

# Assessing Mental Capacity, Mental State Examination and Self Harm.

Dr Alison Gray, FRCPsych,  
Mental Health Liaison Team.

# Mental Health Liaison Team

- Internal 5596
- **07772 901761**                           **01432 354399**
- Fax **01432 275931**
- 8am-6pm weekdays, 8am-4pm weekends & bank holidays
- Small team, No back fill.
- Out of Hours and Advice
- **Crisis Team 01432 353620**

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# Buzz

70 year old male not known to mental health services becomes confused over three days...

Questions?



# Bloods

- FBC, U&E, LFT, CRP
- TFT, B12, Folate if not in last 3/12
- **REVIEW** bloods
- **ACT** on the results



# Masking

- Mental illness can mask Physical illness
- Physical illness can mask Mental illness
- Can be both
- Particularly in Elderly

# Mental State Examination

# Vegetative functions

- APPETITE
- SLEEP
- MOOD
- ATTENTION CONCENTRATION
- ENERGY LEVELS
- COGNITION
- Change to previous

# Mental State Examination

# Appearance and Behaviour



# Alertness and Orientation



# Speech form and content



# Psychotic phenomena



# Buzz

What do we mean by psychotic phenomena?





I told the Prime Minister, you do know about my breakdown, don't you?



1 in 5 people have dandruff. 1 in 4 people have a mental health problem. I've had both



1 in 4 people, like me, have a mental health problem.

Many more have a problem with that.

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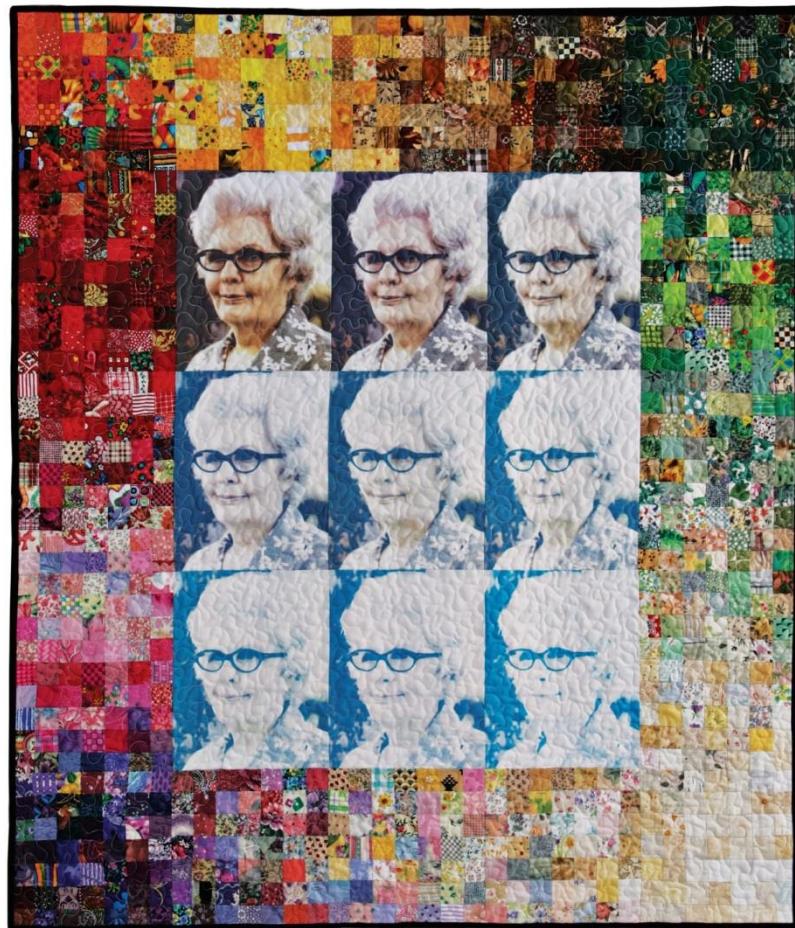
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# Cognition



# Dementia

## **ASK THE FAMILY:**

## **what were they like before?**

# Insight



# Capacity

# Assessing Mental Capacity, Mental State Examination and Self Harm.

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# Mental Capacity Act

- Replaces section 7 of Mental Health Act 1983
- Enduring Power of Attorney Act 1985
- Enshrines common law principles  
And best practice



Mental Capacity Act 2005

# 5 principles of Capacity:

- 3 from common law:
  - An adult is presumed to have capacity
  - An unwise decision is not incapacity
  - Decisions must be in the client's best interests
- 2 from current good practice:
  - Must assist decision-making
  - Less restrictive alternative

# King's College Hospital NHS Foundation Trust v C (2015)

- C had breastcancer, attempted suicide
- Kidney damage, but refused dialysis
- Clinicians gave a 85% - 95% chance of C's kidney functioning returning to 'normal'.
- Didn't want to live had “lost her sparkle”
- Didn't want to grow old / live like this

# King's College Hospital NHS Foundation Trust v C (2015)

- Deemed to have capacity
- Unwise decision is not lack of capacity
- Allowed to die

# Defining capacity.

**TIME**

**ISSUE**

**IMPAIRMENT**

Functional test (time, issue)

Diagnostic test (impairment)



# Determining Capacity

## Two stage test

# Legoland accident.



# ‘Diagnostic’ test

- Impairment of function of mind or brain
- Sufficient that they lack capacity
- Not necessarily a formal diagnosis

# Functional Test

- **understand** information given to them to make a particular decision
- **retain** that information long enough to be able to make the decision
- use or **weigh up** the information to make the decision
- **communicate** their decision

***Document: date and time your entry***

# Capacity

- **Assume capacity**
  - Poor decision does not mean no capacity
- Reason to **doubt** capacity?
- Causes of **lack** of capacity
  - Physical- intoxication,
  - Illness, toxicity
  - Dementia
  - Sudden 'stress'



# Mental Health Act 1983/2007

- Mental illness does not automatically mean no capacity.
- If assessed as having mental capacity MHA can still be considered.
- MHA over-rules individuals decisions.
- MHA can only be used for mental illness or physical illness directly causing mental illness.

# Capacity is not global, nor permanent

- Each decision is separate, specific, time critical.
- Can have capacity for small decisions whilst not having capacity for big decisions.
- Capacity to refuse life sustaining treatment is at a very high level.
- Consult legal team if necessary.



# Prior decision making

- Advanced decisions/statements
- Lasting Power of Attorney
  - Health and welfare
  - Finance
- Court of protection
  - Appoints deputies



# Under 16's

- Under 16y Decisions made under the Children Act 1989
- 16y olds are covered by MCA
- Over 18y to make LPoA
- DoLS only applies after 18y
- Court of protection can intervene for children whose incapacity will continue after 18y

# Advance refusal of treatment

- If decision made when competent, then treat as if competent decision-making now
- Not valid if actions inconsistent with decision
- Not valid if new information which would affect the decision comes to light
- Over-ruled by the Mental Health Act
- Decision must not be made under duress.

# Refusal of life sustaining treatment

Is only valid if:

- signed on paper and
- includes statement that the patient knows this will put his or her life at risk.
- Otherwise their wishes are guiding, not binding.

# Futility

- The doctor is under no obligation to provide care that will not benefit the patient
- Patients can refuse treatment even if that refusal leads to death
- A medically futile treatment:
  - Will have no demonstrable effect (physiologically futile)
  - Burdens of treatment (pain, distress, poor prognosis) outweigh the benefits

# DNA-CPR

- Tracey vs Addenbrooke's High court Ruling, June 2014
- NHS Trust has legal duty to **tell patient** DNA-CPR order on record.

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNACPRadult 1(2015)

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

NHS number \_\_\_\_\_

Date of DNACPR decision: / /

**DO NOT PHOTOCOPY**

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

1 Does the patient have capacity to make and communicate decisions about CPR?  YES /  NO

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition? If "YES" go to box 6  YES /  NO

If "NO" has the patient appointed a Welfare Attorney to make decisions on their behalf?  YES /  NO

# DNA-CPR

- Winspear v City Hospitals Sunderland NHSFT (2015)
- **Carer must be consulted** if reasonable and practicable to do so
- Applies whether patient has capacity or not.



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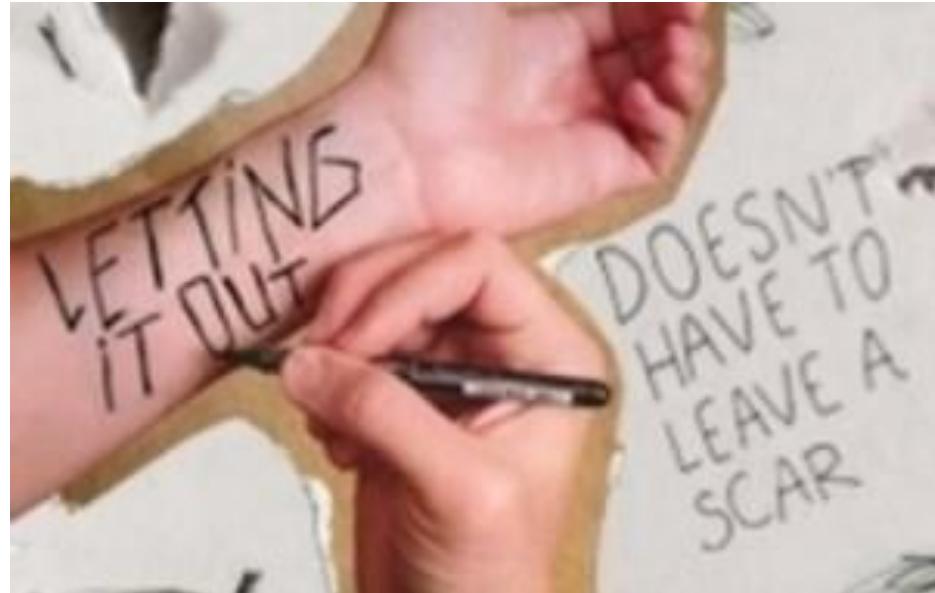
# Buzz

- Why do people self harm?



# Why people self harm

- Relief of tension
- Relief of dissociation
- Self-Punishment
- Expression of distress
- Communication



# Self Harm

- Cutting and Overdosing
- Common amongst young people
- More women than men
- Largely hidden



# Respect and dignity

# What do you find helps?

- Letting it out physically
- Work out how you are feeling
- Talking about it
- Use your creativity
- Comforting yourself
- Distracting yourself
- Getting out and about
- Being productive

# Risk factors

- Previous abuse or neglect
- Loss
- Socio-economic deprivation
- Drugs and alcohol
- Mental illness



# Demographic Risk factors

- Prisoners, Asylum seekers
- Ex-armed forces
- People bereaved by suicide
- Cultural minorities
- Sexual minorities.



# Treatment

- Treat mental illness
- Address issues
- Psychotherapy-  
CBT, Problem solving.
- Self harm raises risk  
suicide 60fold



# Buzz

One in twenty of the population will attempt suicide.

Describe someone at high risk of suicide.



# Who commits suicide?

- **People with mental illness**
- Ex-Offenders
- homeless
- LGB
- Transgender
- Ex-forces



# Suicide demographics

- **90% have diagnosable mental illness**
- 25% known to mental health
- 40% did **not** see GP in last year.
- Most Age: 25-65
- 50% unemployed
- Physical illness
- Job loss/divorce/ bereavement
- Foster care

# Mental Health & suicide

- 1. Depression
- 2. Bipolar
- 3. Schizophrenia
- 4. Personality disorder
- ***Previous self harm raises risk 30-60 fold***

# Buzz

- How do we assess risk of repeated self harm or suicide?



# Assessing Risk

- What did they do? Where, when, why?
- Level of preparation
  - Putting affairs in order
  - Avoiding detection
  - Lethal means
- Past History
  - Suicide attempts
  - Mental illness

# Risk Matrix

## Risk Matrix

²gether NHS Foundation Trust - Risk Matrix		Probability			
		Unlikely	Possible	Likely	Almost certain
Consequence	Negligible	there are many protective factors & or high adherence to treatment	there are good protective factors & or good adherence to treatment	limited protective factors to mitigate or reduce the risk with partial compliance to treatment	There are few, if any, protective factors, and low adherence/ cooperation with treatment
	Minor	• physical injury to self / others that requires no treatment including first aid-(ARS 1) • minimal psychological impact requiring no support • low vulnerability requiring no intervention	Low	Low	Low
	Moderate	• slight physical injury to self / others that may require first aid (ARS 2-3) • emotional distress requiring minimal intervention • increased vulnerability but managed by low level intervention	Low	Low	Medium
	Major	• physical injury to self / others requiring medical treatment; (ARS 4) • psychological distress / formal intervention • vulnerability requiring increased intervention	Low	Medium	Medium
	Major	• significant physical harm to self / others (ARS 5 or higher) • significant psychological distress needing specialist intervention • Vulnerability requiring high levels of intervention	Medium	Medium	High
Are there any Child/Adult Safeguarding concerns? Seek advice? Make a referral?					
ARS	1 Threat of assault but no physical contact 2 Physical contact but no physical injury 3 Mild Soreness / surface abrasions/ scratches/ small bruises	4 Major Soreness/ cuts / large bruises 5 Severe lacerations/ fractures/ head injury 6 Loss of limb/ permanent physical disability	7 Death		
ARS Level taken from - <a href="#">Patient Assault: a comparison of reporting measures</a> . Lanza M, Campbell R. 1991 Quality Assurance no 5					

# Treatment

- Diagnose and treat mental illness
  - Home treatment team
  - Admission?
- Improve recognition by teachers/work/GP
- Promote wellbeing of society
- Decrease access to means
  - Small packs of paracetamol
  - Catalytic converters
  - Bridge barriers



# Buzz

What do you do  
with self harm patients?



# What do you do in A&E?

- Assess physical state, request tests
- Assess general level of risk
- + Call Mental Health Liaison Team
- Treat physical condition
- Outside MHLT hours then  
crisis team referral when medically fit  
*if high risk, see risk matrix.*
- **Keep the individual safe**

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# Doctor struck off for allowing psychotic mum to leave A&E hours before she killed her toddler son

Apr 02, 2014 21:13 | By [Jeremy Armstrong](#)

Clement Agbatar was found guilty of gross misconduct for failing to ensure Melanie Ruddell was seen by a mental health crisis team

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