Mental Capacity Assessment for Admission and Treatment on a Mother and Baby Unit

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Background

- To determine an individual as incapacitous to make a particular decision, "an impairment of/disturbance in the functioning of the brain/mind" and an insufficiency to understand, retain, weigh up relevant information, or communicate the decision must be shown.
- Assumptions of patients' capacity may lead to unlawful treatment in psychiatric inpatients. The CQC has suggested a standard of 100%[1] of patients should have capacity assessments for consent to admission and treatment at the point of admission. Regular reassessment is advised for detained patients.
- 40-60% of psychiatric inpatients are estimated to be incapacitous to consent to admission or treatment within inpatient facilities[2]. Equivalent figures for perinatal admissions are unknown. We audited the performance of capacity assessments at the point of admission to a mother and baby unit, explored reasons for inadequacies and intended to make improvements.

Method

- Clinical records were used to assess capacity assessments for inpatients on a single mother and baby unit in North-West London between February-July 2019. Admission documentation and any subsequent capacity reassessments undertaken during the admission were reviewed.
- Assessments were analysed for quality, timing and staff member performance.
- Results were reviewed after the first cycle and changes implemented. These included delivering teaching sessions covering the components and guidelines for mental capacity assessments to existing and new colleagues and implementation of a ward round checklist prompting capacity reassessment. A second audit cycle was undertaken after 6 months (August – February 2020.)

Results

Patient Characteristics

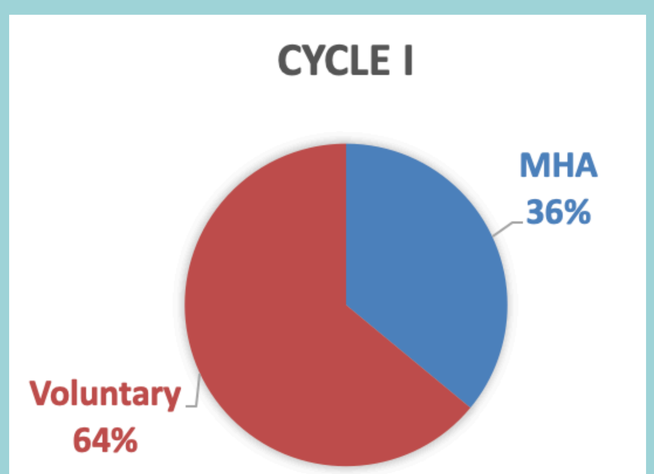


Fig.1a

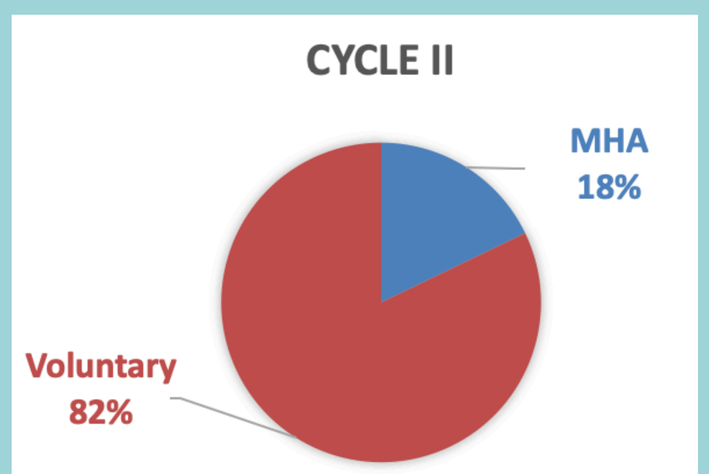


Fig. 1b

Figure 1a: Audit Cycle I
- 25 patients, 36% admitted under the MHA
- 80% of admissions were during weekday daytime working hours, 20% during evening/night/weekend

Figure 1b: Audit Cycle II
- 28 patients, 18% admitted under the MHA
- 75% of admissions were during weekday daytime working hours, 25% during evening/night/weekend

Admission Capacity

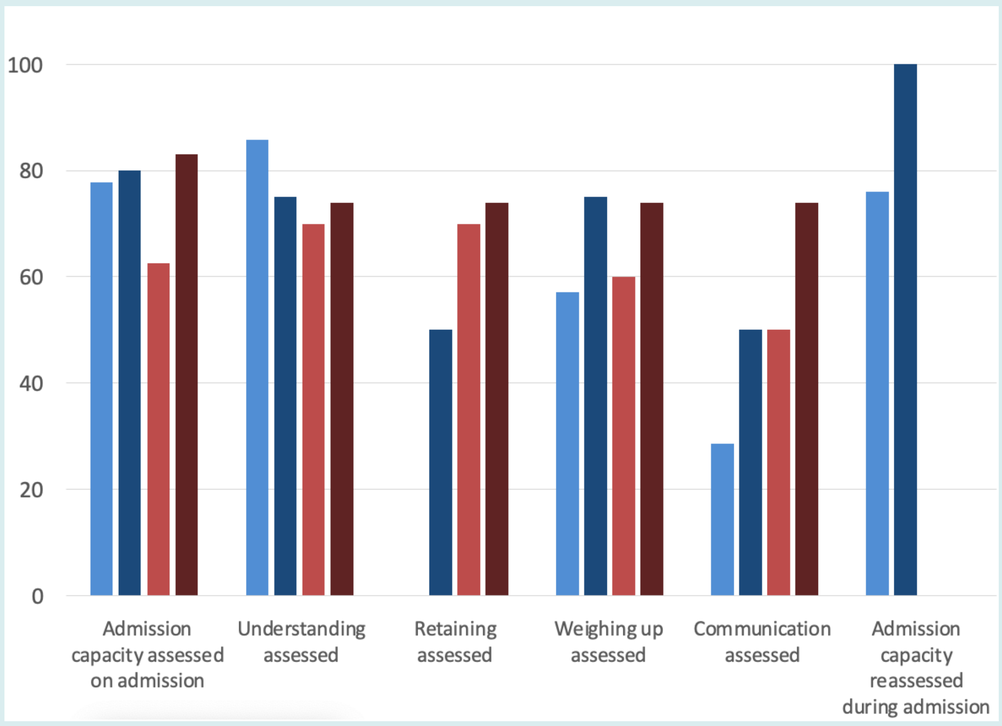
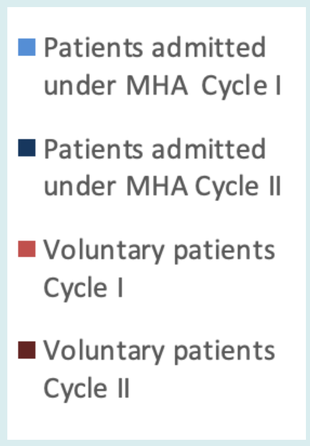


Fig.2a



Treatment Capacity

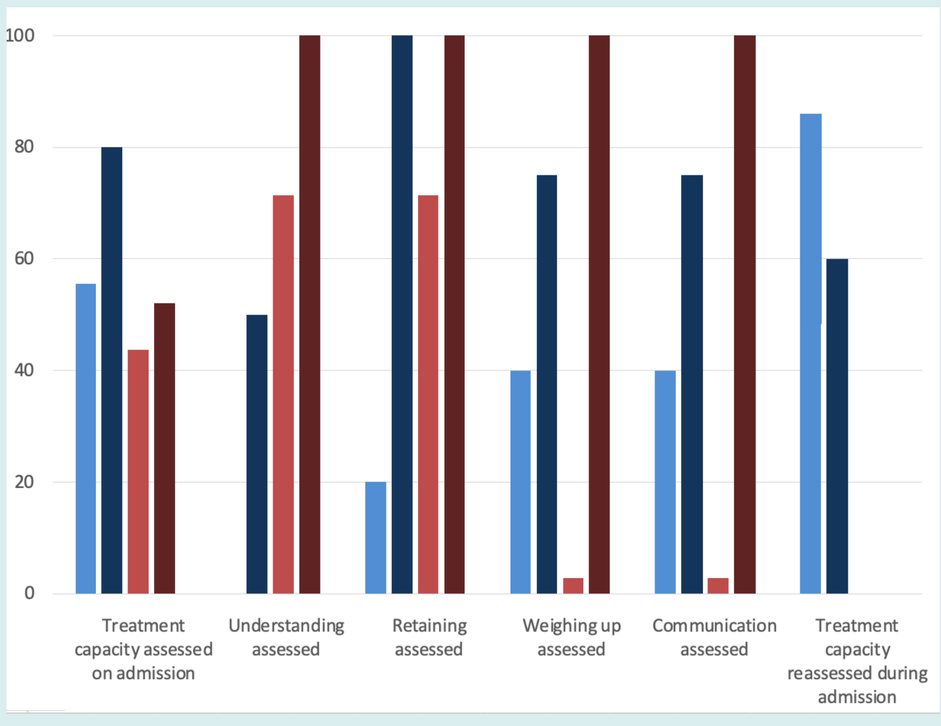


Fig.2b

Figure 2: % of inpatient records with documented admission/treatment capacity assessment on admission and % of these assessments with reference to assessment process reviewing individual components according to legal status of inpatient and audit cycle
- Mean admission capacity assessment documentation (MHA & voluntary patients) improved from cycle I to II from 70% to 82%, Improvements were made in documentation of ¾ assessment components for MHA patients and all components for voluntary patients.
- Mean treatment capacity assessment documentation improved from cycle I to II from 50% to 66%, Improvements were made in documentation of all assessment components for both MHA and voluntary patients.

Promoting Capacity Over both cycles, only 3 incidences occurred where an attempt was made to improve the ability to demonstrate capacity (use of interpreters or assessment made when patient less distressed).

Capacity Reassessments for MHA patients during admission
Improvement from Cycle I to Cycle II of 78%→100% for admission capacity reassessment.
Decline of 86%→60% for treatment capacity reassessment.

References

1. Laing J: Protecting the rights of patients in psychiatric settings: A comparison of the work of the Mental Health Act Commission with the CQC, Journal of Social Welfare and Family Law, 2014 36:2, 149-167
2. Cairns R, Maddock C, Buchanan A, David AS, Hayward P, Richardson G, Szmukler G, Hotopf M: Prevalence and predictors of mental incapacity in psychiatric in-patients. Br J Psychiatry. 2005, 187 (4): 379-385. 10

Discussion

- Despite being a tenet of psychiatric inpatient care, mental capacity assessments for admission and treatment are often performed inconsistently and in insufficient detail.
- Steps to promote capacity are often missed and formal reassessment variable.
- Simple educational measures and regular staff reminders can raise awareness of the importance of assessment and reassessment and lead to improvements in the assessment process and documentation.
- Possibilities for unlawful practices may then be reduced.