Advance Statement of Preferences form

Use this form to make an Advance Statement of Preferences

Help with this form

Your treating team must help you understand this form.

You can get help to fill out this form from a mental health and wellbeing service provider, family member, friend, or advocate.

For help in your language contact the Translating and Interpreting Service on 131 450.



First Nations people can get help from:

- · Aboriginal Liaison Officers
- Aboriginal Community Controlled Services

You can contact Independent Mental Health Advocacy (IMHA) for help with this form.

- Call 1300 947 820, 9.30am to 4.30pm, seven days a week
- Email IMHAcontact@imha.vic.gov.au
- Visit our website www.imha.vic.gov.au

You don't have to use this form and can create your own, but you must include certain details. To find out more, visit the IMHA website www.imha.vic.gov.au and look at the:

- IMHA Advance Statement of Preferences video.
- IMHA Guide to Advance Statement of Preferences document.

You can contact the Mental Health Legal Service for help with your statement on **9629 4422** or visit their website www.mhlc.org.au/advance-statements/

What is an Advance Statement of Preferences?

You have the right to make an Advance Statement of Preferences under the *Mental Health and Wellbeing Act* 2022.

This is a document you can make that explains what you want to happen if you receive compulsory assessment or treatment. It can include what kinds of treatment, support or care you want. You can make one at any time, even if you are in hospital.

The mental health and wellbeing service provider must make all reasonable (fair and sensible) efforts to do what's in your statement, but they are not legally bound to do so. If you have a treatment preference included in your statement, the mental health and wellbeing service provider can only require you to have a different treatment if they:

- · think what you want isn't clinically appropriate, or
- can't provide what you want after they've taken all reasonable (fair and sensible) steps to try to provide it.







If they don't follow your preferences about treatment in your statement, they must tell you why in writing within 10 business days.

If you have made an Advance Statement of Preferences, it can't be amended. It will stay effective unless you want to cancel it. To do this you can:

- Use the Advance Statement of Preferences Revocation form available at health.vic to cancel your statement.
- Make a new statement and this will automatically cancel your current statement.

About this form

- This form must be witnessed by an adult (18 years of age or over), which means they must watch you sign the form. This can be anyone you choose, including friends, family, or support workers. A statement by the witness must also be included. See the witness declaration at the end of this form.
- When you fill in the form, give it to your mental health and wellbeing service provider. They will put a copy in your clinical file and record it in the hospital's electronic information system.
- You will need to keep a copy of the form for yourself in case you go to a different hospital or service. You
 can ask your mental health and wellbeing service provider to make copies for you. You can give a copy to
 your carer, support person, or nominated support person.

To receive this document in another format email mhwa@health.vic.gov.au

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Available at <u>Advance statement of preferences</u> https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/advance-statements-of























Sections 58	FAMILY NAME					
ASP 1						
Advance Statement of Preferences	GIVEN NAMES					
	DATE OF BIRTH	SEX	GENDER			
Mental Health Statewide UR Number	Place patient iden	 tification label above				
	FOR OFFICE USE					



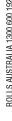
If you identify as having mental health issues, emotional distress, or a mental illness, you can list them here in your own words. If you don't identify as having a mental health issue, you could explain life challenges that affect you. This gives you the opportunity to explain your experience in your own words. You don't have to fill out this section if you don't want to.

Do you identify as having mental health issues, or a diagnosis of mental illness?	
What life challenges do you experience?	
How else might you describe your experience?	

My treatment preferences and why

Here you can say what kind of treatment you want and do not want. 'Treatment' can include tablets, injections or electroconvulsive treatment. You can also include what helps you feel safe. If you want to, you can give reasons for each point to help people understand what has worked and not worked for you. If you do not want to have any treatment you can also list that here.

What treatments are helpful for you?	
Why are they helpful?	
What treatments are unhelpful for you?	
Why are they unhelpful?	









Mental Health and Wellbeing Act 2022 Sections 58			Local Patient Identifier															
				FAMILY NAME														
Adv	ASP 1 Advance Statement of Preferences					;	GIVEN NAMES											
									DATE OF BIRTH			SEX			GEI	NDEF	?	
	Mental Health Statewide UR Number				I	Place patient identification label above FOR OFFICE USE												
Care				'					t.									
	helps you do																	
What helps you to make decisions?										_								

Your signature

If you are taken to hospital, what might you need help with? For example, caring for children, other family members, kin or pets

What other supports help you? For example, psychology or peer

What practical supports do you need? (For example, dietary requirements)

support?

If I am given compulsory treatment under the *Mental Health and Wellbeing Act 2022*, I request that this Advance Statement of Preferences be given full consideration before and during my treatment and a copy should be kept in my clinical and/or electronic record.

Name:	 	
Signature:	 	
Date:		











- - watch you sign the form; and
 - agree with the following declaration and sign it.
- The witness doesn't need to agree with the content of your Advance Statement of Preferences.

In my opinion, the person making this Advance Statement of Preferences understands:

- · what an Advance Statement of Preferences is;
- the consequences of making the statement; and
- how to revoke it.

In my opinion, they appear to have made this Advance Statement of Preferences of their own free will and I have observed the above-named person signing the statement.

Witness Name:	
Witness Signature:	
Witness Date of Birth	·
Date:	
Time:	





