Clinical

Mental Capacity Act 2005:
Advance Decisions / Advance Statements: Standard Operating Procedure

Document Control Summary

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<thead>
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<td>Author/Owner/Title:</td>
<td>Dawn Crowther - Mental Health Legislation Manager</td>
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<td>People who use our services are at the centre of everything we do. Provide high quality recovery focused services. Deliver regulatory, financial, performance and quality standards</td>
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1. Introduction

1.1 The Mental Capacity Act 2005 (MCA) provides the legal framework to empower and protect people over the age of 16 who may lack capacity to make some decisions for themselves.

1.2 The MCA provides for certain ways that an individual may influence what happens to them should they ever be unable to make a particular decision in the future. For individuals over the age of 18, one of these is to make an Advance Decision to refuse medical treatment. An individual may also choose to make an ‘advance statement’ setting out their wishes and feelings in respect of treatment.
1.3 This document promotes the principle that people in contact with the Trust take an active role in planning their care and work in partnership with health and social care professionals to achieve the desired outcomes.

1.4 This procedure supersedes those detailed on the cover page to this document and must be read in conjunction with the statutory references at 12 below, the Trust Policies and Standing Operating Procedures on the Document Control Summary on the front pages of this document, and the Trust Mental Health Act 1983 Policy. Specifically Chapter 9 of the MCA Code of Practice and Chapter 9 of the MHA Code of Practice provide guidance on wishes expressed in advance.

2. Purpose

2.1 The purpose of this document is to provide guidance to staff when working with and / or caring for people who may wish to make, or who have already made, an Advance Decision or Advance Statement. As the legal status of Advance Decisions and Advance Statements are different it is essential that staff are clear about the differences between the two.

3. Scope

3.1 This standard operating procedure relates to all staff working with, or providing care and treatment to any person who may wish to make, or has already made, an Advance Decision or Advance Statement. It applies mainly to mental health and learning disability services but also to other services that the Trust provides.

3.2 All staff caring for patients should be familiar with the requirements of the MCA and related documents, and with procedures detailed in the Trust's SOPs. They must pay due regard to the MCA Code of Practice, apply the Code’s Guiding Principles when carrying out their work, and ensure they keep up to date with MCA practice commensurate with their role.

3.3 Specifically this document relates to the following groups who undertake direct key roles in the implementation and delivery of this procedure:

3.3.1 Team Leaders / Departmental Heads

are responsible for ensuring all staff are conversant with the MCA, Code of Practice, this procedure and related policies and SOPs. They must be aware of and ensure implementation of the processes and actions that are required to be taken in relation to patients in their service area. They must ensure that all employees in posts in the Trust clinical services are aware of their responsibilities in relation to the Acts and attend appropriate training commensurate with their role.
3.3.2 **Medical Staff / Section 12(2) Approved Doctors / Approved Clinicians**

hold a key role in the processes and actions that are required to be taken in relation to assessment of capacity, decision making and treatment of patients, including consideration of the content of any advance decision or statement. They must be aware of this procedure and ensure implementation of the processes and actions that are required to be taken in relation to patients for whom they are responsible.

3.4.4 **Registered healthcare professionals / Care coordinators**

are accountable for their own practice and must be aware of legal and professional responsibilities relating to their competence, observe this procedure, legislation and guidance as detailed above, and work within the Code of Practice of their professional body. They are responsible for explaining the policy to the service user and/or carer, providing support and leaflets as required, and signposting the service user and/or carer to appropriate sources of independent advice such as Advocacy Services or the Citizens Advice Bureau.

3.4.5 **Trust employees working in roles to provide healthcare in direct clinical contact with patients**

are responsible for carrying out procedures in line with the standards detailed in this and other related Trust’s SOPs and maintaining their individual competence in the practice of the MCA and attending training as required by their roles.

3.4.6 **Any member of staff receiving an Advance Decision / Statement**

must record in the patient electronic record the existence of an Advance Decision / Statement as detailed in this procedure. Staff should assist service users to copy and distribute copies of the Advance Decision / Statement if requested.

3.4.7 **The Mental Health Legislation Manager**

is responsible for the development, monitoring and review of this procedure and practice standards, disseminating new guidance as it arises and giving advice to all staff on MCA and MHA issues. This manager is also responsible for highlighting practice issues arising within the Trust, provision of appropriate administration support in relation to the Acts, education to support the policy standards, advising the Mental Health Legislation Committee that monitors the use of the Acts and reports to the Quality Governance Committee of any issues relating to the implementation of the MCA and MHA Policies and SOPs.

4 **Key definitions**

4.1 The following definitions are specifically referred to in this SOP.

4.1.1 **Advance Decision**

A decision to refuse specified medical treatment made in advance by a person over the age of 18 who has the mental capacity to do so. There are circumstances when this is legally binding. If a valid and applicable advance decision exists, it has the same effect as if the patient has capacity and makes a contemporaneous decision to refuse treatment.
4.1.2 **Advance Statement**
Expression of preference for future treatment or care. An advance statement does not bind medical and other professional staff to a particular course of action if it conflicts with their professional judgement however it is important to consider an advanced statement when planning care and treatment.

4.1.3 **Amanuensis**
A person who writes down what another dictates.

5 **Advance Decisions (Legally Binding)**

5.1 An Advance Decision enables someone aged 18 or over, whilst capable, to refuse specified medical treatment at a time in the future when they may lack capacity to consent to or refuse that treatment.

5.2 Advance Decisions can apply to care and treatment in hospital, at home, in a nursing home or other facility.

5.3 Carefully discussed advanced decisions have an important place in the development of a balanced partnership between services users, carers and healthcare professionals. Ideally, advance decisions should be drafted with appropriate discussion with health professionals rather than by patients in isolation. Medical advice can lead to a better informed declaration but it is important for any adviser to help patients clarify their own wishes rather than influence them. Timely discussion of treatment options is an important part of the duty of care owed by health professionals to those who consult them. Recognising and respecting the individual service user's values and preferences for the future are fundamental aspects of good practice. The role of the health professional is one of advice, not determining the decision.

5.4 There are no statutory formats for advanced decisions. They can be witnessed oral or written statements, printed cards or notes of a discussion recorded in the clinical record. All versions are acceptable but the important element is that the statement is clear and unambiguous. It is important to note that advance decision refusals that involve life-sustaining treatment must be in writing, must be signed and witnessed, and must state clearly that the decision applies even if life is at risk.

5.5 In order to aid individuals, a template for Advance Decisions has been developed at Appendix 1. As verbal advance decisions may be made, staff should encourage the individual to complete a written Advance Decision / Statement to ensure their wishes are recorded correctly and are unambiguous. A note must be made on the Progress Notes within the patient’s RiO electronic record that the individual has made a verbal Advance Decision and that they have been encouraged to put this in writing. The Mental Capacity Act Authority Form within the Mental Capacity Act folder in the patient’s record on RiO should then be completed to note that a verbal Advance Decision was made on a certain date with directions to the entry within the Progress Notes.
5.6 Where valid and applicable to current circumstances, advance decisions are legally binding and must be followed. If not followed, the health professional may face criminal prosecution or civil liability.

5.7 If health professionals know or have reasonable grounds to believe that an advance decision exists and time permits they should make further enquiries to locate it and become aware of its content. It is reasonable to check in the patient’s clinical record, contact the GP or contact people close to the individual. Emergency treatment must not be delayed in order to look for the advance decision if there is no clear indication that one exists.

5.8 The healthcare professional treating the patient must be assured of the following to ensure that the advance decision is valid and applicable.

5.8.1 The person was competent at the time the decision was made. Health care professionals must be satisfied that the advance decision was made whilst the person was capable, not affected by illness or medication. To make a valid advance decision the person must be judged to be ‘competent’ or to ‘have necessary capacity’.

5.8.2 Free from undue influence. Health professionals must be satisfied that the advance decision was not based on false information or pressure from other people. If there is reason to suspect that undue influence has occurred, please refer to para. 7 of this document (Disputes).

5.8.3 Sufficiently informed. Health professionals must assure themselves that the person understood the implications of the decision they made at the time and also that the person has acted in a way consistent with the advanced decision remaining his fixed decision.

5.8.4 Intends the refusal to apply to the circumstances that subsequently arise. The person must have envisaged the type of situation the decision applies to. The advance decision can be deemed invalid if it does not apply to a specific treatment or the stated circumstances.

5.8.5 Has not withdrawn their decision.
5.8.6 Has not subsequently conferred the power to make that decision on an attorney (see 8 below)

5.9 An advance decision to refuse treatment:

5.9.1 Must state precisely what treatment is to be refused. A statement giving a general desire not to be treated is usually not enough, however, if the individual explains that this has been done based on their religious or personal beliefs then this may be valid and applicable.

5.9.2 Should set out the circumstances when the refusal should apply.
It is helpful to include as much detail as possible including the reasons for refusing treatment e.g. particular side effects as this will support the validity of the decision.

5.10 An advance decision refusing basic care is invalid.
An advance decision may not refuse for example, warmth, shelter, hygiene measures to maintain body cleanliness and the offer of food and water by mouth. Health professionals may provide such care, in the best interests of a person lacking capacity to consent to it. An advance decision can refuse artificial nutrition and hydration.

5.11 All advance decisions are superseded by a clear and competent decision at the time by the person concerned. If the person has capacity at the time the decision is to be made, then they may choose to accept or refuse treatment then and there.

5.12 Generally, advance decisions may be overruled where an individual is detained under the Mental Health Act 1983 (MHA) if the treatment proposed is for their mental disorder and covered by Part 4 of this legislation. Even where clinicians may lawfully treat a patient compulsorily under the MHA, they should, where practicable, try to comply with the patient’s wishes as expressed in an Advance Decision. They should consider whether alternative treatment options may be effective. If this is not possible, they should explain why to the patient. An Advance Decision regarding an individual’s physical health that is not covered by the remit of the MHA must be adhered to if it is valid.

5.13 Note that there are additional safeguards relating to the administration of electro-convulsive therapy (ECT) and a valid and applicable advance decision refusing this treatment cannot be over-ridden, even if the patient is detained under the MHA (Section 58A). They may however, be given this treatment if they are detained and the provisions of Section 62(1) (a) or (b) apply in the circumstances, i.e., if the treatment is immediately necessary to save the patient’s life, or it is immediately necessary to prevent a serious deterioration of their condition.

6 Advance Statements (Preference for Future Care)

6.1 An advance statement is a way of patients making their views known when they have the capacity and are mentally competent, on how they would like to be treated prior to any situation where they may be unable to make informed choices. This has the advantage of empowering patients, giving them some input into what they feel has helped them if they have been ill in the past and what they think will work best for them should they become ill again. Also informs services who patients want involved in their care or to be consulted and/or given information about their condition.

6.2 Encouraging patients to set out their wishes in advance is often a helpful therapeutic tool, encouraging collaboration and trust between patients and professionals. It is a way in which effective use can be made of patients’ expertise in the management of crises in their own conditions. An advance statement can improve communication between
service users and health professionals by encouraging the service user to think and plan for the future. It can also help inform decision making for health professionals in difficult and often fraught situations (such as when the service user is unwell, distressed or has to be admitted to hospital).

6.3 An advance statement should not be confused with an Advance Decision made in accordance with the provisions of the MCA, which relates to the anticipatory refusal of medical treatment and is legally binding (see 5 above).

6.4 An advance statement is an expression of choice ‘in advance’ about what they would like to happen with regard to their medical, personal and home-life should they become unwell or lack capacity in the future. An advance statement may be witnessed, but this is not compulsory. Advance statements should be considered in conjunction with care-planning and can contain:

6.4.1 Indicators which may show the beginnings of a mental health crisis/deterioration. Signs/symptoms to look out for which indicate that the service user is relapsing or becoming unwell, e.g. changes in appetite, sleep patterns, behaviour, mood, activity, thought communications and finances. This would allow for early intervention (particularly by health professionals who do not know the service user such as locum GPs) and may help to stop further deterioration into severe illness.

6.4.2 Treatment preferences. What types of drugs and therapies the service user would prefer should they become unwell. This could indicate what treatments have worked or have not worked for them in the past. Statements like these can help health professionals to identify how the service user would like to be medically treated without binding them to that course of action if it conflicts with their professional judgement. Note that a service user can suggest ‘consent to’ or refusal of a treatment but they cannot demand a treatment.

6.4.3 Domestic/Financial Preferences. The service user could nominate a person/representative to look after their home, children, pets or finances whilst they are in hospital or lack capacity. They could nominate someone to act on their behalf and be kept informed of their treatment and progress. They may choose to do this on a more formal footing by naming a Lasting Power of Attorney (LPA). (An LPA can apply to property / financial decisions and/or personal welfare decisions).

6.4.4 Personal/Cultural and Faith Preferences. This could include dietary or faith requirements and suggest things which can help to comfort or settle them.

6.5 In order to aid individuals, a template for Advance Statements has been developed at Appendix 2.

6.6 An Advance Statement is not legally binding on staff caring for a patient however it can help inform decisions as to what is in the service user's best interests. If a service user
wishes to refuse specific treatment should they lose capacity to do so in the future, they should be advised to make an Advance Decision and independent advice may be sought from Mental Health Advocacy Services, MIND, a solicitor and other sources.

7 Disputes

7.1 It is ultimately the responsibility of the healthcare professional in charge of the service user’s care to decide where an advance decision is valid and applicable in the circumstances. In the event of a disagreement between healthcare professionals, or healthcare professionals and partners, family members or carers, the issue will be referred to the Trust Medical Director who will consider all available evidence and consult relevant colleagues and others to confirm its applicability. Details of these discussions and consideration of the applicability must be recorded in the patient record.

7.2 Particular concerns about capacity may arise in relation to advance decisions made by people who have suicidal tendencies or a history of suicide attempts. This does not necessarily mean that the individual lacks capacity to make the decision but it may raise questions about their capacity to make an advance decision at the time they made it.

7.3 The Court of Protection can make a decision where there is a genuine doubt or disagreement about an advance decision’s existence, validity or applicability, however, the court does not have the power to overturn a valid and applicable advance decision.

7.4 Healthcare professionals can provide life-sustaining treatment or treatment to prevent a serious deterioration in an individual’s condition whilst a court decides about the validity of an advance decision. The court has emergency procedures which operate 24 hours a day to deal with urgent cases quickly and professionals should contact the Trust’s Medical Director if they consider access to the court is required.

8 Lasting Power of Attorney / Advance Decisions

8.1 Some service users may have a Lasting Power of Attorney (LPA) in place in addition to an Advance Decision / Advance Statement. An attorney does not have the power to give consent to any treatment specifically refused in a valid and applicable advance decision.

8.2 However, if the service user has created the LPA after creating the Advance Decision, and has given the attorney the specific power to give or refuse treatment to the treatment proposed, the LPA will take precedence, and the advance decision becomes invalid.

9 Procedure

9.1 As part of the assessment and care planning process with a service user, the assessor or care co-ordinator must identify whether the service user has an existing advance decision / advance statement and if so, discuss their wishes to ensure they are clear,
request a copy of any document and ensure this is recorded with the Trust as per 10 below. Where an advance decision / advance statement is not in place, the assessor or care co-ordinator must ensure that the service user is aware of, and if appropriate, discuss the process of making an advance decision or advance statement with the individual (and carer if appropriate). An information leaflet (Appendix 3) should be offered to the service user and they can decide if and when they might want to make or update an advance decision / advance statement. An ‘Easy Read’ version of the leaflet is available at Appendix 4.

9.2 Guidance for staff on their role in assisting service users with Advance Statements is at Appendix 5.

9.3 An advance decision / advance statement does not have to be in the format of the template offered by the Trust. If alternative format are provided by a service user, they should be recorded as per 10 below.

9.4 Multi-disciplinary / CPA reviews provide opportunities to discuss and review advance decisions / advance statements. This process should enable the individual to express their wishes, ask questions, and allow family, carers and advocates to voice their understanding of the service user’s needs.

9.5 On occasion where a service user has made an advance decision regarding treatment for a physical condition which is outside the mental health care team’s area of expertise, the most appropriate healthcare professional should be contacted to provide advice on the situation.

9.6 It is the responsibility of the individual making or updating an advance decision / advance statement to ensure that their decision is drawn to the attention of healthcare professionals. Where a service user chooses to complete or update an advance decision / advance statement they will be advised by the assessor or care co-ordinator that they should inform key people and organisations of its existence. They will be advised to retain the revised original copy and provide copies to the Trust, their GP, other healthcare professionals/organisations, and family and carers who may need to know of its existence. Trust staff provided with a copy must ensure that it is recorded as per 10 below.

9.7 An individual can amend their advance decision / advance statement at any time whilst they have capacity.

9.8 An advance decision / advance statement should be reviewed with service users in current contact with the Trust every 6 months through their CPA / multi-disciplinary review whilst open to services. If this review results in changes to their advance decision / advance statement, the updated document must be recorded as per 10 below.

9.9 Where a service user withdraws or cancels their advance decision / advance statement, the assessor / care co-ordinator must ensure that this is recorded as per 10 below.
In the event of a service user being transferred to another hospital / unit / care home, professionals / care co-ordinators involved in the transfer must ensure that the existence of the advance decision / advance statement is brought to the attention of the receiving organisation (following consent from the service user, or if not capable, then if deemed in their best interest to do so).

Where people are closed to services, the advance decision / advance statement should be retained, but this must be reviewed if the person comes into contact with services again.

10 Documentation / Recording

10.1 Health professionals must document in the patient record all involvement and discussions regarding advance decisions and advance statements.

10.2 Where an advance decision / advance statement is made or updated, the service user should retain the original copy of the document and a copy taken and scanned into Documents on the RiO electronic patient record under ‘MCA – Advance Decision/Directive’.

10.3 A record must also be made of the advance decision / advance statement within the RiO patient record in the ‘Mental Capacity Act’ folder; MCA Assessment Forms; and completing the Mental Capacity Act Authority Form. The existence of the advance decision / advance statement will then be shown on the service user’s front demographic sheet within the RiO record.

10.4 This process of identifying the existence of an advance decision / advance statement will facilitate the alerting of health and social care professionals who may not have current involvement with the service user, e.g., Crisis Resolution/Home Treatment or other assessment processes.

10.5 Where a service user withdraws or cancels their advance decision / advance statement, the assessor / care co-ordinator must ensure that a new Mental Capacity Act Authority Form is completed recording details of the date, time and circumstances of the withdrawal/cancellation. They should advise the service user to notify any other parties that hold copies and assist in this process if required.
11 Process for monitoring compliance and effectiveness

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<th>Frequency of the monitoring activity</th>
<th>Group or committee/forum which will receive the findings/monitoring report</th>
<th>Committee/individual responsible for ensuring that the actions are completed</th>
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<td>As per Trust Audit Schedule</td>
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12 References

Mental Capacity Act 2005 (amended 2007)

# Advance Decision

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<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Date of completion</td>
<td></td>
</tr>
<tr>
<td>Date Superseded / Withdrawn</td>
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For official use only

NHS Number
This Advance Decision allows you to set out what treatment or procedures you wish to refuse should you lose the capacity to make decisions about your treatment in the future. You are strongly advised to discuss this Advance Decision with the health professionals involved in your care, your GP, and those closest to you so that they are fully aware of your wishes.

This document should be used in the event of loss of capacity of the individual below:

I (full name)

…………………………………………………………………………………………………………………………

of (address) ……………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

date of birth

…………………………………………………………………………………………………………………………

have the capacity to make the decisions set out in this document and having carefully considered how I wish to be treated should I lose the capacity to consent to medical treatment in the future, hereby set out my wishes as follows:

I understand that should I become unwell and require detention under the Mental Health Act 1983, there may be occasions where the treatment provisions of the Act over-ride my wishes in respect of treatment for my mental disorder. I understand that in the case of this occurring, the health professionals involved in my care will take into account my stated wishes when planning my care and treatment but may over-ride my wishes if they consider the particular care and treatment necessary and the provisions of the Mental Health Act 1983 provide for this.
Refusal of Treatment

I confirm that the following refusals of treatment are to apply, even if my life is at risk or may be shortened as a result of this refusal (for this statement to be valid you or your amanuensis* must copy out this sentence in your own writing and you must sign in the box below)

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

I refuse the following specific treatment or investigations:

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This refusal will apply in the following circumstances:

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

Signed Date
Name in full

I am the amanuensis of the person making the Advance Decision

Signed Date
Name in full

* amanuensis – someone who writes for you
I confirm that the following refusals of treatment are to apply, even if my life is at risk or may be shortened as a result of this refusal (for this statement to be valid you or you amanuensis must copy out this sentence in your own writing and you must sign in the box below).  

…………………………………………………………………………………

…………………………………………………………………………………

I refuse all medical treatment and procedures or interventions aimed at prolonging or artificially sustaining my life in the event of any or all of the following circumstances (please delete 1-7 below as appropriate by crossing through the whole statement for any that you do not wish to apply): 

1. I have an imminently life-threatening physical illness from which there is little or no prospect of recovery (in the opinion of 2 appropriately qualified medical practitioners);  

2. I suffer serious impairment of the mind or brain with no prospect of recovery, together with a physical need for life sustaining treatment / interventions (in the opinion of 2 appropriately qualified medical practitioners);  

3. I am persistently unconscious and have been so for at least …… (please insert number of) weeks and there is little or no prospect of recovery (in the opinion of 2 appropriately qualified doctors);  

4. In addition I wish to refuse the following specific life sustaining / prolonging treatments in the following circumstances:

…………………………………………………………………………………

…………………………………………………………………………………

…………………………………………………………………………………

…………………………………………………………………………………

Name in full
5. In addition I wish to refuse all life sustaining / prolonging treatments in the following circumstances:


I understand that my comfort and personal hygiene will continue to be cared for.

I do consent to the following treatment (I note that this consent so places no legally binding obligation on those treating me to provide such treatment):

6. Any medical treatment to alleviate pain and distress aimed at my comfort. I maintain this request even though it may shorten my life. (for this statement to be valid you or your amanuensis must copy out this sentence in your own writing and you must sign in the box below)


7. I wish to specifically consent to life sustaining / prolonging treatment in the following circumstances:


I have discussed the matters contained in this document with:


Signed

Name in full

Signed

Date

Name in full

I am the amanuensis of the person making the Advance Decision

Signed

Date

Name in full
Witness 1
Name .......................................................... Relationship ......................................
Address
........................................................................................................................................
........................................................................................................................................
Signed ........................................  Date.................................................................

Witness 2
Name .......................................................... Relationship ......................................
Address
........................................................................................................................................
........................................................................................................................................
Signed ........................................  Date.................................................................

I have given copies of this Advance Decision to:
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Name in full
Review Dates
You should review and reaffirm your Advance Decision on a regular basis. You may sign and date below to confirm that the content continues to be your wishes.

I have reviewed my Advance Decision and hereby reaffirm that the wishes stated in this document remain my intent.

Signed ………………………………………….  Date ……………………………………..
Signed ………………………………………….  Date ……………………………………..
Signed ………………………………………….  Date ……………………………………..

Name in full
Appendix 2

ADVANCE STATEMENT FOR MENTAL HEALTH CARE

This is my Advance Statement in case I have a mental health crisis and am unable to participate in decisions about my care.

<table>
<thead>
<tr>
<th>My Name:</th>
<th></th>
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<tbody>
<tr>
<td>My Address:</td>
<td></td>
</tr>
<tr>
<td>My Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Name of professional with whom this was discussed This can be your GP</td>
<td></td>
</tr>
<tr>
<td>And his/her signature:</td>
<td>And date:</td>
</tr>
<tr>
<td>Contact Address:</td>
<td></td>
</tr>
<tr>
<td>Contact Tel No:</td>
<td></td>
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</tbody>
</table>

Name of a family member, friend or advocate who knows and understands about this Advance Statement. He/she has given permission to be contacted and will speak for me in a crisis/dispute.

<table>
<thead>
<tr>
<th>Contact Name:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Contact Tel No:</td>
<td></td>
</tr>
<tr>
<td>Contact Name:</td>
<td></td>
</tr>
<tr>
<td>Contact Tel No:</td>
<td></td>
</tr>
</tbody>
</table>

I confirm that I am over 18 years of age and understand that this document remains effective until I make it clear my wishes have changed. (The wishes of people under 18 years will be taken into consideration, but are not legally binding).

<table>
<thead>
<tr>
<th>Signed:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>
**PART ONE**

ADVANCE STATEMENT FOR CARE & TREATMENT

I declare that my wishes are as follows: (please feel free to continue overleaf if necessary)

| 1 | **My wishes regarding medication and treatment are as follows:**
   | (It is helpful to give reasons why) |
|---|---|

<table>
<thead>
<tr>
<th>2</th>
<th><strong>When I was receiving care before, the following worked well for me:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th><strong>Things that have not worked well in the past are:</strong></th>
</tr>
</thead>
</table>
PART TWO

ADVANCE STATEMENT REGARDING MY PERSONAL AND HOME LIFE
WHEN I AM UNWELL

I declare that my wishes are as follows:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>I would like the following people to be told immediately that I have been admitted to hospital:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Other people to contact and tell that I am not at home, e.g. milkman/home help/work:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>I would like the following people NOT to be told:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>I would like to be consulted before people are told how I am etc.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>Needs that are special to me, which I would like those caring for me to know about, e.g. diet/physical health/religion:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Children or Dependents</strong> Complete this section if you have children or dependants at home and would like them to be cared for in a particular way</td>
</tr>
<tr>
<td></td>
<td><strong>a) I would like the following people to care for my children or dependants:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>b) When someone explains where I am to my children or dependants I would like them to be told the following:</strong></td>
</tr>
</tbody>
</table>
### Pets
Please complete this section if you have pets to be cared for.

| a) | Names and types of pets. What do they eat? Are they vaccinated? |
| b) | I would like the following person/s to take care of my pets. Where a kennels / cattery is named, are you happy to fund this? |

### Property
Who do I want to have access to my property? Who is a key holder to my property? Who will I contact if I become unwell? If I am unable to make contact can colleagues make contact on your behalf? If I am unwell and not answering my door, who do I agree can access my key safe to enter my property if they are concerned for my well-being (within supported housing). If I am absent from my property who will oversee paying of my bills, rent and other outgoings? Who will keep an eye on my property for me? Is there anybody I do not want in my property?

### Securities and My Home

| a) | I would like the following person to make sure my home is secure |
| b) | I would like them to hold a set of keys |

| YES | NO |

### Any other information I would like to make known
Advance Decisions

Advance Statements
Introduction

During a crisis, you may be too unwell to make a decision or express your preferences in respect of your care and treatment. Advance Decisions and Advance Statements are a way of informing those caring for you what you do or don’t want to happen, before that situation occurs.

What is an Advance Decision?

An Advance Decision is a decision that you make if you want to refuse a specific treatment should you lack the capacity to do so at some point in the future. You can make an Advance Decision when you are capable of understanding the implications of refusing the specific treatment. You will need to be over the age of 18 to make an Advance Decision.

Your Advance Decision can be made verbally or in writing. It should clearly state the future treatment that you are refusing, why you are refusing it and the circumstances in which you are refusing the treatment. If you wish to make an Advance Decision, you are encouraged to do so in writing as this is a clearer way in which your wishes can be made known. If your refusal relates to life sustaining treatment, then your Advance Decision must be made in writing and be signed and witnessed and needs to state that your decision to refuse treatment applies even if your life is at risk. In order to help you set out your wishes, the Trust has produced a template you may use. Copies of this template are available from Trust inpatient and community sites. You may also request one from your care co-ordinator or from the Mental Health Legislation Department on 01743 210016 or 01785 221507.

There are some occasions when your wishes may be over-ridden though professionals will always give serious consideration to your preferences. If you become unwell after making your Advance Decision and do not or cannot consent to treatment for your mental health at the time any treatment is offered to you, in certain circumstances you may be treated under the provisions of the Mental Health Act, contrary to the refusal of treatment that you have expressed in your Advance Decision.

What is an Advance Statement?

An Advance Statement is a statement you make regarding the way you would like to be cared for and treated should you become unwell in the future and lack capacity at that time to make a decision about your care. Many mental health service users find that this may help reduce the worry about becoming unwell again in the future and the effect this might have on themselves and their family. An advance statement can also be of great help to carers and health professionals, particularly if they are not familiar with you or have not been involved in your care before. It may enable them to give you support and intervention at an early stage which may then help to stop you from becoming more unwell.
Anyone over the age of 16 who has capacity to make a decision may make an Advance Statement.

Things you might wish to include in an advance statement may be:

**Health matters -**
- signs and symptoms which may show when you are becoming unwell
- medications and treatments that you feel have worked for you / have not worked for you and why
- other interventions that you feel help when you are unwell
- any physical conditions and treatments

**Domestic matters -**
- who you would like to be kept informed about your treatment and progress.
- who will take care of your children (*this may require a more formal arrangement, your care-coordinator will be able to advise*)
- who will take care of your pets
- who will ensure that your house/flat is secure and post etc taken care of

**Financial matters -**
- you can nominate a person who has agreed to look after your home and finances whilst you are in hospital or lack capacity (Banks will require you to give a 'Power of Attorney' to another person in order for them to take care of your money).

**Other matters -**
- cultural or religious preferences
- dietary requirements
- visiting arrangements for friends and family
- things that comfort or upset you

Your Advance Statement can be made verbally or in writing though you are encouraged to do so in writing as this is a clearer way in which your wishes can be made known. In order to help you set out your wishes, the Trust has produced a template you may use. Copies of this template are available from Trust inpatient and community sites. You may also request one from your care co-ordinator or from the Mental Health Legislation Department on 01743 210016 or 01785 221507.

An advance statement is an expression of your preferences for care and treatment but health professionals are not legally obliged to follow them though they will consider them carefully whilst planning your care and treatment.

If you have a nominated person to do a particular task in your Advance Statement, remember to inform them fully of your wishes and get their specific agreement that they have the time and ability to carry these out when necessary.
What happens to my Advance Decision / Advance Statement once it is completed?

You need to send or give a copy of your Advance Decision / Advance Statement to health professionals such as your Psychiatrist, Care Co-ordinator and GP. You can give a copy of your statement to any person you think would benefit from knowing your wishes. Remember to keep a copy for yourself.

If you give a copy of your Advance Decision / Advance Statement to a member of South Staffordshire and Shropshire Healthcare NHS Foundation Trust staff, they will put it in your health records that are kept on the Trusts’ computerised patient records system. This system will enable staff involved in your care to be aware of the existence of your Advance Decision / Advance Statement.

Can I change or withdraw my Advance Decision / Advance Statement?

You can change your Advance Decision / Advance Statement at any time whilst you still have capacity to make decisions about your care.

Try to review your Advance Statement at regular intervals (perhaps every 6 months) and if any changes are made, send new copies to the people who already hold your Advance Decision / Advance Statement and ask them to ensure your old one is marked as invalid.

If you have an Advance Decision / Advance Statement it will be reviewed every 6 months with you as part of your CPA review.

If you require any further information or would like support in completing an Advance Decision / Advance Statement please speak to your care-coordinator or a member of staff from the Trust.

If you have faced any problems with your Advance Decision / Advance Statement being implemented you can contact the Patient Advice and Liaison Service on the following number 01785 783026 between 9.00 am – 5.00 pm Monday to Friday or email the service at sssft.customerservices@nhs.net.

Advice and support is also available from sources outside this Trust such as mental health and other advocates, advice and law centres, solicitors and legal advisers.
Appendix 4

EASY READ LEAFLET BEING UPDATED
Appendix 5

Advance Statements
Guidance Notes on the Worker’s Role

If you are approached to help someone make an Advance Statement:

- Nothing substitutes working in partnership and making an effective agreed care plan with someone.

- Explain how Advance Statements work and explain what might happen to the form.

- Suggest where the person might receive “independent” advice, e.g. MIND, Mental Health Action Group or a Solicitor (there may be a cost for this, although legal aid is available to those on low incomes) or Advocacy, e.g. ASIST or SIAS.

- If the person requires a lot of help and you are very involved in their care, it might be useful to consider whether a colleague from your team might be better placed to give impartial advice.

When someone is in the process of making an Advance Statement:

- You can encourage them to discuss the contents with all those involved in their care, particularly if the person requires someone to undertake a task.

- You can encourage someone to be very clear about what it is he/she would like and to provide clear reasons as to why they have reached this decision.

- Always remember, you CANNOT tell the person what to put in and what to leave out. It is their document. Nor must you apply pressure in any way to influence the person’s decision.

- You can provide information to help make informed choices.

- If you are unsure about the person’s capacity, you can discuss this and the possible implications of this.

If you receive an Advance Statement relating to someone for whom you care:

- Check with the person that it is a document that still reflects the person’s wishes.

- Ensure it is shared with all those to whom it relates, e.g. the multi-agency care team, carers, GP, consultant.

- Any obvious conflict with a current or proposed plan of treatment or care must be openly discussed with the person and the team providing care as soon as possible.

- Remember, in some cases, an Advance Statement can be overruled, e.g. when a person is subject to certain sections of the Mental Health Act 1983.

- You must record that you have assessed the person’s capacity and feel it is sufficient for them to make a binding statement.