Development of the MCAST: a toolkit to support mental capacity assessment

Mark Jayes
Highly Specialist Speech and Language Therapist
HEE / NIHR Clinical Doctoral Research Fellow
Background: mental capacity

- 34% medical patients may lack capacity
- Assessment is subjective, complex
- Current practice is inadequate
- Inaccurate assessment risks excluding people from decision-making / asking people to make uninformed decisions
- Risks of non-involvement: ↓ adherence, ↓ health outcomes, ↑ costs
Clinical context: patients with communication difficulties

- **Two** of four abilities tested in MCA functional assessment involve **communication** skills.

- MCA requires **adjustments** to assessment:
  
  ‘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’ (MCA (2005) section1(3))

- Staff may not **recognise** or know how to **support** communication difficulties.
Research aims

- To develop a tool to support multidisciplinary staff to assess mental capacity

- To evaluate the tool’s validity, reliability, usability and acceptability to patients and staff
Research methods

Two phase, sequential **mixed methods** design

**Phase 1:** iterative, **user-centred** tool design
- Literature and **case law** reviews: current assessment practice
- Focus group study: **staff experience** of assessment
- Literature review: methods for making information **more accessible**
- Iterative **prototype** development: collaboration with professionals and service-users

**Phase 2:** evaluation of **validity, reliability, usability** and **acceptability**
Current practice: literature review

Systematised literature review (updated 04/16):

- **Review question:** How do professionals assess adults’ ability or mental capacity to make informed decisions in England and Wales?

- **Databases:** ASSIA, Campbell Library, CINAHL, Cochrane Library, EMBASE, MEDLINE, PsychINFO
Literature review results

- 16 eligible records
- All *descriptive* studies of low/mod quality
- Study aims:
  i) *measure* ax against standards
  ii) investigate staff’s / service users’ *experience* of ax
  iii) describe introduction of *new tool / procedure*
Literature review results

- **Populations**: mainly PwLD or mental health needs
- **Decisions**: interventions, residence, finance, care
- **Assessors**: MDT but hierarchical effects
- **Ax process**: reports lack detail
- **Practice is variable**
- **Formal and informal ax processes**
- **Staff find ax challenging**
Literature review results

- **Practice** that is **inconsistent** with MCA:
  - Lack of **formal** ax
  - **Generic** ax / **global** judgements
  - Judgements based on **diagnosis** / **impairment** / **outcomes**
  - Failure to consider **cultural** / **ethnic** / **religious** factors
  - Not providing **explicit** information about decisions
  - Inadequate support to **understand**
  - Inadequate **ax of understanding**
Factors that facilitate / improve ax:

- Extra **time** / serial assessments
- **Calm** environment
- **Familiar** assessor
- Involving **carers** (?)
- Gathering **info** pre-ax
- **Tailored communication** strategies
- **Structure** (e.g., a checklist or algorithm) \(^7,^8\)
- **Documentation** aids (e.g., a proforma) \(^9,^10,^11\)
Current practice: case law

Search term: “mental capacity assessment”
Databases: Westlaw UK, Lexis Library
Findings (updated 06/15):

- 5 eligible cases
- Cases involved people with PD, LD, TBI, CI, HD
- Judge satisfied with assessment in 1 case
- Judges overturned findings of incapacity in 2 cases
- Specific aspects of practice criticised:
  - Assessors don’t know MCA or don’t know decision options
  - Generic/ global assessments
  - Outcome-based judgements
  - Inadequate information provision
Current practice: focus group study

- 13 acute / intermediate care staff in 2 groups
- 7 disciplines: Medicine, Nursing, OT, PT, Psychiatry, Psychology, SLT

**Topic guide:**
- which patients? which decisions? who assesses?
- how do you assess?
- what about patients with communication difficulties?
- how do you find ax?
- what support do you need?
Focus group findings

Main themes:

- **Assessment process**: information gathering; informal / formal assessments of decision-making
- **Barriers**: time, knowledge/skills, other people
- **Facilitators**: information, structure, time
- **Need support to**:
  - identify communication **difficulties**
  - support communication needs
  - check **understanding**
- **Main groups**: Stroke survivors / Pw cognitive difficulties
User-centred toolkit development

Initial **specification** based on findings from **literature review / focus group** data:

- Structure
- Documentation aid
- Ways to identify and support communication needs
- Ways to check understanding
- Prompts re timing, envt, choice of assessor, involvement of carers, need for pre-ax information
- Quick and easy to use
- Portable / easily accessible
Iterative design and review process

- **Staff reviews** to maximise face validity / usability
  - Specification, existing resources: online survey (n=10)
  - Prototype iteration 1: online survey / interviews (n=10)
  - Prototype iteration 2: usability testing workshop (n=4)
  - Prototype iteration 3: online survey (n=2)

- **Expert reviews** to maximise face and content validity, usability, acceptability
  - Iteration 1: interviews, online survey (n=13)
  - Iteration 2: usability workshop (n=6)
  - Experts: academics, practitioners, lawyers, people with communication disability, carers.
The Mental Capacity Assessment Support Toolkit (MCAST)

- 3 components
  - 1. Support tool
  - 2. Communication screening tool
  - 3. Resource pack

Paper format….digital coming soon!
THE MENTAL CAPACITY ASSESSMENT

NAME AND SIGNATURE OF ASSESSOR(s):

DATE OF BIRTH:

HOSPITAL NO.:

NHS NO.:

CONSULTANT:

DATE of assessment:

Preparing the person and the environment. Have you:

11. Chosen a time of day when the person is more alert, calm and less distracted? □

12. Picked a quieter place for the assessment with less distractions □

13. Invited any professionals who can support specific needs (e.g., Interpreter/Psychiatrist/Psychologist) □

14. Invited family/friends, if you think they can offer support/make sense of what is happening □

15. Ensured the right glasses/working hearing aids are available if needed □

16. Planned how you will explain relevant information using everyday, non-specialist language? (See resource pack for example) □

Document below what your assessment indicates, based on the balance of probabilities.

Record how you assessed each ability, evidence about the person’s ability and any support you provided (e.g., use of communication strategies).

If you are unsure about any of the questions, seek 2nd opinion.

Q1 Does the person understand what decision they need to make and why they need to make it? □

Q2 Do they understand the likely consequences of making/not making this decision? (They need to understand information that is relevant to the decision) □

Q3 Are they able to retain the information relevant to the decision long enough to make the decision? □

Q4 Is this person able to use or weigh the information relevant to the decision? □

Q5 Is the person able to communicate their decision by whatever means possible (e.g., using strategies)? □

Q6 What is the person’s decision or preferred option? □

Q7 Did you tick yes to all Questions Q1-Q5? □

Q8 Are you satisfied that the person is unable to make the decision due to the impairment or disturbance of the mind or brain? □

WHY: □

MANAGEMENT PLAN: (e.g., Best Interests Meeting, refer to Decision Support or Voluntary Guardianship) □

YES DOCUMENT WHY □

NO SEEK 2ND OPINION □

NOW PLACE THIS FORM IN THE PERSON’S MEDICAL RECORDS/CASE PLAN

EVIDENCE:

□

□

□

□
MCAST
COMMUNICATION SCREENING TOOL

Use this form to find out if the person has any communication difficulties and how you could support them. Tick the boxes and answer the questions where indicated. You can use the "Summary of Communication Strategies" sheet to note down any strategies you will use during the capacity assessment.

NAME: of person being assessed
DATE OF BIRTH:
HOSPITAL NO.:
NHS NO.:
CONSULTANT:

NAME AND SIGNATURE OF ASSESSOR:
DATE OF ASSESSMENT:

PREPARATION: Prepare yourself, the person and the environment.

MAKE SURE:
1. You have blank paper and pens
2. You have reduced any distractions (e.g. shut open doors/avoid noisy areas)
3. The person being assessed is seated comfortably
4. They are wearing clean, comfortable clothing
5. They can hear you (check if they have hearing aids or not)
6. They can see you and any information materials clearly (check that they have their glasses)

SECTION 1: THE PERSON'S ABILITY TO SPEAK
Check how the person will communicate with you during the capacity assessment.

DO THE FOLLOWING: Have a conversation with the person about something (e.g., their family, pets, hobbies, work experience). If they have difficulty hearing, write down your questions in clear, large letters.

TICK BOXES, based on what you observe:

No obvious difficulties speaking
Difficulties speaking

CONTINUE "SECTION 1" ON PAGE 2

PAGE 1/4

COMMUNICATION SCREENING TOOL

NAME: of person being assessed
DATE OF BIRTH:
HOSPITAL NO.:
NHS NO.:
CONSULTANT:

NAME AND SIGNATURE OF ASSESSOR:
DATE OF ASSESSMENT:

SECTION 1: THE PERSON'S ABILITY TO SPEAK (CONTINUED FROM PAGE 1)
Check how the person will communicate with you during the capacity assessment.

TICK BOXES, based on what you observe:

The speech is slurred or sounds different, but you can understand most words
They can read words but you cannot hear their voice
You cannot understand the person's speech

CONTINUE "SECTION 1" ON PAGE 2

PAGE 2/4
SECTION 3: THE PERSON'S ABILITY TO UNDERSTAND SPEECH
Check how you will explain things during the capacity assessment.

GIVE THE FOLLOWING INSTRUCTIONS: Do not look at the objects as you say the words.

INSTRUCTION
1. Say the floor, window, and the light
2. Touch your left knee
3. Nod your head twice and touch your chin
4. Touch each shoulder with two fingers whilst keeping your eyes closed

ALL TASKS COMPLETED ACCURATELY IN ANY ORDER?

YES \ NO

STOP

APPEARS IN THE CATEGORIES AS

DURING THE CATHETESIS, YOU SHOULD TALK TO THE PERSON USING SIMPLIFIED LANGUAGE (SEE RESOURCE PACK).

IF THE PERSON COMPLETED THE FOUR TASKS ACCURATELY THEY DO NOT HAVE DIFFICULTY UNDERSTANDING SPEECH.

You can now proceed to the capacity assessment. However, you will need to explain information to the person using everyday, non-specialist language.

SECTION 4: THE PERSON'S ABILITY TO READ
Check if you can write things down to help the person understand during the capacity assessment.

Write down the names of three objects in the room (e.g., "table," "chair," "cup") on a piece of paper. Write clearly using large letters. Point to each word one at a time, and ask the person to show you the object in the room. DO NOT SAY THE WORD AS YOU POINT TO IT. DO NOT LOOK AT THE OBJECT.

Object 1:  
Object 2:  
Object 3:  

IF THE PERSON FOUND ALL 3 OBJECTS:

IF THE PERSON MADE ANY ERRORS:

SECTION 5: THE PERSON'S ABILITY TO RECOGNISE PHOTOS
Check if you can use photos to help them understand during the capacity assessment.

Show the person the three photos below. Ask them to show you these objects in the room. DO NOT LOOK at the objects or say their names.

IF THE PERSON FOUND ALL 3 OBJECTS:

IF THE PERSON MADE ANY ERRORS:

SECTION 6: THE PERSON'S ABILITY TO WRITE
Check if the person can write things down to help them communicate during the capacity assessment.

Show the person the photos above. Ask them to write down the names of these objects on a piece of paper. Note how many of the names they are able to recognize as being correct.

Object 1:  
Object 2:  
Object 3:  

IF THE PERSON WROTE ALL 3 NAMES CORRECTLY:

IF THE PERSON MADE ANY ERRORS, you can encourage the person to write information down when they are answering your questions.

SEE RESOURCE PACK FOR FURTHER INFORMATION ABOUT STRATEGIES AND PRACTICAL EXAMPLES.

If you feel that you need more support, refer to Speech and Language Therapy.
Resource pack

- Photographs and simplified language related to discharge / treatment decisions

- Ways to test decision-making abilities
<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are assessments more <strong>compliant</strong> with the MCA (2005) when MCAST used?</td>
<td>Before and after case note <strong>review</strong> (n=20)</td>
</tr>
<tr>
<td>Does the communication screen give <strong>accurate</strong> and <strong>reliable</strong> outcomes?</td>
<td><strong>Case series</strong>: data collection to measure <strong>criterion validity</strong>, <strong>inter-rater reliability</strong> (n=12)</td>
</tr>
</tbody>
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Current evaluation

Evaluation questions

- Do staff feel more confident about capacity assessment when they use the MCAST?
- Do staff find the toolkit usable and acceptable?
- Do patients find the MCAST acceptable?

Methods

- Paper questionnaire (n=20)
- Online survey (n=20)
- Interviews with patients / carers (n=8)
References

References


References


Thanks for listening

Any questions?

mark.jayes@sth.nhs.uk

@MCAsupporttool

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