Advance Directives with Instructions for Mental Health: The Research

***Slides presented as part of workshop at May 2013 VACSB Conference*

Are We Interested in ADs in Virginia? (Wilder, Swanson et al., 2012)

- Stakeholder survey in 2010 in anticipation of legislative changes
  - Knowledge of and attitudes about ADs from:
    - Mental health service users,
    - Family members,
    - Administrators of hospitals,
    - CSBs, and
    - Advocates.
- All respondents held favorable views of advance directives with instructions for mental health care

Are We Interested in ADs in Virginia? (Wilder, Swanson et al., 2012)

- Over 90% agreed that ADs will give people with SMI more control over their lives
- Over 90% agreed that ADs will lead to better understanding of consumers' treatment desires in crisis and outpatient settings
- Over 90% agreed ADs will lead to improved quality of life for consumers
- Over 80% agreed ADs will improve relationships between providers and consumers

Are We Interested in ADs in Virginia? (Wilder, Swanson et al., 2012)

- Excellent support for ADs, but variable knowledge about them and different perceptions of barriers
- Administrators and clinicians tended to worry about time to complete and complexity
  - No one to appoint as agent
    - 79% of clinicians vs. 24% of consumers
  - Consumers will not see ADs as relevant
    - 83% of clinicians vs. 10% of consumers
- So, we are interested, but maybe a bit unclear on how routine use of ADs might play out

Evidence of the Clinical Utility of ADs (Srebnik et al., 2005; Swanson et al., 2006; Wilder et al., 2007)

- All ADs were rated as including useful instructions
  - In agreement with clinical practice standards
- No one used an AD to reject all treatment
- Everyone authorized hospitalization or feasible alternative
- When reasons for medication refusal given, doctors more likely to honor that choice

Benefits for Consumers (Srebnik & LaFond, 1999; Swanson et al., 2006)

- Increased sense of control → increased sense of well-being
- Improved working alliance with providers
- Improved feeling of having treatment needs met
- Increased likelihood of receiving medication requested → increased likelihood of staying on medication, reducing symptoms

Benefits to Consumers (Swanson et al., 2008)

- Having an AD with instructions for mental health care reduces the incidents of coercive intervention
  - Police transport, involuntary commitment, seclusion & restraints, involuntary medications
- People with ADs were HALF as likely to experience coercive interventions compared to people without ADs
  - Over a 2 year period

So, Everyone Has an AD, Right?

(Swanson et al., 2006)

- Demand
  - 66-77% of consumers say they would like to complete an AD with instructions for mental health care
- Use
  - Only 4-13% of consumers have completed an AD
- How can we increase use, if availability and education are not enough?

Facilitated Advance Directives

(Elbogen et al., 2007; Srebnik et al., 2005; Swanson et al., 2006)

- Facilitation increases completion almost 30 fold
  - 3% of "control group" consumers completed an AD
  - 84% of consumers who met with facilitator completed an AD
- 80% completion rate achieved in another study with peer-led education and software program
- Facilitated ADs are of higher quality
  - Feasible instructions
  - Meet legal requirements

Additional Benefits of Facilitation

(Elbogen et al., 2007; Swanson et al., 2006)

- Facilitation improved working alliance and increased perception of having treatment needs met
- Facilitation improved competence to complete an AD
- Facilitation improved decision making capacity
  - Helps people think through their reasons for decisions
- Understanding of ADs is related to increased sense of autonomy
  - And it helps people remember they have an AD during crisis

Fiscal Considerations (Srebnik & LaFond, 1999; Swanson & Swartz, unpublished)

- ADs can reduce costs associated with involuntary hospitalization, court time and costs, and costs of alternatives like guardianship
- Empirically-derived assumptions about costs to create a cost estimator
  - Increases in use of medication management visits, outpatient crisis prevention services
  - Decreases in likelihood of needing inpatient treatment
  - Other factors like training costs, facilitation services, hospital length of stay
- → Increasing the rate of AD completion even modestly resulted in substantial cost savings

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