



Psychiatric Advance Directives

The purpose of this product is to provide information about Psychiatric Advance Directives (PADs), as well as discuss the challenges to and benefits of implementing Psychiatric Advance Directives within a clinical setting.

WHAT ARE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) ?

- Psychiatric Advance Directives (PADs) are legal documents that reference an individual's preferences for future psychiatric treatment, in case he/she experiences a psychiatric crisis
 - Can be referred to as a health-related "living will"
- PADs may authorize another person to make future decisions about mental health care on behalf of the person in crisis, especially if the person lacks the capability to make a decision in regard to his or her own psychiatric health care
 - Known as a health care "power of attorney"

WHAT ARE THE TWO PARTS OF PSYCHIATRIC ADVANCE DIRECTIVES? ¹

ADVANCE DIRECTIVES

Advance directives specify preferences for treatment.

- Provide consent or refusal for voluntary psychiatric admission
- Identify preferred medications
- Provide external, personal information such as contacting an employer

HEALTH CARE POWER OF ATTORNEY

The Health Care Power of Attorney (HCA) is appointed to make decisions during a psychological crisis.

- Appointee(s) must be 18 or older and not his/her health care provider
- May grant limited or broad powers for the appointed person
- HCA has power of decision, but no legal power

GOALS OF PSYCHIATRIC ADVANCE DIRECTIVES²

- Supports patient autonomy and empowerment in mental health care, which may include refusal of involuntary treatment
- Provides psychiatric history and crisis plan through advance instructions
- Improves continuity of care
- Functions as an effective communication tool for a patient, who is unable to demonstrate his/her needs, to a doctor, who seeks to understand the patient's wishes for treatment



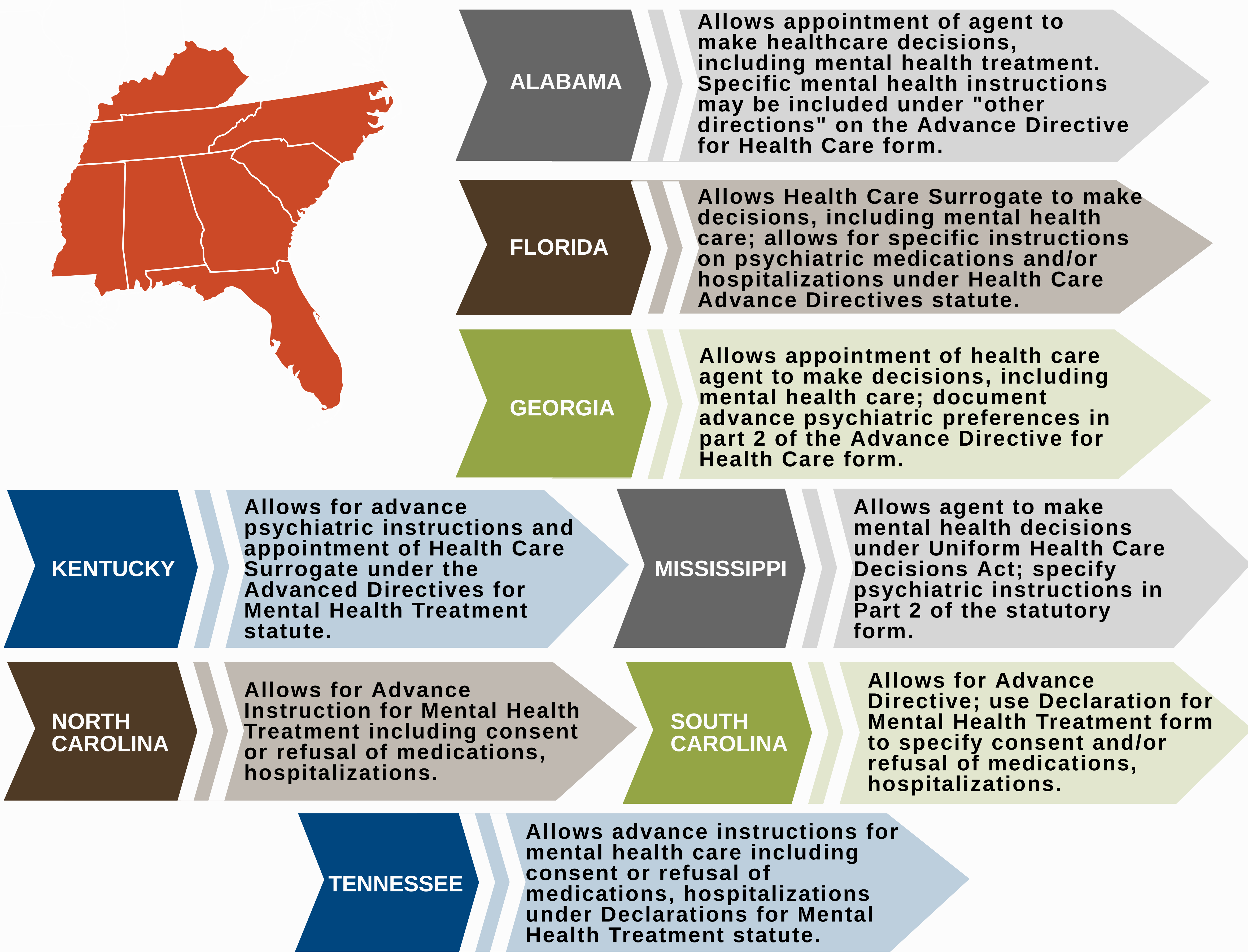
CHALLENGES TO IMPLEMENTING PSYCHIATRIC ADVANCE DIRECTIVES²

- Only 25 states have laws that permit Psychiatric Advance Directives
 - States that do not have PAD laws allow for an individual to draft a PAD under more general statutes connected to Health Care Directives or Living Wills
- Majority of individuals (70%) express interest in completing a PAD; however,³ less than 10% have completed one
- No focused advocacy for PADs:
 - May be difficult for patients to complete
 - Patient assistance in completing PADs is not readily available
 - Healthcare systems and providers need education and guidance in implementing PADs


BENEFITS TO IMPLEMENTING PSYCHIATRIC ADVANCE DIRECTIVES²

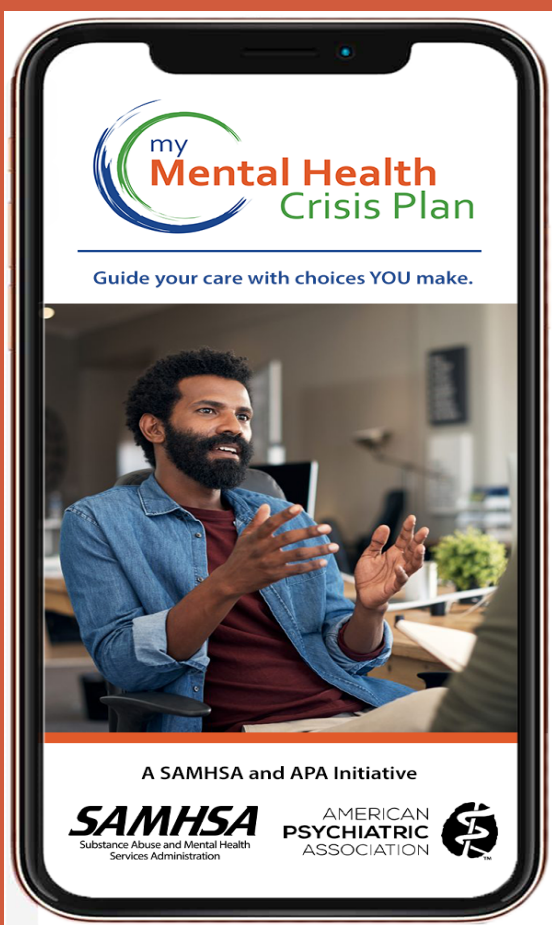
- PADs are effective when an individual undergoing a crisis is unable to coherently make a decision
 - Specifies the individual's preferred method of treatment and the names and contact information of those appointed to make treatment decisions
 - Allows the individual to plan for, consent to, or refuse hospital admission, medications, and/or other treatments
- Allows designated others to speak directly to providers during crisis and assist in treatment decisions
- Supports patient autonomy
- May reduce involuntary treatment and improve continuity of care

Psychiatric Advance Directives in the Southeast⁴



SAMHSA Resource: My Mental Health Crisis Plan app

 <https://smiadviser.org/mymhcp>⁵



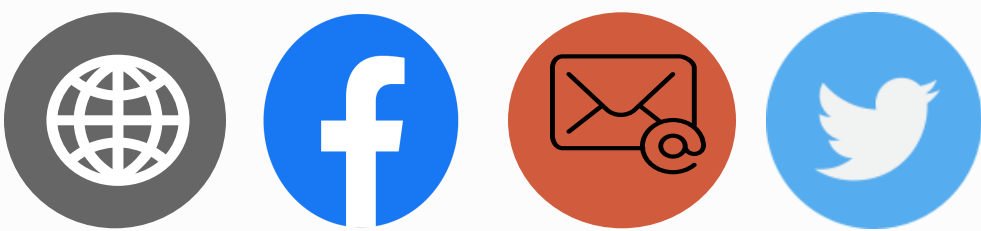
REFERENCES

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3. Monahan, Bonnie, Appelbaum, et al (2001). Mandated Community Treatment: Beyond Outpatient Commitment. *Psychiatric Services*, 52(8), 1198-12 05. <https://doi.org/10.1176/appi.ps.52.9.1198>
4. <https://www.nrc-pad.org>
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SAMHSA

Substance Abuse and Mental Health Services Administration