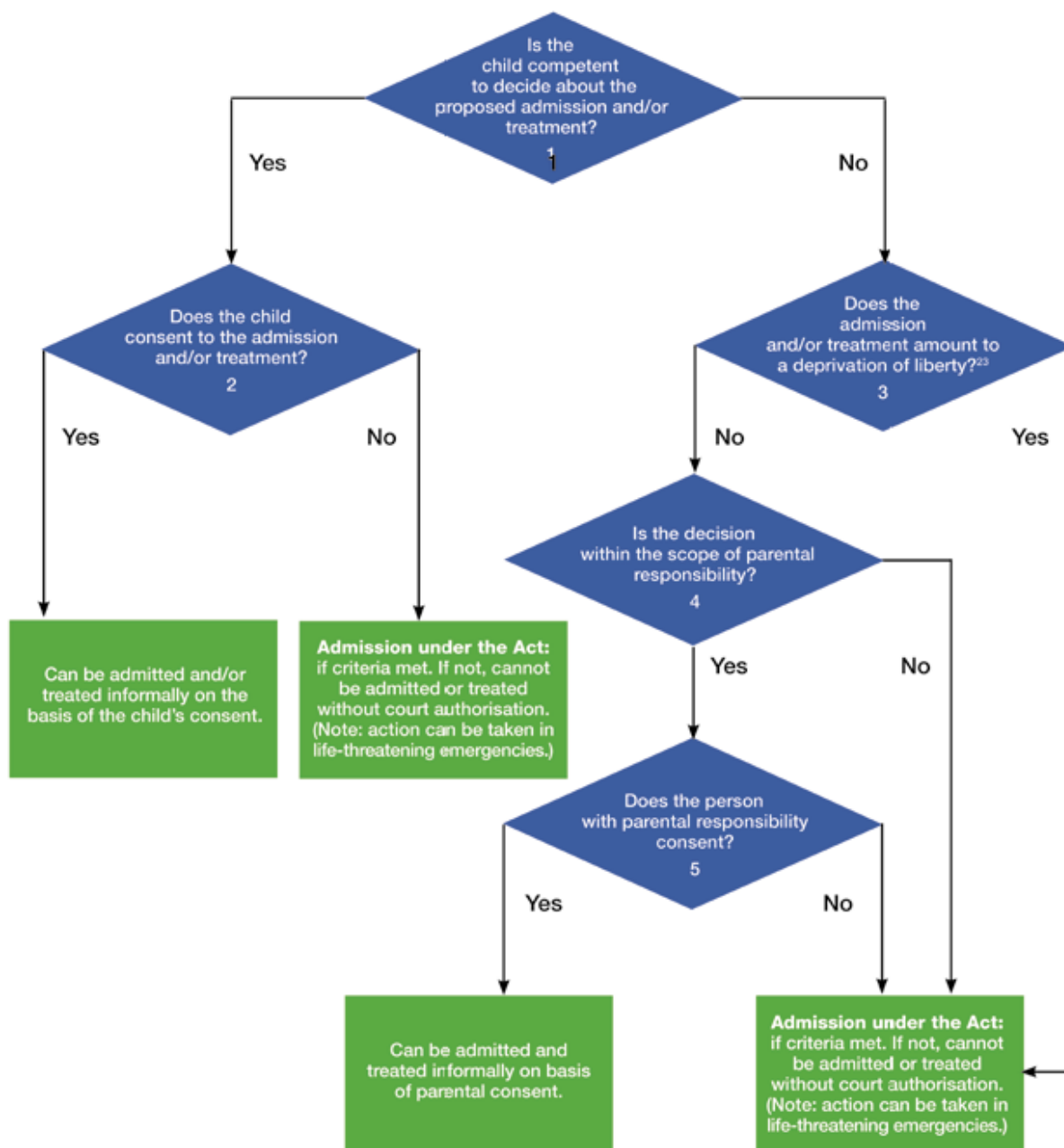


MHA CoP Figure 7: Informal admission and treatment of under 16s



Consideration should be given to whether a person with parental responsibility can consent to the admission or treatment which would, without consent, amount to a deprivation of liberty.

Additional notes to Figure 7

1. Is the child competent to decide about the proposed admission and/or treatment? It will be important to identify the decision to be made: decisions about admission need to be treated separately from decisions about treatment. Consider whether the child is

competent ('Gillick' competent) to consent to the admission and/or treatment (see paragraph 19.34 – 19.37).

2. Does the child consent to the admission and/or treatment? The consent of a 'Gillick competent' child will be sufficient authority to admit and/or treat the child (paragraphs 19.65 – 19.66). Note: there may be reasons for not relying on the child's consent to admission (paragraphs 14.14 – 14.16). If a Gillick competent child does not consent to the proposed admission and/or treatment it would be inadvisable to override their refusal by relying on parental consent (paragraph 19.39).
3. Does the admission and/or treatment amount to a deprivation of liberty? Consideration should be given to whether a person with parental responsibility can consent to the proposed admission and/or treatment which would, without consent, amount to a deprivation of liberty (see paragraphs 19.44 – 19.48).
4. Is the decision within the scope of parental responsibility? (This is explained in paragraphs 19.38 – 19.43.)
5. Does the person with parental responsibility consent? A child who is not competent to make decisions about their admission and/or treatment may be admitted and/or treated if the person with parental responsibility consents to the particular intervention. If the person with parental responsibility is unwilling to consent to the admission and/or treatment, consider whether the criteria for admission under the Act are met.