## Irish Institute of Mental Health Nursing



## Position Paper No. 2: Advance Directives

This position statement was prepared by Dr Richard Lakeman and Dr Liam MacGabhann and endorsed by the IIMHN Executive on the  $8^{th}$  of March 2011.

## **IIMHN** Position Statement

"Nurses should encourage and facilitate users of mental health services to prepare and implement advanced directives relating to their care and well-being."

Advance directives are collaboratively formulated documents which express the preferences of competent people and provide guidelines regarding the process of care in relation to foreseeable mental health or psychosocial challenges that may involve professional mental health services.

An advance directive is characterised by:

- A commitment to and recognition of the principle of personal autonomy and responsibility
- A collaborative process, that seeks to explore, clarify, and articulate a person's:
  - Hopes, wishes, plans, preferences and agreements with others for the timely recognition and best response to a potential crisis and / or
  - Responsibilities, expectations and agreements with others regarding on-going maintenance and promotion of wellbeing
- A negotiated process, whereby when an advance directive requires specified services or responses from others, then whenever practicably possible the terms of service provision, and specific treatment preferences should be discussed and negotiated with named representatives from services
- A careful consideration of how the how the person has arrived at this point, what has helped and hindered, and how the person's resources and capacities can be drawn upon and enhanced
- Sharing with all service providers as needed and the honouring of the terms of the advance directive in as
  far as practicably possible, even when the individual may be deemed to lack decisional capacity until such
  times as capacity for decision making is regained

Nurses and other health professionals should be supported by their employers and professional organisations to honour advance directives as long as they are legal, ethical, and even when the directive appears to conflict with prescribed treatment. Advance directives should only be over-ridden in the most exceptional circumstances and in such cases a strong ethical and legal justification is required and must be documented in every instance.

An advance directive as a descriptive term is frequently associated with a legal document and subsequent process (Hoge 1994; Shrebnic et al. 2003). However, the key objective has to provide a process for people with mental health problems to exercise control of their potential future care if intervention becomes necessary; for example maintaining autonomy in choosing their care options even if in crisis, through appointed proxies (Lipton

2000; Amering et al. 2005).

Advance directives can be understood and instigated under the guise of other terminology more familiar to health care workers within the Irish context and enshrined in Mental Health Policy. Essentially as characterised above an advance directive requires a collaborative future orientated care planning process that places the person that may be receiving care as the decision maker in relation to how they utilise services in the future. The responsibility of professionals to engage service users in such advance directives are clearly enshrined in A Vision for Change (Government of Ireland 2006) as individualised self-determined care planning processes; and national standards of care (MHC 2007). Terminology more familiar to mental health nurses and care processes that enable them to facilitate advance directives include Relapse Prevention (Knight 2002); Developing Crisis Plans (Henderson et al. 2004); and Wellness Recovery Action Planning [WRAP] (Cook & Copeland et al. 2009). These approaches are well documented and to some extent already being used within Irish mental health services. They may provide working frameworks for nurses to encourage and facilitate the implementation of advance directives to people using their services.

## References

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