

QC40 Capacity Assessment Training and Advance Health Directives

Video five

Dr Paul Pun

OK, well, I think it's important for mental health professionals to actually be on the lookout for opportunities to discuss this. One of the things that one notices often in mental health services is there's a tendency, once the patient has got better, improved, regained capacity, to actually discharge them from services. In fact, that's probably the point in time where the most active sort of work needs to be done because that's where the person has regained capacity. They've got the ability to then plan for future episodes of illness and how to deal with those future episodes of illness.

So rather than discharge a patient from care or keep them as a involuntary order and just make sure that they're compliant to care just with the order. There's a chance when the person's actually regained capacity to discuss with them, at that point, what their preferences are in terms of how they would like future episode of illness to be managed. So my argument is that when the person's got better, that's not the time to discharge them. That's the time to do the most work that you can. That actually has a potential to actually improve the outcome of future episodes.

Well, you could try and open the conversation about how they felt about the previous episodes of illness and what happened, that if they were dragged into hospital by police, and they were locked in the seclusion area and all that sort of stuff, these could have well have been traumatic experiences that they would wish to avoid in future episodes of illness. And that's an opening to then discuss how would we best look at minimising that degree of trauma that occurred in this or a previous admission. And it may be that they may come up with quite reasonable alternatives that you could sort of discuss. So the [INAUDIBLE] here is about looking at what is realistic and what is able to be achieved and merge that with the patient's preferences and come up with and document an advance health directive that actually is realistic in terms of managing a future episode of illness. The *Mental Health Act*, allows for patients to be managed in a mental health unit with an episode of illness.

And the advance health directive as well as a power of attorney that then provides substitute decision-making for things that aren't covered by the advance health directive. So there are ways that you can have an open discussion about what the preferences are, what are the things that you would really want to happen. And if those things don't happen, what are the alternative preferences that you wish for?

Dr Paul Pun	<p>And if something unforeseen happens, who is the substitute decision maker that you would trust to make decisions on your behalf about what happens with the treatment? So that's an important conversation that occurs at the point where the person becomes well and regains capacity. And if it's done with your psychiatrist and your mental health clinician, there'll be copies of it on the official record as well so that this is something that is known to the mental health service and will come into play as a preference when the person has another episode of illness.</p>
	<p>It is everyone's responsibility to maximise the autonomy of the patients under their care. And part of that process is to be able to engage in the advance health directives substitute decision-making by the power of attorney conversation as much as possible. But there are patients who regain full capacity, and you can have a very good, engaged discussion very early on in that person's time of illness. There are others who have a slow progress towards regaining capacity. But then that challenge then is to be able to engage in a graduated process of actually looking at how to maximise the autonomy as much as possible and to actually engage in this process of discussion regarding advance health directives and substitute decision-making as soon as practicable in the long-term course of their illness.</p>
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