# **‘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).**