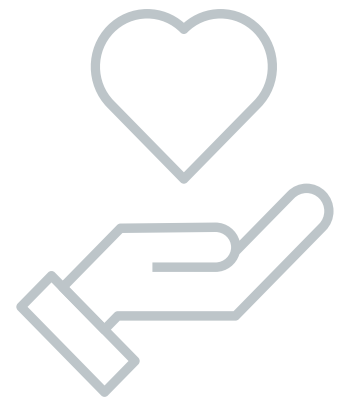




Recovery Roadmap

Your Rights as a Recipient of Mental Health Services

One of the important parts of being in the driver's seat of your treatment and your recovery is knowing your rights. It's sort of like knowing the 'rules of the road' and will help you feel more confident in speaking up for yourself and asking for what you need. As a person receiving services from the mental health system, you are still afforded all of the rights that any other individual living in the United States enjoys. Some of the rights you might want to be aware of and take interest in, in terms of your mental health care, might be:



- The right to be treated with dignity and respect.
- The right to privacy and confidentiality.
- The right to access your medical record.
- The right to a written treatment plan developed with you and your input, and tailored to your needs.
- The right to be fully informed about medications, treatments and medical procedures.
- The right to refuse medications or treatments that you do not want.
- The right to file a grievance if you feel your rights have been violated by a service provider at your treatment facility.

Please remember that this is just a glimpse of the information you should be aware of concerning your rights. This information should in no way be a substitute for legal advice from an attorney or advocate. There are also some situations where these rules may not apply or they may be applied differently. For example, rules in inpatient hospitals may be different from rules in an outpatient mental health center. The rules also change depending on whether or not you are in treatment voluntarily or if you have been "mandated" into treatment because of concerns about risk or safety issues.

Whether or not you have been "mandated" into treatment, there are things that you can do to make sure the way you are treated respects your preferences as much as possible. For example, in the United States, federal law gives people the right to indicate their preferences for future medical treatment in the event they have a serious accident or health crisis and are temporarily unable to speak for themselves or make their wishes known. What most people do not realize is that this same right also applies to sharing your preferences in advance for future mental health care

should you have a psychiatric crisis. While requirements differ from state-to-state, we encourage you learn more about the benefits of creating a “psychiatric advance directive” that will allow you to document your treatment preferences (see: <http://www.nrc-pad.org/>). This type of planning ahead can be a powerful tool in maintaining control of your life and ensuring your rights are protected.

If, at any point, you feel as if your rights have been violated or you would like to learn more about your rights, you are encouraged to contact the advocate/grievance officer of your treatment facility and/or check out the resources below:

- Your state department of health/mental health (to look up your State’s contact information, see: <https://www.nasmhpd.org/content/mental-health-links>)
- The office of Protection and Advocacy in your state (for more information, see: <http://ndrn.org/en/ndrn-member-agencies.html>)
- Patient’s rights advocate in the facility you are receiving services from
- The Bazelon Center for Mental Health Law (for more information, see: <http://www.bazelon.org/>)
- Any local disability rights/advocacy organization
- Personal lawyer

WHAT YOU SHOULD EXPECT FROM YOUR PERSON-CENTERED PLANNING MEETING

Understanding your rights in general as a recipient of mental health services is a critical part of getting your needs met in the treatment system. But how will you know if your rights are being respected in Person-Centered Recovery Planning? What does it look like to be treated with dignity and respect? What does it look like to be fully informed and to have meaningful input into your recovery plan? While every team’s process should be individualized, below are some basic expectations that show that your planning meeting is being carried out in a person-centered way. If you find that these things are not happening for you, you should feel free to speak up. You may even want to bring a copy of this worksheet to help spark a discussion with your service provider or team.

PCRP Meeting Expectations:

- I know ahead of time about when my planning meeting is going to happen, i.e., I am given advance notice.
- My provider/team reminds me that I can bring my family, friends, or other supportive people to my planning meetings.
- If needed, I am able to get a bilingual/bicultural translator for my treatment planning meeting.
- My provider/team arrives on time to my recovery planning meeting and gives me their full attention. They stay engaged in the conversation, are not busy with cell phones, and do not have side bar conversations. I leave the meeting feeling like it was protected time with my provider/team to focus on me and my recovery plan.
- Someone begins the meeting with introductions, states the purpose of the meeting, provides brief orientation to person-centered planning as needed, and explains basic expectations about how the team should work together, e.g., making sure everyone’s input is heard, directing questions or suggestions to me first, etc.

- During the meeting, comments and questions about me are directed toward me first.
- All participants in the meeting are invited to contribute to the conversation and are valued as members of the team.
- My provider/team asks me about parts of my culture (such as my spiritual beliefs and my cultural views) that she or he does not understand.
- I am offered education about personal wellness, advanced directives, personalized relapse prevention plans, and Wellness Recovery Action Planning (WRAP) as part of my planning/pre-planning meetings.
- I am offered pre-planning support and tools to help me prepare for my upcoming recovery plan meeting.
- I have the opportunity to work with a Peer Specialist/Coach if I want help getting ready for my planning meeting.
- The goals discussed during planning are about having a meaningful life in the community (home, job/valued roles, relationships, etc.) not only about symptom management.
- My talents, and strengths are a central part of the conversation.
- My provider/team ask about, and encourage, my connection to meaningful community activities.
- I feel comfortable raising concerns/asking questions.
- If disagreements arise, my provider/team asks about, and respects, my perspective.
- During the meeting, my provider/team invites my input and checks to see if I have questions or concerns.
- Common, understandable language is used in the conversation so that all can follow. Unnecessary medical or clinical jargon is minimized.
- My provider/team support me in making my own decisions/choices to take risks/try new things (e.g., work, hobbies, relationships, a new apartment) instead of delaying/waiting until my symptoms are better.
- I feel like when my provider/team and I work on my plan, we work together as partners.
- Overall, my meeting feels like it was a collaborative effort and my ideas and wishes were heard and respected.
- I am offered a copy of my plan to review and keep.