

Documenting Veterans' Mental Health Treatment Preferences in Advance Directives

Advance directives are written instruments designed to give patients some measure of control over their health care by stating their preferences for treatment in the event they lose decision-making capacity. Originally developed for decisions involving end-of-life care, advance directives are also used as a mechanism for enabling patients with severe mental illness to retain control over their psychiatric care in the event of a mental health crisis. Like other advance directives, mental health (or psychiatric) advance directives (MHADs), allow patients to specify preferences to receive or to refuse particular interventions, such as hospitalizations, medications, restraints, or electroconvulsive therapy.

The National Center for Ethics in Health Care has received inquiries regarding how to document a Veteran's preferences for future mental health care in an advance directive. Questions have included whether VA has a specific approved form for MHADs, and whether such a form is available on the Ethics Center's Web site.

Mental Health Care Preferences Worksheets

While VA does not have a separate form for MHADs, VA policy treats MHADs the same as other advance directives. Accordingly, a Veteran's preferences for mental health care may be recorded on [VA Form 10-0137](#), VA Advance Directive: Durable Power of Attorney for Health Care and Living Will. In addition, the Ethics Center, in conjunction with the Mental Health Strategic Health Group, has developed [Mental Health Care Preferences](#) worksheets that patients can use to evidence their preferences for future mental health care.

The worksheets allow Veterans to document the history of their mental health treatment. They are prompted to detail behavioral signs that their problems may be getting worse, as well as practitioner strategies that have in the past proved helpful in minimizing agitation. Patients can also delineate their experiences with medications, including, for example, positive experiences with certain drugs or the most onerous side effects of others. Preferences regarding electroconvulsive therapy (ECT) may also be documented. Finally, the worksheets prompt individuals to specify circumstances under which hospitalization or alternatives to hospitalization are preferred, and to identify, as appropriate, programs or facilities that have in the past proved beneficial or that they believe would be particularly appropriate in treating their illness. The worksheets can be completed by the patient and then attached to Form 10-0137. When so attached, the worksheets become part of the patient's living will.

The worksheets are currently available on the Ethics Center's intranet site, <http://vaww.ethics.va.gov>, under the "Policy" tab. Individual facilities may include the worksheets in their local iMedConsent libraries.

Note that a Veteran's preferences for future mental health care can also be documented in other ways. For example, the Veteran may use a state-authorized MHAD because VHA accepts all state-authorized advance directives, except where they conflict with VHA law or policy. Mental health preferences may be written out by the Veteran in the free text box of VA Form 10-0137, or attached to the form as freehand text sheets or any other document that helps to explain the patient's wishes.

If you have questions or comments, please contact the Ethics Center at vhaethics@va.gov



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