



**Mental
Health
Europe**

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Short Guide

Informed Consent to Treatment for Mental Health Problems

12-2025

You should receive **clear information** about the treatment being suggested, including the possible benefits, risks, and any other options available.

Informed consent to treatment is a **basic human right**.

This information should be shared in a way that is **easy for you to understand**, based on your age, experience, abilities, and state of mind at the time.

Giving consent should be **your choice and free from any coercion** – No one should pressure or force you into anything you do not want.

You always have the right to **change your mind** and withdraw your consent at any time.

In case of emergencies, you may not have the capacity to make decisions on the spot. To ensure you are properly supported in such a situation, it helps to **express your wishes and preferences in advance**.

Children and young people also have the right to give informed consent. They should be supported to **take part in decisions** about their treatment as much as possible.



Introduction

This Short Guide is designed to help people who are seeking or undergoing treatment for mental health problems, and those close to them, understand the importance of informed consent to treatment. It aims to give you the knowledge and confidence to take an active part in decisions about how to manage your own mental health.

This guide is mainly for adults over 18 who are not under a legal order that requires them to stay in hospital or to receive treatment. If you are a young person, or an adult who is in hospital or under a guardianship or compulsory treatment order, you can, and should, still take an active role in decision-making. However, the laws on this vary between countries.

The use of coercion in crisis situations or as a preventative measure is deeply problematic¹ and is currently being hotly debated across Europe². While the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) sets very high standards, calling for all involuntary treatment and coercion in mental health care to end. We recognise that, at present, no European country fully meets these standards. This guide has been created with that reality in mind.

This guide is the seventh instalment of Mental Health Europe's series of short guides. Previous publications covered the topics of psychiatric diagnosis, personal recovery in mental health, psychiatric drugs, ending coercion and restraint in mental health services, young people's mental health and intentional peer support in mental health services.

What do we mean by INFORMED CONSENT TO TREATMENT?

Informed consent means that, in most situations, healthcare professionals need your permission before carrying out any assessment, examination, treatment, or care. Healthcare professionals may recommend certain treatments for your mental health, but they cannot lawfully treat you unless you agree.

Consent must be given voluntarily, without any form of pressure, duress, or undue influence from healthcare professionals, family, or friends. Consent is considered "informed" when it is based on a clear understanding of the facts, as well as the implications and possible consequences of the proposed treatment.

In some countries, another person may be allowed to give consent on behalf of an adult under guardianship, or a parent or guardian may give consent for a child. Even when this happens, it does **not** mean that your own views should be ignored. You still have the right to share your wishes, preferences, and opinions about the treatment being proposed.

In some situations, you may also have the possibility to challenge someone else's decision to consent on your behalf. Immediate legal remedies may exist so that a court can review the decision, while taking your wishes and preferences into account.

The principle of seeking and obtaining informed consent is especially important in the mental health field because, in many places still today, people with mental health problems are still subjected to forms of coercion and control that breach their human rights.³



1 See Mental Health Europe Sort Guide to Ending Coercion and Restraint in mental Health Services: <https://www.mentalhealtheurope.org/library/short-guide-to-ending-coercion-and-restraint-in-mental-health-services/>

2 See European Disability Forum Stopping Coercion in Mental Health: <https://www.edf-feph.org/stopping-coercion-in-mental-health/>
Mental Health Europe Withdraw Oviedo: <https://www.mentalhealtheurope.org/what-we-do/human-rights/withdraw-oviedo/>

3 MHE Welcomes UN Special Rapporteur's Ground Breaking Report on Mental Health: <https://www.mentalhealtheurope.org/groundbreakingreport/>

What is meant by the term having “capacity”?

Doctors should always start by assuming that adult patients are able to make decisions about their treatment and care. If there are reasons to believe that a person may lack capacity, they are required to follow the procedures specified in the law of the country concerned.

A person can only be found to lack capacity in relation to a specific decision and at a specific time, following an assessment carried out in line with legal requirements. Having a mental health problem does not automatically mean that a person lacks the capacity to consent to treatment. Someone who lacks capacity to make one decision at a particular time may still have capacity to make a different decision, or the same decision at another time. Capacity decisions are therefore both decision-specific and time-specific.

To demonstrate capacity, a person should be able to:

Understand what the proposed medical treatment is, its purpose and nature, and why it is being recommended.

Understand the benefits, risks, and alternatives.

Understand the consequences of not receiving the proposed treatment.

Retain the relevant information and weigh up the pros and cons in order to make a decision.

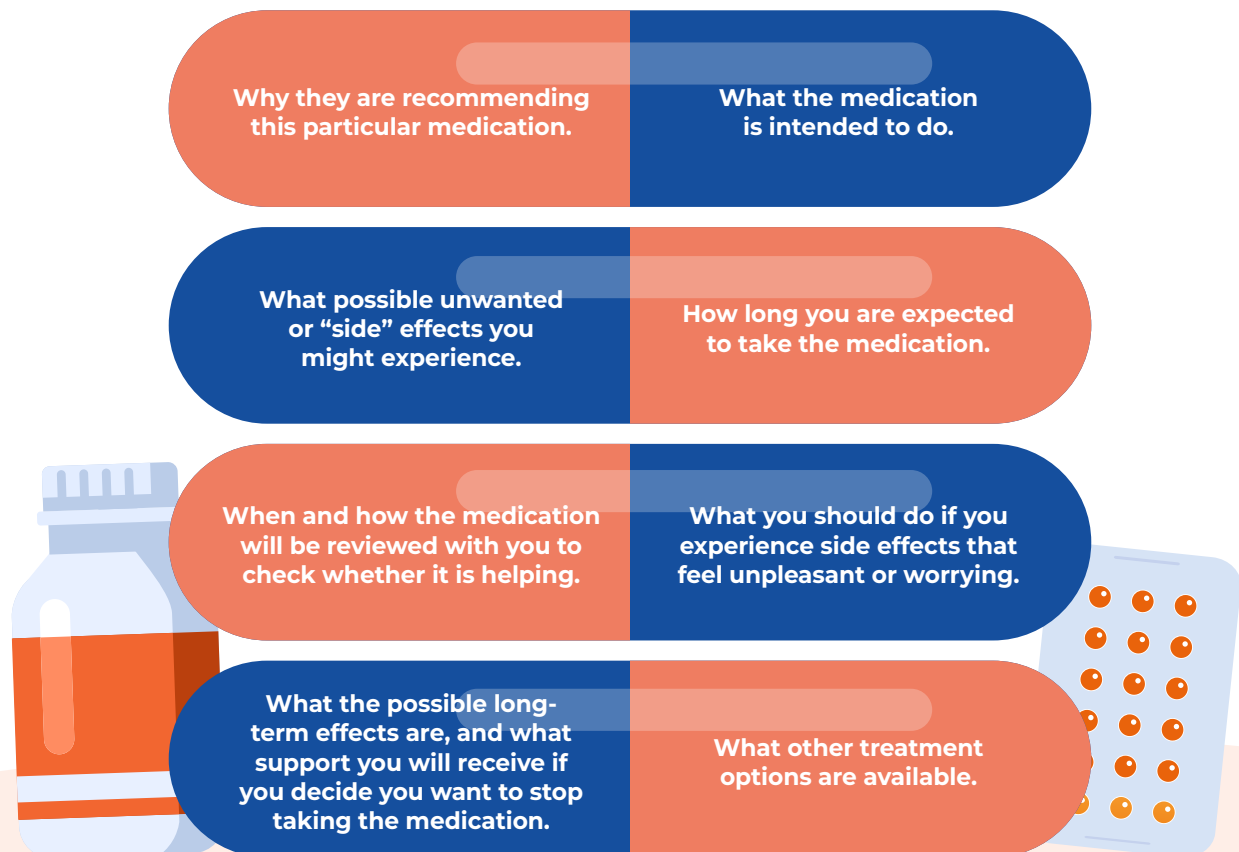
Communicate their decision, either independently or with appropriate support, tools, or assistance from others.



What information do I need to make a decision, and where can I get it?

If a doctor or psychiatrist proposes a course of treatment, this may involve prescribing medication. In such cases, you should be informed that while medication can sometimes be useful in crisis situations, it may have limited long-term benefits and potential harms. You should also be given information about alternatives to medication, such as support and companionship from others, counselling or psychotherapy, access to a safe environment within an institution, or taking a break from stressful circumstances in a setting of your choice.

If a medication is being considered, your doctor should explain:



Ideally, these conversations should happen in a spirit of **shared decision-making**, where you and your healthcare professional work together.⁴ If this kind of discussion does not happen, or if something is unclear, it's okay to ask questions. You are entitled to understand your treatment. If you still have questions, there are many other sources of information you can turn to.



One important source is the information leaflet that comes with your medication. Many people throw this away, but it contains details that pharmaceutical companies are legally required to provide, including information about possible risks and side effects. You can also ask the pharmacist for explanations or clarifications when you collect your medication.

It is especially important to ask questions about stopping a medication. When the body and brain become used to a drug, stopping it suddenly can sometimes cause very unpleasant effects. These can include withdrawal symptoms or a return of the original symptoms, sometimes in a stronger form. Hearing about the experiences of other people who have taken the same medication can be helpful when thinking about this. One example of a resource that shares such experiences is [Medicating Normal](#).

If I give consent, what does this mean?

If you agree to begin a course of medication or another form of treatment, your consent applies only to that specific decision and for that period of time.

If you are assessed as lacking capacity at a particular moment, you – or your chosen representative – should still have your questions answered and be involved in all treatment decisions as far as possible.

If you wish to challenge a finding that you lack capacity, you may need the support of an advocate who can help you navigate the legal framework in your country. In many countries, there are organisations that offer free legal advice and support on mental health law, including some members of Mental Health Europe.

What if I change my mind?

You always have the right to change your mind and withdraw your consent, even if your doctor does not agree with your decision.

As long as you are not legally assessed as lacking capacity, you are allowed to make choices about your treatment, even if your doctor sees those choices as unwise.

A good doctor will respect your decision and support you by talking through other possible options with you.



What about treatments like counselling or psychotherapy?

Informed consent applies to all types of treatment, including counselling and psychotherapy. Your doctor needs your consent to refer you to another service, and once you are there, you also need to agree before starting any course of therapy.

The kinds of questions you may want answered are similar to those you would ask about medication, including:

Why this type of therapy might help you manage or reduce your distress.

What the therapy will involve and what sessions will look like.

What the intended benefits are.

Whether there are any possible downsides or challenges.

How long the therapy is expected to last.

When and how the therapy will be reviewed with you to see whether it is helping.

There is also the important question of how you feel about the person providing the treatment. First impressions matter, but they are not everything. A useful early sign is whether the therapist is willing to discuss your questions openly and honestly.

Counselling and psychotherapy may involve facing aspects of your life that are uncomfortable or distressing. How safe you feel about sharing these experiences with a therapist or therapy group often becomes clearer over time. For this reason, consent should always be seen as provisional, and your decision about whether to continue will depend on how confident you feel in the relationship or relationships you have formed.



How can I make my views known about what to do in an emergency?

Preparation is key. If you have previously experienced a mental health crisis where you were unable to make decisions for yourself, you may already understand what helped and what felt damaging to your recovery. If not, you can still take steps to ensure your views are known should you ever find yourself in this situation.

European countries have different legal systems for dealing with these issues, but in many of them you can set out your wishes in an advance decision. This may include specifying treatments you do **not** want to receive, or expressing your preferences about how you would like to be treated. In some cases, you may also be able to appoint a trusted person, such as a relative or friend, to make decisions on your behalf in the future.

Such possibilities exist in the following European countries:

Austria, Belgium, Croatia, Czechia, Denmark, Finland, France, Germany, Hungary, Ireland, Lithuania, Malta, Portugal, Romania, Spain, Sweden⁵ and United Kingdom.

Can I receive support in making decisions about informed consent?

The first level of support in deciding whether to give or withdraw informed consent should come from your doctor. If you wish to access other forms of support such as legal advice to challenge treatment decisions made against your wishes.

This may be possible under the laws of the following European countries:

Austria, Belgium, Czechia, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Portugal, Spain, Sweden, and the United Kingdom.

What if I am under 18?

Laws vary from country to country, but usually a parent, guardian, or person acting in *loco parentis* must legally give consent for a minor's treatment.

This does not mean that minors should be excluded from the decision-making process. **Being asked to give informed consent is both therapeutically desirable and a human right.** Involvement in the process should be age-appropriate, with information tailored to the young person's level of understanding. Where family dynamics make additional support necessary, an independent trained advocate can help ensure the minor's views are heard.

Are there situations where my consent is not required?

In an emergency where your life may be imminently at risk, you might not be asked to provide consent. In such cases, medical professionals will focus on saving your life. After the immediate danger has passed and you have capacity, you should be asked to provide informed consent for further treatment.

In some cases, if you are deemed a danger to yourself or others, a court may place you in a psychiatric hospital or unit. However, this does not automatically allow medical treatment without your consent.

You should still be asked to give informed consent, unless a court has already made a decision about your specific treatment.



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⁵ European Disability Forum, 2024. "European Human Rights Report Issue 8 – Legal Capacity: Personal Choice and Control". Accessible at: <https://www.edf-feph.org/publications/human-rights-report-2024-legal-capacity/>
Mind UK April 2023. <https://www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/advance-decisions>



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