



## Group Guidelines



- Avoid distractions
- Respect others
- Maintain confidentiality



Best Health Care Future



# Mental Health Act Training Agenda

Introducing The Mental Health Act

- All jurisdictions in Canada have a *Mental Health Act* to guide the treatment, care and protection of individuals living with a mental disorder
- Bill 55: *Mental Health Act* received assent in the Legislative Assembly on October 8, 2015
- The *Mental Health Act* comes into force on September 1, 2018

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Mental Health Act Regulations

Name of Regulation	Purpose
Designation of Facilities Regulations	Designated facilities in the NWT: <ul style="list-style-type: none"> <li>Fort Smith Health and Social Services Centre</li> <li>Hay River Health Centre</li> <li>Inuvik Regional Hospital</li> <li>Stanton Territorial Hospital</li> </ul>
General Regulations	<ul style="list-style-type: none"> <li>Outlines patient rights</li> <li>Notice requirements</li> <li>Administrative matters</li> <li>Designation of responsible medical practitioner</li> <li>Expands the definition of "health professional" to include registered nurses</li> </ul>

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Mental Health Act Regulations (Continued)

Name of Regulation	Purpose
Apprehension, Conveyance and Transfer Regulations	<ul style="list-style-type: none"> <li>Defines "other authorized person"</li> <li>Allows for issuance of a summary statement relating to a person being apprehended or conveyed.</li> <li>Extension of time allowed to transport a person</li> <li>Record use of physical restraints – type and reason</li> </ul>
Assisted Community Treatment Regulations	<ul style="list-style-type: none"> <li><i>Community Treatment Plan</i></li> <li>Requirements when community treatment plans are amended or obligations in the plan cannot be met</li> <li>Designation of medical practitioner responsible for supervision of a person under a <i>Community Treatment Plan</i></li> </ul>

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**Mental Health Act Regulations (Continued)**

Name of Regulation	Purpose
<b>Review Board Regulations</b>	<ul style="list-style-type: none"><li>Composition of Board</li><li>Terms of Members</li><li>Review Board Orders</li><li>Review Board Annual Report</li></ul>
<b>Forms Regulations</b>	<ul style="list-style-type: none"><li>Outlines the required 29 forms, and their content</li></ul>



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# Key Changes to the *Mental Health Act*

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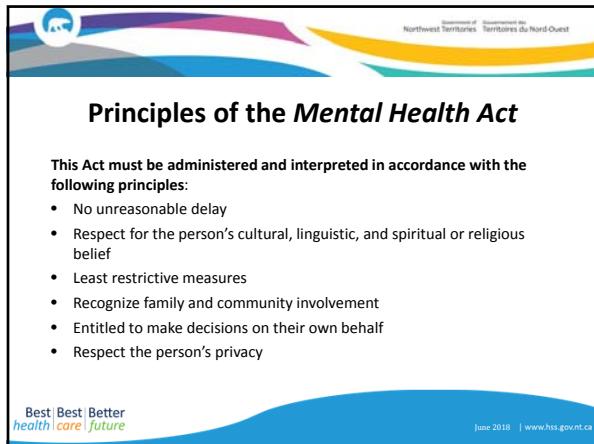
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# Key Elements of the *Mental Health Act*

- An inclusive definition of mental disorder
- Voluntary admission provisions
- An involuntary admission process that aligns with the Canadian Charter of Rights and Freedoms
- Comprehensive rights for patients and those acting on their behalf
- The ability to issue Assisted Community Treatment Certificates and Community Treatment Plans
- A Mental Health Act Review Board and review panels to hear concerns from patients, families, health care professionals or others



**Principles of the Mental Health Act**

This Act must be administered and interpreted in accordance with the following principles:

- No unreasonable delay
- Respect for the person's cultural, linguistic, and spiritual or religious belief
- Least restrictive measures
- Recognize family and community involvement
- Entitled to make decisions on their own behalf
- Respect the person's privacy

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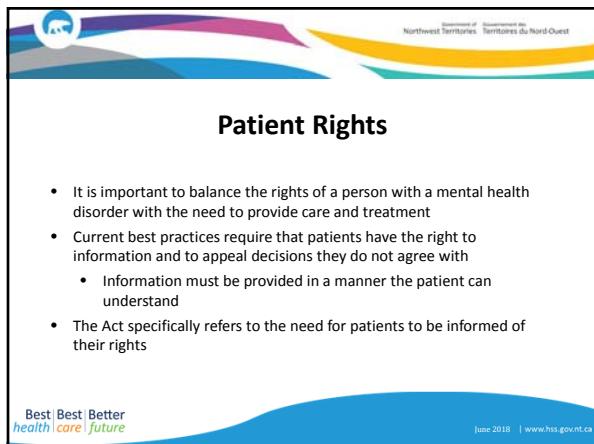
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**Patient Rights**

- It is important to balance the rights of a person with a mental health disorder with the need to provide care and treatment
- Current best practices require that patients have the right to information and to appeal decisions they do not agree with
  - Information must be provided in a manner the patient can understand
- The Act specifically refers to the need for patients to be informed of their rights

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**Patient Rights - Detention**

- Any person detained under the *Mental Health 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

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Involuntary patients have the right to:

- Know why they are in hospital as an involuntary patient
- Identify a person to be notified of their involuntary admission
- Have access to their substitute decision maker\*
- Have visitors during visiting hours\*
- Use the telephone\*
- Write, send, and receive correspondence\*
- Not 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

\*These rights may be limited if there is a risk of harm to the patient or another person

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With respect to the rights of the person / patient, health professionals are obligated to:

- Allow the person / patient to let a family member know if there are delays in getting to the designated facility
- Allow the person / patient to identify and let a person know about their admission
- Assess and examine the patient regularly to ensure involuntary admission criteria is still met
- Provide patients with a second medical opinion, if they do not wish to be discharged

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- There are no delegates in this Act
- The director is defined in the Act as, "*the person employed in the facility that is in charge of the administration and management of the facility*"
- The directors are ultimately responsible for the administration of and compliance with the Act and Regulations

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## Director's Responsibilities

Sole Responsibilities	• Cannot be delegated
Shared Responsibilities	• Shared with medical practitioners and/or health professionals
Delegated Roles	• Can be delegated, but the director is still responsible for the tasks

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## Health Professionals:

- Defined in the Act as: medical practitioner, nurse practitioner, psychologist or registered nurse allowed to practice in the NWT
- Complete an initial examination to determine if someone requires an involuntary psychiatric assessment
- After examination, can issue Form 2 - *Certificate of Involuntary Assessment*
- Arrange to have the person brought to a designated facility (if not already there) for the involuntary assessment
- Responsible for clinical functions
- Provide information to other clinicians and family members
- Report to review panels

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## Peace Officers

- RCMP are considered peace officers
- They are responsible for the apprehension and conveyance of persons under the Act, and detention and control of persons for those purposes

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## Other Authorized Person

- Defined as a person engaged in providing medevac services, including a person engaged in the practice of emergency medical services provider profession
- Both RCMP and other authorized persons are authorized to convey a person as defined in the Act

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## Voluntary Patient

- A medical practitioner may admit a person to a designated facility as a voluntary patient
- The person recognizes the need for help and is willing to accept care
- Voluntary patients may be admitted directly or be previous involuntary patients who have had Form 3 - *Certificate of Involuntary Admission* cancelled, and agree to stay for continuing care and treatment

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## Voluntary Patient to Involuntary Assessment

VOLUNTARY PATIENT TO INVOLUNTARY ASSESSMENT

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    graph TD
        A[Treatment staff detain voluntary patient after request to leave] --> B[Examination by medical practitioner]
        B --> C[Form 2 - Certificate of Involuntary Assessment issued]
    
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TIMEFRAME  
24 HOURS

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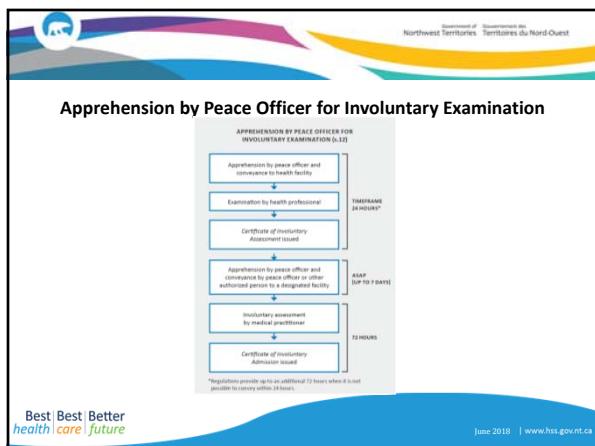
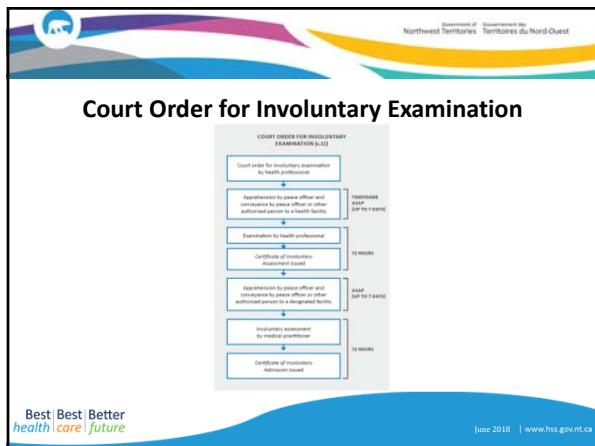
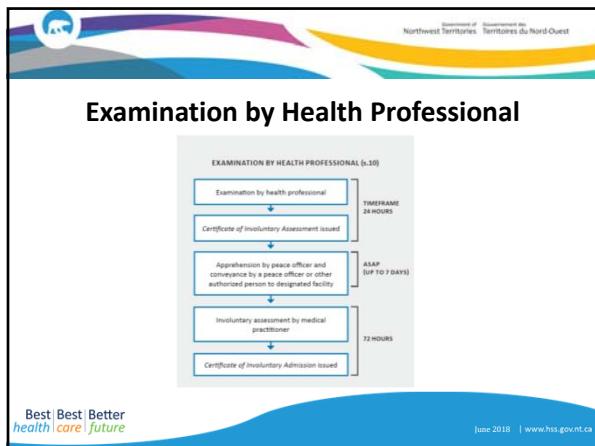
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## Form 2 – *Certificate of Involuntary Assessment*

Form 2 - Certificate of Involuntary Assessment	<p><b>Form 2 Timelines</b></p> <ul style="list-style-type: none"><li>Issued by a health professional within 24 hours of examination</li><li>Form 2 provides 7 days for the peace officer to apprehend and convey the person to a designated facility<ul style="list-style-type: none"><li><b>Note:</b> An "other authorized person" can convey</li></ul></li><li>Once at the designated facility, Form 2 allows for care, observation, examination, assessment, treatment and control for 72 hours</li></ul>
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# Involuntary Admission



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## Form 4 - *Renewal Certificate*



# Cancellation of Involuntary Admission



# Transfer of Patients



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## Mental Competence

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

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## Substitute Decision Maker

- Supports and advocates for the patient
- Makes treatment decisions based on the patients' best interests
- Considers the persons wishes when they were able to make their own decisions
- Can apply to the Review Board on the patient's behalf

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## Short Term Leave

- Means that an involuntary patient can leave the designated facility
- Permission is granted by the attending medical practitioner
- Purpose of the leave is usually therapeutic
- Provides an opportunity to assess the patient's ability to function outside of the designated facility
- Form 16 – *Short Term Leave Certificate* allows for leave for up to 30 days

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## What is Assisted Community Treatment?

- Assisted Community Treatment provides the opportunity for an involuntary patient to receive care, treatment and supervision in a community
- Services and supports need to be available for the patient
- It must be considered safe for both the patient and the public for this to occur
- There will be conditions the patient must follow

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## Assisted Community Treatment

- Patients who are under a Form 3 - *Certificate of Involuntary Admission* or Form 4 - *Renewal Certificate*, receive mental health care, treatment and supervision in the community
- Form 23 - *Community Treatment Plan* is required with each Form 22 – *Assisted Community Treatment Certificate*
- The patient and all involved parties must agree to the conditions of the plan

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## Components of Assisted Community Treatment

CTP

Medical Practitioner  
Informal Supports  
Formal Supports  
Involuntary Patient  
Housing  
Income

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**Cancellation of Assisted Community Treatment**

Assisted Community Treatment can be cancelled, if:

- The patient requires supervision, treatment or care in a designated facility
- Services under the plan are no longer available
- A review panel of the Mental Health Act Review Board issues an order

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**Absence without Leave**

An involuntary patient is considered absent from the facility without leave if:

- The patient is absent without authority under a Form 16 - *Short Term Leave Certificate* or Form 22 - *Assisted Community Treatment Certificate*
- The patient failed to return to the designated facility as required

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**Mental Health Act Review Board**

- The Mental Health Act Review Board helps protect the rights of people who are involuntarily held under the *Mental Health Act*, and people acting on their behalf
- The Review Board is independent of government and hospitals
- Any involuntary patient who wishes to appeal a decision made by their medical practitioner can apply to the Review Board
- Others can apply to the Review Board on the patient's behalf

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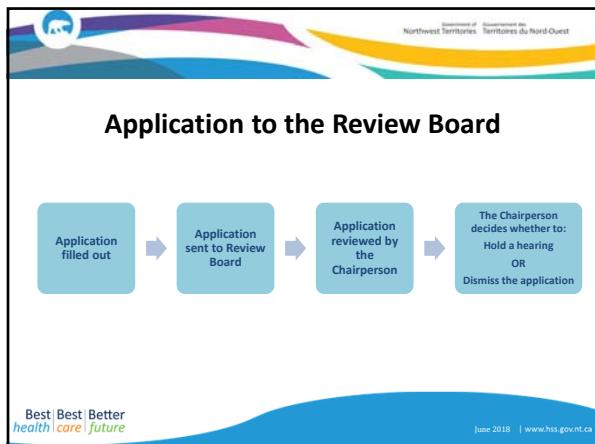
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