

Advance Directive for Mental Health



What You Need to Know

Guidelines for people wishing to make an Advance Directive for Mental Health

An advance directive is a way of making choices about your healthcare while you are well. It will enable your views about your mental health care to be taken into account if you ever become mentally incapable of making informed choices in the future.

This booklet has been produced to provide a place where you can note your views and wishes. Writing these down helps to make clear exactly what you would want to happen during a crisis. You cannot insist on receiving certain treatments but can state your preferred options and the treatments that you do not want/refuse.

If you are detained under the Mental Health Act 1983, there may be circumstances where you are given treatments that you do not want to have. However, doctors and other members of staff must take your wishes into account wherever possible.

An advance directive is very important and personal: you should take your time and think carefully about what you want it to contain. It might be useful to draw this up with the help of your Care Coordinator or another person that you feel comfortable with.

You are free to change your mind about the contents of your advance directive at any time. It should be reviewed regularly and updated to take account of any changes to your circumstances. This could take place as part of your CPA review or any other occasion when you come into contact with a healthcare professional. It is wise to destroy old, out-of-date copies of your advance directive and to tell those close to you that your views have changed.

When your advance directive is complete, it would be helpful to give copies to the following people:

- Your Care Coordinator
- Your Psychiatrist or GP
- Other NHS or Social Services staff involved in your care
- A carer, relative, friend or advocate
- Make sure you keep a copy for yourself!

If you have any questions or concerns about this advance directive booklet, you can seek advice from the following people:

- Your Care Coordinator (or another NHS professional)
- Your GP
- Local advocacy services
- Citizens Advice Bureau

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 carer, relative, friend or advocate who know about and understand 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 confirm that I understand this document remains effective until I make it clear that my wishes have changed.

Signed: _____

Print Name: _____ Date: _____

PART ONE

MEDICAL TREATMENT ADVANCE DIRECTIVE

My Name: _____ Date: _____

You should use this section to write down your views on things like medication, types of therapy and methods of de-escalation. Please state the reasons for your views and decisions, and under what circumstances they should be put into practice.

My general views and wishes on my mental health care and treatment are as follows:

My preferred treatment options are as follows:

I would NOT want to have the following treatments:

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

a) Diet

b) Physical health

c) Religious, spiritual and cultural

d) Other

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

My Name: _____ Date: _____

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:

The following people need to be contacted and told that I am not at home:
(eg milkman/home help/work)

Any other information I would like made known:

Need more information?

Making decisions... about your health, welfare or finance. Who decides when you can't?

This booklet offers guidance about advance directives as well as other decision-making options such as Lasting Power of Attorney and the role of the Court of Protection.

Available online:

www.dca.gov.uk/legal-policy/mental-capacity/mibooklets/booklet01.pdf

The Mental Health NHS Trust for East London is now a Foundation Trust – a new type of NHS organization which is more accountable to you as local people.

You are invited to become a member of East London NHS Foundation Trust. Being a member won't cost you anything and you can choose how much you want to be involved. By becoming a member you can have a real say in how we shape and improve mental health services in the future. Or, if you'd rather just be kept informed about changes in the Trust, we will send you our quarterly newsletter.

We hold events for members to explain more about our plans and the services we offer, and to ask for your ideas about how we can improve those services.

If you would like to join, please drop-in or contact the Membership Office - details below. If you are already a member – thank you. Please pass on this invitation to anyone you know who may wish to join the Trust.

Membership Office
1st Floor, EastONE, 22 Commercial Street, London E1 6LP
Freephone: 0800 032 7297
E-mail: foundation@eastlondon.nhs.uk

