

## About Advance Directives for Mental Health

An advance directive explains both your perceptions of what is helpful in a treatment sense as well as covering larger life issues that may arise if you are unwell.

If you become unwell and it is difficult for you to make decisions, the people who are making decisions about your care and treatment can look at your advance directive and think about what you want.

However, the people making the decisions do not **have** to do what you say you want. They could still decide to give you a treatment that you have said you do not want, or give you something different from what you wanted.

### Writing an advance directive

This form is only one way that you can make an advance directive. You do not have to use a form, you could just write down the ways you want to be treated, or do not want to be treated. You should also include:

- your name and address;
- the name and address of your GP, Psychiatrist, Case Manager or Clinic;
- the name and address of your chosen advocate (if you have one);
- the name and address of your primary carer/supporter (if you have one).
- If you have Power(s) of Attorney/Guardianship in place, who should be notified to begin their roles.



## How to use this form

This form can be filled in on a computer and printed before signing/witnessing. **The document will not save with your data** so you need to read it, think about your answers, fill it in and print it immediately. The form can also be printed out and filled in by hand.

We recommend numbering and initialing each page that you use when signing and having your witness initial each page as well. You may use as many or as few pages as you wish.

There are blank pages at the back should you require extra.

## Getting your advance directive witnessed

After you have written what you want, you must have your advance directive witnessed.

You will need to take your advance directive to someone who can witness it for you. In order to have the best chance of your Advance Directive being followed we recommend that that person is a qualified and registered:

- Medical Practitioner
- Clinical Psychologist
- Nurse
- Social Worker/Allied Health Worker or
- Solicitor

The witness has to sign your advance directive and say that:

- he or she saw you sign your advance directive;
- you are, in their opinion, well enough to understand and intend the effects of your advance directive.



The witness does not have to help you write your advance directive and they do not have to agree with your decisions. If a worker or professional has helped you write your advance directive it is a good idea to get a different worker or professional to witness it for you.

### **After your advance directive is witnessed**

After your advance directive has been witnessed, we recommend that a copy of it is stored on the medical record you think is most important. You should tell other people that this is where it is kept. If you give copies to other people, keep a list of the people you give copies to. If you change your advance directive you will need to let these people know that it has changed.

### **Changing your advance directive**

You can change your advance directive at any time. To do this you have to say in writing that you are withdrawing your current advance directive. There is a section you can use for this at the end of this form.

The withdrawal statement must also be witnessed.

Then you can write a new advance directive.

***We recommend that you review your advance directive at least every 12 months and prepare a new one if necessary.***



## **Need more information?**

This guide to making an advance directive has been produced by

The Mental Health Legal Centre Inc.

9<sup>th</sup> Floor, 10-16 Queen Street,  
Melbourne, Victoria 3000

Our website at: <http://www.communitylaw.org.au/mentalhealth/> provides more information or you can telephone our free legal advice line for assistance.

At time of publication the times are:

**3:00-5:00pm Monday, Wednesday and Friday**

**6:30-8:30pm Tuesday and Thursday**

**Phone (03) 9629 4422**

**Country Callers (within Victoria) 1800 555 887**



*Please share this form with others*



**This is the Advance Directive for Mental Health Treatment of:**

**Name**

Please notify the following person/people about my hospitalisation as soon as possible (family or friends):

**GP/Psychiatrist/Allied Health Worker:**

I have the following in place:

**Enduring Power of Attorney (financial)** Yes  No

**Enduring Power of Attorney (medical treatment)** Yes  No

**Enduring Power of Guardianship** Yes  No

**Primary advocate/supporter/carer/attorney/guardian**



## Mental Health

For my medication, care and treatment I have found the following helpful:



**These things have not helped in the past:**

A large empty rectangular box intended for the user to write their response to the question above.



**Rest of Life**

**Other health issues (physical issues/allergies/medications/strategies)**



(accommodation/keys/children/pets/garden/relationships/social ties/work)



These are other things that I would like the people caring for me to know about: *(For example, your interests, daily routines, life history, etc.)*



**This document is my Advance Directive outlining my wishes should I become incapacitated by mental illness.**

Full Name:

Date of Birth:

My telephone numbers are:

Home:  Work:  Mobile:

My Address

Signature \_\_\_\_\_  
(only sign in front of the witness)

Date:

**WITNESS**

In my opinion \_\_\_\_\_  
understands and intends the effect of the decisions contained in his/her advance directive.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Witness' full name is: \_\_\_\_\_

Witness' profession is: \_\_\_\_\_

Witness' telephone numbers are:

Work : \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_



## ***Withdrawing your Advance Directive***

You can use this form to withdraw your advance directive. You might want to do this if you've changed your mind about something and need to make a new advance directive.

### **Withdrawal of Advance Directive**

My full name is:

Date of Birth:

My telephone numbers are:

Home:  Work:  Mobile:

My Address

**I withdraw the advance directive I made on:**

Signature \_\_\_\_\_  
*(only sign in front of the witness)*

Date:

### **WITNESS**

I certify that in my opinion \_\_\_\_\_  
understands and intends the effects of withdrawing their advance directive. I  
witness his/her signature

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Witness' full name is: \_\_\_\_\_

Witness' profession is: \_\_\_\_\_

Witness' telephone numbers are:

Work : \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_



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