

## **Guidelines for People wishing to make an Advance Directive for Mental Health**

An advance directive is a way of making your views known before a crisis when you may be unable to make informed choices. It will enable your views regarding your mental health care when you are mentally capable to be taken into account should you become mentally incapable of giving consent or making informed choices in the future. Doctors and other workers must take your wishes into account.

You cannot insist on receiving certain treatments, but can express your opinion about treatment you do not wish to have. If you are detained under the Mental Health Act 1983, and on Sections 2, 3, 36, 37, 38, 47 or 48, there may be circumstances when you may be given treatment without your consent, and that you would prefer not to have, but your views are important to us.

An advance directive is very important and personal. You do not have to talk to a doctor or those close to you, but it may be valuable in case a dispute arises later about the content of your advance directive.

If you change your mind about any of the contents of your advance directive you are free to do so, any written document can be changed at any time either verbally or in writing. It could be reviewed as part of your care programme. It is wise to ensure that old copies are destroyed and those close to you know your views have changed.

### **PART ONE**

is the psychiatric treatment advance directive

### **PART TWO**

is in regard to your personal and home life.

Issues relating to Parts one and two could be discussed with your friend, relative, advocate or Care Co-ordinator.

When you have completed the advance directive, date and sign it in the presence of an independent witness. The witness does not need to know the content, but should watch you sign.

The independent witness should be:

- Over 18 years old
- Not a husband, wife, partner, relative, advocate or Care Co-ordinator

When your advance directive is completed it should be copied to as many of the following as you wish:

- Your Care Co-ordinator
- Your own General Practitioner or doctor involved in your care
- Medical Records Department
- A friend, relative, or advocate
- Keep a copy for yourself
- Other workers in Health or Social Services

If you have any questions regarding this advance directive you can contact the following for advice:

- Care Co-ordinator
- General Practitioner
- Citizens Advice Bureau
- Advocacy Service

# ADVANCE DIRECTIVE FOR MENTAL HEALTH

This is my Advance Directive, which I made in case I have a mental health crisis and am unable to participate in decisions about my care.

My Name: \_\_\_\_\_

My Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Professional with whom this was discussed \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Names of a family member, friend, or advocate who know and understand about this advance directive. They have given permission to be contacted and will speak for me in a crisis/dispute.

Contact Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

I can confirm I am over 18 years of age, and understand that this document remains effective until I make it clear that my wishes have changed.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Independent Witness

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PART ONE**

**PSYCHIATRIC TREATMENT ADVANCE DIRECTIVE**

I declare that my wishes are as follows:

My wishes regarding medication and treatment are as follows:  
*(It is helpful to give reasons why)*

When I was receiving care before, the following worked well for me:

Things that have not worked well in the past are:

Needs that are special to me, which I would like those caring for me to know about:

- a) Diet
- b) Physical health
- c) Religion
- d) Other

I declare that my wishes are as follows:

I would like the following people to be told immediately that I have been admitted to hospital:

I would not like the following people to be told:

## **PART TWO**

### **PERSONAL AND HOME LIFE**

#### **Children or Dependants**

Complete this section if you have children or dependants at home and would like them to be cared for in a particular way:

- a) I would like the following people to care for my children or dependants:
  
- b) When someone explains where I am to my children, I would like them to be told the following:

#### **Pets**

Complete this section if you have pets to be cared for:

- a) I have the following pets:
  
- b) I would like the following people to look after my pets:
  
- c) People may need to know the following about my pets:

#### **Security and my home**

I would like my home to be made secure by:

**Other people to contact and tell that I am not at home:**  
(eg milkman/home help/work)

**Any other information I would like made known**