

# Psychiatric Advance Directives

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# Psychiatric Advance Directives

What?

# PADs: What?

- Self-determination based legal document
  - MH version of a medical advance directive
  - Prepare in advance of a crisis
  - Voice, maximize decision-making
- Preferences regarding medications and treatments.
  - What helps. What makes things worse.
  - Identify supporters/agents
- Tools to improve engagement
  - Providers, community based-services, hospitals, jails, law enforcement, crisis personnel
  - Opportunity to identify barriers to access and accommodations to enable access.
- Practical matters
- Physical medical conditions
- Additional section options

Psychiatric Advance Directives

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Mechanism to identify and enable accommodations

# Psychiatric Advance Directives

Why?

# PADs: Why?

- ADA: Accommodation
- Recovery, Self-determination
- Coordination of Care; Coordination of Information:
  - Silos within systems; Silos across systems.
  - Medical records v. condensed, essential information
  - **Bridge between criminal and civil**
- Resources
- Safety
- Relationship with providers, law enforcement, lawyers, Courts, etc.
- Voluntary engagement for additional services.

# PADs: Why?

- Criminal Justice:
  - Avoid crises
  - Engagement with law enforcement:
    - Reduce chance of escalation/harm
    - Reduce arrests
    - Relationship
  - Arrest:
    - Reduce entrance into competency cycle
      - Human rights/Economic
    - Provide jails with critical information
  - Pre-trial, Jail Diversion, Terms of bond and probation:
    - Individualized terms, increase likelihood of success
    - SMI is not static, MH crises and/or struggles foreseeable (Accommodate)
    - Bridge between criminal and civil – modifications rather than revocations

# Psychiatric Advance Directives

## Section Options



# Psychoactive Medication

- Safety and effectiveness
- Current medication
- What works. What doesn't work. Why?
- Other treatments and assists
- Considerations when considering
- Information is an opportunity

# Preferences for Emergency Treatment

- Medication, seclusion, restraint
  - Hospitals and jails
- Things that help de-escalate.
- Things that may escalate.
- Critical insights and information.
- Tools

# Critical Physical Medical Information

- Chronic medical conditions
- Allergies
- Prescription medications
- Over the counter medications
- Dietary restrictions or special needs
- Additional treatments

# Information for Law Enforcement and Crisis Personnel

- Individualized
- Things that may help de-escalate.
- Things that may cause escalation.
- Avoid arrests
- Relationship

# Effective Communication

- Accommodation
- Lawyers and Courts
- Competency



- Designating agents
- Identifying supporters
- Notification
- Veteran status
- Hospital preferences

# Practical Matters

- Household matters
- Finances
- Employment
- Education
- **Probation**
- **Attorney**

# Additional Sections

- Housing
  - Opportunity for application of ADA's Integration Mandate
    - Accommodations
    - Supports (Supported Housing, Post Olmstead litigation)
- Education
  - Accommodations
- Employment
  - Accommodations, including vocational rehabilitation
- Pre-trial/Diversion/Bond/Probation Terms
  - Accommodations
  - Supports
  - Safety net
- Trauma triggers
- Manifestation toolkit



Criminal Justice System Engagement → PAD Section(s)

- |                                    |   |   |
|------------------------------------|---|---|
| 8. Re-entry                        | → | 8. PAD  |
| 7. Probation                       | → | 7. Terms of Probation Accommodations/Safety Net   |
| 6. Jail                            | → | 6. Preferences for Emergency Treatment; Psychoactive Medication; Critical Physical Medical Conditions |
| 5. Mental Health Courts            | → | 5. Practical Matters (Attorney, Probation); Housing; Education; Employment; Manifestation Toolkit     |
| 4. Pre-trial diversion             | → | 4. Pre-Trial Diversion Terms and Accommodations/Safety Net  |
| 3. Reduce incompetency             | → | 3. Effective Communication  |
| 2. Avoid escalation; Avoid arrests | → | 2. Information for Law Enforcement and Crisis Personnel   |
| 1. Prevent engagement              | → | 1. PAD; Manifestation Toolkit   |

# Mental Health Courts

- Voluntary; Not coercive or as part of a coercive process.
- Self-determination
- Supported decision-making
  - Peer interviews
  - Public defender transcribes
- Basis for services developed and provided
  - Long-term

Psychiatric Advance Directives

Outreach and Creation

Method for outreach is critical.  
Method for creation is critical.

# PAD Outreach

- Targeted, intentional
- Active engagement is essential.
- Who?
- How?

# PAD Creation

- Conversation
- Supported decision-making
  - Problem identification
    - Barriers
  - Problem solving
    - Accommodations
- Paper, legalese
  - Accommodation within template.
- Interviewer; Transcriber
  - Accommodation in creation.
- Who helps create the PAD is critical:
  - Power disparity or perceived disparity
  - Credibility; Legitimacy
  - Supporters/Peers/Consumers
  - Agency to say no.