

Oral presentation

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## Advance directives empower users and need professionals for implementation

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### Background

Psychiatric Advance Directives (PAD) offer persons the opportunity to specify treatment preferences – and register opposition to certain interventions – in the event of a future loss of capacity. PADs are introduced and promoted as vehicles for enhancing the autonomy of mental health service recipients and decreasing coercive measures in psychiatric emergencies. A scientific consensus on what the intervention is and under which circumstances it unfolds which effects is yet to be reached.

### Methods

An overview of the published literature on PADs will be used to illustrate and discuss their relevance, meaning, and effects on patients and on the mental health system [1,2].

### Results

There is little question about the high level of interest on the part of consumers, their families and providers. Nor do comprehension or ability to complete a meaningful PAD appear to be commonly encountered barriers, even for those suffering from severe mental disorders. However, progress toward implementing PADs as a routine provision in mental health has not kept pace with such enthusiasm. The complexity of the process of drafting advance directives and the lack of consensus on what kind of support should be offered necessitate ongoing conceptual and research efforts. Legal knowledge as well as ethical considerations vary among the professionals that

represent the mental health system vis a vis a patient with an advance directive.

### Conclusion

Obstacles to be overcome in order to use the potential of PADs concern consumers as well as the mental health system and individual professionals. The necessary capacity building processes are likely to empower both consumers and mental health workers.

### References

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