
Review process

Implementing and evaluating the provisions of the new Act will be an evolving process. Staff, patients, families, physicians and specialists will work together to ensure understanding and clarity.

A key component to ensuring accountability for the new Act will be the Mental Health Care and Treatment Review Board. This board is composed of lawyers, doctors, and community representatives.

They will be responsible for seeing that the patient meets certain requirements of the Act (i.e. certification or CTO criteria, rights complaints).

As part of their work, board members can require the attendance of witnesses and production of documents. The board can also arrange for a patient to be examined by a psychiatrist or engage independent experts to present evidence or make submissions.

The rights advisor may also advise and assist in involuntary patients or their representatives in asking for a review of their case by the Review Board.

For more information contact:

www.gov.nl.ca/health/mhcta



Department of Health & Community Services

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MENTAL HEALTH *Care & Treatment Act*

*What you
should
know...*



In December 2006, the House of Assembly passed new legislation focused on the protection and treatment of people suffering from severe mental illness.

Effective October 1, 2007, the new ***Mental Health Care and Treatment Act*** represents a new approach in providing interventions and services for people with severe and persistent mental illness.

The new Act also

- revises the ***eligibility criteria*** that are used to determine what situations and individuals benefit from the authority of the Act, and
- expands the range of ***interventions and services*** available under the Act

The new Act

- supports expanded roles for nurses, nurse practitioners and peace officers;
- introduces changes to the roles and operations of the Mental Health Care and Treatment Review Board;

- allows for the provision of Community Treatment Orders; and,
- requires a mandatory review of the act within five years.

Rights based approach

The purpose of the new legislation is to lay out clearly what an individual can expect from the health and community services system if involuntarily admitted to hospital.

The rights based approach allows a balance between the individual's right to health and safety and the need to offer interventions and supports where individuals are unable to make those decisions as a result of their mental illness.

The act also ensures that individuals will be advised of their rights. These include:

- the right to know where and why he/she is admitted
- access to a telephone and visitors
- retain and instruct counsel
- have input into treatment decisions

- access his/her representative and rights advisor.

Patient supports

To support patients, the act has also created the position and function of ***rights advisors***. These individuals will offer advice and assistance to patients and their representatives.

Patients can also appoint a ***patient representative***. This person will advocate on behalf of the patient, work with staff in communicating the patient's needs, and support the patient in accessing information regarding their care and treatment.

Community treatment orders

As of January 1, 2008, the new act provides a new treatment option for a group of individuals who have often been difficult to serve because of their needs and the nature of their illness.

The community treatment order (CTO) involves mandated treatment and care in the community under the supervision of the treating psychiatrist and an assertive case management team.
