



Supported decision making


Supported decision making practices are to be promoted. Persons receiving mental health and wellbeing services are to be **supported to make decisions** and to be involved in **decisions about their assessment, treatment and recovery** including when they are receiving compulsory treatment. The **views and preferences** of the person receiving mental health and wellbeing services are to be given priority.



Implementing this principle involves finding ways to maximise a person's choice and control, including when they are receiving compulsory treatment. At times, this will include supporting decisions that are not preferred by the service.


Be curious about people's views, preferences, values and priorities: Ask people what is important to them in their treatment and recovery, and what they need to feel and be safe while at the service. Give people information and options and support their choices wherever possible.


 **Always presume capacity to give informed consent:** This includes when a person is a compulsory patient and before starting compulsory treatment. A person has capacity if they can understand, remember, use and weigh information that is relevant to a decision, and can communicate the decision (including with assistance). Capacity can be supported (for example, by providing decision making support), is decision-specific and can change over time. A person can't be assessed not to have capacity only because they make a decision that could be considered unwise - including choosing not to have treatment - or because of their age, appearance, disability, condition or behaviour.


 **Assess capacity when and where it can be most accurately assessed:** Consider the environment and time, for example, when the setting is calm and the person has had rest, food and drink.

 **Support people to make informed decisions:** Give people adequate information about treatment options (including about purpose, type, method, likely duration, beneficial alternative treatments, advantages and disadvantages of having or not having the treatment, risks and side effects). Give people time, and the opportunity to ask questions and seek support to make decisions. Make sure people aren't under pressure to make decisions and haven't withdrawn consent to a decision.

Check for and follow advance statements of preferences: Offer information and education about advance statements of preferences at key points - for example, intake, treatment planning and discharge. Check that a person's advance statement of preferences remains current whenever treatment is reviewed and at key transition points.  Always check if a person has an advance statement of preferences (for example, ask the person, check the clinical file, ask any known carer, family or supporter) and follow their preferences wherever possible. For example, seek creative solutions to what can be offered within your service, or support the person to access external services or supports.  If preferences can't be followed, explain the reasons why to the person and their support people verbally as soon as practicable, and in writing within 10 business days.

 **Check for and involve nominated support persons:** Always check if a person has a nominated support person (for example, ask the person, check the clinical file, ask any known carer, family or supporter). Involve the nominated support person including by contacting them as early as possible, providing information, including them in meetings with the treating team and allowing them to review treatment documents. Recognise that a nominated support person and carer are different roles even if held by the same person, and both roles may need support.

Work with IMHA advocates to support decision making: Encourage the involvement of IMHA advocates. For example, offer to contact IMHA for anyone who is a compulsory patient or at risk of compulsory treatment at admission and key decision points, and display and share information about IMHA advocates in multiple languages and formats.  Give IMHA advocates any reasonable assistance to perform their role - for example, with the consumer's consent, give them information including the consumer's advance statement of preferences, and encourage and support them to attend meetings.

 **Involve families, carers, supporters and kin** in treatment and care planning and discussions to support decision making, in line with the consumer's consent and preferences.