



|   |
|---|
| <p>If you require translation services or a copy of this document in other languages, audio tape, Braille or larger print, please speak to a member of CWP staff, e-mail <a href="mailto:info@cwps.nhs.uk">info@cwps.nhs.uk</a> or write to: Communications, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.</p>  |
| <p>যদি আপনার ট্রান্সলেশন সার্ভিসের বা এই দলিলের কপি অন্য ভাষায়, অডিও টেইপে, ব্রেইল বা বড় ছাপায় দরকার হয় তবে অনুগ্রহ করে সিডব্লিউপি এর স্টাফদের সাথে কথা বলুন, ইমেইল করার ঠিকানা <a href="mailto:info@cwps.nhs.uk">info@cwps.nhs.uk</a> বা কমিউনিকেশন, চেশায়ার ও উইরাল পার্টনারশীপ এনএইচএস ফাউন্ডেশন ট্রাস্ট, আপটন লী, কাউন্টেস অফ চেস্টার হেলথ পার্ক, লিভারপুল রোড, চেস্টার, সিএইচ২ ১ বিকিউ ঠিকানায় লিখুন।</p>  |
| <p>如果您需要翻譯服務或想索取這份文件的其他語文、錄音帶、凸字或大字體版本，請向我們的職員查詢。您亦可以寄電郵至 <a href="mailto:info@cwps.nhs.uk">info@cwps.nhs.uk</a> 或寄信到 Communication, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.</p>  |
| <p>જો તમારે ભાષાંતર સેવાઓ અથવા આ દસ્તાવેજની બીજી ભાષાઓમાં નકલ, અોડિયો ટેપ, બ્રેઈલ અથવા વિચિત્ર કદની છપાઈની જરૂર હોય, તો કૃપા કરીને સીડબ્લ્યુપી (CWP) ના કર્મચારીઓ સાથે વાત કરો, ઈમેલ કરો: <a href="mailto:info@cwps.nhs.uk">info@cwps.nhs.uk</a> અથવા આ સરનામે લખો: Communication, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.</p>  |
| <p>यदि आपको अनुवाद सेवाएं या इस दस्तावेज की अन्य भाषाओं में नकल, ऑडियो टेप, ब्रेइल लीपि या विशाल आकार में छपाई की आवश्यकता हो, तब कृपया सीडब्ल्यूपी (CWP) कर्मचारियों के साथ बात कीजिये, या ईमेल कीजिये: <a href="mailto:info@cwps.nhs.uk">info@cwps.nhs.uk</a> या इस पते पर लिखिये: Communication, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.</p>   |
| <p>Jeśli wymagane jest tłumaczenie lub kopia niniejszego dokumentu w innych językach, na taśmie magnetofonowej, w języku Braille'a lub dużym drukiem, prosimy o skontaktowanie się z członkiem personelu CWP (Organizacja partnerska krajowego systemu zdrowia regionów Cheshire i Wirral) lub przez pocztę elektroniczną: <a href="mailto:info@cwps.nhs.uk">info@cwps.nhs.uk</a> lub na adres: Communications, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.</p> |
| <p>Os oes arnoch angen gwasanaeth cyfiethu neu gopi o'r ddogfen hon mewn ieithoedd eraill, tâp sain, Braille neu brint mawr, siaradwch ag aelod o staff CWP, e-bost <a href="mailto:info@cwps.nhs.uk">info@cwps.nhs.uk</a> neu ysgrifennwch i: Communications, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.</p>  |

## Advance Statement

“What I would like to happen if I become unwell.”

### Feedback

We welcome any suggestions you have, please send your **comments, concerns, complaints and compliments** to: Cheshire and Wirral Partnership NHS Foundation Trust, **PALS, Complaints and Incidents Team**, Trust Headquarters Redesmere, Liverpool Road, Chester, CH21BQ.

For more information see [www.cwp.nhs.uk](http://www.cwp.nhs.uk)

© CWP NHS Foundation Trust

The information in the leaflet was valid at the date of production **April 2014** and is due for review in **April 2016**.

Leaflet code: G-AS-12-506

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 of how you would wish to be treated if you were to suffer a further 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 6 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.

### Part 2 IF I BECOME UNWELL

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

### 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.

### 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.

### 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.

### 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.

## 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
- The Mental Health Act overrides an advance statement. However, even if you are detained under the Act your doctor and treatment team should try to follow your wishes as much as possible and they should be able to explain to you why they are deviating from 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

Early warning signs that I am becoming unwell:

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

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):

History and symptoms of my illness:

Things that escalate the situation when I'm unwell:

Things that trigger me to become 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):

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):

Why would I prefer this:

## 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:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>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:

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:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>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:<br>Email:  |
|      |                        | Tel:<br>Email:  |

| Name | Their connection to me | Contact details |
|------|------------------------|-----------------|
|      |                        | Tel:<br>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:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>Email:  |

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

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

| Name | Age |
|------|-----|
|      |     |
|      |     |
|      |     |
|      |     |

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

|  |
|--|
| <p><b>Name:</b> .....</p>                  |
| <p><b>Contact details:</b></p>             |
| <p><b>What I need them to do:</b></p>      |
| <p><b>Who I want them to care for:</b></p> |

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

| Name | School | Contact details |
|------|--------|-----------------|
|      |        | Tel:            |
|      |        | Tel:            |
|      |        | Tel:            |
|      |        | Tel:            |

|  |
|--|
| <p><b>Name:</b> .....</p>                  |
| <p><b>Contact details:</b></p>             |
| <p><b>What I need them to do:</b></p>      |
| <p><b>Who I want them to care for:</b></p> |



**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:

**Name:** .....

**Contact details:**

**What I need them to do:**

**Who I want them to care for:**

And to be told by: .....

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

| Name | Their connection to me | Contact details |
|------|------------------------|-----------------|
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>Email:  |
|      |                        | Tel:<br>Email:  |

## PART 4: IF I AM ADMITTED TO HOSPITAL

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

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:

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:

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

## **PART 5: WHEN I AM DISCHARGED FROM HOSPITAL**

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

# PART 6: WHAT TO DO AND HOW TO CONTACT SERVICES IN A CRISIS

Who to contact (Team and telephone number)

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

By me:

By my carer:

By a professional:

|         | Who? | Contact details |
|---------|------|-----------------|
| Daytime |      |                 |
| Evening |      |                 |
| Weekend |      |                 |



