



CAPS
independent
advocacy
The Consultation & Advocacy
Promotion Service

Advance Statements

A form you could use to make an
Advance Statement

Mental Health (Care and Treatment)
(Scotland) Act 2003

This document was produced by:

CAPS
Phone: 0131 538 7177
Fax: 0131 538 7215

Advocard
Phone: 0131 554 5307
Fax: 0131 555 6092

CAPS
5 Cadzow Place
Edinburgh
EH7 5SN

Advocard
332 Leith Walk
Edinburgh
EH6 5BR

Email:
contact@capsadvocacy.org

Email:
advocardedinburgh@btconnect.com

Our thanks to:
Roslyn Anderson, Midlothian Council
Willie Paxton, City of Edinburgh Council

This document provides general
information on the

Mental Health (Care and
Treatment) (Scotland) Act 2003.

This is not legal advice.

This Act only applies in Scotland
and came into effect on
5th October 2005.

“Advance Statements: A form you could use to make an Advance Statement” Copyright © 2004, The Consultation and Advocacy Promotion Service (CAPS) and Advocard.

CAPS and Advocard grant permission to reproduce sections of this work for personal and educational use only, in which case CAPS and Advocard expect to be fully acknowledged as the authors of this work. Commercial publication, copying, hiring or lending is prohibited and constitutes a breach of copyright.

October 2004

About Advance Statements

An advance statement says how you want to be treated and the kinds of treatment you think are best for you. It can also say which treatments you do not want to have.

If you become unwell and it is difficult for you to make decisions, the people who are making decisions about your care and treatment have to look at your advance statement 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 statement

This form is only one way that you can make an advance statement. 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 include:

- your name and address;
- the name and address of your GP;
- the name and address of your named person (if you have one);
- the name and address of your guardian or welfare attorney (if you have one).

How to use this form

This form has three parts:

- Part A – Information and things to think about before you start
- Part 1 – Statement about your medical care and treatment
- Part 2 – Statement about your personal and home life

Part A is not part of your advance statement. It is to help you think about what you need before you begin to write your advance statement.

Part 1 is the part of your advance statement about your mental health care and treatment. This is the part that people making decisions about your care and treatment have to take notice of because of the new law.

Part 2 is the part of your advance statement about your personal and home life. This part does not carry as much weight for people making decisions about your mental health care and treatment, but we feel

that what you want for your personal and home life can be just as important as what you want for your care and treatment.

You do not have to use every part of this form – only the parts that you want to, or that are relevant to you. You should cross out any pages or boxes that you do not use.

Getting your advance statement witnessed

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

You will need to take your advance statement to someone who can witness it for you. The witness must be someone who is one of these:

- clinical psychologist;
- medical practitioner;
- occupational therapist;
- person employed to provide a care service;
- nurse;
- social worker;
- solicitor.

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

- he or she saw you sign your advance statement;
- you are well enough to understand and intend the effects of your advance statement.

You cannot witness your own advance statement, even if you are qualified as a witness.

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

After your advance statement is witnessed

After your advance statement 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 statement you will need to let these people know that it has changed.

Changing your advance statement

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

The withdrawal statement has to be witnessed. The witness must be someone who is one of these:

- clinical psychologist;
- medical practitioner;
- occupational therapist;
- person employed to provide a care service;
- nurse;
- social worker;
- solicitor.

Then you can write a new advance statement. Your new advance statement will also have to be witnessed by someone who is on the list above.

Need more information?

A guide to making an advance statement has been written by CAPS and Advocard. This can give you more information about how to make an advance statement or withdraw an advance statement. Contact details for CAPS and Advocard are on the inside of the front cover of this booklet.

Part A

Things to think about before you start

Before you start to write your advance statement, it is a good idea to think about your mental health difficulties and the things that help you. Thinking about other health matters that can affect your mental health may also be useful. This page can help you to organise your ideas.

My description of my symptoms and history of mental health problems:

My other medical conditions:

Part 1

This is the Advance Statement of

Name _____

Part 1: Statement about my mental health care and treatment

My mental health care and treatment

For my medication, care and treatment I want:

(It is helpful to think widely about the things you want to happen, and the things you do not want to happen.)

What works and doesn't work for me

When I was receiving treatment before, this is what worked well for me:

Things that have not worked well for me in the past are:

My other health needs

For my physical or sensory impairment(s) I need:

For my medical condition(s) (non-mental health) I need:

For my specific dietary requirement(s) I need:

If I am admitted to hospital

I know that certain people will be told that I have been admitted to hospital. Before they are told, I would like to be consulted:

☐

Yes

☐

No

I would like these people to be told as soon as I am admitted to hospital:

I would like these people not to be told that I have been admitted to hospital:

If I am admitted to hospital (continued)

If I am in hospital, it is not helpful for me to have a visit from:

If I am in hospital, before I am discharged I would like:

I would like these people to be contacted and told I am not at home:

Part 2: Statement about my personal and home life

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.)

I have arranged for this person to look after my finances and bills:
(Not everyone will have this kind of arrangement.)

Name _____

Home phone _____

Work phone _____

Mobile phone _____

Address _____

Relationship _____

This is who you can contact about my work and what I would like my employer/voluntary work to be told:

Name _____

Home phone _____

Work phone _____

Mobile phone _____

Address _____

My children or dependents

I would like this person to care for my children or dependents:

Name _____

Home phone _____

Work phone _____

Mobile phone _____

Address _____

Relationship _____

When someone explains where I am to my children or dependents, I would like them to be told this:

Security and my home

I would like this person to make sure my home is secure:

Name _____

Home phone _____

Work phone _____

Mobile phone _____

Address _____

Relationship _____

I would like them to be given a set of keys:

☐

Yes

☐

No

Pets

I have the following pets:

I would like these people to look after my pets:

People may need to know these things about my pets:

Carers and supporters

The person whom I regard as my primary carer/supporter is:

Name _____

Home phone _____

Work phone _____

Mobile phone _____

Address _____

Relationship _____

If the person listed above is unable to fulfill this role, the following person has agreed to act as a temporary substitute:

Name _____

Home phone _____

Work phone _____

Mobile phone _____

Address _____

Relationship _____

Independent Advocate

The person whom I regard as my independent advocate is:

Name _____

Home phone _____

Work phone _____

Mobile phone _____

Address _____

Named Person

The person whom I have nominated as my named person is:

Name _____

Home phone _____

Work phone _____

Mobile phone _____

Address _____

SIGNING MY ADVANCE STATEMENT

This document is my Advance Statement. I understand that my advance statement will be taken into account if I am potentially going to be subject to any of the powers contained in the Mental Health (Care & Treatment) (Scotland) Act 2003.

My full name is _____

My telephone number _____

My address _____

Signature _____
(you should sign this in front of the witness)

Date _____
(date of signing)

WITNESS TO MY ADVANCE STATEMENT

For this advance statement to have status under the Mental Health (Care & Treatment) (Scotland) Act 2003, it has to be witnessed by one of these people:

- clinical psychologist;
- medical practitioner;
- occupational therapist;
- person employed to provide a care service;
- nurse;
- social worker;
- solicitor.

The witness is signing to say that:

- she or he saw you sign your advance statement, and
- in their opinion, you understand and intend the effects of the decisions you have made in your advance statement.

WITNESS

In my opinion _____
understands and intends the effect of the decisions contained in his/her
advance statement.

Signed _____

Date _____

Full name of witness _____

Profession/Job _____

Contact number _____

Contact address _____

Withdrawing your Advance Statement

After this page there is a form you can use to withdraw your advance statement. Information about how to use the form is on the back of it.

**Withdrawal of Advance Statement
Under the Mental Health (Care and Treatment)
(Scotland) Act 2003**

My name _____

My Address _____

I withdraw the advance statement I made on _____

Signature _____

WITNESS

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

Witness signature _____

Date _____

Witness name _____

Witness profession/job _____

Witness address _____

See the other side for information about how to use this form. For more information about advance statements see the *Service User's Guide to Advance Statements* produced by CAPS and Advocard.

Withdrawal of Advance Statement

Under the Mental Health (Care and Treatment) (Scotland) Act 2003

You could use the form on the other side of this page to withdraw your advance statement. You might want to do this if you have made an advance statement and do not want it to be your advance statement any more. This could be because you've changed your mind or because you want to make a new advance statement.

How to Use this Form

My name Write your full name _____

My Address Write the address where you can be contacted _____

I withdraw the statement I made on Write the date of your advance statement _____

Signature Sign your name here, in front of the person who is the witness _____

WITNESS

You will need to have this withdrawal witnessed by someone who is one of these:

Clinical psychologist	Medical practitioner
Occupational therapist	Nurse
Social Worker	Solicitor
Person employed to provide a care service	

Witness signature [The witness will sign here]

Date [The witness will print the date here]

Witness name [The witness will print their full name here]

Witness profession/job [The witness will write their profession or job here]

Witness address [The witness will print the address of their employer here]