

## USEFUL INFORMATION/CONTACTS

‘About the Mental Capacity Act’

<https://www.cqc.org.uk/help-advice/mental-health-capacity/about-mental-capacity-act>

Advice Plymouth,  
Ernest English House,  
Buckwell Street,  
Plymouth.  
PL1 2DA  
03444 111 444

Plymouth SEAP,  
(Highbury Trust and RAD)  
207, Outland Road,  
Plymouth.  
PL2 3PF  
0300 3435719  
Plymouth@seap.org.uk

For more information about Heads Count and how to get involved, contact us at:  
Jan Cutting HLC  
Scott Business Park  
Plymouth.  
PL2 2PQ  
01752 563492

email: [headscount@colebrooksw.org](mailto:headscount@colebrooksw.org)



# Advance Statement of Wishes

*“What I would like to happen to me if I become unwell”*

Guidelines for people over 18 wishing to make an **ADVANCE STATEMENT** or **WISHES** relating to their future Mental Health care.



2019

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## MONITORING THE USE OF YOUR ASW DOCUMENT

**To help Heads Count monitor the usefulness of this document, once you have filled it in and had it witnessed, please help us by cutting out this page and sending it to:-**

**Heads Count,  
Jan Cutting HLC  
Scott Business Park  
Beacon Park Road  
Plymouth,  
Devon.  
PL2 2PQ**

‘Heads Count’ would like to thank Chris Burchell for leading this project, and all the team who have supported him.



Heads Count

**My Advance Statement/wishes.**

*Please note that you do not have to fill in all the sections. You may give as much information as you feel comfortable with.*

*You may change the details whenever you wish, but remember to record this in the section provided at the end.*

**YOUR DETAILS**

First Name/s .....

Surname/Family Name .....

I like to be called .....

Address .....

.....

.....

Post code .....

Phone no, .....

e-mail .....

Date of birth .....

Religion .....

Gender .....

Signed .....

Dated .....

(Remember to have your signature witnessed and their names recorded on pages 19 and 20 at the end of this document)

## Important Information.

It is important that you read the following information before you fill in the **Statement/Wishes** form. For a more detailed and legal explanation of this document, please see the links on page 21.

An Advance Statement/Directive is made when you are well, so that if you are admitted to hospital as a voluntary patient, become incapacitated, or are Sectioned under the Mental Health Act, your doctors, care co-ordinators, relatives and friends can work together to make sure your wishes and needs are met. This will help your recovery or to manage a continuing MH problem.

Once you have filled it in, it is important that you have it witnessed by two people in the section provided, because this will ensure it is legally binding. It is advisable to use a solicitor.

\*\*\*\*\*

You should note that an **Advance Statement/Wishes** document is not as legally binding as an **Advance Directive**, and you cannot insist on receiving or not receiving certain treatments with an ASW. However your doctor and care team will try to meet your requests. This is because your doctor can override your **Advance Statement/Wishes** under certain emergency circumstances under the Mental Health Act 1983.

At the end of the document you will find details and a link to where you may find an **Advance Directive** form regarding medical care, non-resuscitation and end of life treatment.

## ADVANCE DIRECTIVES

You may wish to consider what you would like to be done if you are seriously ill, wish to refuse medication or are facing the end of your life and want to make an Advance Directive. Much of the information you have put in the Advance Statement / Wishes will be very useful, but you will need to consider and answer more serious questions, so please ask the hospital for the following document:

### 'Planning for Your Future Care',

Devon, Plymouth and Torbay NHS

[www.devon.gov.uk/d\\_0903\\_004\\_139223\\_v4\\_-\\_a4\\_low\\_res2.pdf](http://www.devon.gov.uk/d_0903_004_139223_v4_-_a4_low_res2.pdf)

**An Advance Directive** must be followed legally and medically unless you have been sectioned under the Mental Health Act 1983, which can override both types of directive, except for ECT treatment.

## WITNESSES

It is important that you have this document witnessed by two people once you have filled it in. Your witnesses do not have to know the details you have put down, but they do need to see you sign and date it. Witnesses must not be related to you, or be people who might be beneficiaries in your Will.

### Witness 1:

Name .....

Address

.....  
.....

..... Post code

Phone ..... Date .....

### Witness 2:

Name .....

Address

.....  
.....

..... Post code

Phone ..... Date .....

In your **Advance Statement / Wishes** you can record

- \* Information about what works best for you to become well.
- \* Leave instructions in case you become unwell, e.g. looking after family, pets, finances
- \* The people you would like to keep informed, about your care, and how much information to give, or even not told at all.
- \* Your specific needs if you are admitted to hospital

Remember that you can change your mind about any of your Advance Statement requests at any time. Just make sure you have updated the section for this at the back on page 19.

People who should have a copy of the **Advance Statement/ Wishes**

- \* Your friends, carers, sponsors, relatives mentioned in the document or anyone you rely on, or who relies on you.
- \* Your first named relative/ nearest relative
- \* Your Care Co-ordinator, Community Practice Nurse, or the mental health worker who looks after you
- \* Your GP
- \* Your solicitor if you have one
- \* Remember to keep a copy for yourself in a safe place

**NAME OF YOUR DOCTOR, GP OR CONSULTANT**

Dr. ....

Surgery address

.....  
.....

Post code .....

Phone .....

Does your GP have a copy of this **Advance Statement of Wishes** (or Advance Directive if you have made one)?

Yes       No

**ALL CURRENT MEDICATION** *Please list here all prescribed medications you take. It would help if you attach your recent prescription.*

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**MAKING CHANGES TO YOUR ASW**

It is a good idea to update this document regularly, as your wishes or circumstances may change.

Date..... Signed .....

Changes made:

.....  
.....  
.....  
.....

Date..... Signed .....

Changes made:

.....  
.....  
.....  
.....

Date..... Signed .....

Changes made:

.....  
.....  
.....  
.....

**WHEN YOU ARE DISCHARGED**

Your **Advance Statement/Wishes** should be an important part of your **Care Plan** when you are admitted to hospital, and will help if you receive Section 117 **After Care** treatment when you are discharged. Please make sure that your **Care Plan Coordinator** knows about this document.

**I would like the following person informed when I am discharged from hospital**

Name .....

Address .....

.....

.....

Post code .....

Phone .....

Relationship .....

Name .....

Address .....

.....

.....

Post code .....

Phone .....

Relationship .....

**CRISIS CONTACT.**

Name.....

Tel. Day.....

Tel. Eve.....

**CRISIS CONTACT.**

Name.....

Tel. Day.....

Tel. Eve.....

**CRISIS CONTACT.**

Name.....

Tel. Day.....

Tel. Eve.....

**CRISIS CONTACT.**

Name.....

Tel. Day.....

Tel. Eve.....

**GOING TO HOSPITAL**

**I would like the following people to be told immediately if I am admitted to hospital:**

(1) Name .....

Relationship to me .....

Address .....

Post code.....

Phone .....

(2) Name .....

Relationship to me.....

Address .....

Post code.....

Phone .....

**If you decide to name a new contact person, or change the present one, please give their :-**

1)Name.....

Address.....

Post code.....Phone.....

.2)Name.....

Address.....

Post code.....Phone.....

*Remember to cross out the old name/s and date the change.*

**MY HOME:**

**I would like this person to look after my house/flat and/or pick up my post whilst I am in hospital:**

Name .....

Address .....

Post code .....

Phone .....

Relationship .....

They may have my house keys

Yes  No

**MY PETS**

List your pets:

..... / ..... / .....

Special requirements?.....

**Who can look after my pets?**

Name .....

Phone number .....

**MY PLACE OF WORK**

**Please do / not inform my supervisor at work that I am in hospital:**

Name of Supervisor.....

Place of work .....

Phone .....



**ALLERGIES AND DIET.**

.....  
.....  
.....  
.....  
.....

**Whilst I am in hospital I will require a special diet because:**

My religion .....

My allergies .....

My medical condition .....

My beliefs .....

**Please do not tell the following people I am ill:**

1).....

2).....

*Your Care Team will contact your named contact or nearest relative. Are there any issues you wish to keep confidential?*

Yes  No

**My official Carer / Supporter is:**

Name .....

Address .....

.....

Post code .....

Phone - Home..... Work .....

Relationship to me .....

*It is recognised that some patients have someone aged under 18y as their named carer. Make sure you have made this fact clear in these notes.*

*Children under 16y are not allowed unaccompanied on MH Wards, and under 18y have no legal status on hospital premises, but their views and wishes about your care will be taken seriously.*

***If in doubt, consult your Advocacy Service.***

Please remember that you Doctor/ Consultant cannot give out some information about you or your condition unless you have given permission.

**DEPENDENT CHILDREN**

**Names of dependent children in my care** (living with me at home)

Do any of them have Special Needs?

1. Name ..... Age .....

School: .....

Phone .....Teacher .....

2. Name ..... Age .....

School: .....

Phone .....Teacher .....

3. Name ..... Age .....

School: .....

Phone .....Teacher .....

4. Name ..... Age .....

School: .....

Phone .....Teacher .....

What did work for me:

What medication seemed to work for me the last time I was ill:

Things that seem to make me ill:

Early warning signs and what to watch out for when I am ill:

**I would like the following person/people to care for my children:**

Name .....

Address .....

.....

..... Post code .....

Phone .....

If you have an ex-partner, can any of the children go to them?

.....

.....

**When I am ill in hospital, I would like my children to be told the following:**

“ .....

.....

.....

.....

.....

.....

.....

.....”

## FINANCES.

I have authorised the following person to look after my :

FINANCES:       **Yes / No**  
PROPERTY:       **Yes / No**  
HEALTH CARE:   **Yes / No**

NAME:.....

ADDRESS:.....

.....

POST CODE.....

PHONE No.....

RELATIONSHIP TO YOU.....

**Have you granted this person “ORDINARY” Power of Attorney? Yes / No**

*(For an ‘ordinary’ Power of Attorney to be valid, you must have ‘capacity’ when you sign it. It will allow your Attorney to look after your affairs while you are on holiday, ill, or in Hospital)*

**Have you granted this person “LASTING” Power of Attorney? Yes / No**

*(This allows your Attorney to administer your finances and health care if you do later lack capacity)*

**Have you granted this person “ENDURING” Power of Attorney? Yes / No**

*(‘Enduring’ Power of Attorney is now no longer valid unless signed by you before October 2007)*

A copy of your Advance Statement of Wishes should be given to your Attorney.

Your Power of Attorney is invalid unless it has been registered with:

The Office of the Public Guardian,

PO Box 16185, B22 WH Birmingham. B22 WH.

[customerservices@publicguardian.gsi.gov.uk](mailto:customerservices@publicguardian.gsi.gov.uk)

**You can also arrange to have an APPOINTEE to handle your affairs through the Department of Work and Pensions. My National Insurance Number is:-**

.....  
(You do not have to write this down if you do not want to)

## ALL ABOUT ME

A brief history of my Mental Health problems:

What I am like when I am well. What my interests are, e.g. Art, reading, gym, cooking, swimming, walking, etc.: