

Practicing Recovery: Promoting Recovery during Crisis: Psychiatric Advance Directives

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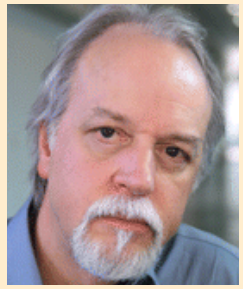
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A NOTE FROM THE FIELD

Psychiatric Advance Directives: Why the Time Is Now

By Hunter McQuiston, MD



Hunter McQuiston, MD
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Psychediatric advance directives (PADs) have been in development since at least the 1990s, and the time is right for widespread adoption. We hope that this issue of *Practicing Recovery* helps accelerate their use within the behavioral health community.

A PAD is a legal document that allows people with mental health conditions to state their mental health treatment preferences in advance of a mental health crisis when they may be unable to grant or withhold informed consent to treatment. PADs exist in a number of formats, from informal crisis cards that people present to emergency services workers to formal directives guided by state law. They all serve one purpose: to create a communication bridge between helping professionals and individuals experiencing what may be their most vulnerable and desperate moments.

Between individuals and their practitioners, PADs are win-win tools helping avoid unnecessary hospitalization and facilitate individuals' choices regarding the mental health care they receive. PADs

can play an important role in preventing frustrating and counter-therapeutic contacts between individuals and their practitioners during crises. We saw this in action recently when our staff in an acute hospital setting assisted people in preparing personal PADs as an adjunct to WRAP (Wellness Recovery Action Planning). We trained inpatient and psychiatric emergency staff about PADs, which the hospital stores in the person's electronic health record. We also taught staff how to implement the individual preferences stated in the PAD. This experience demonstrated that when PADs exist and practitioners are trained in their adoption and implementation, everyone involved benefits. Emergency and inpatient staff members embrace PADs because they can make their work easier and more fulfilling, and the person using services feels respected and safe. •

Dr. McQuiston is a member of SAMHSA's Recovery to Practice Steering Committee, which provides input and guidance on all RTP activities, events, and products. You can reach him at hunter.mcquiston@nychhc.org.

PSYCHIATRIC ADVANCE DIRECTIVE RESOURCES

- [Bazelon Center for Mental Health Law](#)
- [Depression and Bipolar Support Alliance](#)
- [Mental Health America](#)
- [National Alliance on Mental Illness](#)
- [National Resource Center on Psychiatric Advance Directives](#)

Be Prepared: Using Advance Directives to Promote Autonomy

By Colleen Sheehan, CPRP



Colleen Sheehan, CPRP

*Training and Technical Assistance
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Psychiatric Rehabilitation Services*

We now know that people can live full, productive lives before, during, and after experiencing mental health conditions. As I moved toward wellness during my recovery journey, I turned to

my own internal expertise to access intimate knowledge of “what works best for me.” As I became active in my treatment, I gained insight into my beliefs, culture, and which medications, therapies, agencies, and people were most beneficial to my recovery.

Knowing that recovery is not linear, however, I wondered what would happen if I were unable to speak for myself, or if I were determined to lack capacity to make decisions about my physical or mental health treatment.

Then I learned about psychiatric advance directives (PADs). This legal document would allow me to give direction in advance, should a mental health crisis render me unable to make treatment decisions. A PAD typically contains two components: a proxy and a living will. The proxy PAD names a specific individual who will be your advocate and agent until the crisis is over. This person is someone who knows you well, and whom you grant permission to act on your behalf according to your wishes, not by what they think is best for you. A living will is a set of instructions stating your beliefs, treatment

decisions, and what you would like to have happen should you become unable to communicate effectively or unable to decide for yourself. You can choose to use these documents individually or in combination to strengthen the power of your voice in treatment decisions.

I decided that it would be valuable to have a PAD, and wrote specific instructions stating my treatment preferences and their rationale. This information helped clarify my beliefs and values, and formed the basis for conversations with my agent. Knowing that the Health Insurance Portability and Accountability Act (HIPAA) requires that hospitals have a release of information form on file, I also listed friends in the PAD who should receive information about my admission and my condition. I feel reassured knowing that the healthcare facility will notify my supporters, should I be hospitalized.

In my work for the New York Association of Psychiatric Rehabilitation Services (NYAPRS), I train mental health professionals in New York State about providing recovery-oriented services. One of the workshops that I facilitate teaches providers how to use PADs as empowering wellness tools. We cover providers’ responsibilities and the rights of individuals who create advance directives.

These conversations explore the challenges and benefits of bringing the individual receiving psychiatric services onto the treatment team, and help dispel myths about mental illness. For example, we know that people who experience altered states of reality:

- Have capacity to understand diagnosis, medications, therapies, and side effects
- Value informed consent as part of the treatment decision-making process

Be Prepared: Using Advance Directives to Promote Autonomy *continued from page 3*

- Make treatment decisions based on autonomy and personal beliefs
- Want to work in collaboration with treatment practitioners

We also understand that mental health professionals:

- Value the rights and cultural preferences of people they serve
- Appreciate having information about the individual's experience with treatments and written permission to speak to other mental health providers
- Would like fewer family disagreements in times of disconnection and lack of capacity
- Are willing to explore new treatments and therapies that reduce costs and recidivism while promoting wellness and healing

NYAPRS works with healthcare practitioners to understand how an individual's cultural preferences are fundamental to advance directives, and that understanding the interrelatedness of historical

trauma, trauma, mental health conditions, and substance use is key. For example, an American Indian may give instructions to include the tribal council in any decision-making process related to cultural preferences. The PAD may include descriptions of spiritual symbols, rituals, and foster respect for Native spirituality and cultural beliefs.

An African American man experiencing homelessness, for instance, may not trust healthcare and social support systems due to his previous negative, disrespectful experiences with providers. In this case, a peer specialist could work with him to build trust before introducing the idea of having a PAD. The peer specialist could explain the benefits of having a PAD and help him complete the PAD form to document preferences, such as instructing practitioners not to use specific actions or words that may be retraumatizing.

The mental health system is becoming more person-centered, trauma-informed, and professionally accountable, and PADs are evidence of this. As I promote the use of PADs, my recovery matures and grows. Could creating a PAD be beneficial to you? •

September is National Recovery Month

To plan and promote your own Recovery Month event, take advantage of the resources packaged in the [Recovery Month Toolkit](#).

**JOIN THE VOICES
FOR RECOVERY:**
OUR FAMILIES,
OUR STORIES,
OUR RECOVERY!



National
Recovery Month
revention Works • Treatment is Effective • People Recover
SEPTEMBER 2016

How to Implement Psychiatric Advance Directives



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*Deputy Legal Director
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David L. Bazelon
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The Judge David L. Bazelon Center for Mental Health Law provides recovery-oriented leadership and guidance in three main areas: policy analysis and advocacy, litigation, and public education.

One important tool for advancing Bazelon's mission is the psychiatric advance directive (PAD). Commonly used in general health care, advance directives

have been adapted and used for psychiatric services for several decades. As PADs are legal documents, regulations vary from state to state. What is required to make the document valid and the amount of weight practitioners must give the document will vary based on state laws. By federal law, any facility—including psychiatric hospitals—receiving Medicare or Medicaid reimbursements must offer advance directives. This law applies equally to individuals with psychiatric illnesses and those with any other medical conditions.

Enhancing personal choice and improving health outcomes

During a recent interview, Jennifer Mathis, the Bazelon Center's director of programs, emphasized how a PAD can support individuals' self-determination. Mental health care and treatment bring special concerns such as medication preferences, hospital admission, inpatient treatment considerations, or electroconvulsive treatment that make advance directives critically important tools for ensuring that individuals' preferences are heard.

Bazelon Center Resources: A good place to start

The Bazelon Center website offers a [template](#) that individuals can use to create their own PAD. The [Frequently Asked Questions](#) section in the PAD template covers issues of interest to both practitioners and people using services.

Additional resources available for download focus on policy and legal action. Among the policy documents, [Power in Planning: Self-Determination Through Psychiatric Advance Directives](#), contains a model PAD, an analysis of state laws governing the use of PADs, lessons learned from using PADs, and a discussion of clients' and practitioners' perspectives. The model PAD features templates and detailed instructions. Also included in the policy section is a fact sheet describing the [Federal Patient Self Determination Act](#), which addresses the rights of people receiving health care—including mental health services—to stipulate in advance their treatment preferences should they become incapacitated.

The [Legal Action](#) section of the Bazelon Center's website reviews the 2001 case of *Hargrave v. State of Vermont*, and includes the federal magistrate's decision to support the use of an advance directive, associated briefs, and the 2003 updated decision to uphold the original decision.

To learn more, visit the Bazelon Center's website or contact Jennifer at jenniferm@bazelon.org. •

—As told to Deidra Dain



**World Suicide
Prevention Day
September 10, 2016**

RTP PRESENTATIONS

Upcoming RTP Conference Presentations

New York Association of Psychiatric Rehabilitation Services Annual Conference

Kerhonkson, New York

[Learn more](#) or register to attend.

SEP
14 - 16

National Alternatives Conference 2016

San Diego, California

[Learn more](#) or register to attend.

SEP
19 - 23

IPS: The Mental Health Services Conference

American Psychiatric Association
Washington, DC

[Learn more](#) or register to attend.

OCT
6 - 9

American Public Health Association Annual Meeting and Exposition

Denver, Colorado

[Learn more](#) or register to attend.

OCT 29 -
NOV 2

RTP Webinar

Staying the Course for Choice: Exploring the Role of Advance Directives in Behavioral Health

1:00 – 2:00 p.m. (ET)

This webinar will examine how individuals are using advance directives within behavioral healthcare settings, how practitioners can support people using services to create and use advance directives, and the role the process can play in recovery-oriented services.

[Learn more](#) or register to attend.

OCT 4

UPCOMING EVENTS

National Wellness Week

SAMHSA's National Wellness Week, held annually during the third week of September, emphasizes wellness as an important part of recovery and its value in reducing morbidity and mortality among people dealing with mental health conditions.

[Learn more](#)

SEP
11 - 17

October is National Substance Abuse Prevention Month

Acknowledging the role every person can play in preventing substance abuse.

[Learn more](#)

Mental Illness Awareness Week

We fight stigma, provide support, educate the public, and advocate for equal care.

[Learn more](#)

OCT
2 - 8

National Depression Screening Day

Raising public awareness of behavioral and mental health issues and working to reduce stigma.

[Learn more](#)

OCT 6

World Mental Health Day 2016

Dignity in Mental Health: Psychological and Mental Health First Aid for All

[Learn more](#)

OCT 10