g. Tier 4 / home</td>
<td>Team Managers / Clinical Lead / Liaison Nurse (Rotherham only)</td>
<td>Business manager and Assistant Director CaYPMHS and monitored through CaYMPHS Performance meeting reporting to CaYPMHS Division Governance Group</td>
<td>Monthly from 1st November 2015.</td>
</tr>
<tr>
<td>Compliance with the standards</td>
<td>Review of any complaints / concerns escalated / action plans</td>
<td>Team Managers/ Clinical</td>
<td>CAMHS Business Division Governance</td>
<td>6 monthly</td>
</tr>
<tr>
<td>Area for monitoring</td>
<td>How</td>
<td>Who by</td>
<td>Reported to</td>
<td>Frequency</td>
</tr>
<tr>
<td>---------------------</td>
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<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>within this Policy</td>
<td>that relate to the admission of children and young people to paediatric ward</td>
<td>Lead/ Liaison Nurse ( Rotherham only )</td>
<td>Groups</td>
<td></td>
</tr>
</tbody>
</table>

8. EQUALITY IMPACT ASSESSMENT SCREENING -

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

9. LINKS TO ANY ASSOCIATED DOCUMENTS


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10 REFERENCES

- Mental Health Act Code of Practice (1983). Online available at:
11 APPENDICES
Appendix 1

Locality Pathways in Working Hours

Doncaster in Hours Overarching pathway

Acute hospital manages any acute medical/physical problems and excludes toxicity or organic pathology as cause

Admitting Ward refer to CaYPMHS service

In hours 09.00-17.00 Mon – Fri (01302 304070)

CaYPMHS respond within 24 hours to admitting ward unless mutually agreed otherwise (i.e. not medically fit)

CaYPMHS Team advise on appropriate admission or discharge and support

North Lincolnshire in Hours Overarching pathway

Acute hospital manages any acute medical/physical problems and excludes toxicity or organic pathology as cause

Admitting Ward refer to CaYPMHS service

In hours 09.00-17.00 Mon – Fri (01724 408460 )

CaYPMHS urgent criteria is a met & response time of within 24 hours to admitting ward unless mutually agreed otherwise (i.e. not medically fit)

CaYPMHS Team advise on appropriate admission or discharge and support
Rotherham in Hours Overarching pathway

Acute hospital manages any acute medical/physical problems and excludes toxicity or organic pathology as cause

Admitting Ward refer to CaYPMHS service

Staff can also discuss with Interface and Liaison Nurse who provides support to the paediatric unit / acute hospital wards during the hours of 09.00 – 17.00 Monday to Friday.

In hours 09.00-17.00 Mon – Fri (01709 304808)

CaYPMHS urgent criteria is met & response within 2 hours to admitting ward unless mutually agreed otherwise (i.e. not medically fit)

CaYPMHS Team advise on appropriate admission or discharge and support
Rotherham Pathway for Child with Acute Mental Health Problems

Child Presents with Acute Mental Health Problem

E.g. Although rare in children – psychotic symptoms, exhibiting highly dysregulated or disturbed emotional state/behaviour, expressing unusual thoughts and/or ideas including suicide.

Experiencing hallucinations e.g. voices.

- Uncertain or possible medical issues
  - ED assess for and manage any acute medical or physical problems and exclude toxicity as cause or organic pathology as best they can
  - No apparent medical issues

- ED arrange admission following discussion with Paediatrician, adult medic regarding plan as age-appropriate

  - Mon-Fri 9-5 (Not Bank Holiday)
    - CAMHS Liaison Nurse
    - 07900 164730
    - If not available contact the CAMHS duty team on 01709 304808

  - CAMHS attendance is expected unless mutually agreed otherwise.

- CAMHS attendance is expected unless mutually agreed otherwise.

In Hours

- Mon-Fri 9-5 (Not Bank Holiday)
  - CAMHS Liaison Nurse
  - 07900 164730
  - If not available contact the CAMHS duty team on 01709 304808

- Aged under 16 years
  - 01302 796000
  - (CAMHS Out of Hours via switchboard)

- Aged 16/17 years
  - Request Adult Access team
  - 01709 302670

- Access team will triage and/or assess within 2 hours.
  - If over 2 hours – Refer to Adult Medics. Admit to adult or paediatric ward on case by case basis or patient choice.

- Request CAMHS joint assessment where the presentation is complex (e.g. LD, ASD, ADHD, CP Plan, LAC, MH Act, Tier 4 bed) Refer to local CAMHS for assessment within 24 hours on the ward/community as necessary.

Out of Hours

- CAMHS attendances at ED is expected unless mutually agreed otherwise.

- If over 2 hours – admit to Children Ward and assess for 1-1 supervision requirement.

CAMHS/Access Team decide on appropriate mental health admission or discharge.

Version 5 – 18/05/2015

A child with challenging behaviour may require extra support, including the use of TRFT Security, but it is not a reason for non acceptance to the Paediatric Ward.

- LD – Learning Disability
- ASD – Autism Spectrum Disorder
- ADHD – Attention Deficit Hyperactivity Disorder
- CP Plan – Child Protection Plan
- LAC – Looked After Children
- MH Act – Mental Health Act.

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Rotherham Pathway for Child Presenting with Act of Self-Harm

**Child Presents with Act of Self Harm**
E.g. Self-poisoning, cutting, other act of deliberate harm

- **No ongoing medical care required**
- **ED assess for and manage any medical or acute physical problems if present**
- **Required medical care**

**In Hours**
- **Aged under 16 years:** Admit to Paediatric Ward and assess for 1:1 supervision
- **Aged 16 - 17 years:** Refer to Adult Medics. Admit to adult or paediatric ward on case by case basis or patient choice.
- **Aged under 16 years:** Admit to Children Ward and assess for 1:1 supervision requirement
- **Aged 16 or 17 years:** Adult Access Team 16/17 years will triage and/or assess (adult access request CAMHS joint assessment where the presentation is complex (e.g. ID, ASD, ADHD, CP Plan, LAC, MH Act, Tier 4 bed) Refer to local CAMHS for assessment within 24 hours on the ward/community as necessary.

**Out of Hours**
- **Aged under 16 years:** Admit to Paediatric Ward and assess for 1:1 supervision
- **Aged 16 - 17 years:** Refer to Adult Medics. Admit to adult or paediatric ward on case by case basis or patient choice.
- **Aged under 16 years:** Admit to Paediatric Ward and assess for 1:1 supervision

**CAMHS/Access Team decide on appropriate mental health admission or discharge**

A child in these circumstances with challenging behaviour may require extra support, including the use of TRFT security, but it is not a reason for non-acceptance to the Paediatric Ward.

Version 6 – 10/05/2015
Ref: NICE guidelines (CG16) Published date: July 2004
Appendix 2

Gillick Competency

Mental Health Act: Code of Practice 2015 (19.34 – 19.37)

Establishing Gillick competence?

19.34 Children under 16 should be assessed to establish whether they have competence to make a particular decision at the time it needs to be made. This is because in the case of Gillick, the court held that children who have sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention will also have the competence to consent to that intervention. This is sometimes described as being “Gillick competent”. A child may be Gillick competent to consent to admission to hospital, medical treatment, research or any other activity that requires their consent.

19.35 The concept of Gillick competence is said to reflect the child’s increasing development to maturity. The understanding required for different interventions will vary considerably. A child may have the competence to consent to some interventions but not others. The child’s competence to consent should be assessed carefully in relation to each decision that needs to be made.

19.36 When considering whether a child has the competence to decide about the proposed intervention, practitioners may find it helpful to consider the following questions:

- Does the child understand the information that is relevant to the decision that needs to be made?
- Can the child hold the information in their mind long enough so that they can use it to make the decision?
- Is the child able to weigh up that information and use it to arrive at a decision?
- Is the child able to communicate their decision (by talking, using sign language or any other means)?

19.37 A child may lack the competence to make the decision in question either because they have not as yet developed the necessary intelligence and understanding to make that particular decision; or for another reason, such as because their mental disorder adversely affects their ability to make the decision. In either case, the child will be considered to lack Gillick competence.
Appendix 3

Mental Capacity Act 2005

The Mental Capacity Act (MCA) in general, applies to individuals aged 16 years and over and empowers individuals to make their own decisions where possible and protects the rights of those who lack capacity. Where an individual lacks capacity to make a specific decision at a particular time, the MCA provides a legal framework for others to act and make that decision on their behalf, in their best interests, including where the decision is about care and / or treatment.

Principles of the MCA

**Principle One**

A person must be assumed to have capacity unless it is established that they lack capacity.

**Principle Two**

A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.

**Principle Three**

A person is not to be treated as unable to make a decision merely because they make an unwise decision.

**Principle Four**

An act done, or decision made, on behalf of a person who lacks capacity, must be done, or made, in their best interests.

**Principle Five**

Before the act is done, or the decision is made, regard must be had to whether the purpose of the act or the decision can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.

It is important for professionals to be aware that individuals with a mental disorder do not necessarily lack capacity. The assumption should always be that a patient has capacity unless it is established otherwise in accordance with the MCA.

 Patients lacking capacity

A person lacks capacity in relation to a matter if, at the material time, the person is unable to make a decision for themselves in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

The above definition contains both a “diagnostic test” and a “functional test”. The diagnostic test determines whether the individual has an impairment of or a disturbance in the functioning of the mind or brain. The impairment or disturbance can be temporary or permanent, but if it is temporary, the decision-maker should justify why the decision cannot wait until the circumstances change.

The functional test determines whether the individual is unable to make the specific decision in question themselves because of the impairment or disturbance. Both tests must
be satisfied for an individual to be deemed to lack capacity to make the specific decision in question at the material time.

A person is unable to make a decision for themselves if they are unable to do any one of the following:

- Understand information which is relevant to the decision to be made
- Retain that information in their mind
- Use or weigh that information as part of the decision-making process, or
- Communicate their decision (whether by talking, sign language or any other means)

As capacity relates to specific matters and can change over time, capacity should be reassessed as appropriate over time and in respect of specific treatment decisions. Decision-makers should note that the MCA test of capacity should be used whenever assessing a patient’s capacity to consent.

**Best Interests** is a core principle that underpins the Act. In brief, it stresses that any act done or decision made on behalf of an individual who lacks capacity, must be done or made in their best interests. This principle covers all aspects of financial, personal welfare, health care decision-making and actions.

Everything that is done for or on behalf of a person who lacks capacity must be in that person’s best interests. The Act provides a checklist of factors that decision-makers must work through in deciding what is in a person’s best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which must be considered by the decision maker. Also, carers and family members have a right to be consulted. In order to document and structure this process in a formal and clear way, RDaSH in collaboration with the Local Authority have developed a best interest checklist ‘Pro-forma (Form MCA 2) as a means of ensuring that all the statutory requirements are covered. *(Appendix 3).*

**Staff should also refer to the Trust’s Mental Capacity Act 2005 Policy.**

**Younger People**

The Act applies to people of 16 or over who lack capacity to make their own decisions. Most of the provisions of the Act apply to young people of 16 and 17 years old. Decisions relating to treatment of young people of 16 and 17 who lack capacity must be made in their best interests in accordance with the principles of the Act. The young person’s family and friends should be consulted where practicable and appropriate. However, a person needs to be 18 or over to make an advance decision.

The Children Act 1989 covers the care and welfare of children in most situations. The Mental Capacity Act applies to children under 16 years in two ways:

- The Court of Protection can make decisions about the property and affairs of a child where it is likely that the child will lack capacity to make those decisions when they reach 16 years old.
- The criminal offence of ill treatment or neglect applies to children who lack capacity.
- Decision-makers should ensure that where a capacity assessment is undertaken, this is recorded (see MCA1 Form) and where the young person lacks capacity the record of actions taken to make a best interest decision should be recorded on an MCA2 form.
**Mental Capacity Act 2005**

**FORM MCA1 January 2014**

**Record of a Mental Capacity Assessment – For adults age 16 and over**

**A person must be assumed to have capacity unless it is established that they lack capacity to make a particular decision at the point in time the decision needs to be made.**

A person's capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour. It is important to take all possible steps to try to help the person to make the decision themselves. An assessment should only be triggered if you have ‘reasonable belief’ that the person may have difficulty making the decision. However where there is an impairment of or a disturbance in the functioning of the person’s mind or brain use of the Act should be considered.

<table>
<thead>
<tr>
<th>Name of Relevant Person</th>
<th>Reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Decision maker carrying out the Assessment</td>
<td>Role</td>
</tr>
<tr>
<td>Date assessment started</td>
<td>Team</td>
</tr>
</tbody>
</table>

As Decision maker you are assessing the person mental capacity to make this particular decision at this particular time. If there is more than one decision to be made they must be assessed and recorded separately.

Clearly state the decision to be made:

---

Do you need to involve anyone to help you to communicate with the person? Do you need anyone else to provide information or give their opinion? Please give the name and status of anyone who assisted with this assessment:

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Contact Details</th>
</tr>
</thead>
</table>
STAGE 1 - DETERMINING IMPAIRMENT OR DISTURBANCE OF MIND OR BRAIN

The Act requires assessors to have “reasonable belief” that a person lacks capacity in relation to a decision. If there is an established diagnosis of mental illness, learning disability, or some other condition then it is sufficient to confirm “impairment or disturbance of the mind”. You do not need to involve other professionals unless the assessment is complex, when they can be asked to assist or provide a diagnosis.

<table>
<thead>
<tr>
<th>Response</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If Yes record symptoms, behaviours and any relevant information

| Q1. Is there an impairment of, or disturbance in the functioning of the persons mind or brain? (e.g. symptoms of alcohol or drug use, delirium, concussion following head injury, conditions associated with some forms of mental illness, dementia, significant learning disability, long term effects of brain damage, confusion, drowsiness or loss of consciousness due to a physical or medical condition) | √ |

If you have answered YES to Question 1, PROCEED TO STAGE 2

If you have answered NO to Question 1, there is no such impairment or disturbance and thus THE PERSON DOES NOT LACK CAPACITY within the meaning of the Mental Capacity Act 2005

Sign/date this form, record the outcome within the person’s case records. DO NOT PROCEED ANY FURTHER.

STAGE 2 - ASSESSMENT

Having determined impairment or disturbance (Stage 1) and given consideration to the ease, location and timing; relevance of information communicated; the communication method used; and others involvement, you now need to complete your assessment and form your opinion as to whether the impairment or disturbance is sufficient that the person lacks the capacity to make this particular decision at this moment in time. You must ensure that the information has been provided in a way that the person is able to understand?

<table>
<thead>
<tr>
<th>Response</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

You must provide evidence of the steps you have taken as to how you came to your opinion

| Q2. Is the person able to understand the information relevant to the decision to be made? Do they understand the nature and effect of the decision and the reason why it is needed? Are they able to understand the consequences of making or not making the decision? | |
**Q3.** Is the person able to **retain** the information for long enough to make an effective decision? People who can only retain the information for a short time must not be presumed to lack the capacity to decide - it depends on the importance of the decision to be made.

**Q4.** Is the person able to **weigh up** the information to arrive at a decision? Sometimes people can understand information but impairment can and stop them using it.

**Q5.** Is the person able to **communicate** their decision?

All steps must be taken to aid communication.

If you have answered **YES** consistently to Q2 to Q5, the person is considered on the balance of probability, to **HAVE** the mental capacity to make this particular decision at this point in time.

Sign/date this form and record the outcome within the person’s case records.

**DO NOT PROCEED TO MAKE A BEST INTERESTS DECISION**

If you have answered **NO** to any of the questions, proceed to **Q6**.

**Q6.** Overall, do you consider on the balance of probability, that there is sufficient evidence to indicate that the person lacks the capacity to make this particular decision at this point in time?

**Please provide details of the outcome of your assessment**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date assessment completed</th>
</tr>
</thead>
</table>

If the person is unable to make the decision themselves, is there someone with a Registered EPA, LPA or a Court appointed Deputy, with powers to make the decision which needs to be made?

**If Yes:** - They make the decision. Record their details on Appendix 1. Authorised decision makers will only be able to make decisions on matters covered by their EPA, LPA or Court order, although they should still be consulted when a best interest decision on other matters needs to be made.

**If No:** - You are able to proceed to make Best Interests decision on their behalf but should consider at this stage whether or not an Independent Mental Capacity Advocate (IMCA) needs to be appointed.
FORM MCA2

Record of actions taken to make a best interest decision

<table>
<thead>
<tr>
<th>Name Of Service User</th>
<th>Reference number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name Of Decision Making Officer</th>
<th>Team</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date best interest decision making process started</th>
</tr>
</thead>
</table>

Please give the name and status of anyone who assisted with making this best interest decision

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Contact Details</th>
</tr>
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<tbody>
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</tbody>
</table>

Details of the decision to be made on behalf of person who lacks capacity

PART 1 DETERMINING LACK OF CAPACITY
Every adult should be assumed to have the capacity to make a decision unless it is proved that they lack capacity. An assumption about someone’s capacity cannot be made merely on the basis of a Service Users age or appearance, condition or aspect of his or her behaviour.

<table>
<thead>
<tr>
<th>Response</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Guidance: give date of capacity assessment (form MCA1)</td>
</tr>
</tbody>
</table>

If you have answered **YES**, **PROCEED TO PART 2** of this document.
If you have answered **NO**, identify decision(s) to be made and complete capacity assessment.
### PART 2 – DETERMINING BEST INTERESTS

All steps and decisions taken for someone who lacks capacity must be taken in their best interests.

<table>
<thead>
<tr>
<th>Question</th>
<th>Guidance</th>
<th>Response</th>
<th>Details of Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1. Avoid Discrimination – Guidance</strong></td>
<td>Have you avoided making assumptions merely on the basis of the Service User’s age, appearance, condition or behaviour?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q2. Relevant Circumstances – Guidance:</strong></td>
<td>Have you identified all the things the Service User would have taken into account when making the decision for themselves?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q3. Regaining Capacity – Guidance:</strong></td>
<td>Have you considered if the Service User is likely to have capacity at some date in the future and if the decision can be delayed until that time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q4. Encourage Participation – Guidance:</strong></td>
<td>Have you done whatever is possible to permit and encourage the Service User to take part in making the decision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q5. Special Considerations – Guidance:</strong></td>
<td>Where the decision relates to life sustaining treatment, have you ensured that the decision has not been motivated in any way, by a desire to bring about their death?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q6. The Persons Wishes – Guidance:</strong></td>
<td>Has consideration been given to the Service User’s past and present wishes and feelings, beliefs and values, that would be likely to influence this decision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Q7. Written statements – Guidance:</strong></td>
<td>Have you considered any written statement made by the person when they had capacity?</td>
<td></td>
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<td><strong>Q8. Consult Others – Guidance:</strong></td>
<td>Have you where practicable and appropriate, consulted and taken into account the views of others including those engaged in caring for the Service User, relatives and friends, persons previously named by the Service User, Attorney under a Lasting or Enduring Power of Attorney or Deputy of the Court of Protection?</td>
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<td><strong>Q9. IMCA – Guidance:</strong></td>
<td>If the decision relates to serious medical treatment including DNR</td>
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decisions or changes to accommodation and there is no one identified in Q8, you must consider instructing an Independent Mental Capacity Advocate and receive a report from an IMCA. See IMCA referral document for relevant guidance regarding referral to the IMCA service.

Q10. **Avoid Restricting Rights**  
**Guidance:** Has consideration been given to the least restrictive option for the service user?

Q11. **Other Considerations**  
**Guidance:** have you considered factors such as emotional bonds, family obligations that the person would be likely to consider if they were making the decision?

**Part 3 - FINAL DECISION**

Q12. Having considered all the relevant circumstances, what decision/action do you intend to take whilst acting in the Best Interests of the Service User?

**Signature:**  
**Date:**
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<tr>
<th>Identified Needs</th>
<th>Interventions Required</th>
<th>By whom and timescale / frequency</th>
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Describe any observation required and for what purpose

Describe how this should be undertaken (e.g. frequency, proximity)

By whom: (e.g. role of parents / carers for child’s safety)

---

Crisis Card / Information Given

Yes:  
No:  

Discussed with Trust Safeguarding team?

Yes:  
No:  

Is a Safeguarding referral required?

Yes:  
No:  

Who has agreed to undertake this?

Name:  
Role:  

Risk Overview: what may happen a description the potential situation, the triggers early warning signs and relapse indicators

What may happen:

Triggers:
### Indicators:

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<th>Actions to be taken</th>
<th>By whom and timescale / frequency</th>
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