Psychiatric Advance Directives

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Objectives

1. State the purpose of a Psychiatric Advance Directive (PAD)
2. Name components that might make up a PAD
3. State the benefits of using PADs
What is a PAD?

- A written instruction regarding preferences for treatment
- May authorize a surrogate decision maker
- Options for emergency treatment
- Tool for Communication
- The goal of PADs is to maximize chances of recovery

What is a PAD

- Instructive PAD
  - Individual gives instructions

- Proxy PAD
  - Individual assigns agent or proxy to make treatment decisions

These directives may be combined with a medical advance directive
New Laws in 25 States Since 1991

- ALASKA
- ARIZONA
- HAWAII
- IDAHO
- INDIANA
- ILLINOIS
- KENTUCKY
- LOUISIANA
- MAINE
- MARYLAND
- MICHIGAN
- MINNESOTA
- PENNSYLVANIA
- MONTANA
- NEW JERSEY
- NORTH CAROLINA
- OREGON
- OHIO
- OKLAHOMA
- SOUTH DAKOTA
- TEXAS
- UTAH
- WASHINGTON
- WYOMING
- NEW MEXICO

What do they do?

- Facilitate communication between client and staff
- Prevent unwanted treatments
- Outline preferred or effective treatments
- Provide a measure of control
- Enhance communication
- Help prevent emergency
- Reduce episodes of aggression
State of Texas
Title 6
Chapter 137

- Declaration for Mental Health Treatment
  - 18 and older
  - Not incapacitated
  - Expires on 3rd anniversary
  - Must have 2 witnesses who are not incapacitated

Health Care Provider

- Shall act in accordance with directive
- Limitations of Liability
  - Did not receive
  - Good faith effort
- Make the document a part of the health care record
- Comply to the fullest extent possible
What Else in a PAD?

- Treatment history
- Instructions to hospital staff
- Tips for understanding symptoms specific to the client
- Names of people who may not visit you
- An emergency contact(s), such as a doctor or other care provider, family member or friend.
- The Name of a Health Care Proxy or Agent
- In virtually every state, you can appoint an individual to make health care decisions for you should you become unable to do so.

What if?

- The patient is under an order for temporary or extended treatment
- Preferred interventions not effective in reducing severity of behavior that caused emergency
- Physician does not want to adhere to the PAD
Revocation

- When a principal who is not incapacitated:
  - Notifies a healthcare provider
  - Acts in a manner that demonstrates intent to revoke
  - Executes a later declaration

*Record in the medical record
*Notify other staff caring for the patient

Declaration for Mental Health Treatment

- I, _________________, being an adult of sound mind, willfully and voluntarily make this declaration for mental health treatment to be followed if it is determined by a court that my ability to understand the nature and consequences of a proposed treatment, including the benefits, risks, and alternatives to the proposed treatment, is impaired to such an extent that I lack the capacity to make mental health treatment decisions.
"Mental health treatment" means electroconvulsive or other convulsive treatment, treatment of mental illness with psychoactive medication, and preferences regarding emergency mental health treatment.

Psychoactive Medications

- If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding psychoactive medications are as follows:_____

- I consent to the administration of the following medications:_____

- I do not consent to the administration of the following medications:_____

Psychoactive Medications

- I consent to the administration of a federal Food and Drug Administration approved medication that was only approved and in existence after my declaration and that is considered in the same class of psychoactive medications as stated below: _______

- Conditions or limitations: _______

Convulsive Treatment

- If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding convulsive treatment are as follows: ______

- I consent to the administration of convulsive treatment._____

- I do not consent to the administration of convulsive treatment.

- Conditions or limitations: ________
Preferences for Emergency Treatment

- In an emergency, I prefer the following treatment FIRST (circle one) Restraint/Seclusion/Medication.
- In an emergency, I prefer the following treatment SECOND (circle one) Restraint/Seclusion/Medication.
- In an emergency, I prefer the following treatment THIRD (circle one) Restraint/Seclusion/Medication.

Preferences for Emergency Tx

- I prefer a male/female to administer restraint, seclusion, and/or medications.
- Options for treatment prior to use of restraint, seclusion, and/or medications: __________
- Conditions or limitations: __________
Statement of Witness

I declare under penalty of perjury that the principal's name has been represented to me by the principal, that the principal signed or acknowledged this declaration in my presence, that I believe the principal to be of sound mind, that the principal has affirmed that the principal is aware of the nature of the document and is signing it voluntarily and free from duress, that the principal requested that I serve as witness to the principal's execution of this document, and that I am not a provider of health or residential care to the principal, an employee of a provider of health or residential care to the principal, an operator of a community health care facility providing care to the principal, or an employee of an operator of a community health care facility providing care to the principal.

I declare that I am not related to the principal by blood, marriage, or adoption and that to the best of my knowledge I am not entitled to and do not have a claim against any part of the estate of the principal on the death of the principal under a will or by operation of law.
Witness Signature: ___________
Notice to Person Making Declaration

- This is an important legal document.
- It creates a declaration for mental health treatment.
- Before signing this document, you should know these important facts:
  - This document allows you to make decisions in advance about mental health treatment and specifically three types of mental health treatment:
    - psychoactive medication
    - convulsive therapy
    - emergency mental health treatment

The instructions that you include in this declaration will be followed only if a court believes that you are incapacitated to make treatment decisions. Otherwise, you will be considered able to give or withhold consent for the treatments.

You have the right to revoke this document in whole or in part at any time you have not been determined to be incapacitated.

YOU MAY NOT REVOKE THIS DECLARATION WHEN YOU ARE CONSIDERED BY A COURT TO BE INCAPACITATED.
Components of PAD

- Psychiatric medications
- Hospitalization
- Alternatives to hospitalization
- Seclusion and restraint
- ECT (electroconvulsive therapy)

Components of PADs

- Used to provide information about specific treatment requests
- Specific medications requested or refused
- Ways to de-escalate crises
- Caring individuals to contact during crisis
- 95% of the PADs consumers created were clinically appropriate and could be carried out
Preferred Care

- Male or female staff
- Preferred Unit
- Special Dietary Needs
- Cultural Preferences
- Personal Items
- Communication Devices
- Types of Therapy

Medications

- Medications that have worked in the past
- Orals medications vs. injectable
- Class of medications
- Side effects
Treatments

- Group therapy
- Counseling
- Intensive Outpatient Therapy
- ECT
- Medications

Emergency Instructions

- What causes me to become anxious/upset/angry?
- How do I look when I am upset/anxious/agitated?
- What helps me to calm down?
- Redirection vs. Medications vs. Restraint/Seclusion
Releasing Control

- Empowering the client to gain control
- Improve informed care
- Avoid involuntary hospitalization
- Shifts the focus to wellness

Reduction of Aggression

- Counting the Cost
  - Injury to staff or patients
  - Time lost
  - Personal loss
  - Inability to return to work
- Anticipate Pre-cursors
- Personalize De-escalation techniques
Enhancing Recovery

- Avoiding Harm
- Person-Centered Care
- Shared Responsibility
- Establishing feelings of Personal Safety
- Strengths-Based Care

References


References


References


