Guide to Advance Statement

The doctor will read this if you get ill

And the doctor will know what I think

VMIAC
by and for consumers
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The Victorian Mental Illness Awareness Council (VMIAC) is the peak representative body for people experiencing mental health or emotional issues. As part of our role we consult with consumer to promote their voices in matters that affect them.

This document was developed in conjunction with Consumer and Consumer Workers and the information provided is based on information written in the Victorian Mental Health Act (2014).

This publication is also available as a PDF and online at www.vmiac.org.au. For further information please phone VMIAC, (03) 9380 3900.

Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. Images in this guide are from the Scottish Government, The Mental Health Act: an easy read, which can be found at http://www.scotland.gov.uk/publications/2007/09/03145057/2. NOTE: the Scottish Mental Health Act does not have any legal standing in Victoria and is separate to Victoria.
Advance Statement

This guide summarises information about Advance Statements under the Victorian Mental Health Act 2014.

An Advance Statement is a statement of your treatment preferences in the event you become unwell and requires compulsory mental health treatment; and are finding it difficult to effectively communicate your wishes to your treating team.

A person under the age of 18 can make an Advance Statement as long as they understand what an Advance Statement is and what the outcome is if you make a statement.

When you are unwell it can often be hard to think clearly, hard to tell people what you want and even harder to get someone to listen; particularly if you are determined not to have decision making capacity. An Advance Statement is an opportunity and formal way for you to state your preferences, to provide an overall understanding of you as a person and what is important to you.

An authorised psychiatrist must have regard to your Advance Statement whenever they make treatment decisions. The Mental Health Tribunal also needs to take your Advance Statement into consideration if they are making a decision about a Treatment Order or ECT.

People who are receiving voluntary mental health treatment may also find this a useful measure to communicate their preferences.
What is treatment?

Treatment refers to tools used to alleviate symptoms and distress when someone is considered unwell. Electroconvulsive therapy (ECT) medication and psychotherapy like Cognitive Behavioural Therapy are examples of clinical medical treatments.

Clinical medical treatment do not include alternative therapies that are thought to have healing properties but are not scientifically proven (herbal medicine or homeopathy), but you can still include this information. However, your treating team are not required to consider alternative treatment preferences.

Please see ‘Glossary of Terms’ for definitions.

Benefits of an Advance Statement

An Advance Statement is helpful because:

- It clearly states what treatments you would like and what treatments you would not like.
- An Advance Statement gives you the opportunity to explain why you have chosen these treatment preferences. When a person has become unwell and gone through recovery, they know what treatments have worked for them and what treatments have caused unwanted side effects.
- Information that is not related to clinical treatment do not have to be considered by an authorised psychiatrist. These preferences may still be important to you and can be
included in the information section of your advance statement. Information pertaining to your life, that you feel your treating team needs to be aware of and aiding in your recovery.

An Advance Statement gives your support people involved in your treatment, an opportunity to have a clear understanding of your preferences, wishes and opinions.

Making an Advance Statement

You can make an Advance Statement at any time, as long as you understand what an Advance Statement is and the possible outcome when making an Advance Statement.

An Advance Statement must:

- Be in writing
- Be signed and dated by you
- Be witnessed by an **Authorised Witness**

Include a statement signed by the Authorised Witness stating that-  
- In their opinion, you understand what an Advance Statement is and the consequences of making an Advance Statement  
- The witness observed you sign the Advance Statement  
- The witness is an Authorised Witness
An **Authorised Witness** means a registered medical practitioner, a mental health practitioner (any clinical mental health staff currently working at a mental health service) or any person who **can witness** a statutory declaration.

An Authorised Witness may be:

- Psychiatrist
- Psychologist
- Nurse
- Social Worker
- Occupational therapist
- Case Manager
- Any medical specialist (including a General Practitioner GP)
- Justice of the peace
- Solicitor
- Police Officer
- Sheriff
- Dentist
- Pharmacist
- School Principal
- Bank Manager
- Registered Accountant

![Image of two people signing a document.](image-url)
A community mental health support worker, can assist you to complete your Advance Statement but **cannot witness** it. A community mental health support worker may be:

- Peer- Support Worker
- Personal Helpers and Mentors worker
- Out- reach support worker
- Partners In Recovery Worker
- Life Coaches

The authorised witness **does not need** to agree or approve the preferences you have listed in your Advance Statement.

**Content of an Advance Statement**

The content of an Advance Statement may include but is not limited to:

- A treatment you find effective.
- A treatment you have found not to been effective.
  - Other information about your mental health care and treatment, including any mental health services or clinician’s you are currently working with.
  - Any other existing medical conditions you may have, including treatment and medication.
  - What you would like to happen if you are admitted to hospital, including treatment preferences.
- Your views and preferences about Electroconvulsive Therapy (ECT).
- Your views about seclusion and restraint, including measures to take to avoid the use of restrictive interventions.
- Who is your Nominated Person and their contact details?
  - As previously stated, you may wish to include any additional information you feel is important for your treating team should know; including people you would like to be notified should you be admitted to hospital and the needs of dependent people or animals. However there is no legal obligation for an authorised psychiatrist to effect these preferences.
Tips and Ideas

An Advance Statement will be unique to you as it is based on your recovery story. An Advance Statement is a way to provide a ‘snap shot’ of you when you are well.

The following are some tips and ideas you may wish to include in the ‘information section’ of your Advance Statement.

You may wish to include:

That your Nominated Person is to be notified immediately if you are admitted to hospital.
That your mother/father/brother/sister/husband/wife or partner be notified if you are admitted to hospital.

Your Mental Health Advocate is to be notified if you are admitted to hospital
You may wish to include instructions on who is to care for your dependent children/people or pets.

You may wish to include common behaviours- for example- you may be an individual who likes to read books; that you can sit and read a good book for several hours and that you might not talk, eat or drink when you are reading a book. This does not mean that you are not engaging with clinicians or depressed. You might be an individual that wanders around signing. This does not mean, you have an elevated mood, it is something you do every day.

You may wish to include things that can trigger a certain emotion and how to avoid these ‘triggers’.
You may wish to include techniques that help you relax.
You may wish to inform the staff of any special dietary requirements you have.
You may wish to include any spiritual or religious affiliations.
You may wish to include instructions on any bills or rent that need to be paid. For example, gas and electricity bills.
To have your rights as an individual receiving compulsory mental health treatment communicate to you on a weekly basis; because you might be suffering from mental fatigue due to medication.
That any treatment decisions will be made collaboratively with your nominated person, career, family member, support friend or Mental Health Advocate in the room with you. You may wish to include that you have experienced trauma in the past, and staff are to be aware of this be and sensitive to your needs, when working with you. That an authorised psychiatrist is to provide you with a written statement stating why they have not implemented you treatment preferences.

An Advance Statement that includes treatment preferences and additional information, provides information to the treating team about you. It is advisable to explain why you have voiced these preferences to help your treating team better understand your wishes.

**Overriding an Advance Statement**

If an authorised psychiatrist feels your treatment preferences are not clinically appropriate or not offered by the mental health service they can override your advance statement. Clinically appropriate is where an authorised psychiatrist needs to determine if the treatment preferences you have listed are treatments commonly used and accepted in medical practice and based on credible scientific evidence.

If the authorised psychiatrist overrides your Advance Statement:

They must tell you.

Explain their reasons why.

Inform you that you can request a written statement of reason/s for their decisions not to not follow their Advance Statement.

If you requests a statement of reasons, the authorised psychiatrist must provide one within 10 business days.

If you have any concerns or are not satisfied with the reason/s provided, you can lodge a complaint with the Mental Health Complaints Commissioner. Please see the ‘further information’ section of this guide for more details.
As previously stated, the Mental Health Tribunal also has to consider your treatment preferences when making a Treatment Order or ECT. If you disagree with their decision you can appeal their decision directly to the board or take the matter to the Victorian Civil and Administrative Tribunal in cases where an order for ECT has been given.

**Revoking an Advance Statement**

If you would like to change your treatment preferences and additional information in your Advance Statement, *it cannot be altered, it must be revoked*. ‘Revoking’ means to officially withdraw the treatment preferences and additional information you have previously listed in their Advance Statement.

To revoke an Advance Statement:

- It must be in writing.
- Be signed and dated by you.
- Include a statement
  - *The previous Advance Statement is no longer valid and is revoked.*
- Be witnessed by an **Authorised Witness**.
- Include a statement signed by the Authorised Witness stating that-
  - In their opinion, you understands what an Advance Statement is and the consequences of revoking an Advance Statement.
- The witness observed you revoking the Advance Statement.
- The witness is an Authorised Witness.

Once an Advance Statement has been revoked, you can make a new Advance Statement by following the steps previously listed. Making a new Advance Statement will cancel out the old Advance Statement.

**Sharing and Accessing an Advance Statement**

An Advance Statement gives your nominated person (if you have one), family members, careers, current medical professionals (including General Practitioner and mental health clinicians/treating team), and support workers an opportunity to have a clear understanding of your preferences, wishes and opinions. Your Advance Statement is a very personal medical document and therefore should only be given to people who are involved in your care.

It is advisable that individuals involved in your care are aware you have an Advance Statement (or revoked Advance Statement). Also, that they have a copy of your Advance Statement (or revocation of an Advance Statement) in case you become unwell and need compulsory mental health treatment. Your Advance Statement should be kept in a place that is easy to find.
It is advisable for you to give permission for your Advance Statement to be part of your patient file, so that it can be accessed by different departments of the designated mental health service (for example in the Emergency Department).

You can ask your local designated mental health service to register that you have an Advance Statement on their electronic record system.

**Reviewing your Advance Statement**

You do not need to review your Advance Statement, but by regularly reviewing it, it ensures that your treatment preferences and additional information is up-to date.

*You might review your Advance Statement after:*

- You have been unwell.
  - If you have been receiving compulsory mental health treatment in a designated mental health service.
  - If there has been a change in your diagnosis, treatment, or medication.
  - If there has been a major life event or physical health changes. For example, if you were to change your name or suffer a physical illness.

Please see ‘Glossary of Terms’ for definitions.

**Cost of an Advance Statement**

It is *free* to make an Advance Statement, however some people may charge you for their time and help to complete or witness your Advance Statement.

Please see ‘Glossary of Terms’ for definitions.
Further Information

For further information and help with your Advance Statement please contact the following organisations:

The Department of Health Victoria – Advance Statements available from:  
The Mental Health Complaints Commissioner: Phone 1800 246 054,  
ADVANCE STATEMENT
FLOWCHART

START HERE TO MAKE AN ADVANCE STATEMENT

A document outlining a person’s treatment preferences and additional information in the event they become unwell and require compulsory mental health treatment

Must be in writing

AND

Must be signed and dated by the person making the advance statement

AND

Must include a statement signed by an authorised witness that:

AND

In their opinion, the person understands what an advance statement is and the consequences of making the statement

AND

The person signed the advance statement in the presence of the witness

FINISHED!
The revocation of an advance statement:

Must be in writing

AND

Must be signed and dated by the person revoking the advance statement

AND

Must include a statement signed by an authorised witness that:

In their opinion, the person understands the consequences of revoking the advance statement

AND

The person signed the revocation of the advance statement in the presence of a witness

FINISHED!
THE Advance Statement of

<table>
<thead>
<tr>
<th>Full Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Primary mental health worker/support worker</td>
<td></td>
</tr>
<tr>
<td>Primary mental health/support worker's phone number and address</td>
<td></td>
</tr>
<tr>
<td>Psychiatrist</td>
<td></td>
</tr>
<tr>
<td>Psychiatrist phone number and address</td>
<td></td>
</tr>
<tr>
<td>General Practitioner (GP)</td>
<td></td>
</tr>
<tr>
<td>General Practitioner (GP) Phone number and address</td>
<td></td>
</tr>
<tr>
<td>Health team/s you are currently working with</td>
<td></td>
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<tr>
<td>Family members, carers, peer worker/s, and/or support people involved in your recovery.</td>
<td></td>
</tr>
<tr>
<td>Family members, carers, peer worker/s, and/or support people who have a copy of your Advance Statement</td>
<td></td>
</tr>
</tbody>
</table>

DATE:............................................................

SIGNATURE:........................................................................
THE Advance Statement of..............................................................

If I become unwell and require compulsory mental health treatment....

<table>
<thead>
<tr>
<th>My treatment preferences are...</th>
</tr>
</thead>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>The reasons for these preferences are.............</th>
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<td></td>
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</table>

DATE:........................../........................../..........................

SIGNATURE:...........................................................................
# ADVANCE STATEMENT TEMPLATE

## THE Advance Statement of

If I am placed on an order, I would like you to contact...

<table>
<thead>
<tr>
<th>Relationship to you (Family member, carer, guardian, nominated person)</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Phone Number</th>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

**DATE:**__________________/__________________/__________________

**SIGNATURE:**..................................................................................
THE Advance Statement of

ADDITIONAL INFORMATION

You can add and/or attach additional information to your Advance Statement, including information that is important for your treating team to know. For example, people you would like to be notified should you be admitted to hospital and the needs of dependent people or animals.

I understand that the information below are not considered clinical treatment preferences but is important information I feel my treating team needs to know to aid in my recovery.

My personal preference/s and the reasons for my personal preference are as follows:

DATE:.................................

SIGNATURE:..................................................
**THE Advance Statement of..................................................................................................................**

<table>
<thead>
<tr>
<th>ADVANCE STATEMENT WITNESS DECLARATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>In my opinion, the person making this Advance Statement understands what an Advance Statement is and the consequences of making the statement and I have observed the above named person signing the Advance Statement.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Witness status as an Authorised Witness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example...Psychologist/nurse/G.P)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness phone number and address:</th>
</tr>
</thead>
</table>

| Those who can act as a witness are: (a) a registered medical practitioner; or (b) a mental health practitioner; or (c) a person who may witness the signing of a statutory declaration under section 107A of the Evidence (Miscellaneous Provisions) Act 1958. Including but not limited to: Psychiatrist, Psychologist, Occupational Therapist, Registered Psychiatric Nurse, Chemist, bank manager, social worker and G.P |

<table>
<thead>
<tr>
<th>WITNESS SIGNATURE:</th>
</tr>
</thead>
</table>

| DATE:.................../........................../.......................... |

| DATE:.................../........................../.......................... |

| SIGNATURE:........................................................................................................... |
# ADVANCE STATEMENT REVOCATION

IF you want to change or no longer wish to use your previous advance statement you must fill in a revocation form. This must also be witnessed by an authorised witness and let individuals involved in your care know you have revoked it and made a new advance statement.

I, ___________________________ (name) wish that my Advance Statement, completed on ___________________________ (date), be revoked, as it is no longer reflects my desired treatment preferences and additional information.

| SIGNATURE: | ………………………………………………………………………………… |
| DATE: | ……………………………/…………………………/…………………………… |

# REVOCATION OF ADVANCE STATEMENT WITNESS DECLARATION

I have witnessed the above named person revoking this Advance Statement and I am satisfied they understand the consequences of revoking the Advance Statement and have observed the person signing the revocation.

| Authorised Witness Name: |
| Witness status as an Authorised Witness: | (Example...Psychologist/nurse/G.P) |
| Witness phone number: |
| Witness address: |

| WITNESS SIGNATURE: | ………………………………………………………………………………… |
| DATE: | ……………………………/…………………………/…………………………… |
Checklist

The following is a checklist of actions to complete when writing your Advance Statement

Before you write your Advance Statement

☐ Have you thought about what treatment preferences you would like?

☐ Have you thought about what additional information is important for your treating team to know?

☐ If you have people that support or care for you, have you discussed the use of Advance Statement’s in your recovery? (OPTIONAL)

☐ Do you have someone to assist you in completing your Advance Statement? (OPTIONAL)

☐ Have you thought about who could be your authorised witness?
  o Will they charge a consultation fee?

Writing your Advance Statement

☐ Is it in writing?

☐ Have you listed your treatment preferences; including your opinions around the use of ECT, seclusion and restraint?

☐ Have you included any important additional information you would like your treating team to know; including any tips and ideas listed in this guide?
Have you listed any important people involved in your care and support, along with their contact details?

Have you listed any current medical professional you are currently working with, along with their contact details (Both physical and mental health)?

Have you listed any medication you may take or therapy you are currently trying?

Have you listed any clinical treatments that have not been helpful in the past or caused unwanted side-effects?

Have you listed the reasons for your chosen treatment preferences and/or additional information given?

Is it signed and dated by you in the presence of an authorised witness?

Does it include a statement signed by the authorised witness stating that;
  o In their opinion you understand what an Advance Statement is and the consequences of making an Advance Statement
  o The witness observed you sign the Advance Statement
  o The witness is an Authorised Witness

After you have written your Advance Statement

Have you told people that are involved with your care and support that you have an Advance Statement?

Have you given a copy of your Advance Statement to any mental health worker, specialist, G.P, support worker, advocate, carer, guardian or designated mental health service you are currently working with?

Have you stored your Advance Statement in a safe and easily located place?

Have you given permission for your Advance Statement to be a part of your patient file?

Are you registered in your local designated mental health service as having an Advance Statement?