

Instructions

for Making or Helping Someone Else to Make a Mental Health Advance Directive

Prepared by the Disability Rights Network of Pennsylvania and adapted by
Mental Health America Allegheny County, 2012.

I. Can I Make a Mental Health Advance Directive?

	Circle Your Response	
1. Are you younger than 18 years old (and not a self-supporting minor)?	Yes No	If The Answer To All Three Questions Is No , Then You May Make An MHAD
2. Do you currently have a guardian?	Yes No	
3. Have you been found to not have capacity to make mental health treatment decisions, or are you currently involuntarily committed to a mental health treatment facility?	Yes No	

II. What Type of Form Should I Use?

<p>1. Do you want to make all of your own mental health treatment decisions without having anyone else involved?</p>	<p>Yes No</p>	<p>If You Answer Yes to Question 1, Use A Declaration Form</p>
<p>2. Do you want someone else to make some mental health treatment decisions for you? This person will be called an “agent.”</p>	<p>Yes No</p>	<p>If You Answer Yes To Questions 2, 3, and 4, Use A Power Of Attorney Form</p>
<p>3. Do you have someone you trust to make the same mental health treatment decisions for you that you would make for yourself?</p>	<p>Yes No</p>	
<p>4. Is that person willing to be your agent?</p>	<p>Yes No</p>	
<p>5. Do you want to prevent your agent from making certain decisions about your mental health treatment?</p>	<p>Yes No</p>	<p>If You Answer Yes To Questions 2, 3, 4, and 5, Use A Combined Declaration and Power of Attorney Form</p>

III. General Guidelines

- As you complete the form, initial the box that reflects your choice. This protects you from fraud.
- It is important to write clearly so that your providers will be able to read and understand your choices.
- Some of the choices you make in the form will be preferences while other choices are legally binding treatment decisions. Here are some examples:

Legally Binding Choices

- Medications
- ECT
- Participation in drug trials and research studies
- Crisis intervention
- Medically necessary dietary needs

Preferences

- Choice of treatment facility
- Who should care for children or pets
- Religious affiliations
- Diets that are not medically necessary
- Any other preferences

- In most cases, if you do not have a preference or do not want to make a choice, you may leave the section blank.
- You can add additional information by writing it in or by stapling an extra sheet of paper to the form.

IV. Step-By-Step Instructions For Filling Out The MHAD Form

- 1.** Print your name in the first blank.
- 2.** If you are using a Power of Attorney or Combined Form, make sure you fill in all of the information about your agent.
 - Ask your agent sign that they accept the responsibility of being your agent. This is not a legal requirement but is a very good idea.
 - Make sure that your agent is not someone who provides any mental health services to you. Your agent cannot work for any provider, including a residential facility, that you receive services from.
- 3.** Decide when the document will become effective and begin to guide your mental health treatment. Almost everyone chooses the box that says it will become effective when you are deemed incapable of making mental health treatment decisions. This is the best choice unless you have another time that you would like your document to begin to guide your treatment.
- 4.** You may write your preference to go to a particular treatment facility. However, this will not prevent you from being placed in a different treatment facility if, for example, the beds are full at the place you want to go.

Medications

- 5.** Are there any medications that you do not want to take? Make sure you write them down in the Exceptions section of the form and include why you do not consent to take them. For example, write that the medication does not work or causes specific side effects.

6. Are there any medications that you would take only under certain circumstances? Make sure you write them down in the Limitations section of the form and include the circumstances under which you consent to take it. For example, you can consent to take a medication that will help you to sleep only after you have had 3 sleepless nights in a row. You can also consent to take a medication only up to a certain dose if you are unable to tolerate it in larger amounts.
7. Are there any medications that help you? Make sure you write them down in the Preference section of the form and include why you prefer them and what they help you with.

ECT, Experimental Studies, and Drug Trials

8. You have to give written consent in your MHAD for ECT and to participate in experimental studies and drug trials. Make sure that you mark and initial the box of your choice for these three things. Leaving these choices blank is considered a refusal to participate.
9. If you are using the Combined Form and you want your agent to be able to make decisions about medications, ECT, experimental studies, or drug trials, you will need to initial the boxes on **both** pages 29 and 32 to authorize your agent to make these decisions on your behalf.

Other Matters Of Importance

10. If there is anything else that you want your treatment team or support folks to know about, add it to the Other Matters of Importance section or attach additional pages.

Nominate A Guardian

11. You may choose to nominate a person that you would wish to be your guardian in the rare situation that a guardian would be appointed by the court. You may leave this section blank if you do not wish to make a choice or do not have anyone in mind who could serve as a guardian.

Execution: Sign, Date, and Have Two Witnesses Sign the Form

12. Make sure that you sign and date the form *in front of two witnesses*.

Important Information About Witnesses

- Any adult, including a provider, can sign as a witness **except** for your agent or the person who signed the form on your behalf if you were unable to sign the form yourself.
- A witness only needs to witness your signature. They do not need to read your MHAD or agree with your choices.

13. Make sure that your witnesses sign the form.

IV. How Do I Get The Most Out Of My MHAD?

- Your MHAD will expire two years after you make it. Write down this date and remember to make a new one before it expires.
- Give a copy to your agent and to anyone else who would be called in an emergency, including your mental health treatment providers. Keep a list of everyone who has a copy to and be sure give them new copies any time that you update the form.
- Keep a card in your wallet that says that you have a Mental Health Advance Directive. Include contact information for people who could provide a copy of your MHAD to your treatment providers in an emergency.
- Talk to your agent, psychiatrist, and other people who are important to you about the choices you have made in your MHAD.