

Sample Advance Directive

from Mary Ellen Copeland (www.mentalhealthrecovery.com)

When I am feeling well, I am (describe yourself when you are feeling well):

The following symptoms indicate that I am no longer able to make decisions for myself, that I am no longer able to be responsible for myself or to make appropriate decisions:

When I clearly have some of the above symptoms, I want the following people to make decisions for me, see that I get appropriate treatment and to give me care and support:

I do not want the following people involved in any way in my care or treatment. List names and (optionally) why you do not want them involved:

Preferred medications and why:

Acceptable medications and why:

Unacceptable medications and why:

Acceptable treatments and why:

Unacceptable treatments and why:

Home/Community Care/Respite Options:

Preferred treatment facilities and why:

Unacceptable treatment facilities and why:

What I want from my supporters when I am experiencing these symptoms:

What I don't want from my supporters when I am experiencing these symptoms:

What I want my supporters to do if I'm a danger to myself or others:

Things I need others to do for me and who I want to do it:

How I want disagreements between my supporters settled:

Things I can do for myself:

I (give, do not give) permission for my supporters to talk with each other about my symptoms and to make plans on how to assist me.

Indicators that supporters no longer need to use this plan:

I developed this document myself with the help and support of:

Signed: _____ Date: _____

Attorney: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____



To contact the friendly folks at the Icarus Project with questions or comments, write us at: info@theicarusproject.net

Local mental health organizing specifically: support@theicarusproject.net

To send us letters or anything:
The Icarus Project c/o Fountain House
425 West 47th Street
New York, NY 10036

To meet our community and join the discussion on our forums, go to theicarusproject.net/forums

OUR MISSION: The Icarus Project envisions a new culture and language that resonates with our actual experiences of "mental illness" rather than trying to fit our lives into a conventional framework. We are a network of people living with experiences that are commonly labeled as bipolar or other psychiatric conditions. We believe we have mad gifts to be cultivated and taken care of, rather than diseases or disorders to be suppressed or eliminated. By joining together as individuals and as a community, the intertwined threads of madness and creativity can inspire hope and transformation in an oppressive and damaged world. Our participation in The Icarus Project helps us overcome alienation and tap into the true potential that lies between brilliance and madness.



Navigating Crisis

Too often, we don't get help or identify problems until we've reached a total breaking point.

by The Icarus Project

www.theicarusproject.net

Crisis Response Quick List:

1. Work in teams.
2. Try not to panic.
3. Don't underreact or overreact.
4. Listen without judgment.
5. Get some sleep.
6. Consider that it might be drug/med related.
7. Create a sanctuary.
8. Don't automatically call the police or hospital.



When it All Comes Crashing Down: Navigating Crisis

When you or someone close to you goes into crisis, it can be the scariest thing to ever happen. You don't know what to do, but it seems like someone's life might be at stake or they might get locked up, and everyone around is getting stressed and panicked. Most people have either been there themselves or know a friend who has been there. Someone's personality starts to make strange changes, they're not sleeping or sleeping all day, they lose touch with the people around them, they disappear into their room for days, they have wild energy and outlandish plans, they start to dwell on suicide and hopelessness, they stop eating or taking care of themselves, or they start

taking risks and being reckless. They become a different person. They're in crisis.

The word "crisis" comes from a root meaning "judgment." A crisis is a moment of great tension and meeting the unknown. It's a turning point when things can't go on the way they have, and the situation isn't going to hold. Could crisis be an opportunity for breakthrough, not just breakdown? Can we learn about each other and ourselves as a community through crisis? Can we see crisis as an opportunity to judge a situation and ourselves carefully, not just react with panic and confusion or turn things over to the authorities?

Crisis Response Suggestions

1. Work in teams.

If you're trying to help someone in crisis, coordinate with other friends and family to share responsibility and stress. If you're the one going through crisis, you may want to reach out to multiple people whom you trust. Human connection can be very healing for a crisis. The more people you have to support you, the easier the process will be and the less you will exhaust your support system.

2. Try not to panic.

Crisis can be made a lot worse if people start reacting with fear, control, and anger. Study after study has shown that if you react to someone in crisis with caring, openness, patience, and a relaxed and unhurried attitude, it can really help settle things down. Keep breathing, take time to do things that help you

stay in your body like yoga and taking walks, be sure to eat, drink water, and try to get sleep.

3. Be real about what's going on.

When people act weird or lose their minds, it is easy to overreact. It's also easy to underreact. If someone is actually seriously attempting suicide or doing something extremely dangerous like lying down on a busy freeway, getting the police involved might save their life. But if someone picks up a knife and is walking around the kitchen talking about UFOs, don't assume the worst and call the cops. Likewise, if someone is cutting themselves, it doesn't always mean they're suicidal. People cut for a variety of reasons, most of which are deeply personal and incapable of being understood through diagnosis. Sometimes people who are talking about the ideas of death and suicide are in a

very dangerous place, but sometimes they may just need to talk about dark, painful feelings that are buried. Use your judgment, and ask others for advice. Sometimes you just need to wait out crisis. Sometimes you do need to make the difficult decision to take action to try to interrupt a pattern or cycle.

4. Listen to the person without judgment.

What do they need? What are their feelings? What's going on? What can help? Sometimes we are so scared of someone else's suffering that we forget to ask them how we can help. Beware of arguing with someone in crisis: their point of view might be off, but their feelings are real and need to be listened to. (Once they're out of crisis, they'll be able to hear you better). If you are in crisis, tell people what you're feeling and what you need. It is so hard to help people who aren't communicating.

5. Lack of sleep is a major contributor to crisis.

Many people come right out of crisis if they get some sleep, and any hospital will first get them to sleep if they are sleep deprived. If the person hasn't tried Benadryl, herbal or homeopathic remedies from a health food store, hot baths, rich food, exercise, or acupuncture, these can be extremely helpful. If someone is really manic and hasn't been sleeping for months, though, none of these may work and you may have to seek out psychiatric drugs to break the cycle.

6. Drugs may also be a big factor in crisis.

Did someone who regularly takes psych meds suddenly stop? Withdrawal can cause a crisis. Ideally, someone quitting meds has a plan in place for their support system, but in the absence of that plan, try to respect their wish to go

through withdrawal. The crisis may be physically necessary and may pass. If they are not deliberately trying to come off of their meds, try to get the person back on them. (If they want to transition off meds, they should do it carefully and slowly, not suddenly. See the [Harm Reduction Guide to Coming off Psychiatric Drugs.](#))

7. Create a sanctuary and meet basic needs.

Try to de-dramatize and de-stress the situation as much as possible. Crashing in a different home for a few days can give a person some breathing space and perspective. Perhaps caring friends could come by in shifts to spend time with the person, make good food, play nice music, drag them outside for exercise, and spend time listening. Often people feel alone and uncared for in crisis, and if you make an effort to offer them a sanctuary it can mean a lot. Make sure basic needs are met: food, water, sleep, shelter, exercise, and if appropriate, professional (alternative or psychiatric) attention.

Police and hospitals are not saviors. They can even make things worse.

8. Calling the police or hospital shouldn't be the automatic response.

Police and hospitals are not saviors. They can even make things worse. When you're out of other options, though, you shouldn't rule them out. Faced with a decision like this, get input from people who are thinking clearly and know about the person. Have other options been tried? Did the hospital help in the past? Were police and hospitals traumatizing? Are people overreacting? Don't assume that it's always the right thing to do just because it puts everything in the hands of

the "authorities." Be realistic, however, when your community has exhausted its capacity to help and there is a risk of real danger. The alternative support networks we need do not exist everywhere people are in crisis. If someone does get hospital or doctor care, be cautious about any diagnosis they receive. Sometimes labels can be helpful, but madness is ultimately mysterious and diagnoses aren't scientific or objective. Labels can confine us to a narrow medical perspective of our experience and needs and limit our sense of possibility. Having a disease label is not the only way to take someone's pain seriously and get help.

On Suicide

"mental illness" ≠ crisis ≠ suicide.

While it's easy to romanticize extreme states or madness, it is a dangerously incomplete picture. In the medical establishment's opinion, mental illness is a highly lethal disease. Whether or not you choose to see things this way, the stark fact remains that the extremes of mood swings have driven people to suicide, and these swings can happen with astounding speed.

There is no accepted theory about why one person who is suicidal ends up doing it and another doesn't. There is no perfect thing to do when someone is suicidal and no reliable way to prevent someone from killing themselves if they really want to. Suicide is, and will probably always be, a mystery.

There are, however, a lot of things

Check out www.metanoia.org/suicide for more ideas.

that people have learned—things that come from a real sense of caring and love for people who have died or who might die, and truths people have realized when they were at the brink and made their way back. Here are a few we've collected:

1. Feeling suicidal is not giving up on life.

Feeling suicidal is being desperate for things to be different. People are holding out for a better person they know they can be and a better life they know they deserve, but they feel totally blocked. Discover what the vision for a better life is, and see how it is only possible to realize it if they stick around to find out what can happen. Turn some of that suicidal energy towards risking change in life. Find out what behavior pattern or life condition they want to kill instead of taking their whole life. (Perhaps ask, "What in you needs to die?") Is there a way to change those patterns that they haven't yet tried? Whom can they turn to for help changing those patterns?

2. People who are suicidal are often really isolated.

They need someone to talk with confidentially on a deep level, someone who is not going to judge them or reject them. Did something happen? What do they need? Be patient with long silences; let the person speak. Let people ask for anything—an errand, food, a place to stay, etc. Often, suicidal people really don't want to be honest because they're so ashamed of what they are feeling and it is an incredibly hard thing to admit. Be patient and calm.

3. People need to hear things that might seem obvious:

You are a good person. Your friendship has helped me. You are a cool person and you have done cool things, even if you can't remember them now. You have loved life, and you can love it again. There are ways to make your feelings change and your head start working better. If you kill yourself, nothing in your life will ever change. You will be missed. You will never know what could have happened. Your problems are very real, but there are other ways to deal with them.

4. Suicidal people are often under the sway of a critical voice or belief that lies about who and what they are.

If you know your crises get bad enough to get you into a hospital, there is a tool you should use called a psychiatric advance directive. Basically it's like a living will for crisis: it gives you power and control over what happens to you when you go into a crisis. If you start to lose your mind and have a hard time speaking for yourself, people will look at your advance directive to figure out what to do.

There is an elaborate advance directive form at the Bazelon legal center you can use at www.bazelon.org/issues/advancedirectives/index.htm and a simpler one at the Mary Copeland website www.mentalhealthrecovery.com/pdfs/crisisplan.pdf (see back of this page). Or you can just write a letter and sign it. Write down whom you want contacted if you are in crisis and whom you don't want contacted, what hospital you prefer to go to, what medications you do and don't want to be given, what health practitioner you want to work with, and any special instructions for supporters, such as "Take me out into the woods," "Help me sleep with these herbs or those pills," "Feed me kale," "When you ask me questions, give me a long time to answer, be patient, and don't walk away," or "Make sure I can see

Advance Directives

my pets as soon as possible." Write your directive, get it signed by someone and write "witness" by their name, and date it. Put copies somewhere people know where it is and where to get it (with a therapist or health practitioner, with family, with people close to you, or with people in any support or activist group you're in). Then when you go into crisis, your directive can be a guide to people how to respond to the situation, and they can use it to help convince hospitals, doctors, etc. to respect your choices on how to be treated. (Directives have some legal weight, but not as much as a living will. Ongoing reforms in mental health law may strengthen the role of directives in the future.)

When you go into crisis, your directive can be a guide to people how to respond to the situation.

4. Suicidal people are often under the sway of a critical voice or belief that lies about who and what they are.

It might be the voice of a parent, an abuser, someone who betrayed them, or simply a negative version of themselves that is filtered through depression and madness. Usually this voice is not perceiving reality accurately—get a reality check from someone close, and help the person stop believing these voices. They aren't a "failure," and change isn't impossible. You Are Not Alone—other people have felt pain this deep and

terrible, and they have found ways to change their lives and survive. You are not the only one.

