Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration



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 heath 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, 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 DIRECTIVES 2

- 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 Southeast



ALABAMA

Allows appointment of agent to make healthcare decisions, including mental health treatment. Specific mental health instructions may be included under "other directions" on the Advance Directive for Health Care form.

FLORIDA

Allows Health Care Surrogate to make decisions, including mental health care; allows for specific instructions on psychiatric medications and/or hospitalizations under Health Care Advance Directives statute.

GEORGIA

Allows appointment of health care agent to make decisions, including mental health care; document advance psychiatric preferences in part 2 of the Advance Directive for Health Care form.

KENTUCKY

Allows for advance psychiatric instructions and appointment of Health Care Surrogate under the Advanced Directives for Mental Health Treatment statute.

MISSISSIPPI

Allows agent to make mental health decisions under Uniform Health Care Decisions Act; specify psychiatric instructions in Part 2 of the statutory form.

NORTH CAROLINA Allows for Advance Instruction for Mental Health Treatment including consent or refusal of medications, hospitalizations.

SOUTH CAROLINA Allows for Advance Directive; use Declaration for Mental Health Treatment form to specify consent and/or refusal of medications, hospitalizations.

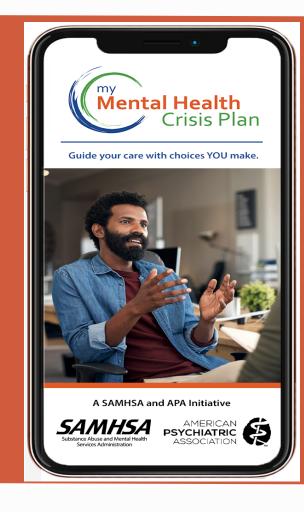
TENNESSEE

Allows advance instructions for mental health care including consent or refusal of medications, hospitalizations under Declarations for Mental Health Treatment statute.

SAMHSA Resource: My Mental Health Crisis Plan app



https://smiadviser.org/mymhcp



REFERENCES

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