Public – To be published on the Trust external website

Individuals who decline treatment and / or disengage with services

Ref: CLIN-0008-v7.1

Status: Ratified

Document type: Policy

Contents

1 Introduction

The report of the National Confidential Inquiry into Suicide and Homicide by people with Mental Illness, (Safer Care, 1999) found that non attendees and loss of contact with services are frequent findings in inquiries into suicides and homicides. This report recommends that Trusts have written policies regarding people who decline treatment and disengagement from services.

Tees, Esk and Wear Valleys NHS Foundation Trust recognises that there could be numerous factors that influence whether service users decline treatment and / or disengage with services. In line with our recovery and wellbeing strategy and values, we recognise the importance of; Listening and understanding what is important to individuals; exploring treatment and support options and providing meaningful choices. By working in this way, we hope to better meet the needs of service users and reduce the likelihood the service users will decline treatment or disengage. It is important to acknowledge that despite this approach there will still be circumstances where individuals decline treatment or disengage with services, in these situations there is a need for effective and sound clinical judgement to assess potential harms and respond appropriately in order to ensure the safety and wellbeing of service users and where relevant others, including the effective use of professional time.

Members of the public who are referred to our services for assessment and/or treatment may also choose not to engage. Therefore, this group will not be classed as service users of the Trust as they have never been assessed in order to determine whether services are appropriate or not.

This policy also supports the Trust's strategic goals. It does this by:

- Setting out how we will work closely with the person and/or their families, so that the experience can be as good as it possibly can be, working to ensure the person has as much choice and control in how they engage with services.
- Setting out how we will work closely with our Trust colleagues, so they feel supported in working with the person and key people that are involved in their care.
- Setting out how we will work in close partnership with the other agencies involved with the person, such as their general practitioner (GP), to ensure seamless and compassionate care.

2 Why we need this policy

2.1 Purpose

This policy describes the Trust's approach to situations where service users decline care and/or treatment and, when service users lose contact with services. It also includes members of the public who have been referred but who do not / will not engage with services.

This policy should be used in conjunction with the Trust's, 'Did Not Attend (DNA)/ Was Not Brought Policy' and 'Missing Patient Procedure' as well as the Mental Health Act (1983) and Mental Capacity Act (2005).

2.2 Objectives

By adhering to this policy, the Trust aims to keep people engaged and in receipt of care and treatment when there remains a clinical need.

The objectives of this policy are to describe the Trust's approach:

- When service users decline care and / or treatment
- When service users lose contact with services
- When service users chose not to engage and attend appointments through self-cancellations
- When members of the public are referred to services but decline to engage

In all cases, based on information from referrers, consideration will be given to the compulsory powers under the 1983 Mental Health Act. It **must not be assumed** that the person lacks the capacity to make decisions; the first statutory principle of the Mental Capacity Act (2005) applies equally to people with mental disorder – 'a person must be assumed to have capacity unless it is established that he lacks capacity'. Reasonable adjustments should also be made for those living with learning disabilities or autism.

3 Scope

3.1 Who this policy applies to:

This policy applies to all healthcare professionals working within TEWV NHS Foundation Trust. Key roles and responsibilities are outlined in **Section 3.2 Roles and Responsibilities**.

Consideration has also been given to those who may be affected by the aims and objectives of this policy to ensure that the document content aligns to the Trust's values, so that people who may be affected are treated with compassion, respect and responsibility.

3.2 Roles and responsibilities

Role	**Responsibility**
Directors	Implementing this policy within their relevant directorate.
General manager	Ensuring this policy is communicated to all staff within their area of responsibility.
All Clinical Staff	• Ensure they are aware of procedures for managing refusals of care and/or treatment and have available comprehensive range of information on treatment options in order to offer choice where possible • Ensure they are aware of the Trust 'Missing Patients Procedure' • Ensure they are aware of the Trust 'Did Not Attend (DNA)/Was Not Brought Policy' • Ensure they are aware of the Trust 'CPA Policy: the care programme approach and standard care' • Ensure they are aware of the Trust 'Harm Minimisation (clinical risk assessment and management).

4 Policy

4.1 Service Users Declining Care

If a service user declines all or parts of care and/or treatment plan, the care team should:

- Not assume that the person therefore lacks the capacity to make decisions. The first statutory principle of the Mental Capacity Act (2005) applies equally to people with mental disorder – 'a person must be assumed to have capacity unless it is established that he lacks capacity'.
- For those assessed as lacking capacity, then any act done for, or decision made on behalf of the person lacking capacity must be done or made in that person's best interests.
- Record in the case note of the service user's electronic record which part(s) of the planned care are being declined.
- Consider with the service user their current views on treatment and care offered and what is important to them. Discuss alternative options that may support engagement in services/ care treatment.
- Be mindful of reasons why a person may wish to decline service, due to previous experiences and related trauma; taking a trauma informed approach to re-engage people in services.

- In the situation of children and young people, the current views about the care and treatment from their parent/guardian should be also taken into account, discussing alternative options that may support improved engagement in services.
- In the situation of services users who lack capacity, the current views about the care and treatment should be also taken into account, discussing alternative options that may support improved engagement in services.
- Referral to safeguarding should also be considered for both adults and children where there may be aspects of self-neglect.
- Consider whether or not declining treatment could result in potential harm to the service user and/or others and give consideration to use compulsory powers under the 1983 Mental Health Act.
- Seek to understand, if the reason behind not engaging with mental health services is due to a person’s religious or cultural beliefs and teams should seek to adapt their approaches that can accommodate such beliefs.
- In addition, take into account any wider inequalities that might create barriers to engagement such as literacy, poverty, language barriers or times and venues available to access services.

It is the responsibility of the care team to ensure that the service user care and treatment plan is co-produced and is provided with adequate and clear information to support them in making informed choices. This involves ensuring that:

- We understand what is important to the service user.
- We take steps to identify and remove any practical or socio-economic barriers to engagement including for example’ method of communication and appointment times and venues
- Exploring their current understanding of the situation and options. Discuss the various different care and treatment options and the pros and cons of declining or accepting any or all of them. These may include any possible side effects, detrimental effects and benefits.
- Within this process, the service user needs to be involved with the co-production of their care and treatment plans and provided with sufficient information and time to explore the individualised options, in line with any religious and cultural beliefs, to engage them in care and treatment. This approach should help to reduce the incidence of service users declining care and or treatment.

It may be appropriate to seek the assistance of other professionals when discussing treatment options. For example, the Trust Pharmacy Team to provide information on medication issues, the service relational and personality leads.

As part of this process an individual’s advanced statement should be considered and clearly documented as part of the care record, including safety summary and safety plans.

When discussing options with the service user, we need to be clear about the power we hold and whether the use of compulsory powers is being considered. Even when operating within the Mental Health Act 1983 staff should consider the principles of shared decision-making within constraints of that legal framework.

Consideration must be given to individuals who may have need to be approached by services in a different way due to their sensory needs, living with a learning disability or autism and making reasonable adjustments to form trusting relationships with others, before accepting services and be able to engage with treatment.

In all cases, the outcome of the service user declining any care must be shared with key clinical staff at the next available huddle or report out and, discussed with the clinical leadership set as well as discussing implications with the service user's GP.

Where the outcome is that the service user declines **all** care and/or treatment and they are to be discharged from service, the lead professional/care coordinator is required to inform the service user, and when appropriate carer/parent or legal guardian, of this decision in writing with clear guidance on how they may access services in the future should they wish to do so.

4.2 Service Users who lose contact with services

If contact is lost with a service user, the named community practitioner should make necessary attempts and reasonable adjustments to make contact with the service user and /or ascertain their whereabouts.

Once the service user has been located the professional should ascertain information on their wellbeing and any potential risks of harm, in line with the Trust Harm Minimisation Policy. Necessary steps should be considered to reconnect with people, they are:

- Phone and text service user using all available phone numbers
- To email the service users where an email address has been provided
- Contact associated people (next of kin, named carers or friends, other professionals)
- Contact GP
- Check with local acute hospital liaison to see if a person is in an acute hospital
- Link with social care whether this is named involvement
- Where concerns about safety, consider a welfare check by the mental team or police
- Write to service user requesting them to phone the Lead Professional

Consideration needs to be given to individuals who may have need to be approached by services in a different way due to their sensory needs, living with a learning disability or autism and making reasonable adjustments to form trusting relationships with others, before accepting services and be able to engage with treatment.

If contact / whereabouts cannot be established, the named community practitioners should call a meeting of the care team involved in the service user's care in order to review the situation as follows:

- Consider the outcomes of attempts to contact/ locate the service user and make a list of those who have been contacted.
- Review care plan, safety plan, advance statements and recent care records to inform an accurate assessment of the situation.
- Be mindful of reasons why a person may wish to decline service, due to previous experiences and related trauma; taking a trauma informed approach to re-engage people in services.
- Determine the level of potential harm to the service user and/or others.
- Identify a plan along with timescales that are appropriate in the circumstances of the specific case and record these in the services user's records. A copy of the plan is to be sent to the service user's GP.

4.2.1 Options to be considered in completing the plan

- If the level of potential harm has been assessed as anything other than low, consider whether or not a 'Missing Patients Procedure' should be implemented or any other appropriate strategy e.g. police assistance.
- If the level of potential harm has been identified as low, the service user may be discharged from care with notification going to appropriate people (e.g. relevant other professionals, family member, external agencies), including the person's GP.
- In all cases, decisions are to agree through a shared multi-disciplinary team (MDT)GP discussion and be clearly recorded in the person's care record, including safety summary and safety plan.

Out of hours, missing person alerts would be coordinated with the Emergency Duty Team and /or Police, as appropriate.

In exceptional circumstances, a wider health community distribution may be considered following discussion between the Care Team and the Director of Operations.

4.3 When members of the public are referred to services but do not engage

There may be occasions when members of the public are referred to Trust services (and not already currently on an active caseload) and a full assessment cannot be completed due to the person making it clear that they do not wish to engage with mental health or learning disability services. In cases, the person will not be classified as a service user of the Trust since they have actively declined to engage and, therefore, have not been assessed as needing care or treatment.

For those who decline assessment where appropriate to seek to identify and remove and barriers to engagement that the person might experience as a result, for example, of their socioeconomic circumstances or practical issues limiting their ability to access services in the traditional way.

Teams need to be mindful of that there may be reasons why a person may wish to decline services, due to previous experiences and related trauma; taking a trauma informed approach to re-engage people in services.

⚠ In all such cases, consider whether an assessment is required under the compulsory powers under the 1983 Mental Health Act before a decision is made not to pursue the assessment. It is recognised that not all individuals who are referred to services and decline assessment, require intervention and decisions surrounding course of action should be informed by the information we hold and may include consultation may with key agencies e.g. GP, Police, and Social Services.

If it is clear that the person does not fit the criteria for compulsory powers to be applied and they continue to decline to engage with services, the following actions will occur:

- The referring agency to be notified of the outcome with information on how to access services in the future if they should wish to re-refer the person back to the services.
- Where the referral to service has been a self-referral, consideration is to be given by the MDT regarding the person’s presentation and need to engage with the persons’ GP.
- A letter, if possible, to be written to the individual informing them of how they may contact services in the future should they wish.
- A written record to be kept in the Trust of the initial assessment and outcome (if undertaken) or documented in the electronic referral record outcome /recommendation section, specifying the risk factors, the clinical decision and the correspondence sent as outlined above.

5 Definitions

Term	**Definition**
Service User Declining Care and/or Treatment	Service users should be offered care related to their assessed need and may decline all care or specific parts of the proposed care and/or treatment. However, such decisions could have a negative consequence for the service user. Not attending an appointment Declining all or part recommended interventions within care plan

Loss of contact with services	When a service user has lost contact with service and the care team is unable to engage or in some circumstances locate the service user. For example, the service user is not answering phone calls, does not respond to written requests to contact services, appears not to be at home when staff visit.

6 Related documents

This document references the following policies/procedures need to also be referred to:

Did Not Attend (DNA)/Was Not Brought Policy
CPA Policy; the care programme approach and standard care
Harm Minimisation (clinical risk assessment and management) Policy
Missing Patients Procedure
Communicating with Service Users Best Practice

7 How this policy will be implemented

The policy will be implemented through the following means:

• The Policy will be available on the Trust's website and InTouch.
• Line managers will disseminate this policy to all Trust employees through a line management briefing.
• Each team manager will ensure that the MDT are aware of their role and shared decision-making.
• Each team manager will ensure that staff members understand the implications and requirements of this policy.

7.1 Training needs analysis

There is no specific or additional training requirement for this policy.

8 How the implementation of this policy will be monitored

There is no formal monitoring or audit requirement for this policy.

9 References

National Confidential Inquiry into Suicide and Homicide by people with Mental Illness, (Safer Care, 1999)

Mental Health Act, 1983

Mental Capacity Act, 2005

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	17 August 2022	
Next review date:	17 August 2025	
This document replaces:	Ref: CLIN-0008-v7.1 Individuals who decline treatment and / or disengage with services	
This document was approved by:	Name of committee/group	Date
	Clinical Leaders Group	15 July 2022
This document was ratified by:	Name of committee/group	Date
	Management Group	17 August 2022
An equality analysis was completed on this document on:	28 February 2022	
Document type	Public	
FOI Clause (Private documents only)	n/a	

Change record

Version	Date	Amendment details	Status
7	11 Apr 2018	New version	Withdrawn
7	22 Sept 2020	Review date extended by six months. Intouch links removed,	Withdrawn
7.1	17 Aug 2022	Full review with minor amendments including:	Published

		- Section 3.1 Policy moved across to new trust template including 'our journey to change' - Section 4.1 amended to reflect new harm minimisation safety summary and safety plan requirements - Section 4.2 amended to reflect new harm minimisation safety summary and safety plan - Section 4.2.1 amended to include a broader range of contact means, including text and emails	

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	**Scope**
Name of service area/directorate/department	Clinical services
Title	Individuals who decline treatment and / or disengage with services
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	The objectives of this policy are to describe the Trust's approach: • When service users decline care and / or treatment • When service users lose contact with services • When service users chose not to engage and attend appointments through self-cancellations • When members of the public are referred to services but decline to engage
Start date of Equality Analysis Screening	Dec 2021
End date of Equality Analysis Screening	Feb 2022

Section 2	**Impacts**
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All service users regardless of speciality
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or	• **Race** (including Gypsy and Traveller) **NO**

Business plan impact negatively on any of the protected characteristic groups?	• **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men, women and gender neutral etc.) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.) **/NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Veterans** (includes serving armed forces personnel, reservists, veterans and their families **NO**
Describe any negative impacts	n/a
Describe any positive impacts	**Positive impacts** People are treated as individuals This approach assists people to remain I service when there remains a clinical need

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes

If you answered Yes above, describe the engagement and involvement that has taken place	Engagement has taken place through the respective matrons
If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a

Section 4	**Training needs**
As part of this equality analysis have any training needs/service needs been identified?	No - There are no additional training needs for staff
Describe any training needs for Trust staff	No
Describe any training needs for patients	No
Describe any training needs for contractors or other outside agencies	No

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	y	
2.	**Rationale**		
	Are reasons for development of the document stated?	y	
3.	**Development Process**		
	Are people involved in the development identified?	y	
	Has relevant expertise has been sought/used?	y	
	Is there evidence of consultation with stakeholders and users?	y	
	Have any related documents or documents that are impacted by this change been identified and updated?	y	
4.	**Content**		
	Is the objective of the document clear?	y	
	Is the target population clear and unambiguous?	y	
	Are the intended outcomes described?	y	
	Are the statements clear and unambiguous?	y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	y	
	Are key references cited?	y	
	Are supporting documents referenced?	y	
6.	**Training**		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Have training needs been considered?	y	
	Are training needs included in the document?	N/A	
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	N/A	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	y	May 2022
	Have Equality and Diversity reviewed and approved the equality analysis?	y	May 2022
9.	**Approval**		
	Does the document identify which committee/group will approve it?	y	Clinical leaders group
10.	**Publication**		
	Has the policy been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	