



HOW DO I USE THESE TOOLS?

There is no right or wrong way to use these tools.

With some of them you can just tick the boxes and give it to a member of staff. Other tools are more for your information and to help you work out your rights or what you would like to happen.

Use them all to get your views across and to be your own advocate.

WHAT'S GOING ON - YOUR RIGHT TO KNOW

Getting your views across is much easier if you know what is going on. The Mental Health Act Code of Practice says that you should be given full information about your care and treatment. You should also be given this in a way that is clear and easy for you to understand. This could mean both having it explained to you by a member of staff and having it written down in a way that makes sense to you.

It should answer why you are in hospital and what care and treatment you will be given – this includes all parts of your stay at the unit.

You have a right to have things written down as well as explained to you by someone. Having things written down is useful because it will help you to remember what has been said.

Some questions will not be simple ones for staff to answer and you may have to wait a little while. Nonetheless you have a right to have an answer while the question is current for you.

What if your request is misunderstood or not answered? Try to be patient and assertive, and explain the issue again (see the section on assertiveness). If this doesn't work then you could ask to talk to another member of staff about it or ask for someone else to follow it up for you (they would be advocating for you).

If you don't feel that things are getting sorted, you may want to think about making a formal complaint (**Power Tool 9**).





For when you have just arrived, a way for you to easily let staff know what is important to you.

| My Namo |
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| My Name: |
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| Manage I Planta Inches and a second and |
| Name I like to be known as: |
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| The person I trust most to talk to is: |
| The person trade most to talk to is. |
| |
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| The person on the Unit I trust and feel safe with is: |
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| Things that I like to do: |
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| Special food and diet needs I have (including foods I like to eat): |
| <u></u> |
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| This as that halp may when I am feeling upset or were de |
| Things that help me when I am feeling upset or worried: |
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| Things that help me to sleep at night: |
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| Situations where I feel like I need help: |
| Steadions where rice interneed help. |
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| Things that scare me or cause me pain: |
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| Other things that I want you to know about me: |
| Other things that I want you to know about me. |
| |
| |
| What I want and don't want my friends to know: |
| |
| |
| The management would like to be an with management to |
| The possessions I would like to keep with me on the Unit: |
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| |





| What's the name of the Unit I'm on? | | |
|--|----------|-----------|
| Is my Unit only for children and young people? | ☐ Yes | □ No |
| If not, why am I on this Unit? | | |
| | | |
| Can I leave if I want to? | | |
| Do the Unit staff have special training to work with young people? | ☐ Yes | □ No |
| If not, is there someone who has specialist training who will be overseeing my care? | ☐ Yes | □ No |
| If there is, what is their name? | | |
| If none of the staff have special training to work with young people | e why do | n't they? |
| What activities are there for me to be involved in and is there a time | etable? | |
| Can I still study or do my school work? | | |
| What will you tell my school about what is happening to me? | | |
| | | |





| How can I contact my family and friends and how can popula contact ma? |
|---|
| How can I contact my family and friends and how can people contact me? |
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| |
| Can I have my mobile/ipod/access to email and internet? |
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| Where and when can I see my visitors? |
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| Who can I speak to about my religious needs? |
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| Can someone give me information about things that are happening on the unit; |
| (for instance when are meal times, where is the dining room, when can I use the |
| bathroom, is there private space when I want to be alone) |
| butiliooni, is there private space when I want to be dione, |
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| I would like information on; |
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Everyone must have a care and treatment plan. If you don't know what is in yours or you want to ask questions about your care and treatment then this tool can help you to do so.

| Why am I in hospital and what kind of illness am I being treated for? |
|---|
| |
| Why can I not have this treatment in the community? |
| |
| How am I going to be treated/assessed? |
| now anni going to be treated/assessed. |
| |
| How do you think I am doing? |
| |
| |
| Who is the main person in charge of my care & treatment plan? |
| |
| Who are the people in the team looking after me and what do they do? |
| |
| |
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| |
| How long do you think my treatment/assessment will take? |
| |
| What does my care plan include? |
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| What is the aim of this plan? |
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| How can I input into my care plan? |
| carring at mo my care plant |
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Everyone must have a care and treatment plan. If you don't know what is in yours or you want to ask questions about your care and treatment then this tool can help you to do so.

| What other options/choices do I have? |
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| 11 |
| How often is my care plan reviewed and how? |
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| What if I disagree with my parents? |
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| Who will be involved in reviewing my care plan? |
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| Condition to account animies on accommentation and |
| Can I get a second opinion on my treatment? |
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| Who can I have there to speak up for me? |
| who carrinave there to speak up for the. |
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| How long does a review meeting last? |
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| What has to be a second of our board and the second |
| What has to happen before I can leave the unit? |
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| Can I have a copy of my Care & Treatment Plan? |
| Carrinave a copy or my care & meatiment rian; |
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How to find out more about your medication.

| Please can you answer these questions |
|--|
| What is my medication called? |
| |
| |
| When do I have to take it? |
| When do thave to take it: |
| |
| When did my medication start? |
| |
| Why does the doctor want me to have this medication? |
| |
| |
| |
| How does it work? |
| |
| |
| How will it help me? |
| |
| |
| |
| What will happen if I don't take it? |
| |
| |
| When will I be able to stop taking it? |
| iiiiii |
| |
| When will I be able to stop taking it? |





How to find out more about your medication.

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|--|--|----------|
| How might I feel now/in the future on to | aking it! | |
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| | ······ | |
| Are there unpleasant effects that I shoul | d know about? | |
| | | |
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| NAT - 1 20: 1 1/2 | | ····· |
| What happens if it doesn't help? | | |
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| | | |
| How often will it be reviewed? | | |
| now often will it be reviewed: | | |
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| | | ····· |
| Who do I see if I have a problem with my | medication? | |
| | | |
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| | | |
| I would like more information about my | medication | |
| T Would like more imornation about my | ······································ | |
| | | |
| How do I get more information about m | v illness/condition? | |
| Tiow do i get more imornation about in | y iliness/condition: | |
| | | |
| | | |
| | | ····· |
| Other questions I have: | | |
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| | | |
| Please can you give me this information: | • | |
| The abe early out give the this information. | | |
| | ☐ Written | ☐ Spoken |
| Date handed in to staff: | Response by: | |
| Date nanded in to stail. | Response by. | |
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Making the most of meetings about you, whether you are at it or not.

You need to feel comfortable in order to express yourself and make the most of your meeting or review. Use this tool to think about what you want to be discussed at the meeting and any statements you may wish to make. When you have filled it in you may wish to give it to a unit staff member to be presented and read on your behalf or if it is a meeting you are attending you may wish to read it yourself. Day & Date of meeting: Type of meeting: I would like... to be with me at the meeting AND... I would like these people to be invited to my meeting: I do not want these people invited to my meeting:





Making the most of meetings about you, whether you are at it or not.

| The things I would like to talk about are: | | |
|---|--------|---------|
| Medication | Yes/No | |
| | | |
| Other treatment | Yes/No | |
| | | <u></u> |
| Other parts of my Care Plan | Yes/No | |
| | | |
| T: (C ://.) | | ····· |
| Time off unit/at home | Yes/No | |
| Poviow/discuss my Caro Plan | | ····· |
| Review/discuss my Care Plan | | |
| | | |
| Other things I would like to discuss: | | |
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| I think that the best way forward is: | | |
| | | |
| | | |
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| | | |
| Please can I have someone to make basic notes | ☐ Yes | ☐ No |
| for me to have after the meeting. | | |
| I would/would not like my parents to have a copy of these notes | ☐ Yes | □ No |





This tool is to help you work out what to do if you disagree with any part of your treatment and care. It is also for you to explain clearly what you do agree with and what you are unhappy about. You will need to show it to your consultant, team and to the person who has agreed to you receiving treatment (usually your parent or carer). I want to disagree with my treatment because: I feel that this is not helping me because: What I would like to happen is: If that is not possible then I would be willing to agree to (if anything): However, I do not want to agree to (if anything): If I would like an opinion from another doctor how do I get this?





Whether you may be on home leave, visiting town, or be on a short walk, this tool is to help you to plan how to look after yourself during the times when you are on your own.

| I feel vulnerable/unsafe when on my own in these situations: |
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| Treer varietable, arisate when on my own in these situations. |
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| These are the signs that I am feeling vulnerable: |
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| I can do these things to keep myself safe: |
| real do trese trings to keep mysen sure. |
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| These things are not good for me to do: |
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| |
| Other people can do these things to help me: |
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| |
| I would like a copy of this form to be placed |
| on my health records and given back to me please |





Help to plan if things take a downturn.

| if you become unable (maybe through being too angry, upset or confused) to communicate your views and feelings to other people. | |
|---|--|
| Things that can trigger me off: | |
| Things that staff can do to help me in this situation: (e.g. take me to my room, not let me go to my room, take me outside, offer me medication, play a game) | |
| I prefer to have a male / female / don't mind (please circle) member of staff when I feel like this. | |
| Treatment I would be happy to receive: | |
| Treatment I would not be happy to receive: | |
| Things that I want to have around me if I am feeling really unwell: | |
| Things that I want to be kept away from if I am feeling this way | |
| People that I want to be kept away from if I am feeling this way | |
| I wish for this form to be placed on my health records and given back to me please | |

Use this tool to say in advance how you want to be looked after and treated





If you feel unhappy about something that has happened & want to talk to someone about it, or want to make a formal complaint about it then this form is here to help you to get started.

| I am not making a formal complaint, I just want to talk to someon preferably this person: | ne about th | is please, |
|--|-------------|---|
| | | <u></u> |
| OR I want this to be registered as a formal complaint please | ☐ Yes | ☐ No |
| What I am not happy about: | | |
| | | ••••••• |
| | | •••••• |
| | | ••••••••••••••••••••••••••••••••••••••• |
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| When it happened: | | |
| when thappened. | | |
| | | |
| | | <u></u> |
| Who else saw or heard this: | | |
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| | | <u></u> |
| How I feel about it: | | |
| | | ••••••••••••••••••••••••••••••••••••••• |
| | | ••••••••••••••••••••••••••••••••••••••• |
| | | ••••••••••••••••••••••••••••••••••••••• |
| | •••••• | • |
| What I would like to happen: | | |
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When in hospital it can be helpful to take things just one day or one week at a time.

| have gone to | ective part in your own recovery it can be a good idea to look back at how things is see if there are things that you can learn from what has happened and use this formation to set goals for the future. Use this tool to help you do this. |
|---------------|---|
| Things that v | went well last week: |
| | |
| ••••• | |
| | |
| Because: | |
| | |
| ••••• | |
| | |
| •••• | |
| Things that o | didn't go so well last week: |
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| ••••• | |
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| •••• | |
| | |
| Because: | |
| | |
| | |
| | |
| | |
| My goals for | next week are: |
| | |
| ••••• | |
| | |
| | |
| | |
| Things that v | will help me reach these goals: |
| J. 72 22 0 | |
| ••••• | |
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It can help to make a list of advantages and disadvantages when trying to decide between two or more options or choices.

Use this tool to help you find a way forward.

It may be useful to ask someone to help you with making this list as other people can often see possibilities that we might not be aware of ourselves.

| | choice that I need to make is | : | |
|---|---|-------------------------------|---------|
| Do I need more | information before I can wor | k out what my options are? | Yes/No |
| If Yes, where ca | n I get this information | | |
| The different ch 1 2 3 | noices/options I seem to have | are: | |
| | e sheet of paper make 2 colu | mns and list the | <u></u> |
| advantages and | d disadvantages of each optic | on as follows; | |
| • | d disadvantages of each optic Advantages | on as follows; Disadvantages | |
| Option No. After listing the | | Disadvantages | |





This will help you to plan for: What you want to happen (or achieve) before you leave. AND... What you think you need for life outside the unit

| You may also have questions to ask or want a copy of this placed in your health records. |
|--|
| You will need to ask a member of staff for help with this. |
| What I want to achieve for myself before I leave: |
| |
| |
| What else I want to happen before I leave: |
| |
| |
| |
| Support I will need when I have left the unit: |
| Support i will need when i have left the difft. |
| |
| |
| |
| How I would like things to be in 6 months time: |
| |
| |
| Questions: What I need to know for my life after I leave (tick boxes) |
| ☐ How will my treatment or medication change when I leave the unit? |
| |
| ☐ Will I be able to reduce my medication? |
| |
| ☐ Where will I get support when I go home? |
| |
| What is the plan for my treatment if I need it at home? |
| what is the plan for my treatment if theed it at nome: |
| |
| |
| The goals I would like to set for when I leave are: |
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Name of member of staff going through the toolkit with you:

| y other questions |
|-------------------|
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I've had my questions answered - now what?

Advocating for yourself is easier if you understand the information you have been given. If you are able to show other people that you know what you are talking about then you have a better chance of being understood by them and of influencing decisions made about you.

Questions you could ask yourself and your care team about the information you are given:

- · What does this information mean to me?
- Do I understand this? If not, then who could explain it to me some more?
- What impact does it have on my care and treatment
 - Now?
 - For my future?
- Does it raise new questions for me?
- How can I best get these new questions answered?

Your life doesn't stop just because you are in hospital. There will be things outside of the unit that may be important to you. It is OK to ask about these things and express your views on them whatever they are. You may also be thinking about what will happen when you leave hospital.

There is no right or wrong way to use these tools.

With some of them you can just tick the boxes and give it to a member of staff. Other tools are more for your information and to help you work out your rights or what you would like to happen.

Use them all to get your views across and to be your own advocate.

For more information and guidance refer to the Headspace Toolkit—Your Guide contained within the Headspace Toolkit Folder.

THE 12 POWER TOOLS

visit our website:

www.headspaceireland.ie

to request, print and download this toolkit in an electronic PDF format

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