

The Mental Health
Care and Treatment
Review Board

ANNUAL ACTIVITY REPORT
2015-2016

Chairperson's Message

I am pleased to provide the 2015-2016 Annual Report for the Mental Health Care and Treatment Review Board in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity. In the development of this report careful consideration was given to the strategic directions of government, as communicated by the Minister responsible for this entity.

This Annual Report provides an overview of the activities of the Mental Health Care and Treatment Review Board. The statistics related to the previous six years of Review Board activities are found in the Report on Performance. Also included in this section is a report on the 2015-2016 objective and indicators as identified in the 2014-17 Activity Plan.

As Chairperson of the Mental Health Care and Treatment Review Board, my signature is indicative of the entire Review Board's accountability for the actual results reported.

A handwritten signature in black ink that reads "Sandra M. Burke". The signature is written in a cursive style with a large initial 'S'.

Sandra M. Burke, Q.C.
Chairperson

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1.0. Overview

Mandate

The Mental Health Care and Treatment Review Board, hereafter referred to as the Review Board, was established in 2007 pursuant to Section 56 of the *Mental Health Care and Treatment Act*. The Review Board operates as an independent, quasi-judicial administrative tribunal to conduct review panel hearings under the *Mental Health Care and Treatment Act* as set out in section 56(1) of the *Act*. The Review Board's mandate is based on involuntary psychiatric patients' periodic rights to fair and timely review of their involuntary status under the *Act*.

The primary role of the Review Board is to review applications made by patients seeking a review of the issue of certification of involuntary admission under Section 64(1) (a) of the *Mental Health Care and Treatment Act*, to review applications made by patients seeking a review of the issuance of a Community Treatment Order under Section 64(1)(b) of the *Act*, and to review applications made by a patient alleging the denial of a right under Section 64(1)(c) of the *Act*.

The further duties and responsibilities of the Review Board include reporting annually to the Minister on its operations and on other matters as required by the Minister and performing the other functions that may be prescribed by the regulations.

Vision

The Review Board supports the vision of the Department of Health and Community Services. The Review Board supports the achievement of this vision by affording clients of mental health services the opportunity to have a certificate of involuntary admission or community treatment order reviewed, and to assess allegations of denial of rights. The Review Board thereby further supports optimal health and well being and the effective use of resources.

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being.

Mission

The Review Board's mandate is not broad enough to develop a separate mission; therefore, the Department of Health and Community Service's mission has been adopted.

By March 31, 2017, the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well being.

The Review Board has considered its mandate and government’s strategic directions in identifying its contribution to the mission of the Department. The Review Board is a check and balance within the mental health system that spans the continuum of care from community / primary care to facility based tertiary and emergency care. The Review Board contributes to a more informed citizenry and a more accountable mental health system. Over time, by monitoring decisions made within the mental health system and by encouraging more appropriate use of available resources, the Review Board will also contribute to the improved quality of mental health care for those requiring mental health services across the Province¹.

Membership

The Review Board is appointed pursuant to Section 57(1) of the *Mental Health Care and Treatment Act*. The terms of appointment are stated at Sections 58(1) and (2) of the *Mental Health Care and Treatment Act*. Current Review Board members and their terms are referenced in Appendix A.

Meetings

The Review Board is available to meet as required and has met in St. John’s and by video conference with members across the province. The following is an overview of locations in which the panels heard applications and business was conducted in 2015-2016.

Table 1: Overview of the Locations of Meetings (2015-2016)

LOCATION	IN PERSON	VIDEOCONFERENCE
Waterford Hospital, St. John’s	34	-
Health Sciences Centre, St. John’s	-	-
Janeway, St. John’s	1	-
Western Memorial Hospital, Corner Brook	-	4
Central Newfoundland Regional Health Centre, Grand Falls-Windsor	-	1
Sir Thomas Roddick Hospital, Stephenville	-	-
St. Clare’s Hospital, St. John’s	-	-
James Paton Memorial Hospital, Gander	-	-
Labrador Health Centre, Happy Valley-Goose Bay		1
Sub-total	35	6
Total Number		41

¹ For the complete *Department of Health and Community Services Strategic Plan 2014-2017*, please visit http://www.health.gov.nl.ca/health/publications/Department_of_Health_and_Community_Services_Strategic_Plan_2014-17.pdf or phone 709-729-4984.

While panel members are located across the province, most clients are located in St. John's and Review Board members make themselves available as necessary. In 2015-2016, the Review Board utilized teleconference services to enable efficient and effective hearings. This service has encouraged increased capacity building, networking and a collaborative approach by connecting with any of the above as a second site. Further, it also increased efficiency with respect to cancellations and/or changes in hearings dates or times, and unavailability of board members in certain regions.

Financial

The Review Board is not required to have an audited statement. In the 2015-2016 fiscal year total expenses were \$33,331.21 itemized as follows:

Board Members:	\$ 24,268.71
Psychiatrists	\$ 9,012.50
Courier expenses	<u>\$ 50.00</u>
Total	\$ 33,331.21

The Board Members' expense in 2014-2015 was \$37,046.04. The lower Board Members' expense for 2015-2016 is the result of the submission of invoices by Board Members past the 2015-2016 fiscal year end.

Administrative support and expenses are provided by the Department of Health and Community Services, Mental Health and Addictions Division.

Values

The Department of Health and Community Service's values are reflected daily as employees fulfill their roles and responsibilities in serving their clients. They are key elements of the department's culture.

The Review Board adopts the values of the Department of Health and Community Services and incorporates them into Review Board activities and decision making.

Transparency and Accountability

Each person carries out their responsibilities while contributing to a culture of openness in decision making

Collaboration

Each person works in a positive manner with co-workers, partners and stakeholders, sharing knowledge and resources to identify potential solutions to priority issues

Innovation

Each person actively seeks new ways to develop and implement more effective and efficient programs and services in an effort to achieve better health outcomes for the people of the province

Privacy

Each person manages and protects information related to persons/families/organizations/communities and the department appropriately while at the same time promoting an environment of openness with each other and our partners, including the public we serve

Excellence

Each person demonstrates high professional standards, takes pride in performing every task with openness and integrity and willingly supports others to fulfill their roles

Primary Clients

The primary clients of the Review Board are those who make applications to the Review Board pursuant to Section 64 of the *Mental Health Care and Treatment Act* and the following applications may be made:

64. (1) ...
- (a) an application by an involuntary client to review the issuance of certificates of involuntary admission or a certificate of renewal;
 - (b) an application by a person who is the subject of a community treatment order to review its issuance or renewal; and
 - (c) an application by a person detained in a facility alleging a denial of a right set out in section 11 or 12.

These applications are in addition to the automatic reviews of second renewals for involuntary clients in section 33 and issuing or renewing community treatment orders in subsection 53(3) of the *Mental Health Care and Treatment Act*.

2.0. Shared Commitments

While the Review Board operates as an entity independent of the Department of Health and Community Services and the regional health authorities, the Board has a shared commitment with these organizations in an effort to provide the most effective care to those with mental health issues.

The Review Board does require interaction at the point of application with senior administrators of regional health authorities and the acute psychiatric care teams in order to fulfill its mandate. Other entities/persons with which the Review Board has a shared commitment include:

Client Representatives

The client representative role is defined by the Act as a "person, other than a rights advisor, who has reached the age of 19 years and who is mentally competent and available who has been designated by, and who has agreed to act on behalf of, a person with a mental disorder and, where no person has been designated, the representative shall be considered to be the next of kin, unless the person with the mental disorder objects."

Non-government organizations, such as the NL division of the Canadian Mental Health Association (CMHA) or the consumer group, Consumers Health Awareness Network Newfoundland and Labrador (CHANNAL), have supportive, less formal roles.

Rights Advisors

These are persons appointed by the Minister pursuant to Section 13 of the Act to give advice and assistance to persons subjected to certificates of involuntary admission and community treatment orders. Rights advisors also explain the certification process, assist with applications to the Review Board, and accompany the client to the hearing.

Newfoundland and Labrador Legal Aid Commission (NLLAC)

Persons who are subject to certificates of involuntary treatment or community treatment orders are able to access legal advice and assistance from the NLLAC. There is currently no financial criteria for eligibility to receive representation by NLLAC. The role of counsel is integral to the hearing in assisting the Panels with clear and relevant evidence from the Applicant and effectively cross examining the regional health authority.

3.0. Accomplishments and Highlights

In 2015-2016, Board members continued to meet with Office of the Chief Information Officer representatives to address privacy issues regarding the manner of communication of Applications and Decisions that contain private, confidential and personal health information. Appropriate measures continue to be implemented with the assistance of OCIO to secure recordings of Board hearings.

Following the Supreme Court of Newfoundland and Labrador, Trial Division (General) decision in *Arsenault v. Eastern Health*, 2015 CanLii 59233, the Board Chair undertook an extensive review of all Community Treatment Orders in the Province, provided education sessions to the various stakeholders, and revised the CTO application forms to ensure compliance with the legislation.

4.0. Report on Performance

Progress 2015-2016

In 2015-2016, Review Board panels were convened as needed. This meant that panels of three members, including a lawyer, who is Chairperson, a physician and a lay person, reviewed applications on behalf of clients who were subjected to involuntary admission to a psychiatric facility or applications in respect of renewal of certificates of involuntary admission, or persons who were the subject of community treatment orders or renewals thereof, or who were allegedly denied rights resulting from involuntary admissions. Decisions of the Review Board were communicated directly to applicants and/or their representatives and to the admitting psychiatric facility.

The Review Board provided the client subject to a certificate of involuntary admission with a mechanism to access a review of the issuance of a certificate of involuntary admission. It also provided a means by which a person subject to a community treatment order could access a review of the issuance or renewal of such an order.

The Review Board acts as a check and balance within the mental health system, spans the continuum of care from community/primary care to facility based emergency/tertiary care, and contributes to more informed citizens and a more accountable mental health system. The Review Board supports the Provincial Government's strategic direction of "Access" by monitoring decisions made within the mental health system and encouraging more appropriate use of available resources, as is evident in the objective statement.

This Annual Report supports the 2014-2017 Activity Plan which was developed to include Review Board statistics, and which informs annual reporting of objective achievement.

TABLE 2: Mental Health Care and Treatment Review Board Activity by Fiscal Year 2010-2016

Review Board Activity	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012	2010-2011	Grand Total
Status of Applications	Number of Applications						
Received	139	154	131	122	113	102	761
Summarily dismissed by Chair ²	4	5	3	7	5	8	32
Application Withdrawn ³	57	77	46	48	40	42	310
No hearing set ⁴	37	41	40	22	32	17	189
Hearings convened ⁵	41	31	42	45	36	31	226
Result of Hearings by Review Board Panels							
Certificates upheld/confirmed	33	21	25	33	28	27	167
Certificates not upheld/not confirmed/decision not communicated⁶	0	8	15	10	6	4	43
Community Treatment Orders upheld/confirmed	2	2	2	1	1	0	8
Community Treatment Orders not upheld	5	0	1	0	0	0	6
Panel lacking jurisdiction	0	0	0	0	0	0	0
Decision communicated	40 ⁷	34	45	36	31	39	225

² An application is summarily dismissed by the Chair pursuant to section 65 of the Act if the application was found to be frivolous, vexatious or not in good faith, or is the matter had been considered within the previous 30 days.

³ In previous years the terms cancelled and/or decertified were used. This is now changed to “Application Withdrawn.”

⁴ “No hearings set” means that the applicant was discharged prior to the scheduling of the hearing.

⁵ “Hearings convened” means that review board members met in person or used communications technology to hear and decide upon an application.

⁶ “Decisions not communicated” occur when the certificate of involuntary admission has been cancelled by the psychiatric facility or the patient has been discharged between the time of the hearing and the date the decision is due.

⁷ One hearing was set over to another date for further evidence. One decision was rendered for these two Panels.

Annual Objective 2015-2016

By March 31, 2016, the Mental Health Care and Treatment Review Board will have reviewed applications under the *Mental Health Care and Treatment Act*.

Measure: Reviewed applications under the Act.

Indicators:

- Number of applications received from mental health services
- Number of panels convened
- Number of hearings held/reviews completed
- Number of certificates upheld/cancelled
- Yearly reports provided
- Timeliness of panels convened, hearings held and decisions rendered
- Number of decisions communicated

TABLE 3: Objective Indicators 2015-16 (based on Table 2, page 11)

Planned Activity	Actual Activity
Number of applications received from mental health services	The total number of applications received during 2015-2016 was 139.
Number of panels convened	One hundred and one (101) review panels were convened, representing 73% of the 139 applications received in 2015-2016. The remaining 27% of applications did not require a panel to convene (4 were summarily dismissed and 33 applicants were discharged prior to scheduling of the hearing).
Number of hearings held/reviews completed.	Forty one (41) hearings were held, and 40 reviews were completed ⁸ , representing 29% of the 139 applications received in 2015-2016.
Number of certificates upheld/cancelled	There were 33 of 139 applications or 24% of certificates upheld for 2015-2016. There were no decisions in which certificates were not confirmed. There were 2 community treatment orders reviewed and upheld and 5 that were cancelled.
Yearly reports provided	The Annual Activity Report for the fiscal year of 2015-2016 was provided by the Review Board for the 2014-2017 Activity Plan.
Timeliness of panels convened, hearings held and decisions rendered	The Board was timely and met the statutory requirements in relation to the convening of panels and setting hearings. The Board was also timely in meeting statutory requirements in relation to rendering of decisions with the exception of 3 out of 40 cases, which were the result of oversight of the timelines. The Board chair continues to address with board members the legislative requirements to file decisions.
Number of decisions communicated	Forty (40) decisions were communicated; 33 or 100% of the 2015-2016 certificates reviewed were confirmed. Two Community Treatment Orders were confirmed, and five were not confirmed.

⁸ Two hearings have been counted as one hearing as there was one decision rendered for the same applicant.

Discussion of Results 2015-2016

The total number of applications increased to 139 from an average of 127 across 2010-2015. This shows a consistent trend since the passing of the legislation. The number of hearings and decisions communicated ranged from 45 to 31 with an average of 37 per year. There were no certificates not upheld in 2015-2016, down significantly from 2013-2014 (7) and 2014-2015 (5).

The measure of “No hearing set” decreased slightly from 41 in 2014-2015 to 37 in 2015-2016.

Data collection continues to inform the Board and provides insight into the nature and volume of work by the Review Board, which represents one component of a range of mental health services.

TABLE 4: Length of Notice Provided for Withdrawn Applications

Length Of Notice⁹ Provided for Withdrawn Applications By Applicant/Regional Health Authority 2015-2016			
	Less Than 24 Hours' Notice to 1 day	2 to 5 Days	More than 5 Days
After the Application is received	1	36	21
After the hearing date is set	15	42	1
Before the hearing date	26	30	2

The functioning of the Board is impacted by the withdrawal of applications and the notice provided for withdrawals. Lack of sufficient notice may create unnecessary burdens and missed opportunities for Board Members. However, it is recognized, given the nature of mental illness, that there will be occasions when little notice can be provided. There has been improvement in the timeliness of notice from 2014-2015 to 2015-2016.

TABLE 5A: Timeliness in Appointing Panels and Setting Hearing Dates 2015-2016

The Act provides specific timelines to guide the review process and this has provided parameters for the information collected (see Appendix B). Specifically, panels must be appointed within 2 clear days of the receipt by the Board Chair of the Application, and the hearing dates must set within 2 clear days of referral of the Application to the Panel Chair. To effectively meet the time requirements of the Act, it is typical for panels to be struck, hearing dates set and notices sent out to participants from a common administrative centre.

⁹ The Act does not require any notice period to withdraw an application.

Timeliness in Appointing Panels and Setting Hearing Dates Per Sections 66(2) and 67(2) of the Act By Number (2015-2016)	
Same Day as Application Received or Next Day	18
1 Clear Day after Application Received	53
2 Clear Days after Application Received	29
3 Clear Days after Application Received	1
4 Clear Days after Application Received	0
5 Clear Days after Application Received	0
More than 5 Clear Days after Application Received	0
Total	101

In 2015-2016, the appointment of all panels and setting of hearing dates were accomplished within the legislative requirements.

TABLE 5b: Timeliness of Hearings Scheduled to be Heard

The legislative requirements for the timing of hearings to be held are found in Appendix B. Specifically, hearings must be held within 13 clear days of the receipt of the Application by the Board Chair.

Number of Days Within which Hearings are Scheduled to be Heard from Receipt of Application	Timeliness of Hearings Scheduled to be Heard Per Section 67(1) of the Act by Number				
	Number of Applications				
	2015- 2016	2014- 2015	2013- 2014	2012- 2013	2011- 2012
1 to 4 clear days	17	7	4	33	9
5 to 10 clear days	84	101	44	58	62
11 to 13 clear days	0	0	38	2	5
More than 13 clear days	0	0	1	0	0
Total	101	108	87	93	76

The Review Board was successful in having all hearings in 2015-2016 scheduled to be heard within the time frame of the legislative requirements.

Table 5c: Timeliness of Decisions Rendered and Delivered

The legislative requirements for the timing of decisions to be rendered and delivered to Applicants, regional health authorities and involved parties are found in Appendix B. Decisions must be rendered and delivered within 3 clear days from the conclusion of the hearing.

Number of Days After Hearing to Rendered Decision	Timeliness of Decisions Rendered and Delivered Per Section 71(2) of the Act by Number				
	Decisions Rendered and Delivered				
	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012
1 Clear Day	22	9	4	8	16
2 Clear Days	8	8	6	13	6
3 Clear Days	7	10	14	17	12
More than 3 Clear Days	3	1	8	5	2
Total	40	28	32	43	36

The Review Board was successful in meeting the legislative requirements in the timeliness of rendering and delivering its decisions for 37 of 40 hearings. Details on delays are presented in Table 5d.

TABLE 5d: Delay of Decisions Rendered and Delivered

Delay in rendering Decision	Delay of Decisions Rendered and Delivered Per Section 71(2) of the Act by Number				
	Decisions Rendered and Delivered				
	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012
4 Clear Days Delay	0	0	5	3	0
5 Clear Days Delay	0	0	2	1	1
6 Clear Days Delay	0	0	1	1	0
More than 6 Clear Days Delay	3	1	0	0	1
Total	3	1	8	5	2

The cause of delay in rendering the decision in three cases was the result of oversight by board members. The Board Chair continues to address with the board members the legislative requirements to file decisions.

The 2014-17 Activity Plan indicates that each year the objective will remain the same and the progress will be reviewed annually to determine if indicators should be revised. Therefore, the annual objective will remain the same for 2016-17:

By March 31, 2017, the Mental Health Care and Treatment Review Board will have reviewed applications under the *Mental Health Care and Treatment Act*.

Progress has been reviewed and it has been determined that the indicators will remain the same for 2016-17 as follows:

Measure: Reviewed applications under the Act.

Indicators:

- Number of applications received from mental health services
- Number of panels convened
- Number of hearings held/reviews completed
- Number of certificates upheld/cancelled
- Yearly reports provided
- Timeliness of panels convened, hearings held and decisions rendered
- Number of decisions communicated

5.0. Challenges and Opportunities

Community Resources

The Review Board emphasizes that for some applicants, the lack of community resources continues to be a deterrent to proceeding with options other than continued certification. Increasing awareness of the need for a continuum of treatment services and continuing to prevent the unnecessary detention of applicants, as well as ensuring the safety of applicants and/or the community, is an ongoing challenge for the Review Board. The sub-committee of the Review Board will continue to promote and educate the stakeholders on the Review Board processes and the expected timelines found therein.

The Review Board continues to explore the creation of a website whereby stakeholders and members of the public may access information and education concerning the existence and process of the Review Board. This will enhance the Vision and Mission of the Review Board.

Procedural Matters

The Review Board confirmed that 139 applications were received in 2015-2016 for a total of 761 applications between 2010-2016 (see Table 2). During the period 2010-2015, the number of applications per year ranged from 102 to 154 with an average of 127 per year. All applications, including those upheld, summarily dismissed, or rescheduled required administrative preparations for panels. Given the consistent trend in the number of applications and cancellations, the following procedural matters continue to represent opportunities and challenges for the Review Board in 2015-2016 and into 2016-2017; a matter that the sub-committee of the Review Board may help address and increase awareness.

Hearing Process

The Review Board hearing process is well developed under the *Mental Health Care and Treatment Act*, which was proclaimed on October 1, 2007, and the proclamation of Part IV, Community Treatment Orders on January 1, 2008. In 2015-2016, few complaints were received by the Board as to its processes, and most stakeholders are aware of the Board processes.

Issues arose as to the review of Community Treatment Orders. The Supreme Court of Newfoundland and Labrador, Trial Division (General) rendered a decision in the matter of *Arsenault v. Eastern Health*, which provided assistance and guidance to the Board in its review of Community Treatment Orders.

Arising from the *Arsenault* decision, the forms required to review Community Treatment Orders were revised to ensure compliance with the legislation.

In this planning period (2014-2017), the Board will continue the timely dissemination of changes in process to improve consistency for applicants, the regional health authority and other stakeholders. This will continue to help address concerns expressed by stakeholders and promote efficiency.

Administrative Support

Administrative support for the Review Board is provided by a position in the Mental Health and Addictions Division of the Department of Health and Community Services. Related administrative costs include dedicated telephone and fax lines to ensure confidentiality, computer and internet costs, and office supplies, etc. This is an effective and efficient temporary arrangement that remains under review with respect to the independence of the Review Board.

Communication

In 2014-2015, the Mental Health and Addictions Division of the Department of Health and Community Services provided secure, encrypted laptop computers and training to all board members. The use of such equipment continues to be the only method by which board members may communicate among themselves and with the department regarding any and all information that is considered private and confidential (i.e. sending notification of hearing dates, sending applications and decisions).

Amended and Standardized Forms

Application and related forms continue to be reviewed to ensure that the Panels receive appropriate information and to ensure consistency and fairness for all parties.

Review Board Member Participation

The following represents the number of hearings and decisions confirmed for Review Board members:

TABLE 6: Number of Hearings and Decisions Confirmed for Each Review Board Member (2015-2016)

Number Of Hearings And Decisions Confirmed For Each Review Board Member (2015-2016)			
Member Representation		Appointed to Panel - but hearing cancelled or rescheduled	Appointed to Panel – and hearings proceeded
Legal	A	24	17
	B	0	2
	C	9	3
	D	0	3
	E	10	5
	F	0	1
	G	11	8
	H	6	2
	I	-	-
Physicians	A	17	14
	B	15	7
	C	11	15
	D	3	2
	E	9	2
	F	2	1
	G	3	0
Public	A	25	16
	B	14	13
	C	4	0
	D	8	5
	E	1	1
	F	8	6
	G	-	-

The “-” indicated in Table 6 references a vacancy in the Board membership.

The above table indicates that the work of Review Board members remained somewhat unevenly distributed as some members did not participate in any hearings while other members participated in the majority of hearings. While lack of involvement could occur if there were no or limited applications heard in the geographic area in which the member resided, or due to resignations of Board members, for all members in general, there needs to be some measure of commitment to the Review Board to ensure its mandate is able to be fulfilled. Regional consideration of the assignment of board members may allow for more even distribution of

workload. The size of the Review Board membership allowed for work to continue despite the absences due, for example, to illness or expiry of appointment.

The Board Chair met with board members and recommended to the Department changes to the membership that would ensure participants met their obligations.

The issue of the carryover of board members to continue in their capacities when their term has officially ended until reappointment was resolved by an amendment to section 58(1) the Act, (assented to on December 22, 2012) as follows:

s. 58(1.1) Where the term of a member expires, he or she continues to be a member until reappointed or replaced.

The noted amendment continues to assist the Board's functioning and continuity.

The Board Chair recommended amendment of section 2(1)(p) of the Act, which provides:

s. 2(1)(p) "physician" means a person who is licensed to engage in the practice of medicine in the province or is otherwise lawfully engaged in the practice of medicine in the province;

There is difficulty in recruiting licensed physicians to the Board. Many retired physicians have expressed a desire to be part of the Review Board, but are ineligible based on the present criteria. The Board Chair recommends that the legislation be amended to permit physicians, who were in good standing prior to their retirement, be permitted to be members of the Board.

Appendix A: Board Members 2015-2016

MENTAL HEALTH CARE AND TREATMENT ACT REVIEW BOARD MEMBERS

2015-2016

Position	Name	Term Expiry
Chairperson – Lawyer	Sandra M. Burke, Q.C.	July 10, 2015
Member – Lawyer	Geoffrey Aylward	April 12, 2018
Member – Lawyer	Randolph Piercey	November 13, 2016
Member – Lawyer	Jill Kathryn Brown	November 13, 2016
Member – Lawyer	Rebecca Redmond MacLean	November 13, 2016
Member – Lawyer	Shawn Colbourne	November 13, 2016 (Resigned June 15, 2015)
Member – Lawyer	Kim Horwood	April 12, 2018
Member – Lawyer	Ruth Peters	July 9, 2018
Member – Lawyer	Emily Stockley	November 1, 2018
Physician Representative	Dr. Robert Young	April 12, 2018
Physician Representative	Dr. Christopher Heughan	April 12, 2018
Physician Representative	Dr. Peter Blackie	April 12, 2018
Physician Representative	Dr. Carl Robbins	April 12, 2018 (Resigned January 12, 2016)
Physician Representative	Dr. Teodoro (Ted) O. Rosales	July 10, 2015

Position	Name	Term Expiry
Public Representative	Gerald Warren	April 12, 2018
Public Representative	Elaine Dobbin	November 1, 2018
Public Representative	Moyra Buchan	July 10, 2015
Public Representative	Brenda Stamp	April 12, 2018
Public Representative	Frankie O'Neill	April 12, 2018
Public Representative	Patricia Mercer	April 12, 2018
Public Representative	Doreen Chaulk	November 13, 2016

Appendix B: Referenced Legislative Sections

(All references are to the *Mental Health Care and Treatment Act* unless otherwise noted)

1. Overview

Membership – Appointment of Board Members

57. (1) The board shall comprise a minimum of 13 members appointed by the Lieutenant-Governor in Council and consist of
- (a) a chairperson, who is a member in good standing of the Law Society of Newfoundland and Labrador;
 - (b) 4 persons, each of whom is a member in good standing of the Law Society of Newfoundland and Labrador and who expresses an interest in mental health issues;
 - (c) 4 persons, each of whom is a physician; and
 - (d) 4 persons, each of whom is neither a member of the Law Society of Newfoundland and Labrador nor a physician and each of whom expresses an interest in mental health issues, with preference being given to a person who is or has been a consumer of mental health services.
58. (1) A member of the board shall be appointed for a term of 3 years.
- (1.1) Where the term of a member expires, he or she continues to be a member until reappointed or replaced.
- (2) Notwithstanding subsection (1), members of the first board appointed under this Act shall be appointed to the following terms:
- (a) the chairperson and 2 persons referred to in each of paragraphs 57(1)(b), (c) and (d) shall be appointed for a term of 4 years; and
 - (b) 2 persons referred to in each of paragraphs 57(1) (b), (c) and (d) shall be appointed for a term of 3 years.

3.0 Report on Performance

Discussion of Results – Timeliness for Setting of Hearings

66. (2) within 2 clear days of receipt of an application the chairperson of the board shall appoint a panel and designate a chairperson of the panel and refer the application to the chairperson of the panel.
- 67 (1) A panel shall hear and determine an application as soon as is reasonably possible and in any event no more than 10 clear days after receipt of the referral under subsection 66(2).
- (2) Within 2 clear days of receipt of the referral of the application under subsection 66(2), the chair of the panel shall give notice of the date, time, place and purpose of the hearing to the parties to the application.

Discussion of Results – Timeliness of Decisions Rendered

- 71 (2) Within 3 clear days following the conclusion of its review, the chairperson of the panel shall deliver
- (a) to each party, its decision, in writing, signed by the members of the panel, together with reasons in support of the decision, and where the decision of the panel is not unanimous, any dissenting opinion; and
- (b) To the chairperson of the board, a copy of its decision, together with reasons, and any dissenting opinions, and a record of all evidence presented to the panel.

“Clear days” are defined at Subparagraph 22(k) of the Interpretation Act, R.S.N.L. Chapter I-19, as amended:

where a number of days not expressed to be "clear days" is prescribed the days shall be counted exclusively of the 1st day and inclusively of the last and where the days are expressed to be "clear days" or where the term "at least" is used both the 1st day and the last shall be excluded;

Mental Health Care and Treatment Review Board

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