



Mental Health Advance Preferences Statement

Mapping your preferences in advance

What is a MAP?

A mental-health advance preferences statement (MAP) is a way for you to be able to express in advance your preferences for care, when you might not be able to do so later, because you are too unwell or not able to make decisions or communicate your wishes during a mental health crisis.

Why should I have a MAP?

A MAP can let your care team know about things important to you and that you believe will help in your recovery. While a MAP does not override the powers to treat provided by the Mental Health Act, or the rules about privacy of health information under the Privacy Act, you generally have the right to be provided with care that takes into account your specific needs, values and beliefs, and your MAP is a good way of making sure your treatment team knows what these are.

Your MAP can be used in any situation where you do not feel able to speak for yourself regarding your mental health care treatment.

How do I develop a MAP?

We invite you to take the opportunity to prepare a MAP with the support of a person you trust, who knows you well enough to confirm that you are making this MAP voluntarily, and that the information it contains reflects what you wish to say to your treatment team. This person could be a peer support worker, a social worker, a nurse, or anyone you feel comfortable with. While it is not required, we would encourage you to discuss your MAP with your clinical team after you have completed it, so they are aware of your preferences before a crisis occurs.

Your MAP is not a fixed document. Your ideas about what works for you, or who you want to have involved in your care, can change. For the MAP to be most effective, it should be reviewed and updated regularly (e.g. every 18-24 months), again with the support of someone you trust. We would also recommend revisiting your MAP after a crisis – once you feel able to do so.

You can create your MAP electronically, by visiting this website www.southernhnb.govt.nz/pages/mental-health-advance-preferencesadvance-directives, or you can fill out a hardcopy.

What can I include in my MAP?

The MAP adds to your existing medical records, so it is not necessary to use it to explain your entire mental health history. It is also important for you to realise that it is not a substitute for an assessment by a healthcare professional but another tool for you and your team to use to understand how you, as an individual, would benefit most from the treatment options available.

In this document, we have included a form with suggested categories you might want to include in your MAP. On the next page you will find a diagram with some ideas that you might want to think about when writing your MAP. You can include statements regarding any or all of the items we suggest or add other ones you think are important to you.

This is your personal MAP.

What happens to my MAP?

Your MAP will become a part of your medical records, but only people who are involved in mental health services will have access to it. The information in your MAP will be available to the staff of mental health services. If you would want other healthcare professionals to have access to your MAP (such as your GP), you should specify this.

We recommend you keep one copy for yourself and give copies to other people you believe would be helpful (such as a family/whānau member, a support person, or your PDN).



1. WHAT I WOULD LIKE TO HAVE HAPPEN:

Strategies that work for me
Hospitalisation/alternatives to hospitalisation
Medication that helps
ECT
Seclusion or other restraints
Specific visitors
Access to specific mental health team workers
Rights I would like to have if I'm hospitalised
Information about what is going to happen
My recovery options



2. WHAT I DO NOT WANT TO HAVE HAPPEN:

Things that don't work for me
What not to do
Things that increase my anxiety
Medications that don't help
Hospitalisation
ECT
Seclusion or other restraints
Specific visitors



3. WHO SHOULD BE CONTACTED WHEN I AM IN CRISIS:

Alternative contact person in case your first choice is not available
Family/whānau/next of kin
Friends
Support worker/community group
Religious or cultural leaders (e.g. Chaplain, kaumātua)



4. WHO I DO / DO I NOT WISH TO HAVE INCLUDED IN MY CARE:

Family/whānau/next of kin
Friends
Specific mental health team workers
Support worker/community group
Religious or cultural leaders



5. MANAGING PERSONAL AFFAIRS:

Home organisation (e.g. Mail, lawn, lights, heating)
Dependents (e.g. Children, elderly parents)
Financial matters (e.g. Rent, banking)
Pets



6. PREFERENCES:

Cultural
Spiritual
Self-management
Sensory modulation
Dietary



7. OTHER RELEVANT INFORMATION:

Things about myself
My physical health
Early warning signs
Triggers
Information about other relevant documents (e.g. WRAP, health passport)
Power of attorney