



Psychiatric Advance Directive

Presenter name

Presenter title

Month 00, 2024



Learning objectives

At the conclusion of the training, the participant will be able to:

1. Define Psychiatric Advance Directive
2. Explain the process and requirements of invoking and revoking a Psychiatric Advance Directive
3. Discuss five potential benefits of a Psychiatric Advance Directive
4. Articulate six potential “instruction” topics to be included in a robust Psychiatric Advance Directive, and
5. Recall the legal requirements of a valid Psychiatric Advance Directive in the state of Oklahoma

What is a Psychiatric Advance Directive?

A legal document that notes a member's preference for future mental health treatment.

This document allows an appointment of a health proxy to interpret a member's preferences during a mental health crisis.



Oklahoma's Advance Directives for Mental Health Treatment Act : 43A OK Stat § 11-103 (2023)

Allows members to write instructions (a “declaration”) for their psychiatric treatment in the event that they are incapable of making or communicating those instructions. The statute also allows them to appoint an agent, known as an “attorney in fact”, to instruct mental health care professionals. Members may choose to make a declaration, appoint an attorney in fact, or do both.

Note: An individual must be at least 18 years of age and capable at the time the Psychiatric Advance Directive is written.

What are the differences?

Psychiatric Advance Directive

- Advance instruction regarding mental health decisions
- Provides care guidelines
- Helps person control treatment decisions; empowers the member
- Crisis symptoms, medication choice, hospital choice, preferences for my child's care
- "I want to make sure my sister is notified, if I'm in crisis."
- "I don't want to take Depakote because I gained too much weight last time."



Medical Advance Directive

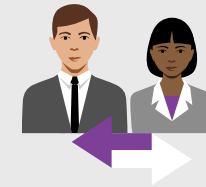
- A legal document that specifies a member's wishes for medical care if they are unable to communicate them.
- "I do not want any surgery or other care designed to prolong my life."
- "I do not want artificially administered food or fluids, and I do not want to be resuscitated."
- "If there is a chance that I cannot recover from my physical ailment, I want all life-saving measures utilized."



What is a Psychiatric Advanced Directive?



Who determines when to use a Psychiatric Advance Directive?



For a Psychiatric Advance Directive to be enacted in Oklahoma, the member must be evaluated and declared not competent to make their own treatment decisions. This declaration must be in writing and requires a formal evaluation by at least two qualified professionals, including:

1. The member's treating physician or psychologist.
2. An additional physician or psychologist.

**Some examples
of periods when
a member may
lack capacity
include:**

1. ○ **Acute psychosis**
2. ○ **Mania**
3. ○ **Catatonia**
4. ○ **Delirium**
5. ○ **Unconsciousness**



Benefits of having a Psychiatric Advance Directive

- Preserves member autonomy
- Facilitates communication between a physician and member about important treatment decisions that may prevent crises from occurring
- Improves continuity of care
- Facilitates timely interventions
- Helps with accessing care that aligns with member preferences
- Enhances collaboration with the treatment team
- Reduces use of involuntary treatment
- Provides a mechanism for families or other loved ones to officially be involved in treatment

Crisis in control



What should be included in a Psychiatric Advance Directive?



- Crisis symptoms
- Medication choice
- Hospital choice
- Emergency contacts
- Relapse and protective factors
- Instructions to staff
- Other instructions

How to individualize a Psychiatric Advance Directive





Forms

Oklahoma Psychiatric Advance Directive form

Find it [here](#).

ADVANCE DIRECTIVE FOR MENTAL HEALTH TREATMENT

I, _____, being of sound mind and eighteen (18) years of age or older, willfully and voluntarily make known my wishes about mental health treatment, by my instructions to others through my advance directive for mental health treatment, or by my appointment of an attorney-in-fact, or both. I thus do hereby declare:

DECLARATION FOR MENTAL HEALTH TREATMENT

If my attending physician or psychologist and another physician or psychologist determine that my ability to receive and evaluate information effectively or communicate decisions is impaired to such an extent that I lack the capacity to refuse or consent to mental health treatment and that mental health treatment is necessary, I direct my attending physician or psychologist and other health care providers, pursuant to the Advance Directives for Mental Health Treatment Act, to provide the mental health treatment I have indicated below by my signature. I understand that "mental health treatment" means convulsive treatment, treatment with psychoactive medication, and admission to and retention in a health care facility for a period up to twenty-eight (28) days.

I direct the following concerning my mental health care:

H:\NRC\PAD Forms\Oklahomapad Form.doc
January 24, 2006

Attorney-in-fact form

Find it [here](#).

Note: must be signed by two adult witnesses.

APPOINTMENT OF ATTORNEY-IN-FACT

If my attending physician or psychologist and another physician or psychologist determine that my ability to receive and evaluate information effectively or communicate decisions is impaired to such an extent that I lack the capacity to refuse or consent to mental health treatment and that mental health treatment is necessary, I direct my attending physician or psychologist and other health care providers, pursuant to the Advance Directives for Mental Health Treatment Act, to follow the instructions of my attorney-in-fact.

I hereby appoint:

NAME _____

ADDRESS _____

TELEPHONE # _____

to act as my attorney-in-fact to make decisions regarding my mental health treatment if I become incapable of giving or withholding informed consent for that treatment.

If the person named above refuses or is unable to act on my behalf, or if I revoke that person's authority to act as my attorney-in-fact, I authorize the following person to act as my attorney-in-fact:

NAME _____

ADDRESS _____

TELEPHONE # _____

My attorney-in-fact is authorized to make decisions which are consistent with the wishes I have expressed in my declaration. If my wishes are not expressed, my attorney-in-fact is to act in what he or she believes to be my best interest.

(Signature of Declarant/Date)

III. CONFLICTING PROVISION

I understand that if I have completed both a declaration and have appointed an attorney-in-fact and if there is a conflict between my attorney-in-fact's decision and my declaration, my declaration shall take precedence unless I indicate otherwise.

(Signature/Date)

Summary

What is a Psychiatric Advance Directive?

Who should complete a Psychiatric Advance Directive?

When should a Psychiatric Advance Directive be completed?

Why is a Psychiatric Advance Directive important?

What is included in a Psychiatric Advance Directive?

Who determines when to enact a Psychiatric Advance Directive?

How long does a Psychiatric Advance Directive remain valid?



References

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