



## Appendix

### Data Collection sheet

#### Patient demographics

Age:  
 Sex: Male / Female  
 Ward:  
 Year of admission to SVPR:

#### Dementia Diagnosis

Latest MMSE score:  
 Latest MMSE date:  
 Date of onset of dementia:  
 Latest Barthel score:

#### Guardianship: Yes / No

If yes:  
 1. Number of guardians  
 2. Relationship of guardians

3. Date of guardianship application
4. MMSE score at time of guardianship application
5. Any events that encouraged guardianship application
6. Formal Mental Capacity assessment present? Yes / No
7. Patient involved in choosing guardian? YES / NO / Not documented
8. Where was guardianship status documented?

#### If no:

1. Has guardianship ever been discussed? YES / NO - If yes:
2. How many times was it discussed?
3. Why not done?
4. Other forms of applications present?
5. LPA / Schedule 11 / Incapacitation / Interdiction / Others
6. Who is the patient's responsible carer?
7. Formal Mental Capacity assessment present? YES / NO

### Supplementary Data

	England and Wales	Malta
<b>Legal framework</b>	Mental Capacity ACT 2005 (Separate from the Mental Health Act)	Part V of the Mental Health Act 2012
<b>Key Principals</b>	1. Presumption of capacity unless proven otherwise.	1. Presumption of capacity unless proven otherwise.
	2. A person should be given all the necessary information and help to make that decision before deciding on mental capacity.	2. A decision made for a person who lacks capacity must be done in that person's best interest.
	3. The person has a right to make an unwise decision and this does not necessary imply that he/she lacks capacity.	3. To provide all the necessary tools to help the individual lead a normal life.
	4. The decision made for a person who lacks capacity must be the least restrictive on the person's rights and freedoms.	4. To specify the duration of lack of capacity
	5. If a decision is made on behalf of a person who lacks capacity, this must be made in his/her best interest.	

Definition	Diagnostic Component: For mental incapacity to be present, this must be a result of an impairment or disturbance in the functioning of the mind or brain.	Does not specify the components of mental capacity.
	Functional Component: For a person to have mental capacity, all of the below components need to be present:	
	1. Understand the information relevant to the decision: The relevant information needs to be given in a way that the patient is able to understand it.	Defines it as the “patient’s ability and competence to make different categories and types of decisions and to be considered responsible for his actions”
	2. Retain that information long enough for the patient to be able to make the relevant decision at the material time.	
	3. Use or weigh that information to make a decision, including the consequences of the decision.	
	4. Communicate his decision by any means including verbal and non-verbal communication.	
	If any of the above components is absent, a patient is said to lack mental capacity.	
<b>Person Certifying Capacity</b>	Not specified.	Only a specialist in Psychiatry may certify a person suffering from a mental disorder as having mental capacity or lack thereof.
<b>Duration of Capacity</b>	It does not matter whether the impairment or disturbance is permanent or temporary.	Emphasizes the duration of mental capacity and includes stipulated time periods which effect which forms and schedules should be drawn up.

Comparison between Maltese and UK legislations on Mental Capacity