

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](http://health.vic.gov.au) 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

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health, August 2023.

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



AS1

Mental Health and Wellbeing Act 2022
Sections 58**ASP 1****Advance Statement of Preferences**

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Mental Health Statewide UR Number

Place patient identification label above
FOR OFFICE USE

My Advance Statement of Preferences

Your name:		Date:	
Date of Birth:		Phone:	

Select **one** statement below and mark your response with an X.

This is my first Advance Statement of Preferences	<input type="checkbox"/>
I have an existing Advance Statement of Preferences and I want this statement to replace it	<input type="checkbox"/>

Contacts

This is the place to list anyone you want the mental health and wellbeing service provider to contact if you are placed under compulsory assessment or treatment. People listed can include a nominated support person, carer, friend, advocate, or mental health and wellbeing service provider. If a contact person is your nominated support person, you can indicate this under 'Relationship'. A nominated support person can be appointed by using the form at: <https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/nominated-support-persons>.

You can say if you want:

- The person notified that you are receiving compulsory assessment or treatment, **and/or**
- The mental health and wellbeing service provider to share information they have about your health, mental health, or disability with that person. This information includes what treatment the mental health and wellbeing service provider is providing you and what they think about your health.

Contact Person 1			
Contact person name:		Relationship:	
Phone:		Email:	
Address:			
Notify of compulsory assessment/treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Share information about my health?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person 2			
Contact person name:		Relationship:	
Phone:		Email:	
Address:			
Notify of compulsory assessment/treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Share information about my health?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUG
2023**

ROLLS AUSTRALIA 1300 600 192



AS1

ROLLS AUSTRALIA 1300 600 192

AUG
2023






Mental Health and Wellbeing Act 2022 Sections 58										Local Patient Identifier											
ASP 1 Advance Statement of Preferences										FAMILY NAME											
										GIVEN NAMES											
										DATE OF BIRTH					SEX			GENDER			
Mental Health Statewide UR Number										Place patient identification label above FOR OFFICE USE											
Contact Person 3																					
Contact person name:										Relationship:											
Phone:										Email:											
Address:																					
Notify of compulsory assessment/treatment?										<input type="checkbox"/> Yes <input type="checkbox"/> No											
Share information about my health?										<input type="checkbox"/> Yes <input type="checkbox"/> No											
<p>IMHA will be automatically notified if you are placed on a compulsory treatment order, as well as when certain other actions are taken under the <i>Mental Health and Wellbeing Act 2022</i>IMHA will contact you unless you have told them not to. You can 'opt-out' of this service by telling IMHA not to contact you. To do this:</p> <ul style="list-style-type: none">• Call 9093 3701• Visit www.imha.vic.gov.au to fill in the opt-out form• Email IMHAcontact@imha.vic.gov.au <h3>My communication needs</h3> <p>This is where you can list what helps you to communicate or understand information.</p> <p>Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes', which language? _____</p> <table><tr><td>What helps you to communicate? For example, written information, hearing aids, reading glasses.</td><td></td></tr></table>																				What helps you to communicate? For example, written information, hearing aids, reading glasses.	
What helps you to communicate? For example, written information, hearing aids, reading glasses.																					
<div><div> VICTORIA State Government</div><div>Department of Health</div><div> </div><div> imha Independent Mental Health Advocacy</div></div>																					



AS1

ROLLS AUSTRALIA 1300 600 192

AUG
2023

<div>Mental Health and Wellbeing Act 2022 Sections 58</div> <div>ASP 1</div> <div>Advance Statement of Preferences</div>										Local Patient Identifier																													
										FAMILY NAME																													
										GIVEN NAMES																													
										DATE OF BIRTH					SEX			GENDER																					
Mental Health Statewide UR Number										Place patient identification label above FOR OFFICE USE																													
<div>My mental health</div> <p>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.</p> <table><tr><td>Do you identify as having mental health issues, or a diagnosis of mental illness?</td><td></td></tr><tr><td>What life challenges do you experience?</td><td></td></tr><tr><td>How else might you describe your experience?</td><td></td></tr></table> <div>My treatment preferences and why</div> <p>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.</p> <table><tr><td>What treatments are helpful for you?</td><td></td></tr><tr><td>Why are they helpful?</td><td></td></tr><tr><td>What treatments are unhelpful for you?</td><td></td></tr><tr><td>Why are they unhelpful?</td><td></td></tr></table>																										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?		What treatments are helpful for you?		Why are they helpful?		What treatments are unhelpful for you?		Why are they unhelpful?	
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?																																							
What treatments are helpful for you?																																							
Why are they helpful?																																							
What treatments are unhelpful for you?																																							
Why are they unhelpful?																																							
<div> </div>										 					<div></div>																								



AS1

Mental Health and Wellbeing Act 2022
Sections 58

ASP 1

Advance Statement of Preferences

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Mental Health Statewide UR Number

Place patient identification label above
FOR OFFICE USE

Care and support information

Here you can put information about care and support.

What helps you to explain
what you do and don't
want?

What helps you to make
decisions?

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

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

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

Your signature

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: _____

ROLLS AUSTRALIA 1300 600 192

**AUG
2023**



AS1

ROLLS AUSTRALIA 1300 600 192

AUG
2023**Mental Health and Wellbeing Act 2022**
Sections 58**ASP 1****Advance Statement of Preferences**

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Mental Health Statewide UR Number

Place patient identification label above
FOR OFFICE USE**Witness declaration**

- Only an adult can be a witness, meaning they must be 18 years of age or over.
- The witness must:
 - 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.

I confirm that I am 18 years or older. 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:** _____**Date:** _____**Time:** _____Department
of Health