

Here to help: A guide to completing a Texas Psychiatric Advance Directive (PAD) form



Living with serious mental illness calls for collaboration. When filling out a PAD form, we encourage you to work with your health care provider and support network to create and understand your care goals.



The goal of this how-to guide is to help you complete the Texas PAD form. This guide will ask you to reflect on your preferences so that you can easily fill out the PAD form when it is time.

By completing a PAD, you are **not** signing away your rights. Instead, you are advocating for yourself to make your wishes and preferences for care known. Use this guide as you look at the Texas PAD form to read, understand, and make the best decisions for you and your well-being.

When preparing to complete the Texas PAD, it is important to share your goals and preferences for care with your health care provider and support network.



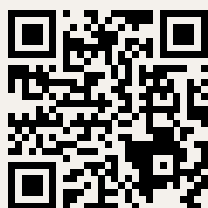
A PAD can be ended or changed at any time. To do this, tell your health care provider(s) that you want to end it or that you want to update it. Be sure your support network is aware that your plan has changed. Once your old PAD has been cancelled, tear up all copies and replace it with an updated one.

What is a PAD?

A Psychiatric Advance Directive (PAD) allows capacitated* people to make decisions about mental health treatment in advance of an emergency mental health crisis.*

For the purposes of the Texas PAD form, there are three types of mental health treatment choices you can discuss: **psychoactive medication**,* **convulsive therapy**,* and **emergency treatment preferences**. These concepts will be explained in more detail below.

The instructions that you include in this directive will be followed only if a court finds that you are unable to make treatment decisions on your own (incapacitated)*. Until then, you will be considered able to give or withhold consent for the treatments.



[Watch the Texas PAD introduction video](#)



*See the last page for a [glossary](#) of terms and a link to download this guide.

What happens next?

A PAD goes into effect when a court declares that you are incapacitated, or no longer able to make mental health care decisions for yourself. Following this decision, health care providers are required to review the wishes and preferences you stated in your completed PAD to learn about what is important to you for your care during a mental health emergency treatment.

As with all health care emergencies, it is difficult to predict exactly what kind of care is needed. This means that the emergency may present differently than what you expected in your PAD. Providers may decide to use different treatments to ensure the best care for you while taking your wishes and preferences into consideration.



It is strongly encouraged that you speak with your health care provider and support network when creating your PAD.

It is also strongly encouraged that you choose someone to serve as your advocate during a mental health emergency. To do this, you will need to designate someone you trust as a durable power of attorney for health care* representative.



Medical power of attorney form from [hhs.texas.gov](https://www.hhs.texas.gov)
[Texas Health & Human Services \(HHS\)](#)

Section 1: The Declaration of Mental Health Treatment

In this section of the PAD form, you will be asked to list your name and the symptoms of your own diagnosed mental illness that make you unable to make health care decisions for yourself.

The following are resources to help guide you through these questions.



Our culture, beliefs, sexual identity, values, race, and language all affect how we perceive and experience **mental health conditions**. In fact, cultural differences can influence what treatments, coping mechanisms and supports work for us. It is therefore essential for culture and identity to be a part of the conversation as we discuss both mental health and mental health care.

— *The National Alliance on Mental Illness*



Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

— *The World Health Organization*



Filling out Section 1: Things to think about

What symptoms do you want to include in your PAD that would make you unable to give consent regarding your mental health treatment?

DECLARATION FOR MENTAL HEALTH TREATMENT

I, _____, being an adult of sound mind, willfully and voluntarily make this declaration for mental health treatment to be followed if it is determined by a court that my ability to understand the nature and consequences of a proposed treatment, including the benefits, risks, and alternatives to the proposed treatment, is impaired to such an extent that I lack the capacity to make mental health treatment decisions. "Mental health treatment" means electroconvulsive or other convulsive treatment, treatment of mental illness with psychoactive medication, and preferences regarding emergency mental health treatment.

(OPTIONAL PARAGRAPH) I understand that I may become incapable of giving or withholding informed consent for mental health treatment due to the symptoms of a diagnosed mental disorder. These symptoms may include:

Section 2: Psychoactive Medications

In this section of the PAD form, you will be asked to list which psychoactive medications you consent to and which ones you do not consent to.

You will also be asked to list conditions or limitations regarding those medications (such as allergies or side effects of specific medications you have taken before).



A **psychoactive medication** is any medication prescribed to stabilize or improve mood, mental status, or behavior.



It is important to discuss all questions and decisions about psychoactive medications with your health care provider.

To learn more about psychoactive medications, please see these online resources:



Mental health medications from **nami.org**
[National Alliance on Mental Illness \(NAMI\)](https://www.nami.org)



Psychiatric drug formulary from **hhs.texas.gov**
[Texas Health & Human Services \(HHS\)](https://www.hhs.texas.gov)



Mental health medications from **nimh.nih.gov**
[National Institute of Mental Health \(NIMH\)](https://www.nimh.nih.gov)

Adding conditions or limitations

This section is an opportunity for you to be able to write about your own specific needs related to medication and treatments. This is important information for first responders to know if you are experiencing a mental health crisis.

Examples:

“[Medicine A] can sometimes give me seizures and instead [Medicine B] works better.”

“I only want to be given [Medicine B] if [Medicine A] does not work.”



Filling out Section 2: Things to think about

What medications do you prefer to be given based on your medical history?

What medications do you **NOT** want to be given based on your medical history?

Think about any conditions or limitations you want to include when giving consent to psychoactive medications.

PSYCHOACTIVE MEDICATIONS

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding psychoactive medications are as follows:

I consent to the administration of the following medications:

I do not consent to the administration of the following medications:

I consent to the administration of a federal Food and Drug Administration approved medication that was only approved and in existence after my declaration and that is considered in the same class of psychoactive medications as stated below:

Conditions or limitations: _____

Section 3: Convulsive Treatment

In this section of the PAD form, you will be asked to provide your consent for mental health treatment and list any conditions or limitations on treatment. The following are resources to help guide you through these questions.



Electroconvulsive therapy, also known as **ECT**, is used to treat depression and other mental illnesses. During ECT, the electric current triggers a seizure in the brain. Doctors believe that the seizure activity may help the brain “rewire” itself, which helps relieve symptoms. ECT is generally safe and effective. ECT is most often done in a hospital while you are asleep and pain-free under general anesthesia.* — *National Library of Medicine*



Filling out Section 3: Things to think about

Based on what you learned about ECT (referred to in the PAD form as “convulsive treatment”), do you choose to give consent or not?

- I consent
- I do not consent

What conditions or limitations on ECT (convulsive treatment), if any, do you want to list here?

CONVULSIVE TREATMENT

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding convulsive treatment are as follows:

I consent to the administration of convulsive treatment.

I do not consent to the administration of convulsive treatment.

Conditions or limitations: _____

Examples:

“If after X number of days, medication is not helping my symptoms, ECT is okay to use.”

“Limit ECT to only X number of rounds.”



Talk to your health care provider about the use of electroconvulsive therapy (ECT) and general anesthesia.

Section 4: Preferences for Emergency Treatment and Additional Preferences

In this section of the PAD form, you will be asked to provide your:

- Ranked preferences of three types of emergency treatment
- Options for treatment *before* the use of restraint, medication, & seclusion
- Conditions or limitations regarding treatment

Preferences for Emergency Treatment



Restraint: Devices or methods that limit an individual’s movement to keep them from getting hurt or harming others. A discussion about the process of restraint could begin with a conversation about necessity, such as whether a bear hug by a nurse to prevent harm is acceptable, and it could move to more prolonged interventions—such as physical devices, medications, or separation and/or seclusion.

[Psychoactive] medication: Any medication prescribed to an individual to stabilize or improve mood, mental status, or behavior. (Referred to in the PAD form as “medication.”)

Seclusion: Confinement of an individual alone in a room or area from which the individual is physically prevented from leaving.



The PAD also gives you the opportunity to list alternative treatment options *prior* to the use of restraint, medications, and/or seclusion.

Examples of alternative treatment options:

- Having an attendant who is female or male
- Access to a quiet and darkened room
- Access to calming music



Talk to your health care team and support network about the best options for making your care goals known and respected.

Additional Preferences or Instructions

If you do not wish to receive any of the treatment options listed in the section above, you can put other choices for emergency treatment or any other helpful information you would like to include in this section.

Examples:

- Respect my personal space
- Speak calmly with me and in short sentences
- Offer me choices (sit down, take a walk, etc.)
- Ask for my permission before acting



Filling out Section 4: Things to think about

Based on what you learned about emergency treatment, how would you rank your options (1 = first choice, 3 = last choice)?

1. _____
2. _____
3. _____

What conditions or limitations on emergency treatment do you want to include?

PREFERENCES FOR EMERGENCY TREATMENT

In an emergency, I prefer the following treatment FIRST (circle one):
Restraint Seclusion Medication

In an emergency, I prefer the following treatment SECOND (circle one):
Restraint Seclusion Medication

In an emergency, I prefer the following treatment THIRD (circle one):
Restraint Seclusion Medication

_____ I prefer a male/female to administer restraint, seclusion, and/or medications.

Options for treatment prior to use of restraint, seclusion, and/or medications:

Conditions or limitations: _____

ADDITIONAL PREFERENCES OR INSTRUCTIONS

Conditions or limitations: _____

Signature of Principal: _____ Date: _____

Examples:

“If seclusion does not work after X number of days, then you can medicate me.”

“If X happens, then restrain me. If Y happens, DO NOT restrain me.”

Section 5: Statement of Witnesses

In this section of the PAD guide, we will break down how to formalize (give legal or formal status to) your PAD.

Formalizing a PAD

Now you will want to make sure that the PAD is legally valid (formalize it).

To do this, you have two options under Texas law.

You can either:

- 1 Have 2 witnesses present and sign, *or*
- 2 Have your PAD notarized.

According to Texas law, you are not required to do have both a notary and two witnesses, although the Texas PAD form gives you both options ([🔗 Section 137.003, Civil Practices and Remedies Code](#)).



Witnesses

If you **choose to formalize your PAD with 2 witnesses**, a witness's signature on the document confirms the following:

- You are who you say you are (if they don't know you, show them your ID),
- You are of sound mind,* meaning that you are capable of making your own health care decisions,
- You are not being forced to sign the PAD form, and
- You can explain to them why you are doing this.

Your request might sound something like this:

“Hello! My name is Taylor Wright, and I’d like to ask you to witness me signing this form. This form allows me to state my care preferences if I can’t do so myself during an emergency mental health crisis. Your signature acknowledges that I am who I say I am, that I am of sound mind, that I’m not being forced to do this, and that I’ve explained to you why I’m asking you to serve as a witness. Would you be able to serve as a witness for me?”



Any of the following people **CANNOT** serve as your witness:

1. A provider of health or residential care to you.
2. An employee of a provider of health or residential care to you.
3. An operator [worker, owner] of a community health care facility providing care to you.
4. An employee of an operator of a community health care facility providing care to you.
5. A person who is related to you.
6. A person who could inherit or financially benefit from you upon your death.
7. A person who is suing you.

Again, if the person you are thinking of fits into any of the above categories, you **may not** use them to formalize your PAD.



*If you cannot think of anyone to serve as your two witnesses, then choosing a **notary** to sign is the next option.*



Notary

Click [here](#) to learn more about finding a notary in Texas.

Section 6: Notice to a Person Making a Declaration for Mental Health

This section explains that a PAD goes into effect when a court declares that you are no longer able to make mental health care decisions for yourself (incapacitated).

Following this decision, health care providers are required to **review the wishes and preferences** you stated in your completed PAD to guide your mental health emergency treatment.



Please talk with your health care provider and support system when writing your PAD to make sure your wishes for care are clear.



You must review and revise your PAD every **three years** (or sooner if medication or other care changes are needed). PADs cannot be changed if you are incapacitated. If your PAD expires while you are incapacitated, it will still be used until you are well and a new one can be made.

A PAD can be ended or changed at any time. To do this, tell your health care provider(s) you want to end it or that you want to update it.

Be sure your support network is aware that your plan has changed. Once your old PAD has been cancelled, tear up all copies and replace it with an updated one.

Glossary

This glossary provides definitions of terms seen within the PAD form to help make the form easier to understand.

Adult: A person 18 years of age or older.

Attending physician: Your doctor or the doctor assigned to you for care during a mental health crisis.

Capacity: Capacity means you can understand the information being shared and make a decision that weighs the risks, benefits, and alternative options and communicate clearly with medical providers about the decision. A capacitated person can make health care decisions for themselves.

Convulsive therapy: See “Electroconvulsive therapy or ECT.”

Declaration for Mental Health Treatment: In Texas, a Psychiatric Advance Directive (PAD) is called a Declaration for Mental Health Treatment. This declaration is a written plan that describes your care options should, during a mental health crisis, you lose the ability to talk about your plan.

Durable Power of Attorney for Health Care: Except to the extent you state otherwise, this document (also known as a Medical Power of Attorney or MPOA) gives the person you name as your agent the right to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. [MPOA form](#) (Texas HHS)

Emergency mental health crisis: A situation in which an individual living with serious mental illness poses an imminent threat to become a harm to themselves and/or others.

[Electroconvulsive therapy or ECT:](#) Used to treat depression and other mental illnesses. During ECT, the electric current triggers a seizure in the brain. Doctors believe that the seizure activity may help the brain "rewire" itself, which helps relieve symptoms. ECT is generally safe and effective. ECT is most often done in a hospital while you are asleep and pain free. (See “general anesthesia.”)

[General anesthesia:](#) Treatment with certain medicines that put you into a deep sleep so you do not feel pain during a procedure. After you receive these medicines, you will not be aware of what is happening around you. (National Library of Medicine)

Food & Drug Administration (FDA) approved: Information on the medication’s effects has been reviewed by the Center for Drug Evaluation and Research and the medication has been determined to supply benefits that outweigh its known and potential risks for the intended population. [FDA approval](#)

Incapacitated: Incapacity has both a medical and legal meaning. When the treating physician determines that you no longer have the ability to give consent (permission) because you lack the ability to understand the risks, benefits and options for treatment, they will need to ask the court to confirm that you are incapacitated. The PAD only goes into effect when a judge “rules” that you are incapacitated.

Incompetent: Incapacity of and incompetent are two very different terms. We are all considered competent adults who can make our own decisions. However, if one is determined by the court to be incompetent, there is a long process that must be done and could result in a guardian being appointed. [Read more](#) about incompetence (The Law Dictionary).

For information specific to your situation regarding incapacity or incompetence, please contact an attorney.

Informed consent: The process in which a health care provider educates a competent individual about the risks, benefits, and alternatives of a given procedure or intervention. Informed consent is both an ethical and legal obligation of medical practitioners in the US and originates from an individual’s right to direct what happens to their body.

In a discussion about informed consent, your health care provider will need to discuss and make sure you understand each of following:

- (1) the nature of the procedure,
- (2) the risks and benefits of the procedure (what they recommend to do),
- (3) reasonable alternatives,
- (4) risks and benefits of alternative procedures.

Principal: The person who authorizes the witness to sign on their behalf and whom the PAD form is about.


Psychiatric Advance Directive (PAD): See “Declaration for Mental Health Treatment.”

Psychoactive medication: Any medication prescribed to stabilize or improve mood, mental status, or behavior. (Referred to in the PAD form as “medication.”)

Restraint: Devices or methods that limit a person’s movement to help keep the person from getting hurt or harming others. Types of restraints include physical, chemical, and environmental.

Seclusion: Confinement of an individual alone in a room or area from which the individual is physically prevented from leaving.

Sound mind: Someone who is capable of making their own health care decisions. (See “capacity.”)

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Further Resources

Financial support for the creation of the How-To Guide to Complete a Texas Psychiatric Advance Directive was provided by The University of Texas at Austin School of Nursing **St. David's Center for Health Promotion Research fund**.

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