NWT Clinical Practice Information Notice

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The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

X	Hospitals	X	Community Health Centres		Homecare		LTC		Pharmacists
X	Doctor's Offices	X	Social Services Offices	X	Public Health Units		Please list other(s):		

The information contained in this document is a Departmental:

	Policy	X	Clinical Standard		Protocol		Procedure		Clinical Practice Guideline

Title: Guide to the Mental Health Act
Effective Date: September 1, 2018

Statement of approved Clinical Practice:

The Guide to the Mental Health Act provides information about the new *Mental Health Act* and the Regulations, including the prescribed forms that must be followed by health and social service providers.

The goals of the guide are:

- To identify the guiding principles of the Act and the influence the principles will have on mental health practice
- To explain the roles and responsibilities of key individuals as defined in the Act
- To develop an understanding of the forms relevant to the Act
- To discuss the purpose and use of the safeguards, rights, and provisions for appeal in the Act, as they relate to the Mental Health Act Review Board
- To develop an understanding of the different processes involved in, and the various roles and responsibilities related to assisted community treatment

Attachments: Guide to the Mental Health Act – A Practical Guide to the Northwest Territories' Mental Health Act

An electronic copy of this notice is also available on the Department of Health and Social Services public website at: http://www.professionals.hss.gov.nt.ca/document-categories/clinical-practice-information-notices.

This clinical practice is approved. _____ August 30, 2018 .
(signature) (date)

Minister ☐ **Deputy Minister** ☐ **Assistant Deputy Minister** ☒ **Chief Public Health Officer** ☐

Department of Health and Social Services

Guide to the *Mental Health Act*

A Practical Guide to the Northwest Territories' *Mental Health Act*

Effective September 1, 2018

Government of
Northwest Territories

Disclaimer

The information contained in this Guide is intended for use as general information about the Northwest Territories *Mental Health Act* and should not be regarded as a substitute for the actual *Mental Health Act*. It is not to be relied upon as legal or professional advice or opinion.

If you would like more detailed information regarding this legislation, refer to the Act or consult your supervisor or the Clinical Mental Health Program Specialist at the Department of Health and Social Services.

For questions regarding the *Mental Health Act*

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Table of Contents

Disclaimer 2

Glossary 7

Introduction to the Guide 9

- Purpose of the Guide 9
- Goals of the Guide 9
- Limits to the Guide 9
- Personal Health Information 10
- Recovery Oriented Approach to Care 10

Chapter 1
The Mental Health Act 11

- Introduction 11
- Key Concepts 11
- Purpose of the *Mental Health Act* and Regulations 11
- Relationships: The Act and Regulations 12
- Who does the *Mental Health Act* apply to? 12
- Principles of the *Mental Health Act* 12
- Patient Rights 13
- Designated Facilities 14
- Directors of Designated Facilities: Roles and Responsibilities 15
- Health Professionals: Roles and Responsibilities 15
- Peace Officers: Roles and Responsibilities 15
- Peace Officer Duties on Apprehension and/or Conveyance 16
- Other Authorized Persons 16
- Forms 16
- Chapter 1 Summary of Key Concepts 17

Chapter 2
Examination and Assessment 19

- Key Concepts 19
- Admitting a Voluntary Patient 19
- Holding a Voluntary Patient 19
- Involuntary Examination 20
- *Form 2 - Certificate of Involuntary Assessment* 22
- Apprehension, Conveyance and Detention 22
- Expiry of *Form 2 - Certificate of Involuntary Assessment* 22
- Chapter 2 Summary of Key Concepts 23

Chapter 3
Involuntary Admission, Renewal, Cancellation and Transfers 25

- Key Concepts 25
- Involuntary Admission 25
  - Process 25
- Renewal Certificate 26
- Cancellation of Involuntary Admission 26
- Transfer of Patients 27
  - Transfer Within the NWT 27
  - Transfer Outside of the NWT 27
  - Transfer from Another Jurisdiction into the NWT 28
- Chapter 3 Summary of Key Concepts 29

Chapter 4
Mental Competence and Treatment Decisions 31

Key Concepts 31

Mental Competence 31

Mentally Incompetent to Manage Estate 31

Mentally Incompetent to Consent to Treatment 31

Patient does not Consent to Treatment 32

Substitute Decision Makers 32

Designating a Substitute Decision Maker 32

Requirements for Designation of a Substitute Decision Maker 32

The Role of a Substitute Decision Maker 33

Considering a Patient's Best Interests 33

Rights of Patient and Substitute Decision Maker 33

Termination of Substitute Decision Maker 33

Chapter 4 Summary of Key Concepts 34

Chapter 5
Leave, Assisted Community Treatment and Community Treatment Plan 35

Key Concepts 35

Short Term Leave 35

Patient and Substitute Decision Maker Agreement 35

Cancellation of *Short Term Leave Certificate* 35

Assisted Community Treatment 36

Implementing Assisted Community Treatment 36

Amending *Form 22 - Assisted Community Treatment Certificate* or *Form 23 - Community Treatment Plan* 37

Duration/Expiry of *Form 22 - Assisted Community Treatment Certificate* 37

Renewing *Form 22 - Assisted Community Treatment Certificate* 38

Cancellation of Assisted Community Treatment 38

Community Treatment Plan 38

Successful *Community Treatment Plan* 38

Individuals Who Can Support the *Community Treatment Plan* 39

Medical Practitioner Responsible for the Supervision and Management of the *Community Treatment Plan*: Roles and Responsibilities 39

Community Treatment Plan Team Members: Roles and Responsibilities 39

Components of a *Community Treatment Plan* 39

Reporting Requirements of the *Community Treatment Plan* 40

Non-compliance with the *Community Treatment Plan* 40

Apprehension and Conveyance 40

Absence without Leave 40

Chapter 5 Summary of Key Concepts 42

Chapter 6
NWT Mental Health Act Review Board 43

Key Concepts 43

What is the Mental Health Act Review Board? 43

Application Process 43

Who Can Apply? 44

Reasons to Apply to the Review Board 44

The Hearing 45

Chapter 6 Summary of Key Concepts 46

Appendices 47

Appendix 1
Director's Responsibilities 47

Shared Responsibilities (Powers and Duties that can also be Performed by Health Professionals and/or Medical Practitioners) 47

Responsibilities that can be Delegated 48

Appendix 2
Forms Under the *Mental Health Act* and the *Mental Health Act Regulations* 49

Appendix 3
Tips to Filling out the *Mental Health Act* Forms 58

Appendix 4
Flow Chart 1: Voluntary Admission 60

Appendix 5
Flow Chart 2: Voluntary Patient Changes to an Involuntary Patient 62

Appendix 6
Flow Chart 3: Involuntary Assessment and Admission 64

Appendix 7
Flow Chart 4: Competency & Substitute Decision Maker 66

Appendix 8
Flow Chart 5: Assisted Community Treatment 68

Appendix 9
Flow Chart 6a: Return to Facility - Assisted Community Treatment 70

Appendix 10
Flow Chart 6b: Return to Facility - Short Term Leave 72

Appendix 11
Flow Chart 7: Application to the Mental Health Act Review Board 74

***Mental Health Act* Forms** **76**

Glossary

Apprehension refers to the authority under the *Mental Health Ac*t for peace officers to take a person into custody.

Assisted Community Treatment refers to an involuntary patient who moves from a designated facility and receives treatment, services, supports and supervision in the community if the patient and medical practitioner agree that it is in the patient's best interests.

Attending Medical Practitioner refers to a member of the medical staff of a designated facility in which the patient is cared for, observed, examined, assessed, treated or supervised on an inpatient or outpatient basis, and has the primary responsibility for providing care and treatment for the patient.

Competence refers to being able to understand the subject matter relating to decisions about care and/or treatment and being able to appreciate the consequences of making those decisions. It also refers to the ability to manage one's own estate.

Control refers to the authority to control the person, without their consent, with minimal force, mechanical means (e.g. handcuffs), or medication to the level required to prevent harm to the person or another person, while taking into consideration the physical and mental state of the person. Only persons allowed by law to administer medication can use medication to control a person.

Conveyance refers to being taken to a health facility or designated facility by a peace officer or other authorized person (as defined in the *Apprehension, Conveyance and Transfer Regulations*). [Refer to definition of **other authorized person**]

Detention refers to the act of safely and temporarily holding a person/patient against their will while they are being brought to a facility, or during the involuntary admission process.

Designated facility refers to a facility where persons with mental disorders can be examined, admitted, and receive treatment and care on a voluntary or involuntary basis.

Director refers to the person employed in a designated facility who is in charge of the administration and management of the facility.

Health professional refers to a psychiatrist, doctor, nurse practitioner, psychologist, or registered nurse allowed to practice in the NWT, or any other person or group of persons that are authorized in the *Mental Health General Regulations*.

Involuntary admission criteria refer to the conditions that must be met for a person to be involuntarily admitted to a designated facility.

Involuntary patient refers to a person who has been involuntarily admitted to a designated facility. This includes patients who are allowed to be absent from the facility under a Short Term Leave Certificate, or who are living in the community under an Assisted Community Treatment Certificate.

Involuntary psychiatric assessment refers to an assessment of a person's mental state that the person did not consent to, or is not able to consent to, to determine if the person meets the criteria for involuntary admission.

Legal guardian refers to an adult who has the right and responsibility to make decisions for another person. Guardians can be family members or close friends over 18 years of age, the Public Guardian or the Department of Health and Social Services.

Medical Practitioner refers to a person who is entitled under the *Medical Professional Act* to practice psychiatry in the NWT, or if a psychiatrist is not available, then another medical practitioner.

Mental disorder is a substantial disorder of thought, mood, perception, orientation or memory that significantly impairs judgement, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life.

Mental Health Act Review Board refers to the board established through the *Mental Health Act Review Board Regulations* that helps to protect the rights of patients held involuntarily under the *Mental Health Act*.

Patient's nearest relative refers to the first person listed below that is a) living, and b) the oldest of two or more people in the same category:

a) spouse

b) child

c) parent

d) sister or brother

e) grandparent

f) grandchild

g) aunt or uncle

h) niece or nephew

If there is no relative listed above, then the "nearest relative" would be an adult friend of the patient.

Other authorized person (specific to conveyance) refers to a person, authorized under the *Apprehension, Conveyance and Transfer Regulations*, engaged in providing medevac services, including a person engaged in the practice of the emergency medical services provider profession.

Peace officer refers to a member of the Royal Canadian Mounted Police (RCMP) or prescribed person or class of persons.

Patient refers to a person who has been admitted as an involuntary patient or a voluntary patient under the *Mental Health Act*.

Person refers to an individual who is receiving mental health care.

Psychiatric assessment refers to the examination of a person and the assessment of the mental condition of the person for the purpose of determining whether the person suffers from a mental disorder.

Public Guardian refers to a person appointed to help people who are unable to make decisions about their personal or health care. The Public Guardian can become the guardian for an individual if the person has no family members or friends who are willing, suitable or able to act as guardians.

Public Trustee refers to a person appointed to manage the financial affairs of a person who has become incapable and has no designated Power of Attorney as stipulated under the *Public Trustee Act*. The Public Trustee can also hold money in trust for children under the age of 19.

Review panel is comprised of three Review Board members (one lawyer, one medical practitioner, and one public representative), who make decisions based on independent review of actions taken under the *Mental Health Act*.

Short term leave from a designated facility releases an involuntary patient into the community under specific conditions for 30 days or less.

Substitute decision maker refers to a person designated to make treatment decisions on behalf of a patient who is not mentally capable to consent to treatment.

Voluntary patient refers to a person who is willingly receiving treatment and care at a designated facility.

Acronyms

MHA	*Mental Health Act*
NWT	Northwest Territories
RCMP	Royal Canadian Mounted Police

Introduction to the Guide

Purpose of the Guide

The *Mental Health Act* (the Act) was passed in 2015 and came into force September 1, 2018. This Act significantly affects the lives of those people it touches – those who receive involuntary psychiatric care under the Act, their families, the public and those who use the Act. The Act is a statutory law that guides the medical care and treatment of patients experiencing mental illness.

The "*Mental Health Act Guide*" provides information about the Northwest Territories' *Mental Health Act*. This guide has been written as a resource for health care professionals, service providers in mental health, peace officers, Review Board members and other interested parties.

The Guide is based on information contained in both the *Mental Health Act* and the Regulations. The Act and Regulations, including the prescribed forms are the law and must be followed.

The purpose of this guide is:

- To make the Act and the Regulations more easily understood
- To simplify and summarize key themes and concepts in the Mental Health Act and its Regulations
- To create consistency in interpreting the Act so people who need involuntary psychiatric care and treatment receive the best care possible

The Guide is not the law but is intended to help correctly interpret and implement the law.

Goals of the Guide

- To identify the guiding principles of the Act and the influence the principles will have on mental health practice
- To explain the roles and responsibilities of key individuals as defined in the Act
- To develop an understanding of the forms relevant to the Act
- To discuss the purpose and use of the safeguards, rights, and provisions for appeal in the Act, as they relate to the Mental Health Act Review Board
- To develop an understanding of the different processes involved in, and the various roles and responsibilities related to assisted community treatment

The guide is divided into chapters that reflect the primary areas of the Act and Regulations:

- Overview and purpose of the Act, including the principles of the Act (Chapter 1)
- Patient rights, including how to apply for review of decisions about their detention and treatment (Chapter 1 and Chapter 6)
- Designated facilities and roles and responsibilities of the director, health professionals and peace officers (Chapter 1)
- Criteria for assessment, examination, apprehension, conveyance and detention as an involuntary patient (Chapter 2)
- Requirements specific to involuntary certificate, transfers and cancellation (Chapter 3)
- Determining a person's capacity to manage their estate and make treatment decisions, and appointing another individual (substitute decision maker) to act on their behalf if the person lacks capacity (Chapter 4)
- Provisions for patients who are subject to a *Short Term Leave Certificate or Assisted Community Treatment Certificate*, as well as provisions for absence without leave (Chapter 5)
- Function of the Mental Health Act Review Board and response to applications (Chapter 6)

Limits to the Guide

This guide is limited to the content of the *Mental Health Act* and Regulations. There may be other laws that apply to a situation.

The guide is intended as general information only and is not to replace the Act. Examples are for educational purposes and should be used as such. In summarizing sections of the Act, details which may prove to be important to a specific case may be omitted. The Act itself and the Regulations should be consulted directly.

This guide does not include information about situations of involuntary detention and admission under the *Criminal Code of Canada* or the *Youth Criminal Justice Act*. Please refer to the *Mental Health Act* Part 7 for further detail.

If you have questions, require advice or clarification, you are encouraged to contact the Clinical Mental Health Program Specialist at the Department of Health and Social Services.

Personal Health Information

When a form is completed, the personal health information collected falls under the authority of the *Mental Health Act*. It is protected by the privacy provisions under the *Health Information Act* (HIA) and cannot be used or disclosed unless allowed or required by the HIA or any other relevant Act.

Recovery Oriented Approach to Care

> The concept of "recovery" in mental health refers to living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health problem or illness. Recovery builds on individual, family, cultural, and community strengths[1].

The recovery-oriented approach places value on self-determination, giving people a sense of control in treatment decisions and opportunities to contribute to personal care decisions that are meaningful and instill hope for their future. This approach to care shifts practice away from 'managing risk' to 'promoting safety and opportunity', based on shared understanding, decision making and responsibility for safety.

Historically, involuntary patients have had limited ability to exercise choice in their personal care decisions. The recovery-oriented approach to care ensures that the patient is involved in all aspects of their care, allowing them to take part in ongoing discussion and planning. Through this lens, it is recognized that recovery is unique to each individual and patients are supported to make their own choices.

A fundamental principle of the recovery-oriented approach is person-centred care which places people and their families at the centre of care decisions and recognizes them as experts of their own lives. In this way, people and families work alongside helping professionals as equal members of a collaborative team to get the best outcomes.

The *Mental Health Act* identifies the legal and clinical response to health, safety and risk of harm or deterioration. Its principles align with the recovery-orientation: respect for cultural identity, importance of family and community involvement in care, and including the patient in the decision-making process. Through collaborative relationships with health professionals, patients and families are empowered throughout the involuntary admission process, allowing for more effective treatment and positive outcomes. The role of the clinician is to follow the legal aspects of the Act while creating an environment of care and respect for the patient. It is important to remember this is a shared journey with the patient, one that supports their well-being and instils a sense of hope. Adopting a recovery-oriented approach to care ensures that patients will have a better health care experience and with that, better health.

[1] Mental Health Commission of Canada. (2018). What is Recovery? Retrieved from www.mentalhealthcommission.ca/English/focus-areas/recovery

Chapter 1

The *Mental Health Act*

Introduction

The Northwest Territories (NWT) *Mental Health Act* was passed on October 8, 2015 and came into force September 1, 2018. This Act repeals and replaces the *Mental Health Act* 1985, which came into force January 1, 1988.

The Act has significant implications for those whose lives it touches – those who receive involuntary treatment under the Act, their families, the public and those who use the Act. While the Act also applies to voluntary patients, it is primarily focused on people living with a mental disorder who need support as an involuntary patient.

Mental health care is complex. The Act sets out the legislative processes and provides a set of rules that must be applied to the way people living with a mental disorder receive care and treatment. The Act protects and supports the rights of people living with a mental health disorder and those acting on their behalf.

The Act outlines:

- When a person/patient can be given treatment even if they do not want it
- When they can be taken into a designated facility even if they do not want to
- What the person's/patient's rights are
- How their rights are protected

It is important for clinicians to use a person-centered and recovery-based approach as they make decisions, create care plans and provide treatment. The best interests of the person must always be considered. Providing care and treatment with the least restriction to the person is essential to this Act.

Key Concepts

This chapter covers the following key concepts:

- Purpose of the *Mental Health Act*
- Who the Act Applies to
- Principles of the Act
- Patient Rights
- Designated Facilities
- Directors of Designated Facilities: Roles and Responsibilities
- Health Professionals: Roles and Responsibilities
- Peace Officers: Roles and Responsibilities
- Forms

Purpose of the *Mental Health Act* and Regulations

The *Mental Health Act* provides a legal framework to guide the treatment of people living with mental health disorders. In some situations, actions taken under the Act may also help protect the health and safety of other people in the community.

The Act is intended to:

- Provide direction and guidance on how a person can receive assessment, care and treatment for their mental disorder.
- Identify who can be admitted to hospital, when the person should be admitted, and how the person should be admitted while making sure the person's rights are protected.
- Outline how to balance the rights of the person living with a mental disorder with their need for care and treatment and the safety of others.
- Set out processes that must be followed and safeguards to ensure people living with a mental disorder receive care and treatment in the least restrictive manner and environment.

The Regulations provide information for implementing the Act and include the prescribed forms under the Act. The Regulations are consistent with the Act and within the regulating power described in the Act.

Relationships: The Act and Regulations

The Act and Regulations together form the law. The *Mental Health Act* includes six Regulations:

- *Mental Health General Regulations*
- *Mental Health Forms Regulations*
- *Apprehension, Conveyance and Transfer Regulations*
- *Designation of Facilities Regulations*
- *Assisted Community Treatment Regulations*
- *Mental Health Act Review Board Regulations*

Who does the *Mental Health Act* apply to?

The *Mental Health Act* applies to people with a **mental disorder** including:

- **Voluntary Patients:** A voluntary patient can be admitted to a designated facility if the medical practitioner, after examination, believes the person would benefit from in-patient admission and treatment. The person must consent to the admission and can leave at any time unless *Form 2 - Certificate of Involuntary Assessment* is issued.

  (See MHA, s.3.(1), Requirements for voluntary admission; s.3.(2), Consent to admission; s.5.(1), Voluntary patient detained for examination.)

- **Involuntary Patients:** Patients who are unwilling or unable to accept voluntary treatment may be admitted to a designated facility if a health professional has issued *Form 2 - Certificate of Involuntary Assessment* and a medical practitioner, after examination, has issued *Form 3 - Certificate of Involuntary Admission.*

  (See MHA, s.7.(1), Involuntary admission requirements.)

To be admitted and detained in a hospital involuntarily, a person must meet **all three** of the following conditions:

1. **Mental Disorder**

   The person must have a mental disorder or must be apparently suffering from a mental disorder.

   The disorder must be “substantial” and the impairment must be “gross”. Both mean “large”. A small change in thought, mood, or behaviour is not enough to allow a person to be detained against their will.

2. **Risk of Harm or Deterioration**

   The person must be in a condition that presents a serious danger to themselves or to others or is likely to do so. They may also be at risk of suffering substantial mental or physical deterioration, or physical impairment. Examples of such situations include suicide attempts or ideations, self-destructive behaviour, or violence towards others.

3. **No Alternative**

   The person must be unsuitable for admission in any other way. This is generally understood to mean that they refuse to be admitted voluntarily or are unable to consent to voluntary admission.

Children and Youth

The *Mental Health Act* applies to children and youth in the same way as adults. If a medical practitioner has determined that a minor is able to understand the nature, risks, and consequences of their decisions, that minor can consent to medical treatment. There is no age limit as to when a minor can be considered a mature minor.

For the purposes of the Act, a parent or legal guardian cannot make treatment decisions on the minor’s behalf unless they have been designated as the minor’s substitute decision maker. If a mature minor is making their own treatment decisions, the parent or legal guardian does not receive copies of the forms or any information about the minor’s treatment unless the minor consents to that information being shared. *Form 6 -Designation of Person to Receive Information* would be completed in this situation.

Principles of the *Mental Health Act*

The Act contains a set of Principles which are designed to provide guidance to all persons involved in the administration of the Act. The Principles help direct decision-making and actions in relation to care, support and treatment provided under the Act.

The following summary of the Principles apply to the administration of this Act.

- There are to be no delays in making and carrying out decisions that affect a person living with a mental disorder.
- There is respect for the person’s culture, language, and spiritual or religious beliefs.
- Health professionals will consider the safety of the person living with a mental health disorder and others.
- The least intrusive approaches to treatment are used when actions are taken, or decisions are made.

- The importance of a person's relationship with their family and community, including their involvement in the person's care will be considered when planning care and treatment.
- People living with a mental disorder will make their own decisions, to the extent they can.
- The person's privacy is respected.

(See MHA s.2.1.(2), Principles.)

Health professionals who give care and treatment to a person living with a mental disorder should listen to:

- The person's view about their care and treatment, and
- What worked for them in the past.

They must make sure that:

- The person is treated with respect and care.
- If a person is held for treatment, it is for the shortest time needed.
- The person will receive care if they need it.

Patient Rights

Any person subject to the Act is afforded some basic rights which they must be informed of and which health professionals must respect and promote. The protection of patient rights is consistent with treating the person respectfully. In respect of patient rights, the Act states that:

- People must be informed of their rights **as soon as they are detained involuntarily**.
- Rights must be presented to the patient and/or their substitute decision maker in written form and verbally, in a language and manner they can understand.
- Patient rights must be posted in the designated facilities where patients can see them.

(See MHA s.78., Posting of rights.)

People or patients are provided with information about their rights at the following times:

- When *Form 2 - Certificate of Involuntary Assessment* is issued
- When *Form 3 - Certificate of involuntary Admission* is issued
- When *Form 4 - Renewal Certificate* is issued
- After issuing *Form 13 - Cancellation of Treatment Decision Certificate*
- Ongoing, if the health professional is unsure if the person understands their rights

Any person detained under the Act has the right to:

- Know why they are detained
- Submit an application to the Mental Health Act Review Board to request cancellation of a certificate
- Consult with and receive legal counsel from a lawyer, in private

All patients under the Act also have the right to:

- Know why they are in hospital as an involuntary patient
- Identify a person to be notified of their involuntary admission
- Contact their substitute decision maker*
- Have visitors during visiting hours*
- Use the telephone*
- Not to be deprived of any right or privilege enjoyed by others*
- Consent to or refuse treatment, unless a substitute decision maker has been appointed
- A second medical opinion, if they object to being discharged.

It is important to note, that some rights (highlighted by an *) may be limited if the medical practitioner believes, based on information (either directly observed or provided by the patient or others) that there is a risk of harm to the physical, emotional or mental health of the patient or another person.

If a patient's rights are limited, the attending medical practitioner must provide the patient and the substitute decision maker (if applicable), verbally and in writing:

- An explanation of the limitation(s)
- Reasons for the limitation(s)
- Length of time for the limitation(s)
- The right to apply to the Review Board.

(See Mental Health General Regulations s.7.(1) and 7.(2).)

Health professionals are obligated, under the Act, with respect to the rights of the person/patient, to:

- Allow the person/patient to communicate with a family member if there is a delay in getting them to the designated facility.
- Allow the person/patient to identify a person they would like to be made aware of their admission.
- Assess and examine the patient regularly to ensure they still meet the criteria as an involuntary patient under the Act.

- Provide patients with a second medical opinion, if they do not wish to be discharged.

Patients, substitute decision makers, and other person(s) listed in the regulations must be provided with the following information about the Review Board:

- What it does
- Their right to apply
- The name and address of the chairperson where an application can be filed
- How to make an application
- Their right to legal counsel.

(See MHA s.59., Information on application to Review Board.)

A patient who is unable to complete an application to the Mental Health Act Review Board has a right to assistance in completing the application. Assistance may be provided by the office of the Review Board, a health professional or another person the patient chooses.

(See Mental Health Act Review Board Regulations s.8.(2), Applications for Review.)

Designated Facilities

The Minister of Health and Social Services, Government of the Northwest Territories has the authority to designate NWT facilities to provide examination, care and treatment for involuntary patients under the *Mental Health Act*.

Four facilities in the NWT have been named "designated facilities" under the *Designation of Facilities Regulations*:

- Fort Smith Health and Social Services Centre
- Hay River Health Centre
- Inuvik Regional Hospital
- Stanton Territorial Hospital

These designated facilities have the resources to properly examine, care for and treat people with a mental disorder. Stanton Territorial Hospital is the only facility with an inpatient psychiatric unit and full-time psychiatrists on staff.

An involuntary patient will be admitted to one of the four designated facilities, unless it is felt the person requires care the designated facility cannot provide. Arrangements can then be made to have the person transferred outside of the NWT for care and treatment.

Patient Rights Card

Your doctor or health professional must:

- Provide you with information in a manner and language you understand.
- Allow you to communicate with a family member if there is a delay in getting you to the hospital.
- Allow you to identify a person you would like to be notified of your admission to the hospital.
- Examine you regularly to see if you still need to be held involuntarily under the *Mental Health Act*.
- Provide you with a second medical opinion, if you do not wish to be discharged from hospital.

Government of
Northwest Territories

The Northwest Territories *Mental Health Act*

Patients under the *Mental Health Act* have the right to:

- Know why you are in hospital as an involuntary patient.
- Apply to the Mental Health Act Review Board if you feel you should not be held under the *Mental Health Act*, or disagree with decisions about your care.

Mental Health Act Review Board
5015-49th St., NGB-6th Floor
Box 1320
Yellowknife NT X1A 2L9
Phone: 867-767-9061, ext. 49177
Fax : 867-873-0143
Email: MHAct_ReviewBoard@gov.nt.ca
www.nwtmhareviewboard.ca

- Identify a person to be notified when you are admitted to hospital.*
- Contact a lawyer and talk to them in private.*
- Be informed and ask questions about your care and treatment.
- Consent to or refuse treatment.**
- Talk to your Substitute Decision Maker, if you have one.*
- Have visitors during visiting hours.*

- Make or receive phone calls.*
- Write, send, and receive mail.*
- Not be deprived of any right or privilege enjoyed by others.*

* These rights may be limited if there is a risk of harm to you or another person.

** Unless you have been appointed a substitute decision maker.

If you would like this information in another official language, contact us at 1-855-846-9601

Si vous voulez ces renseignements dans une autre langue officielle, communiquez avec nous au 1-855-846-9601

Directors of Designated Facilities: Roles and Responsibilities

Each designated facility has a director. The director of a designated facility is defined in the Act as, *"the person employed in the facility who is in charge of the administration and management of the facility."*

Directors are ultimately responsible for the administration of the Act and compliance with the legislation and regulations. The director is responsible for ensuring each patient is provided with professional service, care and treatment appropriate to the patient's condition.

Directors have a variety of responsibilities related to the Act. Some of the responsibilities are theirs alone, others are shared and some can be delegated. For a comprehensive list of responsibilities, refer to Appendix 1: Director's Responsibilities.

Directors must notify the Review Board of involuntary patients that have been admitted for six months, without prior review by the Review Board.

(See MHA s.66.(2)(e), Applicant.)

If a director is on leave, the person acting on behalf of the director will assume the responsibilities of the director.

Health Professionals: Roles and Responsibilities

An initial examination can be completed by a health professional as defined in the Act (medical practitioner, nurse practitioner, psychologist or registered nurse allowed to practice in the NWT).

Following an exam, a health professional can issue *Form 2 - Certificate of Involuntary Assessment*, requiring a person to be brought to a designated facility for an involuntary psychiatric assessment.

At the designated facility, a medical practitioner will complete an assessment to determine if *Form 3 - Certificate of Involuntary Admission* is to be issued. *Form 3 - Certificate of Involuntary Admission* may not be issued by the same medical practitioner who issued *Form 2 -Certificate of Involuntary Assessment*.

Health professionals also have the following responsibilities:

- Clinical functions relating to the admission, treatment, support, care, discharge and community treatment of patients admitted under the Act
- Supporting involuntary patients under assisted community treatment
- Providing information to other clinicians and family members
- Reporting to review panels

For additional information about health professional responsibilities, refer to **Appendix 2: Forms Under the *Mental Health Act* and the *Mental Health Act Regulations*.**

Peace Officers: Roles and Responsibilities

A peace officer is defined in the Act as a member of the RCMP or a prescribed person or class of persons.

(See MHA s.1.(1), Definitions.)

Peace officers are responsible for the apprehension and/or conveyance of persons under the Act, and detention and control of persons for those purposes.

A peace officer has several roles identified within the Act. A peace officer:

- Has the authority to apprehend a person with an apparent mental disorder and transport them to a health facility for an examination, if they have reasonable grounds to believe the person is suffering from a mental disorder and there is concern for their safety or the safety of others.

  (See MHA s.12.(1), Apprehension by peace officer; s.14.(3)(a), Authorized acts.)

- Will assist in the apprehension and conveyance of a person under *Form 2 - Certificate of Involuntary Assessment* to a designated facility.

  (See MHA s.10.(3)(a), Authorized acts.)

- May be asked to apprehend and convey a person under an order for examination issued by a justice (justice of the peace or territorial judge).

  (See MHA s.11.(7)(a), Authorized acts.)

- May convey a person who is being transferred to another facility within the NWT.

  (See MHA s.23.(5), Authority to convey.)

- May convey a person from a designated facility inside of the NWT to a psychiatric facility or hospital outside of the NWT.

  (See MHA s.24.(4), Authority to convey patient.)

- May apprehend and convey a person from a health facility outside of the NWT to a designated facility within the NWT.

  (See MHA s.25.(2)(a), Authorized acts.)

- May apprehend and convey a patient who is subject to *Form 22 - Assisted Community Treatment Certificate* to a designated facility to determine whether the certificate should be cancelled.

  (See MHA s. 47.(2)(a) and s.51.(7)(a), Authorized acts.)

- Has the authority to apprehend an involuntary patient who is subject to F*orm 22 - Assisted Community Treatment Certificate* and convey them to a health facility for assessment, if they have reasonable grounds to

believe the patient is suffering from a mental disorder, is at risk of deterioration, or is likely to cause or has recently caused harm to themselves or others.

(See MHA s.52,(1), Apprehension by peace officer.)

- May apprehend and convey an involuntary patient who is absent without authorization from a designated facility.

  (See MHA s.53.(1), Unauthorized absence statement; s.53.(2), Authorized acts.)

Peace Officer Duties on Apprehension and/or Conveyance

Peace officers must take reasonable measures, including when entering premises and using physical restraint, to apprehend and convey a patient. They must promptly inform the person of the reasons why they are being apprehended.

Peace officers are required to inform the person of their rights to instruct legal counsel without delay and must try to facilitate the person's access to counsel.

They must then convey the person to the designated facility as soon as possible, using the least intrusive means possible, without risking the safety of the person or the public.

The peace officer must stay with the person or arrange for another peace officer to stay with the person until a facility or other authorized person accepts custody of the person.

(See MHA s.90., Duties on apprehension; Apprehension, Conveyance and Transfer Regulations s.(5), Conveyance of Person.)

Other Authorized Persons

The *Mental Health Act* allows for other authorized persons to also **convey** a person. **Other authorized person** is a person engaged in providing medevac services, including a person engaged in practice of the emergency medical services provider profession.

(See Apprehension, Conveyance and Transfer Regulations s.2.(1) and (2), Apprehension and conveyance.)

A medical practitioner or health professional (if a medical practitioner is unavailable) will determine whether the conveyance of a person is to be done by a peace officer or other authorized person based on the assessment of the person's condition, the risk of harm posed by the person to themselves or to any other person, and any other factor considered appropriate for this situation.

(See Apprehension, Conveyance and Transfer Regulations s.2.(3), Apprehension and conveyance.)

An other authorized person can only convey a person; they are not allowed, under the Act, to apprehend a person. Only a peace officer is authorized to apprehend a person.

Forms

The prescribed forms associated with the Act and the Regulations are legal documents. It is important that they are filled out completely and accurately. If information is inaccurate or missing, a correction by the person authorized to fill out the form can be made on the form, then initialed and dated by the person who is making the change. This is just like correcting a chart note. Copies of the corrected or changed form need to be redistributed to the same people identified on the form, to ensure they are referencing a complete and accurate form. Refer to Appendix 3: Tips to Filling out t*he Mental Health Act* Forms for additional information.

The director of the designated facility is responsible for ensuring that the forms are valid.

Chapter 1: Summary of Key Concepts

1. **Purposes** of the *Mental Health Act*
    - The *Mental Health Act* is a law that guides short-term assessment, care and treatment of people living with a mental disorder
    - The Act upholds the rights of people living with a mental health disorder
    - The Act balances the rights of the person living with a mental disorder with their need for care and treatment
2. The Act must be administered and interpreted in accordance with the following **principles**:
    - There are no delays in making or carrying out decisions affecting a person who is subject to this Act
    - Decisions affecting a person who is subject to this Act should respect the person's culture, language, and spiritual or religious beliefs
    - Health professionals will consider the safety of the person living with a mental health disorder and others. The least intrusive approaches to treatment are provided.
    - The importance of family and community involvement in the care and treatment of the person who is subject to this Act should be recognized to ensure they receive the best care and treatment possible
    - A person who is subject to this Act will make their own decisions to the extent they can
    - Individual privacy will be respected
3. The Act applies to voluntary and involuntary patients, including children and youth.
4. Individuals must be informed of their rights **as soon as they are detained involuntarily**.
5. Rights must be presented to the patient and/or their substitute decision maker in written form and verbally, in a language and manner they can understand.
6. If the patient's rights are limited, the attending medical practitioner must provide the patient and the substitute decision maker (if applicable), verbally and in writing:
    - An explanation of the limitation(s)
    - Reasons for the limitation(s)
    - Length of time for the limitation(s)
    - And the right to apply to the Review Board
7. **Designated facilities** in the Northwest Territories that can provide examination, care and treatment for individuals under the Act include:
    - Fort Smith Health and Social Services Centre
    - Hay River Health Centre
    - Inuvik Regional Hospital
    - Stanton Territorial Hospital
8. **Directors** are closely involved in the administration of the Act, ultimately responsible for its administration and compliance, and have several duties specified in the Act.
9. **Health Professionals** can complete an initial examination and issue *Form 2 - Certificate of Involuntary Assessment,* requiring a person to be brought to a designated facility for an involuntary assessment.
10. **Peace officers** are responsible for the apprehension and conveyance of persons under the Act, and detention and control of persons for those purposes.
11. **Other authorized person's** (medevac providers) can be asked under the Act, if appropriate, to convey a person at specific times.
12. The prescribed forms associated with the Act and the Regulations are legal documents. If a form is corrected or changed, then it must be redistributed to all the same people identified on the form.

Chapter 2

Examination and Assessment

Key Concepts

This chapter covers the following key concepts:

1. Admitting a Voluntary Patient
2. Holding a Voluntary Patient
3. Involuntary Examination
4. *Form 2 - Certificate of Involuntary Assessment*
5. Apprehension, Conveyance and Detention
6. Expiry of *Form 2 - Certificate of Involuntary Assessmen*t

Admitting a Voluntary Patient

Designated facilities may admit patients who are asking for mental health assessment and voluntarily accept admission, psychiatric care and treatment. The person recognizes the need for help and is willing to accept it. The treatment team assesses safety issues and the availability of support, as well as the person's ability to understand and carry out treatment suggestions.

Voluntary patients may be admitted directly or be previous involuntary patients who have had their *Form 3 - Certificate of Involuntary Admission* cancelled, and who agree to stay in hospital for continuing care and treatment.

Once admitted, the medical practitioner will ask the patient if anyone should be notified of their admission.

(See MHA s.3.1.(1), Question about notification.)

A voluntary patient may leave the facility when and if they want unless a member of the treatment staff believes that it is not safe for them to do so.

(See MHA s.4, Discharge of voluntary patient.)

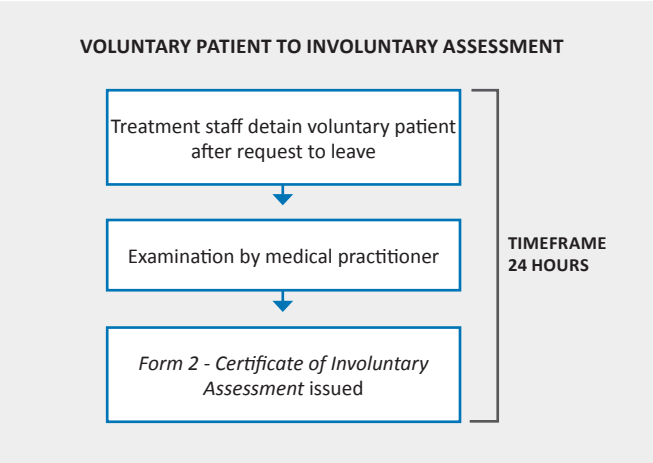
Refer to Appendix 4,
Flow Chart 1: Voluntary Admission for a summary of the voluntary patient admission process.

Holding a Voluntary Patient

If a voluntary patient declines treatment and wants to leave the facility, but a member of the treatment staff believes the person is suffering from a mental disorder and is at risk of harm to themselves or others or is likely to seriously deteriorate if they leave the facility, they may hold the patient for **24 hours**.

A medical practitioner must examine the patient during that time to determine whether *Form 2 - Certificate of Involuntary Assessment* should be issued.

(See MHA 5.(1), Voluntary patient detained for examination; 5.(2), Examination within 24 hours.)



The medical practitioner who issues the certificate must inform the person of their rights under the Act. *Form 1 - Notification of Patient Rights and Other Information* is completed and reviewed with the person as soon as possible. The rights must be provided in a manner the patient understands, which may involve an interpreter.

Refer to Appendix 5,
Flow Chart 2: Voluntary Patient Changes to an Involuntary Patient for a summary of the steps to be followed when assessing a voluntary patient for involuntary admission.

Involuntary Examination

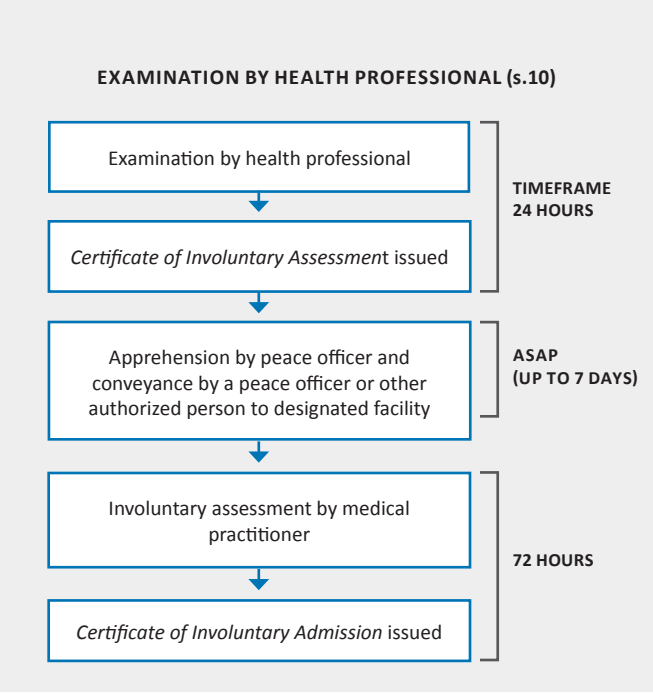
An initial examination must be performed to determine if a person requires an involuntary psychiatric assessment under the *Mental Health Act*.

There are three ways that a person may be brought for examination to determine whether they meet the criteria to be admitted as an involuntary patient. Determining which method is appropriate depends on the situation (such as urgency or availability of assistance).

1. Health Professional

The person presents at a health facility, and a health professional examines the person and issues *Form 2 - Certificate of Involuntary Assessment.* This is the preferred method.

(See MHA s.10.(1), Certificate of involuntary assessment.)

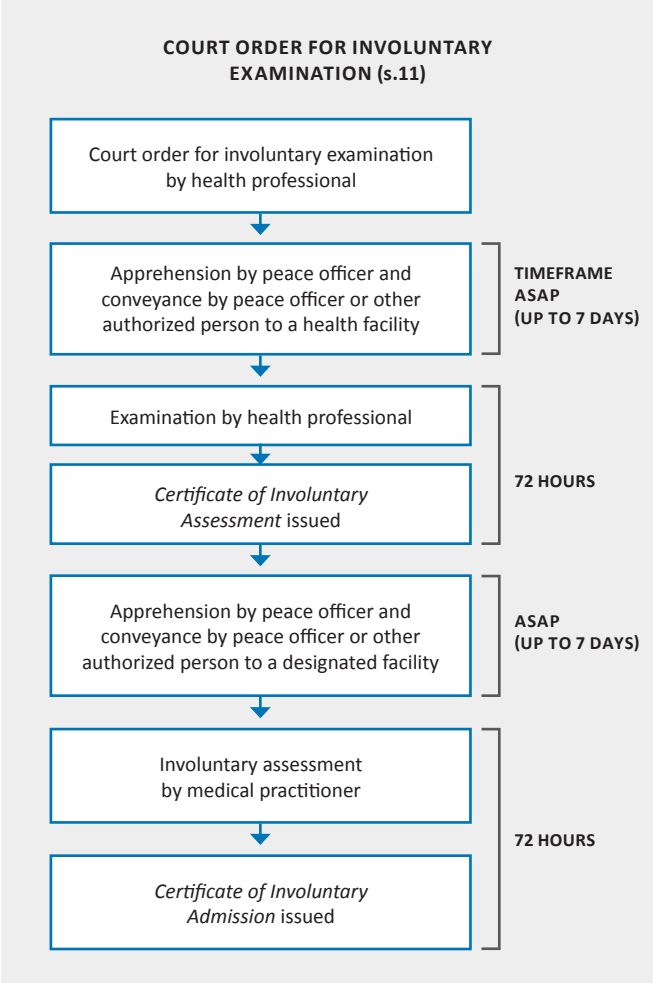


- The health professional determines whether the person meets the criteria necessary for issuing *Form 2 -Certificate of Involuntary Assessment* under the Act (please refer to the next section for involuntary assessment criteria)
- The completion of this certificate provides the legal authority for the individual to be apprehended by a peace officer (if necessary), and conveyed by a peace officer or other authorized person to a designated facility if they are not already at one.
- The certificate expires if the person has not been taken to a designated facility **within seven days** of the certificate being issued. If this happens, the person must be released. Once at the designated facility, or if the person is already at the designated facility once the certificate has been issued, the certificate is valid for 72 hours. The person must be released if *Form 3 - Certificate of Involuntary Admission* is not issued within that time.

2. Court Order

Any person who believes another person is suffering from a mental disorder and is aware that person is refusing to seek help may apply to the court (a justice of the peace or territorial judge) for an order to have that person examined by a health professional.

(See MHA s.11.(2), Application for order; s.11.(3), Grounds.)



Help can be accessed through the court by families, caregivers, healthcare workers and peace officers. This may be an option, for instance, when a person stops taking their prescribed medication, appears unable to care for themselves or is having a recurrence of severe symptoms yet refuses to see a health professional.

In these instances,

- The individual bringing the information to the justice must believe the person is
  - Suffering from a mental disorder, and
    - Likely to cause harm to themselves or another person, or
    - Suffering substantial mental or physical deterioration or serious physical impairment, or
    - Has recently caused serious harm to themselves or another person, or has threatened to do so
  - Unwilling or lacks the capacity to consent to a voluntary examination by a health professional.
- The person bringing information to the court must describe the incident(s) and behaviour(s) of the person that are causing concern. The person should expect to answer questions and discuss with the court information related to the individual's mental disorder, diagnosis (if there is one) and current care, medications and treatment.
- If the court is convinced that the person is a danger and there is no other way to arrange an examination otherwise, the justice of the peace or judge can issue an order that the person be examined involuntarily by a health professional. This order authorizes apprehension by a peace officer and conveyance by a peace officer or other authorized person.

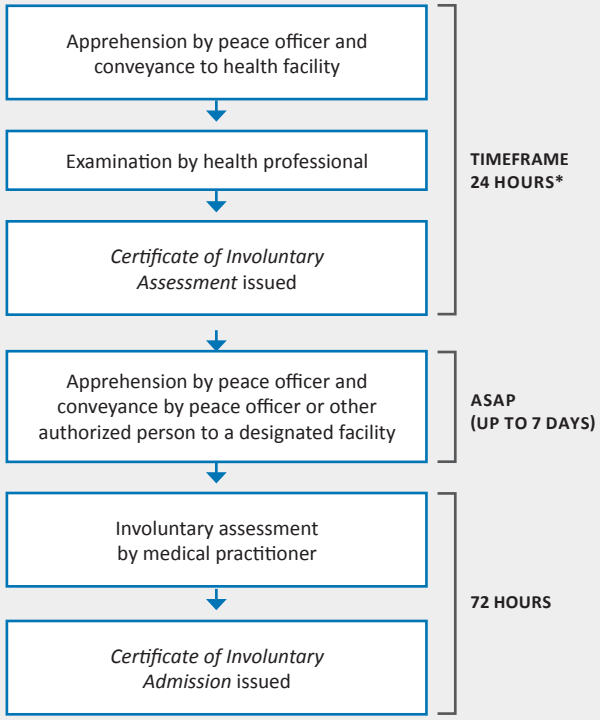
(See MHA s.11.(6), Order; s.11.(7), Authorized acts.)

3. Peace Officer

A peace officer may apprehend a person and bring them to a health facility for examination. There is no form for them to complete, but they do need to provide the health professional with their observations and information (reasonable grounds) as to why they believe the person requires an examination by a health professional.

(See MHA s.12.(1), Apprehension by peace officer.)

APPREHENSION BY PEACE OFFICER FOR INVOLUNTARY EXAMINATION (s.12)



*Regulations provide up to an additional 72 hours when it is not possible to convey within 24 hours.

Peace officers become involved when they observe behaviours that are of concern, when they receive requests for assistance from family or healthcare workers, or complaints from a member of the community. They intervene under the Act when they are satisfied that:

- The person is suffering from a mental disorder, and
  - Likely to cause harm to themselves or another person, or
  - At risk of suffering substantial mental or physical deterioration or serious physical impairment, or
  - Has recently caused serious harm to themselves or another person, or has threatened to do so, and
- The person is unwilling or lacks the capacity to consent to a voluntary examination by a health professional, and
- A delay in apprehension of an individual by first bringing information under oath before a court is dangerous.

The peace officer may then apprehend the person and, while conveying them for examination, detain and control the person.

Form 2 - Certificate of Involuntary Assessment

The initial examination may occur in the community (e.g., health centre) where the health professional determines whether the person meets the criteria necessary for issuing a *Form 2 - Certificate of Involuntary Assessment*. The completion of this form allows time and provides the legal authority for the individual to be brought to a designated facility for further examination.

Form 2 - Certificate of Involuntary Assessment must be issued **within 24 hours** of examining the person.

(See MHA s.10(2), Timing.)

To issue *Form 2 - Certificate of Involuntary Assessment,* the examining health professional must believe that the person is:

- Suffering from a mental disorder,
- Likely to cause harm to themselves or others, or to suffer substantial mental or physical deterioration or serious physical impairment, or has recently caused, threatened or attempted serious harm to themselves or to another person, and
- In need of an involuntary psychiatric assessment to determine if they should be admitted to a designated facility as an involuntary patient.

All three criteria must be met.

The health professional must make a statement on the certificate regarding specific observations of the person and outline the facts that informed the opinion to issue the certificate.

On issuing Form 2, the health professional must advise the person being detained that they are being held under the Act, for how long, and review with them *Form 1 - Notification of Patient Rights and Other Information*.

(See MHA s.8.(1), Information on detention under certificate.)

Refer to Appendix 6, Flow Chart 3: Involuntary Assessment and Admission for a summary of this process.

Apprehension, Conveyance and Detention

Form 2 - Certificate of Involuntary Assessment authorizes the apprehension of the person by a peace officer and the conveyance of the person to a designated facility by a peace officer or other authorized person. The person must arrive at a designated facility as soon as possible, but **within seven days**.

(See MHA s.10.(3)(a), Authorized acts.)

Apprehension, conveyance and detention are terms used in the Act to describe the process of seeking out and taking a person to a designated facility where they are detained for the time allowed under the Act for a health professional to conduct an examination or assessment.

In the event of a delay (e.g., poor weather conditions), the person responsible for the care and control of the person under the *Form 2 - Certificate of Involuntary Assessment* will provide supervision at all times. The detention will take place at either a health facility, RCMP detachment or another location, provided there are sufficient facilities and staff to ensure the safety of the person and the community.

(See Apprehension, Conveyance and Transfer Regulations s.7., Conveyance of Person.)

The person responsible for the care and control of that person will also contact the director of the designated facility or other location, and provide:

- The reason for the delay
- The location of temporary detention
- The expected date and time of departure
- The expected date and time of arrival at the designated facility

They must also provide the person with the opportunity to contact a family member, health professional or other person.

(See Apprehension, Conveyance and Transfer Regulations s.8., Conveyance of Person.)

The peace officer or other authorized person may require a completed *Form 10 - Summary Statement Respecting Apprehension or Conveyance*. Form 10 contains information regarding the authority under which a person can be apprehended and conveyed to a facility. The duration of the authority is identified on this form. Previous history of violence and/or escape is also included. The person's health information is not included on the form (e.g., no health care card number), but information about the patient, such as their physical description or distinguishing features (e.g., tattoos or scars) are included. This form must stay with the person being apprehended and/or conveyed and is given to the person who accepts custody of the person.

(See Authorization, Conveyance and Transfer Regulations 2.(1), 3.(1) and 3.(2), Apprehension and Conveyance.)

Expiry of Form 2 - Certificate of Involuntary Assessment

A *Form 2 - Certificate of Involuntary Assessment* allows for the person to be cared for, observed, examined, assessed, and treated for **up to 72 hours** after the person arrives at a designated facility, or if the person was already at the facility, **up to 72 hours** after the certificate is issued.

(See MHA s.10.(3)(b), Authorized acts.)

Chapter 2: Summary of Key Concepts

1. A **voluntary patient** is a person who agrees to receive care and treatment in a designated facility. The person does not have to meet the "mental disorder" definition found in the Act, but the medical practitioner must assess their mental condition and believe the person would benefit from inpatient treatment. The person may leave the facility when they want, provided there are no concerns about their mental health and their safety and/or safety of others.
2. If treatment staff believe a voluntary patient is suffering from a mental disorder and is at risk of harm to themselves or others or of serious deterioration, they may **hold the patient for 24 hours**. This gives the healthcare team time to evaluate whether the patient meets the requirements for involuntary assessment.
3. There are three ways that a person may be brought for examination to determine whether they meet the criteria to be admitted as an involuntary patient. Determining which method is appropriate depends on the situation (such as urgency or availability of assistance).
    a. A health professional examines the person and issues *Form 2 -Certificate of Involuntary Assessment*. This is the preferred method.
    b. Any person who believes another person is suffering from a mental disorder and is aware that person is refusing to seek help, may apply to the court for an order to have that person examined
    c. A peace officer may apprehend a person and bring them to a health facility for examination. There is no form for them to complete but they do need to provide the health professional with their observations and information (reasonable grounds) as to why they feel the person requires examination by a health professional.
4. *Form 2 - Certificate of Involuntary Assessment* must be issued **within 24 hours** of the examination of the person.
5. To complete *Form 2 - Certificate of Involuntary Assessment,* the examining health professional must believe that the person meets all three criteria outlined in the Act.
6. A person held under the Act must be advised by the health professional that they are being held under the Act, for how long, and must be provided their rights as described in the Act.
7. *Form 2 - Certificate of Involuntary Assessment* allows for the apprehension by a peace officer and conveyance of the person to a designated facility by a peace officer or other authorized person. The person must arrive at a designated facility as soon as possible, but within **seven days**.
8. In the event of a delay (e.g., poor weather conditions) to the designated facility, the person responsible for the care and control of the person under *Form 2 - Certificate of Involuntary Assessment* will provide supervision at all times. The detention will take place at either a health facility, RCMP detachment or another location, provided there are sufficient facilities and staff to ensure the safety of the person and the community.
9. Form 2 expires **72 hours** after arrival at the designated facility or after the form is issued if the person is already at the designated facility.

Chapter 3

Involuntary Admission, Renewal, Cancellation and Transfers

Key Concepts

This chapter covers the following key concepts:

1. Involuntary Admission
2. Renewal Certificate
3. Cancellation of Involuntary Admission
4. Transfer of Patients

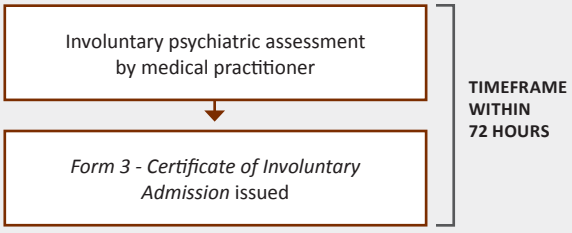
Involuntary Admission

The *Mental Health Act* permits involuntary detention and admission to a designated facility for examination and treatment against an individual's will.

A medical practitioner is the only person who can decide to admit a person as an involuntary patient.

If a person is brought to a designated facility under *Form 2 - Certificate of Involuntary Assessment*, the medical practitioner, after conducting an assessment and within 72 hours, can issue *Form 3 -Certificate of Involuntary Admission*.

INVOLUNTARY ASSESSMENT TO INVOLUNTARY ADMISSION



Process

The following describes the processes that are to be followed to assess a person for involuntary admission:

- The psychiatric assessment of the person must take place in person at a designated facility.
- The medical practitioner completing the psychiatric assessment must be certain the person meets the criteria for *Form 3 - Certificate of Involuntary Admission* prior to completing the certificate. The medical practitioner must believe the person is:
  - Suffering from a mental disorder, and
  - Likely to cause harm to themselves or others or to suffer substantial mental or physical deterioration or serious physical impairment if not admitted, and
  - Unsuitable for admission other than as an involuntary patient.
- If the patient meets the criteria for an involuntary admission, the medical practitioner issues *Form 3 - Certificate of Involuntary Admission*.
- The medical practitioner conducting the assessment and issuing the certificate must not be the same medical practitioner who issued *Form 2 - Certificate of Involuntary Assessment*.

(See MHA s.13.(2), Requirement.)

Upon issuance of F*orm 3 - Certificate of Involuntary Admission*, the patient must be informed of their rights (via *Form 1 - Notification of Patient Rights and Other Information*) both verbally and in writing, using clear and culturally appropriate language.

Refer to Appendix 6, Flow Chart 3: Involuntary Assessment and Admission for a summary of the steps to be followed when assessing a person for involuntary admission.

Once Form 3 is completed, it authorizes:

- Conveyance by a peace officer or other authorized person to the designated facility where the person is to be admitted (*if this is different from the facility where they are currently detained*) as soon as possible, but **within seven days**.
- Care for and observation, examination, assessment and treatment of the patient for **up to 30 days** after the certificate is issued.
- Detention and control of the patient for conveyance and/or care and treatment.

(See MHA s.14.(3), Authorized acts.)

Delays due to unusual circumstances may prevent immediate conveyance if the patient is not located at the designated facility. Where it is not possible to immediately convey the patient to the designated facility, the patient may be detained for **up to 72 hours** pending conveyance.

(See MHA s.15.(2), Delay in conveying person.)

The director of the designated facility must ensure the Minister's designate (the Director of Mental Health) receives a copy of Form 3.

(See MHA s. 56.(1), Certificates to Minister's delegate.)

Renewal Certificate

Within **72 hours** of *Form 3 - Certificate of Involuntary Admission* or *Form 4 - Renewal Certificate* expiring, the attending medical practitioner must assess the patient to determine if the involuntary admission criteria continue to be met. If the attending medical practitioner determines that the involuntary admission criteria continue to be met, they must issue F*orm 4 -Renewal Certificate*.

There is no limit on the number of *Form 4 - Renewal Certificate* that can be issued.

- First Renewal Certificate lasts for up to **30 days**
- Second Renewal Certificate lasts for up to **60 days**
- Third and subsequent *Renewal Certificate* lasts for up to **90 days**

Although the attending medical practitioner must assess the patient on an ongoing basis, reducing the frequency of issuing *Form 4 - Renewal Certificate* significantly reduces the amount of paperwork required for long-term patients.

The director of the designated facility must ensure the Minister's designate (the Director of Mental Health) receives a copy of Form 4.

(See MHA s. 56.(1), Certificates to Minister's delegate.)

Cancellation of Involuntary Admission

While a patient is at a designated facility they must be regularly assessed to determine if they still meet the involuntary admission criteria. At any point when the patient no longer meets the involuntary admission criteria, *Form 3 - Certificate of Involuntary Admission* or *Form 4 - Renewal Certificate* must be cancelled by the attending medical practitioner by issuing *Form 5 - Cancellation of Certificate of Involuntary Admission or Renewal Certificate*.

There is a requirement for reasonable ongoing assessment of the patient, while in the designated facility and while released under *Form 22 - Assisted Community Treatment Certificate*.

Assessments occur at various times to review how the patient is doing.

- The attending medical practitioner can perform an assessment at any time and determine that the certificate can be cancelled.
- The patient must receive an assessment to determine if they continue to meet the criteria for involuntary admission **within 72** hours of the expiration of *Form 3 - Certificate of Involuntary Admission* or *Form 4 - Renewal Certificate*.
- The patient must receive an assessment to determine if they still meet the criteria for involuntary admission within **72 hours** before the expiration of *Form 22 - Assisted Community Treatment Certificate*.

(See MHA s.20.(1), Requirement for assessment; s.20.(2), Cancellation of certificate.)

After assessing the patient, the attending medical practitioner has two choices:

1. *Issue Form 5 - Cancellation of Certificate of Involuntary Admission or Renewal Certificate* , or
2. If the patient's involuntary admission status is set to expire and the criteria for involuntary admission continue to be met, issue *Form 4 - Renewal Certificate* to renew the patient's involuntary admission status.

(See MHA s.17.(2), Cancellation or renewal of certificate.)

A patient is no longer an involuntary patient when:

- They no longer meet all the criteria for involuntary admission and the medical practitioner issues Form 5, or
- The review panel reviews their case and cancels the admission or renewal certificates (refer to **Chapter 6: NWT Mental Health Act Review Board**), or
- Their admission or renewal certificate expires. This means they are not renewed in the time allowed under the Act and as such, are no longer valid.

If Form 3 or Form 4 is no longer valid (i.e. is cancelled or has expired), the patient cannot be kept as an involuntary patient and is free to leave. The designated facility must discharge (release) the patient unless the patient wishes to stay as a voluntary patient.

It is important to note that when Form 5 is issued, and the person becomes a voluntary patient or is released from the designated facility, any *Form 11 - Treatment Decision Certificate* and corresponding F*orm 12 - Designation of Substitute Decision Maker, Form 16 - Short Term Leave Certificate* and/or *Form 22 - Assisted Community Treatment Certificate* will be automatically cancelled.

(See MHA s.38.(7), Expiration on change of patient's status.)

If *Form 14 - Certificate of Mental Incompetence* is in force, the director of the designated facility where the patient was admitted must notify the Public Trustee that the person is no longer an involuntary patient.

(See MHA s.82, Notice of change of status.)

It is important that a discharge plan be put in place to ensure success once the patient returns to their home. This can include notifying the health centre of the patient's community they are returning to, about their return and providing a discharge summary/plan to ensure follow up occurs.

The director of the designated facility must ensure that the Minister's designate (the Director of Mental Health) receives a copy of Form 5.

(See MHA s. 56.(1), Certificates to Minister's delegate.)

When a patient's involuntary admission is cancelled or expires, notice must be sent to the health centre/facility where the person is going to receive ongoing treatment and follow up.

Transfer of Patients

There are three types of patient transfers described in the Act:

1. Transfer within the NWT (to another facility)
2. Transfer to a facility outside of the NWT
3. Transfer from another jurisdiction into the NWT

Transfer Within the NWT

While most involuntary patients will require care and treatment at Stanton Territorial Hospital, there may be cases in which a different designated facility within the NWT has the capacity to care for and treat the patient. There may also be cases in which a designated facility determines that the patient's needs are too great, and another designated facility is better able to support and care for the patient (e.g. initial admission to Inuvik Regional Hospital, and transfer to Stanton Territorial Hospital is indicated). A patient may also be transferred to a health facility that is not a designated facility under the Act, if it is determined that it is in the patient's best interest. In this situation, the health facility to which the patient is transferred is deemed to be a designated facility for the purposes of administering the Act.

(See MHA s.23.(4)(b), Status of patient on transfer to health facility.)

The director of the designated facility may authorize transfer from one designated facility to another designated facility or health facility within the NWT. When this occurs, the director will complete *Form 7 - Authorization to Transfer Involuntary Patient to Facility Within the Northwest Territories*. This is done following consultation with the attending medical practitioner, other health care providers, and the patient and their substitute decision maker (if applicable). Consent by the patient and/or their substitute decision maker is not required.

(See MHA s.23.(1), Transfer within NWT.)

Form 7 authorizes conveyance, detention and control of the patient by a peace officer or other authorized person for the purposes of the transfer.

If the patient is under *Form 22 - Assisted Community Treatment Certificate*, *Form 25 - Assisted Community Treatment Certificate, Amendment* and *Form 26 – Community Treatment Plan, Amendment* are also to be completed.

Form 10 - Summary Statement Respecting Apprehension or Conveyance may be required by the peace officer or other authorized person responsible for conveyance.

Transfer Outside of the NWT

There are times when a patient's needs are better met in another jurisdiction. If this is determined to be the case, *Form 8 - Certificate Authorizing Transfer of Involuntary Patient to Facility Outside the Northwest Territories* is filled out, once arrangements for transfer have been made.

Form 8 authorizes the transfer of an involuntary patient from a designated facility in the NWT to a psychiatric facility or hospital outside the NWT. It authorizes the conveyance, detention and control of the patient by a peace officer or other authorized person for the purposes of transfer. The director of the designated facility completes the form after consultation with the parties involved.

Transfer to a facility outside of the NWT may occur because:

a. The patient has come into the NWT from elsewhere and hospitalization is the responsibility of the jurisdiction where the patient is to be transferred.

b. The transfer is in the best interests of the patient, based on:

   i. Information received about the patient from the healthcare providers, the patient and substitute decision maker (if applicable), and

   ii. If applicable, the wishes expressed by the patient, who is under *Form 11 - Treatment Decision Certificate*, when they were mentally competent to make treatment decisions.

c. The patient cannot be properly cared for, observed, examined, assessed, treated, detained or controlled in a facility in the NWT.

(See MHA s.24.(1), Transfer out of NWT.)

If a. or b. is the reason for transfer, the consent of the patient or substitute decision maker is required. Consent is <u>not</u> required if the transfer is due to the reason described in c.

Form 10 - Summary Statement Respecting Apprehension or Conveyance may be required by the peace officer or other authorized person responsible for conveyance.

The director of the designated facility must forward a copy of the Certificate to the Minister's designate (the Director of Mental Health).

Transfer from Another Jurisdiction into the NWT

There may be times when an NWT resident is a patient in another province, such as Alberta, and the NWT has the capacity to care for and treat that patient. The Act allows for the patient to be transferred to an NWT facility to receive mental health care and treatment.

A completed *Form 9 - Authorization to Transfer a Patient to a Designated Facility from a Health Facility Outside the Northwest Territories* authorizes the transfer of a patient from a health facility outside of the NWT to a designated facility in the NWT. It authorizes the apprehension of the patient by a peace officer and conveyance, detention and control of the patient by a peace officer or other authorized person for the purposes of the transfer.

The director of the receiving designated facility must be satisfied that:

a. The NWT is responsible for the patient's hospitalization, and

b. It would be in the best interests of the patient to be in a designated facility in the NWT.

(See MHA s.25.(1), Transfer into NWT.)

Form 10 - Summary Statement Respecting Apprehension or Conveyance may be required by the peace officer or other authorized person responsible for conveyance.

Please note that the person is not an involuntary patient under the *Mental Health Act* at the time of transfer back into the NWT. Once the patient is transferred to a designated facility in the NWT, a medical practitioner must examine the patient as soon as possible to determine whether *Form 2 - Certificate of Involuntary Assessment* should be issued. To admit the patient as an involuntary patient, the regular timelines and processes for involuntary assessment and admission apply.

(See MHA s. 25.(3), Examination.)

Chapter 3: Summary of Key Concepts

1. The *Mental Health Act* permits detention and admission to a designated facility for examination and treatment against an individual's will.
2. There are three conditions that must be met for a person to be detained against their will:
   - Have a mental disorder
   - There is a risk of harm to themselves or others, or risk of deterioration/impairment
   - They are unsuitable for voluntary admission
3. A medical practitioner is the only person who can decide to admit a person as an involuntary patient.
4. After examination and **within 72 hours** of the issuance of *Form 2 - Certificate of Involuntary Assessment* or arrival at the designated facility, the medical practitioner must decide if they are going to issue *Form 3 - Certificate of Involuntary Admission*.
5. The medical practitioner issuing a Form 3 cannot be the same medical practitioner (if applicable) who issued *Form 2 - Certificate of Involuntary Assessment*.
6. Once the Form 3 is completed, it authorizes:
   - Conveyance by a peace officer or other authorized person to the designated facility where the person is to be admitted (*if this is different from the designated facility where they are already located*)
   - Care for, observation, examination, assessment and treatment of the patient **for up to 30 days**
   - Detention and control of the patient for conveyance and/or care and treatment
7. Upon issuance of *Form 3 - Certificate of Involuntary Admission,* the patient must be informed of their rights both verbally and in writing, using clear and culturally appropriate language.
8. The director of the designated facility must ensure the Minister's designate receives a copy of Form 3, Form 4, Form 5 and Form 8.
9. There is no limit on the number of *Form 4 - Renewal Certificate* issued for the involuntary admission of a patient.
   - First *Renewal Certificate* lasts for up to **30 days**
   - Second *Renewal Certificate* lasts for up to **60 days**
   - Third and subsequent *Renewal Certificate* last for up to **90 days**
10. A patient is no longer an involuntary patient if:
    - They no longer meet the criteria for involuntary admission and the medical practitioner cancels the certificate, using F*orm 5 - Cancellation of Certificate of Involuntary Admission or Renewal Certificate,* or
    - A review panel reviews their case and cancels the admission or renewal certificates, or
    - Their admission or renewal certificate expires because they are not renewed in the time allowed under the Act.
11. There are three types of transfers allowed under the Act:
    - Transfer within the NWT (to another facility)
    - Transfer to a facility outside of the NWT
    - Transfer from another jurisdiction into the NWT

Chapter 4

Mental Competence and Treatment Decisions

Key Concepts

This chapter covers the following key concepts:

1. Mental Competence
2. Treatment Decisions
3. Consent for Treatment
4. Substitute Decision Makers

Mental Competence

Competence can be difficult to assess. A person may be competent to make some decisions but not others. Competency can fluctuate; a person may be competent sometimes, but not at other times.

It is important to note that it is not enough that patients know what the consequences are, they must also be able to understand the implications of the consequences. Competence requires the mental capacity to reason, understand information and communicate a choice.

The Act has specific information and processes identified for two types of mental incompetence:

1. Mentally incompetent to manage estate
2. Mentally incompetent to consent to treatment

Mentally Incompetent to Manage Estate

The medical practitioner who issues *Form 3 - Certificate of Involuntary Admission* must examine the patient to determine whether they are mentally competent to manage their estate. If it is determined that a patient cannot manage their own estate, the attending medical practitioner issues *Form 14 - Certificate of Mental Incompetence*. A copy of Form 14 is provided to the Public Trustee as soon as possible if circumstances require the Public Trustee to immediately assume management of the estate.

(See MHA s.79.(1), Examination as to competency; s.79.(2), Certificate of mental incompetence; s.79.(3), Exceptional circumstances.)

If after further assessment the patient is determined to be mentally competent, the attending medical practitioner will issue *Form 15 - Cancellation of Certificate of Mental Incompetence*. The Public Trustee must be notified and provided with a copy of this certificate.

(See MHA s. 81.(1), Cancellation of certificate; s.81(2), Notice to Public Trustee.)

If the patient's *Form 3 - Certificate of Involuntary Admission* or *Form 4 - Renewal Certificate* are cancelled and *Form 14 - Certificate of Mental Incompetence* is still in effect, the director of the designated facility must inform the Public Trustee that the person is no longer an involuntary patient.

Mentally Incompetent to Consent to Treatment

People have the right to consent to or refuse psychiatric and other medical treatment. Refusal of treatment must be one of the patient's options if the process of consent is to be meaningful.

The attending medical practitioner who admits a patient (voluntary or involuntary) is responsible for examining the person as soon as possible after admission to a designated facility to determine if the person is mentally competent to make treatment decisions. The attending medical practitioner must also periodically assess the patient to determine whether the patient is mentally competent to make treatment decisions.

(See MHA s.29.(1)(a) and (b), Determining mental competence.)

If after completing an assessment the attending medical practitioner believes that a patient is not mentally competent to make a treatment decision, *Form 11 - Treatment Decision Certificate* will be issued. The attending medical practitioner makes a statement on the certificate regarding specific observations of the person that provides evidence and reason(s) for their opinion that the person is not mentally competent to make treatment decisions.

(See MHA s.29.(1), Determining mental competences; s.29.(3), Treatment decision certificate)

If a person is found to be mentally incompetent to make treatment decisions, the attending medical practitioner or the director of the designated facility will seek out a substitute decision maker to represent the patient. *Form 12 - Designation of Substitute Decision Maker* is then completed.

(See MHA s.29.(4), Inquiries for substitute decision maker.)

The attending medical practitioner of the patient who is subject to *Form 11 - Treatment Decision Certificate* will review the patient's mental condition on an ongoing basis to determine whether the patient has gained mental competence to make treatment decisions.

(See MHA s.29.(5), Review required.)

Cancellation of Treatment Decision Certificate

If after examining the patient the attending medical practitioner determines the patient is mentally competent to make treatment decisions, the attending medical practitioner issues *Form 13 - Cancellation of Treatment Decision Certificate.*

(See MHA s.29.(6), Cancellation of certificate; s.81.(2), Notice to Public Trustee.)

Form 11 - Treatment Decision Certificate expires when the person who is subject to the certificate is no longer a patient of the designated facility.

(See MHA s.29.(7), Expiration of certificate.)

Refer to Appendix 10, Flow Chart 7b: Return to Facility – Short Term Leave for an overview of the steps to follow for cancelling short term leave.

Patient does not Consent to Treatment

If a patient is in a designated facility, they can only be treated if they, or their substitute decision maker, consent.

The Act allows the attending medical practitioner to decide whether a patient is competent to make decisions about their treatment. If it is determined that the patient is mentally incompetent, the patient cannot legally consent to treatment and a substitute decision maker must be found who can make treatment decisions on the patient's behalf.

If a patient is mentally competent to make treatment decisions and they refuse, the medical practitioner may only provide the treatment without the patient's consent with an order from a review panel.

(See MHA s.33.(1), Treatment despite refusal of consent by patient.)

If the patient's substitute decision maker refuses treatment on behalf of the patient, the medical practitioner may only provide treatment without the substitute decision maker's consent with an order from a review panel.

(See MHA s.33.(2), Treatment despite refusal of consent by substitute decision maker.)

Substitute Decision Makers

If a patient is deemed unable to make their own treatment decisions, a substitute decision maker must be designated to make treatment decisions on the patient's behalf.

Designating a Substitute Decision Maker

Form 11 - Treatment Decision Certificate must be issued before a substitute decision maker is appointed. When *Form 11 - Treatment Decision Certificate* has been issued, the attending medical practitioner or the director of the designated facility must make reasonable inquiries to find a substitute decision maker for the patient.

A substitute decision maker is designated by the attending medical practitioner or director of the designated facility by completing *Form 12 - Designation of Substitute Decision Maker.*

(See MHA s.30.(2), Designation of substitute decision maker)

Requirements for Designation of a Substitute Decision Maker

To be eligible for designation as a substitute decision maker, a person must be:

- Available to make treatment decisions on behalf of the patient,
- Willing to assume responsibility for making treatment decisions on behalf of the patient, and
- Mentally competent.

(See MHA s.30.(3), Requirements for designation.)

If one of the following is in place for the patient, that person must be designated as the patient's substitute decision maker:

a) Person with lawful custody or authority if the patient is a minor

b) Legal guardian

c) Agent of the patient under the *Personal Directives Act*

If none of those listed above apply, the attending medical practitioner will look at the nearest adult relative of the patient. The nearest adult relative would be the one first listed who is the oldest of two or more relatives in the same category:

- Spouse
- Child
- Parent
- Sister or brother
- Grandparent
- Grandchild
- Aunt or uncle
- Niece or nephew
- Adult friend (in the absence of a nearest relative)

The patient is given the opportunity to choose a substitute decision maker if a nearest relative is chosen to act in the role of

substitute decision maker and if the patient is deemed competent to participate in a decision regarding who their substitute decision maker will be. So long as the patient's chosen substitute decision maker is eligible to be designated as outlined above and meets the criteria outlined below, they must be selected as the patient's substitute decision maker.

A nearest relative can only be designated a substitute decision maker if they:

- Have been in personal contact with the patient **within the past 12 months**
- Are willing to assume responsibility for making treatment decisions on behalf of the patient
- Make a written statement certifying:
  - their relationship with the patient,
  - they have been in personal contact with the patient within the past 12 months, and
  - they are willing to assume responsibility for making treatment decisions on behalf of the patient.

(See MHA s.30.(4), Eligible persons; s.30(5), Conditions: nearest relative; s.30.(8), Patient's choice of substitute decision maker)

The Role of a Substitute Decision Maker

The substitute decision maker is responsible for:

- Supporting and advocating on the patient's behalf
- Making decisions based on the person's best interests
- Considering the person's wishes when they were able to make their own decisions
- Applying to the Review Board on the patient's behalf, if needed

Considering a Patient's Best Interests

All decisions will be made in the best interest of the patient.

A substitute decision maker considers the following factors when making decisions in the best interest of the patient:

- Will the person's condition improve or get worse?
- Do the expected benefits of the treatment outweigh the risks?
- Is the treatment the least intrusive approach to meet the person's treatment needs?
- What wishes did the person express when they were mentally competent to make their own treatment decisions?

(See MHA s.32.(2), Best interest of patient; s.32.(3), Determining best interest.)

Rights of Patient and Substitute Decision Maker

A patient and their substitute decision maker have the right to be informed by the attending medical practitioner of the information related to diagnostic procedures or treatment to be provided. It is important that the patient and the substitute decision maker are informed of the:

- Purpose of the treatment,
- Nature of the treatment, and
- Effect of the treatment.

Termination of Substitute Decision Maker

The role and responsibilities of the substitute decision maker ends when:

- The patient is reassessed, and found to be competent to make their own treatment decisions and *Form 13 - Cancellation of Treatment Decision Certificate* is issued,
- The patient is no longer a patient at the facility,
- A review panel changes the substitute decision maker because it is felt they are not fulfilling their duties, or
- A review panel makes an order to cancel *Form 11 - Treatment Decision Certificate*.

Chapter 4: Summary of Key Concepts

1. **Competence** can be difficult to assess. A person may be competent to make some decisions but not others. Competence can fluctuate; a person may be competent sometimes but not at other times.
2. The attending medical practitioner who issues *Form 3 - Certificate of Involuntary Admission* examines the patient to determine whether the person is mentally competent to manage their estate.
3. If it is determined that a person cannot manage their estate, the attending medical practitioner issues *Form 14 - Certificate of Mental Incompetence*. A copy of this certificate is given to the Public Trustee if circumstances require the Public Trustee to immediately assume management of the estate.
4. If an attending medical practitioner determines the patient is mentally competent to manage their own estate, the attending medical practitioner issues *Form 15 - Cancellation of Certificate of Mental Incompetence*. Notice of cancellation must go to the Public Trustee.
5. The attending medical practitioner who admits a patient (voluntary or involuntary) is responsible for examining the person as soon as possible after admission to a designated facility to determine if the person is mentally competent to make treatment decisions.
6. If an attending medical practitioner believes that a patient is not mentally competent to make a treatment decision, *Form 11 - Treatment Decision Certificate* will be issued.
7. If the attending medical practitioner has assessed the patient and believes the patient has gained mental competence to make treatment decisions, *Form 13 - Cancellation of Treatment Decision Certificate* will be issued.
8. The *Form 11 - Treatment Decision Certificate* expires when the person who is subject to the certificate is no longer a patient of the designated facility.
9. If *Form 11 - Treatment Decision Certificate* has been issued, a **substitute decision maker** must be designated to make treatment decisions on the patient's behalf. A *Form 12 - Designation of Substitute Decision Maker* is issued.
10. The following list of people are eligible to be designated a substitute decision maker:
    a) Person with lawful custody or authority if the patient is a minor
    b) Legal guardian
    c) Agent of the patient under the *Personal Directives Act*
    d) If none of a) to c) apply, the medical practitioner will look at the nearest adult relative of the patient.
11. The substitute decision maker is responsible for:
    - Supporting and advocating
    - Making decisions based on the person's best interests
    - Considering the person's wishes when they were able to make their own decisions
    - Applying to the Review Board on the patient's behalf, if needed
12. The role and responsibilities of the substitute decision maker ends when:
    - The patient is reassessed and found to be competent to make their own treatment decisions, and *Form 13 - Cancellation of Treatment Decision Certificate* is issued,
    - The patient is no longer a patient at the facility,
    - A review panel changes the substitute decision maker because it is felt they are not fulfilling their duties, or
    - A review panel makes an order to cancel the *Form 11 - Treatment Decision Certificate.*

Chapter 5

Leave, Assisted Community Treatment and Community Treatment Plan

Key Concepts

This chapter covers the following key concepts:

1. Short Term Leave
2. Assisted Community Treatment
3. Community Treatment Plan
4. Absence Without Leave

Short Term Leave

Short term leave means that a person continues to be an involuntary patient under the Act but can leave the designated facility. The patient's attending medical practitioner may grant permission in writing for the patient to be absent from the designated facility for a specified period.

The purpose of leave is usually therapeutic and provides an opportunity to assess the patient's ability to function outside of the designated facility. Initial leaves of absence may be quite brief. During hospitalization, the duration of leave may increase as patient improvement occurs and readiness for discharge approaches.

An involuntary patient may request leave, or it may be suggested by the family when a reason arises, such as being with the family for a special occasion or looking for employment.

The use of *Form 16 - Short Term Leave Certificate* reduces liability compared with a patient being given a pass as a physician's order. This provision has been included for the benefit of the patient and the protection from liability for the staff who act in good faith.

The attending medical practitioner of an involuntary patient in a designated facility can issue *Form 16 -Short Term Leave Certificate* that allows the patient to leave the facility for **up to 30 days**.

The attending medical practitioner may impose conditions on the certificate, such as: attending specified appointments, taking medication as prescribed or living with a specific person. The conditions should be the least restrictive (i.e., as few mandatory requirements as possible), including only those essential to prevent the need to return to the hospital, and permit reasonable choices, such as location of residence.

(See MHA s.35.(1), Short term leave certificate.)

Form 16 - Short Term Leave Certificate must be issued for each occurrence of leave. For example, Form 16 must be issued for an evening away from the facility, and then a new Form 16 must be issued for an appointment away from the facility. .

Patient and Substitute Decision Maker Agreement

The patient or, if applicable, their substitute decision maker must agree to the short term leave before the certificate is issued. The patient or their substitute decision maker must indicate on the form that they understand the requirements of the leave, they agree to comply with the conditions outlined in the certificate and that consent to it being given.

Cancellation of *Short Term Leave Certificate*

The attending medical practitioner of an involuntary patient who is on short term leave may cancel the certificate if the patient's mental condition changes and they become a risk to themselves or others or if the patient is not compliant with the conditions set out in *Form 16 - Short Term Leave Certificat*e. The attending medical practitioner would complete *Form 17 - Cancellation of Short Term Leave Certificate*.

(See MHA s.36.(1), Leave cancellation.)

Upon notification of cancellation, the patient is to return to the designated facility as soon as possible.

The attending medical practitioner must file *Form 17 - Cancellation of Short Term Leave Certificate* with the director of the designated facility.

If the patient does not return to the designated facility, the attending medical practitioner or director of the designated facility must issue *Form 18 - Unauthorized Absence Statement* to have the patient apprehended by a peace officer and conveyed by a peace officer or other authorized person to the designated facility.

(See MHA s.53.(2)(a), Authorized acts.)

Refer to Appendix 10, Flow Chart 7b: Return to Facility – Short Term Leave for an overview of the steps to follow for cancelling short term leave.

Assisted Community Treatment

Assisted community treatment is an option for some patients under the Act. An involuntary patient under assisted community treatment takes leave from a designated facility and receives treatment, services, supports and supervision in the community. For a patient to be released under assisted community treatment, it must be considered safe for both the patient and the community, the patient and medical practitioner agree that it is in the patient's best interests (and the patient's substitute decision maker, if applicable) and the required supports and services must be available in the community.

Patients receive assisted community treatment in whichever community has the appropriate treatment, services and supports available to meet the conditions of the *Form 22 - Assisted Community Treatment Certificate* and *Form 23 - Community Treatment Plan*. Community treatment may or may not be in the patient's home community. Decisions regarding which community the patient will live in to receive treatment are made collaboratively with direct and meaningful involvement of the patient and the patient's substitute decision maker (if applicable).

(See MHA s.37.(1.), Assisted community treatment certificate.)

Refer to Appendix 8, Flow Chart 5: Assisted Community Treatment for a summary of the steps to follow with respect to issuing an *Assisted Community Treatment Certificate* and *Community Treatment Plan.*

Assisted community treatment is not:

- An option for all patients
- Appropriate for implementation in all communities
- The same as short term leave, which is limited to 30 days and has no comprehensive treatment plan associated with it

A patient on assisted community treatment is not discharged. They remain an involuntary patient and the system is still responsible for them. If the patient needs to return to the designated facility, they do not have to go through the admission process again.

Issuing an *Assisted Community Treatment Certificate*

Form 22 -Assisted Community Treatment Certificate is completed by the attending medical practitioner who has assessed the involuntary patient and has made the necessary arranges for community treatment. The attending medical practitioner works with the patient and the patient's substitute decision maker (if applicable) to determine if it is in the best interest of the patient to leave the designated facility to live in a community.

Form 22 authorizes the patient to reside outside a designated facility while receiving supervision, treatment and/or care. *Form 23 - Community Treatment Plan* establishes the supervision, treatment, and/or care that will be provided to the patient, as well as other conditions that are required while the patient is released on assisted community treatment.

Implementing Assisted Community Treatment

For assisted community treatment to be implemented, the attending medical practitioner must:

- Discuss assisted community treatment with the patient, and if applicable, their substitute decision maker. The patient must confirm their desire to participate in the development of a *Community Treatment Plan* and their willingness to comply with the responsibilities that will be developed and incorporated into the plan before proceeding further.
- Have the patient or substitute decision maker sign the consent form "Community Treatment Plan – Patient Consent". This must be attached to the completed *Form 23 - Community Treatment Plan.*
- Notify the director of the designated facility of their intent to issue *Form 22 - Assisted Community Treatment Certificate* by issuing *Form 21 - Notice of Intention to Issue Assisted Community Treatment Certificate*. Form 21 identifies medical practitioners who may be responsible for the overall supervision and management of the *Community Treatment Plan*. This is not necessarily the attending medical practitioner. This must be completed before contacting any community supports to be named in the plan.
- Consult with potential Community Treatment Plan team members (health professionals, other service providers or community supports) to ensure adequate service availability and support.
- Begin preparing *Form 23 - Community Treatment Plan*.
- Assess the patient w**ithin 72 hours** before issuing *Form 22 - Assisted Community Treatment Certificate*.
- Have any persons who have agreed to monitor the patient sign the consent form "Community Treatment Plan – Consent of Monitor". This must be attached to the completed *Form 23 - Community Treatment Plan*.
- Have any persons or bodies who have agreed to provide supervision, treatment, care and/or other supports to the patient sign the consent form "Community Treatment Plan – Consent of Provider". This must be attached to the completed *Form 23 - Community Treatment Plan*.
- A medical practitioner that is different than the attending medical practitioner may be designated as the medical practitioner responsible for the general supervision and management of the *Community Treatment Plan*.
- Have the medical practitioner who will be responsible for the general supervision and management of the *Community Treatment Plan* sign Part 4. Medical Practitioner Agreement in Form 23.

- Finalize *Form 23 - Community Treatment Plan*, and append a copy to the completed *Form 22 - Assisted Community Treatment Certificate*.
    - **Within 24 hours** of issuing Form 22 and Form 23, the medical practitioner responsible for the supervision of the *Community Treatment Plan* provides the plan to all those named in the plan, including the patient.

(See MHA s.37.(4), Consultation with patient; s.37.(5), Wishes of patient; s.37.(6), Examination of patient and opinion; s.37.(3), Requirement for community treatment plan; s.37.(2), Notice to director; s.38.(4), Copy of community treatment plan; s.39.(1), Consultation; s.39.(2) Agreement required; s.41.(2), Designation of medical practitioner; Assisted Community Treatment Regulations s.2; s.4.; s.5; 13.(1).)

Patient's Status While They Receive Assisted Community Treatment

A person's status as an involuntary patient is not changed while they are released from a designated facility under the authority of *Form 22 - Assisted Community Treatment Certificate.*

Amending *Form 22 - Assisted Community Treatment Certificate* or *Form 23 - Community Treatment Plan*

The director of the designated facility must amend *Form 22 - Assisted Community Treatment Certificate* if the patient is transferred to a different designated facility in the NWT. This is done by completing *Form 25 - Assisted Community Treatment Certificate, Amendment*.

If services under a *Community Treatment Plan* become unavailable, the medical practitioner who is responsible for the general supervision and management of the plan, or the director of the designated facility named in the applicable *Form 22 - Assisted Community Treatment Certificate*, will attempt to arrange other suitable community-based services.

Form 23 - Community Treatment Plan can be amended by the director of the designated facility or medical practitioner responsible for the general supervision and management of the plan by issuing *Form 26 - Community Treatment Plan, Amendment*. Changes may be made for the following reasons:

1. Patient is being transferred between designated facilities
2. Change in medical practitioner responsible for the *Community Treatment Plan*
    - Note: Designations equal to or less than 30 days do not require amendments to be issued, but do require documentation of the designation
3. Change in services or service providers outlined in the *Community Treatment Plan*
    - Designations of health professionals equal to or less than 30 days do not require amendments to be issued, but do require documentation of the designation
    - Any additional persons or bodies who have agreed to provide supervision, treatment, care and/or other supports to the patient must sign the consent form "Community Treatment Plan – Consent of Provider". This must be attached to the completed *Form 26 - Community Treatment Plan, Amendment*
4. Change in monitoring arrangements outlined in the *Community Treatment Plan*
    - Any additional persons who have agreed to monitor the patient must sign the consent form "Community Treatment Plan – Consent of Monitor". This must be attached to the completed *Form 26 - Community Treatment Plan, Amendment*
5. Change in assessments required under the *Community Treatment Plan* or the Act
6. Change in other supports, such as housing or income
7. Change in other terms or conditions outlined in the *Community Treatment Plan*

(See MHA s.40.(2), Amendment of plan; Assisted Community Treatment Regulations s.7.; s.9.(1); s.9.(2); s.9.(3); s.9.(4).)

The health professionals and other individuals identified in the *Community Treatment Plan* need to be consulted regarding the proposed amendments to the plan. The patient or substitute decision maker must consent to changes to the plan.

(See Assisted Community Treatment Regulations s.7.)

Duration/Expiry of *Form 22 - Assisted Community Treatment Certificate*

Form 22 - Assisted Community Treatment Certificate may not be issued for longer than a **six-month period**.

(See MHA s.38.(3), Duration of certificate)

Form 29 - Notice Requiring Patient to Return to Designated Facility on Expiration of Assisted Community Treatment Certificate must be provided to the patient **14 days before** Form 22 expires.

In this situation, the involuntary patient must return to the designated facility identified in the notice by the date and time specified, unless the patient ceases to be an involuntary patient before that time. **Within 72 hours** of returning to the designated facility, the attending medical practitioner must complete a psychiatric assessment to determine if the person continues to meet the involuntary admission criteria.

(See MHA s. 45.(10), Notice required; s.45.(2), Requirement to return to designated facility; Assisted Community Treatment Regulations s.13.(2); MHA s.46.(1), Requirement for reassessment.)

Form 22 - Assisted Community Treatment Certificate automatically expires when the person who is subject to the certificate ceases to be an involuntary patient (*Form 5 -Cancellation of Involuntary Admission or Renewal Certificate* is issued).

(See MHA s. 38.(7); Expiration on change of patient's status.)

Renewing *Form 22 - Assisted Community Treatment Certificate*

The medical practitioner responsible for the general supervision and management of a *Community Treatment Plan* for an involuntary patient may renew *Form 22 - Assisted Community Treatment Certificate* by issuing a new Form 22.

Before renewing the certificate, the medical practitioner will:

- Consult with the health professionals and other individuals named in F*orm 23 - Community Treatment Plan*,
- Review the *Community Treatment Plan* to determine if amendments are required, and
- Make any required amendments to the *Community Treatment Plan* to ensure that adequate treatment, services and supports will be available for the patient. Changes can be made by issuing *Form 26 - Community Treatment Plan, Amendment*, or if substantive changes are required a new *Form 23 - Community Treatment Plan* can be issued.

(See Assisted Community Treatment Regulations s.8.(1) and 8.(2).)

Cancellation of Assisted Community Treatment

Assisted community treatment can be cancelled:

- By the medical practitioner who is responsible for the general supervision and management of the *Community Treatment Plan* if they believe the involuntary patient continues to meet the involuntary admission criteria, but requires supervision and treatment or care in a designated facility because of a change in the mental condition of the patient or other circumstances,
- By the medical practitioner who is responsible for the general supervision and management of the *Community Treatment Plan* or the director of the designated facility if services under a plan are no longer available to the patient and other suitable services cannot be arranged, or
- By an order issued from a review panel of the Mental Health Act Review Board. Anyone can apply to the Review Board to cancel *Form 22 – Assisted Community Treatment Certificate* at any time.

Cancelling assisted community treatment requires the medical practitioner responsible for the supervision the *Community Treatment Plan* or the director of the designated facility to issue *Form 28 - Certificate Cancelling Assisted Community Treatment*.

On receiving notice of cancellation, the involuntary patient must immediately return to the designated facility specified in the certificate. **Within 72 hours** of returning to the designated facility the attending medical practitioner must complete a psychiatric assessment to determine if the person continues to meet the involuntary admission criteria.

(See MHA s.48.(1), Cancellation by medical practitioner; s.48.(2); Requirement to return to facility; s.49.(1), Services unavailable; s.49.(2); Cancellation by medical practitioner or director; s.49.(3), Requirement to return to facility; s.50.(1), Requirement for reassessment on cancellation.)

If the patient does not return to the designated facility, the attending medical practitioner or director of the designated facility must issue *Form 18 - Unauthorized Absence Statement* to have the patient apprehended by a peace officer and conveyed by a peace officer or other authorized person to the designated facility.

Community Treatment Plan

Form 23 - Community Treatment Plan is a signed agreement between the patient, medical practitioner, treatment team and community supports that outlines everyone's responsibilities and commitments to help a patient remain in a community to receive treatment.

Successful *Community Treatment Plan*

Following the principles and actions listed below will help to ensure a successful *Community Treatment Plan*:

- Involve the patient in making the plan
- Set goals before the patient leaves the facility
- Define a local team of supportive individuals
- Involve the health professionals and other service providers or community supports that would be involved with the proposed *Community Treatment Plan* to ensure adequate service and supports are available
- Identify resources and living arrangements in the community
- Host regular team meetings, including the patient as part of the team
- Personalize the plan to meet the patient's needs

Individuals Who Can Support the *Community Treatment Plan*

Anyone willing to support the success of the patient can be a part of the C*ommunity Treatment Plan* team. The patient is the best person to identify supportive people in the community. Examples of *Community Treatment Plan* team members include:

- Family members
- Friends
- Spiritual supports
- Nurses, social workers, counsellors, psychologists, occupational therapists, recreation staff and other community support people

Medical Practitioner Responsible for the Supervision and Management of the *Community Treatment Plan*: Roles and Responsibilities

When a medical practitioner agrees to be responsible for the overall supervision and management of the *Community Treatment Plan*, they are also responsible for the supervision of the persons or bodies named in *Form 23 - Community Treatment Plan*. They will ensure the *Community Treatment Plan* team members are carrying out the supervision, treatment, care or support agreed to in the plan. [Persons and bodies may include: the person's employer, Band Office, parents, friends, etc.].

The medical practitioner is responsible for assessing the patient at regular intervals to:

- Assess compliance with the plan – this can be done via telehealth; physician must lay eyes on the person.
- Assess the effectiveness of the plan – this can be done via telehealth; physician must lay eyes on the person.
- Determine if the patient continues to meet the involuntary admission criteria – this must be completed in person.
- Determine if *Form 22 - Assisted Community Treatment Certificate* should be renewed – this must be completed in person.

(See MHA s.41.(1), Responsibility of medical practitioner; s.43.(1), Assessment)

Community Treatment Plan Team Members: Roles and Responsibilities

Health professionals and other persons or bodies who have agreed to provide supervision, treatment, care, support or monitoring under a *Community Treatment Plan* are responsible implementing the plan to the extent they agreed to and reporting to the medical practitioner in accordance with the plan. Team members need to advise the medical practitioner within 24 hours if the patient is not complying with the plan. Reporting is done by completing *Form 24 - Community Treatment Plan Report*.

(*See MHA s.42.(1)(b), Responsibility of others.)*

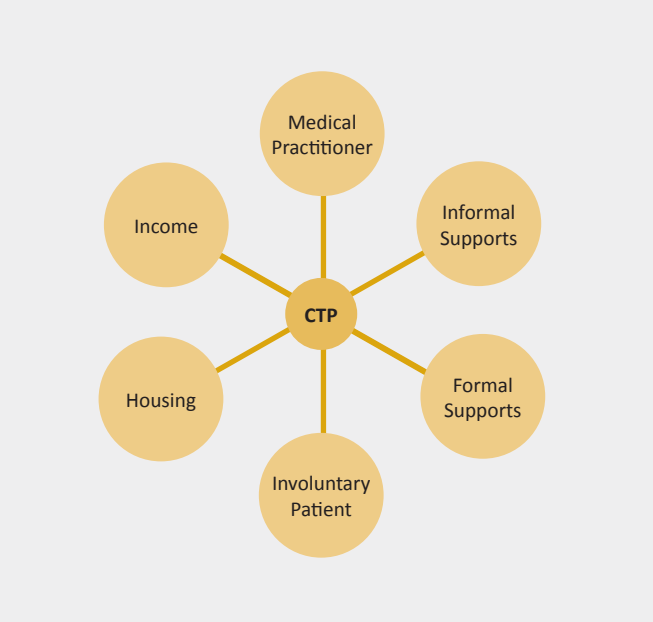
Components of a *Community Treatment Plan*

A *Community Treatment Plan* contains the following components:

- Ongoing psychiatric assessments to monitor the patient, including:
  - In-person assessments for renewal of *Form 3 - Certificate of Involuntary Admission*, *Form 4 -Renewal Certificate* and the *Form 22 - Assisted Community Treatment Certificate*
- Ongoing assessments to evaluate the effectiveness of the *Community Treatment Plan* including:
  - An **assessment within 30 days** after the patient is released from a designated facility under the authority of *Form 22 - Assisted Community Treatment Certificate* (first assessment)
  - An assessment **within 30 days** of the first assessment
  - An assessment **within 72 hours** before the expiry of *Form 22 - Assisted Community Treatment Certificate*
  - At the reasonable request of the patient, substitute decision maker, or *Community Treatment Plan* team member.
- Plan for other supports, including housing and income
- Conditions relating to the supervision of treatment or care
- List of the obligations of the patient
- Names, roles and obligations of those supervising, treating or providing support to the patient in community (supports can include informal support from family, Elders, employers, etc.)
- Name and contact information of the substitute decision maker or other person/ family member who will support and monitor the patient in community
- Name and contact information of the medical practitioner responsible for supervising and managing the *Community Treatment Plan*

- Agreement by the patient or substitute decision maker with the plan
- Frequency of reporting required by the team members

(See MHA s.40. (1), Community treatment plan)



Examples of Community Treatment

Each person and community is different. Each plan will have a list of agreements tailored to the individual patient and the community they will be living in.

Examples of types of community treatments include:

- Checking in with the nurse for medication three times a week
- Attending mental health or addictions counselling once a week
- Having coffee with the social worker two afternoons a week
- Taking part in skills development programs
- Volunteering or helping an Elder or others once a week
- Going to the gym three times a week or going for a 30-minute walk with a friend four times a week
- Having supper with a family member once a week

Reporting Requirements of the *Community Treatment Plan*

Form 24 - Community Treatment Plan Report is to be provided to the medical practitioner who is responsible for the *Community Treatment Plan* by the team members. The report is used to provide updates or information on progress or non-compliance with the *Community Treatment Plan*. Frequency of reporting is to be outlined in the plan.

Non-compliance with the *Community Treatment Plan*

If a patient does not follow the *Community Treatment Plan*, the team members must let the patient know they are not following the plan and try to provide reasonable assistance to help them comply. The patient must be told by the medical practitioner of the possible consequences of not complying with a condition or conditions of the plan.

The medical practitioner responsible for supervising and managing the *Community Treatment Plan*, or the director of the designated facility, may issue *Form 27 - Certificate Requiring Patient to Attend Mandatory Assessment at Health Facility*. This certificate requires the involuntary patient to attend a psychiatric assessment if there are reasonable grounds to believe:

- The patient has failed to comply with one or more of the conditions of the plan,
- Reasonable efforts have been made to assist the patient to comply with the plan,
- The patient has been informed about their failure to comply with the plan,
- The patient has been informed of the consequences of not complying with the plan, and
- The patient has failed or refused to attend an appointment for a psychiatric assessment.

(See MHA s.47.(1), Certificate for assessment.)

(Refer to Appendix 9, Flow Chart 6a: Return to Facility – Assisted Community Treatment for a step by step summary of the process for an involuntary patient living in the community who is required to return to a facility.)

Apprehension and Conveyance

Form 27 - Certificate Requiring Patient to Attend Mandatory Assessment at Health Facility authorizes apprehension of the patient by a peace officer and conveyance to the health centre specified in the certificate by a peace officer or other authorized person. The peace officer or other authorized person may require *Form 10 - Summary Statement Respecting Apprehension or Conveyance*. The authority to apprehend an involuntary patient and convey them to a health facility to attend a mandatory assessment **expires 30 days after issuance** of the certificate.

(See MHA s.47.(2), Authorized acts.)

Absence without Leave

When a patient is absent from the facility without permission, the director of the designated facility or the patient's medical practitioner can issue a statement in writing that the patient is absent without authorization.

An involuntary patient is considered on leave without authorization when:

- The patient is absent from the designated facility without authorization (i.e. no *Form 16 - Short Term Leave Certificate* or *Form 22 - Assisted Community Treatment Certificate* has been issued),
- The patient's *Form 16 - Short Term Leave Certificate* has been cancelled or is expired and they have not returned to the facility, or
- The patient's *Form 22 - Assisted Community Treatment Certificate* has been cancelled or is expired and they have not returned to the facility.

(See MHA s.53.(1), Unauthorized absence statement.)

In the event of any of the above circumstances, the director of the designated facility or the attending medical practitioner may arrange for the patient to be brought back to the designated facility by issuing *Form 18 - Unauthorized Absence Statement*.

Form 18 authorizes a peace officer to apprehend the patient and for a peace officer or other authorized person to convey the patient to the designated facility named in the statement. This authority is valid for **up to 30 days** from the date of issue.

Form 10 - Summary Statement Respecting Apprehension or Conveyance may be required by the peace officer or other authorized person responsible for apprehension and/or conveyance. It is important to provide as much detail as possible on the form (e.g., description, last known address or location), or any other information to assist the peace officer in finding the person.

Chapter 5: Summary of Key Concepts

1. **Short term leave** allows a patient to leave the designated facility for **up to 30 days** while remaining an involuntary patient. The attending medical practitioner must issue *Form 16 - Short Term Leave Certificate*, and the patient/substitute decision maker must agree to the conditions outlined in the Certificate.
2. **Unauthorized absences** occur when a patient leaves the designated facility without permission or fails to return as required. When this happens, *Form 18 - Unauthorized Absence Statement* is filled out by the director of the designated facility or the attending medical practitioner to authorize a peace officer to take the involuntary patient into custody and for a peace officer or other authorized person to convey the patient to the designated facility.
3. **Assisted community treatment** allows an involuntary patient to take leave from a designated facility and receive treatment and supervision in the community under a ***Community Treatment Plan***.
4. Assisted community treatment is for involuntary patients who have been assessed by a medical practitioner and it has been determined they can live safely and successfully in the community with appropriate supports. The patient must be willing to actively participate in the development of a *Community Treatment Plan* and agree to comply with it.
5. The attending medical practitioner who is considering a patient receive treatment in a community is responsible for notifying the director of a designated facility of this intention by issuing *Form 21 - Notice of Intention to Issue Assisted Community Treatment Certificate*.
6. Patients receive assisted community treatment in whichever community has the appropriate treatment, services and supports available. Community treatment may or may not be in the patient's home community.
7. For assisted community treatment to be implemented, the attending medical practitioner must assess the patient **within 72 hours** before issuing *Form 22 - Assisted Community Treatment Certificate*.
8. *Form 22 - Assisted Community Treatment Certificate* authorizes the patient to reside outside a designated facility while receiving supervision and treatment or care.
9. *Form 23 - Community Treatment Plan* must be prepared prior to issuing Form 22 and appended to that certificate
10. Assisted community treatment can be cancelled by issuing *Form 28 - Certificate Cancelling Assisted Community Treatment* if:
    - The medical practitioner believes the involuntary patient continues to meet the involuntary admission criteria but requires supervision and treatment or care in a designated facility because of a change in the mental condition of the patient or other circumstances, or
    - The services under a *Community Treatment Plan* become unavailable and other suitable services cannot be arranged.
11. When an involuntary patient receives Form 28, the patient must immediately return to the designated facility specified in the certificate.
12. **Within 72 hours** of returning to the designated facility the attending medical practitioner must carry out a psychiatric assessment to determine if the person continues to meet the involuntary admission criteria or not.
13. **14 days prior** to the expiry of *Form 22 - Assisted Community Treatment Certificate*, *Form 29 - Notice Requiring Patient to Return to Designated Facility on Expiration of Assisted Community Treatment Certificate*, must be provided to the patient. Once receiving this certificate, the involuntary patient must return to the designated facility identified in the notice by the date and time specified, unless the patient ceases to be an involuntary patient before that time.
14. An attending medical practitioner who is considering assisted community treatment must first consult with the patient and substitute decision maker (if applicable), the health professionals and other service providers (e.g., social workers, counsellors) or community supports (e.g., friends, spiritual supports) that would be involved with the proposed *Community Treatment Plan* to ensure adequate service availability and support.
15. Health professionals and other individuals who agree to provide supervision, treatment, care or other support or monitoring to the patient must complete *Form 24 - Community Treatment Plan Report* and provide it to the medical practitioner.
16. *Form 22 - Assisted Community Treatment Certificate* and *Form 23 - Community Treatment Plan* can be changed by the medical practitioner or director of the designated facility at any time based on a patient's situation or changes in treatment available in the community. If amendments are made, *Form 25 - Assisted Community Treatment Certificate, Amendment* and/or a *Form 26 - Community Treatment Plan, Amendment* must be completed.
17. The medical practitioner responsible for supervising the *Community Treatment Plan*, or the director of the designated facility, may issue *Form 27 - Certificate Requiring Patient to Attend Mandatory Assessment at Health Facility* requiring the patient to attend a psychiatric assessment.

Chapter 6

NWT Mental Health Act Review Board

Key Concepts

This chapter covers the following key concepts:

1. What is the Mental Health Act Review Board?
2. Composition of the Review Board
3. Application Process
4. Who Can Apply?
5. The Hearing
6. Reasons to Apply

What is the Mental Health Act Review Board?

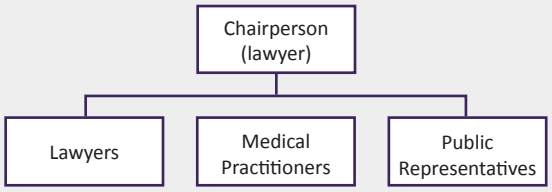
The Mental Health Act Review Board is established through the *Mental Health Act Review Board Regulations*.

The Mental Health Act Review Board helps to protect the rights of persons held involuntarily under the *Mental Health Act*. The Review Board is independent of government and hospitals.

Any person held involuntarily under the Act who wishes to appeal a decision made by their health professional or who feels their rights have been violated under the Act can apply to the Review Board for a hearing.

Any person can apply to the Review Board on the patient's behalf.

COMPOSITION OF THE MENTAL HEALTH ACT REVIEW BOARD



The Review Board is made up of:

- At least two lawyers
- At least two medical practitioners
- At least two members of the public
- One Chairperson

The chairperson of the Review Board is a lawyer. Only a person entitled to practice law in the NWT is eligible to be appointed as the chairperson.

Members of the Review Board have a duty to keep information they receive as part of their responsibilities of being on the Review Board confidential.

Application Process

A patient or another person applies to the Review Board for a review panel hearing. Anyone can apply on the patient's behalf or help the person to apply.

To submit an application:

- The person applying must complete *Form 19 - Application to Review Board*. Application forms are available on the Review Board's website (www.nwtmhareviewboard.ca), or nurses and medical practitioners at the designated facility will have copies of the application form.
- Form 19 is completed.
  - A person unable to complete an application may request help from
    - The office of the Review Board
    - A health professional, or
    - Any other person

(See Mental Health Act Review Board Regulations s.8.(2), Applications for Review.)

- Once the form is filled out, the application can be faxed (867-873-0143), emailed (MHAct_ReviewBoard@gov.nt.ca) or hand delivered to the Review Board by the applicant or someone at the designated facility (e.g., the nurse responsible for the unit who is then responsible for ensuring the application is delivered to the Review Board).
- The Review Board chairperson will review the application and decide to:
  - Hold a hearing (i.e., convene a review panel), or
  - Dismiss the application. An application may be dismissed if:

- The chairperson believes that the application is thoughtless, intended to harass or is insincere, or
- The review panel has already considered the same matter under a previous application within the last 30 days and there has been no significant change in circumstances.

(See MHA s.67.(1), Review and dismissal.)

- A written notice of the chairperson's decision to hold a hearing or dismiss the application is provided to the patient within **72 hours**.

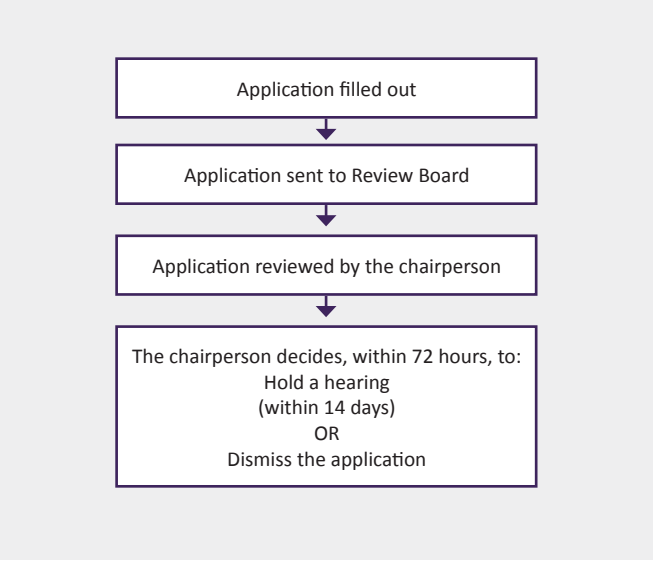
(See Mental Health Act Review Board Regulations s.9.)

- If a decision is made to hold a hearing, it must be held **within 14 days** of the Review Board receiving the application.

(See Mental Health Act Review Board Regulations s.11.)

- The review panel must give seven days' notice to all parties with the date, time, place and reasons for the hearing.

(See MHA s. 70.(1)(b), Notice of hearing.)



Refer to Appendix 11, Flow Chart 8: Application to the Mental Health Act Review Board for a summary of the steps and timelines for applying to the Mental Health Act Review Board. Who Can Apply?

Who Can Apply?

The following people can apply to the Mental Health Act Review Board:

- Person subject to *Form 2 - Certificate of Involuntary Assessment*
- An involuntary patient
- Patient's substitute decision maker
- Patient's legal guardian
- Family member of the patient
- Patient's medical practitioner
- Director of the designated facility
- Public Trustee
- Any other person, with permission from the Review Board

(See MHA s.66.(2), Applicant.)

Reasons to Apply to the Review Board

A person can make an application to the Review Board for many reasons, including:

- To cancel any certificate issued under the *Mental Health Act*:
  - *Form 2 - Certificate of Involuntary Assessment*: to have the person under the certificate released from the health facility
  - *Form 3 - Certificate of Involuntary Admission* or *Form 4 - Renewal Certificate*: to have the patient released from the designated facility
  - *Form 22 - Assisted Community Treatment Certificate*: to have the patient return to the designated facility for care and treatment, instead of receiving care and treatment in the community
  - *Form 16 - Short Term Leave Certificate:* to have the patient return to the hospital, instead of being in the community
  - *Form 11 - Treatment Decision Certificate*: to allow the patient to make their own treatment decisions
  - *Form 14 - Certificate of Mental Incompetence:* to have the patient make their own decisions about their estate
- To determine if a patient is mentally competent to make treatment decisions
- To appoint a different substitute decision maker

- To authorize the medical practitioner to provide treatment or perform a procedure that the patient or substitute decision has refused
- To obtain approval for the medical practitioner to perform psychosurgery to which an involuntary patient has consented
- To settle issues around assisted community treatment or the conditions outlined in *Form 23 - Community Treatment Plan*
- To remove limits placed on a patient's rights

Without an application, the Mental Health Act Review Board will hold a mandatory hearing for people who have been involuntary patients **for six months in a row** without any prior hearings. The mandatory hearing assesses if the person still meets the criteria to be an involuntary patient or if the involuntary admission can be cancelled. The director of the designated facility where the involuntary patient is admitted must submit a F*orm 20 - Notice to Review Board* a **minimum of 14 days prior** to the patient reaching six months of continuous involuntary admission.

(See MHA s.68., Deemed application regarding nvoluntary patient.)

The Hearing

A hearing is held **within 14 days** of the Review Board receiving an application.

A review panel is appointed which includes three members from the Review Board: a medical practitioner, lawyer and public representative.

(See MHA s.62.(1), Review panel.)

Within 2 days after receiving an application, the chairperson must:

- Appoint members to the review panel,
- Select one of the members of the review panel to be the chair, and
- Refer the application to the review panel chair.

(See MHA s.67.(2), Matter to review panel.)

The rights of the patient appearing before a review panel are protected. The review panel works independently of the designated facility where the person is an involuntary patient. In addition, the Act contains safeguards to protect the review panel's objectivity, including preventing individuals who previously or currently have a professional or private relationship with the patient from participating as a review panel member. This would include:

- The patient's spouse or partner
- A person directly related to the patient or related to the patient through a spouse
- A health professional who has provided medical or other treatment to the person appearing before the review panel
- A lawyer who is acting or has acted on the patient's behalf

(See MHA s.63., Ineligible members.)

The review panel may ask specific people to attend the hearing. They may also ask for information from the director of the designated facility, medical practitioner(s), the patient, substitute decision maker and others.

The patient may ask the Review Board to have a family member, an Elder and/or a cultural advisor present at the hearing.

(See MHA s.71.(5), Cultural Advisor.)

On scheduling a hearing, the chair of the review panel will make sure each person that is part of the application, and if applicable, the Elder or cultural advisor receive:

- A copy of the application
- If applicable, a copy of any report of assessment, examination or treatment
- A copy of any other relevant document(s)

For the purpose of preparing for a hearing, the patient may share these documents with another person or persons.

(See Mental Health Act Review Board Regulations s.12.(1) and (2), Hearings.)

The review panel must make a decision and issue a written order no later than **48 hours** after the completion of the hearing. The chair of the review panel will ensure each person who was part of the application receives a copy of the review panel's order.

(See Mental Health Act Review Board Regulations s.16.(1).)

The review panel's decision is binding. This means the health facility, medical practitioner and patient must comply with the decision. The facility and the attending medical practitioner will take every action to ensure the order is followed.

If a person disagrees with the decision of the Review Board, they may contact a lawyer and appeal the decision to the Supreme Court of the NWT **within 30 day**s.

(See MHA s.75.(1), Appeal to Supreme Court.)

Or, they may **wait 30 days** and make a new application to the Review Board.

Chapter 6: Summary of Key Concepts

1. The Mental Health Act Review Board helps to protect patient rights under the *Mental Health Act*. An involuntary patient, or someone acting on their behalf who wishes to appeal a decision made by their health professional or who feels their rights have been violated under the Act may apply to the Review Board.
2. The Review Board is made up of:
   - At least two lawyers
   - At least two medical practitioners
   - At least two members of the public
   - One chairperson, who is a lawyer entitled to practice law in the NWT.
3. People who can apply to the Review Board include:
   - Person subject to *Form 2 - Certificate of Involuntary Assessment*
   - A patient
   - Patient's substitute decision maker
   - Patient's legal guardian
   - Family member of the patient
   - Patient's medical practitioner
   - Director of the designated facility
   - Public Trustee
   - Any other person, with permission from the Review Board
4. *Form 19 - Application to Review Board* is completed and sent to the Review Board.
5. The Review Board chairperson will review the application and decide to hold a hearing or dismiss the application.
6. Written notice of the chairperson's decision is provided to the patient **within 72 hours**.
7. If a decision is made to hold a hearing, it must be held **within 14 days** of the Review Board receiving the application.
8. The chairperson appoints the review panel. The review panel is made up of three members of the Review Board: one lawyer, one medical practitioner and one public representative.
9. The review panel may ask specific people to attend the hearing, including a cultural representative or Elder, or ask for information to help them make their decision.
10. The review panel must make a decision and issue a written order **no later than 48 hours** after the completion of the hearing.
11. If a person disagrees with the decision of the Review Board, they may contact a lawyer and apply to the Supreme Court of the NWT **within 30 days,** or, they may wait **30 days** and make a new application to the Review Board.

Appendices

Appendix 1: Director's Responsibilities

The following list identifies the responsibilities of the director of the designated facility, the responsibilities that can be shared and, the responsibilities that can be delegated.

Director's Responsibilities

- Ensuring that patients are informed of their rights under the Act at the earliest opportunity after admission and in a language and manner the patient understands (by informing the patient themselves, or ensuring a medical practitioner has done so)

(See MHA s.9., Information about rights.)

- Authorizing transfers of involuntary patients within, into, or outside of the NWT

(See MHA s.23.(1), Transfer within NWT; s.24.(1), Transfer out of NWT; s.25.(1), Transfer into NWT.)

- Maintaining a record of the diagnostic and treatment services provided to each person detained in the facility

(See MHA s.96.(1), Responsibility for record.)

- Notifying the Public Trustee that a person is no longer an involuntary patient at the facility, if *Form 14 - Certificate of Mental Incompetence* was in force for a person who is no longer an involuntary patient

(See MHA s.82., Notice of change of status.)

- During a patient transfer, forwarding, as soon as possible, the record of diagnostic and treatment services provided to the patient to the receiving facility (including *Form 22 -Assisted Community Treatment Certificate* and *Form 23 -Community Treatment Plan* of a patient receiving assisted community treatment)

(See MHA s.96.(2), Transfer of record.)

- Informing the Mental Health Act Review Board of patients who are approaching six continuous months of involuntary admission without review by a review panel

(See MHA s.68., Deemed application regarding involuntary patient.)

- Complete *Form 25 - Assisted Community Treatment Certificate, Amendment* to record the transfer of a patient to a different designated facility while on assisted community treatment

(Assisted Community Treatment Regulations s.6.(1))

Shared Responsibilities (Powers and Duties that can also be Performed by Health Professionals and/or Medical Practitioners)

- Providing specified information to persons detained under a certificate (as noted on each respective certificate)
- Notifying a patient when *Form 3 - Certificate of Involuntary Admission* or *Form 4 - Renewal Certificate* has expired and they are no longer an involuntary patient

(See MHA s.22.(a), Release or change in status.)

- Finding a substitute decision maker to make treatment decisions on behalf of a patient

(See MHA s.29.(4), Inquiries for substitute decision maker.)

- Issuing *Form 27 – Certificate Requiring Patient to Attend Mandatory Assessment at Health Facility*, requiring an involuntary patient on assisted community treatment to attend a mandatory assessment

(See MHA s. 47.(1), Certificate for assessment.)

- Issuing *Form 18 – Unauthorized Absence Statement*, when a patient is absent from the designated facility without authorization

(See MHA s.53.(1), Unauthorized absence statement.)

- Arranging other suitable services or cancelling the applicable *Form 22 - Assisted Community Treatment Certificate* if any of the original services under *Form 23 - Community Treatment Plan* become unavailable

(See MHA s.44.(2), Cancellation of certificate.)

- Providing copies of certificates to specified persons

(See MHA s.57.(1), Copy of certificate.)

- Providing notice of expiry or cancellation to the persons who were provided with the original *Form 3 - Certificate of Involuntary Admission*, *Form 4 - Renewal Certificate*, *Form 11 - Treatment Decision Certificate*, or *Form 14 - Certificate of Mental Incompetence*

(See MHA s.57.(2), Notice of cancellation; s.57.(3), Notice of expiration.)

- Providing notice to a health professional at a health facility where the patient will receive follow-up treatment that a *Form 3 - Certificate of Involuntary Admission* or *Form 4 - Renewal Certificate* has been cancelled or has expired

(See MHA s.57.(4), Notice to health professional.)

- Providing information about the Review Board to patients, substitute decision makers and other specified persons

(See MHA s.59., Information on applications to Review Board.)

Responsibilities that can be Delegated

- Ensuring *Form 3 - Certificate of Involuntary Admission* and *Form 4 - Renewal Certificate* are completed in accordance with the Act, and informing the issuing medical practitioner if they are not

(See MHA s.54 – s.55., Filing of Certificates and Notice Requirements.)

- Forwarding *Form 3 - Certificate of Involuntary Admission, Form 4 - Renewal Certificate, Form 5 - Cancellation of Involuntary Admission or Renewal Certificate, and Form 8 - Certificate Authorizing Transfer of Involuntary Patient to Facility Outside the Northwest Territories* to the Minister's designate (i.e., Director of Mental Health appointed by the Minister)

(See MHA s.56.(1), Certificates to Minister's designate; Apprehension, Conveyance and Transfer Regulations s.10.)

Appendix 2: Forms Under the *Mental Health Act* and the *Mental Health Act Regulations*

Form	Form Name	Section of Act or Regulations	Form Description	Completed by	Timing
1	*Notification of Patient Rights and Other Information*	MHA s.8; s.9	Form 1 is to provide information on patient rights. This form is to be given to a person/patient detained under the *Mental Health Act* and their substitute decision maker (if applicable).	• Health professional • Attending medical practitioner • Director of designated facility	As soon as the individual has been detained - before involuntary assessment or involuntary admission; at renewal; at time of issuing *Form 13 – Cancellation of Treatment Decision Certificate*; or when a voluntary patient is involuntarily detained for examination. Provided as often as needed to ensure full understanding.
2	*Certificate of Involuntary Assessment*	MHA s.5; s.7; s.10; s.11; s.12; s.15	Form 2 is issued to authorize assessment by a medical practitioner when a person will not consent to a psychiatric assessment or is not able to consent due to their mental state. The form provides authority for the apprehension of a person by a peace officer and the conveyance of that person by a peace officer or other authorized person to the specified designated facility, for **up to seven days after the certificate is issued**. Once at the facility, this certificate authorizes the involuntary care, observation, examination, assessment and treatment of that person for **up to 72 hours** to determine if the person requires admission. It further authorizes the detention and control of the person.	• Health professional	Form 2 must be issued within **24 hours** after examination of the person. Expires **72 hours after** arrival at designated facility, or **72 hours after** the certificate is issued, if the person is at a designated facility.

Appendix

Form	Form Name	Section of Act or Regulations	Form Description	Completed by	Timing
3	*Certificate of Involuntary Admission*	MHA s.7; s.12; s.13; s.14	Form 3 is issued to admit a person as an involuntary patient to a designated facility for **up to 30 days**. The form provides authority for the conveyance of a person by a peace officer or other authorized person to the specified designated facility. It further authorizes the detention and control of the person.	• Medical practitioner	Must be issued **within 72 hours** of arrival at designated facility, or if already at the designated facility, **72 hours after** the Form 2 was issued. Expires after **30 days**.
4	*Renewal Certificate*	MHA s.17; s.18	Form 4 authorizes the continued involuntary admission of a patient at the designated facility. It further authorizes the detention and control of the person.	• Attending medical practitioner	• 1st renewal: Valid for 30 days after certificate issued. • 2nd renewal: Valid for 60 days after certificate issued. • 3rd and subsequent renewals: Valid for 90 days after certificate issued. *Form 4 - Renewal Certificate* must be issued 72 hours before the expiration of *Form 3 - Certificate of Involuntary Admission* or *Form 4 - Renewal Certificate.* Note: Patient rights are repeated after each renewal
5	*Cancellation of Certificate of Involuntary Admission or of Renewal Certificate*	MHA s.21; s.22	Form 5 certifies that a patient is no longer an involuntary patient and may leave the designated facility or request to remain as a voluntary patient.	• Attending medical practitioner	Completed when the patient no longer meets the criteria for involuntary admission.
6	*Designation of Person to Receive Information*	Mental Health Forms Regulations s.26; MHA s.57(1)(b)(ii); s.58(c)(i)	Form 6 specifies that a person detained under the *Mental Health Act* has designated another person to receive copies of forms or other documents.	• Person or patient under a certificate	Can be completed at any time.

Form	Form Name	Section of Act or Regulations	Form Description	Completed by	Timing
7	*Authorization to Transfer Involuntary Patient to Facility within the Northwest Territories*	MHA s.23	Form 7 authorizes the transfer of an involuntary patient from the designated facility to another designated facility or health facility **within** the NWT. It authorizes the conveyance, detention and control of the patient by a peace officer or other authorized person for the purposes of the transfer. **Note**: if the patient is under *Form 22 - Assisted Community Treatment Certificate, Form 25 - Assisted Community Treatment Certificate, Amendment* is also required.	• Director of designated facility where patient is admitted	Completed when decision is made to transfer patient within the NWT.
8	*Certificate Authorizing Transfer of Involuntary Patient to Facility Outside the Northwest Territories*	MHA s.24	Form 8 authorizes the transfer of an involuntary patient form a designated facility in the NWT to a psychiatric facility or hospital **outside** the NWT. It authorizes the conveyance, detention and control of the patient by a peace officer or other authorized person for the purposes of the transfer.	• Director of designated facility where patient is admitted	Completed when decision is made to transfer patient outside the NWT.
9	*Authorization to Transfer a Patient to a Designated Facility from a Health Facility Outside the Northwest Territories*	MHA s.25	Form 9 authorizes the transfer of an involuntary patient to a designated facility in the NWT from a health facility outside of the NWT. It authorizes the apprehension by a peace officer, and the conveyance, detention and control of the patient by a peace officer or other authorized person for the purposes of the transfer. The patient is not considered an involuntary patient upon transfer. The regular involuntary admission processes must be followed upon arrival in the NWT.	• Director of designated facility where patient will be admitted once in the NWT	Completed when decision is made to transfer patient into to the NWT.

Appendix

Form	Form Name	Section of Act or Regulations	Form Description	Completed by	Timing
10	*Summary Statement Respecting Apprehension or Conveyance*	MHA s.10; s.12; s.23; s.24; s.25; s.51; s.52; s.53	Form 10 is to be given at the request of a peace officer authorized to apprehend a person or peace officer or other authorized person authorized to convey a person under the Act and must stay with the person/ patient being apprehended and/ or conveyed.	• Health professional • Director of designated facility	Completed upon request
11	*Treatment Decision Certificate*	MHA s.29	Form 11 specifies that the patient has been assessed by a medical practitioner and it has been determined the patient is not capable of making their own treatment decisions.	• Attending medical practitioner	Initial assessment must be completed upon the patient's admission (voluntary or involuntary). Further assessments to be completed at a reasonable ongoing basis.
12	*Designation of Substitute Decision Maker*	MHA s.30	Form 12 is completed to designate a substitute decision maker on behalf of a patient who is subject to *Form 11 - Treatment Decision Certificate*. The designation will be cancelled upon issuance of *Form 13 – Cancellation of Treatment Decision Certificate* or when the person ceases to be a patient.	• Attending medical practitioner • Director of designated facility	Completed after issuance of Form 11.
13	*Cancellation of Treatment Decision Certificate*	MHA s.29	Form 13 indicates that the patient has been assessed by a medical practitioner and it has been determined the patient is now capable of making their own treatment decisions. *Form 11 - Treatment Decision Certificate* and *Form 12 - Designation of Substitute Decision Maker* are no longer in effect.	• Attending medical practitioner	Issued when the patient has gained competence.

Form	Form Name	Section of Act or Regulations	Form Description	Completed by	Timing
14	*Certificate of Mental Incompetence*	MHA s.79	Form 14 indicates that the patient has been assessed by a medical practitioner and it has been determined the patient is not mentally competent to manage their estate. If the situation is such that the Public Trustee should immediately assume management of the estate, the medical practitioner must notify the Public Trustee as soon as possible to inform them that Form 14 has been issued. If the patient's involuntary admission is cancelled and this certificate was still in force, the director of the designated facility where the patient was admitted will inform the Public Trustee that the person is no longer an involuntary patient.	• Attending medical practitioner	Involuntary patient must be assessed as soon as possible after *Form 3 - Certificate of Involuntary Admission* is issued. To be reviewed periodically during treatment and care.
15	*Cancellation of Certificate of Mental Incompetence*	MHA s.81	Form 15 indicates the patient has been assessed by the attending medical practitioner and it has been determined the patient is now mentally competent to manage their estate.	• Attending medical practitioner	Issued when the patient has gained competence.
16	*Short Term Leave Certificate*	MHA s.35	Form 16 provides short term leave to involuntary patients for **up to 30 days**. The person named in the certificate remains an involuntary patient of the designated facility.	• Attending medical practitioner	Expires as per the date and time on the certificate, but no longer than 30 days.
17	*Cancellation of Short Term Leave Certificate*	MHA s.36	Form 17 cancels *Form 16 - Short Term Leave Certificate*. The involuntary patient must return to the designated facility as soon as possible after receiving notice of cancellation.	• Attending medical practitioner	Patient is to return to designated facility immediately upon receiving notice of cancellation.

Appendix

Form	Form Name	Section of Act or Regulations	Form Description	Completed by	Timing
18	*Unauthorized Absence Statement*	MHA s.53	Form 18 indicates that a patient is absent from the designated facility without authorization. It authorizes a peace officer to take the involuntary patient into custody immediately and return the patient to the designated facility.	• Attending medical practitioner • Director of designated facility	If patient has not returned to the designated facility, authority to apprehend and convey the involuntary patient expires 30 days after the statement is issued.
19	*Application to Review Board*	MHA s.66; s.67	Form 19 must be filled out if there is a request for a hearing by the Mental Health Act Review Board.	• Patient or person subject to a certificate • Patient's substitute decision maker • Legal guardian • Agent of patient, who is under a personal directive • Nearest relative of patient • Patient's attending medical practitioner • Director of designated facility where patient is admitted or where certificate has been filed • Public Trustee • Other person	Can be filled out anytime.
20	*Notice to Review Board*	MHA s.68; Mental Health General Regulations s.17	Form 20 provides notice to the Mental Health Act Review Board to hold a mandatory hearing.	• Director of designated facility (where the involuntary patient is admitted)	Notice must be provided **14 days prior to the patient reaching six consecutive months** of involuntary admission without a previous application for an order cancelling the certificate.

Form	Form Name	Section of Act or Regulations	Form Description	Completed by	Timing
21	*Notice of Intention to Issue Assisted Community Treatment Certificate*	MHA s.37.(2)	Form 21 is completed to inform the director of the designated facility of the intention to begin preparations for the issuance of *Form 22 - Assisted Community Treatment Certificate* for an involuntary patient. This notice must be completed prior to consultation with the health professionals and/or bodies to be named in *Form 23 – Community Treatment Plan.*	• Attending medical practitioner	When the attending medical practitioner, patient and substitute decision maker (if applicable) agree that community-based treatment is in the patient's best interests.
22	*Assisted Community Treatment Certificate*	MHA s.37; s.38	Form 22 is issued by a medical practitioner so that an involuntary patient can receive treatment and care while living in the community instead of the designated facility. Form 22 must be accompanied by *Form 23 - Community Treatment Plan*.	• Attending medical practitioner	Certificate can only be issued if the attending medical practitioner has examined the patient 72 hours before issuing the certificate. Can be issued for up to six months. Automatically expires when the person is no longer an involuntary patient.
23	*Community Treatment Plan*	MHA s.40; s.43	Form 23 outlines the treatment, care, supervision, supports and conditions required under assisted community treatment. It must be attached to *Form 22 - Assisted Community Treatment Certificate*.	• Attending medical practitioner	
24	*Community Treatment Plan Report*	MHA s.42	Form 24 provides updates about the patient's progress or non-compliance to the medical practitioner who is responsible for supervising the patient under a *Community Treatment Plan*.	•Everyone identified in *Form 23 - Community Treatment Plan*	As per the timing outlined in Form 23 (or more often if necessary)

Appendix

Form	Form Name	Section of Act or Regulations	Form Description	Completed by	Timing
25	*Assisted Community Treatment Certificate, Amendment*	MHA s.40; Assisted Community Treatment Regulations s.7	Form 25 is used to make an amendment to the *Form 22 - Assisted Community Treatment Certificate* if an involuntary patient is being transferred to a different designated facility within the NWT. This amendment must be attached to the original *Form 22 - Assisted Community Treatment Certificate* and *Form 23 - Community Treatment Plan*. *Form 7 - Authorization to Transfer Involuntary Patient to Facility within the Northwest Territories* must be completed to authorize the transfer.	• Director of designated facility	
26	*Community Treatment Plan, Amendment*	MHA s.40; Assisted Community Treatment Regulations s.7	Form 26 identifies any amendments to the original *Form 23 - Community Treatment Plan*. This amendment must be attached to *Form 22 - Assisted Community Treatment Certificate* and original *Form 23 - Community Treatment Plan*.	• Director of designated facility • Medical practitioner responsible for the *Community Treatment Plan*	
27	*Certificate Requiring Patient to Attend Mandatory Assessment at Health Facility*	MHA s.47	Form 27 requires an involuntary patient who is subject to *Form 22 - Assisted Community Treatment Certificate* to attend a mandatory assessment. The assessment will determine if the conditions and effectiveness of the *Community Treatment Plan* are being adequately met. The form provides authority for apprehension of the patient by a peace officer and the conveyance of the patient by a peace officer or other authorized person to the specified designated facility. It further authorizes the detention and control of the patient.	• Medical practitioner responsible for the *Community Treatment Plan* • Director of designated facility	Authority to apprehend an involuntary patient and convey them to a health facility expires 30 days after certificate is issued. A psychiatric assessment of the patient must be completed within 72 hours of their return to the designated facility.

Form	Form Name	Section of Act or Regulations	Form Description	Completed by	Timing
28	*Certificate Cancelling Assisted Community Treatment*	MHA s.48, s.49	Form 28 is used when the involuntary patient under *Form 22 - Assisted Community Treatment Certificate* continues to meet involuntary admission criteria, but requires supervision, care and/or treatment in a designated facility.	• Medical practitioner • Director of designated facility	A psychiatric assessment of the patient must be completed within 72 hours of their return to the designated facility.
29	*Notice Requiring Patient to Return to Designated Facility on Expiration of Assisted Community Treatment Certificate*	MHA s.45; Assisted Community Treatment Regulations s.13	Form 29 notifies the patient that *Form 22 - Assisted Community Treatment Certificate* is expiring, and they are to return to the designated facility where they remain as a patient.	• Medical practitioner	Notice must be provided to the patient at least 14 days before expiry of *Form 22 - Assisted Community Treatment Certificate*. A psychiatric assessment of the patient must be completed within 72 hours of their return to the designated facility.
NOTE: Original form stays with the issuer or on the medical chart unless otherwise stated. Any form must be produced if requested by the Mental Health Act Review Board.					
NOTE: Ensure copies of the form are distributed as per the Distribution Note found at the end of the form.					

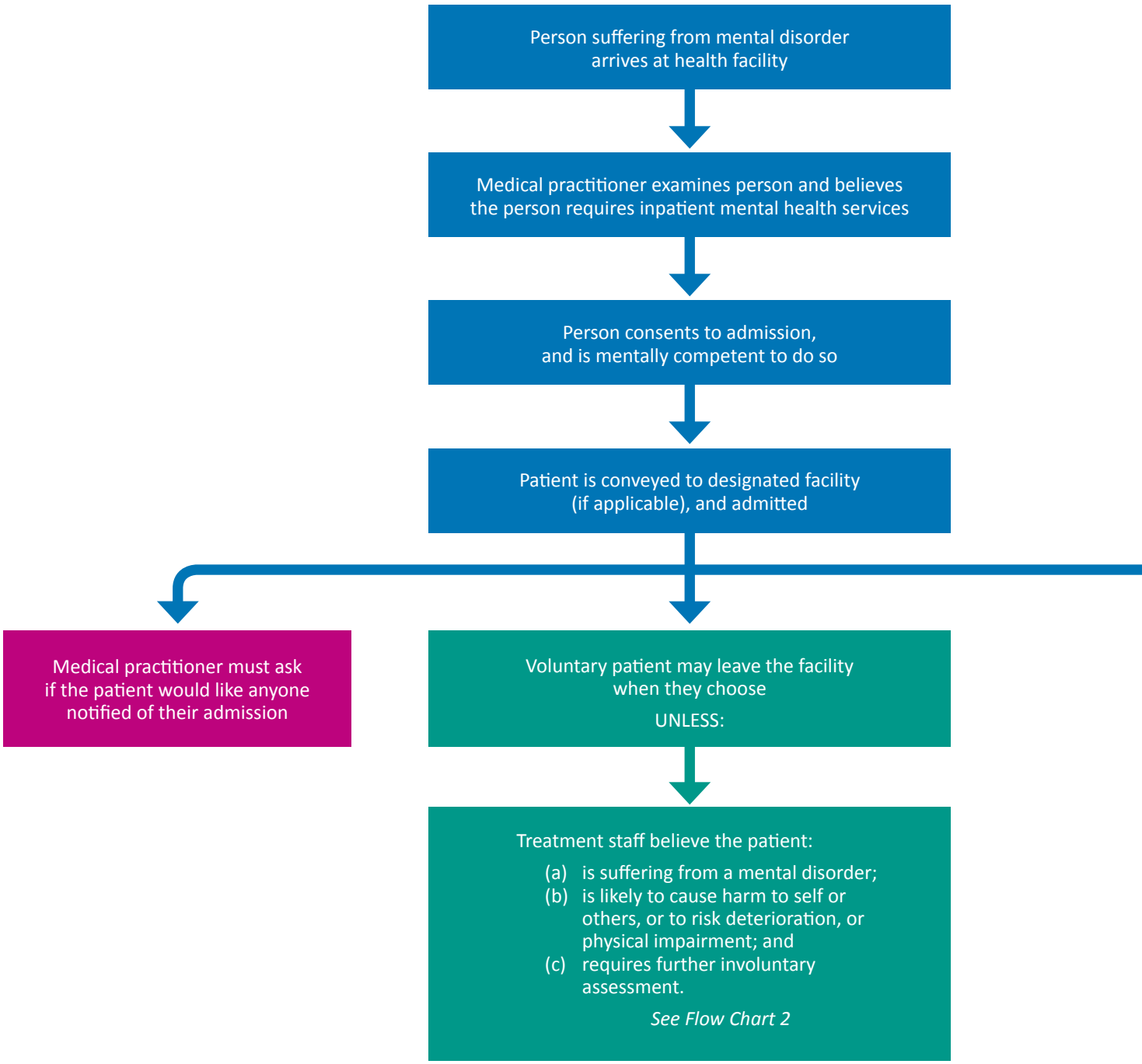
Appendix 3: Tips to Filling out the *Mental Health Act* Forms

1. The forms are legal documents, and are evidence (e.g., they indicate the reasons for involuntary assessment, involuntary admission or a *Community Treatment Plan*).
2. The content of the forms may not be altered in any way. The forms are legislated and contain language set out and required by law, which cannot be changed.
3. It is critical that information on any form is accurate, complete and legible.
4. Please ensure that all photocopies are legible.
5. Please ensure the person completing the form is authorized to do so.
6. If you make a mistake when filling out the form (e.g., the date is missed), correct the error as soon as you see the error. Ensure the correction is recorded on the original and all copies, and that the corrected form is redistributed to those who received the inaccurate original to ensure all individuals are referencing the most current, complete and accurate form.
7. When a correction is made, record the date and initial where the change has been made. If you are not authorized to sign a form, a health professional authorized to sign must initial the correction (e.g., only a medical practitioner is authorized to sign Form 11).
8. Electronic versions of the forms can be:
   - Completed on the computer and then printed and signed, or
   - Printed, then completed by hand and signed.
9. Forms are submitted as per the distribution note at the end of the form.
10. The original copy of the form is put on the patient's chart.
11. It is advisable to have a few 'hard copies' of blank forms available in case there are any problems with the internet, computer or printer.
12. Don't use forms from the previous *Mental Health Act* (1988). If old forms are found, destroy them.
13. Please refer to the *Mental Health Act* or this Guide for a reminder of when forms need to be issued.

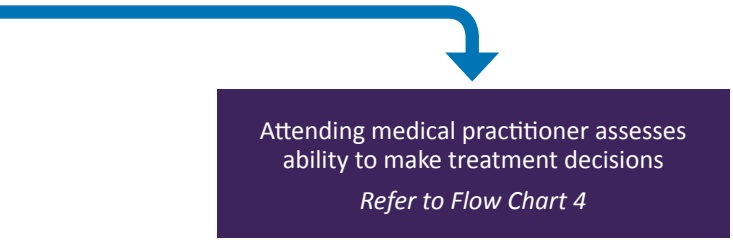
Appendix 4:

Flow Chart 1

Voluntary Admission at a designated facility



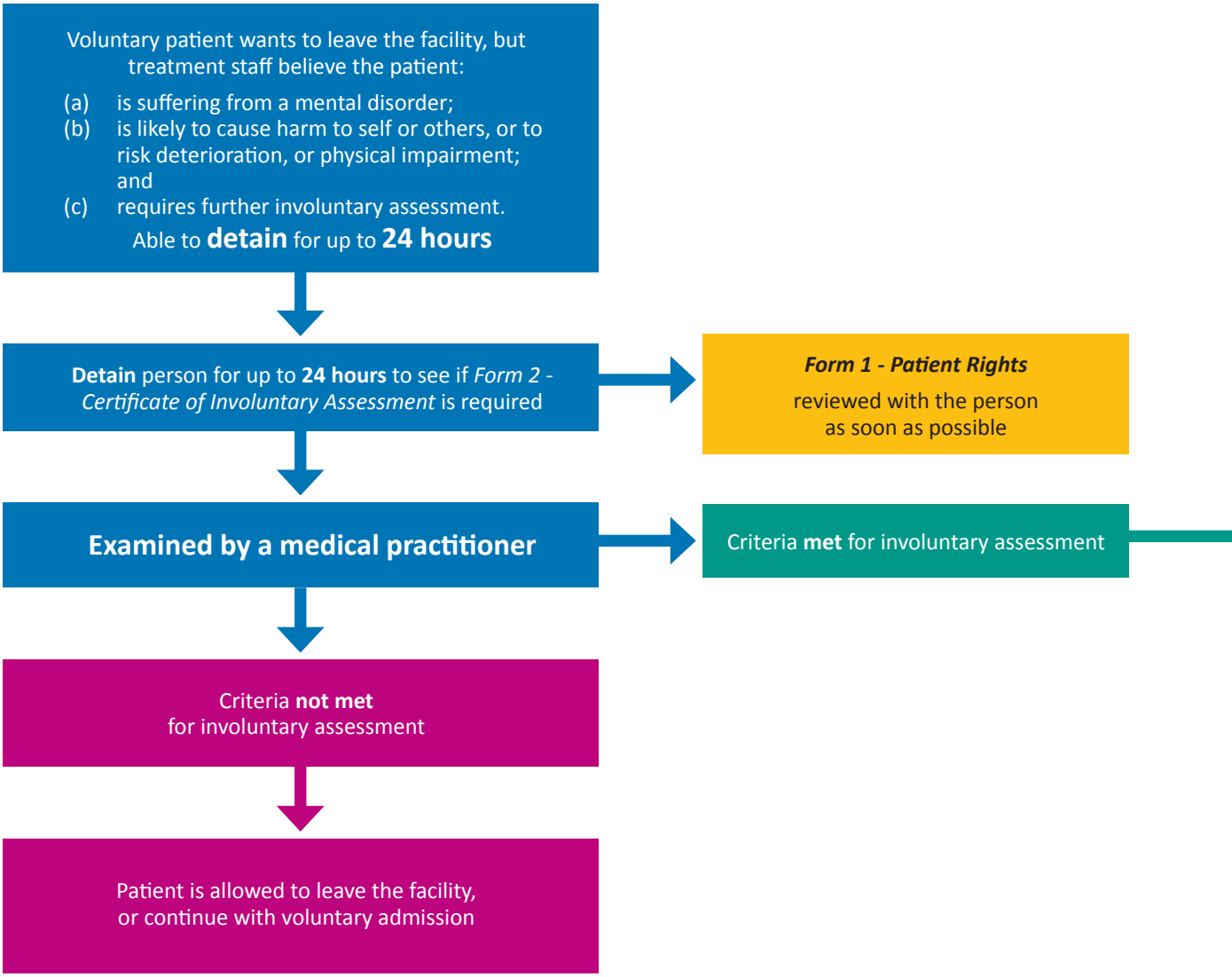
Note: Please ensure copies of the Forms are distributed as per the Distribution Note at the end of the Form and place a copy in the medical file. Follow any Additional Actions at the end of the Form (if applicable).



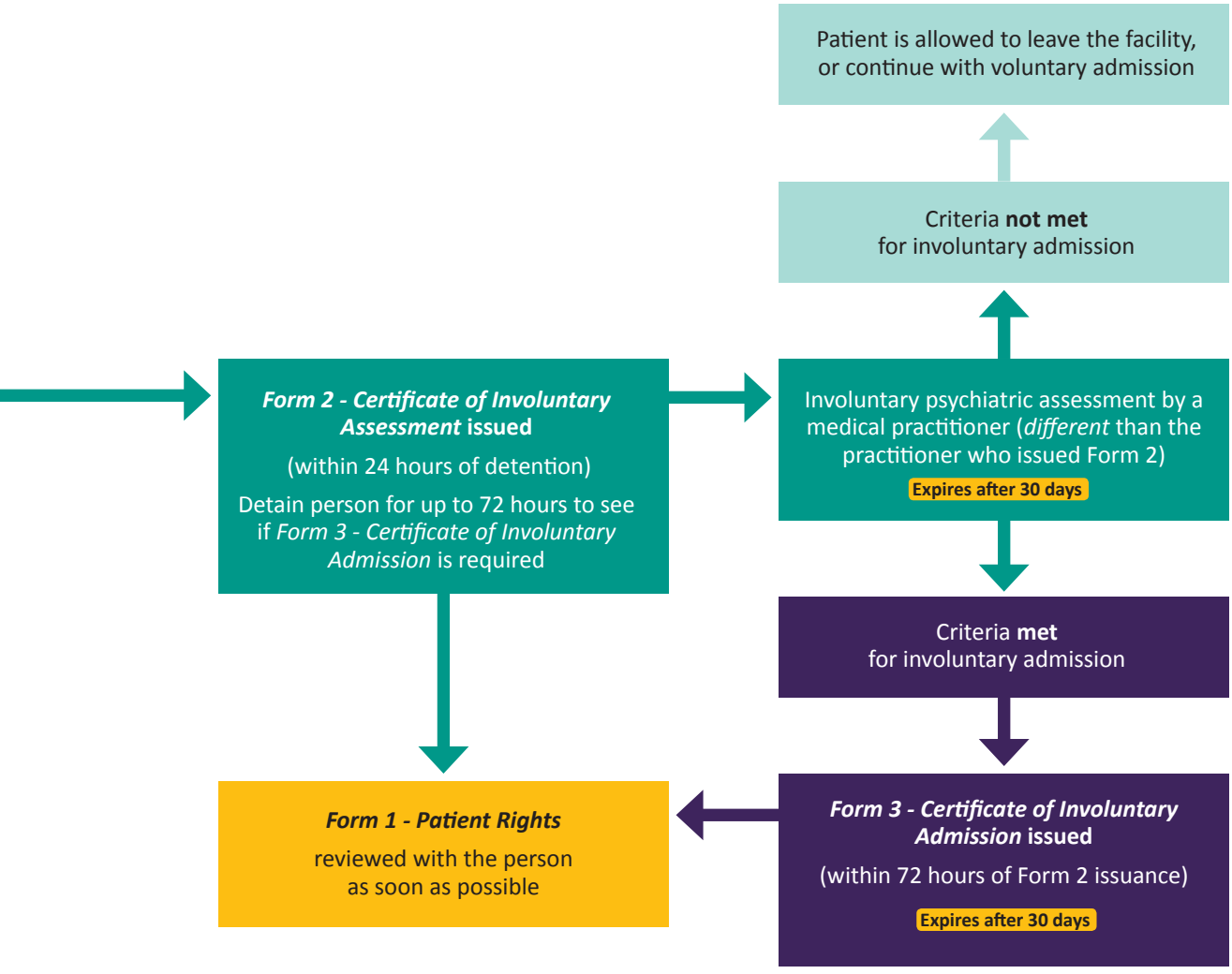
Appendix 5:

Flow Chart 2

Voluntary Patient Changes to an Involuntary Patient



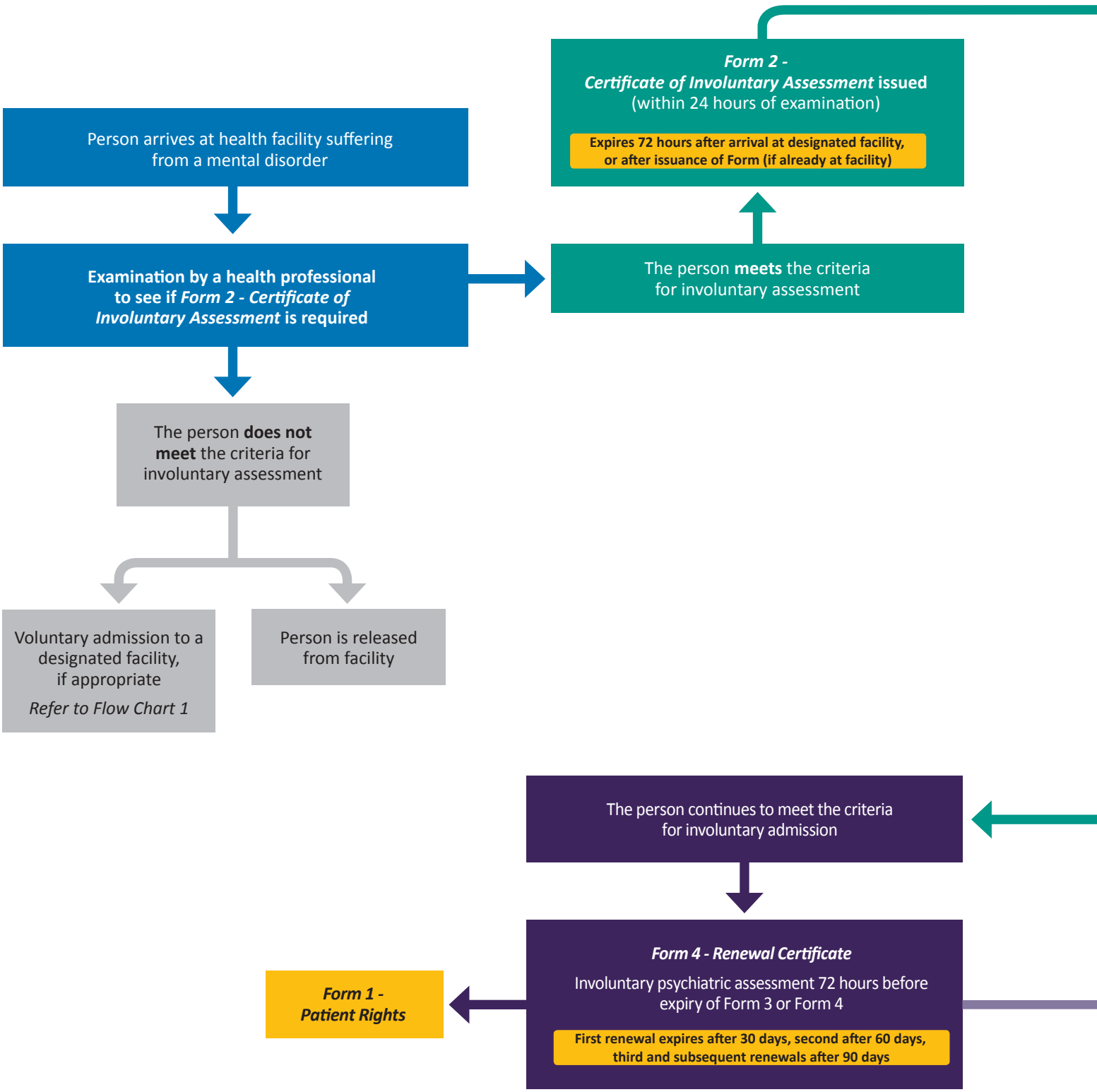
Note: Please ensure copies of the Forms are distributed as per the Distribution Note at the end of the Form and place a copy in the medical file. Follow any Additional Actions at the end of the Form (if applicable).



Appendix 6:

Flow Chart 3

Involuntary Assessment and Admission



Note: Please ensure copies of the Forms are distributed as per the Distribution Note at the end of the Form and place a copy in the medical file. Follow any Additional Actions at the end of the Form (if applicable).

Form 1 - Patient Rights

Person is informed of rights and reason for detention

Conveyance to designated facility by peace officer or other authorized person if not already at facility
Must arrive as soon as possible, but **within 7 days**

Involuntary psychiatric assessment
by a Medical Practitioner
within 72 hours of Form 2 issuance,
or,
if applicable, arrival at designated facility

The person **does not meet** the criteria for involuntary assessment

- Person is released from facility
- Voluntary admission, if appropriate
  Refer to Flow Chart 1

The person **meets** the criteria for involuntary admission
Expires after 30 days

Form 3 - Certificate of Involuntary Admission

Attending medical practitioner assesses ability to make treatment decisions
Refer to Flow Chart 4

Form 1 - Patient Rights

Patient/substitute decision maker is informed of rights and reason for the admission

Ongoing assessment to determine if the involuntary admission criteria continue to be met

The person no longer meets the criteria for involuntary admission

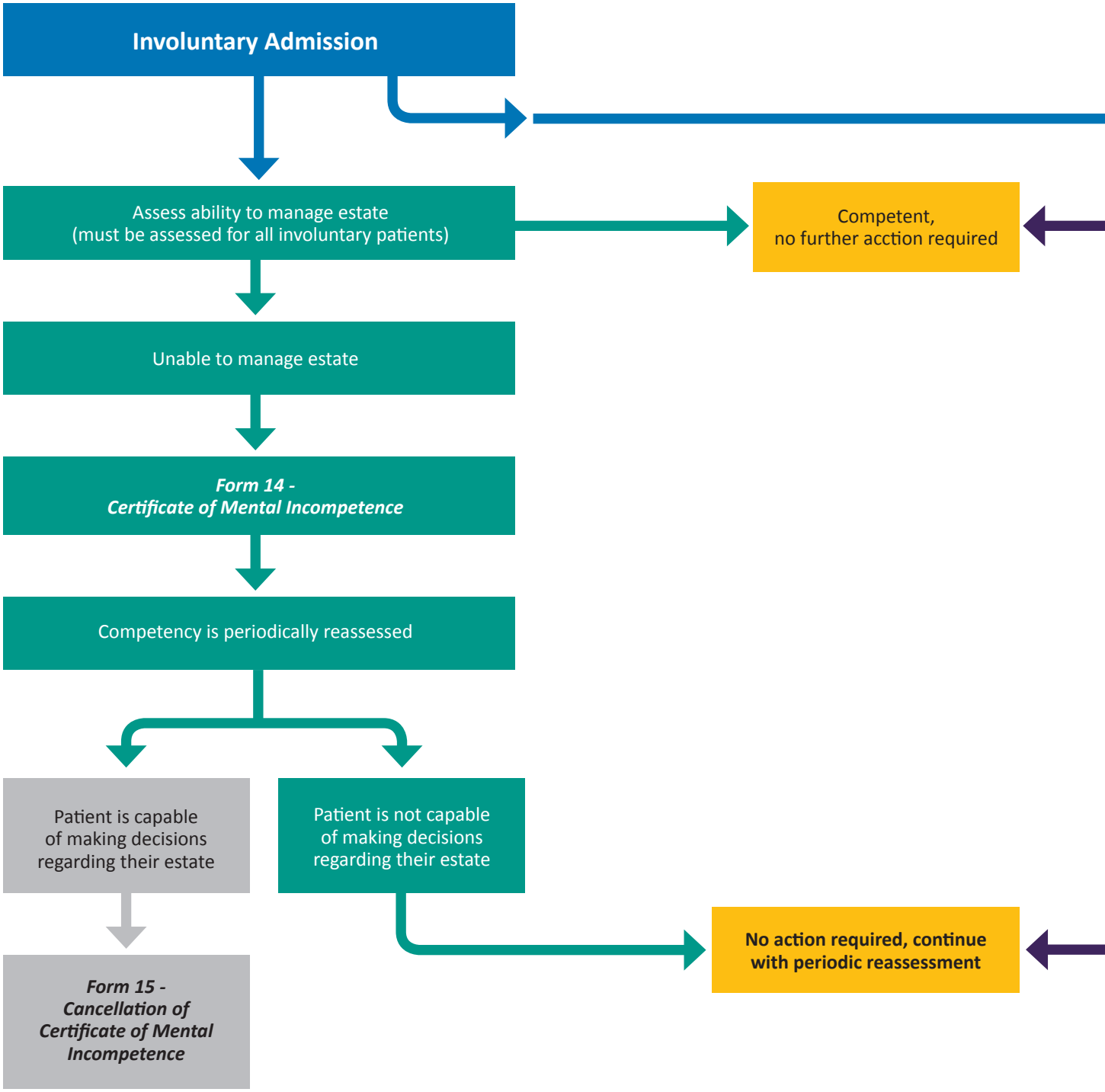
Form 5 - Cancellation of Certificate of Involuntary Admission or Renewal Certificate

- Person is released from facility
- Voluntary admission, if appropriate
  Refer to Flow Chart 1

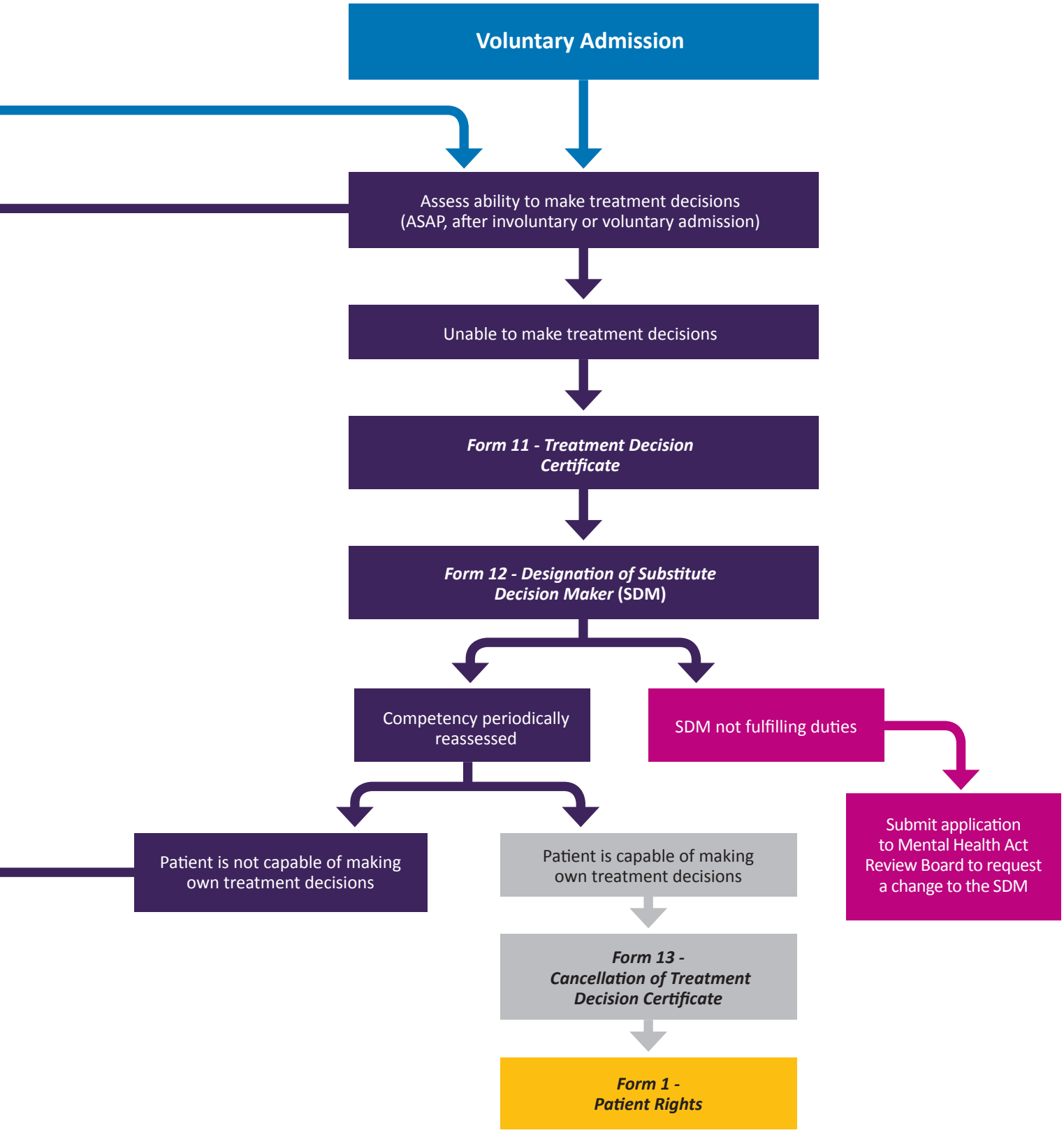
Appendix 7:

Flow Chart 4

Competency and Substitute Decision Maker

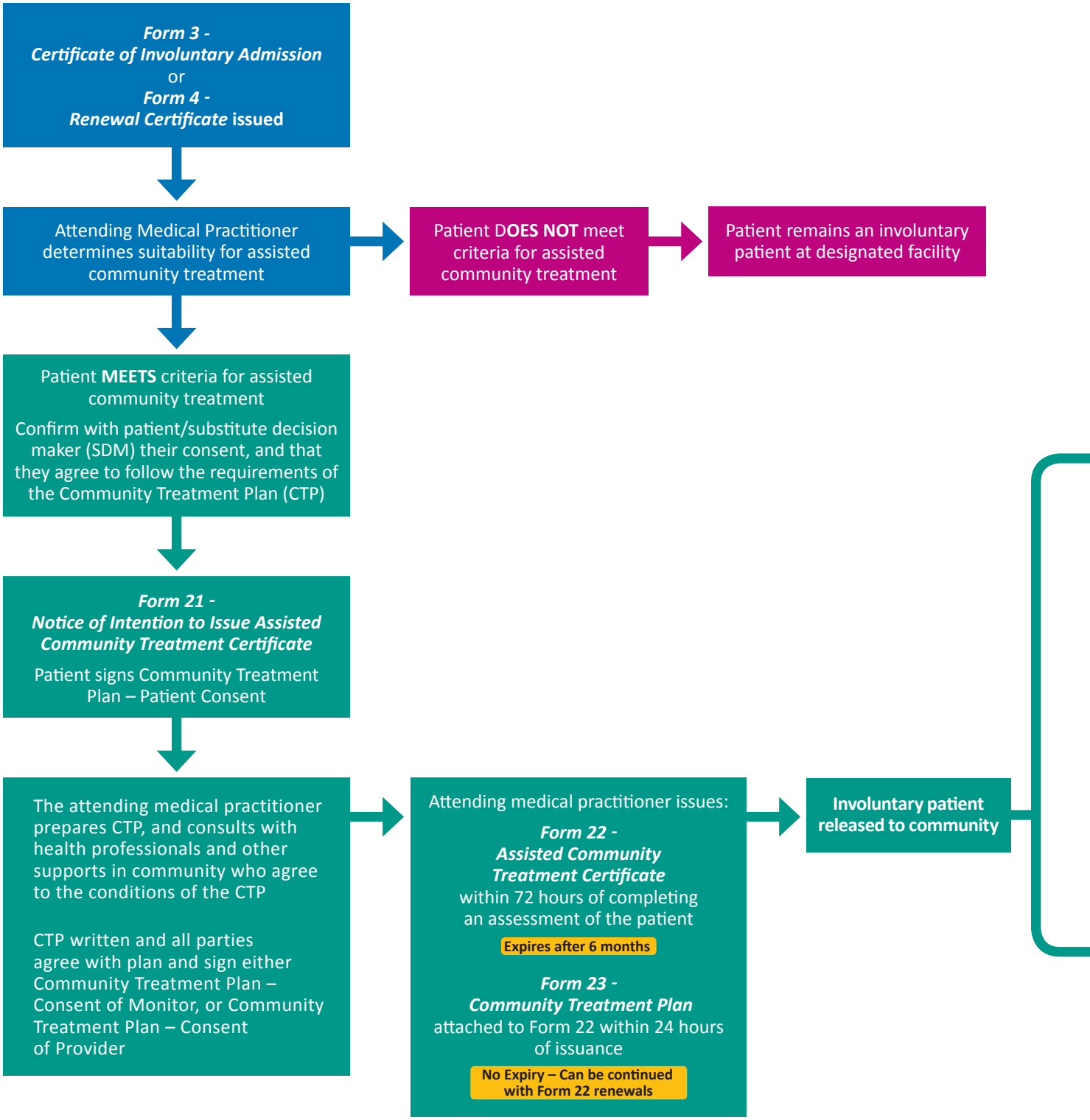


Note: Please ensure copies of the Forms are distributed as per the Distribution Note at the end of the Form and place a copy in the medical file. Follow any Additional Actions at the end of the Form (if applicable).



Appendix 8:

Flow Chart 5
Assisted Community Treatment



Note: Please ensure copies of the Forms are distributed as per the Distribution Note at the end of the Form and place a copy in the medical file. Follow any Additional Actions at the end of the Form (if applicable).

Ongoing assessments regarding effectiveness of the CTP:

- 1st Assessment conducted within 30 days after release from designated facility
- 2nd assessment within 30 days after 1st assessment
- Within 72 hours before expiry of *Form 22 - Assisted Community Treatment Certificate*
- On a reasonable ongoing basis as required by the supervising medical practitioner, or at reasonable request by the patient, SDM, or CTP treatment team

Issue:

Form 25 - Assisted Community Treatment, Amendment **if the designated facility changes**

Form 26 - Community Treatment Plan, Amendment **if any changes to the CTP are necessary**

The involuntary patient may be required to return to the designated facility if they have not complied with conditions in the CTP

Refer to Flow Chart 6a

Involuntary psychiatric assessments to evaluate the involuntary patient's status occur:

- At a reasonable ongoing basis
- Within 72 hours of expiry of *Form 22 - Assisted Community Treatment Certificate, Form 3 - Involuntary Admission Certificate,* or *Form 4 - Renewal Certificate*

No longer meets involuntary admission criteria

Form 5 - Cancellation of Certificate of Involuntary Admission or of Renewal Certificate

Form 22 - Assisted Community Treatment Certificate is automatically cancelled.

The person is free to return to the community, or continue as a voluntary patient, if indicated

Continues to meet involuntary admission criteria

Form 4 - Renewal Certificate **issued**

Form 1 - Patient Rights

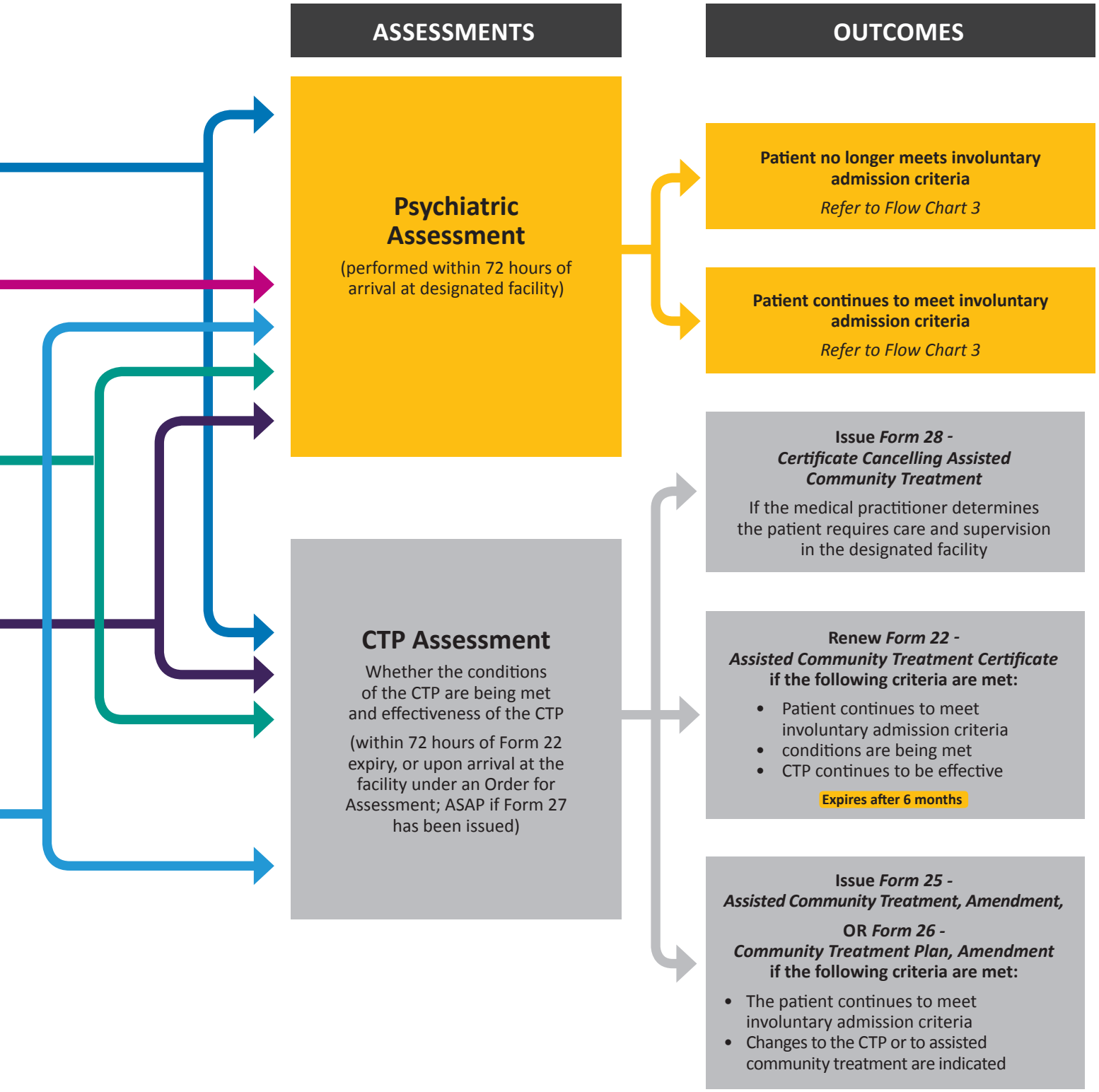
Appendix 9:

Flow Chart 6a

Return to Facility - Assisted Community Treatment

CIRCUMSTANCE REQUIRING RETURN	ACTION
Scenario 1 If ***Form 22 - Assisted Community Treatment Certificate*** of an involuntary patient is nearing expiry **Expires after 6 months**	***Form 29 - Notice Requiring Patient to Return to Designated Facility on Expiration of Assisted Community Treatment Certificate*** Provided to patient at least 14 days before expiry. If patient does not arrive, issue Form 18 (Refer to Scenario 6)
Scenario 2 If ***Form 3 - Certificate of Involuntary Admission*** or ***Form 4 - Renewal Certificate*** is nearing expiry	Notification of expiry must be provided to the treatment team at least 14 days before the expiry of the certificate.
Scenario 3 Specific services in the *Community Treatment Plan* (CTP) are no longer available, and no other arrangements can be made. OR The patient requires treatment or care in the designated facility, as a result of a change in the mental condition of the patient (or other circumstances).	***Form 28 - Certificate Cancelling Assisted Community Treatment*** If patient does not arrive, issue Form 18 (Refer to Scenario 6)
Scenario 4 An involuntary patient under assisted community treatment may be required to return to the designated facility, as determined by the supervising medical practitioner, if the patient has failed to comply with the specific requirements of the CTP.	***Form 27 - Certificate Requiring Patient to Attend Mandatory Assessment*** Authority granted for apprehension/conveyance **Expires after 30 days**
Scenario 5 If an involuntary patient released under assisted community treatment is believed to likely cause harm, has recently caused or threatened harm to themselves/another person, or is likely to suffer mental or physical deterioration or impairment: • A person can apply for an Order for Assessment by Justice of the Peace or Territorial Judge to assess whether *Form 22 - Assisted Community Treatment Certificate* should be cancelled **Expires at end of seventh day** • The involuntary patient may be apprehended by a peace officer **Authority to convey expires 24 hours after apprehension**	**Apprehension/Conveyance to designated facility**
Scenario 6 If the involuntary patient has not returned to facility after cancellation or expiry of *Form 22 - Assisted Community Treatment Certificate*.	***Form 18 - Unauthorized Absence Statement*** Authority granted for apprehension / conveyance **Expires after 30 days**

Note: Please ensure copies of the Forms are distributed as per the Distribution Note at the end of the Form and place a copy in the medical file. Follow any Additional Actions at the end of the Form (if applicable).



Appendix 10:

Flow Chart 6b

Return to Facility - Short Term Leave

Scenario 1 If *Form 16 - Short Term Leave Certificate* of an involuntary patient is nearing expiry

Expires no later than 30 days after issuance

Scenario 2 *Form 16 - Short Term Leave Certificate* may be cancelled by the attending medical practitioner if:

1. the patient has failed to comply with one or more conditions of the certificate, or
2. the patient's mental condition may result in harm to the patient or another person.

→ ***Form 17 - Cancellation of Short Term Leave***

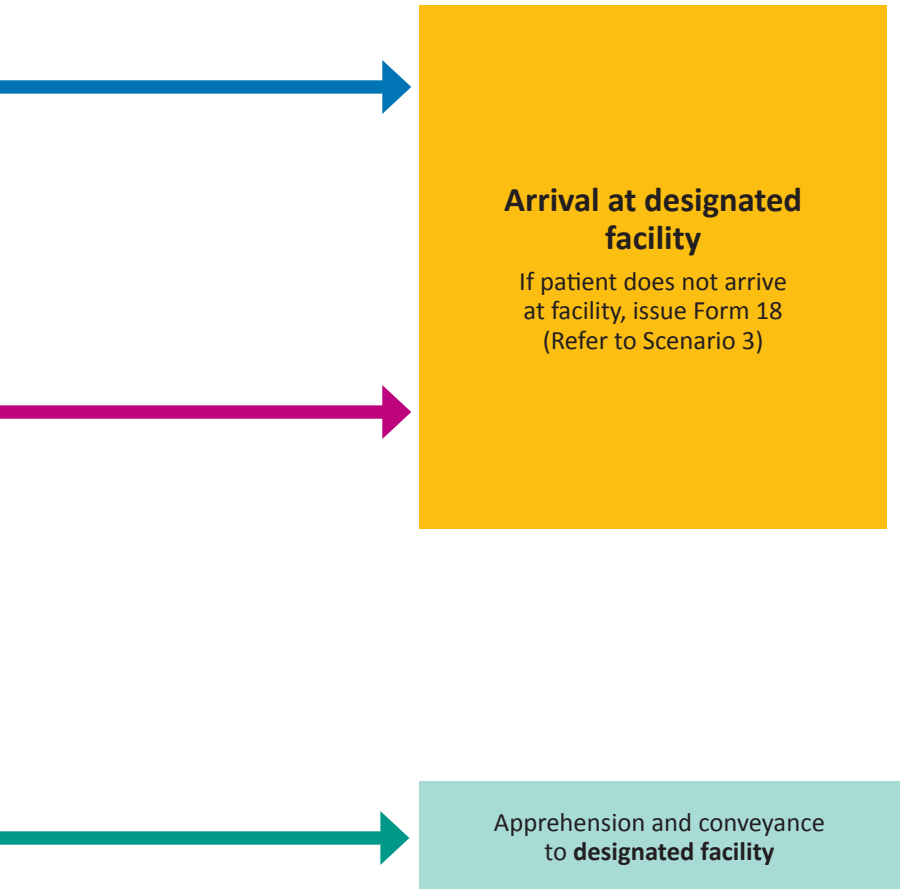
Scenario 3 An involuntary patient has not returned to the designated facility after cancellation or expiry of *Form 16 - Short Term Leave Certificate*

→ ***Form 18 - Unauthorized Absence Statement***

Authority granted for apprehension/conveyance

Expires at end of seventh day

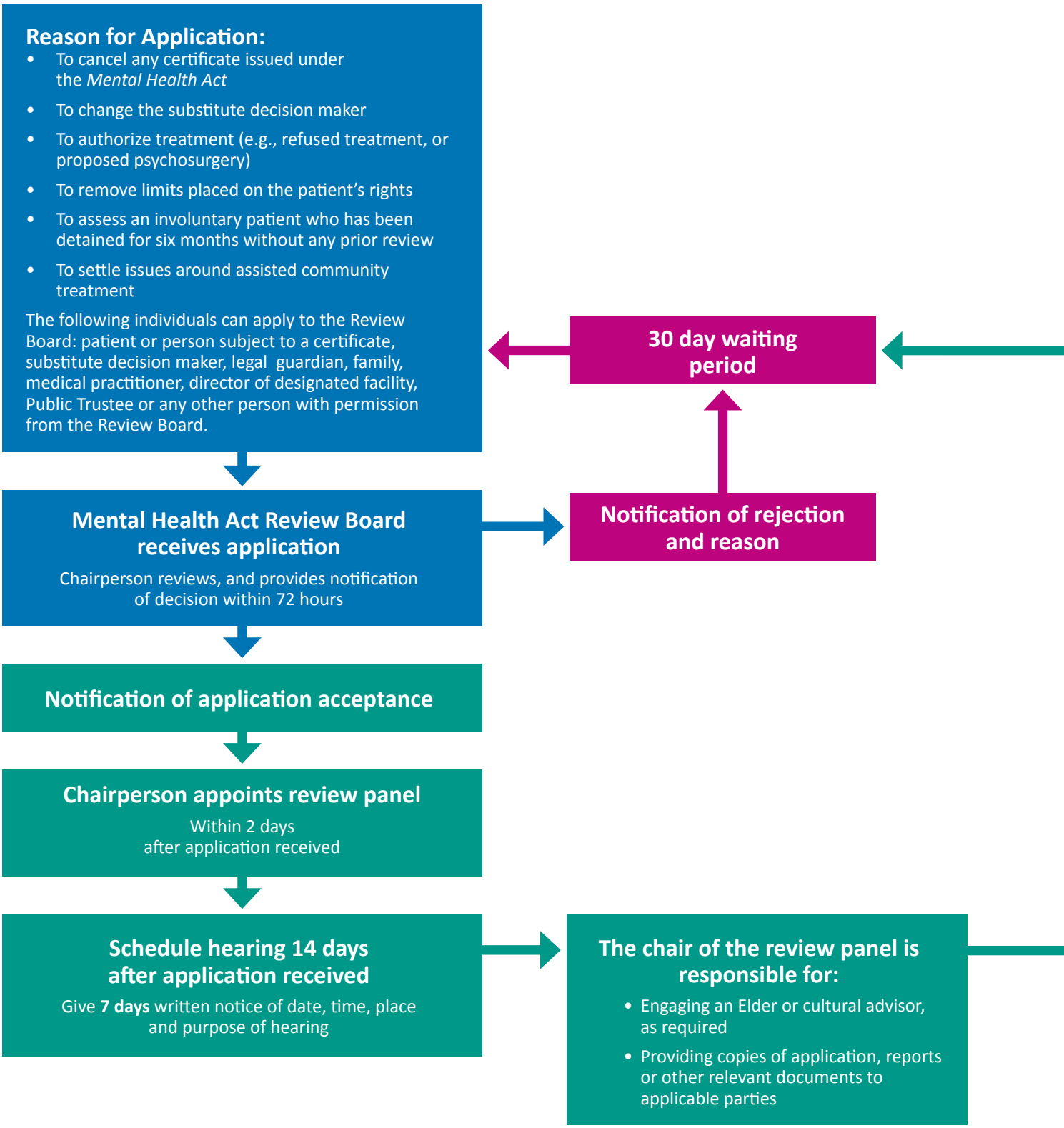
Note: Please ensure copies of the Forms are distributed as per the Distribution Note at the end of the Form and place a copy in the medical file. Follow any Additional Actions at the end of the Form (if applicable).



Appendix 11:

Flow Chart 7

Application to the Mental Health Act Review Board



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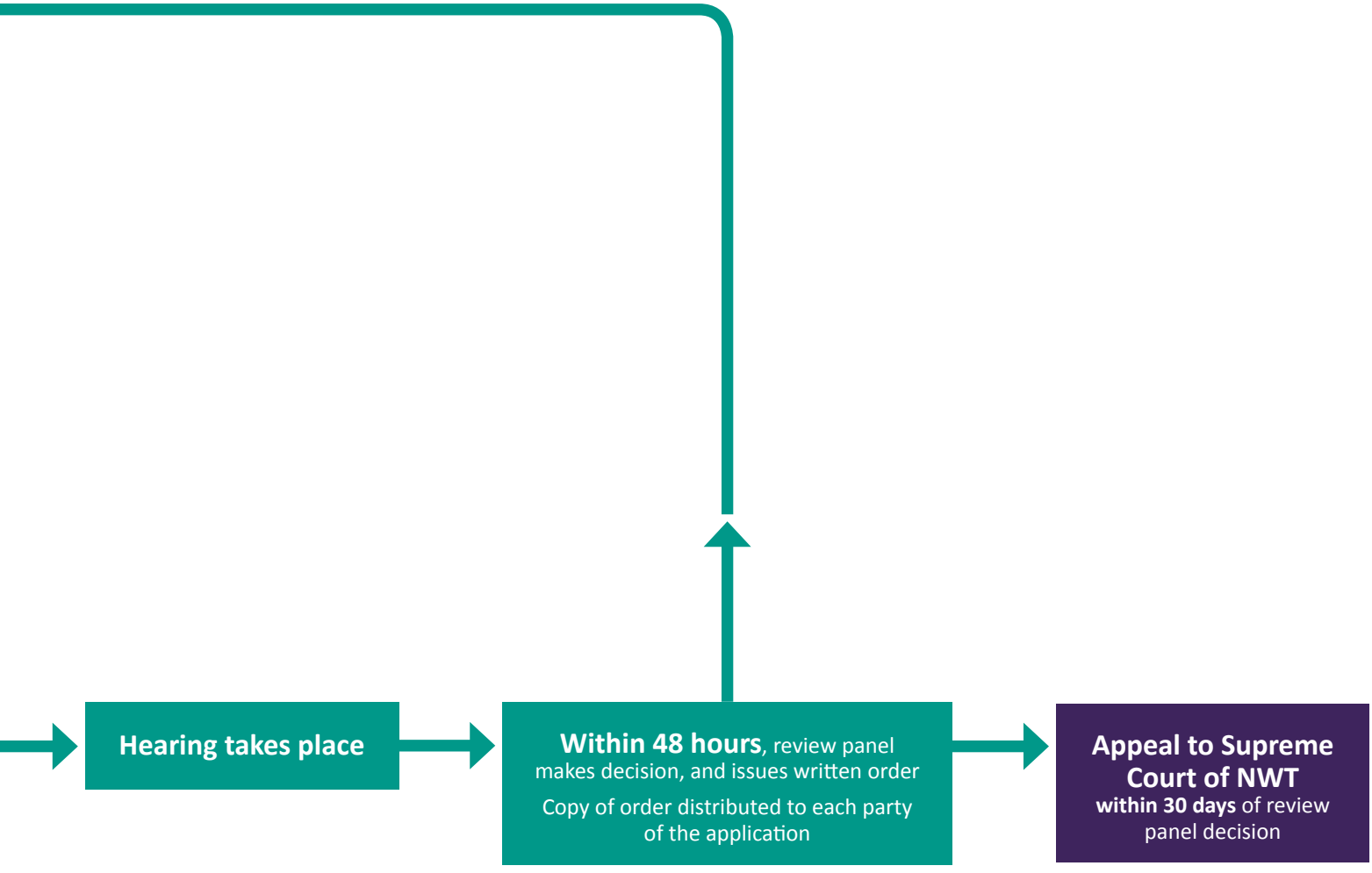

FORM NUMBER	NAME OF FORM
	Assessment/Admission Forms
1	Notification of Patient Rights and Other Information
2	Certificate of Involuntary Assessment
3	Certificate of Involuntary Admission
4	Renewal Certificate
5	Cancellation of Certificate of Involuntary Admission or Renewal Certificate
6	Designation of Person to Receive Information

FORM NUMBER	**Transfer Authorizations**
7	Authorization to Transfer Involuntary Patient to Facility Within the Northwest Territories
8	Certificate Authorizing Transfer of Involuntary Patient to Facility Outside the Northwest Territories
9	Authorization to Transfer a Patient to a Designated Facility from a Health Facility Outside the Northwest Territories
10	Summary Statement Respecting Apprehension or Conveyance

FORM NUMBER	**Treatment Decisions – Mental Competence**
11	Treatment Decision Certificate
12	Designation of Substitute Decision Maker
13	Cancellation of Treatment Decision Certificate
14	Certificate of Mental Incompetence
15	Cancellation of Certificate of Mental Incompetence

FORM NUMBER	**Leave from A Designated Facility**
16	Short Term Leave Certificate
17	Cancellation of Short Term Leave Certificate

FORM NUMBER	**Unauthorized Absence from A Designated Facility**
18	Unauthorized Absence Statement

FORM NUMBER	**Northwest Territories Mental Health Act Review Board**
19	Application to Review Board
20	Notice to Review Board

FORM NUMBER	**Assisted Community Treatment**
21	Notice of Intention to Issue Assisted Community Treatment Certificate
22	Assisted Community Treatment Certificate
23	Community Treatment Plan
24	Community Treatment Plan Report
25	Assisted Community Treatment Certificate, Amendment
26	Community Treatment Plan, Amendment
27	Certificate Requiring Patient to Attend Mandatory Assessment at Health Facility
28	Certificate Cancelling Assisted Community Treatment
29	Notice Requiring Patient to Return to Designated Facility on Expiration of Assisted Community Treatment Certificate

NOTE: Please ensure that you are aware of the distribution of the forms, as per the Distribution Note found on the forms.