



**Mental Health Advance Preference  
Statements (MAPS) Booklet  
Other Service Users (General)**



## About this booklet

The Health New Zealand Te Whatu Ora Lakes Mental Health Advance Preference Statements (MAPS) is based on Te Ara Tauwhirota: Pathways that Lead Us to Act with Kindness. Te Ara Tauwhirota is the model of care adopted by Health New Zealand Te Whatu Ora Lakes. It is organised under three pou: Tāngata (People), Tikanga (Values) and Taiao (Environment). Under the three pou are 10 principles which explore what it means to “Act with Kindness”.

This booklet supports the MAPS you fill out. It explains what MAPS is and helps you with examples of what you can include in each section. MAPS are your will and preferences, but there is also a need to be realistic for these to be met.

What is an Advance Preference Statements?

A Mental Health Advance Preference Statements (MAPS) is “A way for you to let people know what you would like to happen at any time, you choose, in the future.”

This means the time at which MAPS comes into (and ceases) effect should be decided by you. It should not be based on an assessment that says you are unable to make decisions for yourself.

There are times when not all your preferences can be followed. For example, it cannot override the Mental Health Act, the Privacy Act and your personal and others’ safety. Your care team need to discuss the reasons why some of your preferences can’t be followed. They can support you in these decisions and help you to make compromises.

MAPS are an important part of the supported decision-making process, which helps you become more involved in your care and treatment.

It is important to develop a MAPS, so people know your will and preferences. MAPS can help in your care, treatment, and recovery. It can help your care team understand your personal needs, values, and beliefs.

You can write your MAPS by yourself, but it can be useful to ask a support person, who you trust, to help you write it and talk through options which can be included.

We would encourage you to discuss your MAPS with your care team, so they are aware of your preferences.



## Section 1. My details.

In this section you need to include:

- Today's date
- A review date to make sure your MAPS is up to date
- If you would like to be involved in the research or not
- Your full name. It is also helpful to include other names you are known by or a name you prefer to be called

If you don't know your NHI, don't worry as your care team can include this later.

If you do not have a home address at present, just leave this blank.

Please state which phone number (home or mobile) you would prefer your care team to call to talk to you.

## Section 2. Who am I?

This section introduces you and tells people a little bit about yourself and your family. If you do not want to include some information that is OK, just leave it blank. You do not need to give a reason.

### Tāngata – People

This acknowledges that we do not exist in isolation and have others around us who care about us and are affected by, and affect, our wellbeing.

## Section 3. Having family, whānau, friends and others involved in my care or treatment.

### Next of Kin

This is a law requirement if you are put under the Mental Health Act. If you are unsure about your Next of Kin or have issues with this, please discuss with your care team.

### Other People

There will be some people you want staff to contact in the first few hours of you coming into hospital/respite care or when your MAPS comes into effect. For example, this could be important family and friends, your employer, landlord, flatmates, WINZ case manager.

**People I WANT to visit and be included in my care and treatment.**

**People I DON'T WANT to visit or be included in my care and treatment:**

There will be people who are important to you, and you want them to visit you in hospital or respite and help in your care and treatment. There will also be others who you don't want to visit or help in your care and treatment.

You can record who you would like to visit or help and those you do not want to visit or help in your care and treatment. You do not have to put a reason unless you want to. Just people's name's is fine.

## Section 4. My Personal Affairs

These are aspects of your life which need attending to and are important. For example, you need to think about who will look after your children, pets, bills, bank accounts, house or room, belongings, and keys. Write down the person's name and contact details, so staff can let them know what you want them to look after, during your hospital stay.

### Taiao – Environment: A Community Offering a Range of Help Options

There are different therapies and help options available. Different things work for different people.

## Section 5: Community Support People and places to visit.

There are people in the community who you may like to support you, in your mental health and wellbeing. These could be peer support workers, community workers at a NGO such as Emerge or Lifewise, housing navigators, social workers, and other support workers. Writing down what community support groups you would like to connect with helps in your recovery and wellness.

There may also be special places you enjoy visiting to help in your recovery. These may be rivers, lakes, or mountains.

## Section 6: My family also need support.

Your family may also need support and help, as at times, they may struggle to cope. Please ask your care team if there are services available for them, which you can put into your MAPS.



## Tikanga – Values.

This means providing an environment which honours my identity. Practicing hospitality and learning about each other's beliefs values and culture, helps make connections. My journey is a precious treasure that I am willing to share with you and acknowledge this in our interactions.

### Section 7. My Care and Treatment.

This section includes:

#### What would I prefer as part of my care and treatment?

- Medication which can help me.
- Treatments which can help me, for example, access to psychologists to talk to, group therapies (if available), natural therapies, talking to a priest, minister chaplain or pastor, your own cultural beliefs, and practices (if applicable).

#### What don't I want to happen during my care and treatment?

- Medication which does not help me or has side effects I don't like.
- Treatments I prefer not to have, for example, ECT, being in seclusion.

## Tikanga – Values. Healing and Recovery

Recovery is "Living well in the presence or absence of one's mental illness." There are things which can help me recover and live a full and meaningful life. Acknowledging and building on my strengths and what I can do, gives me hope for the future.

### Section 8. My Wellbeing, Healing and Recovery

The section includes:

- What is most important in my recovery? For example – What do I want to achieve? I want to be healthy; I want to have a job; I want to help others.
- What am I like, and what activities do I enjoy, when I am well? For example - I am cheerful, happy, friendly, chatty, I like to go out with friends, I play sport or like walking, I am careful with my money, I have a job, I don't use drugs or drink alcohol.

- **What does my life look like when I am becoming unwell?**

For example - I am withdrawn, I stay in my room a lot, I have trouble sleeping, I have dark thoughts, I feel unhappy and not very chatty, I cry a lot, I take more sick leave from work, my drinking and drug taking increases, I don't socialise or do my usual activities.

- **What helps me in my recovery?**

For example - what are my strengths, I like doing art therapy, music therapy, walking around the lake or in the redwoods, talking to people who have lived experience or know what it's like to feel unwell, I have a job I enjoy, going to the gym, sensory modulation, home visits, sleep hygiene, not doing drugs or drinking alcohol.

- **Dietary requirements?**

Let staff know if you have food allergies, are vegan/vegetarian/ or prefer food based around your cultural or religious practices.

- **I have the following physical health needs.**

For example - allergies of any kind, asthma, diabetes, heart problems, issues with falling, mobility issues.

- **Personal belongings I would like brought to the hospital.**

For example, a favourite blanket, soft toy, photos of my family or pets.

- **Other important things.**

If there is something important you want staff to know that has not already been covered, you can put it under this heading.

**Please tick when you want your MAPS to come into effect.**

**You need to sign your MAPS, so staff know it is your will and preference.**