CREATING A MENTAL HEALTH CARE POWER OF ATTORNEY

MAKING YOUR WRAP CRISIS PLAN PART OF A LEGAL DOCUMENT
GOALS FOR THIS PROCESS

• If you have a WRAP Crisis Plan, Make it as complete as possible (Copeland, 1998)
• Examine the Power of Attorney document that has been provided
• Put your crisis directives into the Power of Attorney
• Sign the document, notarize it, or have a witness or two sign it
WHY IS A MENTAL HEALTH CARE POWER OF ATTORNEY IMPORTANT?

• It gives you control of your treatment even when you are not feeling your best
• It identifies people that you trust as agents who can make decisions about your care, when you can’t
• It may avoid court ordered treatment
• It clearly states which treatments are acceptable to you and which are not
HOW CAN YOU USE A POWER OF ATTORNEY?

- You can identify agents who will follow your directions.
- You can designate specific tasks for your agents.
- You can incorporate your WRAP Crisis Plan.
- You can guide your treatment if you make a detailed document that outlines your wishes.
- You can state what has NOT worked for you in the past.
IS IT A LEGAL DOCUMENT?

- Yes, according to Arizona Revised Statutes, 36-3286, 36-3281, 36-3282, and 36-3285 it is legal.
- It is also legal according to the US Constitution
- It is legal according to the Federal Patient Self-Determination Act of 1990
WHO CAN CREATE AN ADVANCE DIRECTIVE?
YOU!
MENTAL HEALTH POWER OF ATTORNEY?

- Follow the steps outlined in the workbook and in this class
- Seek help from your Peer Support Specialist as needed
- Seek help from other supporters as needed
- Make sure it has three necessary components...
...YOUR NEEDS AND WANTS CLEARLY IDENTIFIED

...YOUR SIGNATURE

...THE SIGNATURE OF A WITNESS OR NOTARY
THE NOTARY OR WITNESS CAN NOT BE:

- The doctor providing your care
- Any professional who is providing you care at the time your Mental Health Power of Attorney is in use
ALSO …

• If you only have one witness:

  • The person will not be related to you by blood, marriage, or adoption

  • The person will not be entitled to any part of your estate by a will or any operation of the law at the time the power of attorney is used
LET’S GET STARTED!
LET’S SEE HOW IT IS DEVELOPED
PART 1

• Place your name on the line following the word... “I”
• Now add your name and address where you are asked where you currently reside
• **Note:** At the bottom of each page is a place for your initials, when you put your initials there it means you have read and understood that page
PART 1

• The individual making the POA places their name on the line following the word... “I”
• They add their name and address where you are asked where you currently reside
• Note: At the bottom of each page is a place for initials, the initials of the individual means they have read and understood that page
PART 2

- Identifying an agent and an alternate

- An agent is the person the individual selects to carry out their wishes, if they are unable to for any reason.
- They must think carefully about who they trust to act in that capacity for them.
- If they can’t think of someone right away, they can complete the rest of the document.
- It is important that the individual developing their POA feels safe to create the document as they see fit.
- It is important not to let fear or stigma prevent them from asking someone to act as their agent.

ACH OF US ARE UNIQUE AND WONDERFUL!
WHAT TYPE OF PERSON SHOULD BE CHOSEN AS YOUR AGENT?

- It should be someone trustworthy
- It should be someone who is able to do the job
- It must be a person(s) that can advocate on their behalf and carry out their exact wishes
- It could be a group of people
SOME EXAMPLES OF WHO YOU MIGHT CHOOSE WOULD BE...

• A spouse
• A parent
• A friend
• Doctor/nurse who is not providing their care
• A Peer Support Specialist if approved by their organization supports them to engage in this work
• A case manager
• A attorney
• A cousin
• A brother
• A sister
• An aunt
• An uncle
• A son
• A daughter
• A team of trained Peer Support Specialists, if their organization supports that work
WHEN THE INDIVIDUAL COMPLETES THEIR MENTAL HEALTH CARE POWER OF ATTORNEY, GIVE A COPY TO YOUR AGENT

They need to know and understand what is being asked of them!
PART 3

• This part states that as soon as the document is completed it is considered to be in affect.
• It will be valid until the individual changes or updates the document.
PART 4

- This is a good time to discuss how an individual might feel about giving someone else the power to complete tasks regarding their health care
WHAT ABOUT GIVING AUTHORITY TO SOMEONE ELSE?

- The individual grants the person they identify as their agent and who can make decisions when they are unable to:
  - They describe what they are like when they are unable to make decisions
  - They also identify what helps them and what does not help them and how they would like things done
  - Even though they give someone else the authority to make decisions for them, they are still in charge!
  - An agent can’t make any decision they want, they need to follow the guidance of the Power of Attorney
LET’S TALK...
PART 5

• This part states that the identified agent can have access to all information as if they are you.
• The individual can choose to have information released to them or not.
• Both of those options have aspects that may concern you (refer to your workbook for the identified pros and cons) this would be another good time to have a group discussion.
PART 6

- This part gives your agent permission to make decisions based on their understanding of what you want.
- Remember, you will clearly outline what you desire as you progress through this document.
PART 7

• This part asks the individual to identify what they want to happen if guardianship proceedings begin

• It is difficult to think of ourselves as needing a guardian, most individuals would rather have a say about who that person is?
PART 8

- Part 8 allows the agent to consent to the individual’s mental health care treatment
- Exactly what they consent to will be outlined later
- The agent will also be able to make decisions for the individual based on their knowledge of them and what they would desire
PART 9

- By initialing this part of the legal document, they give permission to the behavioral health care provider to release information to their agent.
- They also give permission for the agent to participate in any meetings about their care.
- This will ensure the individual’s wishes are being carried out as they desire.
PART 10

- This part requires that a choice be made about whether to make this mental health care Power of Attorney
  - **Revocable** at any time
    - They may change their mind at any time
  - **Irrevocable**, if the individual believes are not able to exercise good judgment when they are experiencing significant mental health challenges
    - The individual may change his/her mind when they are feeling well
    - They are in charge
IF THEY FEEL THEY MIGHT REVOKE THE POWER OF ATTORNEY EVEN WHEN IT MIGHT NOT BE WHAT IS BEST FOR THEM..HELP THEM MAKE IT IRREVOCABLE, THEY CAN STILL MAKE CHANGES WHEN THEY ARE FEELING GOOD!
IF THEY KNOW THAT THEY ARE ABLE TO THINK CLEARLY EVEN WHEN THEY ARE NOT DOING WELL, THEY CAN CHOOSE TO MAKE IT REVOCABLE AT ANY TIME
THIS DOCUMENT IS NOT SET IN STONE, THEY CAN CHANGE IT...
• This is where choices are identified…

- The agent can sign the individual into the hospital on a voluntary basis, rather than through court order
- The agent can sign for him/her to receive medications that can help them start feeling better right away
- The agent can consent to medical care when a treatment plan has been developed
• Each individual will describe which treatments or medications they do not consent to...

  • Maybe they want medications by mouth and not injection
  • Maybe the individual never wants ECT (Electro Convulsive Therapy) no matter what
  • Maybe he/she knows what medications have not worked for them
  • Maybe a certain inpatient setting causes them difficulty
PART 12

- This statement identifies if the individual has made an addendum (like a WRAP Crisis Plan)

- Initial if you have or
- Initial if you have not
IF YOU MAKE AN ADDENDUM:

- It can be a WRAP crisis plan
- It can be something they create that works for them
- It is *always* their choice!
THINGS TO THINK ABOUT ADDING:

- You may want to list various kinds of information like...
  - What happens in a crisis?
    - No sleep for three days or more
    - Driving to other states for no reason
    - Lots of anger shows up
    - Continuous crying
    - Spending money they do not have
**MORE ADDENDUM POSSIBILITIES**

- Tell the individual identifies when the document is to be used, some examples might be:
  
  - If I begin to experience symptoms that are in my WRAP crisis plan that means I am having a crisis
  - If I do not seem aware that I am doing things that demonstrates I am having a crisis
  - You show me this document and I
AND MORE...

- They describe the medications they are taking
  - Including dosage and directions
- Describe medications that have not worked for them in the past
  - I cannot take (name a specific medication)
    - Here is what happens
    - I am allergic to this medication
    - This medication gave me these side effects...
NEXT THE MEDICAL HISTORY:

- I am allergic to ...
- I have type two diabetes...
- I have a heart murmur...
- I have seizures...
- My heart has an irregular heartbeat but it has been checked and is not a problem ...
- I am prone to bladder infections...
- I have cavities that are very painful...
THEY DESCRIBE WHAT HELPS:

• I need quiet time alone…
• I do not like to be alone…
• I need to have something to read…
• I need to be able to draw or paint…
• I must have headphones with music…
• I need paper so I can journal…
• I need a Peer Support Specialist to remind me of my gifts and strengths
THE INDIVIDUAL DESCRIBES WHAT DOES NOT HELP:

- I need small snacks throughout the day…
- I must not take medication for sleep, it makes me feel terrible the next day…
- I do not want to work with nurses, doctors or BHTs of the opposite sex unless someone is with me…
- I do not want injections…
- Seclusion and restraint re-traumatize me…
PLACE THE DOCUMENT IN A SAFE PLACE, BUT IT MUST BE A PLACE THAT IS EASILY ACCESSED!

- They give copies to all agent(s)
- They decide if a copy goes to their doctor
- They give copies to anyone they think needs to have it
- Keep a copy for their use
- Do not put it in a safety deposit box, they may need to have access to it when the bank is closed
YOU ARE IN CHARGE OF YOUR LIFE!