



# Mental Health Advance Preferences Statement

FAQs for service providers

## What is a MAP?

A Mental-health Advance Preferences statement (MAP) is a document that allows consumers to have a voice when their voice may not be heard because they were too unwell or not in a position to be able to speak for themselves. A MAP is a statement made when a person is well, about what they would like to have happen in the future when a situation arises where they need treatment or help from others. It is similar to an advance directive, but our research has shown that people are less intimidated by the concept of a statement of preferences. The Code of Health and Disability Services Consumers' Rights (the Code) specifically gives all consumers the right to use an advance directive, except where any other enactment, the common law, or another provision of the Code provides otherwise. MAPs are not legally binding, in that they do not take precedence over decisions made under the Mental Health Act (MHA).

## Why should a consumer have a MAP?

MAPs are a means of increasing consumer participation in their own care and enabling their views and preferences to be heard. Consumer engagement is well documented as an important step in facilitating mental health recovery. MAPs can inform and guide the treatment team when a consumer is in a mental health crisis, offering a perspective that may not be readily available from clinical notes or current presentation. Even when a consumer is not competent to give informed consent, service providers have an obligation under the Code to take reasonable steps to ascertain what the consumer's views are regarding their treatment (Right 7). This includes when the consumer is subject to the MHA. A MAP can be an invaluable tool in this regard.

## What should a consumer include in their MAP?

There are no absolutes as to what to include in a MAP – the key is that the MAP is personal to the consumer. It should include the preferences that are important to the consumer and relevant for their recovery. It is very important that there is no coercion in the drafting of the MAP – not from family, whānau, or the clinical team. For some consumers, it may be very important that the MAP includes:

- Preferences regarding certain medications;
- Treatments that have worked in the past;
- People they wish to have involved in their care or those they would prefer not to have included;
- People they may like to have notified in case of a hospitalisation, or those they would rather not have visit.

The MAP may also include information about things not directly related to their mental health treatment, but which may be important to them for their peace of mind, including information about dependents, pets, care of their property, etc. They may also wish to include information about their cultural, religious, or dietary preferences.

## What form should a MAP take?

While there is no legally prescribed form that a MAP must take to be considered valid, Southern DHB has developed a recommended template. This does not mean that everything that is included in the template must be completed, nor does it mean that other things cannot be included if the consumer feels they are important. Ideally, if the MAP is not filled out online through the SDHB access link [www.southernhdb.govt.nz/pages/mental-health-advance-preferencesadvance-directives](http://www.southernhdb.govt.nz/pages/mental-health-advance-preferencesadvance-directives) it should be in writing, signed and dated by the consumer, and countersigned by someone who knows the consumer well enough to confirm that the information provided is what the consumer wants. Even if a MAP does not meet these criteria, it should be accepted as a valid reflection of the person's preferences, and every effort should be made to follow these preferences as far as practicable or used as a guide to negotiating options available for their mental health care.

### Do consumers need to have a lawyer to create a MAP?

No, consumers have the right to make a MAP without involving anyone else in its preparation. However, we strongly suggest consumers consult with someone they trust who understands their situation and might be able to discuss the options with the consumer. This could be a peer support worker, or someone independent of the clinical team who can help ensure that the consumer is making informed choices in the preferences they express. We would then encourage the consumer to discuss their MAP with their clinical team so they are aware of its content before a crisis situation arises.

### How do I know if a person has the capacity to make a MAP?

Under Right 7(2) of the Code, every consumer must be presumed competent to make an informed choice and give informed consent, unless there are reasonable grounds for believing the consumer is not competent. It cannot be presumed that a person lacks capacity to make a MAP simply because they are unwell or under the MHA at the time. The question that must be asked is do they have the degree of understanding about what creating a MAP entails?

### How can I tell if a MAP is valid?

Validity should be presumed if the MAP has been properly completed (e.g. signed and dated), witnessed and/or signed off by a responsible (independent) party, until evidence demonstrates the contrary. It is important that the MAP be taken as a whole – do not assume on the basis of one or two stated preferences that appear to be “unreasonable” or out of the ordinary that the person was not competent and the MAP is therefore not valid.

- Even if a MAP was valid when it was drafted, it can cease to be valid in certain circumstances. These could include:
- The MAP was revoked when the consumer was competent to do so;
- The consumer made the MAP under coercion;
- The MAP is not sufficiently clear to cover the current situation;
- The MAP does not pertain to the current situation.

While there is no statutory time limit on how long a MAP is valid, it is reasonable to consider whether life circumstances have changed significantly since the MAP was drafted. If so, then care should be taken to try and ascertain whether those changes might mean that if the MAP were to be drafted today, it would be different. We are recommending that consumers be encouraged to revisit their MAP every 18-24 months to consider whether any changes should be made.

### If the MAP is valid, do I have to follow it?

No, not in all circumstances. Even if a MAP is valid, it is possible that it does not pertain to the current situation. For example, a consumer might state that they do not want any antipsychotic medication, but since the MAP was written, a new product has become available. Alternatively, if a patient is under the MHA and is subject to a compulsory treatment order, the MAP would not take precedence, at least in so far as the MAP applies to decisions regarding treatment of the mental disorder that is the grounds for compulsory treatment. However, this does not mean that other parts of the MAP could be ignored. The Code requires that consumers are treated with respect, which includes listening to and following the individual's preferences as much as possible. Under Right 4 of the Code, every consumer has the right to services that minimise potential harm and optimise their quality of life. In addition, the Code requires that services are provided in a manner consistent with the consumer's needs. As far as possible, service providers have an obligation to ensure that a valid MAP is adhered to.

### What if a consumer changes their mind and tells me not to follow what is in their MAP?

The MAP is about preferences, and preferences can change. As long as the consumer is competent to make such decisions, they retain complete control over what is in their MAP and can change it at any time. Any choices they make regarding their treatment will be considered valid, even if those choices directly contradict what was previously stated in their MAP.

### What if a consumer changes their mind about treatment preferences when they are unwell?

It depends how unwell they are at the time, and how this affects their understanding of their treatment needs. If the consumer understands the issues regarding their treatment, they have the right to make the decision and depart from their earlier stated preference. If you do not believe they are competent, then you have an obligation to try and ascertain what their views would have been – and their previous MAP might be useful in this regard.