

**Department of Mental Health  
TRANSMITTAL LETTER**

<b>SUBJECT</b> <b>Informed Consent to Mental Health Treatment for Children and Youth Receiving Services in the Community</b>		
<b>POLICY NUMBER</b> <b>DMH Policy 414.1A</b>	<b>DATE</b> <b>OCT 25 2011</b>	<b>TL#</b> 154

**Purpose.** The purpose of this policy is to describe requirements and procedures concerning informed consent for mental health treatment for children and youth who receive services from DMH providers in the community. Amendments to the original policy are necessary to clarify certain points: (1) that consent need not be discussed “face-to-face”; (2) that informed consent is not required in an emergency; and (3) that under certain limited circumstances, youth ages sixteen (16) and over may consent to psychiatric treatment and medication(s) [see Section 6b (4)].

**Applicability.** Mental Health Rehabilitation Services (MHRS) providers and all other providers who have an agreement or contract with the Department of Mental Health (DMH) or with certified DMH providers providing mental health services or supports to children and youth consumers; and the Mental Health Authority (MHA) programs serving children and youth.

**Policy Clearance.** This policy was cleared through the Chief Clinical Officer.

**Implementation Plans.** A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.

**Policy Dissemination and Filing Instructions.** Managers/supervisors of DMH and DMH contractors must ensure that staff is informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in Volume I of the DMH Policy and Procedures Manual and contractors must ensure that this policy is maintained in accordance with their internal procedures.

\*If any DMH policies are referenced in this policy, copies may be obtained via DMH Intranet on the dmhweb or the District Internet at [www.dmh.dc.gov](http://www.dmh.dc.gov) Hard copies of DMH policies may be obtained from DMH Policy Support Division by calling (202) 671-4070.

**ACTION**

<b>REMOVE AND DESTROY</b>	<b>INSERT</b>
DMH Policy 414.1 Informed Consent to Mental Health Treatment for Children and Youth Receiving Services in the Community	DMH Policy 414.1A Informed Consent to Mental Health Treatment for Children and Youth Receiving Services in the Community

*Barbara J. Baron* 10.25.11  
 Stephen T. Baron Date  
 Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  <b>DEPARTMENT OF MENTAL HEALTH</b>	<b>Policy No.</b> 414.1A	<b>Date</b> OCT 25 2011	<b>Page 1</b>
	<b>Supersedes</b> DMH Policy 414.1, same title, dated 09/22/2010		

**Subject: Informed Consent to Mental Health Treatment for Children and Youth Receiving Services in the Community**

1. **Purpose.** The purpose of this policy is to describe requirements and procedures concerning informed consent for mental health treatment for children and youth who receive services from DMH providers in the community. Amendments to the original policy are necessary to clarify certain points: (1) that consent need not be discussed "face-to-face"; (2) that informed consent is not required in an emergency; and (3) that under certain limited circumstances, youth ages sixteen (16) and over may consent to psychiatric treatment and medication(s) [see Section 6b (4)].

2. **Applicability.** Mental Health Rehabilitation Services (MHRS) providers and all other providers who have an agreement or contract with the Department of Mental Health (DMH) or with certified DMH providers providing mental health services or supports to children and youth consumers; and the Mental Health Authority (MHA) programs serving children and youth.

3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001 (D.C. Official Code § 7-1131.02 *et seq.*); Consent to mental health services and mental health supports (D.C. Official Code § 7-1231.07); Administration of medication (D.C. Official Code § 7-1231.08); Consent of youth receiving mental health services or mental health supports (D.C. Official Code § 7-1231.14); 22 DCMR A1, Consent to Treatment; 22 DCMR A34, Mental Health Rehabilitation Services (MHRS) Certification Standards.

4. **Policy.**

4a. Providers shall obtain informed consent for mental health services for all children and youth served in the community in accordance with this policy prior to treatment.

4b. Ordinary mental health treatment requires informed consent from a legal representative, except under certain circumstances when the child/youth can provide the required consent (see Section 6a).

4c. Informed consent to psychiatric treatment and psychiatric medication must be provided by a parent or legal guardian, or by court order, unless a parent's rights have been terminated; or, under certain limited circumstances, when the youth is sixteen (16) years of age or older [see Section 6b (4)].

5. **Definitions.** For purposes of this policy:

5a. **Child/youth consumer.** A person under the age of eighteen receiving mental health services from a DMH provider.

5b. **DMH system of care.** The DMH-coordinated network of community-based services and supports that is organized to meet the needs of children and youth with mental health needs

5c. DMH provider. A mental health provider within the DMH system of care providing mental health services to the consumer.

5d. Legal representative. Parent or court appointed legal guardian, or District agency (Child and Family Services Agency or Department of Youth Rehabilitation Services) which has legal authority to consent to ordinary mental health treatment.

5e. Ordinary mental health treatment. Mental health treatment that does not require the use of psychiatric medications and is provided by a practitioner other than a psychiatrist. A mental health evaluation is not mental health treatment.

5f. Psychiatric medications. Medications that affect the thought perception, behavior and mood of a person (e.g. antidepressants, anti-anxiety agents, antipsychotics, mood stabilizers).

5g. Informed consent to mental health treatment (see Exhibit 1 – Consent for Mental Health Treatment). Refers to when a consumer grants, refuses or withdraws consent to treatment after the mental health provider presents the consumer with information about the proposed mental health services, mental health supports, or treatment, in language and a manner that the consumer can understand.

5h. Informed consent to treatment by a psychiatrist (see Exhibit 2 – Informed Consent to Treatment by a Psychiatrist). The informed consent specific to the treatment provided by a psychiatrist. A psychiatric evaluation is not treatment by a psychiatrist and does not require informed consent (see Section 6b).

5i. Informed consent to use of psychiatric medications (see Exhibit 3 – Informed Consent to use of Psychiatric Medications). The informed consent specific to the use of psychiatric medicines.

5j. Emergency. Refers to a situation in which a consumer is experiencing a mental health crisis and in which the immediate provision of mental health treatment is necessary to prevent serious injury to consumer or others. Informed consent is not necessary prior to emergency treatment.

5k. Custodial agencies. Department of Youth Rehabilitative Services (DYRS), and Child and Family Services Administration (CFSA), when the child/youth has been placed in that agency's legal or physical custody.

## 6. Procedures.

6a. Informed consent to ordinary mental health treatment (see Exhibit 1).

(1) Informed consent is not necessary for a mental health evaluation.

(2) Except under the limited circumstances described in Section 6a (5), a provider must obtain informed consent for any mental health treatment through a discussion between the provider, the legal guardian and the consumer (as appropriate), about the following:

a. The consumer's mental illness or mental health related problem, including diagnosis;

diagnosis;

b. The purpose of the proposed mental health service, mental health support, or treatment;

c. The known and potential common side effects or risks of the proposed mental health service, mental health support, or treatment;

d. The potential benefits of the proposed mental health services, mental health supports, or treatment; and

e. Any feasible alternatives to the proposed mental health services, mental health supports or treatment.

(3) Informed consent requires documentation of the legal representative's consent to the treatment (see Exhibit 1 as suggested documentation of informed consent; providers may use their own method of documentation that contains the necessary information.)

(4) For children/youth in the physical custody of Child and Family Services Agency (CFSA) or Department of Youth Rehabilitation Services (DYRS), the mental health provider may obtain consent for ordinary mental health treatment from the agency representative without obtaining the parent's or legal guardians consent if:

a. The agency representative represents that he or she has the authority to provide consent; and

b. The treatment is ordinary mental health treatment provided by a practitioner other than a psychiatrist.

(5) A mental health provider may provide ordinary mental health treatment to a child without the consent of a legal representative if the provider determines that:

a. The child is knowingly and voluntarily seeking the services;

b. Provision of the services is clinically indicated for the minor's well-being;

c. The child is able to provide informed consent.

6b. Informed consent to treatment by a psychiatrist (see Exhibit 2) or for psychiatric medications (see Exhibit 3).

(1) **As a general rule, only parents or legal guardians** may provide informed consent for a child to receive treatment from a psychiatrist or to receive psychiatric medications. Under certain limited circumstances, youth sixteen (16) years and older may provide informed consent [see 6b (4)]. If a child is in the custody of CFSA or DYRS, and there is no parent or legal representative to provide consent, a court order specifying the treatment must be presented to the provider in order for the psychiatric treatment or psychiatric medication to be given. **Only if the parents' rights have been terminated may the custodial agency consent to psychiatric treatment.**

(2) The psychiatrist shall not provide any treatment or psychiatric medications without first obtaining written informed consent from the parent/legal guardian, from a court order, or from the custodial agency if the parents' rights have been terminated.

(3) An informed consent must be obtained every time a new medication is prescribed.

(4) The psychiatrist shall discuss informed consent during a discussion with the consumer (if appropriate) and the legal representative about the following:

- a. The consumer's mental illness or mental health related problem, including diagnosis;
- b. The purpose of the proposed mental health service, mental health support, or treatment;
- c. The name and dosage of medication prescribed, if that is a proposed treatment;
- d. The known and potential common side effects or risks of the proposed mental health service, mental health support, or treatment;
- e. The potential benefits of the proposed mental health services, mental health supports, or treatment; and
- f. Any feasible alternatives to the proposed mental health services, mental health supports or treatment.

(5) Youth ages sixteen (16) years of age and older may consent to the administration of psychiatric care (see Exhibit 2) and psychiatric medications (see Exhibit 3) without the consent of a parent or guardian or the authorization of the court under the following circumstances:

- a. When the youth's parent(s) or guardian is not reasonably available to make a decision regarding the use of psychiatric medications and the treating psychiatrist determines that the youth has capacity to consent and that such medications are clinically appropriate;
- b. When requiring consent of the youth's parent(s) or guardian would have a detrimental effect on the youth and a determination is made by both the treating psychiatrist and a non-treating psychiatrist who is not an employee of the provider that the youth has capacity to consent and that such medications are clinically indicated; or
- c. When the youth's parent(s) or guardian refuses to give consent, and a determination is made by both the treating psychiatrist and a non-treating psychiatrist who is not an employee of the provider that the minor has capacity to consent, and those medications are clinically indicated. Notice of the provider's decision to administer medications pursuant to this section shall be provided to the parent(s) or guardian in writing by the provider.

**7. Informed Consent Not Required in an Emergency.**

7a. If an emergency exists, the MH provider shall obtain a written opinion from either the consumer's attending physician or treating physician stating that delay in obtaining informed consent to the mental health service, mental health support or treatment is likely to result in serious injury to the consumer (Emergency Opinion).

7b. If the MH provider has information that the consumer would not consent to emergency

treatment based on the consumer's religious beliefs, the MH provider must obtain a court order prior to administering treatment that would terminate the emergency.

7c. After receipt of the Emergency Opinion, the MH provider shall provide mental health services, mental health supports or treatment to the extent necessary to terminate the emergency.

## 8. Requirements for MH Providers.

8a. Establish policies and procedures. The DMH mental health provider, in consultation with their treatment teams for children and youth, should establish policies and procedures that requires a comprehensive assessment to justify the use of psychiatric medications as part of the consumer's treatment plan and that such medications be managed and monitored accordingly.

8b. Identify parents, legal guardians, and/or legal representatives; parties that are legally empowered to provide consent for the treatment of the child or youth. The provider must identify parent, court appointed legal guardian, or custodial agency and determine if parental rights have been terminated.

8c. Provide relevant materials. Provide parents, staff, guardians, and other relevant parties easy to understand psycho-educational materials and medication information to facilitate the informed consent process.

8d. Provide information and education. Familiarize consumers, parents and/or legal representatives on their advocacy role and about psychiatric medications (e.g., names and indications for use of commonly prescribed psychiatric medications, monitoring for effectiveness and possible side effects, and maintaining medication logs for those administering these medications).

8e. Ensure documentation of informed consent is maintained in consumer's clinical record. Providers may use Exhibits 1 – 3 or own forms or method of documentation if all required information is included.

## 9. Related References.

D.C. Code § 2-1515.05 Special authorities of the Department (DYRS)  
D.C. Code § 4-1303.05 Medical treatment authorized (CFSA)  
D.C. Official Code §7-1231.07 Consent to mental health services and mental health supports  
D.C. Official Code §7-1231.08 Administration of Medication  
D.C. Code § 7-1231.14 Consent of youth receiving mental health services or mental health supports  
D.C. Code § 16-2320 Disposition of child who is neglected, delinquent, or in need of Supervision  
In re G.K., 993 A.2d 558 (D.C. 2010)

## 10. Exhibits.

- 1 – Informed Consent to Ordinary Mental Health Treatment
- 2 – Informed Consent to Treatment by Psychiatrist
- 3 – Informed Consent for Use of Psychiatric Medications

**Approved By:**

**Stephen T. Baron  
Director, DMH**

*Barbara Baron for* <sup>10.25.11</sup>  
(Signature) Stephen Baron (Date)



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Mental Health

**INFORMED CONSENT TO ORDINARY MENTAL HEALTH TREATMENT  
(For Children and Youth)**

**IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM. THE MENTAL HEALTH SERVICES AND SUPPORTS THAT ARE AVAILABLE TO YOU MUST BE EXPLAINED PRIOR TO YOUR SIGNING.**

I hereby consent to receive mental health services and supports from

\_\_\_\_\_  
(Name of Mental Health Provider /Agency)

for the purpose of addressing mental health concerns/symptoms. The provider has given me information about the purpose, side effects and potential risks and benefits, as well as feasible alternative treatments, to the identified mental health treatment.

Printed name of Consumer: \_\_\_\_\_

\_\_\_\_\_  
Consumer's Signature (If applicable)

\_\_\_\_\_  
Date

I have the right to accept or refuse mental health services and supports for

\_\_\_\_\_  
Print Consumer's Name

and I hereby consent to him/her receiving mental health services and supports for the purpose of addressing mental health concerns/symptoms.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Agency Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian (Parent/Guardian/Agency Representative)

\_\_\_\_\_  
Relationship to consumer (Parent/Guardian/Agency Representative)

OCT 25 2011



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Mental Health**  
**INFORMED CONSENT TO TREATMENT (OTHER THAN MEDICATION) BY A**  
**PSYCHIATRIST**  
**(For Children and Youth)**

Consumer Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnoses:

AXIS I	
AXIS II	
AXIS III	

I, \_\_\_\_\_ (Printed Name of Parent/Legal Guardian)  
 (CIRCLE Above as Indicated)

hereby consent to \_\_\_\_\_ receiving treatment by a psychiatrist for the purpose of  
 addressing mental health concerns/symptoms; AND

The following has been discussed with me by the mental health provider:

- The diagnosis and target symptoms;
- the possible benefits/intended outcome of treatment;
- the possible risks and side effects;
- the possible alternatives;
- the possible results of not accepting the treatment.
- I have been given the opportunity to ask questions about the treatment

I also understand that I have the right to give informed consent or refuse to consent to specific mental health supports, services, and treatments that are offered or recommended.

**I UNDERSTAND THAT THE INFORMATION PROVIDED TO ME AND MY SIGNATURE BELOW ACKNOWLEDGES THAT I CONSENT TO THE TREATMENT PROVIDED TO THIS CHILD BY THE PSYCHIATRIST OF**

\_\_\_\_\_  
 Name of Core Service Agency (CSA)

**OR**

\_\_\_\_\_ **Court Order Provided (copy attached)**  
 Initial of medical provider to verify that copy is attached

<b>Consumer Signature</b>	<b>Consumer PRINTED Name</b>	<b>Date</b>
<b>Parent/Legal Guardian Signature (if Applicable)</b>	<b>Parent/Legal Guardian PRINTED Name</b>	<b>Date</b>
<b>Medical Practitioner Signature</b>	<b>Medical Practitioner PRINTED Name &amp; Credential</b>	<b>Date</b>



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Mental Health**  
**INFORMED CONSENT FOR USE OF PSYCHIATRIC MEDICATION(S)**  
**(For Children and Youth)**

Consumer Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnoses:

AXIS I	
AXIS II	
AXIS III	

I, \_\_\_\_\_ (Printed Name of Parent/Legal Guardian),  
 (CIRCLE Above As Indicated)

have been given information by my child's medical practitioner about the medications listed below.

For each medication listed below, I have been given the opportunity to discuss with my prescriber the following:

- The diagnosis and target symptoms for the medication recommended.
- The possible benefits/intended outcome of treatment.
- The possible risks and side effects.
- The possible alternatives.
- The possible results of not taking the recommended medication.
- The dosage and the possibility that my medication dose may need to be adjusted over time, in consultation with my medical practitioner.
- My right to withdraw voluntary consent for medication at any time (unless the use of medications in my treatment are required in a Court Order)
- The medication may be used "off-label" for a particular condition (in the absence of FDA approval) and that the medical practitioner will indicate when a medication is being used in this manner.

**I UNDERSTAND THE MEDICATION INFORMATION PROVIDED TO ME AND MY SIGNATURE BELOW  
 ACKNOWLEDGES THAT I CONSENT TO THE USE OF THIS/THESE MEDICATION(S):**

OR  
 \_\_\_\_\_ COURT ORDER PROVIDED (copy attached)  
 Initial of medical provider to verify that copy is attached)

Medication Name	Route	Dosage

<b>Consumer Signature (if applicable)</b>	<b>Consumer PRINTED Name</b>	<b>Date</b>
<b>Parent/Legal Guardian Signature (if Applicable)</b>	<b>Parent/Legal Guardian PRINTED Name</b>	<b>Date</b>
<b>Prescribing Psychiatrist's Signature</b>	<b>Prescribing Psychiatrist's PRINTED Name &amp; Credential</b>	<b>Date</b>

OCT 25 2011