

Capacity assessment | Te aromatawai āheinga

Always presume a person has the capacity to make all decisions for themselves. Never assume a person lacks capacity based on their age, appearance, disability, behaviour, beliefs or diagnosis or disease state. An enduring power of attorney (EPOA) for personal care and welfare has no legal force, unless it has been activated.

Capacity

A person's ability to make their own decisions, for example, consent to, or refuse, health care. The term 'competence' is sometimes used with a similar meaning, as well as 'decision-making capacity' and 'mental capacity' (Douglass 2016).

Capacity is task specific

Areas where capacity is required include:

- accommodation, selling a house
- consent for treatment or medical care
- refusing medicines or treatment
- nominating an attorney for an EPOA
- testamentary capacity - making a will
- intimate relationships - getting married
- financial management
- driving a car
- capacity to make significant gifts
- contractual capacity - entering a contract.

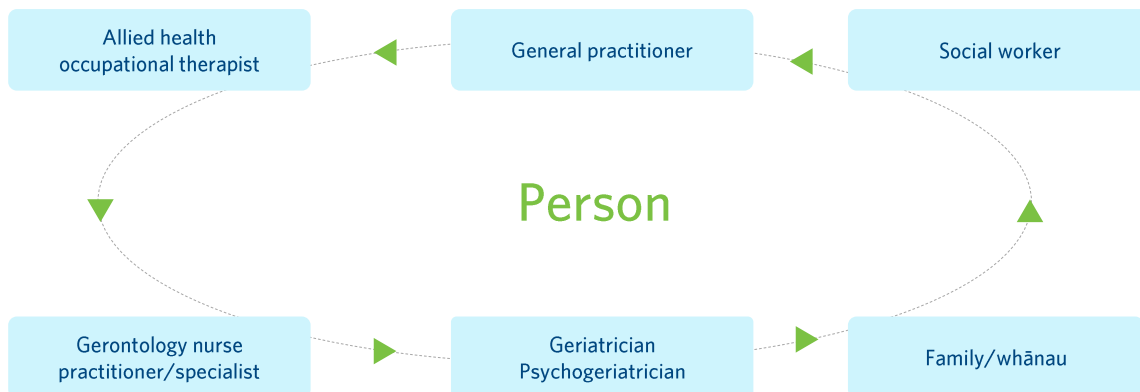
Capacity is assessed only when there is a combination of major life decisions and reasonable doubt about a person's ability to understand and communicate/reason, or when there is a 'trigger', such as:

- wandering at night
- getting lost while out walking or driving
- car accidents
- displaying behaviour that could potentially harm self or others
- self-neglect - poor attention to personal hygiene
- unpaid bills, unable to manage financial matters
- selling a house and confused about this
- being taking advantage of by others - persuaded to give large assets away that they still require, for example, house, boat, car
- medical investigations and interventions.

Capacity assessment

A clinical interview undertaken by a health practitioner for the purpose of deciding whether a person has decision-making capacity in respect of a specific decision(s). The assessment involves examining the mental processes a person goes through in order to arrive at a conclusion (Douglass 2016).

Involving a team with capacity assessment process



Capacity is decision-specific, therefore assessment and tests will be based on the problem in question.

Involving a team – information from various sources needs to be gathered

- Family – whānau – relatives
- Social workers – information on EPOAs – the attorney's understanding of their role if the EPOA is activated. How is the attorney going to support the person to continue making decisions? Will the attorney be willing to act on an activated EPOA?
- Occupational therapist – objective assessment of functional status
- Gerontology nurse practitioner/specialist, mental health specialist
- Geriatrician/psychiatrist
- Patient's general practitioner (is able to assess for incapacity and can activate an EPOA)

How do we test capacity?

We consider and review the following:

- What is the problem in question?
- What functional and decisional capacities are in question?
- Sufficient corroborative information needs to be gathered, for example, relationships, the person's financial affairs, bill payments.
- Assessment of current mental health state to rule out delirium, depression, psychosis.
- Assessment of cognitive status.
- Temporary activation for acute episodes of delirium or depression to allow treatment to proceed.

The assessment

The person must be told about the purpose of the assessment

When assessing the capacity of a person to make a particular decision, you are considering whether the person can:

- understand the facts involved in the decision
- understand relevant information
- know the main choices that exist
- understand the potential consequences and their effects
- communicate their decision.

Capacity assessment should be the last option in the process after all necessary functional assessments have been completed and all possible solutions explored, for example, moving into residential care against the patient's wishes.

Bibliography | Te rārangi pukapuka

Capacity assessment

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