



# EPUT



Essex Partnership University  
NHS Foundation Trust

## ADVANCE STATEMENT

### *WHAT I WOULD LIKE TO HAPPEN IF I BECOME UNWELL*



# EPUT





**This is the advance statement of:**

Name:.....

Address:.....

.....

.....

.....

Date of birth:.....

Date:.....

***“IF AT ANY TIME I EXPERIENCE  
A MENTAL HEALTH CRISIS, I  
WOULD LIKE THE FOLLOWING  
STATEMENT TO GUIDE MY CARE  
AND TREATMENT.”***



# GUIDELINES ON COMPLETING AN ADVANCE STATEMENT.

What is an advance statement?

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

What happens once I have completed an advance statement?

When you have completed an 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 and use it as a guide to your care and treatment. We will also make sure that, if you give us a copy of your statement, it is kept confidentially and is accessible to the professionals involved in your care.

Your statement works best if discussed with everyone you mention in the document.

Who can make an advance statement?

Anyone at any time can make an advance statement as long as they are well. It can be completed on your own, or your care co-ordinator, doctor, relative, friend or advocate can give you help and advice.

## Advance Statements are made up eight parts

### Part 1 - ABOUT ME

Your symptoms, history and things, (including medication), that have worked well for you in the past. It is also an opportunity to tell us about what you are like when you are well.

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### Part 2- IF I BECOME UNWELL

What you would like to happen if you become unwell, what may trigger this, signs to look out for when you are becoming unwell and things that can make the situation worse.

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### Part 3 - ABOUT THE PEOPLE I WOULD LIKE TO BE INFORMED AND INVOLVED

Who you would like to be kept informed and involved in discussions about your treatment and any changes in your treatment plan.

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### Part 4 - IF I AM ADMITTED TO HOSPITAL

An opportunity to tell us about your special needs and anything that would make your stay in hospital more comfortable and facilitate your recovery.

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### Part 5 - WHEN I AM DISCHARGED FROM HOSPITAL

What you want to happen when you go home and who you want to support you in your recovery.

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### Part 6 - WHAT TO DO, WHO AND HOW TO CONTACT IN A CRISIS

Outlines your crisis plan and the actions to be taken by you and your care team. This section includes contact numbers as an easy reference in a crisis.

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### Part 7 - MEDICATION AND TREATMENTS

List any medications and/or treatments.

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### Part 8 - ANY OTHER INFORMATION

Could be used to capture any other relevant information.

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## Guidance for completing an advance statement

- Not all sections need to be completed – just those you wish to complete
- An advance statement is very important and personal to you
- You cannot insist on receiving certain treatments but you can express your opinion about treatment, which may be based on what has / hasn't worked previously. This section provides you with an opportunity to say which treatments you don't want
- An advance statement does not definitively bind doctors or the treatment team. For instance, treatment under the Mental Health Act may override an advance statement. However, your doctor and your treatment team should try to follow your wishes as much as possible and they should be able to explain to you why they will not follow your advance statement.
- If you change your mind about any of the contents of your advance statement, it can be updated at any time

## Who should I give my advance statement to?

When you have completed your advance statement it would be advisable to give a copy to:

- friends / supporters or relatives or any other person mentioned in your advance statement;
- your care co-ordinator or other mental health care worker involved in your care (This is to ensure that should you become unwell those providing your care are aware of your wishes);
- your GP – you should also keep a copy for yourself.

## Part 1 - ABOUT ME

What I am like when I am feeling well  
(e.g. my personality, my lifestyle, my relationships etc.):

History and symptoms of my illness:

Things that trigger me to become unwell:





Early warning signs that I am becoming unwell:

When I am not well these are the things you will notice about the way I am (e.g. changes in my personality, lifestyle, relationships etc):

Things that escalate the situation when I'm unwell:

## Part 2 - IF I BECOME UNWELL

If I am not well I would like the following to happen if possible (e.g. stay at home with the home treatment team visiting, stay with my mother, admission to hospital):

Why would I prefer this:





Things that have worked well for me in the past e.g. specific medication, talking therapies:

Things that have not worked well for me in the past e.g. specific medication:

Known allergies to medication (please list):

## Part 3 - ABOUT THE PEOPLE I WOULD LIKE TO BE INFORMED AND INVOLVED

I would like my carer/relative (name).....  
to be involved and listened to when an assessment is made in a crisis

(delete as appropriate). Yes/No

I would like mental health services to tell the following people immediately if I am admitted to hospital.

Name	Their connection to me	Contact details
		Tel: Email:
		Tel: Email:
		Tel: Email:
		Tel: Email:
		Tel: Email:
		Tel: Email:

When I am in hospital I would like the staff to talk and explain to my carer/relative (name)..... about my treatment

(delete as appropriate). Yes/No



Further details...

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I would like my carer/relative (name).....  
to be notified of any changes in my medication/treatment plan

(delete as appropriate). Yes/No

When I leave hospital I would like my carer/relative  
(name)..... to be informed what to do  
in case of a relapse

(delete as appropriate). Yes/No

If I get any home leave from hospital, I would like the following  
person(s) to be informed.

Name	Their connection to me	Contact details
		Tel: Email:
		Tel: Email:
		Tel: Email:
		Tel: Email:
		Tel: Email:

I would like the following person(s) to assist me and represent my  
wishes at meetings that take place about my care e.g. ward rounds,  
multi-disciplinary team meetings, tribunals.

Name	Their connection to me	Contact details
		Tel: Email:
		Tel: Email:
		Tel: Email:
		Tel: Email:

Other people to contact to tell them that I am not at home at the  
moment e.g. work, voluntary work, delivery people etc.

Name	Their connection to me	Contact details
		Tel: Email:
		Tel: Email:
		Tel: Email:
		Tel: Email:



Any other information about my family and home situation e.g. my pets:

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Names and ages of dependent children in my care (if applicable)

Name	Age

Schools my children attend and contact names and telephone numbers of teachers (if applicable)

Name		School Contact details
		Tel:
		Tel:
		Tel:
		Tel:

I would like the following people to care for my children/dependants/pets (delete as necessary):

Name: .....	Contact details:
What I need them to do:	
Who I want them to care for:	

Name: .....	Contact details:
What I need them to do:	
Who I want them to care for:	

Name: .....	Contact details:
What I need them to do:	
Who I want them to care for:	

Name: .....	Contact details:
What I need them to do:	
Who I want them to care for:	







When someone is explaining to my children what is going on I would wish that they were told the following:

I would like the following people to take care of my finances and home (key holder)

Name	Their connection to me	Contact details
		Tel: Email:
		Tel: Email:
		Tel: Email:
		Tel: Email:

## Part 4 - IF I AM ADMITTED TO HOSPITAL

Interests and activities I do already e.g. walking, gym, reading, cooking:

Things I like doing when in hospital that make me feel better and help me recover:

Pet hates and other things people should know about me: (e.g. I hate people calling me 'dear', I am grumpy in the morning)





Things I want to have with me if I am admitted to hospital e.g. photo of my children, my diary, my glasses:

Any special needs (diet/religious and cultural needs/physical health/disabilities) and what I need because of this problem e.g. information in written form, no sugar in diet:

## Part 5 - WHEN I AM DISCHARGED FROM HOSPITAL

Who I would like to come home with me from hospital and help me sort my home out

Name: .....

Relationship to you: .....

Contact details: .....

Who I would like to go through my finances/bills/open stack of mail; ensure services/phone working; contact friends/work.

Name: .....

Relationship to you: .....

Contact details: .....

Who I would like to help me plan some activities

Name: .....

Relationship to you: .....

Contact details: .....





Things I would like to do / have found helpful in the past when I come home from hospital:

## Part 6 - WHAT TO DO, WHO AND HOW TO CONTACT IN A CRISIS

Action to be taken in the event of crisis...

By me:

By my carer:

By a professional:





Who to contact (Team and telephone number)

	Who?	Contact details
Daytime		
Evening		
Weekend		

I developed this plan on ...../...../.....

With the help of: (list who helped you to develop your plan – if there was anyone)

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Any plan with a more recent date on it replaces this one

Signed (your signature).....

Date...../...../.....

Witnessed by (optional)

Signature.....

Name.....

Date...../...../.....

Copies of my advance statement should be sent / have been given to the following people:

e.g. carer/relative/friend/GP/care team (to be put on carenotes)/ legal advisor

Name	Their connection to me	Contact details	Copy given Yes / No



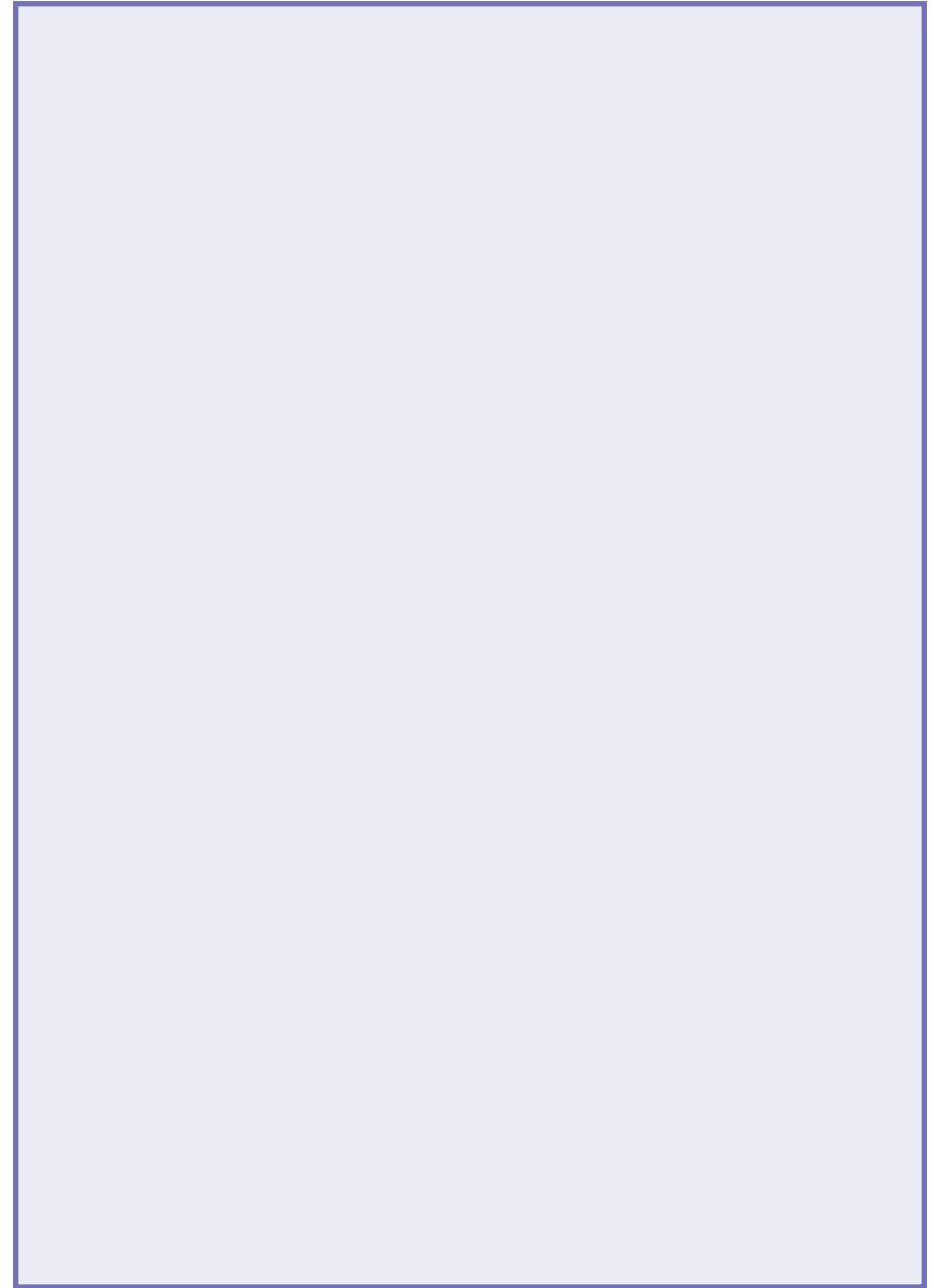


## Part 7 - MEDICATIONS AND TREATMENTS

List here any medications and/or treatments you are currently taking/ receiving for your mental health or any other medical or physical condition. This page can be updated if there are any changes to those listed here as and when necessary.

## Part 8 - ANY OTHER INFORMATION

Please use these pages for notes or anything else you think is important or would like to say, you may also add extra pages to this booklet if you require more space to add anything else to this Advance Statement.

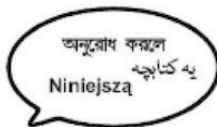




## Patient Advice and Liaison service (PALS)

If you have any concerns or need advice about accessing NHS services, you can speak in confidence to the Patient Advice and Liaison on **0800 085 7935** or you can email [epunft.pals@nhs.net](mailto:epunft.pals@nhs.net)

This leaflet can be produced in large print, CD, Braille and other languages on request.



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