Psychiatric Advance Directives: Supporting Voice and Choice in Mental Health Crisis Settings

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Webinar

SAMHSA
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Materials in this presentation were developed as part of the Crisis Navigation project in North Carolina, a project funded by The Duke Endowment.

The project is a collaboration between Southern Regional Area Health Education Center, the North Carolina Evidence Based Practices Center, Duke AHEC, NAMI NC, and many community partners in Mecklenburg, Durham, Wake and Cumberland counties.

The work builds on the efforts of Marvin Swartz, MD and his research team at Duke University School of Medicine.
• Define psychiatric advance directives
• Review evidence base for their use
• Describe state strategies to disseminate advance care planning, including the Crisis Navigation Project in North Carolina
• Describe resource materials available to support broader use of PADs
Collaboration: Peer, family member, clinician
Have you been in the hospital or a crisis setting before?

Was your voice heard?
A Psychiatric Advance Directive (PAD) is a legal tool that can support your voice when you are in mental health crisis.

You create it before a crisis occurs, when you are in a good frame of mind.
Why are psychiatric advance directives important?

- Supports a person’s autonomy and empowerment in mental health treatment
- May reduce involuntary treatment
- May improve continuity of care
- Allows designated family/friends to speak directly with providers during crises
- Allows an authorized health care agent to help make decisions during crises
Example of PAD in practice

Ms. Jones is picked up by police after she is found wandering and mute, wearing sandals and a t-shirt in cold weather.

They transport her to a crisis facility. In the crisis facility’s electronic health record, there is an indication that Ms. Jones has a psychiatric advance directive. The advance instruction gives information about her history, and medication preferences.

She also has a health care power of attorney and her sister is her health care agent. The psychiatrist examines Ms. Jones, and finds that she is currently lacking capacity based on her inability to attend to his questions and her statements that do not seem to be related to reality.

The psychiatrist documents that she is currently incapacitated in her medical record. He then calls her sister, who gives him further information about what Ms. Jones would want in terms of treatment. The sister comes to the crisis facility and signs paperwork allowing Ms. Jones to be admitted voluntarily to the hospital. Ms. Jones is relieved by the presence of her sister, whom she trusts to speak for her, and calmly agrees to the hospitalization.
The Patient Self Determination Act of 1990 established a law that patients be given information about their rights in medical settings, and that they be offered information on advance care planning.

Advance care planning started around end of life issues, addressing the person’s choices around treatment to sustain life in life-threatening situations.

Similar principles apply to planning for a mental health crisis.

Psychiatric advance directives developed out of a movement to give people living with mental illness more voice in mental health crisis situations.
This standard supports the patient’s right to make decisions regarding his or her care and to formulate advance directives and have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.102 (Requirements for providers). This standard also supports the patient’s right to have a family member or representative of his or her choice and his or her physician notified promptly of the patient’s admission to the hospital.
### Increasing interest in PADs in the US: laws in 27 states

<table>
<thead>
<tr>
<th>Year Range</th>
<th>States</th>
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<tbody>
<tr>
<td>1991-1995</td>
<td>Minnesota, Arizona, Maryland, Oregon, Maine</td>
</tr>
<tr>
<td>2006-2011</td>
<td>New Mexico, Virginia, Montana</td>
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</tbody>
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*Plus Nevada in 2017*
2004 MacArthur Network Survey of 1,011 psychiatric outpatients:

**Have you completed a mental health advance instruction or appointed a health care agent for future MH treatment?**

- **4% – 13%** said yes.

**Would you want to complete a PAD if someone showed you how and helped you do it?**

- **66% – 77%** said yes.
How do we scale and sustain evidence based practices?
An Advance Instruction (NC GS §122C-77) allows you to consent to treatment in advance, and to state your preferences for treatment, including medications, and the facility you prefer if you need to be hospitalized.

A Health Care Power of Attorney (NC GS §32A-25) allows you to select a person you trust to represent you if you cannot speak for yourself. This person is called the health care agent, and should represent your preferences and serve as your advocate.

You can have one or both of these legal tools.

Laws vary by state.
Any adult “of sound mind” can make
Signed in presence of two witnesses:
  • Not a relative
  • Not person’s doctor, mental health provider or other staff
  • Not staff of a health care facility in which the client is a patient
Must be notarized
Present to doctor and other mental health treatment providers
What is “capacity”?

A legal term for a person’s ability to make rational decisions based upon relevant facts and considerations
Usually time-limited

How capacity is determined:

“...in the opinion of a physician or eligible psychologist the person currently lacks sufficient understanding or capacity to make and communicate mental health treatment decisions.”
Treatment providers are required to follow a person’s PAD, with these exceptions:

If you ask for something that is not “standard care”
If what you ask for is not available or not feasible
If it is an emergency
If there are safety issues present, and you are under involuntary commitment (but even if you are under a commitment order, your PAD can include helpful information for the people treating you)
Health Care Power of Attorney (HCPA)

- Allows you to appoint someone to make treatment decisions when you are “incapable” or “incompetent”
- Person designated is called the Health Care Agent (can be more than one person)
- Can be combined with instructional directive,
  - but may be two different forms.
The PAD goes into effect if a physician or psychologist finds that you lack decision-making capacity, based on their examination of you – that is usually a temporary state.

The physician or psychologist must document that you lack capacity in your medical record, and also must document it when you regain capacity.
National:

SAMHSA focus on PADs
https://www.samhsa.gov/sites/default/files/a_practical_guide_to_psychiatric_advance_directives.pdf

State:

NCGA Legislation on IVC’s passed with a heavy focus on PADs

Local:

Countywide mental health action plan—Mecklenburg

“Increase the number of behavioral health settings with active PAD facilitators from 3 to 12 by 2021”
Mecklenburg County: PAD Implementation Efforts

- IVC Committees/Subcommittees
- PAD Steering Committee
  - Developing community wide strategic plan
- PAD Facilitators Meeting
  - Learning collaborative for trained PAD facilitators
- MH Task Force
  - Establishing countywide MH Action Plan
- PAD Events
  - Every 6 weeks, open access, includes overview, individual PAD, notary, facilitators.... Everything needed to understand, develop and register a PAD
Supporting Personal Choice During a Mental Health Crisis.
Blended learning to train facilitators

Psychiatric Advance Directives

How to Facilitate
Course Instructor: Bebe Smith, MSW, LCSW
Project Coordinator, Crisis Navigation Project
Southern Regional Area Health Education Center

PREVIOUS

How to Navigate This Course
Slides
This brief instruction tells you how to move through the course.

Introduction to the Course
Video

Crisis in Control
Youtube video

PAD Facilitation Demonstration
Youtube video

Wait for the video completion message!
Lesson
Complexity

- PERSON WITH PAD
- ACT TEAMS
- FAMILY/SOCIAL NETWORK
- HOUSING
- CIVIL/CRIMINAL JUSTICE SYSTEM
- HEALTH SYSTEM
- OUTPATIENT PROVIDERS
- CRISIS RESPONSE
- PEER PROVIDERS
- POLICY

SAMHSA
Substance Abuse and Mental Health Services Administration
Advance Health Care Directives

Welcome to the North Carolina Advance Health Care Directive Registry!

The NC General Assembly authorized the North Carolina Department of the Secretary of State to establish a registry where you may file your advance health care directives. Advance health care directives are legal documents that give written instructions about your health care if, in the future, you cannot speak for yourself.

https://www.sosnc.gov/ahcdr/
About PADs

- A psychiatric advance directive (PAD) is a legal document that documents a person’s preferences for future mental health treatment, and allows appointment of a health proxy to interpret these.

State by State Information

Psychiatric advance directives are relatively new legal instruments that may be used to document a competent person’s specific instructions or preferences regarding mental health care.

http://www.nrc-pad.org/
Specifying Mental Health Care
Before They’re Too Ill to Choose

By PAM BELUCK

CHARLOTTE, N.C. — Steve Singer, who has bipolar and borderline personality disorders, knew when he’s on the verge of a mental health crisis. The female voice he hears incessantly in his head suddenly shuts up, and the hula hoop he gyrates while walking to the grocery store stops easing his anxieties.

That’s when he gets to a hospital. Usually, talking briefly with a nurse or social worker calms him enough to return home. But this year a hospital placed him on a locked ward, took his phone, and had an armed guard watch him for 20 hours before a social worker spoke with him and released him.

“I get the heebie-jeebies thinking about it,” said Mr. Singer, 60. “They didn’t help me, they hurt me.”

Deeply upset, he turned to something he’d never known existed: He completed a psychiatric advance directive, a legal document declaring what treatment he does and doesn’t want. Increasingly, patients, advocates and doctors believe such directives

Ariel Wolf, 25, believes doctors forced treatment on her.

(called PADs) could help transform the mental health system by allowing patients to shape their care even when they lose touch with reality. Hospitals must put them in patients’ medical records and doctors are expected to follow them unless they document that specific preferences aren’t in the


When Investigative Reporting Means Seeking Access to a Subject’s Mind

Although I’d learned about psychiatric advance directives a couple of years ago, it took months to find people willing to speak openly about their experiences.

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Have you ever been hospitalized for a mental health crisis?

Join us to learn about YOUR Legal Right to have a Psychiatric Advance Directive (PAD).

Tuesday, September 11, 2018 1pm to 4pm
Tuesday, October 23, 2018 1pm to 4pm
Tuesday, December 4, 2018 1pm to 4pm

Learn about YOUR Legal Right to have your treatment preferences shared and heard by providers and to choose who will advocate for your preferences, if you are not able to speak for yourself.

People will be available to share information, answer questions and, if you choose, develop your PAD with you.

Hosted by PRN
1041 Hawthorne Lane
Charlotte, NC 28205
704.390.7709
Register at
https://psychiatricadvanceddirectives.eventbrite.com
Wallet Card

How to help me in a crisis:

For more information on PADs:
- Crisis Navigation Project: CrisisNavigationProject.org
- National Resource Center on PADs: NRC-PAD.org
- NC Secretary of State Advance Directive Registry: SOSNC.gov/divisions/advance_healthcare_directives
- NAMI NC: NamiNC.org

I have a Psychiatric Advance Directive (PAD)

My PAD is a legal document that communicates my preferences for mental health treatment in a crisis.

This card provides summary information from my PAD.

Name: ___________________________
Phone: ___________________________
Psychiatrist: _______________________
Phone: ___________________________
PCP: _____________________________
Phone: ___________________________
MH Provider: ______________________
Phone: ___________________________

My emergency contacts:
I have a health care agent who can speak for me:
☐ Yes  ☐ No

HCA Name: _________________________
Phone: ___________________________
Other: ____________________________
Phone: ___________________________
Other: ____________________________
Phone: ___________________________

Hospital Preference:

Treatment Preferences:

SAMHSA
Substance Abuse and Mental Health Services Administration
New PAD Facilitation trainers in Charlotte
Thanks!

Any questions?

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http://www.crisisnavigationproject.org/