



Complete details or affix label

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

ACT Health

# Advance Agreement

Mental Health, Justice Health, Alcohol and Drug Services

## Section 27 Mental Health Act 2015

An Advance Agreement can be completed on an electronic template or handwritten on a printed form from the Clinical Forms Register. Please attach extra pages if needed.

An Advance Agreement is a written document that sets out information you feel is relevant to your treatment, care or support for your mental disorder or mental illness. It also sets out your preferences in relation to practical help you may need as a result of your mental disorder or mental illness. E.g. matters such as who will look after my house/cat?

*An Advance Agreement does not include information such as which medication you would prefer, or who you would like information about your treatment shared with. That information is included in an Advance Consent Direction. If you have an Advance Consent Direction, it may be useful to attach a copy of it to this document.*

### This Advance Agreement belongs to:

Name of person:

Address:

Date of birth:

### Developed with my 'Support Team'

Your Support Team includes your treating team (such as your clinical manager, GP, psychiatrist) and anyone else who plays a role in supporting you. Your Support Team can help you with your Advanced Agreement if needed. Your Support Team will also sign it to confirm that they support it and have all of the information that they need to act on it if required.

### List the main people involved in supporting you to manage your mental health:

	Name	Contact phone
Nominated Person		
Carer/Family/Friends		
GP		
Clinical Manager		
Psychiatrist		
Other Workers <i>(eg psychologist)</i>		
Community Workers		
Guardian		
Power of Attorney		
Others		

Advance Agreement

## Important Information

Important things about my life that need to be considered:

*(Include responsibilities for children and family, work, rent, bills, pets, study, information on cultural background and lifestyle preferences)*

Significant events from my past that need to be considered:

*(Include any information that may help others understand your needs)*

Other Health Issues:

*(e.g. physical issues, allergies, restrictions on diet and mobility)*

Other Medications/Supplements:

*(Include anything that may not be noted in your current list of mental health medications)*

Medication/Supplement	Dose	Prescriber	Comments <i>(purpose, benefits etc)</i>

A list of my current medications is available:

<input type="checkbox"/> On my Mental Health Services file	<i>Comments</i>
<input type="checkbox"/> From my Psychiatrist	<i>Comments</i>
<input type="checkbox"/> From my General Practitioner	<i>Comments</i>

Other: *Give details*

I have a current Advance Consent Direction:

Yes

No

\* 1 5 2 9 9 \*

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### Children and Young People's Support Plan

Do you have dependent children?

If so, you can make sure a plan is in place that identifies the care and support your children need while you are temporarily unwell.

More information on completing a Children and Young People's Support Plan is available through your mental health worker or local mental health unit.

I have a CHILDREN AND YOUNG PEOPLE'S SUPPORT PLAN that should be read in conjunction with this Advance Agreement:

Yes     No     Not applicable

Comments:

Who would you like to talk to your children about the situation if you become unwell?

Name:

Relationship:

Contact details:

Do you have any current care and protection orders in place?     Yes     No

What would you like them to say to your children in this situation?

Is there anything you do not want them to say to your children?

## Coping and Safety Plan

Your Coping and Safety Plan enables you to suggest useful strategies to help you if you are experiencing high levels of emotion, distress or agitation. It provides important information on what can be done to prevent things from getting worse and how to best support you in this difficult time. It can be very hard to communicate with clinicians during times like this.

This plan allows you to identify early warning signs that indicate you are struggling and suggests coping strategies that you have found helpful. This plan can be used to assist you with your treatment, care and recovery journey, especially at times of crisis. You can add or take away from your plan at any time.

### **Early warning signs that I am not coping**

Do you experience any of the following warning signs when you are having difficulty coping?

Completing this section helps you and others recognise when you are struggling so action can be taken to support you. *Please tick or add your responses.*

- |   |   |
|---|---|
| <input type="checkbox"/> Worrying a lot / thinking too much | <input type="checkbox"/> Withdrawing / isolating myself |
| <input type="checkbox"/> Changes in sleep—more / less       | <input type="checkbox"/> Avoiding people                |
| <input type="checkbox"/> Changes in eating—more / less      | <input type="checkbox"/> Not taking care of myself      |
| <input type="checkbox"/> Changes in thinking                | <input type="checkbox"/> Racing thoughts                |
| <input type="checkbox"/> Hurting myself                     | <input type="checkbox"/> Unable to sit still            |
| <input type="checkbox"/> Feeling tense / uptight            | <input type="checkbox"/> Feeling distressed             |
| <input type="checkbox"/> Other:                             | <input type="checkbox"/> Other:                         |
| <input type="checkbox"/> Other:                             | <input type="checkbox"/> Other:                         |
| <input type="checkbox"/> Other:                             | <input type="checkbox"/> Other:                         |

How can you let people know that you are having difficulty coping?

### **Coping strategies: What is helpful and safe for me?**

What are some of the things that calm you down, keep you safe and make you feel better?

*Please tick or add your responses.*

- |  |  |
|--|--|
| <input type="checkbox"/> Talk with others                      | <input type="checkbox"/> Going for a walk                      |
| <input type="checkbox"/> Let me sit quietly by myself          | <input type="checkbox"/> Having a bath or shower               |
| <input type="checkbox"/> Breathe deeply / relaxation exercises | <input type="checkbox"/> Exercise / go to the gym              |
| <input type="checkbox"/> Keep busy, do an activity             | <input type="checkbox"/> Art /craft activities                 |
| <input type="checkbox"/> Medication                            | <input type="checkbox"/> Having a drink / food                 |
| <input type="checkbox"/> Listening to music                    | <input type="checkbox"/> Reading                               |
| <input type="checkbox"/> Watching TV / DVD                     | <input type="checkbox"/> Playing music / drumming / singing    |
| <input type="checkbox"/> Speaking with friends or family       | <input type="checkbox"/> Running cold / warm water on hands    |
| <input type="checkbox"/> Playing video games / computer        | <input type="checkbox"/> Using a rubber band on wrist*         |
| <input type="checkbox"/> Playing a board game / cards          | <input type="checkbox"/> Using stress balls / shredding paper* |
| <input type="checkbox"/> Writing (e.g. letter, poem, diary)    | <input type="checkbox"/> Chewing gum / eating sour lollies*    |

\*These are specific strategies designed to affect your senses in different ways. They can be helpful for some people when faced with overwhelming feelings and thoughts.

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<input type="checkbox"/> Being outside	<input type="checkbox"/> Wrapping yourself in a blanket*
<input type="checkbox"/> Playing sport	<input type="checkbox"/> Using / sitting on an exercise ball*
<input type="checkbox"/> Seeking help	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

\*These are specific strategies designed to affect your senses in different ways. They can be helpful for some people when faced with overwhelming feelings and thoughts.

Would you like to say more about your coping strategies?

## Communicating to Others *(also refer to an Advance Consent Direction)*

### People To Be Notified If I am Unwell

Name	Phone	Relationship <i>(Friend/Family, doctor, therapist)</i>	Notify <i>(immediately, few days)</i>	Special tasks <i>(e.g. look after children, feed pet, pay bills)</i>

### People **Not** To Be Notified If Unwell

Name	Relationship, any relevant information

## After A Crisis

### Leaving hospital or recovering from a crisis

Important things to be considered for my recovery after being unwell:

*(Include the supports and strategies that you would find helpful after leaving hospital or when recovering from a period of being unwell or in crisis)*

**Signatures**

Signature of person making Advance Agreement

Date

The signatures of the members of my support team confirm that they support my Advance Agreement and have the information they need to act if required:

Signature

Print name

Designation

Date