Admission to Hospital and Treatment for Mental Disorder: Children under 16 years old

1. Is the child competent to decide about the proposed admission/treatment? (Consider ABILITY to make this particular decision)

2. Does the child consent? (Consider VALIDITY of consent)

3. Is the decision within the ZPC?

4. Does the person with PR consent?

INFORMAL ADMISSION/TREATMENT: on basis of PARENTAL CONSENT

ADMISSION UNDER MHA 1983: consider if criteria met. If not met, apply to court for authorisation. (Note action can be taken in life-threatening emergencies.)

INFORMAL ADMISSION/TREATMENT: on basis of CHILD'S CONSENT

1. Identify the decision(s) to be made: decisions about admission need to be treated separately from decisions about treatment as different considerations will apply to these two types of decisions.

Aascertain the child's competence to make the relevant decision: consider whether the child has “attained sufficient understanding and intelligence to be able to understand fully what is involved in the proposed intervention”. If so, the child will be regarded as competent to consent to that particular intervention (such as admission to hospital or proposed treatment). This is known as “Gillick competence”, see (2.9-2.11).

2. Consent: The consent of a Gillick competent child is sufficient authority to admit (3.15) or treat (4.18) the child. Note: there may be reasons for not relying on a person's consent to admission to hospital (3.8). See also the Code of Practice to the Mental Health Act 1983 (the Code) 4.9 - 4.11.

Refusal of admission or treatment by a Gillick competent child: paragraph 36.43 of the Code advises that it would be unwise to override the refusal of a Gillick competent child to admission for treatment. (See 3.17-3.18 (admission) and 4.18 (treatment)).

3. Zone of Parental Control (ZPC): see explanation of ZPC (2.39-2.43). If the decision about admission/ treatment is not within the ZPC, consider whether the criteria for admission under the Mental Health Act 1983 (MHA 1983) are met. Note: action may be taken in life-threatening emergencies see the Code 36.51 and (4.12, page 59).

4. Parental consent to treatment: A child who is not Gillick competent may be admitted or treated if the person with PR consents provided this decision falls within the ZPC (3.20 and 4.19). If the decision about admission/treatment is not within the ZPC, or the person with PR is unable or unwilling to consent to the admission/treatment, consider whether the criteria for detention under the MHA 1983 are met.

Notes
This flow chart summarises the issues that practitioners will need to consider when determining the legal authority to admit and/or treat a child under 16 years of age. It should be read in conjunction with ‘The Legal Aspects of the Care and Treatment of Children and Young People with Mental Disorder: A guide for Professionals’ (‘the legal guide’) in particular Chapters 3 and 4.


The following notes correspond to the numbers in the boxes in the flow chart. The numbers in brackets refer to the paragraph numbers in the legal guide.
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   NO
   
   YES

   2. Does the child consent? (Consider VALIDITY of consent)

      NO
      
      NO
      
      YES

   3. Is the decision within the ZPC?

      YES
      
      NO

   4. Does the person with PR consent?

      NO
      
      YES

INFORMAL ADMISSION/TREATMENT: on basis of PARENTAL CONSENT

INFORMAL ADMISSION/TREATMENT: on basis of CHILD’S CONSENT

ADMISSION UNDER MHA 1983: consider if criteria met. If not met, apply to court for authorisation. (Note action can be taken in life-threatening emergencies.)

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