

# Advance Directive Whakaaro Pono

## IN MENTAL HEALTH CARE AND TREATMENT

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*“Getting what you want to happen acknowledged.”*

# Advance Directive example

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## Advance Directive/Whakaaro Pono—letter format

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**Full name:** *[of person writing this Advance Directive]*

**Address:**

**Dear Clinicians,**

If you are reading this it means I have become so unwell mentally that I am unable to make good decisions or choices about life or myself at this particular time and am unable to manage my personal boundaries.

At this time it is important to me that:

***Suggestions below of what could be included in this letter...***

**Emergency contact:** *[of person you wish to have involved in your care]*

**Enduring Power of Attorney:** *[state the person you have appointed for this or nominate a person of your choice if you have such a person]*

**Involvement in your care:** *[who do you **NOT** want to be involved and who **DO** you want to be involved]*

**Medications:** *[I find helpful]*

**Personal affairs:** *[children, pets, etc]*

**Past interventions:** *[state what past interventions have or have not worked for you at other times of being unwell—note any spiritual needs]*

*[Anything else that is important to you for staff to know]*

*[Consider having the plan of care discussed with your consultant/GP so you have the backing from their clinical view confirmed in this letter also.]*

The registered health professional that has assessed me as competent (of sound mind) at this date is:

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This same health professional has sighted this letter and is in agreement with my plan and decisions. I have completed this letter of my own free will after taking all information I have into consideration. My expectation is that it is followed and if not I wish to have a written explanation on why not, given to me please.

I have/have not (cross out what doesn't apply) got a video Advance Directive.  
(This is a written summary of my video Advance Directive if I have stated I have one).

With thanks

**Signed:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

# What is an Advance Directive?

An Advance Directive sets out your choices regarding your future mental health care.

It is intended to be used in situations where you are not able to tell services what you want because you are too unwell.

An Advance Directive indicates the type of treatment you prefer to receive if you become unwell, and you can specify treatments you prefer not to have.

It cannot override the Mental Health Act or the Privacy Act, but it can help your care team take into account your personal needs, values and beliefs.

An Advance Directive needs to be made when you are well. It cannot be made by anyone else on your behalf and you must be making it of your own free will.

The Mental Health service has a formal procedure in place for using an Advance Directive.

## How do I start?

### Step one

Decide what the most important aspects of your care are that you wish to cover off. The Advance Directive example shows you what to consider. It can be in a written format or a video format.

### Step two

Decide on who you would like to help you develop your Advance Directive. It could be a

- Whānau or family member
- A good friend
- Nelson Compass worker
- Blenheim Mental Health Advocacy worker
- Care Manager/Psychiatrist
- Māori Health cultural support worker.

Have a discussion about:

- What happened last time
- What worked well
- Medications
- Strategies that help and strategies that don't help.

## Step three

Having gathered all the information together, you can now write it up (see an example over the page). You can use our suggested format or do it in a way you feel comfortable.

Certain criteria need to be met to ensure the mental health service will take your Advance Directive into consideration.

## Step four

Once you have a draft copy, discuss it with the people that helped you create it. Make any adjustments and then confirm your final version. Sign and date the final version, and have your registered health professional sign it as well.

It is now ready to be put in a place for when and if you need it.

Have a copy for:

- Yourself
- Give a copy to your GP
- Care Manager/Psychiatrist—ask your Care Manager or Psychiatrist to put a copy in your electronic health records. Or scan your signed Advance Directive and email it to: [MH.DataAnalyticsTeam@nmdhb.govt.nz](mailto:MH.DataAnalyticsTeam@nmdhb.govt.nz) to be added to your records.
- Whānau or family members
- Other people who support you

## For more information

### NMH Consumer Advisor

Phone (03) 546 1410

### Nikau Hauora Hub

Phone (03) 539 3760

### Compass

Phone (03) 548 2798 ext 6

### Mental Health Advocacy Service

#### Blenheim

Phone (03) 579 5304

**General Practice**—contact your GP

**Your Care Manager is**

### Te Piki Oranga Kaupapa Māori

#### Wellness Service

Phone 0800 672 642

### Pathways

Phone (03) 922 7334

### Yellow Brick Road

#### Supporting Families Nelson

Phone (03) 546 6090 ext 0

#### Supporting Families Marlborough

Phone (03) 577 5491

**Phone**

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*“Having an Advance Directive helped me shorten my length of stay in the hospital—we were all on the same page.”*

An Advance Directive user

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