**Writing an advance statement for mental healthcare**

*Instructions and Template*

*This How to guide and Advance Statement Template were produced by Tania Gergel, Kings College London, in response to the Covid-19 pandemic. The form is not an official document and is not legally binding. It has been produced as a ‘rapid response’ for those who are managing severe mental health conditions.*

**Introduction**

These are very uncertain times for those who experience mental health problems. While much guidance is being provided currently for how to manage your mental health, it might also be good to put some plans in place, in case you do become unwell. This is especially important at the moment, as it is more likely that your care may be managed by someone who is unfamiliar with you and your condition.

This is an information sheet about how to fill in an ‘Advance Statement’ about your mental health care. It is designed to provide key information to health professionals about contacts, treatment and other care issues, including relevant physical health issues. You can complete and expand this form as you need to.

This ‘Advance Statement’ is not a formal legal document and the requests it makes are not binding. However, the MHA Code of Practice instructs mental health professionals to encourage service users to create advance statements and to follow these preferences wherever possible (for more info see MHA Code of Practice 1983 Sections 1.8 and 9 – <https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983> ).

## **Filling out the form**

**Feel free to adapt the form** if you think that certain sections do not apply to you or that there are other things you would like to add. There are some ideas for what to include in some sections written in light grey font: like this. You can delete this writing as you fill in the boxes.

### **Try to make sure this document can be accessed during a healthcare crisis.** Ask your mental health team; GP; family/friends and others involved in your care to have copies of this document which can be accessed during a mental health crisis. Where possible ask for the document to be added to your medical records and ‘flagged’, so that it is clearly visible to those who might provide future care.

**If you are currently pregnant and this increases risk of illness during/after birth,** seek advice from those providing care for you on how to plan for this within your document. More support and advice can be found at <https://www.app-network.org/>

**General tips for writing about your treatment or care in Advance Statements**

**1 Try to keep information as clear and concise as possible**. This can help professionals understand your key points quickly and clearly. Think about what your main priorities for treatment etc. would be - e.g. what medications or other treatments have worked/not worked in the past.

**2 Make realistic treatment requests and provide alternative suggestions if these are unavailable**. Especially at the current time, medical resources are stretched, and certain treatments may be unavailable. Try to keep requests as manageable as possible for those providing healthcare and suggest alternatives where possible.

**3 Make it clear to professionals why you need help**: mental health teams will be providing treatment to those with most immediate needs due to eg risk; severity of illness; lack of support; those in physical ‘high-risk’ groups. Try to indicate these needs where possible.

**4 If there are other health factors involved, include them in the form.** If you have other existing health conditions, please give details and indicate current treatments on your form.

# **Mental Health Advance Statement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal details** | | | | |
| Name | |  | | |
| Date of Birth | |  | | |
| NHS Number | |  | | |
| Address | |  | | |
| Phone number | |  | | |
| Email address | |  | | |
| **If I become severely unwell, please contact the following people:** | | | | |
| Role | Name | | Contact details | Information to be given |
| Family member/friend |  | |  |  |
| Mental health team |  | |  |  |
| GP |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| **Mental health issues/diagnoses / current treatments** | | | | |
| Give indication of main mental health problems and any medications etc. you are currently using. | | | | |
| **Physical health issues/diagnoses** | | | | |
| If applicable include pregnancy/recent childbirth in this section and include details of current treatment for physical health conditions. | | | | |
| **More information about my medical history can be found:** | | | | |
| *Mental health records/ GP records/ Family member/friend* | | | | |
| **Details of other legal documents about my health** | | | | |
| *e.g. physical heath advance statements/Advance Decisions to Refuse Treatment/Lasting Power of Attorney for Health and Welfare* | | | | |
| **Signs that I am becoming unwell and reasons why I need urgent treatment** | | | | |
| Relapse indicators, risks of not getting urgent treatment | | | | |
| **My preferences for treatment when severely unwell** | | | | |
| Give details of medical treatments/doses which have been most successful or unsuccessful in past episodes, and any brief helpful explanation Include details about the following types of care and treatments and reasons for your preferences. | | | | |
| **Alternative suggestions for treatment if your preferences are unavailable** | | | | |
| *Give suggestions of other treatments which have been helpful in the past or which might be helpful in future.* | | | | |
| **Preferences for treatment at home or in hospital** | | | | |
| *E.g. where you would prefer to be treated / anything you have found helpful/unhelpful during previous hospital admissions.* | | | | |
| **Care for others if I am unwell** | | | | |
| Preferred alternative care arrangements and needs of children or other dependents / pets | | | | |
| **My signature** | | | | |
| I confirm I am aged 18 or over and intend that this document remains valid until I make it clear that my wishes have changed. | | | | |
| Name |  | | | |
| Signature |  | | | |
| Date of signing |  | | | |

# Optional section

|  |  |
| --- | --- |
| **Others involved in discussing my preferences for treatment** | |
| Could include family member, health professional (e.g. psychiatrist/psychologist/care coordinator), advocate, peer supporter, their comments could be entered into this box | |
| **Signature of others involved** | |
| I confirm that I have discussed the contents of this document with ………………………………. and that they have the mental capacity to make the statements in this document at the time of writing. | |
| Name |  |
| Role |  |
| Signature |  |
| Date of signing |  |

**This is not an official document and is not legally binding. It has been produced as a ‘rapid response’ which will hopefully be helpful for people with mental health conditions given current circumstances. It is not an official research output (T Gergel - March 2020).**