

Psychiatric Advance Directives Toolkit *For Clinicians*

Drafting a Psychiatric Advance Directive.

North Carolina has a way mental health treatment consumers (MHT consumers) can plan ahead for mental health treatment they might want to receive if they are in a crisis and are unable to communicate for themselves or make voluntary decisions of their own free will. An *Advance Directive for Mental Health Treatment* allows MHT consumers to write down treatment preferences or instructions if they had a crisis in the future and could not make their own mental health treatment decisions. This toolkit walks the MHT consumer through filling out an *Advance Directive for Mental Health Treatment* document in twelve quick steps.

What are Psychiatric Advance Directives?

On an Advance Directives Document, people can describe the kind of mental health treatment they want to receive if they cannot make decisions for themselves in the future. This can include a person's wishes about medications, ECT, or admission to a hospital. It is important to realize that someone can change these forms at any time if they wish.

How might Psychiatric Advance Directives be of benefit?

One benefit is that people can document what medications they would want or not want in a crisis. Another benefit is that people can say what hospital they would want or not want to be admitted to in a crisis. Psychiatric advance directives, or PADs, can tell clinical staff how people would want to be treated while in the hospital (like being treated with respect). They can also tell clinical staff their personal preferences (not to be restrained, etc.) for treatment. Finally, people can choose someone they trust (like a family member) to make treatment decisions for them if they cannot make the decisions themselves.

What are limitations of Psychiatric Advance Directives?

It is important to realize when these forms are used; people may have changed their minds about the treatment they want. Also, their chosen person may not do exactly what they have asked them to do in the PAD. It is also the case that the hospitals people wish to be admitted to may not have beds at the time of a crisis. Finally, doctors can still use involuntary commitment and do not have to provide treatment they believe is inappropriate.

When are Psychiatric Advance Directives especially important?

One especially important use of advance directives is that MHT consumers may choose to give instructions in advance of a crisis to people taking care of them

during a crisis. For example, they may decide that in a crisis they would like a trusted person to make any important decisions for them based on what they think is the right decision. The MHT consumer could also put in an advance instruction “please call my doctor or clinician and follow his/her instructions”. That way, if they are in an emergency room or in a clinic, if they are unable to speak for themselves or very confused, these instructions can be used as a means to try to help them at vital moments.

How can Psychiatric Advance Directives be filled out?

If you are assisting a MHT consumer in completing an Advance Directives Document, please print out a blank copy of the *Advance Directives for Mental Health Treatment worksheet* and walk through the following easy steps:

Step 1. Crisis Symptoms. The first thing the MHT consumer may choose to write in the Advance Directives document is the kind of symptoms he/she has when he/she gets into a crisis. These symptoms would include mental or physical signs indicating the mental health is getting worse. Listing these symptoms could help treatment providers recognize early warning signs the MHT consumer may be experiencing which would indicate problems. The more specific the MHT consumer can be, the more information they communicate to future providers about the condition.

Step 2. Medications. Next, the MHT consumer can describe preferences for medications. If they wish, they could answer any of the following:

- A. Are there any particular psychiatric medications that they would like to request in a crisis? Which ones?
- B. Are there any medications they do not want to receive in a crisis? If so, which ones? Why?
- C. Are there any medications that they are allergic to or have had bad reactions to? If so, what are the medications they are allergic to?

Step 3. Facility Preferences. They can also describe preferences for hospitals. If they wish, they could answer any of the following:

- A. Are there specific hospitals they would prefer to go to in the future? Why?
- B. Are there hospitals they would prefer not to go to in the future? Why?
- C. Do they want to leave this decision to their health care agent? If so, they should write this request.

Step 4. Emergency Contacts. Here, the MHT consumer can list the names, addresses, and phone numbers of people they would want contacted in an emergency. They can also include information about your physician/psychiatrist or case manager/therapist.

Step 5. Crisis Precipitants. It may be helpful to write down the sort of things that cause the MHT consumer to experience a mental health crisis. If they

cannot think of anything, they can list certain situations that are particularly stressful to them.

Step 6. Protective Factors. It may also be helpful to list things that can help them avoid a hospitalization. Are there things that they feel would save them from having an unwanted hospitalization?

Step 7. Usual Response to Hospital. The MHT consumer has the opportunity to write down how they react to a hospitalization. Thinking back on their hospitalizations, are there specific ways they react? Do certain aspects of being in the hospital make them feel uncomfortable? If so, they can list these here.

Step 8. Preferences for Staff Interactions.

- A. It would be helpful to let the hospital or crisis unit know what they may do to help the MHT consumer in a crisis. Are there specific things staff can do for them to make them more comfortable or relaxed?
- B. It would be helpful to provide instructions in advance for staff to intervene if they were feeling out of control. What things would help to minimize chances of being restrained and/or secluded?

Step 9. Visitation Permission. The MHT consumer may give permission here for people to visit them in the hospital.

Step 10. ECT Preferences. Electro-Convulsive Therapy (ECT), sometimes referred in the past as shock therapy, is a type of treatment that is occasionally used in severe episodes of mental illness, primarily depression. Typically, it is used after multiple trials of medications have failed, but may also be used earlier when a rapid response is urgently needed and/or the patient requests. Here, the MHT consumer can write his or her preferences for ECT. If he or she doesn't have a preference, the MHT consumer can write that he or she want his or her doctor to decide in the future regarding the need for ECT.

Step 11. Other Instructions.

- A. The MHT consumer can list any other instructions they want. Some examples are writing instructions about paying rent or feeding pets while they are in the hospital and listing any other medical conditions they want doctors to be aware of.
- B. In this next part, the MHT consumer is being told that advance directives can be shared with others on their treatment team if necessary. If they have any specific instructions regarding sharing of this information, it is listed here.

Step 12. Legal Documentation.

- A. As principal, the MHT consumer should read through the entire document to ensure it is accurate. They must have some identification I.D. to show the notary.

Psychiatric Advance Directives Toolkit 4

- B. Witnesses cannot be family members or anyone working at the mental health center; neighbors or friends are okay but they too must have I.D..
- C. The notary fills out this section and stamps the document.
- D. These two notices are from the North Carolina statute and need to be included on your *Advance Directive for Mental Health Treatment*.