



Department of Health Mental Health Act 2016
Capacity Assessment for Child and Youth

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Capacity Assessment for Mental Health Treatment (Gillick Competence) Child and Youth

This form is an aid to documenting capacity to make decisions related to mental health treatment ONLY. It does not replace any other capacity assessment for other matters or decisions. An assessment for the presence of a mental illness needs to occur prior to this capacity assessment to determine the need for treatment.

A. Child/young person's details			
Surname:	Given name(s):		
Residential address:			
Town / Suburb	State:	Postcode:	
Date of birth:	Or age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex / Indeterminate <input type="checkbox"/> Not stated / unknown	

B. Supported Decision		
A child or young person may have capacity to make decisions about their own mental health treatment, without the assistance of others.		
However, support from others should be actively encouraged, and capacity may also be achieved with support from others in understanding information relevant to the proposed treatment. (Section 14(3) of the <i>Mental Health Act 2016</i>).		
Who are the persons assisting the child or young person during this capacity assessment? (please write 'nil' if no-one else present)		
Support person's Name:	Relationship to young person:	Contact details:
For each of the following criteria (C, D and E) please provide details including:		
i) how these were explained to the child/young person;		
ii) the child/young person's responses indicating understanding or lack thereof. This may include understanding of cause and effect; consequences for self and others; permanent or long-term outcomes;		
iii) any written, visual or other materials provided;		
iv) any factors that were considered important to the person and/or supports.		

C. Does the child / young person understand, in general terms, that they have a mental illness, or symptoms of a mental illness that affects their mental health and wellbeing?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Document details:



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D. What is the treatment being proposed?

Document details:

Does stability of capacity need to be demonstrated before consent can be given for this treatment decision?

Yes – ensure that the ‘stability of capacity’ (Section H) is completed. Seek consent from parent or legal guardian until stability is demonstrated.

No – the capacity decision from this assessment can be acted on directly.

E. Is the child/young person capable of understanding in general terms:

a. The nature and purpose of the treatment proposed?

Yes No

Document details:

b. The benefits and risks of treatment, and alternatives to the treatment?

Yes No

Document details:

c. The consequences of not receiving the treatment?

Yes No

Document details:



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F. Is the child/young person able to make a decision and communicate the decision in some way?

Yes No

Provide details including how the decision was communicated and the persons reasons for the decision, including any factors that were considered important to the person:

G. If a 'NO' response was documented for any of the above questions (C, D, E, F) this may indicate that the person lacks capacity to make the decision at this point in time.

Before forming this view, you should ensure that every effort has been made to encourage and support the child or young person to be able to make their own decision. Consider the following ways to enhance capacity:

- Providing all relevant information for the decision in a way the person understands. This may include written, pictorial, verbal and other means.
- If the choice is between alternatives, do they have the information on the different options? Are the choices clear, or have they been presented in a way that might be confusing? Are the same options being presented each time, or are different options being given?
- Impact of the environment on decision making, e.g. noise, distractions, interruptions, trauma triggers. Can the person be made to feel more at ease?
- Have cultural and religious needs been recognised and taken into account in providing information and choices, e.g. setting, appropriate support people, adapting to beliefs and customs.
- Have communication needs been adequately addressed, e.g. use of interpreters, written information in the person's preferred language, use of plain English, no jargon, use of visual aids?
- Timing – can the person be given time to consider their options? Can the decision be delayed until a time when the person can make a decision? Is there a time of day that is better for the person to take in and retain information?
- Can a family member, friend, carer or advocate help the person to make a choice or express a view?
- Does the person feel that they are able to give their decision freely and voluntarily? Consider the language used, the setting, the influence of others, and other factors that may be perceived as coercive.

Provide any details of these considerations:



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H. Capacity Decision

At this point in time, I consider the child/young person:

- has capacity (is Gillick Competent) under section 14 of the *Mental Health Act 2016*; OR
 does not have capacity* → **COMPLETE** section 1

to make this mental health assessment and or/treatment decision.

*a parent or legal guardian will need to be identified to decide upon consent to mental health care. Ensure that the parent or legal guardian is identified on any consent forms for treatment.

Stability of Capacity

For a child/young person whose capacity appears to be emerging, borderline or fluctuating, capacity may need to be established over time to ensure that the person can make a valid decision. To determine that this child/young person’s capacity is stable and not fluctuating, I recommend:

- a further capacity assessment on ___/___/___ (date)
 a series of further assessments with stability demonstrated by ___/___/___ (date)
 (e.g. consistently shows capacity over at least three assessments by a certain date); OR
 this person has consistently demonstrated capacity from ___/___/___ (date) to present and has stability of capacity

Capacity assessed by:

Name:		Role:	
Signature:	Date:	Time:	
If it is determined that patient does not have capacity, who is the substitute decision maker?			
Name of substitute decision maker:			
Relationship to patient:			
Contact details:			

I. Parent or legal guardian

Who is the parent/legal guardian* with parental rights and responsibilities to provide consent for treatment?

If applicable, source of decision-making authority (*tick one*):

- Court order → Court order verified
 Legal guardian → Documentation verified
 Other person → Documentation verified

Name of Parent/legal guardian/other person*
Relationship to child/young person

*Formal arrangements such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures.



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