

## A Person Making an Unwise Health Decision, a Practitioner’s ‘Checklist’ Template

This checklist should be completed by healthcare professionals for a person who is making an unwise health decision supported by the Mental Capacity Act 2005. **Please note: This checklist is to empower and enable healthcare staff to think about different options in how to support the person who is making an unwise health decision but then for you to identify different options available including triggering multi-agency safeguarding procedures.**

### Part 1: Typical Examples of Unwise Health Decision/s Being Made

This section is to encourage a holistic review of the person’s circumstances.

<p>Reason for completing this form</p> <p>The following principles apply for the purposes of the Mental Capacity Act.                  (1)A person must be assumed to have capacity unless it is established that he lacks capacity.                  (2)A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.                  (3)A person is not to be treated as unable to make a decision merely because he makes an unwise decision.</p> <p>Please tick any box/s that best describes the person’s case situation.</p> <p>(Please note this is not an exhaustive list and may differ depending on the person’s case situation)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/>A person is making an unwise health decision not to take prescribed medication including specific vaccinations.</li> <li><input type="checkbox"/>A person is making an unwise health decision not to engage in clinical or medical assessments/consultations or treatments.</li> <li><input type="checkbox"/>Inappropriately occupying a hospital/Service bed where there is no clinical need to do so (escalation process needs to be triggered and commissioners notified).</li> <li><input checked="" type="checkbox"/> <b>A person is making an unwise decision to attend Accident and Emergency Department frequently when there is no medical reason to do so or there is a safeguarding concerns i.e. regular assaults.</b></li> <li><input type="checkbox"/> A person is making an unwise health decision not to engage with mental health services at the point of referral, contact, assessment and or treatment process but is assessed as vulnerable and may/has care and support needs.</li> <li><input type="checkbox"/>A person is making an unwise health decision not to engage in their personalised care and support plan/s.</li> <li><input type="checkbox"/>A person with care and support needs whether being currently met or not is making an unwise to go missing when under the care of health services (note to also follow Local Protocol for Missing Adults).</li> <li><input type="checkbox"/>A person is making an unwise health decision not to <u>attend</u> clinical or medical related appointments.</li> <li><input type="checkbox"/>A person is making an unwise health decision not to allow a healthcare worker into their home when conducting a home visit and this has been an ongoing issue/welfare concerns.</li> <li><input checked="" type="checkbox"/> <b>A person is identified as experiencing trauma such as Adverse Childhood Experience’s (ACEs) and is showing signs of lack of engagement with healthcare because of this.</b></li> <li><input checked="" type="checkbox"/> <b>There are concerns the person is being exploited or abused including domestic abuse/violence but is making an unwise decision not to engage with relevant safeguarding support whilst accessing healthcare services.</b></li> <li><input type="checkbox"/>A person is showing signs of self-neglect and is making an unwise health decision not to engage with health and care services.</li> </ul>
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	<p><input checked="" type="checkbox"/> A person who is dependent on substance misuse, alcohol, gambling and other addictions resulting in making an unwise decision health not to engage with health and care services to access relevant assessments, support and treatments.</p>
<p>Please state any other unwise decision/s being made if not listed above (if applicable).</p>	<p>Adam was befriended by a 17 years old (soon to turn 18 years) who introduced Adam to cannabis to help him feel relaxed when he has a stutter problem.</p> <p>In order for Adam to fund his cannabis use, he was introduced to another lad who encouraged him to sell cannabis to other young people. Soon Adam was subject to threats, blackmail and violence and not being able to leave or cut off ties with the gang.</p> <p>Adam was drawn into a web of criminal activity and struggled to break away and his character started to change in his home environment. He attended A&amp;E a number of times due to assaults, substance misuse over a period of 12 months. His mother contacted the GP but Adam, refused to engage. Social services and police were involved but could not take action unless Adam provides details of the gang members which he was not willing to do. He refused to share any information with authorities.</p>
<p>Please be specific on what unwise health decision/s is the person making which is causing you concern?</p>	<p>Adam regularly attends A&amp;E where he has been assaulted. Adam refuses to engage with his GP or share information about him being exploited though agencies have some intelligence that Adam is drawn into making several unwise decisions to put himself and others at risk.</p>

**Part 2: Risk Checklist**

<p>In your <b>professional clinical judgement</b> what do you think is the level of risk the person may experience for making that unwise health decision?</p> <p>The level of risk is determined by your multi-agency safeguarding procedures. Please refer to your organisation safeguarding policy.</p> <p>(Tick more than one box if relevant)</p> <p>You might want to discuss this with your local safeguarding health lead, local authority safeguarding team, your line manager, MCA Lead or by accessing</p>	<p><input checked="" type="checkbox"/> Unwise health decision could lead to slow and painful death</p> <p><input checked="" type="checkbox"/> Unwise health decision could lead to quick and painful death</p> <p><input checked="" type="checkbox"/> Unwise health decision can lead to other health complications</p> <p><input checked="" type="checkbox"/> Unwise health decision could lead to public safety / protection issues</p> <p><input checked="" type="checkbox"/> Unwise health decision could lead to other forms of exploitation / abuse to self</p> <p><input checked="" type="checkbox"/> Unwise health decision could lead to other forms of exploitation / abuse to others</p> <p><input type="checkbox"/> Unwise health decision is graded as low based on your professional opinion</p> <p><input type="checkbox"/> Unwise health decision is graded as medium based on your professional opinion</p> <p><input checked="" type="checkbox"/> Unwise health decision is graded as high based on your professional opinion</p> <p>(Please note this is not an exhaustive list and may differ depending on the person case situation).</p>
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safeguarding supervision to explore this further.	
Please provide more details of the risk/s about the person you as a professional are concerned about.	We know from intelligence gathered over 12 months Adam has been drawn into gang crime and other forms of exploitation such as sexual exploitation and financial exploitation. Though it is assumed Adam has capacity, there is a question around executive capacity if Adam has the ability to use or weigh information which needs further assessment by a specialist. The challenge is Adam does not want to engage with any assessments offered to him.
Please describe what <b>'reasonable'</b> steps have been attempted to try and engage the person who is making an unwise health decision/s? What is 'reasonable' has to be justified in terms of the level of assessed risk	<ul style="list-style-type: none"> <li>• Many referrals made to several front door agencies</li> <li>• Support offered by GP</li> <li>• Support offered by social services</li> <li>• Support offered by substance misuse</li> <li>• Support offered by Acute Trust</li> <li>• Support offered by mental health Trust</li> <li>• Support offered by charity and local agencies</li> </ul> <p>Adam declined all the above. However, Adam does not have an allocated key worker by a single agency because of his refusal to consent to engage.</p>
Please describe what you think the person may be trying to achieve by making an unwise health decision/s by not wanting to engage with the healthcare offer of support including the person's views, wishes and beliefs.	Adam does not believe he has any health and care issues and wants to be left alone. However, because Adam regularly attends A&E requiring medical treatment there are concerns by frontline staff that Adam is in a cycle of exploitations which he is struggling to break away from. Adam presents as a vulnerable young man and his family are really concerned for his welfare and safety.

**Part 3: Demographics**

Name of Person	Adam
D.o.b:	16 years and 5 months <input type="checkbox"/> This form should be used only for a person aged 16 years and over)
Address:	10 downing Street
Gender identity:	<input checked="" type="checkbox"/> Male (including Trans Male), <input type="checkbox"/> Female (including Trans Female), <input type="checkbox"/> Prefer not to say, <input type="checkbox"/> Prefer to Self-Identify....
Date form completed:	7.10.2022
Name of healthcare practitioner completing the form:	Jole Blogs
Is there evidence the person has mental capacity and is making an unwise health decision?	<input checked="" type="checkbox"/> Yes, I have evidence and the person has mental capacity to make this decision <input type="checkbox"/> No, I do not have evidence (please collect evidence prior to completing this form or you may need to complete a capacity assessment if that there is reason to doubt mental capacity therefore an assessment needs to be considered for the particular decision <input type="checkbox"/> There is an assessment but I think it needs to be revised

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	If answered yes include the evidence with this form and store this in the patient's case / medical notes.
Is there a conflict between agencies if a person has capacity or not?	<input checked="" type="checkbox"/> Yes (Explore with your local agencies if you need an independent expert such as a Consultant Clinical Psychologist to review this). <input type="checkbox"/> No
Is this the first time the person is making an unwise health decision, specifically around this decision?	<input type="checkbox"/> Yes first time <input checked="" type="checkbox"/> No (the person is well known to services and is frequently making an unwise health decision/s)
What date, time and location was the person making a specific unwise health decision?	Date: 3.10.2022 Time: 1pm Location: Buckingham Palace
Is there any known diagnosis / symptoms that could be contributing to the person making an unwise health decision?	Learning difficulty / mild learning disability / speech and stutter problems
Is the unwise health decision impacting on the person frequently contacting health services such as AE, ringing 999 for an ambulance or constantly ringing the GP Practice etc.?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please describe which health service/s the person is frequently contacting due to the person making an unwise decision.
Has this case been discussed at the High Risk Panel?	Please give details In process / local protocol triggered

**Section 4 – Actions**

<p>As a healthcare professional the following options maybe available to you to decide on the next course of action.</p> <p>Please note: The options can be applied in any order depending on the person's case circumstances.</p> <p>It's important to engage with the person's legitimate relatives, advocate or friends to share your concerns and try to mitigate the risks where possible. This will be based on your clinical judgement, safeguarding training, clinical safeguarding supervision</p>	<p><b>Some suggestions for options for you to consider (but this is not an exhaustive list)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Access clinical safeguarding supervision to try and work through the case.</li> <li><input checked="" type="checkbox"/> Discuss your concerns with your relevant safeguarding lead for further advice and support.</li> <li><input type="checkbox"/> Liaise with the person's GP if there is a specific request for physical health examination, bloods, medication, testing, medical assessment, prescription or referral to specialist services needed. You may also want to discuss your concerns with the GP Practice Safeguarding Lead / Practice Manager.</li> <li><input checked="" type="checkbox"/> Escalate your concerns to your line manager / senior management team for further support, advice and guidance.</li> <li><input checked="" type="checkbox"/> You may want to consider submitting a clinical incident in your organisation to raise the profile of this case.</li> <li><input checked="" type="checkbox"/> To liaise with family, friends or advocacy if relevant to do so to help you support the case.</li> <li><input type="checkbox"/> Refer/contact the Local Authority Safeguarding Team for advice and support children or adults.</li> </ul>
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<p>and multi-agency safeguarding procedures.</p>	<p><input checked="" type="checkbox"/> Seek legal advice within your organisation if relevant to do so in how the Childrens Act, the Care Act and the Mental Capacity Act can work in Parallel.</p> <p><input type="checkbox"/> To review the person's care and support plan if relevant and reassess needs.</p> <p><input checked="" type="checkbox"/> Re-assess mental capacity</p> <p><input checked="" type="checkbox"/> Are there any risks to others that need to be addressed e.g. by reporting the situation to the police, children's services, housing, etc</p> <p><input type="checkbox"/> To consider applying relevant legislation such as the Mental Health Act, the Children's Act, the Care Act, and the Human Rights etc. to help you form a decision on next steps.</p> <p><input checked="" type="checkbox"/> Consider if the person has experienced trauma such as Adverse Childhood Experiences (ACE'S) which may explain why the person is making an unwise health decision and assess options by triggering the ACE's framework to look at preventive strategies to mitigate risks.</p> <p><input checked="" type="checkbox"/> To hold regular internal MDT meetings to explore options and continue to monitor risks and ensure a <b>Trauma Informed Approach</b> is used.</p> <p><input checked="" type="checkbox"/> To hold regular multi-agency professionals meeting to share your concerns wider across the local health and care system and to continue to monitor risks by holding regular risks management strategy meetings until the risks have been mitigated. Please note: You may have a local Adult at Risk who is making an unwise decision protocol (check with your local authority safeguarding adult team or your children teams).</p>
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**Part 5: Authorised Signature**

Practitioners signature <b>JB</b>		Manager's counter-signature <i>Boris Johnson</i>	
Job title – <b>Acute Nurse</b>		<b>Jo Blogs</b>	
Contact Number/s	<b>999</b>	Date of next review:	This should be specified e.g. high risk cases should be reviewed every week
		<b>1 months' time – 7.11.22</b>	