

What is an Advance Directive for Mental Health Treatment (ADMHT) ?

The 2003 Kentucky General Assembly passed HB 99, thus creating a means for individuals to develop an Advance Directive for Mental Health Treatment (ADMHT). The ADMHT is a legally binding document (KRS 202A.420) that an adult consumer of mental health services can write in order to communicate your decisions and preferences for mental health treatment.

How do I write and complete an advance directive for mental health treatment (ADMHT)?

An ADMHT form that was a part of HB 99 has been included with this packet. While it is not necessary to use this exact form, it is a good idea to do so because the law says that a valid advance directive for mental health treatment must “substantially comply” (be nearly the same as) the form that was provided in the statute.

Either two adult witnesses must sign the ADMHT or it must be notarized for it to be complete. Neither the witnesses nor the Notary Public can be your current health care provider nor can they be relatives to the health care provider.

EXPLANATION OF THE ADMHT FORM

“Advance directive for mental health treatment (ADMHT)”

Means a written document, such as the enclosed form, or one very much like it.

“Grantor” means you as the consumer when you make an advance directive for mental health treatment. You should use your full legal name on the form. To make an ADMHT, you must be 18 years of age or older and must not have been declared by a court to be unable to make a legal document.

“Surrogate” is an adult you can name in the ADMHT to see that your instructions are carried out. If you want to name a surrogate, put a check by that statement. If you choose not to name a surrogate, check that you are not naming one.

“Psychotropic Medications Provisions”

There are two parts to this provision. First. You may list specific psychotropic medications, but not a class of drugs, with which you do not want to be treated. You may refuse to take these medications because, for example, they didn’t work for you (lack of efficacy); you had an allergic reaction (drug sensitivity); or intolerable side effects

(experience of adverse reaction). You do not have to give a specific reason for your refusal.

In the second part of the Medications Provision, you may list medications that you would be willing to take if medication becomes necessary. For example, at a time when you were symptomatic, you may have been treated with a medication that quickly reduced your symptoms, but you are not currently taking that medication because of its side effects. However, you may decide that if you get sick again you would be willing to use it because it worked so well. The second part is where you would write the name of that medication and any other medications you have had experience with and would be willing to take if it became necessary.

Both parts of your ADMHT's Psychotropic Medications Provision will provide extremely valuable medication information to those caring for you when you are in crisis. You are able to provide this information through the "clear voice" of your ADMHT, thus affording you the opportunity to still be an active participant in your treatment.

"Electroconvulsive or Electric Shock Therapy (ECT)"

In this section, you may check that you either agree to have electroconvulsive therapy (ECT) if the provider recommends it, or that you do not want ECT to be used. If you check that you do not consent to ECT, the facility and doctor may not administer ECT without an order from the court.

"Preferred Procedures for Emergency Intervention"

Emergency intervention means the use of physical or chemical restraint or seclusion which might be necessary to be used in an emergency situation for your protection or the protection of others. In this section of the ADMHT, you may list your order of preference for different kinds of emergency interventions and may provide important information to the facility and provider about the reasons for your preferences.

"Signature of Grantor"

After you have completed the ADMHT form, you should wait to sign it until you have two witnesses to watch you sign it or until you have a Notary Public to witness your signature.

"Signature of Surrogate"

If you name a surrogate, that individual will need to sign your ADMHT form and write down their contact information on the form. This is also true for an alternate surrogate, if you name one in your ADMHT form.

What is a surrogate? Do I have to choose one?

You may choose to designate someone else (a surrogate) to act on your behalf according to what you have written in your ADMHT. You do not have to choose a surrogate in order to write your advance directive for mental health treatment. If you do choose to have a surrogate, be sure you trust that the person knows you and will follow your wishes. Family members or friends can be your surrogate. People who provide mental health services to you cannot be your surrogate. The person you choose as a surrogate must be willing to accept this responsibility and must sign the ADMHT form. If you do not choose a surrogate, then your wishes as expressed in your written ADMHT stand by themselves.

What instructions may I give in my ADMHT?

In the ADMHT, you may state your wishes about the mental health treatment you want to receive at a time when you are not able to clearly communicate them. If you become symptomatic, your ADMHT can be your “voice” until your symptoms lessen. For example, you can list specific psychotropic medications, not an entire class of drugs, that you will not take. You also have the opportunity to list medications that you prefer to take as a part of your treatment. In another section, you can tell your doctors whether you consent to have electroconvulsive therapy (ECT). You may also list in the ADMHT your preferences for emergency interventions to be used if a crisis occurs and there is danger to yourself or others.

What do I do with advance directive (ADMHT) form once it is completed?

Your completed ADMHT is put into effect once it is given to a facility where you are being treated. You should also give a copy of the completed ADMHT form to:

- . Your surrogate
- . The health care facility (hospital, home health agency, nursing home, hospice)
- . where you are being treated

You may also want to have a copy of your ADMHT on file with your current primary care physician and your current mental health professional.

Information in this brochure is not legal advice. If you have questions, you may contact **KYCAN at 1-888-743-0493** or **P&A at 1-800-372-2988**. This brochure and the ADMHT form may be downloaded from

<http://ky.nami.org/> - or www.kypa.net