

Capacity assessment of Imogen conducted on 22.3.2019.

On 22.3.2019 Imogen's understanding of her diagnosis was checked with the view to determining whether she has capacity to consent to treatment, post discharge. Imogen was able to identify she has had the following symptoms of anorexia nervosa (in her words): 'fainting at school', 'hadn't eaten for a while', 'really obsessed about my weight', 'feeling fat' and 'my heart was really weak'.

During today's assessment Imogen was objectively euthymic in mood, her affect was reactive and she was calm and able to engage well in conversation. When asked about her experience of treatment whilst in hospital she was able to describe her experience with honesty and maturity. She stated that 'having the tube in my nose and having to eat again really sucked' and 'I was really angry with everyone'. This is a common and understandable experience for young people who are in the early stages of recovery from anorexia. She was also able to identify some ongoing anxiety relating to eating certain foods. This is also further evidence that she has an understanding of the symptoms of anorexia. Imogen was also able to identify how her treatment in hospital had contributed to an improvement in her energy and feeling less tired.

Family Based Treatment (FBT) is recommended for Imogen given her diagnosis. This treatment was explained to Imogen and her parents, including the continued focus on food, parental involvement and length of treatment (up to 12 months or more). It was explained that this treatment will further support her recovery from anorexia nervosa and that it has good efficacy. Imogen was capable of understanding of the primary components of the treatment i.e., the focus on food, the involvement of her parents, and the length of the treatment.

Imogen identified the benefits of FBT as being supporting her to return to school and helping her to improve her grades. She also reported having a longer-term goal to study at university. She expressed some initial concern with the length of treatment, which is understandable, given the extended nature of the treatment.

One of her parents enquired about an alternative treatment, namely being treated by her (mother's) psychologist. It was explained there are alternatives to FBT, such as seeing a Psychologist or dietician. The risk of this alternative is that the Psychologist (or other practitioner) may not have the skill and expertise required to treat this specific mental illness.

When asked about the consequences of not continuing with her treatment, Imogen was able to demonstrate an understanding that untreated anorexia may result in readmission, with nasogastric intervention, increased risk of a heart attack or premature death. Imogen was encouraged to give this treatment decision some consideration.

On 23.3.2019 Imogen was asked whether she had come to a decision about FBT or had any further questions about ongoing treatment. She stated that she had decided to undertake FBT with her parents.

Imogen is able to demonstrate capacity under Section 14 of the *Mental Health Act 2016*, as she is able to demonstrate an understanding of anorexia nervosa and its impacts on her life (e.g., school work, physical health etc) and an understanding of the treatment proposed. She is aware of the risks (e.g., treatment length) and benefits, alternatives of the treatment, and the consequences of not continuing with her treatment.