

## TeamTalk Session Guide

**Session No. 301**

**Mental Capacity**

**Staff assume the person lacks capacity because of their diagnosed condition**

### Session aim

To help staff understand that a diagnosis does not automatically mean a person lacks capacity, and that decisions must not be made on assumption alone.

### Suggested session length

10 to 12 minutes

### Session structure

Play Part 1 • Discussion • Play Part 2 • Discussion and close

### Set the scene

This short scenario shows a person being left out of a decision because staff assume they lack capacity based on a diagnosis of a condition such as autism, a learning disability, dementia, or even just their age. The second part shows how staff should involve the person properly and support communication before reaching any conclusion.

### Opening discussion

Start the session by informing the team you are facilitating a short reflective learning session to look at how people with a mental capacity diagnosis are involved in decisions made about them. Ask the team if they can think of any individuals who they support who may not be able to make some decisions but are able to make others? How can they be encouraged to take part in decision making?

### Play Part 1 of the video (until the first pause point)

### Pause 1 discussion

**Why is this poor Mental Capacity practice?**

### *Suggested answers*

- Staff have made an assumption too quickly.
- The person has not been given a fair chance to be involved.
- The decision has not been approached in a person-centred way.

### **Why is diagnosis alone not enough?**

#### *Suggested answers*

- A diagnosis does not automatically remove capacity.
- Capacity is decision-specific.
- A person may be able to make some decisions but not others.
- Staff must not assume incapacity just because of a label or condition.

### **What should staff do before deciding someone lacks capacity?**

#### *Suggested answers*

- Speak to the person directly.
- Explain the decision clearly.
- Use appropriate communication support.
- Check understanding.
- Take all practicable steps to support decision-making.

## **Play Part 2 of the video (until the second pause point)**

### **Pause 2 discussion**

#### **What changed in the second part of the video?**

##### *Suggested answers*

- The person was properly included.
- Communication was clearer.
- Staff slowed down and checked understanding.
- The person had a better opportunity to take part.

#### **How can we avoid making assumptions in our setting?**

##### *Suggested answers*

- Focus on the specific decision.
- Involve the person from the start.
- Avoid talking around them.
- Use person-centred communication.
- Remember MCA principles in day-to-day practice.

## Key learning points

- Do not assume someone lacks capacity because of a diagnosis.
- Capacity is decision-specific.
- The person must be properly involved wherever possible.
- Staff should take practicable steps to support communication and understanding.
- Good MCA practice starts with inclusion, not assumption.

## Reflective question

How do we make sure people are properly involved in decisions before any conclusion is reached about capacity?

## Further support

- [NICE: Decision-making and mental capacity](#)
- [CQC: Mental Capacity Act 2005 guidance](#)
- [SCIE: Mental Capacity Act resources](#)