YOUR CHOICES, YOUR VOICE

A MENTAL HEALTH DECISION GUIDE

This form brings together three forms to help you stay in control of your mental health care, including:

a decision guide

Click here to start

What Matters to Me form (Advance Statement of Preferences)

Click here to start

a *Trusted (Nominated) Person* form.

Click here to start

These three forms are explained below.

You can use these forms to say what you need and want for your mental health care. The forms help the doctor and treating team you are working with know what matters to you.

They help make sure that no matter where you're at in your support, you have a say in decisions about your care.

All these forms are optional. You can use them to start conversations with your treating team or come back to them later. You don't have to fill any of them out today.

Let's start with a few important things about you and how you'd like to communicate.

My details

CHOSEN NAME

NAME ON MEDICARE CARD

PRONOUNS

☐ She/her ☐ He/him ☐ They/them ☐ She/they ☐ He/they ☐ Prefer not to say

☐ Other (please specify) ◯ clear selection

DATE OF BIRTH

Are you Aboriginal and/or Torres Strait Islander?

◯ No

◯ Yes – Aboriginal ◯ Yes – Torres Strait Islander

◯ Yes – both Aboriginal and Torres Strait Islander

◯ Prefer not to say ◯ clear selection

If you ticked 'yes', do you want to share your mob or language group?

Culture or community that's important to you (if you'd like to share)

Phone

Medicare number

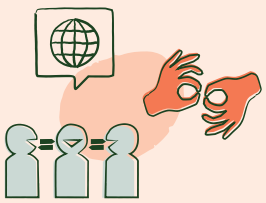
Today's date

My communication needs and preferences

Do you need support to communicate?

For example, language interpreter, cultural interpreter, or Auslan interpreter.

☐ Yes ☐ No



This is where you can list what helps you to communicate or understand information.

If yes, what language or support would you like?

Continues to next page

What matters to me

Tick all that apply or add your own

Tell us more here, if you want

How I like to communicate

- [ ] Spoken/talking
- [ ] Written/notes
- [ ] Visual/pictures or diagrams
- [ ] I want people to be aware of cultural considerations
- [ ] No eye contact
- [ ] Sign language
- [ ] Other:

How I like to communicate

What helps me make decisions?

- [ ] Talking it through with staff
- [ ] Talking it through with a support person
- [ ] Seeing all the options clearly
- [ ] Taking my time to think
- [ ] Having examples or visual guides
- [ ] Getting advice from family, friends, or peers
- [ ] Other:

What helps me make decisions?

Best times or places to talk

- [ ] Morning
- [ ] Afternoon
- [ ] Quiet room
- [ ] Outdoors/nature
- [ ] Other:

Best times or places to talk

What helps me feel safe to share

- [ ] Quiet or calm space
- [ ] Dim or soft lighting
- [ ] Staff explaining things clearly and slowly
- [ ] Short questions
- [ ] Staff check I understand
- [ ] Trusted or familiar staff members
- [ ] The gender of staff - if yes, what is your preference:
- [ ] Staff checking my correct pronouns
- [ ] Support from friends, family, or advocates
- [ ] Sensory supports (for example: headphones, fidget tools, blankets)
- [ ] Other:

What helps me feel safe to share

A quick guide to each form

Now let's look at each form, and you can decide which ones, if any, you want to fill out with your treating team. Remember, it's totally up to you which questions and forms you complete and when.

Decision guide

Sometimes you face choices about your mental health care. A decision guide helps you think through those choices, for example, whether to start a new treatment, involve family, or change supports.

Is there a decision you need to make about your care?

- ◯ **yes** - now. **Click here to start**
- ◯ **yes** - later. Please remind in ____ weeks
- ◯ **no**

What Matters to Me form (Advance Statement of Preferences)

This is a form where you can write down the kind of mental health care that's important to you if you ever become unwell and can't make or communicate decisions. This can be helpful if you're under a compulsory (involuntary) Treatment Order*.

You can include things like:

- What treatments work best for you and what hasn't worked well.
- What helps you feel safe and supported.
- Anything that's important for your treating team to know.

If you're not sure, compulsory treatment means that some or all of your care can be decided without your consent under the law. This can look different depending on the state or territory you live in. You can talk with your worker or a trusted person more to understand how it applies to you.

You can make one anytime, even if you're already in hospital.

Do you have a *What Matters to Me* form (Advance Statement of Preferences)?

- ✓ **Tick the one that applies:**
- ◯ **Yes** -I'm happy with my *What Matters to Me* form
- ◯ **Yes** -I would like to cancel my *What Matters to Me* form and **make a new one**
- ◯ **No** - I don't want a *What Matters to Me* form
- ◯ **No** - I would like to **create a *What Matters to Me* form**
- ◯ **No** - I would like an advance statement of preferences, just not right now. Remind in ____ weeks.

*The term Treatment Order will be used throughout this form relating to compulsory (involuntary) treatment. Each state and territory may vary on how compulsory treatment is referred to.

Your Trusted (Nominated) Person Form

Your trusted person may be different from the general supports you may have already listed. A trusted person is someone who can support you and speak up for what you want if you ever have compulsory (involuntary) mental health assessment or treatment.

You can:

- Choose anyone you trust (over the age of 18) – like a friend, family member, carer, partner, community member or another support person.
- Choose a trusted person any time, even if you're in hospital.
- Only have one trusted person at a time.

Do you already have a trusted (nominated) person?

Tick the one that applies:

- ◯ **Yes** - I'm happy with my trusted person
- ◯ **Yes** - I would like to **change who my trusted person is**
- ◯ **No** - I don't want a trusted person
- ◯ **No** - I would like **a trusted person**
- ◯ **No** - I would like a trusted person, just not right now. Remind in ☐ weeks.

Notes

Decision guide

A decision guide helps you think through choices about your care.

Treatment Orders

Part of making sure you're getting the right support is understanding any treatment or legal orders that might be in place.

Do you have one now, or has anyone mentioned that to you?

- ☐ **Yes**
- ☐ **No**
- ☐ **I don't know**

If yes:

- Do you know what the Treatment Order means for you?
- Who explained it to you when it was made?
- Do you know how long it's for or what's expected from you?
- Would you like me or someone else to go over any part of it or help you find out more?

If you have a Treatment Order, it may affect how you navigate the decision guide. Make sure you know all the important information about the order and how it affects your choices. If you're not sure about anything, ask your worker.

Notes

Continues to next page

Decision guide

1 What is the decision?

QUESTIONS TO EXPLORE

- What decision do I need to make about my care?
- When do I need to make it?
- Can I change my mind later?

Decision

2 What do I know about my options?

This is where you and your worker can talk about your wants and needs.

They can inform you about the possible benefits and downsides of each option (based on research and practice).

Note for worker:
Ensure the young person understands the possible evidence-based benefits and downsides of each option, explore what matters most to them, and support them to make a decision that combines the evidence with their personal values and preferences.

QUESTIONS TO EXPLORE

Here you can write down the treatment options you have available to you. This might be keeping treatment the same, changing how much treatment you have, or starting a new treatment. For each option, ask the following questions:

- What are the potential benefits and downsides?
- How likely are these to happen to me?
- Does this option feels right to me?

Note for worker:
Three options are provided, however a young person may want list more or less.

OPTION ONE
Keeping my treatment the same

OPTION TWO
For example: changing or reducing medication, changing mode or frequency of therapy.

OPTION THREE
For example: changing or reducing medication, changing mode or frequency of therapy.

3 Who are the people I can go to for support to make this decision?

These can be friends, family, community members or services.

Tick if you would like a support person:

☐ **No support person** ☐ **Yes, support person** (can be several)

PERSON 1

Name

Phone number

Relationship

How do I want this person to help me with this decision?

PERSON 2

Name

Phone number

Relationship

How do I want this person to help me with this decision?

PERSON 3

Name

Phone number

Relationship

How do I want this person to help me with this decision?

4 Do I have what I need to make my decision?

LET'S REVIEW EACH OPTION.

Comments

1. Have I got all the information I need?

- I have more questions
- I would like to find information elsewhere
  (For example: another health professional)

2. Do I want to connect with or hear from others who've been through something similar?

For example, do I want to:

- engage a peer worker if available?
- join a social support group if available?
- explore online resources?
  (For example: videos, written stories, podcasts)
- engage with a social and emotional wellbeing worker or cultural liaison if available?

3. Have I included everyone I want in this decision?

4. Am I feeling any pressure from others to decide a certain way?

Note for worker:
If young person is experiencing pressure, explore potential options of alleviating this.

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5 Considering the options discussed, is there one I am wanting to try? If so, option:

How sure are you?

---

6 When should I review this option?

Comments

If you want to see your decision in a visual way, you can use this:

Decision guide

1 What decision do I need to make about my care?

- When do I need to make it?
- Can I change my mind later? YES!

2 What do I know about my options?

List my options

Option 1: What would it look like if my care stayed the same?

Option 2:

Option 3:

Thinking through each option

- What are the possible benefits and downsides to this option?
- What are my personal values and preferences?
- Does this option feel right for me?
- What help do I want for this option?
- Do I have any further questions about this option?

3 Who are the people I can go to for support to make this decision?

These can be friends, family, community members or services.

4 Do I have what I need to make my decision?

Let's review each option.

1. Have I got all the information I need?
2. Do I want to connect with or hear from others who've been through something similar?
3. Have I included everyone I want in this decision?
4. Am I feeling any pressure from others to decide a certain way?

5 Considering the options discussed, is there one I am wanting to try? If so, option:

6 When should I review this option?

What Matters to Me form
(Advance Statement of Preferences)

This is a form where you can write down the kind of mental health care that's important to you if you ever become unwell and can't make or communicate decisions.

Frequently asked questions

Why make one?

This form helps you share what is important to you. If there is a time when you can't make decisions about your care, this form lets others know what matters to you.

Will services have to follow it?

Mental health services must try their best to follow your wishes, however, are not legally bound to do so.

They might do something different to what you asked for on your form if:

- What you've asked for isn't safe.
- They can't reasonably provide what you want.

Each state and territory in Australia has different laws about how Advance Statements of Preferences work. It's helpful to look up the rules in your state or territory or ask a trusted adult, health worker, or advocacy service to help you understand how they apply to you.

Can you change or cancel your ***What Matters to Me*** **form** (Advance Statement of Preferences)?

In most states and territories, you can't edit your old form, but you can make a new one with your updated preferences, or cancel it. The new form replaces the old one. Remember rules are different depending on where you live, so it's a good idea to check the laws in your state or territory.

To cancel your *What Matters to Me* form, see the **declaration** at the end of this form.

About this form

- An adult (18 or over) must watch you sign this form. This can be a friend, family member, or support worker. The witness also needs to fill out a short statement at the end of the form.
- After its completed, your mental health service will keep a copy.
- Keep a copy for yourself, in case you go to another hospital or service. You can also give copies to a carer, support person, or someone you trust, such as a nominated person.

My *What Matters to Me* form

My details

CHOSEN NAME

NAME ON MEDICARE CARD

PRONOUNS

DATE OF BIRTH

Are you Aboriginal and/or Torres Strait Islander?

If you ticked 'yes', do you want to share your mob or language group?

Culture or community that's important to you (if you'd like to share):

Phone

Medicare number

Today's date

Select one statement below

- ☐ This is my first *What Matters to Me* form
- ☐ I have an existing *What Matters to Me* form created on and I want this statement to replace it

Date:

Contacts

List the people you'd like the mental health service to contact if you have to receive compulsory (involuntary) assessment or treatment.

See next page to list your support persons

Contacts

SUPPORT PERSON 1

Support person name

Pronouns

Relationship

Phone

Address

Email

Is this my trusted (nominated) person?
(see *Trusted Person Form*)

- [ ] Yes
- [ ] No

Tell them if I have to receive compulsory treatment

- [ ] Yes
- [ ] No
- [ ] Don't know

Share information with them about my health and treatment

- [ ] Yes
- [ ] No
- [ ] Don't know

SUPPORT PERSON 2

Support person name

Pronouns

Relationship

Phone

Address

Email

Is this my trusted (nominated) person?
(see *Trusted Person Form*)

- [ ] Yes
- [ ] No

Tell them if I have to receive compulsory treatment

- [ ] Yes
- [ ] No
- [ ] Don't know

Share information with them about my health and treatment

- [ ] Yes
- [ ] No
- [ ] Don't know

SUPPORT PERSON 3

Support person name

Pronouns

Relationship

Phone

Address

Email

Is this my trusted (nominated) person?
(see *Trusted Person Form*)

- [ ] Yes
- [ ] No

Tell them if I have to receive compulsory treatment

- [ ] Yes
- [ ] No
- [ ] Don't know

Share information with them about my health and treatment

- [ ] Yes
- [ ] No
- [ ] Don't know

My care and treatment preferences

Here you can say what care you do or don't want (like tablets or injections) and what helps you feel safe and supported. You can also explain why or say if you don't want any treatment.

What matters to me

You can choose what to fill in. The prompts are just there to help you think about what's important to you and what you'd like to share.

What treatments or support do I like?

For example: talking therapy, creative therapy, medications

What coping strategies help me most?

For example: listening to music, drawing or art, watching a show, deep breathing, grounding techniques, exercise/movement

What helps me feel safe and comfortable in treatment?

You might want to check what you picked in the 'communication needs and preferences' section at the start of the form

What treatment or support hasn't worked for me (that I am are comfortable sharing)?

Are there treatments or medications I don't want? Why?

Are there cultural, spiritual, or community practices that matter to me in treatment?

Do I want any support with drugs or alcohol during treatment?

What other supports help me?

For example: peer support, group programs, social and emotional wellbeing workers, drug and alcohol workers, cultural support, art, music, or hobbies

Is there any practical support I might need to make things easier?

For example: help with money or bills, a special diet, equipment or daily needs, or support for family, kids, or pets if I went to hospital

Other stuff that matters

Is there anything else I want to share about what works best for me?

Your signature

If I am given compulsory treatment under my state or territory's law, I want my choices in this *What Matters to Me* form to be fully considered. A copy should be kept in my records.

Name

Signature

Date

Your witness

- Only an adult (18+) can be a witness.
- The witness must:
  - Watch you sign this form, and
  - Agree with and sign this declaration.
- The witness does not need to agree with what you wrote.

Witness agreement

I confirm that I am 18 or older.

I believe the person making this *What Matters to Me* form:

- Understands what it is.
- Knows the consequences of making it.
- Knows they can change or cancel it.

I also believe they are signing it freely, and I have seen them sign it.

Witness Name

Witness Signature

Date **Time**

If I want to cancel my statement

I made a *What Matters to Me* form on

date

I no longer want this to be used if I am given compulsory treatment under my state or territory's law.

I cancel this *What Matters to Me* form. I understand this means my care team will not use it to guide my care, support, or treatment.

Name

Signature **Date**

Witness agreement

- Only an adult (18+) can be a witness.
- The witness must:
  - Watch you sign this form, and
  - Agree with and sign this declaration.
- The witness does not need to agree with your decision to cancel your *What Matters to Me* form.

I confirm:

- I am 18 years or older.
- The person cancelling this statement understands what it is and what it means, including that it will no longer be used.
- I have seen the person sign this form.
- I believe they are cancelling their *What Matters to Me* form freely, of their own choice.

Witness Name

Witness Signature

Date **Time**

This is a visual *What Matters to Me* form you can fill out if you prefer a visual.

About me

Name

Pronouns

Age

Culture or community that's important to me (if you'd like to share):

My care and treatment choices

Here you can say what treatment you do or don't want (like tablets or injections) and what helps you feel safe and supported. You can also explain why or say if you don't want any treatment.

What treament I want?

What treament I don't want?

My support person

Support person name

Pronouns

Relationship

Is this your nominated trusted person?

Yes ☐ No ☐

Phone

Address

Email

Tell them of compulsory assessment/treatment? ☐

Share information about my health? ☐

Other stuff that matters

Is there anything else I want to share about what works best for me?

Your Trusted (Nominated) Person form

What your trusted person can do

- Share what you want and how you feel about your care especially if it's hard to say it yourself.
- Come to meetings, talk with your mental health team, and help you make choices that feel right for you.
- Ask questions, get updates from your treating team (when allowed), and explain things in a way that makes sense.
- Help you learn about your rights and options under the relevant state or territory laws.
- Be part of big decisions. Your treating team should check in with them before making major treatment decisions or if you're getting compulsory treatment.
- Stay connected with your team and work with them to make sure you feel supported.

Their job is to back you up, even if they'd choose something different for themselves.

Your trusted person stays in the role until:

- You decide to choose someone new.
- You cancel their role.
- They let you know they can't continue.

If you ever want to change your trusted person, you can:

- Fill out the **Trusted Person cancellation section**
- Fill out a new *Trusted Person* form – this will automatically replace your current one.

My details

CHOSEN NAME

NAME ON MEDICARE CARD

PRONOUNS

DATE OF BIRTH

Are you Aboriginal and/or Torres Strait Islander?

If you ticked 'yes', do you want to share your mob or language group?

Culture or community that's important to you (if you'd like to share):

Phone

Medicare number

Today's date

☐ I have chosen to not nominate a trusted person at this stage.

☐ I would like to elect the person listed below to be my trusted person.

☐ I have an existing trusted person and want the below person to replace them.

Your trusted person

I _____ (**your name**), Identify and consent to _____ (**name of trusted person**) to being my trusted support person.

My signature | **Witness signature** | **Witness name**

Date | **Date** | **Time**

Trusted person acceptance

Full name | **Pronouns** | **Relationship to the young person**

Phone | **Address**

Email | **Preferred contact method** | **Is an interpreter is required** ☐ **Yes** ☐ **No**

Confirmation that the trusted person agrees to take on the role:

I _____ (**trusted person name**) understand and consent to being the trusted person for _____ (**your name**).

Trusted person's signature

Date

Review and updates

Date for review of the trusted person (some forms recommend reviewing every 12 months).

Date

If cancelling or revoking

I _____ (**your name**) cancel this trusted person _____ and understand this means they can no longer receive information about me or advocate for what I want.

My signature | **Witness signature** | **Witness name**

Date | **Date** | **Time**

Note: A Trusted (Nominated) Person cancellation form is not included in this section. If you are a Trusted (Nominated) Person and want to change or stop your nomination, please contact your state or territory mental health authority. They can give you the right information and forms to do this.

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