

The Mental Health
Care and Treatment
Review Board

Activity Plan

2008-2011

Chairperson's Message

I am pleased to provide the 2008-2011 Activity Plan for the Mental Health Care and Treatment Review Board in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity. In the development of this plan careful consideration was given to the strategic directions of government, as communicated by the responsible minister (See Appendix A).

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

John L. Ennis
Chairperson

Table of Contents

- 1.0 Overview
- 2.0 Mandate
- 3.0 Values
- 4.0 Primary Clients
- 5.0 Vision
- 6.0 Mission
- 7.0 Goals and Objectives
- 8.0 Appendix A: Strategic Directions
- 9.0 Appendix B: Contact List

1.0 Overview

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

57. (1) The board shall comprise 13 members appointed by the Lieutenant-Governor in Council and consist of
- (a) a chairperson, who is a member in good standing of the Law Society of Newfoundland and Labrador;
 - (b) 4 persons, each of whom is a member in good standing of the Law Society of Newfoundland and Labrador and who expresses an interest in mental health issues;
 - (c) 4 persons, each of whom is a physician; and
 - (d) 4 persons, each of whom is neither a member of the Law Society of Newfoundland and Labrador nor a physician and each of whom expresses an interest in mental health issues, with preference being given to a person who is or has been a consumer of mental health services.

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

58. (1) A member of the board shall be appointed for a term of 3 years.
- (2) Notwithstanding subsection (1), members of the first board appointed under this Act shall be appointed to the following terms:
- (a) the chairperson and 2 persons referred to in each of paragraphs 57(1)(b), (c) and (d) shall be appointed for a term of 4 years; and
 - (b) 2 persons referred to in each of paragraphs 57(1) (b), (c) and (d) shall be appointed for a term of 3 years.

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

The Mental Health Care and Treatment Review Board is available to meet as required and then recommend to government those areas of concern to the Mental Health Care and Treatment Review Board in the performance of duties imposed on the Mental Health Care and Treatment Review Board by Part V of the *Mental Health Care and Treatment Act*. Administrative support and remuneration expenses of the board's members are provided by the Department of Health and Community Services.

2.0 Mandate

The Mental Health Care and Treatment Review Board is established pursuant to Section 56 of the *Mental Health Care and Treatment Act*. The duties and responsibilities of the Board include reporting annually to the Minister on its operations and on other matters as required by the Minister and performing the other functions that may be prescribed by the regulations.

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

The primary role of the Mental Health Care and Treatment and Review Board is to review applications made by patients seeking a review of the issue of certification of involuntary admission under Section 64(1) (a) of the *Mental Health Act*. In keeping with *Section 17(2) (a) and (b)* of the *Mental Health Act*, the first certificate of involuntary admission may be completed and signed by a physician, nurse practitioner or other person authorized by the regulations. The second certificate of admission shall be completed by a psychiatrist or, where a psychiatrist is not readily available to assess the person and complete and sign a second certificate, by a physician who was not party to completing and signing the first certificate.

3.0 Values

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

Collaboration

Each person engages actively with partners.

Fairness

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

Privacy

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

Respect

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

Transparency in decision making

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

Excellence

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

4.0 Primary Clients

The primary clients of the Mental Health Care and Treatment Review Board are those who generate applications to the Board pursuant to Section 64 of the *Mental Health Care and Treatment Act* and the following applications may be made:

64. (1) ...
- (a) an application by an involuntary patient to review the issuance of certificates of involuntary admission or a certificate of renewal;
 - (b) an application by a person who is the subject of a community treatment order to review its issuance or renewal; and
 - (c) an application by a persons detained in a facility alleging a denial of a right set out in section 11 or 12.

These applications are in addition to the automatic reviews of second renewals for involuntary patients in section 33 and issuing or renewing community treatment orders in subsection 53(3) of the *Mental Health Care and Treatment Act*.

5.0 Vision

The Mental Health Care and Treatment Review Board supports the vision of the Department of Health and Community Services. The Review Board supports the achievement of this vision by affording clients of mental health services the opportunity to have a certificate of involuntary admission or renewal reviewed. Thereby, furthering optimal health and well being and the effective use of resources.

“The Vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being”

6.0 Mission

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

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

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

7.0 Goals and Objectives

Over the course of the three year period from the beginning of fiscal 2008/09 to the end of fiscal 2010/11, the Mental Health Care and Treatment Review Board will meet as needed. This means that panels of three members, inclusive of a lawyer, a physician and a lay person, will review applications on behalf of involuntary patients who are admitted or require renewal certificates, or persons who are the subject of community treatment orders, or alleging denial of rights resulting from involuntary psychiatric assessment. Decisions of the Review Board are communicated directly to clients or their representatives.

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

In compliance with the Transparency and Accountability Act, the Committee also intends to prepare annual activity reports (i.e. 2008-2009, 2009-2010 and 2010-2011) on the extent to which the following goal and annual objectives have been achieved.

Goal: By March 31, 2011, the Mental Health Care and Treatment Review Board will have contributed to more appropriate access to mental health services and accountability by reviewing applications on behalf of persons in the above circumstances.

Measure: Contributed to more appropriate access and accountability in mental health services

Indicators:

- Number of applications received from mental health services
- Number of panels convened
- Number of hearings held
- Number of certificates confirmed/ cancelled
- Yearly reports provided

Annual Objectives

The Mental Health Care and Treatment Review Board has developed the following annual objectives to accomplish the above goal. At this time, the defined mandate of this Review Board results in the annual objective remaining the same for each year of this Activity Plan. Measures and indicators are provided for the first year (2008-09) and the remaining two years will be developed when progress in 2008-2009 is determined. These indicators will be provided in the annual report for the respective years.

By March 31, 2009, the Mental Health Care and Treatment Review Board will have reviewed applications under the *Mental Health Care and Treatment Act* to ensure the conditions for issuing or renewing certificates are appropriate and communicate the decision directly to clients or their representative.

Measure: Reviews completed

Indicators:

- Number of review panels convened
- Number of hearings held
- Number of certificates confirmed/ cancelled

By March 31, 2010 the Mental Health Care and Treatment Review Board will have reviewed applications under the *Mental Health Care and Treatment Act* to ensure the conditions for issuing or renewing certificates are appropriate and communicating the decision directly to clients or their representative.

By March 31, 2011 the Mental Health Care and Treatment Review Board will have reviewed the applications under the *Mental Health Care and Treatment Act* to ensure the conditions for issuing or renewing certificates are appropriate and communicating the decision directly to clients or their representative.

8.0 Appendix A: Strategic Direction

1. Strategic Direction Title: Access To Priority Services

Outcome: Appropriate access to priority mental health services that are provided across the continuum of care in a range of settings from community / primary care to facility based/ tertiary/ emergency care.

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

| Government's Strategic Direction | Focus Areas of the Strategic Direction 2008-2011 | This Direction is/was | | |
|---|---|---|--|---|
| | | Addressed in the: | | |
| | | addressed in the entity's activity plan | addressed in the entity's operational plan | addressed in the work plan of a branch/division of the entity |
| Improved accessibility to priority services | Access to community-based mental health and addictions services | X | | |
| | Access to appropriate primary health services | X | | |
| | Home care and support services in the areas of end of life care, acute short term community mental health, case management, short term post discharge IV medications and wound management | X | | |
| | Options to support choices of individuals in need of long term care and community supports | X | | |

2. Strategic Direction Title: Accountability and Stability of Services

Outcome: Clients and providers are more informed on the conditions for issuing or renewing certificates and the decisions resulting from the review of applications are communicating directly to clients or their representative.

Clarifying Statement: The health and community services system consumes approximately 44 percent of all government expenditures. As a result, ability to sustain the provision of quality health and community services requires appropriate use of existing resources and the monitoring of decisions made within the health system as done by the Mental Health Review Board. This Board directly communicates decisions from their review to clients and their representatives, thereby enhancing the accountability within mental health services and overall within the health system.

| Government's Strategic Direction | Focus Areas of the Strategic Direction 2008-2011 | This Direction is/was | | |
|---|---|---|--|--|
| | | Addressed in the: | | |
| | | addressed in the entities activity plan | addressed in the entity's operational plan | addressed in the work plan of a branch/ division within the entity |
| Improved accountability and stability in the delivery of the health and community services within available resources | Identify and monitor outcomes for selected programs | X | | |

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

9.0 Appendix B: Contact List

| Position | Name | Address | Telephone | Facsimile | E-Mail | Term Expiry |
|----------------------|------------------------|---------------------------------------|-------------------------|-----------|---|-----------------|
| Chairperson | John L. Ennis | Parsons, Ennis | 722-5100 | 722-0808 | info@parsons-law.com | October 1, 2011 |
| Member – Law Society | Mr. John McGrath | McGrath, Rose | 725-5250 | 738-0614 | jwmcgrath@nf.aibn.com | October 1, 2011 |
| Member – Law Society | Ms. Sandra M. Burke | Dawe & Burke | 753-3400 | 753-4401 | smburke@daweandburke.nf.ca | October 1, 2010 |
| Member – Law Society | Ms. Janine Evans | | | | | October 1, 2010 |
| Member – Law Society | Ms. Judy A. White | McDonald, White | 882-1271 | 882-1247 | jawwhite@mfnselfgovernment.com | October 1, 2011 |
| Physician | Dr. Delores S. Doherty | Aspen & Oaks | 754-2068 | 754-3923 | aspens@nf.aibn.com | October 1, 2011 |
| Physician | Dr. Alec W. Brace | North East Medical Centre | 474-1200 Ext. 2295 | 945-5118 | wbrace@nembc.on.ca | October 1, 2010 |
| Physician | Dr. Alan J. McComiskey | Stephenville Community Medical Clinic | 643-5658 | 643-5543 | | October 1, 2011 |
| Physician | Dr. Teodoro O. Rosales | NL.FASD.RC | 722-6640 | | trosales@mun.ca or torosales@nf.sympatico.ca | October 1, 2010 |
| Public Rep. | Ms. Brenda Kelly | 172 Main St. Bishop Falls | 258-6718 | | b.kelly@nl.rogers.com | October 1, 2010 |
| Public Rep. | Mr. Samuel M. Kean | 4 Chuckley Pear Pl., St. John's | 579-7950 or 687-2844 | 579-0231 | skean@warp.nfld.net | October 1, 2010 |
| Public Rep. | Ms. Moyra Buchan | 1 Maxse Street St. John's | 753-5156 | | moyrabuchan@nl.rogers.com or moyrabuchan@stellaburry.ca | October 1, 2011 |
| Public Rep. | Ms. Mary Pia Benuen | Sheshatshiu Lab. | 497-8362 | | m-benuen@nf.sympatico.ca | October 1, 2011 |