# What I want to tell the Psychiatrist at my Second Psychiatric Opinion Service appointment

You can use the following form to prepare for your second psychiatric opinion appointment with the Second Psychiatric Opinion Service (SPOS). You can use this form to make notes to use in the appointment and/or send to SPOS prior to your appointment, so that they can provide them to the psychiatrist to read. It is your chance to let the psychiatrist know what you do and don’t want from your mental health treament.

The Second Opinion Psychiatrist must consider your views and preference regarding your tretament, as well as any other alternative treatments. and the reasons for these views and preferences, including any recovery outcomes that you would like to achieve.

If you have an Advance Statement of Preferences, Nominated Support Person, advocate or other support person that you would like to let the psychiatrist know about, you can do this by calling SPOS on 1300 503 426. You can also give a copy of your Advance Statement of Preferences to the psychiatrist and you can choose to have a support person attend the appointment. If you need an interpreter SPOS will arrange one for your appointment. You can learn more about Advance Statements of Preferences and Nominated Support Persons by visiting the IMHA website [www.imha.vic.gov.au](http://www.imha.vic.gov.au).

 The Second Opinion Psychiatrist can provide a second opinion on:

* the treatment provided to you - they may recommend changes they consider appropriate.
* whether the treatment criteria apply, if you are on a Temporary Treatment order, Treatment order or are a security patient.

You can tell SPOS if you would like a second opinion on your treatment, the treatment criteria or both.

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| **Name:** |  |
| **Appointment date:** |  |
| **Name of psychiatrist:** |  |
| **Treatment and Recovery**  |
| **What would you like the psychiatrist to know about you and what you need from your mental health treatment?** * Do you have medication issues?
* What has been your previous treatment that has or has not helped?
* What treatment would you prefer?
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| **What do you think about your treatment?** * Is it helpful?
* Have you had different treatment in the past that worked better?
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| **What do you think about being on a Treatment Order?** * Do you think things would be better or worse if you were not on an order?
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| **If you are in hospital, do you think you could be treated in the community? If yes, please tell us why.** |  |
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| **What are your recovery goals, and do you think the treatment you want will help achieve these?*** If relevant, why won’t your current treatment help meet these goals?
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| **Medical Record – service notes** |
| **What information would you like the psychiatrist to know about the medical record notes they have from the service, for example do you think there are mistakes, if yes what is the right information?*** Have you had a chance to read your notes or raise things that are not correct with the service?
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| **Treatment Order – compulsory treatment**  |
| **What would you like to tell the psychiatrist about why you DO NOT think you meet the four criteria for compulsory treatment, as set out below?** |
| 1. **You have a mental illness.**
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| 1. **You need immediate treatment for mental illness to prevent:**
* **a serious deterioration in your mental health or physical health, or**
* **serious harm to you or someone else.**
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| 1. **That there is immediate treatment you need, that can only be provided to you If you are placed on a Temporary Treatment Order or Treatment Order.**
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| 1. **There are no less restrictive means, reasonably available, for you to get the immediate treatment.**
* You won’t or can’t receive it voluntarily due to these factors.
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| **Other things you want the psychiatrist to know** |
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