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###### Understanding You

###### N1: Assessment of Mental Capacity

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| **This form is to be used to record assessments of capacity where a significant decision is required and there is a concern that the person may not be able to make it themselves. It can be completed by any professional involved in the decision-making process, not necessarily the decision-maker.**  The assessor can seek the views of others who know the person to help them (see MCA Code of Practice 4.51 – 4.54). Referrals to specialist mental health or learning disability professionals may be needed in some particularly complex cases but it is expected that social care staff will have the necessary skills to be able to make mental capacity assessments in most situations. Where a referral for specialist advice is thought to be necessary, the request must make it clear that the decision maker is not asking for a formal mental capacity assessment but rather for assistance in reaching their own conclusions.  The main exception to this principle is where the mental capacity assessment is likely to be subject to legal scrutiny, for example, as evidence relating to a Court of Protection application. In these cases the Court will expect to see a formal mental capacity assessment that has been undertaken by a psychiatrist.  The capacity assessment has two components:   1. Functional test = are they practically able to make this decision? If not, 2. Impairment test = what is the cause of the inability to make this decision? |

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| **Person this decision is about** | | | | | |
| Last name |  | | First name |  | |
| AIS number |  | NHS number |  | RIO number |  |
| Date filled in |  | Location of mental capacity assessment | |  | |

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| **Mental capacity assessor details** | | | | |
| Name |  | Job title | |  |
| Profession |  | | | |
| Organisation and address |  | Phone number | |  |
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| **Decision required** (Please be as specific as possible) | | | | |
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| When does the decision need to be made? | | | | |
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| Who is concerned that this person may lack capacity to make the above decision? | | | | |
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| What is the reason for their concern? | | | | |
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| Has the person given consent for this assessment to take place? | | | select | |

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| **The assessment** | | | | |
| **Section 1**: The four stage functional test | | | | |
| 1.1 | **Does the person understand the relevant information about the decision to be made?** | | | select |
| What is the information the person needs to understand to make this decision? | | | |
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| How was the information communicated to them?  (for example, use of sign language or an interpreter, printed documents including pictures, easy read, large print or Braille formats) | | | |
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| What is the evidence that they do or do not understand this information? | | | |
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| 1.2 | **Can the person retain the relevant information for long enough to think about and make the decision?**  (Aids to memory can be used such as a notebook, photograph, video recording, voice recording, written document, computer) This question is not about their memory in general, just in relation to the information for this decision. | | | select |
| What is the evidence that they can or cannot retain the relevant information? | | | |
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| 1.3 | **Can the person use or weigh the information as part of the decision making process?**   * Evaluate the information by weighing up the likely consequences of the choices available * Use the information to make a decision * Decide without undue influence, persuasion or to please another | | | select |
| What is the evidence that they can or cannot use or weigh the relevant information? | | | |
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| 1.4 | **Can the person communicate their decision by any means?** | | | select |
| What is the evidence that they can or cannot communicate their decision? | | | |
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| **Additional information** | | | | |
| **Give details of any additional actions taken to enhance the person’s ability to participate in the decision-making process** | | | | |
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| **Give details of any specialist opinions sought in making this assessment**  (for example, from a psychiatrist or other mental health practitioner, a psychologist, a speech and language therapist). Please attach any relevant documents. | | | | |
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| **If the answer to any of the questions in 1.1 – 1.4 is ‘No’ this means the person is regarded as functionally unable to make the decision and you should proceed to the second stage of the assessment below.** | | | | |
| **Section 2**: **The impairment test** | | | | |
| 2.1 | **Does the person have an impairment of, or a disturbance in, the functioning of their mind or brain?** | | | select |
| If yes, what is the evidence for this impairment of disturbance? Do they have a diagnosed condition such as a learning disability or dementia? | | | |
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| The impairment or disturbance is: | select | Please comment: | |
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| 2.2 | **Is this impairment or disturbance the likely cause of their inability to make this decision?** | | | select |
| What is the evidence for this? | | | |
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| **If their inability to make the decision is probably caused by the impairment or disturbance identified in 2.1 this meets the MCA definition of lacking mental capacity and the decision-maker should proceed to make a best interests decision by consultation with the people who have an interest in their welfare. Please see the appropriate guidance for making and recording best interests decisions.** | | | | |
| If their inability to make this decision is probably caused by some other factor they will not be regarded as lacking mental capacity under the Mental Capacity Act and a best interests decision **cannot** be made.  Please describe what you believe to be the cause of the inability to make this decision. | | | | |
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| **This form should be stored in the person’s electronic social care records** | | | | |