

## Working to Mental Capacity: Institutionalised young people

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**Mental capacity can be defined as the ability of a person to make decisions, judge situations, interpret information, and act in their best interests without harming others.**

*The young people you will work with are extremely special in many ways, and it is important you try to understand them rather than control them. Due to the environments in which they have grown up in they have highly advanced coping mechanisms, heightened senses in certain situations, and many intricate strategies for survival which we may never be able to fully understand.*

*Knowing someone is trying to help and support you releases endorphins which speed up the healing process. This essentially means that relationships speed recovery so you can make a tremendous difference by just being a friend! The following framework is designed to help you make the most of this opportunity. Have fun!*

### 10 golden rules

1. Be their friend not another carer
2. <sup>1</sup>Avoid blame and blaming
3. Avoid cause and effect thinking
4. Assess, do not diagnose<sup>2</sup>!!
5. The young people you work with will have a great insight into how they feel. Therefore, challenging behaviour could be the first sign of needing help and support.
6. We as humans experience situations differently depending upon our genetic makeup and personality. Therefore, although some young people will display similar behaviour (e.g. self-harm or rocking etc.), they will have different personal coping mechanisms and strategies.
7. Promoting individuality and a sense of self is the best way to begin to deinstitutionalise a person, so reinforce any self actualising behaviour and make any personal 'querks' into a game. However, remember that some institutionalised behaviour is essential to survival in some situations so use your common sense and judgement as to what to reinforce.
8. An interpretation of distress is merely a social construct<sup>3</sup>. As you come from a different culture from the young people you will work with, do not try to impose your thoughts and beliefs upon their behaviour. They are experts of their own distress, and sometimes that of their peers, so follow their lead.

<sup>1</sup> Points 2-4: Charles, R. (1998). The Strengths Model. *Oxford University Press*

<sup>2</sup> If you are a fully qualified health/education/social care professional we would be grateful of your skills. However, we must stress that in some circumstances a diagnosis may not lead to treatment or environmental change.

<sup>3</sup> A social construction or social construct is any institutionalized entity or artifact in a social system "invented" or "constructed" by participants in a particular culture or society that exists because people agree to behave as if it exists or follow certain conventional rules. One example of a social construct is social status.

9. You will notice some of the young people you will work with have a sort of 'light switch' in terms of their behaviour. Take this seriously as it is a quick indicator of their emotional state. Try to identify how, when, why, and what these behaviours show, do and mean.
10. Do not dismiss their wishes and actions just because they are children! You can learn a lot from them.

### **Friendship is the key!**

Relationships alone count for 30% of a person's overall improvement of their well-being. Change factors include:

- HOPE: A worker's expectations that the person will do better
- POSITIVE EXPECTATIONS: aims and goals

### **Identify Strengths:**

1. What people have learned about themselves;
2. Personal qualities, traits, and virtues;
3. What people know about the world around them;
4. The talents that people have;
5. Cultural and personal stories and myths;
6. Pride;
7. Spirituality.

### **What is the Mental Capacity Act 2005?**

The Mental Capacity Act 2005 is an act of the United Kingdom parliament that came into force in April 2007. It applies to everyone over the age of 16 in England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of individuals who lack the capacity to make particular decisions for themselves. In this context<sup>4</sup>, the Mental Capacity Act will be used as a basic framework upon which certain practises can be based.

### **The five statutory principles**

The five principles are outlined in the Section 1 of the Act. It aims to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

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<sup>4</sup> Working with children in Romania and India who may lack certain the capacity to make some decision or judge situations for themselves.

**A few final thoughts....**

Think of your combined full potential!

Do not think of the young people you meet as 'lacking',  
but rather beginners!

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*"If I accept you as you are, I will make you worse.  
If I treat you as though you are what you are  
capable of becoming, I help you become that."*

*Goethe*

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*"We cannot solve problems by using the same kind  
of thinking that we used when we created them."*

*Einstein*

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## The Ten Essential Shared Capabilities for Mental Health Practice

**Working in Partnership.** Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.

**Respecting Diversity.** Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

**Practising Ethically.** Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

**Challenging Inequality.** Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

**Promoting Recovery.** Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued life-style within and beyond the limits of any mental health problem.

**Identifying People's Needs and Strengths.** Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users their families, carers and friends.

**Providing Service User Centred Care.** Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

**Making a Difference.** Facilitating access to and delivering the best quality, evidence-based, values-based health and social care interventions to meet the needs and aspirations of service users and their families and carers.

**Promoting Safety and Positive Risk Taking.** Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.

**Personal Development and Learning.** Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

**For more detailed information and practice see:**

[http://www.positive-options.com/news/downloads/DoH\\_-\\_The\\_Ten\\_Essential\\_Shared\\_Capabilities\\_-\\_2004.pdf](http://www.positive-options.com/news/downloads/DoH_-_The_Ten_Essential_Shared_Capabilities_-_2004.pdf) Appendix D: Putting the Essential Shared Capabilities into Practice.

Department of Health (2004): A Framework for the Whole of the Mental Health Workforce.