

VULNERABLE POPULATIONS - ISSUES IMPACTING EXPRESSION OF CAPACITY

A core underpinning to the legislations related to decision-making capacity is that all individuals are presumed to have capacity. It is important to recognize that some client populations have challenges in demonstrating that capacity; with the result of increased vulnerability. **Table 3** addresses several vulnerable populations and identifies considerations for practice.

Vulnerable Populations – Issues Impacting Expression of Capacity		
Social Workers strive to facilitate opportunities for self-determination, reduce barriers, and recognize personal biases or assumptions that may impede understanding or attempts to facilitate the fullest expression of capacity.		
<p>Neurological Barriers (Brain Injury/Stroke) Impairments may include changes in executive functioning abilities including organization, planning, judgment, inhibition, metacognition (thinking about thinking), initiation and the ability to engage in goal-directed behaviour. It may also include dysfunction in linguistic skills known as aphasia.</p> <p>Reference: Pachet, Allan & Erskine 2012</p>	<ul style="list-style-type: none"> • Cognitive abilities may be complicated by the fluctuating physical condition (fatigue, illness) • The inability to express thoughts verbally, word finding issues, or challenges with executive functioning abilities – all of which can be mistaken for a lack of capacity • Capacity must be assessed on an individual basis; resulting in challenges for the clinician in adapting their assessment process to accommodate the individual's medical condition 	<p>Strategies</p> <ul style="list-style-type: none"> • Shift thinking from “is this person capable?” to “How can this person’s capacity for this particular task be revealed?” • Allow adequate time for assessment, over several sessions • Involve Speech Language Pathologist (SLP) if possible to assist with communication strategies • Incorporate yes/no questions and assess for consistency in response • Use nonverbal communication (thumb up or down), pictures • Write key words for emphasis • Observe in-environment and ask others (staff, family) for their observations – can the client follow instructions, attend therapy session or other activities on own initiative? • Consider and reduce other barriers including hearing and visual field neglect

<p>Developmental Disability</p> <p>Impairments range from mild to severe</p> <p>Reference: Pollack 2005</p>	<ul style="list-style-type: none"> • Each diagnosis does not present with same degree of impact; incapacity cannot be presumed • Capacity is dependent on the degree of severity of the disability 	<p>When assessing re: decision-making on specific issues (e.g.- abortion), ensure that the elements of reasoned decision-making are examined (ie- understanding, appreciation and initiation) by individual's ability to make an informed decision</p> <ul style="list-style-type: none"> • Advocate for the rights of individuals with developmental disability <ul style="list-style-type: none"> ➢ Consent must be given without coercion ➢ Assist Guardian in examining what decision the individual might make for themselves if they were capable; and if not possible, identify best interests of the client • Individual should be encouraged to participate in decision-making process to fullest extent possible.
<p>Mental Health (severe mental illness – not episodic)</p> <p>Includes diagnoses such as depression, anxiety, psychotic disorder, etc.</p> <p>Reference: Scheyett, Swanson, Elbogen, Ferron 2009</p>	<ul style="list-style-type: none"> • Mental health diagnoses may impact the individual's ability or willingness to engage with helpers and others • Some mental health diagnoses and/or treatments for some individuals may slow cognitive processing, impact memory and verbal expression, etc. • A formal certification of an individual under the Mental Health Act (Form 1) may also be <u>mistakenly</u> viewed as a formal determination that the client lacks the decision-making capacity to make treatment decisions. 	<ul style="list-style-type: none"> • A mental health diagnosis is not a statement about or determination of the individual's decision-making capacity. • A formal certification of an individual under the Mental Health Act (Form 1) is for safety reasons (or the prevention of mental or physical deterioration or serious physical impairment) and to facilitate mental health treatment. With Formal Patient status, the client is presumed competent and retains the right to an informed consent process related to all treatment decisions <u>unless</u> a capacity assessment has determined a lack of capacity (Form 11).. • Explore ethical considerations: balancing autonomy with need to protect when risk is identified

<p>Literacy/English as Second Language (ESL) <u>Health literacy</u> definition: ability of individuals to access and use health information to make appropriate health decisions and maintain basic health. This definition also includes whether individuals: (1) can read and act upon written health information; (2) possess the speaking skills to communicate their health needs to physicians; and (3) display the listening skills to understand and act on the instructions they receive. (WHO 2012)</p> <p><i>Prevalence - Health Literacy in Canada: A Healthy Understanding 2008</i> report that 60% of adult Canadians do not have the necessary skills to manage their health adequately. In addition, only 12% of seniors have the ability to manage health care needs independently.</p> <p>References: WHO 2012, Raphael 2009, Canadian Council of Learning 2008</p>	<ul style="list-style-type: none"> • Social Determinants of Health: income, education level, employment, safety/ quality of housing, community and environmental factors directly impact health outcomes and well-being; which in turn can create challenges re: the expression of their capacity. The most vulnerable populations are the sick, low-income, Aboriginal Canadians and immigrants to Canada whose ancestry is not European (Raphael 2009). Informed decision-making is founded on an individual's ability to understand information, to ask questions, implement recommendations, access and navigate health care system. Non-compliance or non-adherence to medical regimes may be attributed to cognitive issues (or behavioural). 	<ul style="list-style-type: none"> • Clinician's responsibility to reduce the barrier of language and literacy to ensure client has information they need to make informed decisions. Awareness of prevalence of the lack of health literacy in the general population (not just immigrants) is first step in addressing the issue. <p>Strategies:</p> <ul style="list-style-type: none"> • use of plain language, both written (use of graphics helpful) and oral • Teach/Feedback – review information and confirm understanding • Create a safe environment – shame-free • Use AHS Language Line interpreter for ESL clients to ensure understanding
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<p>Frail Elderly Inability to cope in their current environment with available supports often triggers concern re: decision-making capacity.</p> <p>Reference (Newberry & Pachet 2008)</p>	<ul style="list-style-type: none"> • Physical variables such as vision, hearing, fatigue, nutrition, medication or acute illness can create barriers to the expression of capacity and may impact assessment of decision-making capacity. • Psychosocial factors such as grief and loss, isolation, abuse or neglect may inhibit the demonstration of capacity. • Scarcity of financial resources and lack of caregiver support may impact the frail elder's ability to cope in-environment; rather than being a sign of diminished capacity. 	<ul style="list-style-type: none"> • Psychosocial geriatric assessment to include <ul style="list-style-type: none"> ➢ Medico-legal factors ➢ Current living environment ➢ Social and family history ➢ Social supports ➢ Coping skills ➢ Religious and cultural factors ➢ Risk of abuse • Address variables that address barriers to expression of capacity
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