BEHAVIORAL HEALTH ADVANCE DIRECTIVES AND CRISIS PLANS

Welcome

Introduction

One aspect of self-management in behavioral health that receives less 'play' than it should is that of writing crisis plans and/or behavioral health advance directives. In fact, too many in the mental health field have never even heard of behavioral health or psychiatric advance directives. Even though, The Joint Commission, a national accrediting organization, requires that organizations ask clients whether they have a behavioral health advance directive and inform staff of its contents as part of their efforts to minimize the use of restraint or seclusion. This is an area of important legal action in the effort to empower mental health consumers to direct their own care.

Goals

The general goal of this course is to introduce you to behavioral health or psychiatric advance directives and crisis plans for individuals at risk of receiving crisis mental health care. You will see that many individuals with mental illness, when informed of psychiatric or behavioral health advance directives, express an interest in completing one for themselves. However, actual completion of such a document may require provider help. In the event that you may need to provide that help, you should have some basic knowledge about these documents.

Objectives

At the completion of this program, participants should be able to:

Identify the purpose of advance directives, both medical and psychiatric
Identify the basic contents of a behavioral health or psychiatric advance directive
Identify how an advance directive differs from a crisis plan
Identify the potential benefits of a behavioral health or psychiatric advance directive
Identify the kinds of assistance consumers may need in developing a psychiatric advance directive or crisis plan

Purpose

What are crisis plans and behavioral health advance directives?

Have you ever heard of them? You may have heard of a "crisis plan," especially if you have learned about Mary Ellen Copeland's Wellness Recovery Action Plan (W.R.A.P.™).

Behavioral health or psychiatric advance directives and crisis plans are similar.

They both serve the same purpose – that is, behavioral health advance directives and crisis plans are both expressions by an individual of their preferences for treatment and care in the event they lose the capacity to make or communicate healthcare decisions, presumably due to an exacerbation of a mental illness.

Advance Directives

More specifically, an advance directive is a written document, made in accordance with legal requirements defined by state law, in which an individual specifies in advance choices about health care treatment in the event that he or she becomes incapable of exercising or communicating such treatment choices in the future.[3] You are most likely to hear about physical health or medical advance directives in terms of end-of-life care, such as, an individual might express a desire to be withdrawn from life support when there is no reasonable hope for survival. Such written expressions of end-of-life treatment preferences are often called 'living wills."

Patient Self-Determination Act

The federal Patient Self-Determination Act, passed in 1990, required all hospital, nursing home, home health, HMOs and hospice care providers receiving Medicaid and Medicare funds to ask people at admission if they have an advance directive and, if they do, comply with the terms of that directive in accordance with applicable state laws.[4] The Joint Commission standards require all 24-hour care providers to meet these expectations for all admitted individuals.[5]

Patient Self- Determination Act (Continued)

Every state has enacted some form of statute providing a mechanism for clearly and formally developing a written advance directive. While federal law does not require such statutes, the Patient Self-Determination Act requires that any staff person participating in Medicare or Medicaid programs must inform patients about the state's law concerning advance directives.

Recovery Movement

In more recent years, especially in conjunction with the Recovery Movement, behavioral health or psychiatric advance directives are being seen as ways of empowering mental health consumers to exercise self-direction or self-determination in their mental health care. Consumer advocacy groups supporting recovery, empowerment and self-directed care have promoted behavioral health or psychiatric advance directives as an alternative or remedy for the use of coercion in mental health services for adults with serious psychiatric disorders.

Communicate Preferences

A behavioral health or psychiatric advance directive provides individuals, who may experience periods of mental or cognitive incapacitation with an opportunity to communicate treatment preferences in advance of such periods of incapacity.[8] It is a written document that describes an individual's instructions and preferences for mental health treatment and care during times when he or she is having difficulty communicating and making decisions. It can inform others about what treatment the person wants or does not want, and it can identify another person called an 'agent' or 'proxy' who the individual writing the directive can trust to make decisions and act on his or her behalf.

Meaningful Choices

In contrast to persons making end-of-life decisions, the most common use of behavioral health advance directives is for those individuals who have experienced mental illness and its treatment previously, both the negative and positive aspects, and as a result, may be in a position to make meaningful choices about the personal value of avoiding or receiving particular types of treatment in the future.

National Resource Center on Psychiatric Advance Directives

According to the National Resource Center on Psychiatric Advance Directives (NRC-PAD), the general advance directive statutes in most states can be used to direct at least some forms of psychiatric treatment. More and more states are adopting specific statutes for psychiatric or behavioral health advance directives. NRC-PAD reports that 25 states have adopted psychiatric advance directives in the past decade. Their website is an excellent resource for learning about psychiatric advance directives in general and in each state. [12] Their website is http://www.nrc-pad.org

Crisis Plans

A crisis plan is very similar to a behavioral health advance directive. It provides a way to keep the person with the plan in control even when it seems like things are out of control. Crisis plans are generally more expansive, they often cover more areas of a person's life than the treatment or care he or she may receive when incapacitated and may cover preferences for care in more detail.

Wellness Recovery Action Plan (W.R.A.P.)

Crisis plans are often presented as part of a larger symptom self-management program.[14] For example, Mary Ellen Copeland's Wellness Recovery Action Plan (W.R.A.P.™)[15] is a symptom self-management program, including having the person identify plans for staying well, triggers, early warning signs and signs of a possible crisis, and responses to those triggers and warning signs. Once individuals identify all of these items and implement the various plans for wellness and responding to triggers and warning signs, they should reduce the frequency of crises markedly. However, in the event that one does occur, she recommends that people develop a crisis plan.

Bazelon Center for Mental Health Law

Crisis plans were not designed to have legal standing, but rather to provide information about an individual's preferences for treatment and to help him or her set up the supports that he or she might need while in crisis. However, while state laws on advance directives generally define a list of elements that should be in an advance directive, the Bazelon Center for Mental Health Law, a legal advocacy center for persons with mental illness, states that less formally written statements, such as a crisis plan, will be recognized in many states. [16] If you are working with a person who is developing a crisis plan and that person wants it to have legal standing, you may want to help them also complete your state's appropriate advance directive forms. You can find these at the National Resource Center on Psychiatric Advance Directives' (NRC-PAD) website.[17]

Activity

[Quiz questions exist in online course only.]

Two Basic Types

What's in a Behavioral Health Advance Directive? There are two basic types of advance directives[19]

An instructional directive that describes the persons wishes concerning treatment, including treatments to not use. Specific information may include preferences for treatment, medications, hospitals and providers as well as statements about which treatments, medications, hospitals and providers to not use. Reasons for choosing or not choosing a given treatment or facility or provider can also be listed. Individuals may recommend strategies for handling them when they get out of control (strategies that may help avoid the use of restraint or seclusion). And, finally, they may include basic instructions about managing key aspects of their lives, such as, paying bills, taking care of pets, children or a house.

The second type is: a proxy directive which selects a person who will act in the place of the individual when he or she is incapacitated. Instructions for treatment and care may be included in a proxy directive or may not. If they are, the 'proxy' must follow them. If there are no instructions, then the proxy is expected to act in the best interest of the individual. Other terms often used to describe this kind of advance directive are durable power of attorney or healthcare proxy.

Healthcare Proxy

Most states recognize one or both types of advance directives and do not require an individual to identify a healthcare proxy or agent. If a person does not have a family member or friend who they trust, then he or she may choose to not specify a healthcare agent. However, there are good reasons for naming one. A healthcare proxy can advocate for the person and can ensure that the person's choices are respected. Such a person can enlist the help of others in making certain the advance directive is enforced, especially in those cases where it may be ignored. [20]

The Judge David L. Bazelon Center for Mental Health Law (also known as the Bazelon Center) is a leading legal advocate for people with mental disabilities. Its mission is to protect and advance the rights of adults and children who have mental disabilities. They provide forms and instructions for developing behavioral health or psychiatric advance directives.[21]

Crisis Plan

What's in a Crisis Plan?

Crisis plans may include all of the information in an advance directive and more. In Copeland's Wellness Recovery Action Plan (W.R.A.P.™),[22] crisis plans are much more extensive than most advance directive forms provided by states. For example, in addition to stating their preferred and non-preferred medications and willingness to be put on another unlisted medication, if preferred medications are ineffective, people are asked to list the medications, including over the counter, vitamin, herbal and home remedies, they are currently taking and any allergies they may have that may impact medication choices.

Here is another example of how crisis plans are often more extensive than advance directives. In addition to noting preferred treatment settings, such as, hospital or non-hospital alternatives, crisis plans can be written to address how a person might be treated at home, if possible.

Identify Key Tasks

Crisis plans identify the various key tasks that need to be handled while the person is incapacitated and identify those individuals who will manage the tasks. These may include taking care of children, pets, a house, and paying bills. But Copeland goes further in asking the person to identify what they believe they need from their supporters in the way of help

during a crisis. These may include who will stay with the person, take them to appointments, and accompany them on walks. Different support people may do different tasks and should be identified in the plan.

Take Over Responsibility

Another important difference in crisis plans compared to advance directives is that, in a crisis plan, people describe those symptoms that would indicate to others that they need to take over responsibility and begin making care decisions. Examples might include things like excessive pacing, unconsciousness, threatening suicide, not washing for several days, severe pain and difficulty walking.

Take Over Their Own Decisions

And, finally, people include descriptions of what they are like when they are well. This lets people who may be making decisions for an individual's care know when they are improving and can begin to take over their own decisions. People identify when their supporters can stop, when they (the person) are able to get back in control. Examples include such things as when the person has slept through the night three nights in a row or has taken care of personal hygiene for two days in a row.

Benefits of Advance Directives

Now let's look at the benefits of behavioral health or psychiatric advance directives and/or crisis plans. The Bazelon Center completed a three-year project exploring the legal enforceability of psychiatric advance directives and promoting their use with consumers of mental health care. The benefits and consumer comments come from a survey of consumer opinions and experiences with advance directives conducted as part of this project and published on their website.

The very act of creating a legal document like a behavioral health or psychiatric advance directive can be empowering to people.

The process of developing an advance directive can actually enhance a person's understanding of how their mental illness affects them. They may identify triggers, early warning signs, what interventions can help them avoid a full crisis and what interventions are harmful or counterproductive.

As one consumer reported: "It was very thought-provoking. You really had to think about what is good for you and you had to relive some of the past to remember what wasn't good for you. I found it empowering. You could stand up for yourself."

Benefits: Empowerment of Informed Decisions

The Bazelon Center also found other benefits of advance directives: Gathering and coming to understand information about treatments sufficiently to make informed decisions can be empowering.

Completing an advance directive [or a crisis plan] is a good way to open up discussion with healthcare providers about treatment plans, future contingencies and the full range of choices in treatment. Working on an advance directive with one's providers might improve communication. [They actually provide an opportunity for consumers and providers to negotiate mutually acceptable approaches to care.[24]]

Swanson et. al., key researchers in this area, say that "By validating the patient's treatment experiences, preferences, and instructions in a legal document and by fostering personal investment in shared decisions about future treatment, the process of planning ahead for illness contingencies may motivate the patient to greater levels of participation and engagement in regular outpatient services. In turn, as patients become more actively engaged in their treatment and more involved in managing their illness and directing their own care, a more productive working relationship between patient and clinician may develop, and ultimately services may become more effective and more satisfactory."[25]

Benefits: Family and Friends

Additional benefits and consumer comments are:

A [behavioral health or] psychiatric advance directive [or a crisis plan] can help a person prevent clashes with family members and/or healthcare providers over treatment during a crisis by allowing those discussions to take place when the person is capable of making decisions (and is completing the advance directive forms).

Completing an advance directive [or a crisis plan] creates an opportunity for the person to discuss his or her wishes in detail with family and/or friends. This may help family and/or friends more effectively advocate for the person when he or she is unable to advocate for him or herself and to advocate in ways that reflect the person's wishes.

An advance directive may prevent forced treatment or involuntary commitment.

Benefits: Reduction of Long Term Hospitalization

Here are even more benefits and consumer comments about advance directives: It may reduce the need for long hospital stays.[27]

Advance directives may allow individuals to avoid what for them are traumatic experiences in treatment and may lead to more palatable, respectful and effective options.[28]

As one consumer noted: "I know which medications I do well on. I know which ones I don't

do good on. I know what will calm me down vs. getting me naked and giving me an extra dose of medicine…There are better things that work for me than to use extreme tactics, that help me gain some self-control back if I have gone out of control."

Advance directives may also improve crisis intervention by identifying resources to deescalate crises and to serve as viable alternatives to hospitalization, which may, in turn, reduce hospitalizations.[29]

Benefits: Improved Decision Making

Advance directives may contribute to improved decision-making in crisis settings. Consider that mental health clinicians in crisis settings often know little about the background of individual psychiatric patients who present in crisis centers or hospital emergency rooms. But this is exactly when clinicians are required to make decisions regarding treatment and management of suicide and violent risk; as a result, civil commitment decisions may be made under these circumstances with suboptimal patient data. However, clinicians presented with a patient's psychiatric advance directive would gain access to critical medical and psychiatric information at the very moment when the patient would be least able to communicate it.

Activity

[Quiz questions exist in online course only.]

Are There Many Behavioral Health Advance Directives Out There?

Are There Many Behavioral Health Advance Directives Out There?
A few, but not very many.

Fairly recent research suggests that there may be a high potential demand for behavioral health advance directives among mental health consumers. Sixty-six
(66) to 77 percent of over 1000 mental health consumers surveyed in five U.S. cities indicated that they would complete a behavioral health advance directive if given the opportunity and assistance to do so. Most wanted both forms of advance directives, that is, instructions and an identified healthcare proxy.[32]

In another study of 303 consumers with a history of psychiatric crisis, 53% reported a desire to complete a psychiatric advance directive. Those with case managers who were very supportive of advance directives were twice as likely to want an advance directive, suggesting that provider support for these documents is very important in their completion.[33]

Rates of completion of psychiatric advance directives were not different in states that had specific statutes on psychiatric advance directives than in those that only had statutes for general advance directives.

Medical Advance Directives

Even with medical advance directives, which have been available much longer than psychiatric advance directives, their prevalence in the general public is no higher than 25 percent (possibly much lower in many locations).[35] Some of the reasons cited for the failure of medical advance directives to gain more traction is that even when they exist, physicians often are not aware of them. When they are aware they tend to have little to no effect on clinical decisions, that is, they are often ignored.

Thus, clinician support for the completion and implementation of behavioral health advance directives is essential for widespread use.

Patient Self-Determination Act

While, the Patient Self-Determination Act emphasizes the role of providers in educating consumers and the community about general advance directives and some state statutes push providers to educate consumers about psychiatric advance directives, if there is hesitation on the part of providers about actually empowering people with mental illnesses to make their own decisions, then the education efforts will likely fail.

Clinician Override

Most states with psychiatric advance directive statutes allow for clinician override of an individual's psychiatric advance directive.[40] Clinician override of patients' advance directives contradicts the intrinsic rationale of these directives, that is, maximizing autonomous choice.[41, 42] It may also produce some distrust among consumers about the 'real' value of completing a psychiatric advance directive. As one consumer interviewed by the Bazelon Center stated "Great, another unenforceable right!"[43] Others report that, even with consumer interest in completing directives to increase the likelihood of getting preferred treatment, they fear that they will have little actual effect on treatment decisions.

Civil Commitment Laws

It is important to note that no advance directive statute trumps civil commitment laws. Therefore, individuals who meet the inpatient and outpatient civil commitment criteria can be committed regardless of what their behavioral health or psychiatric advance directive may say.[45] The conflicts that surface center around what treatment can be given once a person is committed.

Provider's Fears

A few of the fears that providers express about psychiatric advance directives are:

Mental health consumers will write advance directives that refuse all treatment, thus, risking their own safety and possibly that of others and society. This makes their clinical utility low.

Consumers may refuse viable treatments because they do not or did not know of them at the time of writing the directive or because they do not fully understand them.

Further, providers are concerned that consumers may ask for treatments that are not available and/or are not financially feasible.

Clinical Utility

Research reported by Srebnik and colleagues indicates that these fears may not be fully warranted. It appears that the clinical utility of psychiatric advance directives may be quite high. In a study of the psychiatric advance directives completed by 106 people receiving outpatient mental health services, 95 of whom were diagnosed with a serious mental illness, 95% were identified as clinically useful by reviewing psychiatrists.

Clinical utility of psychiatric advance directives was defined as the extent to which specified instructions are feasible, useful, and consistent with standards of care. For example, information about patients' preferences among second generation antipsychotic medications may have high clinical utility. Additionally, preferences among available services and providers can be very helpful.

Refusal of all medication or requests for unavailable services are not. The clinical utility of psychiatric advance directives has bearing on whether the documents are viewed as helpful, superfluous, or a hindrance to the provision of clinical care as well as service and policy development.

Additional Research

Other research reported, found similar results. Within a small community mental health sample (N=30), no directives were used to refuse all treatment, although refusal of ECT was included in 57% of the directives, and 27% included refusal of haloperidol. In a similar sample (N=54), only 4% refused all psychotropic medications. In these samples, most people (66% to 82%) appointed a surrogate decision maker (7).

How to Make Them Work?

The question is "How to Make Them Work?" So, if mental health consumers are interested in psychiatric advance directives and we have some ideas about the fears of clinicians and the characteristics of such advance directives that make them clinically useful, how should you go about helping them get completed and implemented?

Initially, clinicians need to be open to the recovery-oriented, consumer empowerment approach to providing treatment and care – one that calls for partnering with clients to determine how best to 'get to recovery'. Operating in terms of such values needs to be part of the culture of the organization in which the clinician works.

Then clinicians need to come to see these tools as part of a therapeutic strategy to make their

clinical efforts more meaningful and effective. They need to embrace both the legal nature of these documents and see the clinical benefits of advance planning.

Clinical Support

After that, it appears that strong and direct clinician support for completing and implementing behavioral health advance directives is a key factor in stimulating consumer interest. Remember the earlier study that found that those clients whose case managers were highly supportive of advance directives were twice as likely to want advance directives as those whose case managers were less supportive.

Clinician's Psychiatric Wills

An interesting approach to stimulating clinician and organizational discussion about the potential value of psychiatric advance directives is to have clinicians complete their own advance directives for a hypothetical psychiatric crisis in themselves. A group of psychiatric nurses and psychiatrists completed their own "psychiatric wills" for a study at the University of Vienna in Austria. Interestingly, 30% of them wanted to exclude neuroleptics and 46% rejected ECT.[52] Mental health consumers reject neuroleptics at lower rates than these professionals and tend to reject ECT at comparable or higher rates.

Importance of Assistance

Remember that one of the studies[53] reviewed earlier indicated that consumers would be interested in completing an advance directive if they had the opportunity and the assistance. The assistance is very important and can come in many forms.

First, let's look at the importance of assistance. In a 2006 study[54] of 469 patients with severe mental illness, participants were randomly assigned to one of two groups - either a facilitated psychiatric advance directive session or a control group that received written information about psychiatric advance directives and referral to resources in the public mental health system. Sixty-one percent (61%) of participants in the facilitated session completed an advance directive or authorized a proxy decision maker, compared with only 3% of control group participants. Psychiatrists rated the advance directives as highly consistent with standards of community practice, making their clinical utility high. Most participants used the advance directive to refuse some medications and to express preferences for admission to specific hospitals and not others. None used an advance directive to refuse all treatment.

Greater Working Alliance

At 1-month follow-up, participants in the facilitated session had a greater working alliance with their clinicians and were more likely than those in the control group to report receiving the mental health services they believed they needed – suggesting that the process of completing psychiatric advance directives can have a beneficial effect on treatment.

Activity

[Quiz questions exist in online course only.]

Increase Completion Rates

So assistance in completing advance directives is likely to increase their completion rate. Assistance can be given by providers, family and friends or peer advocates. Anyone who provides such help should be well trained in the kinds of treatment choices people will be exploring and in helping people explore previous patterns of crisis and treatment, looking for what worked and what did not. Peer advocates may be especially helpful in discussing difficult decisions about agents or proxies and treatment providers. They may also help overcome any distrust that clients may have of their providers, such as, the belief that providers may be making recommendations to meet their own interests and not those of the client.

In the words of one of the Bazelon interviewees: “I just had people help me put words down and word things correctly. I’m bad with words and putting my thoughts in the right words, and other people at the Independent Living Project made sure my thinking came out in the right words.”

Considerations

Considerations for providing assistance:

These plans should be written when individuals are doing well, are competent and able to make their own decisions – not when they are in the midst of a crisis. Psychiatric advance directives need to be well thought out. The issue of competence is central to implementing psychiatric advance directives. There are some clinicians who still believe that individuals with mental illness are not cognitively competent to complete such a document simply because they have the illness. Exploring ways to help people improve their cognitive competencies in this regard is important.

Considerations (Continued)

Additional considerations for providing assistance are:

Competence to complete an advance directive involves two abilities: a capacity to write the advance directive document and a capacity to make the treatment decisions recorded within the advance directive (Srebnik et al., 2004). So a person may understand, appreciate and reason satisfactorily about what a psychiatric advance directive is and how to fill one out, but be less competent with respect to the specific treatment preferences documented within, such as making choices about medications or hospital treatment.

In a study of the effect of a program to assist consumers in completing a psychiatric advance directive, researchers found that those consumers who had IQs under 100 showed the

greatest gain in their ability to reason about how an advance directive or a given treatment would affect their lives after working through the advance directive completion process.

These findings suggest that consumers may improve their competence regarding psychiatric advance directives and various treatments by engaging in assisted completion of the directive.

Characteristics of Plans

Helpers should help consumers keep in mind those characteristics of plans that increase their clinical utility and, thus, their likelihood of being honored by clinicians.

These include:

Working with consumers to find treatments they are willing to use, especially if they are leaning toward rejecting all treatments.

Helping them clarify reasons for refusing certain treatments or requesting others. One study[59], looking at the impact of the reasons given by mental health consumers for not wanting a given treatment, like, medication, found that clinicians were much more likely to honor a behavioral health advance directive when the reasons for refusal of a treatment were based on conventional medical explanations. Seventy-two (72%) percent of the clinicians honored the advance directive when the refusal reason was related to undesirable side effects, while only 22% honored it when the refusal reason was based on a delusion, such as, the FBI wished to poison the person.

Characteristics: Feasibility of Requested Treatments

Other characteristics of effective plans are:

Helping them evaluate the feasibility of requested treatments and clarify their reasons for preferring them. It is important to note that any efforts to help people examine their choices are not intended to change the choices but rather to help them clarify what is important to them – so providers can understand as well.

Considering what to do if new treatments come available after the advance directive is written. The Bazelon Center noted that the physicians they interviewed in their project preferred proxies to instructions in advance directives. They liked being able to confer with someone who might clarify questions or concerns they might have. The advance directives become most useful if the consumer has given his or her proxy some leeway to assess treatment options that may not have been available when the current advance directive was written or was not considered by the consumer at the time of writing the directive.

Characteristics: Accessibility of Advanced Directives

Additional characteristics of effective plans are:

Helping consumers make sure the psychiatric advance directives are as accessible as possible for future caregivers. Obviously, one would give a copy to the consumer and make sure a copy is in his or her clinical record. You may also want to find out if there is a central advance directive registry in your state. Many states do have such a registry. With an advance directive registered online, providers can access it even if the person doesn't have it with them or goes to another facility for crisis care.[61]

Another tactic for increasing the likelihood that clinical centers or hospitals or police even might know that a person has an advance directive is to provide them with a laminated card informing them of how to access it, how to contact the person's healthcare proxy and any other important information.

Interesting Approaches

Here are a few ways to either integrate the development of psychiatric advance directives into existing work processes or use structured processes to help clients both learn about and complete them. It does appear that providing a structured approach to assisting mental health consumers in defining their advance directives is critical for their success.

In California, an advance health care directive may be incorporated into a comprehensive aftercare plan that is required for all patients discharged from mental health care facilities.

Swanson and associates reported on the results of a semi-structured interview and guided discussion to facilitate completion of a psychiatric advance directive. In brief, the core of the intervention is a semi-structured interview and guided discussion of choices involved in planning for mental health care during future periods of incapacity. If the participant wishes to prepare the relevant legal psychiatric advance directive documents, the facilitator helps with completion of the forms. The specific sections of the advance instruction and health care power of attorney statutory forms are used to organize and guide discussion of the participant's preferences. The facilitator also helps the participant obtain witnesses, get documents notarized, and file forms in the medical record and an electronic registry.

Interesting Approaches (Continued)

One study used AD-Maker software to guide consumers through developing their own psychiatric advance directives. Sixty-five percent (65%) of the sample tested for the feasibility of use of a software program to help individuals develop a psychiatric advance directive were able to complete the document adequately.

Activity

[Quiz questions exist in online course only.]

Summary

In summary, behavioral health or psychiatric advance directives and crisis plans can, in fact, provide clinically useful information to clinicians when they are providing treatment to people in crisis. In doing so, such directives and plans actually allow mental health consumers to contribute to their own treatment planning during crises.

Provider support and assistance in the completion and implementation of advance directives and crisis plans are very important for the long-term success of this approach to further empowering mental health consumers.