

Assessing Mental Capacity, Mental State Examination and Self Harm.

Dr Alison Gray, FRCPPsych,
Mental Health Liaison Team.

Mental Health Liaison Team

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

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

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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

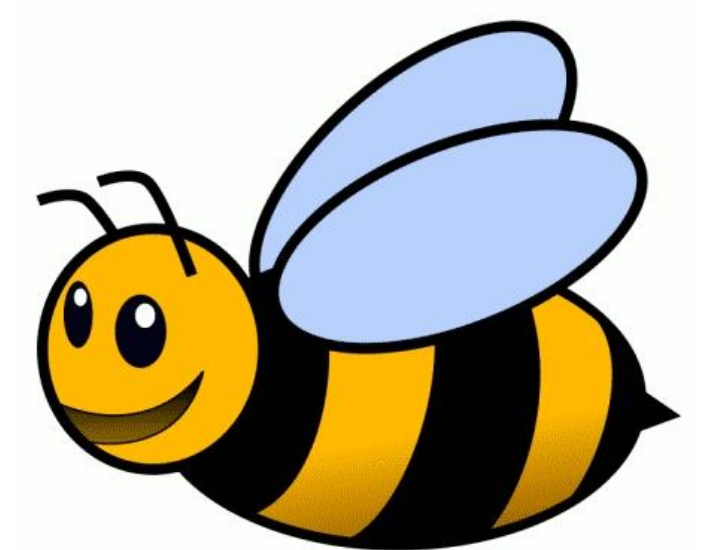


Psychotic phenomena



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.

Party Home

Boys 4+

Girls 4+

Baby

Toddler

Adult

Fancy Dress

Fancy Dress

Baby Party Themes

Childrens Themes

Teen Occasions

Adult Occasions

Adult Themes

Colour Themes

Catering Supplies

Cake Accessories

Seasonal

Religious Occasions

Decorations

Party Bags & Boxes

Psycho Ward - Adult Costume



Select UK Size

38-44

44-56

Manufacturer Size: Standard : Chest: 38"-44"
(96cm-112cm) Waist:
33"-38" (84cm-97cm)
Inside Leg: Standard 31"
(79cm)

Age: 18 - 100

Dress/Skirt: 0

Length:

Material: Polyester/cotton exclusive

Product Code: FANC1712

Price: £18.45

1

Add to Basket

✓ In stock

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 "YES" go to box 2

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.



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

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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

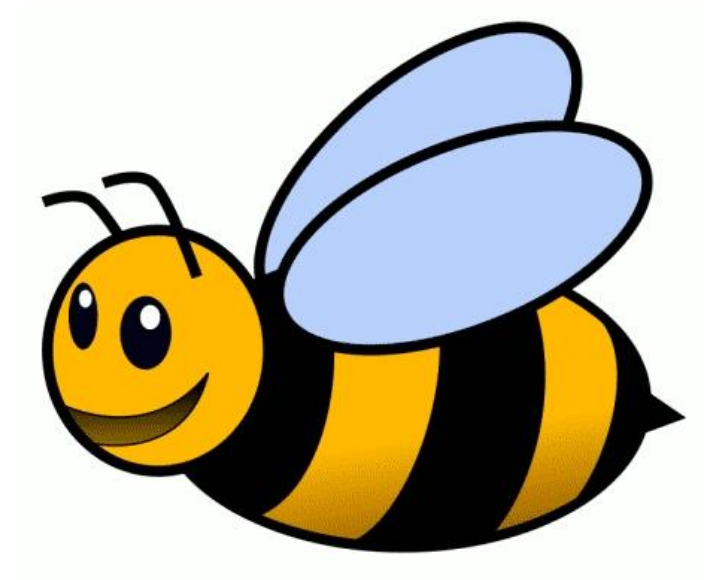
- **90% have diagnosable mental illness**
- 25% known to mental health
- 40% did **not** see GP in last year.
- Most Age: 25-65
- 50% unemployed
- Physical illness
- Job loss/divorce/ bereavement
- Foster care

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

² gether NHS Foundation Trust - Risk Matrix		Probability			
		Unlikely	Possible	Likely	Almost certain
		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
Consequence	Negligible	Low	Low	Low	Low
	Minor	Low	Low	Medium	Medium
	Moderate	Low	Medium	Medium	High
	Major	Medium	Medium	High	High

Are there any Child/Adult Safeguarding concerns? Seek advice? Make a referral?

ARS	1 Threat of assault but no physical contact	4 Major Soreness/ cuts / large bruises	7 Death
	2 Physical contact but no physical injury	5 Severe lacerations/ fractures/ head injury	ARS Level taken from - Patient Assault - a comparison of reporting measures , Lanza M Campbell R. 1991. Quality Assurance no 5
	3 Mild Soreness / surface abrasions/ scratches/ small bruises	6 Loss of limb/ permanent physical disability	

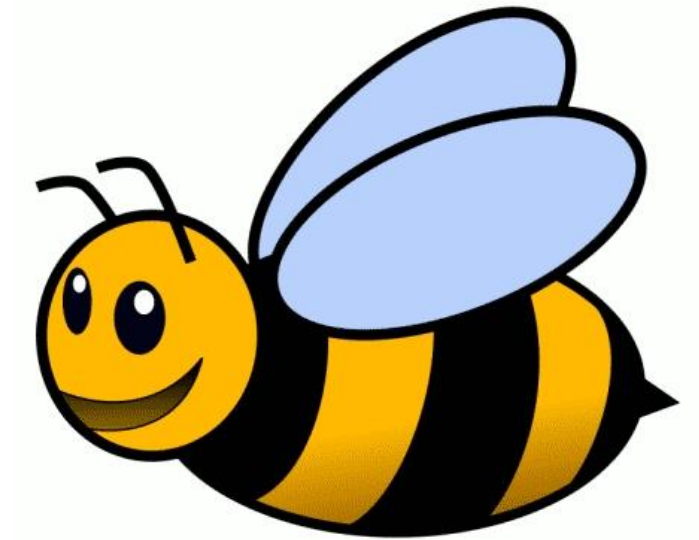
Treatment

- 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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