

ADVANCE STATEMENTS IN MENTAL HEALTH INFORMATION BOOKLET

Advance Statements in Mental Health.

What is an Advance Statement?

Also known as an 'Advance Directive' or a 'Living Will', an Advance Statement is a record of your wishes and preferences for your mental health care while you are ill. It is called an Advance Statement because it is made in advance, i.e. while you are well, to be used should you become unwell and find it difficult to express your wishes.

How is an Advance Statement useful?

An Advance Statement can help you to get the care that you want. It provides a way of communicating your needs, wishes, and preferences and what you feel works for you while you are unwell. It is a way of including your wishes in decisions made about your mental health care. You can complete an Advance Statement form as a part of your care plan or crisis plan

Will my Advance Statement make a difference to my care?

If you choose, your Advance Statement will be included in your medical records, this ensures that your wishes are made known to those who are involved in your care and are considered in decisions made about your care provision. An Advance Statement can be a part of your Care Plan and may be an important part of any crisis or contingency plan you may have. If you choose not to include your Advance Statement in your records, you can give a copy to a friend, relative, advocate, or member of your care team, or simply keep a copy just for yourself.

However, it is important to consider this carefully. The more accessible the Advance Statement is, the more likely it will be available to be included in considering your care. Every effort will be made to follow the wishes expressed in an Advance Statement. In some circumstances, it may not be possible to follow an individual's wishes, e.g., because an Advance Statement may be overridden by the Mental Health Act 1983 or simply due to practicalities. If this does occur, the individual should be provided with a full explanation.

Who can make an Advanced Statement?

In order to make an Advanced Statement an individual must:

- Be aged over 18
- Have capacity (or be legally competent).
- Anticipate the circumstances that give rise for an Advance Statement to be used.
- Understand the consequences and implications of any wishes expressed in an Advance Statement.

As such, it is recommended that Advance Statements be made after discussion with an Advocate, Named Nurse, Support Worker, or Care Coordinator, in order to explore issues surrounding individual care.

What should I include in my Advance Statement?

Attached is a copy of a blank Advance Statement form. This, however, is just a suggested format. If you prefer to write an Advanced Statement in another way (or even record a verbal statement), it would be equally valid, but there are some points to remember:

- Only a specified refusal of a treatment is legally binding, (but can still be overridden by The Mental Act 1983).
- Informal patients have a right to refuse medication. However, formal patients (detained under Sections 2, 3 and 4) can be given treatment without their consent.

As such, it is necessary to specify that you do not want a particular treatment (if that is the case), it is not legally binding to simply request a treatment alternative.

An Advanced Statement cannot:

- Require a professional to act unlawfully
- Prevent basic care (the provision of food, shelter and hygiene measures)
- Compel doctors to perform treatment, which they believe to be inappropriate

What happens to my Advance Statement once I have made it?

1. Keep a copy of your Advance Statement for yourself.
2. Give copies to any family members or friends who you may wish to hold a copy.
3. Fill in the details of anybody who is involved in your care, who you would like to hold a copy (see the Advance Statement Form Part 1), and send them copies of your Advance Statement.
4. If you wish, a copy can be made and included in your record to ensure that it is available should it be needed. If this is the case, provide a relevant member of your care team (Psychiatrist, Care Coordinator, Named Nurse) with a copy to be included in your records.
5. If you want a copy to be kept on a confidential database as a back-up copy, in case of loss or damage, please indicate this on your Advance Statement form (see part 1).

Can I make changes to my Advance Statement?

Should you wish to make changes to your Advance Statement at any point, for any reason, you may want to contact the Advocate, your Named Nurse, or your Care Co-ordinator, to discuss any possible changes.

If you make any changes, please make sure that anyone who holds a copy of your Advance Statement is made aware of them.

If your Advance Statement is held by your Care Coordinator and/or included in your record, you should be asked, as part of your Care Programme Approach review, if you wish to make any changes to your existing Advance Statement.

Your Advance Statement belongs to you and exists to provide a record of your wishes, made available only to those who you wish to see it. Therefore, it is important that it is kept up to date to ensure that you can make your wishes known.

Your Care Coordinator, Named Nurse or other professional will be able to help you if you require any assistance in completing an Advance Statement.

It is particularly important that you include in your Advance Statement how you wish to be supported or dealt with in the event of any future crisis, and that this information is updated as necessary.

Guidelines for the completion of an Advance Statement

General.

Ensure writing is clear.

Ensure written information is clear and to the point.

Ensure wishes are recorded precisely to avoid misinterpretation.

Part 1.

This is a record of your personal details. Please include as much of the information asked for as possible. This will assist in ensuring that your Advance Statement is easy to access in the event that it is needed.

Please be assured that this document and its contents are confidential and will only be seen by those that you wish to have access to it.

Part 2.

This part is provided for you to include your wishes regarding your treatment and clinical care.

a. Include here any wishes you have about your treatment;

e.g., 'I would not like ECT under any circumstances' or 'I am already taking enough Respirodone, thank you.'

You can include refusals of any particular treatments and include your preferences to be considered; however, you cannot enforce that you will receive a particular treatment.

b. Include here anything that you feel worked well for you during previous periods of treatment;

e.g., 'I feel that I respond better to Venlafaxine rather than Fluoxetine.' or 'I may have difficulty sleeping and find sleeping tablets helpful.' or 'I found Dr Xs approach very helpful in the past'

c. Include here anything that you did not find helpful during previous periods of treatment.

e.g., 'Although I have difficulty sleeping, I do not find that I respond well to sleeping tablets.' Or 'I did not find it helpful to have a male Care Coordinator I feel I respond better to females.'

- d. This is space for you to include any needs relevant to how you are cared for e.g. dietary requirements, cultural, religious or spiritual needs.

e.g. 'I have a vegan diet' or 'I would like a quiet space for visits from members of my community to share in prayer.'

- e. If you would like to nominate a person to speak on your behalf (a family member, friend or a member of staff from the Advocacy Service), include their name and contact details. It is not essential to nominate an Advocate; this section has been included should you wish to use it.
- f. If you have preferences about where you are when you receive care and treatment, include them here. It may be helpful to provide a number of options and list them in order of preference. If there is a particular place where you would not like to be, state this clearly and if you wish provide your reasons why.

Part 3.

This part of the form is included for your wishes and requirements about your housing, family/friends and day to day living.

- a. a & b refer to people from your social network, family, friends, colleagues, etc. In a., include the names and contact details of those you would like to be informed of your situation. Also, include the person's relationship to you, if this person may be informed of your well-being if they enquire, and when you would like contact to be made.

e.g. John Smith – 0222 222 2222 – My partner. Can be informed of my well-being at any time.

Joe Bloggs – 0222 333 3333 – My father. Can be informed of my well-being, but is elderly and I don't want him to worry too much.

- b. In **b.**, give details of anyone you would not like to be informed of your situation or your well-being.

e.g. Joan Bloggs – My mother. Not to be informed of anything. Any of my work colleagues, I would rather were not informed of anything.

- c. If you have any dependants, e.g. children or someone that you care for, please give details of any requirements you have for providing care throughout this period.

e.g. I have two girls who I would like to be cared for by my sister Joanne Bloggs – 0222 444 444

- d. Include here any details of pets that you have, who you may require to care for them and any information they need to know.

e.g., I have a cat, who can be cared for by my next-door neighbour Mrs. Jones. He is to be fed half a can of cat food twice a day and let out at night.

- e. Include here any housing requirements you may have.

e.g. A landlord who needs contacting regarding rent payment, someone to take care of your home should you be admitted to hospital, application for housing benefit, etc.

e.g. Mrs. Jones (next door) has a set of keys. Could she be contacted and asked to keep an eye on the house.

Also, include here anyone who needs to be contacted regarding your day-to-day living

e.g. milkman, day care, home help etc.

- f. Include here any arrangements that need to be made with regard to your finances, e.g., the details of someone who you may wish to hold your bankcard, etc. for you. Also, include any benefits you are receiving.

Part 4.

This part has been left blank for you to include any information, needs, and requirements that you feel you would like to include in this document, but has not been covered in Parts 1 – 3.

Part 5.

This declaration has been included to ensure that you have completed this form voluntarily and in accordance with your own wishes. It is important to read the declaration thoroughly and agree with it before signing. Please have two independent individuals witness your signing of the form and include their details and signatures in the space provided.

Part 1 – Personal Information

Name:

Date of Birth:

Address:

Contact Number:

Please indicate whether you would like this person to hold a copy of this document.

	Yes	No
Consultant	<input type="checkbox"/>	<input type="checkbox"/>
GP	<input type="checkbox"/>	<input type="checkbox"/>
Advocate	<input type="checkbox"/>	<input type="checkbox"/>
Care Co-ordinator	<input type="checkbox"/>	<input type="checkbox"/>
Family member(s) or friend(s)	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
I would like this statement to be included in my records.	<input type="checkbox"/>	<input type="checkbox"/>
I would like a copy of this statement to be held on a confidential database, in case of loss or damage.	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 – Care and Treatment

a. My wishes for my care and treatment are as follows:

What I want:

What I do not want:

b. In previous situations, this has worked well for me:

c. In previous situations, this has not worked well for me:

d. My individual needs whilst being cared for are as follows:

e. Who I would name as an advocate:

f. Where I would prefer to receive care and treatment:

Part 3 – Personal and Social Statement

Family and Friends

a. Who can/should be informed of my situation:

b. Who cannot/should not be informed of my situation:

Dependents

c. I would like to make arrangements for those that I care for as follows:

Pets

d. I would like to make arrangements for the care of my pet(s) as follows:

Housing/Home

e. I would like to make the following arrangements for my housing/home care needs:

Finances

f. I would like the following arrangements to be made for my finances:

Part 4 – Open Statement

Please use this space to include any information or individual needs, which have not been included in previous parts of the document.

Part 5 – Declaration

I, _____ declare that this document has been completed by myself and/or in accordance with my wishes, at a time when I retain capacity to:

Understand information about treatment options available to me.

Make informed choices and decisions regarding my treatment.

In the event that I become incapable of expressing my choices due to mental health difficulties, it is my wish that this document is referred to as an expression of my choices regarding my mental health care. It is my wish that this document precedes all other ways of ascertaining my intent.

I present this document in the understanding that it will be followed where possible, and in the event that the choices expressed in this document are not followed, I will be provided with a full explanation when I regain capacity.

Signed:

Date:

Witness 1
Name
Address

Witness 2
Name
Address

Signature

Signature

Date

Date