

ADVANCE STATEMENT

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Document Consultation:	Wards Community Mental Health Teams Clinical Management Units Clinical Standards Group Policy Review Group Acute Care Forums
Document Applicable To:	All staff in adult and older people's mental health services
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Synopsis:	An Advance Statement is a way of service users making their views known on how they would like to be treated before a crisis when they may be unable to make informed choices
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Document To Be Read In Conjunction With:	Trust Records Policy (GP7)

Advance Statements: Information Sheet for Staff

An 'Advance Statement' is a document which can be drawn up by a mental health service user (when they have the capacity* and are mentally competent) in order to express their choices 'in Advance' about what they would like to happen with regard to their **medical, personal and home-life** should they become unwell or lack capacity in the future. An Advance Statement can be witnessed by two people, but not compulsory. Advance statements can often be made in conjunction with Effective Care Co-ordination (ECC) documents. [*Capacity:- "a person had capacity if he/she can understand and retain the information relevant to the decision in question, they can believe that information and can weigh that information in the balance". (British Medical Association, 1995).]

- **Advance Statements are also known as 'Advance Directives' or 'living wills' and can contain:-**

Indicators which may show the beginnings of a mental health crisis/deterioration. This gives carers and health professionals an idea of the signs/ symptoms to look out for which indicate that the service user is relapsing or becoming unwell. These symptoms could include changes in appetite, sleep patterns, behaviour, mood, activity, thought communications and finances. This would allow for early intervention (particularly by health professionals who do not know the service user such as locum GPs) and may help to stop further deterioration into severe illness.

Treatment preferences. The service user can state what types of drugs and therapies they *prefer* should they become ill again. They could indicate what treatments have worked or have not worked for them in the past. Statements like these can help health professionals to identify how the service user would like to be medically treated without binding them to that course of action if it conflicts with their professional judgement. *Remember a service user can suggest, authorise or refuse a treatment – they cannot demand a treatment.*

Domestic/Financial Preferences. The service user could nominate a person/ representative to look after their home and finances whilst they are in hospital or lack capacity. They could nominate someone to act on their behalf and be kept informed of their treatment and progress. They could name a person to look after their children, their home or their pets.

Personal/Cultural and Religious Preferences. Here the service user could indicate their dietary or religious requirements. They could also suggest things which can help to comfort or settle them.

□ **What happens to an Advance Statement once it is completed?**

Upon receipt of a copy of an advanced statement, it should be filed in the patient's health records. Failure to do so may result in the Trust not being aware that the document exists. Staff in all areas of the Trust should follow this policy if advanced statements are introduced in their localities.

□ **The Advantages of Advance statements**

Advance Statements have many advantages in that they *empower* the service user, giving them some input into what has helped them when they have been ill in the past and what they feel will work best for them should they become ill again. Advance Statements often *improve communication* between service users and health professions in that they encourage the service user to think and plan for the future. They also inform decision making for health professionals in difficult and often fraught situations (such as when the service user is unwell, distressed or has to be admitted to hospital) and may reduce the number of complaints made about unwanted or unhelpful treatments.

□ **The Legal Aspects of Advance Statements**

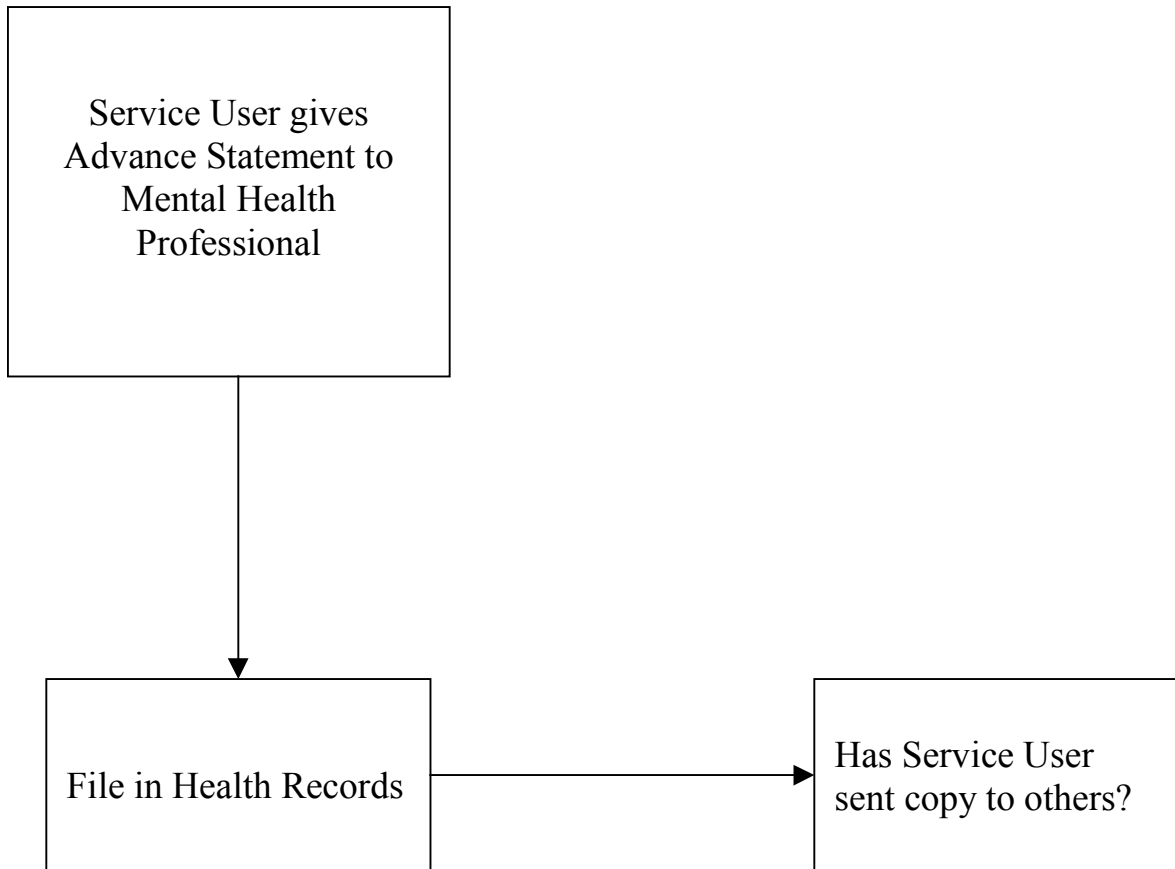
- Although it is not a legal document under Statute Law, an Advance Statement is recognised by Common Law.
- An Advance Statement can be a written document, a witnessed oral statement, a signed printed card or a recorded note of discussion.
- Advance Statements should *a/ways* be followed by health professionals.
- Reasons for a health professional giving a treatment which has been refused in an Advance Statement should be set out to the service user in writing.
- The Court of Appeal held in 1992 that a competent adult is entitled to refuse treatment – irrespective of the wisdom of that treatment.
- **Advance Statements can be overridden if the Service User has been detained or 'sectioned' under the Mental Health Act.**

Reference:
Mersey Care NHS Trust

Colin Jones
Modern Matron
28TH July 2005

ADVANCE STATEMENT

Guidance to staff flowchart



A D V A N C E
S T A T E M E N T

(ADVANCE DIRECTIVE)

**“WHAT I WOULD LIKE TO HAPPEN
IF I BECOME UNWELL”**

(Only complete the sections that you wish to complete)

An advance statement is a way of making your views known before a crisis when you may be unable to make informed choices. Doctors and other workers must take a person's wishes into account. An advance statement is an aid and not a substitute for open discussion.

This advance statement consists of three parts:

PART ONE is the medical advance statement relating to your medical care.

PART TWO is in regard to your personal and home life.

This could all be discussed with your friend, relative, advocate, or care co-ordinator.

PART THREE is about the involvement of the person you nominate as your main carer.

You cannot insist on receiving certain treatments, but can express your opinion about treatment. There may be some situations where the law allows your wishes to be overridden, for example The Children's Act or if you are detained under the Mental Health Act 1983 and on Sections 2, 3, 36, 37, 38, 47 or 48, when treatment may be given without your consent.

An advance statement 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 statement.

If you change your mind about any of the contents of your advance statement, it can be updated at any time. It is essential to ensure that old copies are destroyed and those close to you know your views have changed.

To support the legal validation of your advance statement, although not compulsory, you may wish to include the signature of two independent witnesses. One person may add their signature to confirm that you have informed them of the content of your advance statement. You could ask a second person to witness your signature. The witness of your signature does not need to know the content of your advance statement. Both witnesses should be over 18 years of age.

When your advance statement is completed, it would be advisable to send a copy to as many of the following as you wish: -

- * your own General Practitioner or doctor involved in your care
- * a friend, relative or advocate
- * your care co-ordinator or other mental health workers involved in your care
- * keep a copy for yourself

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

- * Your care co-ordinator or other mental health workers involved in your care
- * Local Advocacy Service

PART ONE

ADVANCE MEDICAL STATEMENT

Relevant information:-

Self-description of symptoms and history of mental health problems:-

Other medical conditions:-

I declare that my wishes are as follows:-

1 My wishes regarding medication and treatment are as follows:-
(Please give reasons for your preferred treatment choices)

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

3 Things that have not worked well in the past are:-

Name: _____ DOB: _____ Date: _____

PART TWO

ADVANCE STATEMENT REGARDING MY PERSONAL AND HOME LIFE WHEN I AM UNWELL

I declare that my wishes are as follows:-

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

2 I would like the following people not to be told

3 I would like the following people kept informed of my progress:

4 Other people to contact and tell that I am not at home, eg milkman / home help

5 Financial matters – credit cards, cheque books and access to them, household bills, etc

Name: _____ DOB: _____ Date: _____

6 **Work related issues – who to contact at work, what arrangements are in place**

7 **Needs that are special to me which I would like those caring for me to know about eg diet / religion**

8 **Personal / life history details which I would like those caring for me to know about eg interests, hobbies, daily routines, life history details etc.**

9 **Children or Dependents**

Complete this section if you have children or dependents 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) I would not like the following people to care for my children or dependants:-

c) When someone explains where I am to my children or dependents I would like them to be told the following:-

10 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

11 Security and My Home

- a) I would like the following person to make sure my home is secure

Name _____ Home Tel: _____

Work Tel: _____ Mobile: _____

E Mail _____

Address _____

Relationship _____

- b) I would like them to hold a set of keys

YES

NO

12 Any other information I would like to make known

Name: _____ DOB: _____ Date: _____

PART THREE

ADVANCE STATEMENT REGARDING THE INVOLVEMENT OF MY CARER WHEN I AM UNWELL

1 Carers and Supporters

The person whom I regard as my carer / supporter is:-
And whom I wish to be fully involved when I am unwell

Name _____ Home Tel: _____

Work Tel: _____ Mobile: _____

E Mail _____

Address _____

Relationship _____

If the person listed above is unable to fulfil this role, the following person has agreed to act as a temporary substitute:-

Name _____ Home Tel: _____

Work Tel: _____ Mobile: _____

Address _____

Relationship _____

The support / information my carer / supporter will need is:-

2 Advocate (A representative who facilitates the enablement and empowerment of adults with Mental Health problems/learning difficulties by providing assistance and information.)

The person whom I regard as my advocate is:-

Name _____ Home Tel: _____

Work Tel: _____ Mobile: _____

Address _____

Relationship _____

Name: _____ DOB: _____ Date: _____

ADVANCE STATEMENT FOR MENTAL HEALTH

I can confirm I am over 18 years of age and understand that this document remains effective until I make it clear my wishes have changed. (The wishes of people under 18 years will be taken into consideration but are not legally binding) I understand the purposes and implications of this statement

Your signature _____

Print Name _____

Address _____

Tel No _____

Date _____

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

Contact Name: _____

Contact Tel No: _____

Contact Name: _____

Contact Tel No: _____

Name: _____ DOB: _____ Date: _____

To support the legal validation of this document you may wish to include the signatures of two independent witnesses.

Independent Witness of signature:

Signed _____ Date _____

Print Name _____

Address _____

Independent Witness of signature:

Signed _____ Date _____

Print Name _____

Address _____

Signature: _____ **DOB:** _____ **Date:** _____

(NOTE: Although not compulsory, the following information may be useful to those involved in providing your care and treatment).

The following people have been informed of the contents of this advance statement (if different from the witness of content listed above):

*** Please delete as appropriate**

1) *Friend / Advocate / Relative / Carer

Name: _____

Address: _____

Tel No: _____

Their signature: _____

Date discussion took place: _____

Do they have a copy of this advance statement? *YES / NO

2) My GP

Name: _____

Address: _____

Tel No: _____

Their signature: _____

Date discussion took place: _____

Do they have a copy of this advance statement? *YES / NO

3) *Legal Advisor / Solicitor

Name: _____

Address: _____

Tel No: _____

Their signature: _____

Date discussion took place: _____

Do they have a copy of this advance statement? *YES / NO

Name: _____ DOB: _____ Date: _____

4) *Care Co-ordinator / Other mental health worker

Name: _____

Address: _____

Tel No: _____

Their signature: _____

Date discussion took place: _____

Do they have a copy of this advance statement? *YES / NO

5) Consultant Psychiatrists

Name: _____

Address: _____

Tel No: _____

Their signature: _____

Date discussion took place: _____

Do they have a copy of this advance statement? *YES / NO

6) Other

Name: _____

Address: _____

Tel No: _____

Their signature: _____

Date discussion took place: _____

Do they have a copy of this advance statement? *YES / NO

Name: _____ DOB: _____ Date: _____

Acknowledgement:

Hull and East Riding Community NHS Trust, Authors of :

'A New Dawn' - What you have a right to expect from Mental health Services

Who to contact for information, help and/or advice:

- Your Community Health Practitioner
- MIND
Tel:
- Patient Advice and Liaison Officer (PALS)
Tel: 01244 364217
- The Citizens Advice Bureau
Tel:

Cheshire and Wirral Partnership 
NHS Trust

Guidelines for completing an

Advance Statement*

‘What I would like to happen if I become unwell’

*‘Advance Statement’ replaces the words ‘Advance Directive’

An '**Advance Statement**' is a statement made when you are well of how you would wish to be treated if you were to suffer an episode of mental illness.

When you have completed this Advance Statement, your Doctor / Care Co-ordinator or any other Mental Health professional involved in your care will be obliged to take what you have written seriously.

This statement should be discussed with anyone you mention in the document, especially those required to implement your arrangements, and needs to be agreed by all.

Anyone at any time can make an Advance Statement as long as they are well. It can be completed on your own or, with the help of a friend or professional person, including the Citizens Advice, Welfare Rights and MIND.

The Advance Statement is made up of three parts:

Part one is the medical advance statement relating to your medical care

Part two is about your personal and home life. These could all be discussed with a friend, relative, advocate or care co-ordinator.

Part three is about the involvement of the person you nominate as your main carer.

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You cannot insist on receiving certain treatments, but can express your opinion about treatment.

If you change your mind about any of the contents of your Advance Statement, it can be updated at any time.

When you have completed your Advance Statement, it would be advisable to give a copy to:

- Your GP
- A friend, relative or advocate
- Your care co-ordinator or other Mental Health worker involved in your care. (This is to ensure that should you become unwell those providing your care are aware of your wishes.)

And to keep a copy for yourself.