Advance Statement for Mental Health

Patient Information Leaflet

What is an advance statement?

An **advance statement** describes your preferred treatment options and strategies for your future care.

An advance statement will be taken into consideration by your doctors when you no longer have the capacity to make the decision yourself, but treatment preferences are not legally binding.

You may decide to make an advance statement if you know that at some time in the future you are likely to be either permanently or temporarily impaired.

The Mental Capacity Act 2005 states that your treatment must be in your best interests, and that your personal views, beliefs and values should be considered in important treatment decisions.

You can use this leaflet as a place to write down your preferred treatments and strategies for care should you have a mental health crisis.

There may be circumstances if you are detained under the Mental Health Act where you are given a treatment you would prefer not to have. However, all doctors and other members of healthcare staff must take into account your wishes wherever it is possible.

It might be helpful to complete this form with your psychiatrist, care coordinator or other trusted person.

Would you like your advance statement to be added to your medical records?

YES ☐ **NO** ☐

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By Barnet, Enfield and Haringey Clinical Commissioning Groups.

ADVANCE STATEMENT FOR MENTAL HEALTH

Name:

Address:

Date:

DECLARATION

I ..... declare that this document has been completed by me and/or in accordance with my wishes, at a time when I retain capacity to understand information about my treatment, and make an informed choice.

In the event that I become incapable of expressing my wishes due to mental health difficulties, this document should be consulted.

I understand that this document will be followed where possible, and where this is not possible I will be given a full explanation.

Signed:

Date:

Printed name:

Do you have any friends, carers, relatives or advocates that you have discussed your advance statement with?

YES ☐ **NO** ☐

Have they given permission to be contacted in the event of a mental health crisis?

YES ☐ **NO** ☐

If **YES**:

1. Contact name:

Contact telephone:

Relationship to you:

2. Contact name:

Contact telephone:

Relationship to you:

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Please write below your general views and wishes about your mental health care and treatment. You might consider what has worked well in the past and what hasn't.

Please write below what your preferred treatment options are and why.

Have you made an **advance decision to refuse treatment?** If so, what treatments do you NOT want and why?

Do you have children, dependents or pets?

Please write here if you have a preference for how you would like your children, dependents or pets cared for should you have a mental health crisis.

Personal beliefs and values

Do you have any special dietary needs?

Do you have any religious, spiritual or cultural needs that you would like known?

Other:

Is there anyone you would like informed should you be admitted to hospital?

Name:

Telephone:

What would you like them to be told?

Is there anyone that you would NOT like informed if admitted to hospital?

Is there anything else that you would like to be considered if you become unwell and unable to make decisions? *You might want to consider your housing or financial arrangements here, who needs to be contacted and what they should be told, including your work. Please include contact details*

Please use an additional sheet of paper if necessary

You can change the contents of the form at any time.

If you change your mind about your preferred treatment it is important that you let your psychiatrist, care coordinator, family and other healthcare professionals know.

Please make sure that you keep a copy of your advance statement. You may find it useful to give copies to your psychiatrist, GP, care coordinator, carer, friend or advocate.

Further information is available on planning your future care in our leaflets, 'Advance Decisions to Refuse Treatment' and 'Lasting Power of Attorney'.