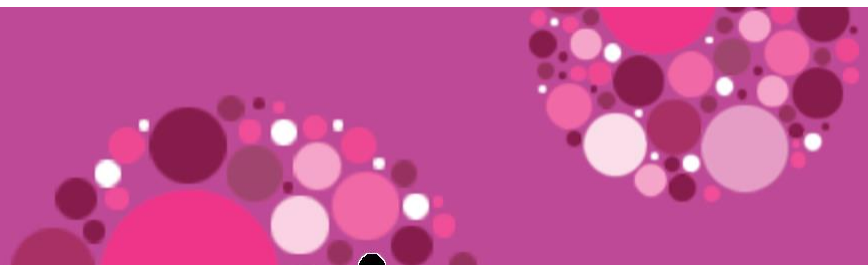


# Welcome to today's webinar:

## Mental Capacity: The Role of Speech and Language Therapists

- Now that you have joined, you will notice that you are on mute.
- It will stay on this slide and you will not hear anything until approximately 2:05pm.
- If you have any questions throughout the webinar, please write them in the Private Chat section located in the below right panel.
- There will be opportunity to have your questions answered at the end.
- The slides will be put on the DAA website afterwards.
- Make sure you have dialled 0800 783 6753 and entered 63021108#



# Mental Capacity: The Role of Speech and Language Therapists

20<sup>th</sup> November 2017

#MentalCapacity

#Dementia

# Chair of the webinar



## Derek Munn

Director of Policy and Public Affairs  
at the Royal College of Speech and Language  
Therapists

# Presenters



## Dr Mark Jayes

Highly Specialist Speech &  
Language Therapist  
Sheffield Teaching Hospitals  
NHS Foundation Trust



## Dharinee Hansjee

Head of Speech & Language  
Therapy, Queen Elizabeth  
Hospital (QEH)  
Lewisham and Greenwich  
NHS Trust

# Facilitated by



**Sarah Tilsed**

Engagement Officer  
Dementia Action Alliance



# Overview of webinar

- Mental capacity assessment
- Advance care planning
- Challenges for people living with dementia
- SLT role in capacity assessment
- Nutrition in dementia
- Framework to guide feeding decisions
- Multidisciplinary engagement
- Solutions to community based management



## Dr Mark Jayes

Highly Specialist Speech &  
Language Therapist  
Sheffield Teaching Hospitals  
NHS Foundation Trust

# General Principles

**Mental capacity** frameworks help to promote:

- **autonomous** decision-making
- **supported** decision-making
- person-centred **proxy** decision-making

SLTs can provide **individualised support** to help people with dementia to **participate** in decision-making

# UK Legal Frameworks



Adults with Incapacity  
(Scotland) Act 2000

Northern Ireland Mental  
Capacity Act (2016)

Mental Capacity Act (2005)  
(England and Wales)



# Capacity assessments

## Common principles:

- Assumption of **intact** decision-making ability
- Mental capacity assessment if any **evidence** to suggest person has difficulty making a decision
- **Two stage test (time and decision-specific):**
  - does person have condition that affects brain function?
  - is person unable to make the decision despite support?
- **Assessor's responsibility** to demonstrate incapacity

# Capacity assessments

## Common principles continued:

- Person must be given **support**, based on their **individual needs** (e.g., communication, memory)
- Judgements about capacity must not be based on person's **diagnosis / behaviour / decision**
- Decisions should be made for people who lack capacity in their **best interests**:
  - must involve people who know the person
  - must be guided by person's wishes, preferences, values
  - must involve least restrictive option

# Advance care planning

Making plans about **future decision-making** whilst capacity is still intact:

## 1. **Advance decisions / statements**

- decisions made to refuse specific treatment
- wishes expressed about future care / treatment

## 2. **Powers of Attorney**

- proxy decision-makers nominated to take decisions about welfare / property and affairs

# Challenges for people living with dementia that affect decision-making

## Cognition (thinking skills):

- concentration
- memory
- planning
- problem-solving

## Mental health:

- depression
- anxiety
- paranoia

## Communication:

- hearing / vision
- understanding
- using words
- expressing thoughts
- speaking clearly
- reading
- writing

# The contribution of SLTs

Expertise in communication **assessment** and **inclusive** communication approaches

Key roles in capacity assessment:

- communication **facilitation**
- **advocacy** for people with dementia
- **education** and **training**: MDT, service users
- **assessors / decision-makers**

Devereux *et al.* (2016)

# The importance of getting this right

Effective mental capacity assessment and advance care planning can:

- protect people's **human right** to autonomy and to support to communicate and make decisions
- ensure the **voices** of people living with dementia who lack capacity are **heard**
- ensure decisions are **informed / person-centred**
- reduce potential **burden** on **family carers**

# Further sources of support

Information about Scottish legal framework: [www.mwscot.org.uk/the-law/adults-with-incapacity-act/](http://www.mwscot.org.uk/the-law/adults-with-incapacity-act/)

Information about legal framework in England and Wales:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/365631/making\\_decisions-opg601.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365631/making_decisions-opg601.pdf)

Alzheimer's Society information about mental capacity:

[www.alzheimers.org.uk/info/20032/legal\\_and\\_financial](http://www.alzheimers.org.uk/info/20032/legal_and_financial)

Social Care Institute for Excellence mental capacity resources: [www.scie.org.uk/mca/](http://www.scie.org.uk/mca/)

## Reference

Devereux, C. *et al.* (2016) Let's talk about capacity. *RCSLT Bulletin* (July, pp12-14)



## **Dharinee Hansjee**

Head of Speech & Language  
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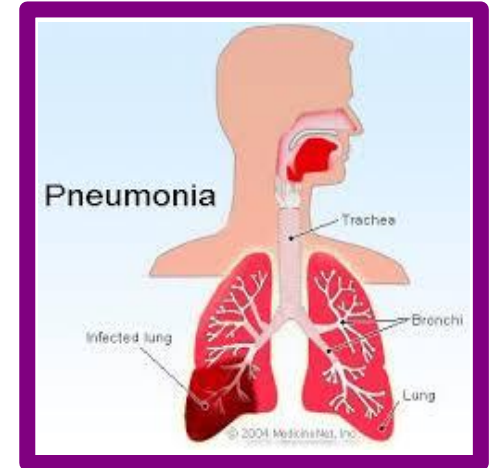
# This section will cover:

- Nutrition in Dementia
- Framework to guide feeding decisions
- Multidisciplinary Engagement
- Solutions to community based management

# Clinical Dilemma



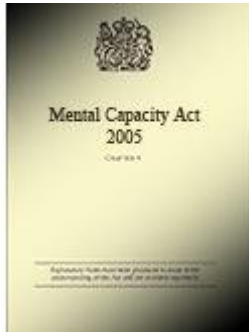
The prevalence of swallowing disorders in people with dementia can reach up to 93%, increasing with the degree of frailty and dependence (Baijens et al 2016)



# Clinical Guidelines

- Inconclusive evidence on enteral tube feeding providing any benefit in dementia Cochrane review (2009)
- Artificial feeding in patients with advanced dementia should not be used unless it is a transient dysphagia (NICE, 2009)
- *“The guidance is very clear that oral nutrition and/or hydrations should continue to be offered to all patients who are able to swallow.”* (BMA, 2007)

# Ethics



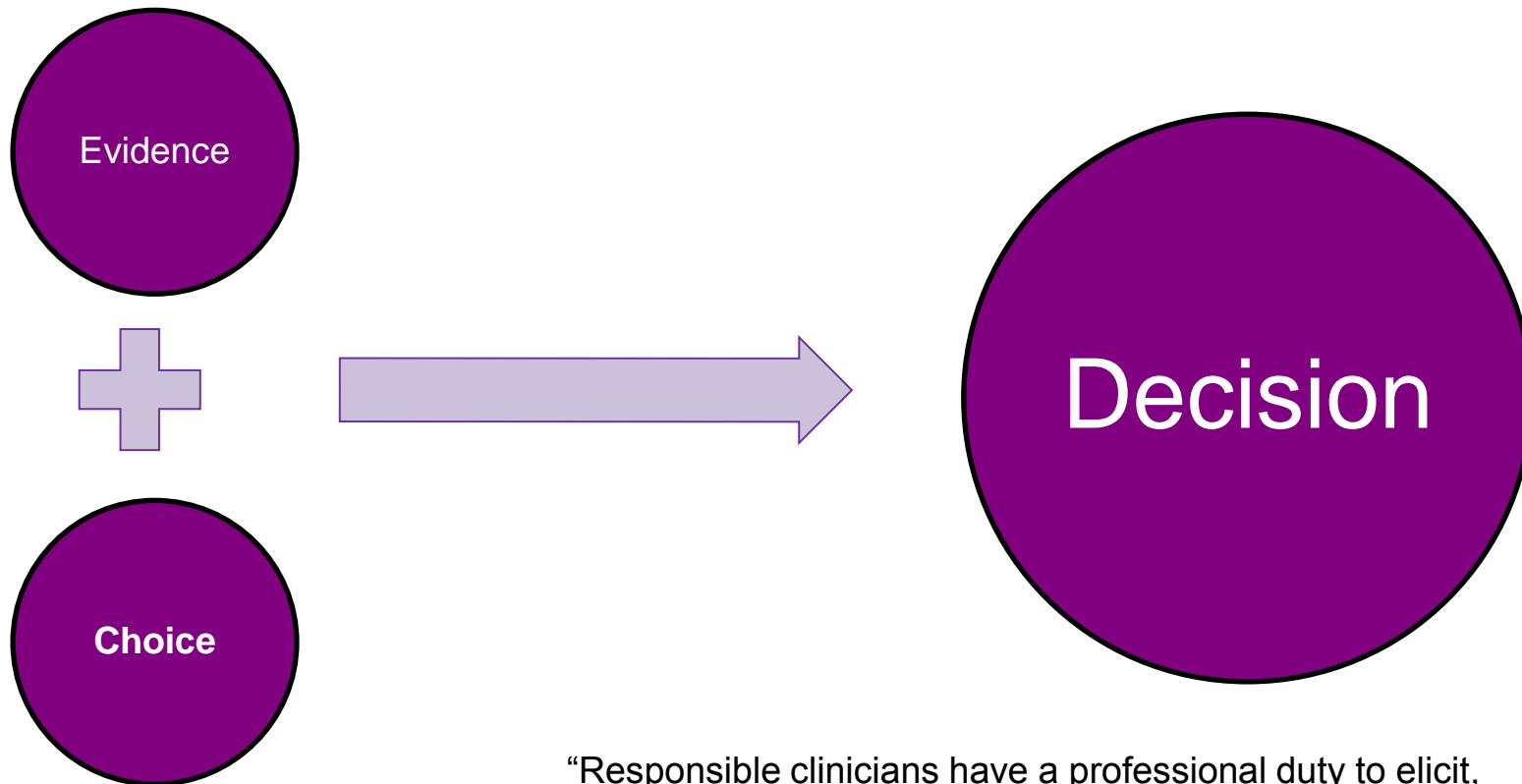
“Uncertainty about a patient’s capacity to make decisions can cause anxiety for all involved and this could potentially increase decision making time (Scanlon, 2003).”

- An audit on the time taken from admission to when a plan of nutrition was put in place resulted in significant delays of up to 14 days
- Source of delay: Assessment of mental capacity

# Capacity

- Establish capacity regarding the decision to eat and drink with acknowledged risk of developing chest infections
- Assessment of communication needs
- Assessment of safest and most comfortable consistencies and support required

# MDT Decision



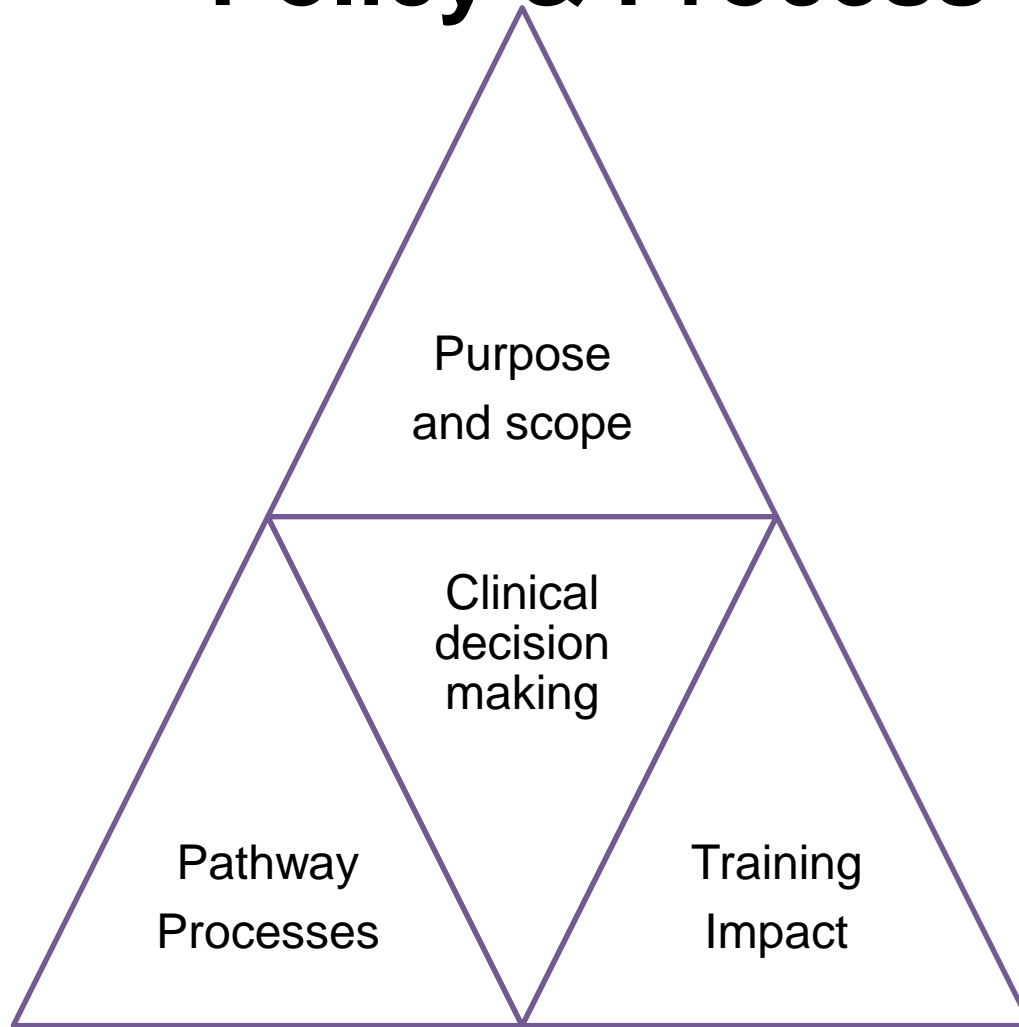
“Responsible clinicians have a professional duty to elicit, understand and weigh the views of their patients or NOK”  
(Donnelly et al 2013)

# Collaborative Model of Care

- All treatment in Dementia is palliative
- Community and acute services should be anticipated and provided for to meet these needs
- Physiotherapy
- Pharmacy
- Dietetics
- Palliative Care



# Policy & Process





# Guiding Principles

Establish the primary goal of intervention



Establish the Mental Capacity of the individual at the centre of decision-making



Ensure a comprehensive clinical assessment of swallowing is completed in order to determine risk reducing recommendations



Facilitate thorough communication with MDT to foster holistic patient centred care



Set out an Advance Care Plan, where appropriate, in keeping with the wishes/best interests of the individual

# People Living with Dementia

“We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it..”

“We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.”

The Dementia Statements [www.dementiaaction.org.uk/nationaldementiadeclaration](http://www.dementiaaction.org.uk/nationaldementiadeclaration)

**DAA** Dementia  
Action Alliance

# Where we need to be



According to a study looking at dementia in the acute setting, pneumonia was the principal cause of admission in 55% of the cohort (Cabre et al 2010)

# Community Support

- Palliative Care Teams
- Dementia Nurse Specialists
- Best Interest Discussions
- Advance Care Plans

# References

- Baijens, L., Clave, P., Cras, P., Ekberg, O., Forster, A., Kolb, G., Leners, J.C., Masiero, S., Mateos-Nazal, Ortega, O., Smithard, G., Speyer, R. and Walshe M. (2016). European Society for Swallowing Disorders – European Union Geriatric Medicine Society white paper: oropharyngeal dysphagia as a geriatric syndrome, *Clinical Interventions in Aging*, 11, pp. 1403-1428.
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- Royal College of Physicians (2010): *Guidelines on oral feeding difficulties and dilemmas*. Available at: [www.rcplondon.ac.uk/projects/outputs/oral-feeding-difficulties-anddilemmas](http://www.rcplondon.ac.uk/projects/outputs/oral-feeding-difficulties-anddilemmas) [Accessed on: 17/01/17].
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# Q&A led by DAA



**Sarah Tilsed**

Engagement Officer  
Dementia Action Alliance

**DAA** Dementia  
Action Alliance

Any further questions, please email: [info@RCSLT.org](mailto:info@RCSLT.org)

# RCSLT factsheet on Mental Capacity

- Available on the RCSLT website:

<http://bit.ly/2hJopMn>

## Speech and language therapists helping to determine mental capacity



All of these can have a significant impact on an individual's communication and thinking skills, including:

- comprehension
- expression
- retention and recall
- reasoning

Communication and thinking difficulties can have an impact on:

- **A person's capacity** – someone with a communication disability may also have cognitive difficulties due to the nature of their condition (e.g. dementia). These cognitive difficulties may mean the person lacks the capacity to make certain decisions.
- **A person's ability to demonstrate that they have capacity** – a person with a communication disability may have capacity to make decisions, but not the means to communicate it if their disability is left unsupported.
- **Other people's perceptions of their capacity** – a person with a communication disability may be at risk of being determined not to have capacity if people working with and caring for them mistake their communication disability for a lack of capacity.

**S**peech and language therapists play a key role in determining a person's mental capacity (their ability to make decisions) and supported decision-making.

Speech and language therapists protect and promote the interests of people with communication needs by supporting them to demonstrate whether or not they have decision-making capacity. They promote inclusion, dignity, choice, and equality of access to services. They also reduce the potential risk of people with communication needs being wrongly deemed as lacking capacity and, in some extreme cases, being deprived of their

Mr J's story





## Derek Munn

Director of Policy and Public Affairs at the Royal College of Speech and Language Therapists



# The RCSLT Dementia Campaign 2014 to 2018

- Launched in 2014, further to the publication of RCSLTs position paper on Dementia
- RCSLT has been active in all four nations across the UK
- Bolstered by the PM's Dementia Challenge for 2020
- RCSLT will be closing its formal campaign in early 2018, but will continue dementia related activities as part of the wider Giving Voice Campaign

We hope you can join the next RCSLT webinar  
**“Inclusive Communication Nation”** on 13<sup>th</sup> December  
2017

Further information can be found through the  
following link: [www.rcslt.org/news/webinars/icn](http://www.rcslt.org/news/webinars/icn)

# Thank you for participating in this webinar

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