



1. Purpose

These Guidelines are to assist West Coast District Health Board (WCDHB) Child and Adolescent Mental Health Service (CAMHS) clinical staff members to adhere to the legal and ethical requirements of Informed Consent and Informed Choice for health care services involving children and adolescents.

2. Philosophy

Informed consent is a fundamental concept in the provision of health care services. It is based on ethical obligations that are supported by legislation.

3. Legislative Requirements

Bill of Rights (1990)

Children, Young Persons and Their Families Act (1989)

Code of Health and Disability Services Consumer Rights (1996)

Guardianship Act (1968)

Health Act (1956)

Human Rights Act (1993)

4. Principles

- 4.01 The concept of Informed Consent requires that the providers of a health service ensure that the client has a clear understanding of the treatment being offered, including the risks and benefits.
- 4.02 Informed Consent is taken to mean a process involving an individual (and/or their representative if the individual does not have the capacity to consent) becoming appropriately informed and is willing and able to agree to what is being suggested without coercion. It also includes the right to be honestly and openly informed about one's own personal health matters.
- 4.03 Informed Consent involves:
 - i) effective communication between the provider and client
 - ii) the client being able to understand the information
 - iii) taking into account relevant cultural perceptions
 - iv) providing all necessary information to the client to enable them to make and informed decision.
- 4.04 Information provided should cover care options, likely outcomes and possible complications arising from the provision of the health service.
- 4.05 Consent must be obtained before the start of any health service.



- 4.06 Health professionals are to make every effort (without coercion) to encourage children and young persons (deemed competent to give consent) to involve their parents/ caregivers in the consent process.
- 4.07 There is no defined age at which an individual is deemed competent to give consent. It is to be based on maturity and competence to make an informed decision.
- 4.08 However, as a guide, children may be considered within three age bands:
Young Children (under 10 years) with whom the consent of a parent or guardian is necessary;
Older Children (between 10 and 16 years) may consent where they understand the nature of what is being proposed. However, where appropriate, it is still advisable to obtain parental consent;
Young People (over 16 years) may consent provided they are competent to make an informed decision.
- 4.09 Health professional must assess a child’s competency to decide whether they are able to give Informed Consent. A competent child is one who is able to understand the nature, purpose and possible consequences of the proposed treatment, as well as the consequences of non-treatment.
- 4.09 Consent must be given willingly, knowingly and without coercion.
- 4.10 Information provided must be balanced and unbiased.
- 4.11 The rights of individuals must be respected if they choose to refuse treatment.
- 4.12 Evidence of consent or non-consent must be documented on, or filled in the client’s clinical record.

NOTE: These Guidelines must be read in conjunction with the WCDHB Informed Consent Procedure

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