

The Mental Health  
Care and Treatment  
Review Board

ANNUAL  
PERFORMANCE REPORT  
2007-2008

## *Chairperson's Message*

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I am pleased to provide the 2007-2008 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 responsible minister (See Appendix A).

This Annual Report provides an overview of the activities of the Mental Health Care and Treatment Review Board accomplished during the fiscal period 2007-2008. During this time, the new *Mental Health Care and Treatment Act(2006)* was proclaimed October 1, 2007 with the exception of Part IV, Community Treatment Orders, which came into force January 1, 2008. This report is inclusive of the period from April 1, 2007 to September 30, 2007 under the former Act and October 1, 2007 to March 31, 2008, under the new Act.

Planning and reporting requirements under *The Transparency and Accountability Act* and new legislation meant that 2007-2008 was truly a transition year for the Review Board. The contribution of all Board members is acknowledged at this time. As Chairperson of the Mental Health Care and Treatment Review Board, my signature is indicative of the entire Review Board's accountability for the preparation of this report and for the achievement of the specific objectives contained therein.

John L. Ennis  
Chairperson

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## 1.0 Overview

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The Mental Health Care and Treatment Review Board is appointed pursuant to Section 57. (1) of the *Mental Health Care and Treatment Act*, which provided as follows:

57. (1) The board shall comprise 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.

The terms of appointment are stated in paragraph 58(1) and (2) of the *Mental Health Care and Treatment Act*, which provides as follows:

58. (1) A member of the board shall be appointed for a term of 3 years.
- (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.

The current representation of the Mental Health Care and Treatment Review Board is outlined on the Contact List (Appendix B).

The Mental Health Care and Treatment Review Board is available to meet as required and then recommend to government those areas of concern to the Mental Health Care and Treatment Review Board in the performance of duties imposed on the Mental Health Care and Treatment Review Board by Part V of the *Mental Health Care and Treatment Act*.

The Mental Health Care and Treatment Review Board is not required to have an audited statement. In the 2007-2008 year, expenses were approximately \$26,150.00 with \$ 3,282.00 attributed to April, 2007 to September 30, 2007 and \$22,868.00 attributed to October 1, 2007 to

March 31, 2008. Administrative support and remuneration of board members' expenses are provided by the Department of Health and Community Services.

## *2.0. Mandate*

The Mental Health Care and Treatment Review Board is established pursuant to Section 56 of the *Mental Health Care and Treatment Act*. The duties and responsibilities of the 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.

The key function of the Mental Health Care and Treatment Review Board is outlined in Section 56. (1) of the *Mental Health Care and Treatment Act* and the purpose of the Board is to hear and decide applications under the *Mental Health Care and Treatment Act*.

The primary role of the Mental Health Care and Treatment and 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*. In keeping with *Section 17(2) (a) and (b)* of the *Mental Health Act*, the first certificate of involuntary admission may be completed and signed by a physician, nurse practitioner or other person authorized by the regulations. The second certificate of admission shall be completed by a psychiatrist or, where a psychiatrist is not readily available to assess the person and complete and sign a second certificate, by a physician who was not party to completing and signing the first certificate.

## *3.0 Values*

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The Review Board has adopted the Department's values and incorporated them into Review Board activities and decision making. They include:

### ***Collaboration***

Each person engages actively with partners.

### ***Fairness***

Each person uses a balance of evidence for equity in decision making.

### ***Privacy***

Each person manages and protects information related to persons/families/organizations/communities and the department appropriately.

### ***Respect***

Each person provides opportunities for others to express their opinions in an open and safe environment.

### ***Transparency in decision making***

Each person is forthcoming with all information related to decision making except where prohibited by legislation.

### ***Excellence***

Each person performs to the best of their ability, and within available resources.

## ***4.0 Primary Clients***

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The primary clients of the Mental Health Care and Treatment Review Board are those who make applications to the 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 patient 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 persons 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 patients in section 33 and issuing or renewing community treatment orders in subsection 53(3) of the *Mental Health Care and Treatment Act*.

## ***5.0 Vision***

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The Mental Health Care and Treatment 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. Thereby, furthering 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”*

## 6.0. Mission

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The Mental Health Care and Treatment Review Board's mandate is not broad enough to develop a separate mission; therefore the Departmental Mission for the 2006-2008 planning period has been adopted. The Review Board contributed to the Departmental mission by ensuring appropriate/ improved accessibility to priority services, which are inclusive of mental health services, and by improving accountability to clients of mental health services.

***By March 31, 2011 the Department of Health and Community Services will have developed and guided implementation of provincial policies and strategies to ensure equitable and quality services in population health, to public health capacity and accessibility to priority services and to improve accountability and stability in the health and community services system.***

Note: For an updated and complete version of the Department and Mental Health Care and Treatment Review Board's 2008-2011 Plans, which contain the current mission, contact the Department of Health and Community Services Tel: 709-729-4984 or email: [healthinfo@gov.nl.ca](mailto:healthinfo@gov.nl.ca) or visit <http://www.health.gov.nl.ca/health/>

## *7.0 Report on Performance*

Over the course of the 2007-2008 fiscal period, the Mental Health Care and Treatment Review Board met as needed. This means that panels of three members, inclusive of a lawyer, who is Chairperson, a physician and a lay person, reviewed applications on behalf of involuntary patients who are admitted or required renewal certificates, or persons who are the subject of community treatment orders, or alleging denial of rights resulting from involuntary psychiatric assessment. Decisions of the Review Board are communicated directly to clients and/or their representatives and the admitting psychiatric facility.

The Mental Health Care and Treatment Review Board provides an involuntary patient with a mechanism to access a review of the issuance of a certificate of involuntary admission. It also provides a means by which a person who is subject to a community treatment order can review the issuance or renewal of such an order. This aspect of the role will be enhanced as community treatment orders become more prevalent under the new legislation. The Review Board acts as a check and balance within the system and spans the continuum of care from community / primary care to facility based / tertiary/ emergency care and contributes to a more informed citizenry and a more accountable health system.

**Goal:** By March 31, 2008, the Mental Health Care and Treatment Review Board will have heard and decided upon and will continue to hear and decide upon applications under *The Mental Health Care and Treatment Act*.

**Measure:** Applications heard and decided

**Indicator:** Arrangement of panels of three members of the Board appointed by the Chairperson to hear and decide applications under Section 64 of The Mental Health Care and Treatment Act.

The information supporting this indicator is found in the Performance Activity Table 2007-2008 on the next page and reflects the first part of the year under the previous legislation and the second part of the year with the new legislation. Data collection is in the beginning stages and further information and analysis is needed over a longer time period. The information provided in the table gives some insight into the nature and volume of work by the Review Board and will provide continuity between that provided in previous plans and reports and that required in future.

**THE MENTAL HEALTH CARE AND TREATMETN REVIEW BOARD  
ACTIVITY 2007-2008 FISCAL YEAR**

<b>Review Board Activity</b>	<b>April 1, 2007 - September 30, 2007</b>	<b>October 1, 2007 – March 31, 2008</b>	<b>Total for 2007- 2008</b>
<b>Status of Applications</b>	<b>Number of Applications</b>		
<b>Received</b>	15	76	91
<b>Summarily dismissed by Chair</b>		2	2
<b>Cancelled *</b>	11	41	52
<b>No hearing set</b>		6	6
<b>Rescheduled</b>		10	10
<b>Hearings convened**</b>	4	17	21
<b>Result of Hearings by Review Board Panels</b>			
<b>Certificates upheld/ confirmed</b>	3	13	16
<b>Certificates not upheld / not confirmed</b>	1 Recommendations attached to the conditions for release	4	5
<b>Decisions communicated</b>	4	17	21

\* Applications cancelled includes those that have been scheduled and did not proceed because of adverse weather, the applicant or his/ her representative chose not to proceed (i.e. withdrew) or the applicant was decertified and no longer required a hearing.

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

## *8.0 Accomplishments and Highlights*

The proclamation of the new Mental Health Care and Treatment Act, which replaced legislation over 30 years old, was a significant development in improving access to a priority health service across the Province.

The Act increased the total number of representatives, provided for replacement members at hearings and changed the role and operations of the Mental Health Care and Treatment Review Board. The inclusion of Section IV, Community Treatment Orders, extended the Review Board's ability to hear applications from applicants residing in community with community treatment orders, as well as from those in acute care or other facilities. There are presently very few applications based on community treatment orders. The impact of these changes was to increase the number of applications received, the number of panels convened, and the overall responsiveness between the time an appeal was received and the scheduling of a hearing.

Other significant changes associated with this legislation were: new eligibility criteria, provision of a range of individual rights and protections, expanded roles for nurses and nurse practitioners and peace officers, and a mandatory review of the legislation within five years. Additionally, to support applicants, the position of rights advisor was introduced in each health region. These advisors offered advice and assistance to patients and their families in making application for review of their certification orders. Review Board members were supported in carrying out their new responsibilities with a two day orientation, which is also regarded as another accomplishment in the 2007-2008 year.

## 9.0. Appendix A: Strategic Direction *(Source 2007-08 Activity Plan)*

### 1. **Strategic Direction Title:** Improved accessibility to priority services

**Strategic Direction Statement:** Ensuring access to a full range of publicly funded services and programs requires extensive planning and coordination.

**Clarifying Statement:** Maintaining health and community services in a province with a vast geography and a declining and aging population is very challenging. While most programs are designed for the general population, flexibility and adaptation are needed to ensure access for vulnerable citizens and population with special needs.

Government's Strategic Direction	Focus Areas of the Strategic Direction 2008-2011	This Direction is/was		
		Addressed in the:		
		addressed in the entity's activity plan	addressed in the entity's operational plan	addressed in the work plan of a branch/division of the entity
Improved accessibility to priority services	Access to community-based mental health and addictions services	X		

Note: For a complete version of the Department's strategic directions, contact the Department of Health and Community Services Tel: 709-729-4984 or email: [healthinfo@gov.nl.ca](mailto:healthinfo@gov.nl.ca) or visit <http://www.health.gov.nl.ca/health/> .