The CARE CERTIFICATE

Mental Health, Dementia and Learning Disabilities

- What you need to know

Standard 9

Awareness of mental health, dementia and learning disabilities

This standard aims to make you aware of people's experiences with and the causes of mental health conditions, dementia and learning disabilities.

While you may not be working in a role that directly supports people with mental ill-health, dementia or learning disabilities, it is important for all health or social care workers to be aware about these conditions. This is so that any signs and symptoms that you notice are passed on to other workers and that you show compassion and understanding when you experience any behaviour that you find difficult to understand or respond to.

If your organisation provides care and support for individuals with mental health conditions, dementia or learning disabilities, further specialist training should be provided. This will help you to deepen your knowledge and develop your skills and abilities to meet the needs of your role. It may include opportunities to undertake specialist qualifications. Speak to your manager for more information.

Mental health conditions

There are numerous **mental health** conditions including psychosis, depression, mood disorder and anxiety. In any year, 1 in 4 adults in Britain will experience at least one mental health need (The Office for National Statistics Psychiatric Morbidity report).

Mental health

Mental health can be seen positively: to identify a positive state of mental wellbeing or negatively: to identify a negative state of mental wellbeing, for example, experiencing mental health problems that cause distress and affect an individual's functioning.

Depression

Some people think that depression is not a condition and that it will simply go away. This is not true; it is an illness with recognised symptoms but it is treatable. Most people experience feelings of sadness or being down; however living with depression is different. An individual experiencing depression will feel emotions such as hopelessness and negativity that don't go away.

Symptoms of depression can last for a couple of weeks, a number of months or longer. Living with depression can affect how an individual sees themselves. This can lead to them not engaging in a social life, with family or their work. There are treatments available to support people with depression. In some cases, having the opportunity to talk and share how they feel can help. There are various organisations that support individuals who are experiencing depression and provide further information on the condition. One example is the 'Depression Alliance':
www.depressionalliance.org/

Anxiety

Feeling worried or anxious is normal, many people experience things in life that create these feelings. However, those living with anxiety find it difficult to control their worries. As a result they may feel that things are worse than they are. This can create a number of other symptoms including:

- **physical** symptoms such as increased heart rate, difficulty breathing and dizziness
- **psychological** symptoms such as feeling a loss of control, thinking that they might die or have a heart attack, and feelings of wanting to escape or run away
- **cognitive** symptoms such as changes to your thought processes or thinking negative thoughts repeatedly
- **behavioural** or **social** symptoms such as not wanting to leave the house, abusing substances such as alcohol or drugs, or behaving in ways that affect relationships. Individuals may stop going out with friends, or to places such as the supermarket, as they are worried about how they might feel when they are there.

Psychological

Psychological symptoms relate to feelings and emotions, it includes how the mind looks at things and how this can affect behaviour.

Cognitive

Cognitive or cognition refers to our brains and how we think about things; how we process, use and store information we take in through our senses.

There are treatments which help alleviate the symptoms of anxiety, such as cognitive behavioural therapy (CBT). This helps someone to talk about their condition and manage the effects by trying to change the way they think.

Cognitive behaviour therapy

This is a type of psychotherapy that looks at how you think about yourself, the world and other people. Altering how you think can alter how you feel and behave.

Psychosis

Psychosis is a symptom of conditions such as **schizophrenia** and **bipolar disorder**. NHS Choices say that around 3 in 100 people will have at least one experience of psychosis.

Schizophrenia

This condition can be described as having a break from reality, when it is difficult for a person to understand what is real and what is in their own thoughts. Symptoms could include hallucinations, delusions and changes in behaviour.

Bipolar disorder

This condition affects a person's moods and means they can go from one extreme mood to another alongside having feelings of depression.

There are two significant signs of psychosis:

Hallucinations - where a person sees or hears things that aren't real but are very real to them. They can also include feeling, smelling or tasting things that aren't real.

Delusions - where a person believes things that aren't true, for example believing that someone is spying on them.

These experiences can be frightening and lead to behaving in ways that others find strange. One way of supporting someone who is experiencing hallucinations or delusions is to recognise what they are saying or doing is real to them. Rather than telling them that you can't see or hear what they are seeing or hearing, let them know that you are there to help and that they are safe. This could avoid them feeling you don't believe them and could help ease their stress. Although you do not share in their hallucination or delusion, you do know that it is a real experience for them.

Most symptoms of psychosis will get better with treatment. However, in some cases people may have to be admitted to hospital for treatment and support to recover. If your organisation provides care for people with psychosis, speak to your manager about how individuals' needs are assessed.

An individual may experience a mental health need as a result of:

- a traumatic event, such as an accident, a death in the family or as a result of war
- a **chemical imbalance** in the brain
- genetics, for example, a person's additional needs may be due to their DNA.

See www.nhs.uk/news/2013/02February/Pages/Five-mental-disorders-genetic-links.aspx

Chemical imbalance

The chemicals or hormones that affect our emotions and behaviour may be lower or higher than they should be. However, the significance of any such chemical imbalances is highly disputed, with the result that there are professional disagreements about how effective various mental health medicines can be.

Mental health problems might be a result of a specific situation (that is 'reactive'), but that is far from being always true. In any case, such conditions can vary from short-term to being lifelong.

There are a number of organisations who are working to support people who experience mental ill-health and can provide further information. These include the 'Mental Health Foundation' Rethink and 'Mind'.

You can use their websites to find out more:
www.mentalhealth.org.uk/
www.rethink.org
www.mind.org.uk/

Dementia

The term 'dementia' is used to cover many different conditions that affect the brain. The Alzheimer's Society estimate there are over 100 different conditions that fall under the dementia umbrella.

These conditions cause a decline or reduction in abilities, including:

- memory
- thinking
- reasoning
- communicating.

Someone who experiences problems with these abilities may feel confused, frustrated and frightened. A common symptom is short term memory loss; the individual finds it difficult to remember recent events or conversations. This can lead to them repeating stories or asking the same question over and over again.

There are a number of different types of dementia which affect individuals differently. The experience of living with dementia is also affected by other people's attitudes and views. The flow diagram below shows how negative views of dementia can cause a negative experience.

If people view living with dementia as a constant loss of abilities…	…that there is nothing that can be done to support the person…	…then the person living with dementia will most likely experience feelings of ill-being…	…that can then contribute to a negative experience of living with the condition.

There are many causes of dementia. The two most common types are Alzheimer's disease and Vascular Dementia:

In individuals with **Alzheimer's disease** a bad protein develops in the brain causing damage to the brain cells and their connections.

Vascular dementia is caused by oxygen failing to get to the brain cells as a result of problems with the blood supply (the vascular system).

Although the symptoms of each type of dementia are different, all types of dementia are progressive. This means that individuals experience a gradual decline in their thinking, processing and remembering skills. How gradual and how serious this is varies in each individual, and will be affected by the care and support they have.

Dementia is often thought to be a condition that only affects older people; however dementia can affect anyone at any age. In particular, individuals with learning disabilities are more likely to experience dementia at an early age. The Alzheimer's Society estimates that there are more than 40,000 people under the age of 65 living with dementia.
You can find out more from their website:
www.alzheimers.org.uk/

Learning disabilities

Learning disability is a result of brain development being affected before birth, during birth or in a person's childhood. An individual with a learning disability may have difficulty understanding information, learning new skills, communicating and living independently.

The experience of living with a learning disability varies depending on whether it is mild, moderate or severe. People with a mild learning disability may only need a little support to be independent while someone with a severe learning disability may not be able to communicate verbally and may need constant specialist support. Individuals may have other physical and sensory conditions alongside their learning disability, and may have difficulty responding to feelings and emotions. They may express themselves in ways that others find difficult to understand which can in turn affect how others see and respond to them.

Learning disabilities can result from a number of causes, but the particular cause in any given person is not always known. Causes can include:

- genetic conditions such as Down's Syndrome which happens as a result of an extra chromosome. This leads to impairments in both cognitive ability and physical growth that range from mild to moderate developmental disabilities.
- complications during birth which can lead to lack of oxygen which impedes the baby's development
- illness or injury in childhood which has affected the brain, such as meningitis.

In most cases living with a learning disability will have a lifelong impact but this will vary depending on the type of learning disability.

Mistaking conditions

Some symptoms of living with mental health needs, dementia or a learning disability are very similar which can lead to conditions being mistaken for one another. The table below identifies some of the similar symptoms.

Psychosis	Depression/ Mood disorders	Anxiety	Dementia	Learning Disabilities
Confusion as a result of hallucinations and delusions - Lack of insight and **self-awareness** - Problems with sleeping.	- Change in mood/ personality - Problems with sleeping.	- Change in mood/ personality - Problems with sleeping.	- Confusion as a result of memory loss - Change in mood/ personality - Problems with verbal communication - Problems with sleeping.	- Confusion due to difficulties with memory or relating to information - Lack of insight and self-awareness - Problems with verbal communication.

Self-awareness

This means having an understanding of yourself, your feelings, emotions and behaviours and understanding how your feelings, emotions and behaviours can affect others.

Care and support

As each individual is unique with a different personality, life history and experience, care and support should build on an individual's particular wants, needs, skills and abilities. The experience of living with any of these conditions will be affected by the type of support someone receives. For example, if an individual with a learning disability is supported to use and develop their abilities they will become more independent.

Promoting positive attitudes

There is a lot of stigma linked to living with a mental health need, dementia or learning disability. This can create feelings of loneliness or being left out in society. However, through focusing on the abilities and skills someone has, living with the condition can be positive and people can be supported to live well. It is important that you demonstrate a positive attitude towards all those living with mental health needs, dementia and learning disabilities. You can do this by:

- helping to reduce the stigma by making sure individuals are not isolated in social situations
- promoting wellbeing for those living with the condition
- identifying and building on skills and abilities the individual has
- providing opportunities for individuals to feel empowered and in control.

The social model of disability, positive attitudes and person centred practice

The 'social model of disability' says that a person's disability is the way that organised society responds to that individual and their condition, rather than being their impairment or difference itself. This is a different from the 'medical model' of disability which focuses on treating or trying to cure an illness.

The social model looks for ways of removing barriers that limit life choices. When barriers are removed, people can work towards being as independent as they can be and be included and equal in society.

These barriers could include:

- the environment - for example, using pictures as well as words for signs and information
- the impact of people's attitudes - for example, **stereotyping** all people with dementia as the same and assuming they will all be affected in the same way
- the impact of an organisation's approach - for example, ways of working that are set to meet the needs of the organisation rather than the individual.

Accessible

Can the individual gain access or entry to a part of the environment for example, a building, a room or a specific service, or to information (especially written information).

Stereotyping

To stereotype means to use labels that identify an aspect of a person or group, for example their age, sexual orientation, ability or gender, then using this label to make an assumption about them or the group they belong to. For example, "All older people are deaf" is a stereotype based on an assumption that as you get older you are likely to lose your ability to hear.

The social model puts the focus on the individual and their unique needs and not on their condition. This person-centred approach helps develop positive attitudes in society.

Adaptations

Health and social care organisations usually need to work together to provide for care and support needs. For example, there may need to be an occupational therapy assessment to find out how a person manages their day-to-day life and any adaptations to their home that might be needed, such as handrails in the bathroom.

Emotional support may need to be considered for both the person living with the condition and their family or carers. This might involve arranging a befriender or a counselling service.

Practical information or additional services about an individual's condition, illness, financial and legal issues and opportunities to plan ahead should also be available. Forums, charities, helplines or support groups are all useful sources of support and information.

Reporting concerns

If you think that someone is developing symptoms of a mental health problem or of dementia, or if you think that the support needs associated with their learning disability need reassessing, you should record this information and pass it on. Who you inform and how will depend on your workplace and your role. There may be other workers involved so it is important to follow your **agreed ways of working** on recording your observations to avoid information being lost or misinterpreted.

Agreed ways of working

This refers to organisational policies and procedures. This includes procedures that are less formally documented by individual employers and the self-employed as well as formal policies such as the Dignity Code and Compassion in Practice.

When recording information there are a number of points to consider:

- Ensure the information is accurate.
- It should be clear, concise, and legible.
- It should be non-ambiguous and state facts not opinions or assumptions.
- The person involved should be given the opportunity to contribute.
- Apply the principles of the General Data Protection Regulation 2016 and maintain confidentiality

The importance of early detection and diagnosis

An early diagnosis benefits the individual and their family and friends. It can support them to put steps in place to maximise their quality of life. Four benefits of diagnosis are described below.

Clear up uncertainty. It can be upsetting to live with symptoms like memory loss and changes in personality, particularly if you don't understand why they are happening. As there are a number of conditions that have similar symptoms it is important that an accurate diagnosis is made. Although the diagnosis can be hard news to hear, it can clear up uncertainty and help someone to feel more in control.

Help the individual and their family and friends to plan. Planning for the future provides the opportunity to consider, discuss and record wishes and decisions. This is known as advance care planning; the individual makes plans about what they wish to happen while they are most able to be involved and make decisions.

Identify possible treatments and therapies. An individual may want to consider taking medication for example, to relieve the symptoms of dementia or depression. They may also benefit from therapies such as counselling or cognitive behaviour therapy.

Provide the right information, resources and support. Through accessing information at an early stage someone can make best use of what is available, such as support groups. They can also identify financial support that they may be entitled to.

Adapting care and support

If an individual is diagnosed as living with a mental health need, dementia or learning disability, they are likely to need changes to how care and support is provided over time. This will ensure that care and support continues to be person-centred.

Changes may mean that workers need to develop skills to support people who find it difficult to communicate verbally, for example by learning **Makaton.** They may also need to learn how to use assistive technology like clocks and calendars, reminder messages or locator devices. Of course, the individuals themselves also need support to learn how to use such technology.

Makaton

This is a form of language that uses a large collection of signs and symbols to support and encourage communication.

Those living with mental health needs, dementia or a learning disability are more vulnerable to abuse. You should follow your agreed ways of working to make sure each individual is best protected from harm or abuse.

Legal frameworks, policy and guidelines

Legislation and a number of polices have been developed to promote human rights, inclusion, equal life chances and citizenship of individuals with mental health needs, dementia or learning disabilities. These include:

Human Rights Act 1998 – This identifies the fundamental rights and freedoms that all individuals have access to in the UK. It ensures that those with mental health needs, dementia or learning disabilities must be treated fairly and with respect.
www.legislation.gov.uk/ukpga/1998/42/contents

Care Act 2014 – This puts a general duty on local authorities to promote the wellbeing of individuals. The Act makes sure that care and support provided to those with mental health needs, dementia and learning disabilities provides for their physical, mental and emotional wellbeing. It puts the focus on prevention and ensuring things don't get worse for an individual, providing information to ensure people can make informed decisions and ensuring there are a range of services available to meet people's needs.
www.gov.uk/government/publications/care-act-2014-part-1-factsheets

The General Data Protection Regulation (GDPR) 2016 – This ensures that organisations maintain the protection of data. The General Data Protection Regulation makes sure that personal data held by organisations is kept confidential, not kept longer than necessary and is accurate. This includes data about an individual's health or condition. The regulation gives individuals the right to see the data and information held about them.
https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/

Safeguarding Adults National Framework – Safeguarding adults is about promoting people's welfare and keeping them safe from harm and abuse. Individuals living with a mental health need, dementia and learning disability are particularly vulnerable and therefore services need to ensure they are working to maintain their safety.
www.adass.org.uk/adassmedia/stories/Publications/Guidance/safeguarding.pdf

Fundamental Standards of Quality and Safety – A guide developed by the Care Quality Commission (CQC) that describes the fundamental standards of quality and safety that people using health and social care services can expect.

Mental Health Act 1983 (MHA) – In most cases, when people are treated in hospital or another mental health facility they have agreed or volunteered to be there. These may be referred to as "voluntary patients".

However, there are cases when a person can be detained (also known as sectioned) under the Mental Health Act (1983) and treated without their agreement. The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. Being admitted to hospital under this Act is sometimes described as being 'sectioned.' In 2007, the Act was amended to include community treatment orders as well as admission to hospital.

Mental Capacity Act 2005 (MCA) – This Act protects people who need care or treatment but may lack the mental capacity to make decisions for themselves. Everyone has the right to make their own decisions, and the Act says we must assume a person can unless an assessment is done which proves otherwise, whether or not we agree with that decision. When someone doesn't have mental capacity, the person deciding for them must do so in the person's best interests. Care and treatment of people who lack capacity must be the least restrictive of their rights and freedom possible (deprivation of liberty safeguards).

The act applies to people aged 16 and over in England and Wales. It also provides guidance to support people who need to make decisions on behalf of someone else.

Mental capacity

A person's mental capacity is their ability to make their own decisions. Having mental capacity means that they are able to understand information and make an informed decision or choice.

All individuals have the right to make their own decisions. However, sometimes it is assumed that because they have a condition that can affect their cognitive abilities they are no longer able to make their own decisions. The Mental Capacity Act 2005 says that care and health services must assume that people have mental capacity unless there is good evidence to show that they have not. By assuming a person has capacity, opportunities can be provided that enable the person to make their own decisions which helps them to feel empowered, confident and in control.

'Advance statements' ensure that an individual's wishes are taken into account in the future. This is often referred to as 'advance care planning'. The purpose is to enable an individual to make choices and decisions about their future care and support in case there is a time when they are unable to make these decisions for themselves, for example in the later stages of dementia. This can ensure that an individual is not given any care or treatment that they do not wish to receive but will receive the care they wish to have.

Many employers will provide further training, guidance and/or supervision to help health and social care workers understand mental capacity issues. Speak with your manager about opportunities to learn more about this important area.

Making an assessment of capacity

There are two specific questions that can help in assessing a person's capacity:

1. Does the person have an impairment, or a disturbance in the functioning, of their mind or brain? This can include, for example, conditions associated with mental illness, concussion, or symptoms of drug or alcohol abuse.

If so,

2. Does the impairment or disturbance mean that, even when given appropriate support, the person is still unable to make a specific decision when they need to?

The Mental Capacity Act 2005 states that a person is unable to make their own decisions if they are unable to do one or more of the following:

- understand information given to them
- retain information long enough to be able to make the decision
- weigh up the information available to make the decision
- communicate their decision – this can be through verbal communication or by using sign language or simply blinking an eye.

It is essential that the individual is supported to find ways of communicating before a decision about their capacity is made. This might involve family, friends, carers and other workers. An assessment should be made based on the balance of probabilities. For example, is it more likely than not that the person lacks capacity?

There are five key principles that everyone must follow when assessing capacity, these are:

- Always assume that the person can make their own decision.
- Ensure all possible support is provided to make sure the person can make their own decision.
- Do not assume someone cannot make a decision because you feel they are making an unwise or unsafe decision.
- If it has been identified that the person cannot make a decision, someone can make a decision that is deemed to be in that person's best interest.
- If a person makes a decision on behalf of the individual, this must be the least restrictive option.

If you are supporting a person who is struggling to make decisions, it is important that you apply the five key principles.

An assessment of capacity may need to be made when a person is unable to make a particular decision at a specific time. The Mental Capacity Act 2005 applies to supporting an individual to make both day-to-day decisions (for example what to eat) and complex choices such as around care and support or managing finances. A mental capacity assessment is specific to a particular decision and the principles must be applied to individual decisions. It is important to remember that an individual may lack the capacity to make a specific decision, such as around their finances, but this does not mean that they lack capacity to make all decisions.

Consent means giving agreement to, or approval of, a proposed action or decision, particularly after thoughtful consideration. In order to give their informed consent an individual needs to understand fully what they are consenting to, including the repercussions it might have. The process of establishing informed consent will vary according to an individual's assessed capacity to consent and the situation. Consent may be implied or explicit, and either written or verbal, and has by definition to be given voluntarily and in advance of the action or decision being taken.

Informed consent embraces the person-centred care values of individual autonomy, independence, respect and choice. Only if you provide information in a way that respects someone's individual autonomy can they act independently and choose whether to give consent or not.

The individual you are supporting might show their consent in a number of different ways.

- Implied consent means the individual is co-operating with you; for example, a person being supported to eat opens their mouth as the spoon gets nearer.
- Verbal consent is given when you are asking an individual if they are happy with a procedure and they answer positively.
- Written consent could be a signed consent form, but is often a document stating the outline of treatments, procedures, support or care that is proposed, which the individual signs to show agreement.

For any of these forms of consent it is important that the individual understands fully what they are consenting to, the pros and cons, alternatives, possible outcomes, and likely consequences if they refuse their consent. Simply attending an appointment does not constitute consent if the person does not fully understand what the appointment is for.

Consent in Children (Healthcare)

People aged 16 or over are entitled to consent to their own treatment, and this can only be overruled in exceptional circumstances.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise.

The CARE CERTIFICATE

Mental Health, Dementia and Learning Disabilities

- What do you know now?

Standard 9

Activity 9.1a, b & c

Part i)
The issues that someone may experience if they have mental health needs, dementia or learning disabilities could be physical, social or psychological and will affect the individual in different ways.

Explain: to explain something you will need to provide a clear account of your understanding including details like why and how.

List: this term means to identify the main points which can be written as bullet points.

Complete the table below to show your understanding of the needs and experiences of people with mental health conditions, dementia and learning disabilities:

List how someone may feel if they have one of the following conditions (this can include physical, social or psychological issues):				
Anxiety	**Depression**	**Psychosis**	**Dementia**	**Learning Disabilities**
Explain how each condition may influence a person's individual care needs:				
Anxiety	**Depression**	**Psychosis**	**Dementia**	**Learning Disabilities**

Activity 9.1a,b & c

Part ii)
Why is it important to understand that the causes and people's support needs are different depending on whether they have a mental health condition or dementia or a learning disability?

Activity 9.2a

When working with individuals with mental health conditions, dementia and/or learning disabilities, your attitude can have both positive and negative impacts.

In the boxes below identify one example of a negative attitude and the impacts it may have. Then give an example of how to positively change and the impacts it could have on the individual.

Negative attitude:
Impacts:

Positive change:
Impacts:

Activity 9.2b

Fill in the boxes below to **describe** what is meant by the social model of disability and how it supports positive attitudes of workers and person-centred practice.

Describe: to describe means to create a picture with words, but not simply writing a list of bullet points.

The social model of disability suggests that…
It supports positive attitudes of workers because…
It supports person-centred practice because…

Activity 9.3a

When supporting an individual with mental health conditions, dementia or learning disabilities, changes or adjustments might need to be made to a service in order to provide the best quality of care.

In the table below, a suggested adaptation has been included for each condition. **Describe** what actions should be taken and why it would be useful for the condition.

Describe: to describe means to create a picture with words, but not simply writing a list of bullet points.

Condition	Actions to be taken	What is it and why it would be useful?
Psychosis	Additional training for workers	
Depression/ Mood Disorder	Access to information such as helplines	
Anxiety	Emotional support provided by workers	
Dementia	Access to support groups	
Learning Disability	An occupational therapy assessment	

Activity 9.3b

Reporting: Using your own organisation's agreed procedure (where possible), describe how to report concerns associated with any unmet needs which may arise from mental health conditions, dementia or learning disability through agreed ways of working.

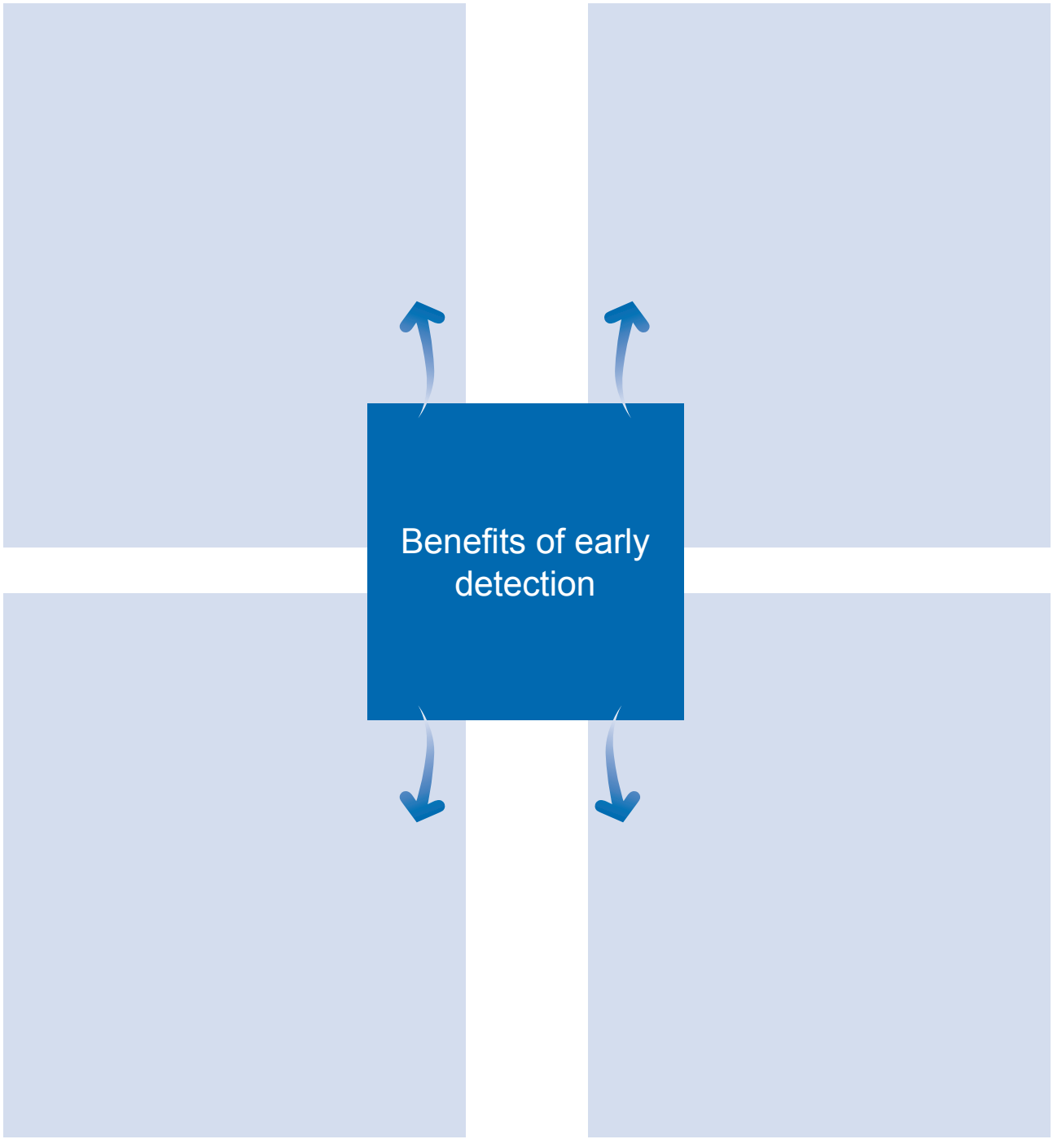
Describe: to describe means to create a picture with words, but not simply writing a list of bullet points.

Activity 9.4a

An early detection of mental health conditions, dementia or learning disabilities can support an individual to maximise their quality of life. Complete the spider diagram below to **list** and **explain** the benefits of early detection.

Explain: to explain something you will need to provide a clear account of your understanding, including details like why and how.

List: this term means to identify the main points which can be written as bullet points.



Activity 9.4b

Care and support might need to be adjusted when mental health conditions, dementia or learning disabilities are identified. For each of the examples below, state how and why care and support might need to be adjusted.

Activity Examples	Adjustment	
	How	Why
Mental health - anxiety Rashid suffers from an anxiety disorder called claustrophobia. He is afraid of being in small spaces, which makes it impossible for him to go in a car or a bus or use a lift. Rashid finds using the bathroom challenging at times. Next week he has an appointment he needs to go to.		
Dementia Paul has difficulties with activities such as preparing meals and eating regularly. This is because he loses track of time and forgets what time he needs to eat.		
Learning disability Eliza is living with Down's Syndrome and is finding it difficult to communicate verbally with others around her.		

Activity 9.5a & b

There are a number of pieces of legislation and polices that have been developed to promote the human rights, inclusion, equal life chances and citizenship of individuals with mental health conditions, dementia or learning disabilities.

Complete the table below that identifies four examples of legislation and policies, along with their main requirements and how these can influence the day-to-day experiences of individuals with mental health conditions, dementia or learning disabilities and their families. Examples have been started for you to complete.

Legislation & Policies	Requirements	Influence to individual's daily experience
The Human Rights Act 1998	This Act sets a number of basic human rights that all people have, including the right to life, the right to freedom from torture and degrading treatment, and the right to respect for private and family life.	
Mental Capacity Act 2005	This act ….	
	This act ensures that those who hold personal information such as organisation's and public bodies keep it confidential, accurate and only as long as necessary.	
		This act helps to improve individuals' independence and wellbeing, allowing individuals access to the care they need before they develop into more serious needs and access to information to make informed decisions.

Activity 9.6a

In your own words **explain** what is meant by the term **capacity.**

Explain: to explain something you will need to provide a clear account of your understanding including details like why and how.

Activity 9.6b

At times you might be unsure whether individuals to whom you give care and support fully understand the choices they have or what type of support and care they need.
Explain why it is important to assume that someone has capacity to make decisions unless there is evidence that they do not.

Explain: to explain something you will need to provide a clear account of your understanding including details like why and how.

Activity 9.6c

You will frequently come across the term **consent** and **informed consent** when working in health and social care. Answer the questions below to show your understanding of consent.

1.a. What is meant by the term ‘consent’?

1.b. What is meant by the term ‘informed consent’?

2. Write two examples to show how consent may change depending on the decision that is being made:

1.	**2.**

Activity 9.6d

Complete the boxes below to **describe** where an assessment of capacity might need to be carried out and describe the meaning and significance of 'advance statements' or 'advance care planning' regarding future care.

Describe: to describe means to create a picture with words but not simply writing a list of bullet points.

An assessment of capacity might need to be carried out where…

Advance statements (or plans) are very important and significant for future care because…