Destigmatizing Mental Health Advance Directives

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Disclosures

• Conflict of Interest
  No conflict of interest to report

• Off Label Use
  Off-label use of any products will not be discussed

• Commercial Support
  There is no commercial support for this program

Learning Objectives

1. Summarize the Michigan legal statutes regarding Mental Health Advance Directives.
2. Explain the general treatment decisions listed in the Mental Health section of the Making Choices Michigan Advance Directive.
Mental Health in the U.S.

*Serious mental illness is defined as a condition resulting in serious functional impairment which substantially interferes with or limits one or more major life activities

- 44.7 million people or 1 in 5 adults in the U.S. in 2016 lives with mental illness*
- 10.4 million adults lives with a serious mental illness*

Public stigma** remains a pervasive issue for people with mental illness

**Stigma is a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid and discriminate against a particular group

Impact of Mental Health Stigma

Stigma consists of three components:

- **Stereotypes**: Negative belief about a group (e.g., dangerous, incompetent, character weakness)
- **Prejudice**: Agreement with belief and/or negative emotional reaction (e.g., anger, fear)
- **Discrimination**: Behavior response to prejudice (e.g., avoidance, withhold employment and housing opportunities, withhold help)

Fear of stigma can lead people with mental illness to avoid seeking assistance – including Advance Care Planning
Attitudes Towards Mental Illness

Fear and Exclusion
Persons with severe mental illness should be feared and therefore kept out of most communities

Authoritarianism
Persons with severe mental illness are irresponsible, so life decisions should be made by others

Benevolence
Persons with severe mental illness are childlike and need to be cared for

Patient-Centered Care (PCC)

Patient – Provider Communication
Entering the World of the Patient
Patient Expertise
Patient Empowerment
PCC: The Role of Mental Health/Psychiatric Advance Directives (MH/PAD)

- Addressing Loss of Decisional Capacity
- Mental Health/Psychiatric Treatment Preferences
- Confronting Stigma
- Normalizing the Conversation
- Preserve Patient Autonomy/Avoid Care Delays

States with MH/PAD Statues
Mental Health/Psychiatric Advance Directive (MH/PAD): General Requirements

• Vary from state to state

- Appointment of an Agent & Specific Psychiatric Advance Instructions
- Appointment of an Agent & General Advance Instructions
- Appointment of an Agent Only

• The National Resource Center on Psychiatric Advance Directives (www.nrc-pad.org) is an excellent resource for information specific to your state.

Advance Directives in Michigan

- Public Act 386 of 1998: The Estates and Protected Individuals Code (a.k.a. EPIC)
  - In general authorizes Patient Advocate to make medical and mental health treatment decisions
  - Includes specific provisions regarding mental health/psychiatric decision-making
  - Certain decisions require “clear and convincing evidence”
EPIC: Specific Mental Health Provisions

- Designate specific physician/provider to assess
- Consent to Electro-convulsive Therapy
- Consent to Inpatient Hospitalization/Psychotropic Medications
- 30-day Revocation Waiver

MH/PAD Form
Conversation Guide

Guide discussion of MH Tx preferences/goals
Educate facilitator/Address concerns
Address patient fears

MH/PAD Options

- Outpatient Therapy
- Voluntary Hospitalization
- Involuntary Hospitalization
- Psychotropic Medications
- Electro-convulsive Therapy (ECT)
- 30-day Revocation Waiver
Questions

References


References