

DATE:

TO: Facility or Program Administrator

FROM:

SUBJECT: Mental Health Advance Directives

Most facilities and programs are aware of advance directives for health and end-of-life care. However, there is another type of advance directive for mental health care. A person may, while still competent to do so, designate treatment decisions in advance of the need. The document usually designates a Health Care Surrogate who will make the decisions the individual would have made if competent to do so.

In the very near future, advocates and individuals with mental illnesses in our community will be trained in the use of Mental Health Advance Directives. The Department of Children & Families, the Advocacy Center for Persons with Disabilities and our agency are sponsoring this training. Many people with mental illnesses may choose to complete the Advance Directive so that it will be ready if, at some future time, they are unable to make decisions about their own care.

Once a physician decides that a person cannot make well-reasoned and knowledgeable decisions, the Health Care Surrogate named in the Advance Directive should be immediately notified that his or her powers under the law have begun. Within two working days, the facility administrator must file a petition for the appointment of a Guardian Advocate with the Circuit Court. If the court finds the person to be incompetent to consent to treatment, the court must give preference to the Health Care Surrogate selected by that person to be his or her Guardian Advocate.

The Health Care Surrogate may make any health care decisions the person would have made if competent, access the person's clinical record, release records and apply for public benefits on behalf of the person. The Health Care Surrogate can consent to decisions about ECT or experimental medications only if the individual specifically agreed to this in the Advance Directive. The Health Care Surrogate is discharged at any time the person regains his or her capacity to make medical and mental health decisions.

Attached is a blank copy of a Mental Health Advance Directive; other formats may also be used. Please contact me at _____ if you have any questions about Mental Health Advance Directives and your legal responsibility to honor the preferences of the individual expressed in his or her Advance Directive.

If you wish to attend the training program, it will be held from 9:00 a.m. to 11:45 on _____ at _____. An RSVP to the above number is required.

Sincerely,