

The Mental Health
Care and Treatment
Review Board

ACTIVITY PLAN
April 1, 2011- March 31, 2014

Chairperson's Message

I am pleased to provide the 2011-2014 Activity Plan 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 plan careful consideration was given to the strategic directions of government, as communicated by the responsible minister (See Appendix A).

This Activity Plan provides an overview of the Mental Health Care and Treatment Review Board and identifies key objectives to be accomplished during the fiscal period to be covered by the plan. As Chairperson of the Mental Health Care and Treatment Review Board, my signature below is indicative of the entire Review Board's accountability for the preparation of this plan and for the achievement of the objectives contained therein.



John L. Ennis
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 pursuant to Section 56 of the *Mental Health Care and Treatment Act*. The 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.

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

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 B.

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.

Financial

The Review Board is not required to have an audited statement. In the 2010-2011 year, total expenses were approximately \$50,000. Administrative support and expenses are provided by the Department of Health and Community Services.

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 adopted the following values of the Department of Health and Community Services and incorporated them into Review Board activities and decision making.

Professionalism

Each person is qualified and competent, and supported in their work through a culture that encourages continuing education and employee development.

Excellence

Each person makes decisions based on the best evidence available and follows proven best practices to ensure individual and departmental performance is maintained at the highest possible standard.

Transparency and Accountability

Each person takes their responsibility to their clients seriously and contributes to a culture of openness and transparency in decision-making and reporting.

Collaboration

Each person engages others, both within and external to the department, in a positive manner, respectful of others and their different perspectives.

Privacy

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

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 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 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 patients in section 33 and issuing or renewing community treatment orders in subsection 53(3) of the *Mental Health Care and Treatment Act*.

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 furthers 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.

3.0. 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 Province.

Note: For a complete version of the Department's mission statement, please contact the Department of Health and Community Services Tel: 709-729-4984 or email: healthinfo@gov.nl.ca or visit <http://www.health.gov.nl.ca/health/>.

ANNUAL OBJECTIVES 2011-2014

Over the course of 2011-2014, the Review Board will meet as needed. This means that panels of three members, including of a lawyer, who is Chairperson, a physician and a lay person, will review applications on behalf of involuntary patients who are admitted or require renewal certificates, or persons who are the subject of community treatment orders, or who are alleging denial of rights resulting from involuntary psychiatric assessment. Decisions of the Review Board will be communicated directly to Applicants and/or their representatives and to the admitting psychiatric facility.

The Review Board will provide an involuntary patient with a mechanism to access a review of the issuance of a certificate of involuntary admission. It also will provide a means by which a person who is subject to a community treatment order can appeal or apply for a review of such an order. This process will support the strategic direction of “Access to Priority Services” and “Accountability and Stability of Health and Community Services” by contributing to more appropriate access and performance monitoring/ measurement in mental health services.

Due to the limited mandate of the Review Board, the annual objective will remain the same for each year of this Activity Plan. At the end of each year, the indicators and progress will be reviewed to determine if the indicators will remain the same for the period covered by this activity plan.

By March 31, 2012, 2013, and 2014, the Mental Health Care and Treatment Review Board will have reviewed applications under the *Mental Health Care and Treatment Act* to ensure the conditions for issuing or renewing certificates are appropriate.

Measure: Reviewed applications

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
- Number of decisions communicated

APPENDIX A: STRATEGIC DIRECTIONS

Strategic directions are the articulation of desired physical, social, or economic outcomes and normally require action by or involvement of, more than one government entity. They summarize the outcomes desired for the health sector and are communicated to entities that plan and report in collaboration with the Department.

Title: Access to Priority Services

Outcome: Improved accessibility to priority services

In addition to the challenges of geography, climate and a dispersed population, Newfoundland and Labrador is experiencing *population aging*, a process whereby older individuals account for a proportionately larger share of the total population and in-migration. We have the highest median age in Canada, that is, over half of the population is aged 43.3 years. In 2010, approximately 199,000 residents of the province were 50 years of age or over (38.8% of the population) and approximately 77,600 people aged 65 years or older made up 15.2 % of the population. We also have one of the highest rates of chronic disease in the country. All persons require access to health services and health providers at some point and the implications for the health system will be significant over the next 6 years.

All services cannot be provided in every community, therefore defining the balance between available resources, what is reasonable and appropriate access within a range of prevention and treatment options, and / or specialty and emergency services is critical. We remain committed to improving access throughout the province by increased review of existing services, referral patterns, utilization, targeted interventions, and engagement of patients and the public. This 6 year planning cycle will focus on reviewing progress to date in previously selected areas, addressing identified gaps and strengthening collaborative approaches with Regional Health Authorities, health providers, community groups and Atlantic partners in the following focus areas:

Focus Areas of the Strategic Direction 2011-2017	The Strategic Direction Access to Priority Services is		
	Addressed by the Mental Health Care and Treatment Review Board's		
	Activity Plan	Operational Plan	Work Plan
Access Management			
Long Term Care and Community Supports			
Mental Health And Addictions Services	X		
NLPDP – Pharmacare Initiatives			
Pre Hospital / Emergency			
Rural Health			

Title: Accountability and stability of health and community services

Outcome: Improved system performance and sustainability

Health is a priority of Government, such that record investments have been made for several consecutive years. In 2010, health and community services consumed approximately 37% of all government expenditures with the largest percentage allocated to regional health services (70%). The ability to sustain the provision of quality services requires the coordination and integration of services, increased standardization and monitoring of clinical practice and service, and innovation. A focus on increased monitoring and evaluation, the achievement of balanced budgets, the stabilization of health human resources and increased utilization of information for evidence based practice will lead to a more sustainable health system and contribute to improved health outcomes for the people of the Province.

Focus Areas of the Strategic Direction 2011-2017	The Strategic Direction of Improved Accountability and Stability in the Delivery of Health and Community Services is		
	Addressed by the Mental Health Care and Treatment Review Board's		
	Activity Plan	Operational Plan	Work Plan
Clinical / Administrative Guidelines / Program Standards			
Evaluation of Legislation, Programs and Services			
Health Research			
Information Management and Technology			
Performance Measurement/ Monitoring	X		
Provincial Health Human Resources			
Quality and Safety			

Appendix B: Board Members as of April, 2011

<u>Appointee / Represents</u>	<u>Appointed</u>	<u>Expiry</u>	<u>Comments</u>
Mr. John L. Ennis	9/17/2007	10/1/2011	
Mr. John McGrath Law Society of NL	9/17/2007	10/1/2011	
Ms. Sandra M. Burke Law Society of NL	5/2/2011	5/2/2014	Reappointed May 2, 2011
Ms. Judy A. White Law Society of NL	9/17/2007	10/1/2011	
Ms. Janine Evans Law Society of NL	5/2/2011	5/2/2014	Reappointed May 2, 2011
Mr. Peter Ralph Law Society of NL	5/2/2011	5/2/2014	
Ms. Susan H. Gallant Law Society of NL	5/2/2011	5/2/2014	
Mr. F. Geoffrey Aylward Law Society of NL	5/2/2011	5/2/2014	
Mr. Philip J. Buckingham Law Society of NL	5/2/2011	5/2/2014	
Dr. Alec W. Brace Physician Representative	5/2/2011	5/2/2014	Reappointed May 2, 2011
Dr. Alan J. McComiskey Physician Representative	9/17/2007	10/1/2011	
Dr. Gerald Warren Physician Representative	5/2/2011	5/2/2014	
Dr. Christopher Heughan Physician Representative	5/2/2011	5/2/2014	
Dr. Peter Blackie Physician Representative	5/2/2011	5/2/2014	
Dr. Neil Gerard Harvey Physician Representative	5/2/2011	5/2/2014	
Ms. Brenda Kelly Public Interest Representative	5/2/2011	5/2/2014	Reappointed May 2, 2011
Mr. Samuel M. Kean Public Interest Representative	5/2/2011	5/2/2014	Reappointed May 2, 2011
Ms. Moyra Buchan Public Interest Representative	9/17/2007	10/1/2011	
Ms. Frankie O'Neill Public Interest Representative	5/2/2011	5/2/2014	
Ms. Brenda Stamp Public Interest Representative	5/2/2011	5/2/2014	

Ms. Hilda Whalen Public Interest Representative	5/2/2011	5/2/2014	
Ms. Judy Dale Public Interest Representative	5/2/2011	5/2/2014	

Appendix C: 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.
- (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 Rule 3.01 of the Rules of the Supreme Court, 1986, as amended:

- (a) Where the time limited for the doing of a thing expires or falls upon a Saturday, Sunday or holiday, the thing may be done on the day next following that is not a Saturday, Sunday or holiday.
- (b) Where there is a reference to a number of clear days or "at least" a number of days between two events, in calculating the number of days there shall be excluded the days on which the events happen.
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- (h) Where any limited time less than six days from or after any day or event is appointed or allowed for doing any act or taking any proceeding, Saturdays, Sundays and holidays shall not be reckoned in the computation of the limited time.

Mental Health Care and Treatment Review Board

Department of Health and Community Services
Confederation Building, 1st. Floor, West Block
P.O. Box 8700
St. John's, NL A1B 4J6
Telephone: 729-3658; Fax: 729-4429

www.gov.nl.ca/health