My advance statement of preferences – child and youth

October 2025

Date: _____

Your full name: _____

Date of birth: _____

Do you identify as:

☐Aboriginal

☐Torres Strait Islander

☐Aboriginal and Torres Strait Islander

☐Neither Aboriginal nor Torres Strait Islander

Select only one statement:

☐This is my first advance statement of preferences.

☐I have an old advance statement of preferences, and I want this to replace the old one.

If I am put on a compulsory treatment order, please tell the following people:

Contact person 1

Name: _____

Contact details: _____

(phone and/or email)

Relationship to you: _____

Tell this person <u>when</u> I am put on compulsory treatment: ☐Yes ☐No

Tell this person information <u>about</u> my mental health treatment: ☐Yes ☐No

Contact person 2

Name: _____

Contact details: _____

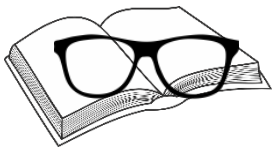
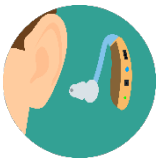
(phone and/or email)

Relationship to you: _____

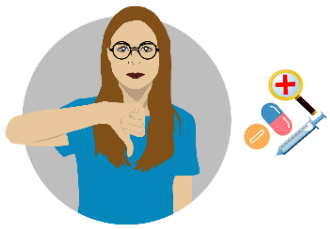
Tell this person <u>when</u> I am put on compulsory treatment: ☐Yes ☐No

Tell this person information <u>about</u> my mental health treatment: ☐Yes ☐No

For more information on the *Mental Health and Wellbeing Act* 2022, visit website www.health.vic.gov.au

For example, what language do I speak?  Do I wear glasses? Do I use hearing aids?   What do I need to understand information? For example, written information, video etc.   How do I want to be communicated with when I feel stressed or upset? Do I have sensory needs?	**My communication needs**

For more information on the *Mental Health and Wellbeing Act* 2022, visit website www.health.vic.gov.au

My mental health experience. For example, do I identify as having a mental health issue, do I experience any life challenges, explain my own experience in my own words. 	**My mental health**
For example, what treatments/healing help me? Why do they help?  What treatments do not help me? Why don't they help? 	**My treatment preference(s)**

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My care and support needs

What helps me tell people what I want and do not want?

What supports are available to me? For example, Psychology, Peer worker, Elders, Respected person or community leader/s?

What helps me make decisions?

What are my care needs?

For example, foods I can and cannot eat, toys I can bring with me to the hospital, or other things I would find helpful while in hospital etc.

For more information on the Mental Health and Wellbeing Act 2022, visit website www.health.vic.gov.au

My signature

Name: _____

Date: _____

Signature: _____

Witness declaration

The witness must:

- watch you sign the form
- agree with the following declaration and
- sign it.

The witness doesn't need to agree with the content of your advance statement of preferences.

Witness statement:

In my opinion, the person making this advance statement of preferences understands:

- *what an advance statement of preferences is*
- *how this statement will be used*
- *and how to revoke (cancel) it*

In my opinion they appear to make this advance statement of preferences of their own free will. I have observed the person signing the statement.

Witness name: _____

Witness signature: _____

How to contact IMHA and find out more

You can:

- visit the website www.imha.vic.gov.au
- send an email to contact@imha.vic.gov.au
- call the IMHA phone line 1300 947 820, which is staffed by IMHA advocates 9:30am – 4:30pm seven days a week (except public holidays)
- You can ask to speak with a First Nations Advocate
- call the IMHA rights line on 1800 959 353 to hear a recording about your rights
- ask a mental health service provider, carer, kin or other support person to assist contacting IMHA.

imha.vic.gov.au