

Mental Health Interventions for Rough Sleepers: Psychosis - Appendix 3

Supporting someone to make a decision and considering their mental capacity

About this appendix

This appendix supports The Mental Capacity Act Guidance and the Mental Capacity Screening Tool in The Mental Health Service Interventions for People Sleeping Rough: www.pathway.org.uk/services/mental-health-guidance-advice

It is designed to help people who are not mental health professionals, but who are concerned that someone they are supporting may lack capacity to make a particular decision, and that this is because of known or suspected psychosis.

Completing the Mental Capacity Screening Tool will help you to follow the principles of the law and should help you to make a better judgement about someone's ability to make a decision. The completed tool can also act as evidence of your concerns to help mental health professionals carry out additional assessments where needed.

Definitions and description of psychosis

Psychosis is a mental health condition that causes people to experience a range of symptoms, some of which alter the way they perceive the world around them.

Psychosis is a general term which describes a range of symptoms. The main symptoms which define psychosis are below. It is important to note that not everyone experiences all of these:

- Delusions (experiencing beliefs which are not real). Common delusions include people believing that there is a plot to harm them, when there is no evidence this is the case.
- Hallucinations (sensory experiences such as hearing, seeing, feeling, or smelling something that is not real). Most commonly, people hear voices when they are alone, which may sometimes command them to do or think something, such as to hurt themselves. Voices can often say unpleasant or derogatory things, which is why people are often distressed by these experiences.
- Paranoid or persecutory thoughts.
- Feeling that someone is interfering with their thought processes, such as putting thoughts in their head. The person may have quite jumbled thoughts, and it may be difficult to follow their train of thought.
- Significant change in behaviour.

- Feeling that things are specifically aimed at them, such as feeling that a news story on the television is about them.
- Interpreting things around them as having special meaning only to them.
- Feeling that they have special powers, such as believing they can telepathically communicate with others.
- Feeling distressed by their experiences.
- Lack of ability to understand their symptoms are due to an illness, believing that they are very real. This is often referred to as lack of insight.

People frequently experience other symptoms alongside these, often referred to as 'negative symptoms'. These include:

- low mood,
- poor motivation,
- poor self-care,
- irritability,
- difficulties with concentrating, and
- difficulties in forming or maintaining relationships.

There are some long-term psychotic illnesses, such as schizophrenia. People may also experience a period of psychosis due to an illness or a treatment, as a reaction to drug or alcohol use, or following a traumatic experience. Some psychotic episodes resolve very rapidly, others might require treatment for many years or for life.

The current main treatment for psychosis is anti-psychotic medication. If someone you are supporting develops psychotic symptoms it is likely they will be prescribed this.

Some people recover completely from psychosis and do not experience further episodes. For others, treatments such as anti-psychotic medicine and talking therapies help them to manage their symptoms. However, some people continue to experience debilitating symptoms despite taking medication and engaging with other forms of treatment.

There are unhelpful and negative perceptions around psychosis. Media and press portrayals often depict people with psychosis as being dangerous. This has led to stigma and people with psychosis may be even more reluctant to seek help as a result. A person with psychosis is far more likely to hurt themselves, or be harmed by others, than they are to harm other people.

The prevalence of psychosis amongst people who are homeless

Amongst the general population the prevalence of psychotic illnesses is around 0.4%¹. There have been studies which indicate that the prevalence of psychosis amongst the homeless population may be closer to 11%, with the highest rates amongst women, young people, and those who have experienced long-term homelessness.

¹ [NHS Mental Health Confederation Factsheet](#)

Communicating with a person who may be experiencing psychosis

- Choose a low-stimulus environment where there are minimal distractions, especially if you are aware that the person is experiencing hallucinations and is likely to be distracted by these.
- While it is important to be open about what you are trying to achieve, it may not be helpful to make the meeting too formal or the person can feel that they are being 'tested' and be worried about failing in some way. Remember that you are just having a conversation like any other; it doesn't need to be something outside of your, or their, comfort zone.
- People experiencing psychosis may feel frightened, confused and disorientated; it may be very difficult to help them understand what is happening. They may be worried about disclosing information and appear quite guarded, making it difficult to build a trusting relationship. If the person appears to be more comfortable with a particular member of staff try to ensure they are the one to speak about the concerns.
- People experiencing psychosis often have difficulty ordering their thoughts; this might make it more difficult for the person to follow what you are saying. Use simple language and focus on one thing at a time, giving them time to understand before you move on to the next topic. Trying to address several things at once might be confusing. Try to discuss one issue in one conversation, returning at a later time to talk about another subject.
- If someone repeatedly drifts off onto other topics and struggles to focus, bring them back to the conversation by saying their name and perhaps checking they are ok to continue. You might need to interrupt them; if so it's best to be open about it. It's fine to say that you're sorry to interrupt, as they clearly have lots to say, but you need their help to ensure that you understand them.
- Find a balance between asking closed questions and open or general questions. Closed questions are likely to result in a yes/no answer with little detail. Open questions can be overwhelming for someone struggling to order their thoughts. The best approach is likely to be being responsive to the answers you are getting and adjusting how you phrase questions accordingly.
- When a person is experiencing delusional beliefs (such as believing someone is trying to harm them) it is likely to feel very real, people often lack insight into their symptoms. It may be possible to offer gentle reassurance and support, but directly challenging a person's beliefs or telling them they are wrong is unlikely to be helpful and may make it more difficult to build trust. Instead, be empathic and supportive, acknowledge how distressing their experiences must be and talk in general terms about your concerns. This might help the person feel safe enough to engage with you and with other services that they are likely to need.
- It can be tempting to agree with a person's expressed beliefs (even if you believe they are not true) but avoid being open about your concerns, especially when the person lacks insight or is agitated. This is unlikely to be a successful strategy and may be experienced by the person as collusion with their beliefs. It can make it more difficult later if you need to explain why you are taking actions such as referring the person to mental health services.

- When people are experiencing psychosis their mood may be more unpredictable than usual and they may react more strongly to things. When talking to them, try to go slowly and gauge how the person is reacting to what you are saying. If they become more distressed or agitated it may be better to stop the conversation, or change the subject to something they can tolerate, to help the person calm down. You may need to take breaks and come back to conversations later.

Using the Guidance to the Mental Capacity Act (MCA) Questions

The text below refers to factors that are often relevant to people who may be experiencing psychosis. The numbers next to each of these points reference those in the “Guidance regarding the Mental Capacity Act” (page 26-27 of the [Mental Health Interventions for Rough Sleepers](#) – Tools and Guidance book).

1. What is the decision the person you are concerned about needs to make and why do they need to make this decision now?

- Be very specific about what decision needs to be made. Ensure this is clearly recorded.
- If there is more than one decision to be made, or one decision with several components, record each as a separate point rather than putting several decisions together under one heading.
- If the decision is non-urgent, can it be delayed until the person regains capacity? If this is not possible make sure you record why not. If the person’s mental health condition is expected to resolve within a few days, many decisions could be delayed without significant consequences.

2. Is there reason to believe that the person may lack mental capacity due to a known or suspected mental health problem, learning disability, brain injury, dementia or intoxication?

- This does not need to be a confirmed diagnosis. It might be that a person’s behaviour leads you to believe that they have a mental impairment/disability.
- The MCA definition of mental impairment is deliberately very wide, so it can be used with most people who have a condition which might affect their ability to make decisions. It can be used by anyone in almost any circumstance, such as members of the public who stop to help someone who has been injured in an accident.
- Some conditions covered are long-term and some are very short-term. For example someone might only be acutely intoxicated once a week, meaning they cannot make a decision during this time. Many decisions could be delayed until they sober up in just a few hours.

3. Has sufficient information been given to the person to help them understand the decision?

- To make a choice, a person need only understand the 'salient' factors. For example you would not expect a person to understand all the highly complex medical information and language around having operation, but they should understand the key benefits and risks of the procedure.
- Information should be given in whatever forms the person finds easiest. This might be verbal, written, in pictures, or through sign language.

4. Have all practicable steps been taken to support the person to make the decision?

One of the five principles of the MCA is that you must take all practicable steps to help someone make their own decision and keep a written record of how you achieved this. There are many ways to help a person make a decision, such as:

- Carrying out an assessment at the time of day when a person is most able to make a decision. Someone may be calmer and more able to process information if they are well rested and not tired.
- Asking someone the person knows and trusts to explain information, if they are struggling to believe what you are saying to them.
- Leaving the person with easy-to-read information about the decision.
- Asking for guidance from someone who knows the person well. For example a person's mental health worker might have helpful tips about how they are mostly likely to be receptive to what you are saying.
- Carrying out an assessment over several contact meetings, especially if the person is quite disturbed and needs information in small amounts.
- Keeping the meeting very focussed on the decision to be made. Avoid carrying out the assessment during a generic meeting when you have to raise issues unrelated to the decision that you are concerned about.
- Trying to avoid numerous questions which may be difficult for someone who has jumbled thoughts. Try to let the person speak freely and direct them gently back to topics as needed.

5. Is it felt the person is free from external pressures to make their decision?

- People experiencing psychosis can be very isolated from friends and family as a result of their beliefs and behaviour. This can mean they have few people looking out for their safety and may be vulnerable to abuse or exploitation. It is important to explore whether someone might be pressuring them one way or another, or whether they feel they should make a decision to please someone else. If you feel that someone you are supporting is under such a pressure it may be necessary to consider a Safeguarding Adults referral.

- Conversely, some people are well supported by friends or family. Whilst this can be invaluable, well-meaning family or friends can sometimes exert pressure, believing that they are acting in the best interests of the person while they are unwell, even when this might not be what the person really wants. There might be nothing malicious, but it is still a problem if the person feels pressure to make decisions differently.
- Try to see someone on their own where possible, especially if you have concerns they might be being pressured by someone. Be honest and open about your concerns if you feel this might be the case.
- If the person does not have a ‘mental impairment of, or a disturbance in the functioning of, the mind or brain’, there are some rare circumstances where a person might not be able to make their own decisions, mainly due to being under serious undue duress. In such circumstances, it may be necessary to seek legal advice about action which could be taken (most likely an application to the High Court).

6. The four-stage test of capacity:

a) Can the person understand the information involved in making the decision?

- Establish what information is needed to make the decision, and record what the key issues are. What information would you need if you were making the decision? Remember the person doesn’t need to understand all the possible information, just the salient points.
- Work through this information in a methodical way with someone, checking their understanding as you go. You will need to be methodical in your thinking, but try not to let the person see this – seeming like you are working through a list can upset people when they are unwell.
- Avoid asking someone if they understand something – the natural response is to say ‘yes’, either to end the conversation quicker or to avoid looking foolish. To get a better understanding of what someone thinks, listen to their responses, repeat what you have understood and ask the person to correct you if necessary.
- Ask the person to tell you in their own words what their understanding is of what you have been discussing.
- Remember that someone disagreeing with information isn’t evidence that they don’t understand it.
- When people have delusional beliefs that are prevalent across many aspects of their belief system it can be tempting to think that they don’t understand something. Try to focus on what the decision is, as the information needed might be minimal and not affected by the delusional system.

b) Can they retain the information long enough to make the decision?

- Loss of memory isn't usually a key symptom of psychosis but people may have other illnesses as well, which do affect their memory.
- Being disturbed or very distressed is likely to impair someone's ability to concentrate and absorb information they are given, meaning the person is more likely to struggle to remember it.
- It doesn't matter if someone can only retain the information for a few minutes, if this is sufficient to make the decision. People often talk about checking if someone has remembered information later in the day, or checking if they remember who the worker is, but these are not relevant issues to the decision being made, so it doesn't matter if they do or don't.
- Don't worry about people changing their mind, or not remembering making a decision. If your recording is clear and you have shown how you arrived at your conclusion, then a person not remembering your conversation does not mean that the assessment, at that time, was problematic.

c) Can they use or weigh up the information to make the decision?

- Using and weighing up information is likely to be the area that someone experiencing psychosis struggles with most, as disturbed thought processes might alter the weight that the person gives to different factors involved in making a decision. For example, if a person believes someone is trying to harm them then they may give lots of weight to safety issues.
- Try asking the person about the pros and cons of making a decision one way or another; the concept of 'good things' and 'bad things' about different options might be easier to understand.
- If someone is experiencing extensive delusional beliefs which conflict with information you are giving them, it will be very difficult for them to use the information you are providing and they may simply dismiss it. Look for evidence that they have taken on board some of the information and weighed it up in reaching their decision, not simply based their decision on the delusional beliefs.
- Look for evidence that the person can attach appropriate weight to different elements of the decision. For example, if a person is making a decision about whether to go to an appointment or not, and they cannot see any positives in going (even when you have explained that the appointment is essential in accessing accommodation), and are focussed on having to walk for five minutes to get there, you might question whether they are attributing appropriate weight to these differing sides to the decision.

d) Can they communicate their decision?

- This can be through any means.
- People might be able to explain their decision clearly to you, or they may need help to do so. They might prefer to write it down or tell a trusted friend.

- Some people experiencing psychosis become so disturbed that they stop speaking or engaging with others. In these circumstances you might conclude that they are unable to communicate. However, this is quite rare, you can usually find some way to engage sufficiently with someone so that they can communicate their decision in some way.

7. Does the person, on balance of probabilities, have the capacity to make a specific decision at a specific time?

- People often worry about getting capacity assessments wrong, but if you have followed the four-stage test, provided evidence of what people said, and showed how you reached your conclusions, then the law says you only need to be more than 51% sure that you think the person either does or does not have capacity. This is what is meant by the balance of probabilities. If you are thorough, and evidence your thinking, it does not matter whether someone else reaches different conclusions to you.
- Remember that someone only needs to be unable to do one part of the four-stage test for you to conclude that they lack capacity.
- People experiencing psychosis can often be changeable, it is common for different workers to reach different opinions around capacity. It is important to ensure that your assessment is carried out at the time the decision needs to be made, rather than there being a gap between assessment and decision, when someone's presentation might have changed.

8. How did you decide what was in the person's best interests?

- The term 'best interests' is a legal term from section 4 of the MCA. People often talk about something being in a person's best interests, but unless they have followed the statutory best interests checklist their decision is not lawful.
- You must demonstrate that you have not based your decision merely on the person's age, appearance, condition, or behaviour and that you have considered the following:
 - All relevant circumstances.
 - Whether the person is likely to regain capacity, and if so, whether the decision could be delayed until they do.
 - How you have engaged the person in the process, and supported them to participate in making the decision.
 - What are the person's past and present wishes and feelings, including those they might have written down when they had capacity?
 - Beliefs that would influence their decision if they had capacity.
 - Other factors the person would consider if they were able.
 - The views of others, including those the person wants you to consult, anyone engaged in caring for them, or a Lasting Power of Attorney or Deputy.
 - Options which are less restrictive.
- You do not have to write reams about each point, especially for minor decisions, but you should be able to show that you have considered these points as a minimum.

- You might have very little information to work with, especially if the person is new to your service. If there is time, and you could reasonably be expected to try to gather some more information, then you should try to do so.
- People with existing psychotic illnesses often have periods when they are well. During these times your service should try to speak with them about their wishes and beliefs and keep a written record of these. This will help guide you if they become unwell and you need to make a decision on their behalf.
- Remember that you are effectively a substitute decision maker. You are making a decision that the person would have made if they were able, rather than making a decision based on what you would do if you were them. This can sometimes mean that we have to make best interests decisions that feel uncomfortable for us, but this might still be the right and lawful thing to do, if there is evidence that this is what the person would choose if they were able.

9. What action should be taken in the person's best interests?

- The law was designed to allow a very wide range of decisions to be made on someone's behalf. Life is a constant stream of decisions, from deciding what to wear in the morning, right up to whether to accept life-sustaining treatment.
- You are only legally entitled to make a decision on someone's behalf if you have followed the four-stage test, and gone through the best interests checklist.
- The MCA allows us to make most decisions for our clients if required, with a few exceptions that can **only** be made by the Court of Protection:
 - Decisions which conflict with decisions made by a Lasting Power or Attorney or Deputy, or evidenced by an Advance Decision made by the person.
 - Decisions about marriage, divorce, or sexual relations.
 - Decisions around voting.
 - Decisions about treatment for mental disorder for patients subject to the Mental Health Act.
- Additionally, the Court of Protection should be asked for a judgement where there is dispute about serious decisions, such as where someone should live, and efforts to resolve the dispute have failed.

Further help and advice

Support for Clients

If you are concerned for someone it may be helpful to share some information with them about psychosis, and talk through what is likely to happen when they see a mental health professional, as they may be very fearful about what is happening to them.

The following pages may be helpful for them:

[The Mind Guide to Psychosis](#)

[NHS Choices pages on psychosis](#)

Primary Care / GP

GPs will usually refer people with psychotic symptoms to mental health teams for a specialist assessment and development of a care plan, although some mental health teams are happy to accept referrals directly from other organisations.

Because some people with psychosis become rapidly very unwell, it is important that the person is referred to an appropriate team as soon as possible.

If someone is at risk

If somebody appears acutely unwell, and they are behaving in a way that is putting themselves or others at risk, and you do not feel they can wait to be seen by a GP or mental health service, you can take them to any A&E department if they are willing, or call an ambulance and/or the police if required.

Advice for London charities

Pathway offers an advice line for homelessness outreach workers in London seeking advice on the use of this guidance with complex clients on the streets. The helpline can:

- Support workers from housing and mental health services in London with expert advice.
- Give guidance to workers in the homeless sector around considering whether someone has mental capacity to make a particular decision.
- Help health workers understand how services for homeless people operate.
- Help apply mental health and housing legislation in specific situations

Advice line: 020 3291 4184 (24-hour answerphone)

Email: mentalhealthenquiries@pathway.org.uk

All messages will be answered within 24 hours by an Approved Mental Health Professional with expertise in homelessness and mental health. The service is open to any professional or organisation working with people sleeping rough. Please remember to leave contact details, and a brief outline of the issue.