

Advance Statement

Part 1: Personal Information

Name	<i>Janette Showers</i>	Prefer to be called	<i>Jan</i>
NHS Number	<i>123456</i>	Date of Birth	<i>01/01/70</i>
Address	<i>The House, The Road, The Town, AB1 2CD</i>		
Last updated	<i>1 January 2016</i>		
Signed	<i>Janette Showers</i>		

GP

Name	<i>Dr Hardy</i>	Phone Number	<i>01234 567890</i>
Address	<i>The Medical Practice, The Road, The Town, EF1 2GH</i>		

Care Coordinator (if applicable)

Name	<i>Alison Mayweather (CPN)</i>	Phone Number	<i>01234 567890</i>
Address	<i>The Clinic, The Road, The Town, JK1 2LM</i>		

Psychiatrist (if applicable)

Name	<i>Dr Zuma</i>	Phone Number	<i>01234 567890</i>
Address	<i>The Clinic, The Road, The Town, NP1 2RS</i>		

Others involved in my care (eg therapist, support worker)

Name	<i>Mary Smith</i>	Phone Number	<i>01234 567890</i>
Relationship to me	<i>Therapist</i>		
Name		Phone Number	
Relationship to me			

In case of emergency contact

Name	<i>Jane Doe</i>	Phone Number	<i>01234 567890</i>
Relationship to me	<i>My best friend</i>		

DO NOT CONTACT

Name	<i>Mr and Mrs Showers</i>		
Relationship to me	<i>Biological Parents</i>		
Name			
Relationship to me			

Part 2: About Me

People I live with

I live alone.

People who are important to me and I want to be involved in my care

My best friend Jane Doe is aware of my mental health difficulties, please contact her if I am to be admitted to hospital or require crisis intervention. I would like her to attend appointments with me as far as possible. She has access to my home and can secure it if I am admitted to hospital.

I want my therapist, Mary Smith, to be involved as far as possible about decisions regarding my treatment. I want her to attend my care planning meetings.

Pets I have and what to do with them if I am unable to care for them

I have a dog. My neighbour has the spare key and is happy to feed the dog when I'm away. Please phone her on 01234 567890.

Lasting Power of Attorney (Mental Capacity Act)

*I have a Lasting Power of Attorney for Health & Care. No.123456. My attorneys are
Frank Jones 01234 567890
June Summer 07890 123456*

Nearest Relative (Mental Health Act)

Because I am not married and do not have any children, my parents are my legal 'nearest relatives'. However it would cause me emotional distress and put me at risk of harm if they were notified, involved in my care, or allowed to make decisions about any admission to hospital. If admitted to hospital under a section 2 I do NOT wish for them to be informed. If admitted to hospital under a section 3, I wish for them to be 'displaced' as my nearest relative.

Other important information I want people to be aware of

*I am a Christian and would like to be able to attend church even if in hospital
I have diabetes and need insulin
I am a vegetarian
I wear glasses and it's important I have them with me at all times
My biological family are not to be contacted or allowed access to me under any circumstances*

Part 3: Care and Treatment in a Crisis

A crisis can happen when... new or especially traumatic memories are re-surfacing or when there is an increase in present day triggers (reminders of the trauma) which overwhelm my ability and resources to cope.

It results in... an increase in psychological distress, flashbacks, hyper-vigilance, dissociation, disorientation, social isolation and risks of self-injury and/or suicide.

I am likely to... withdraw from people/sources of help as I perceive all people as dangerous and have difficulty distinguishing past from present. I may present as articulate and competent but this 'part' often masks the level of distress. When triggered, other dissociated 'parts' and responses such as flight/freeze/flop may cycle rapidly, be disorientated, or be unaware of previous or current events. Attempts will often be made to keep these parts hidden. My actions/beliefs may not seem logical to you because you cannot see the trauma, but please try to understand my responses in light of my past experiences.

It is my wish that, in times of crisis or if my mental health worsens, that the information below is given full consideration before and during my treatment.

1. In the community (by my GP/or local mental health team)

My care and treatment preferences are:
<ul style="list-style-type: none">• Where possible to see my care coordinator as she knows me best. If not for duty staff to speak to her if possible• Please help me to: 1. Orientate and feel more grounded, by reminding me that I am having an understandable and logical response to past trauma - my brain is reacting as if I am in danger, but actually I can keep myself safe now. 2. Think about what my risks are and how to manage them 3. Plan some safe activities until the next fixed point appointment. 4. Ask me to guarantee I will attend the next appointment• Contact my therapist and inform her of the situation.
What has worked well for me in the past:
<ul style="list-style-type: none">• Staying in the community and being seen by those who know me is the best option for me• Continuing to work with my therapist and for others involved in my care to have contact with her so we are all 'on the same page'• Increase frequency of 'check in' appointments, if necessary to daily. These give me fixed points to aim for. This is better than just telling me to call if I need to.• Not just focussing on risk management but planning "normal" activities – helping me to try and get back some normalcy in my day to day life• Meeting for a walk in the park or a coffee rather than sitting in a room talking about symptoms• Home treatment staff to talk with my care coordinator and therapist
Things that have NOT worked well for me in the past are:
<ul style="list-style-type: none">• Not being involved in decisions about me, contradictory assurances from different people, not being told of changes to plans.• Being seen by people who don't know me• The police placing me in a police car. The police taking me to a police station. If necessary to transfer, use ambulance.

2. If I am seen under the crisis team/home treatment

My care and treatment preferences are:
<ul style="list-style-type: none">• Home Treatment can be used as a short term intervention to help me stabilise when daily appointments at Central CMHT are not possible or it is not sufficient to contain the situation.• Ensure that there is always at least one female present when meeting with me.• Zolpidem 10mg can be helpful if I am not sleeping. Lorazepam only to be used minimally (0.5-1 mg per day) and only if I think it will help.• Do not contact my biological family or allow them access to me.
What has worked well for me in the past:
<ul style="list-style-type: none">• When staff have helped me to orientate and feel more grounded, by reminding me that I am having an understandable and logical response to past trauma - my brain is reacting as if I am in danger, but actually I can keep myself safe now.• Home treatment staff to talk with my care coordinator and therapist• When it is has been possible to arrange fixed times with a few regular staff members• Meeting home treatment at their base – because it gets me out of the flat• Access to the activity centre which provides a "safe place" to ground myself and stay more present, reduces social isolation, and encourages me to engage rather than withdraw from support
Things that have NOT worked well for me in the past are:
<ul style="list-style-type: none">• Being prescribed anti-psychotics or anti-depressants or Zopiclone• When 2 male staff have turned up at my home• The police coming to my flat without a mental health professional also present.• Just telling me to call the telephone number if I need to

3. If I am admitted to hospital

<p>My care and treatment preferences are:</p> <ul style="list-style-type: none">• Inpatient admission is only to be used as a short term intervention, in a planned way and for the purposes of safety and stabilisation. Inpatient admission should only be used if I am no longer able to manage my risks of suicide and/or am in an almost permanent state of flashbacks and dissociation and the situation cannot be contained in the community. This should be weighed up against the risks and distress an admission will definitely cause me. Hospital removes the last ounces of control and also can add to my feelings of unsafety and being trapped.• The best thing an admission can do is 1. help me orientate and ground (and thereby help reduce the constant flashbacks and dissociation) 2. encourage activity and social contact with people 3. Help me say when I am not ok and learn to be able to ask for. 4. provide space and opportunity to talk to people about my difficulties rather than harming or isolating myself. Hospital needs to support me to keep myself safe rather than removing responsibility and control of that.• When distressed I am likely to withdraw from people (to my room or by attempting to leave the ward). This is a trauma-based response, and is not what is most helpful as I am at greater risk of dissociating and distress. I will need help to approach staff or tell them I am not ok.• It is helpful to receive psychological input (psychologist/art therapy) to help me stabilise, but is important that the connection with my therapist is maintained. The long term work with my therapist is addressing the underlying issues and so a referral to a community-based therapist is not necessary.• When doing observations, it is helpful if the staff verbally check in with me (rather than just visually) as hearing my name can 'jolt' me back to the present and re-orientate me when I may have dissociated. If I do not respond it might be likely I am stuck in a flashback. For this reason it can be helpful for me to remain on 15 minute observations, even if my risks of self-injury have subsided and I appear settled on the ward.• Feeling locked/shut in is very distressing at night especially so please allow me to keep my bedroom door open.• I may find the sound of alarms distressing. It helps if staff reassure me that nobody is coming for me.• Do not give ECT treatment (this is also declared on my LPA for health and welfare).
<p>What has worked well for me in the past:</p> <ul style="list-style-type: none">• Doing things in a planned way and explaining them to me <i>before</i> they happen.• Giving me choice and involvement in decision making. Don't make decisions about me without me.• Allow me to keep my mobile phone and headphones as these will help ground me.• Being involved in activities and encouraging me not to stay in my room.• Continuing to see my therapist plus adding other therapies such as art therapy.• Zolpidem 10mg can be helpful if I am not sleeping. Lorazepam (max. 0.5-1 mg per day) only to be used if I have talked to someone.
<p>Things that have NOT worked well for me in the past are:</p> <ul style="list-style-type: none">• Making sudden changes to my medication or given sedatives, anti-psychotics or anti-depressants.• Being moved between wards or hospitals late in the day or at night.• Physical examinations/test (eg BP, ECG, blood tests) when first admitted.• Being on one-to-one observations with a male staff member.• Being discharged from hospital suddenly without a clear plan in place.