

Respondent ID

Date

Current Position: CT1-3  
ST4-6  
Consultant in General Adult Psychiatry  
Consultant in Old Age Psychiatry

Predominant Place of Work: In-patient  
Community mental health team  
Crisis team  
Early intervention in psychosis team  
Assertive outreach team

Years Since Qualification: 0-10 years  
11-20 years  
21-30 years  
over 30 years

Where did you obtain your primary qualification? In United Kingdom  
In European Union outside UK  
Outside European Union

Please state the region in which you are currently employed.

Please state the NHS Trust for which you work.

Have you ever attended training on the Mental Capacity Act?

How many training sessions on the Mental Capacity Act have you attended?

Which of the following best describes the primary reason for attending training?

Mandatory NHS Trust Training  
Approved Clinician Training  
Educational event  
Personal interest  
Other (please state)

Which of the following best describes the reason for not attending training sessions?

I have not been notified as to when or where training is taking place  
Unable to attend due to time constraints  
The standard of the training is inadequate for my needs  
There is inadequate funding available  
I do not feel that attending training is sufficiently relevant to my needs  
Other ( please state)

Mental Capacity Act training was organised by: my local NHS Trust  
Royal College of Psychiatrists  
Solicitor's firm  
Drug company  
Other (please state)

When was the last time that you attended a training session on the Mental Capacity Act?  
1 - 6 months ago  
7 - 12 months ago  
More than 12 months ago

In your opinion, how much of the training focused upon advance decision-making by patients?  
A significant amount  
A reasonable amount  
A minimal amount  
None

Did any part of the training focus upon how advance decision-making applies to persons with bipolar disorder or any other condition involving fluctuating capacity?

In your opinion, how much of the training focused upon capacity assessment?  
A significant amount  
A reasonable amount  
A minimal amount  
None

Training I attended used:  
case summaries  
role playing exercises  
video demonstration  
none of the above  
other (please state)

Overall, how would you rate the quality of the training you were given?  
excellent  
very good  
good  
average  
slightly below average  
considerably below average

From your personal experience, how would you rate the level of understanding of the Mental Capacity Act amongst the medical students and recently qualified medics that you have worked with?  
excellent  
very good  
good  
as expected

slightly below expectations  
considerably below expectations  
non-existent  
don't know

In your opinion, should psychiatrists be delivering training on the Mental Capacity Act more than other branches of the medical profession?

If possible, please expand on your answer:

Have you had any experience with patients who have bipolar disorder AND who have made an Advance Decision to Refuse Treatment?

I provided advice on how to make an Advance Decision  
A care coordinator provided advice on how to make an ADRT  
A lawyer provided information on how to make an ADRT  
An NHS Service User Group provided information on how to make an ADRT  
A non-NHS Service User Group provided information on how to make an ADRT  
I do not know where my patients got advice on how to make an ADRT  
My patients got advice on how to make an ADRT from other sources (please state)

Did the individuals in this category typically fall into a particular age bracket?

18-25 years  
26-40 years  
Over 40 years  
Mixed age group  
Not enough patients made an ADRT

Which of the following categories did the majority of Advance Decisions primarily come under?

Treatment for mental disorder  
Treatment for separate physical disorder

What did the Advance Decisions cover?

Electro-convulsive Therapy  
Depot injections  
All medication  
A particular brand of medication (e.g. Haloperidol)  
A particular type of medication (e.g. antidepressants)  
Other (please state)

I would discuss ADRTs more if there was more time

I would discuss ADRTs more if there was more information on the subject

I would discuss ADRTs more if the patient requested this

I would discuss ADRTs more if a care coordinator/carer requested this

I would discuss ADRTs more for other reasons not otherwise specified ( please describe)

In your opinion, what factors do you feel would make you less likely to discuss Advance Decisions to Refuse Treatment with patients who have bipolar disorder?

Apart from Bipolar Disorder, have you had any experience with patients who have been diagnosed with a non-dementia mental disorder AND who have made an Advance Decision to Refuse Treatment?

Did the individuals in this category typically fall into a particular age bracket?

- 18-25 years
- 26-40 years
- Over 40 years
- Mixed age group
- Not enough patients made an ADRT

Which of the following categories did the majority of Advance Decisions primarily come under?

- Treatment for mental disorder
- Treatment for separate physical disorder

What did the Advance Decisions cover?

- Electro-convulsive Therapy
- Depot injections
- All medication
- A particular brand of medication (e.g. Haloperidol)
- A particular type of medication (e.g. antidepressants)
- Other (please state)

Have any of your patients who have made an Advance Decision to Refuse Treatment also ever been detained under the Mental Health Act 2007 ('sectioned') AFTER the Advance Decision had been made?

Which of the following categories did the majority of Advance Decisions which were made come under?

- Treatment for mental disorder
- Treatment for separate physical disorder

In your opinion, to what extent are decisions to section these patients motivated by the need to override an Advance Decision to Refuse Treatment?

- Not at all
- To a slight extent
- To a great extent
- This is the primary reason for sectioning

I discuss ADRTs with bipolar disorder patients:

- at every consultation
- every 6 months
- at Care Programme Approach (CPA) meetings
- when I think it is clinically relevant to treatment for a mental disorder
- when I think it is clinically relevant to treatment for a physical disorder

when another health or social care professional raises it  
if the patient or carer raises the topic  
I never discuss it.

Discussion on ADRTs should take place:

at every consultation  
every 6 months  
at Care Programme Approach (CPA) meetings  
when it is clinically relevant to treatment for a mental disorder  
when it is clinically relevant to treatment for a physical disorder  
when another health or social care professional raises it  
if the patient or carer raises the topic  
never.

Reasons for not discussing ADRT more often:

Insufficient training  
Insufficient training  
Discussion not worthwhile as ADRTs can be overruled under MHA  
It is not clinically relevant to discuss ADRTs more frequently  
I fundamentally disagree with the ethos behind ADRTs

Recording of ADRT:

I make a record of a patient's verbal ADRT  
I provide a patient with a form to complete a written ADRT  
I do neither of the above

Record of ADRT in case notes:

ADRT hard copy is kept in patient records  
ADRT electronic copy kept in patient records  
Centralised electronic bank for keeping records of ADRTs

In your opinion, which of the following professional healthcare groups do you feel has the greatest awareness of advance planning under the Mental Capacity Act?

Psychiatrists  
Physicians  
Nurses  
Social workers  
GPs

In your opinion, which of the following professional healthcare groups do you feel has the least awareness of advance planning under the Mental Capacity Act?

Psychiatrists  
Physicians  
Nurses  
Social workers  
GPs

Have you had any experience with patients who have bipolar disorder AND who have made a written or verbal Advance Statement of Wishes and Feelings?

Did the individuals in this category typically fall into a particular age bracket?

18-25 years

26-40 years

Over 40 years

Mixed age group

Not enough patients made an advanced statement

Topics in advance statement of wishes and feelings:

Wishes/feelings in favour of a particular medical treatment

Wishes/feelings against a particular medical treatment

Wishes/feelings regarding accommodation

Who to notify in event of serious illness

Who not to notify in event of serious illness

Wishes/feelings related to dependent care

Wishes/feelings related to childcare

Other issues not specified (please describe)

Since the implementation of the Mental Capacity Act in 2007, have you noticed an increase in the number of Bipolar disorder patients who have made an Advance Decision to Refuse Treatment? If so, how significant do you feel that this increase is?

No increase - about the same

0-10%

11-30%

31-50%

Over 50%

Don't know

Have you noticed a decrease in the number of Bipolar disorder patients who have made an Advance Decision to Refuse Treatment? If so, how significant so you feel this decrease is?

No decrease - about the same

0-10%

11-30%

31-50%

Over 50%

Don't know

23a) Since the implementation of the Mental Capacity Act in 2007, have you noticed an increase in the number of non-dementia diagnosed patients who have made an Advance Decision to Refuse Treatment? If so, how significant do you feel this increase is?

No increase - about the same

0-10%

11-30%

31-50%

Over 50%

Don't know

Have you noticed a decrease in the number of non-dementia diagnosed patients who have made an Advance Decision to Refuse Treatment?

- No decrease - about the same
- 0-10%
- 11-30%
- 31-50%
- Over 50%
- Don't know

Since the implementation of the Mental Capacity Act in 2007, have you noticed an increase in the number of Bipolar disorder patients who have made an Advance Statement of Wishes and Feelings? If so, how significant do you feel that this increase is?

- No increase - about the same
- 0-10%
- 11-30%
- 31-50%
- Over 50%
- Don't know

Have you noticed a decrease in the number of Bipolar disorder patients who have made an Advance Statement of Wishes and Feelings? If so, how significant so you feel this decrease is?

- No decrease - about the same
- 0-10%
- 11-30%
- 31-50%
- Over 50%
- Don't know

Since the implementation of the Mental Capacity Act in 2007, have you noticed an increase in the number of non-dementia diagnosed patients who have made an Advance Statement of Wishes and Feelings? If so, how significant do you feel this increase is?

- No increase - about the same
- 0-10%
- 11-30%
- 31-50%
- Over 50%
- Don't know

Have you noticed a decrease in the number of non-dementia diagnosed patients who have made an Advance Statement of Wishes and Feelings? If so, how significant so you feel this decrease is?

- No decrease - about the same
- 0-10%
- 11-30%
- 31-50%
- Over 50%
- Don't know

Since October 2007, have you had any experience with patients who have bipolar disorder AND who have made a Lasting Power of Attorney (LPOA) related to their health and personal welfare

I gave advice on how to create an LPOA

A care coordinator provided advice on how to make a LPOA

A lawyer provided information on how to make a LPOA

An NHS Service User Group provided information on how to make a LPOA

A non-NHS Service User Group provided information on how to make a LPOA

I do not know where my patients got advice on how to make a LPOA

My patients got advice on how to make a LPOA from other sources (please state)

Topic of LPOA: Medical treatment was mentioned in the LPOA

Housing was mentioned in the LPOA

Other (please state)

Since October 2007, have you had any experience with patients who have bipolar disorder AND who have made an LPOA in relation to property and financial affairs?

As far as you are aware, from where did these patients get advice from on how to create an LPOA for Property and Affairs?

I gave advice on how to create an LPOA

A care coordinator provided advice on how to make a LPOA

A lawyer provided information on how to make a LPOA

An NHS Service User Group provided information on how to make a LPOA

A non-NHS Service User Group provided information on how to make a LPOA

I do not know where my patients got advice on how to make a LPOA

My patients got advice on how to make a LPOA from other sources (please state)

As far as you are aware, how do the numbers of LPOAs created under the Mental Capacity Act compare with the number of Enduring Powers of Attorney (EPA) which were created prior to the Mental Capacity Act?

Increase in the number of LPOAs created under the Mental Capacity Act

Decrease in the number of LPOAs created under the Mental Capacity Act

Roughly the same number

Don't know