

**The Mental Health Care and Treatment
Review Board**

**ANNUAL PERFORMANCE REPORT
April 1, 2025 - March 31, 2026**

Message from the Chair

I am pleased to provide the 2025-26 Annual Performance Report for the Mental Health and Treatment Review Board (the “Review Board”) in accordance with the requirements of the ***Transparency and Accountability Act*** for a Category 3 Government Entity.

This Annual Performance Report provides an overview of the activities of the Review Board’s operations, activity, and progress in meeting the annual objectives identified in the 2023-26 Activity Plan.

The Review Board operates as an independent, quasi-judicial administrative tribunal responsible for conducting hearings under the ***Mental Health Care and Treatment Act*** (the “Act”).

The Review Board’s mandate is grounded in ensuring that individuals subject to involuntary psychiatric admission, treatment, or supervision receive periodic, fair, accessible, and timely review of their involuntary status under the Act.

As Chair of the Review Board, my signature is indicative of the entire Review Board’s accountability for the actual results reported.



Shaylyn Oxner

Chair, Mental Health Care and Treatment Review Board

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1.0 Overview

Vision Statement

The Review Board is a trusted and respected body that provides timely, accessible, and procedurally fair hearings, upholds participant dignity, and supports the least restrictive form of involuntary care.

Membership

The Review Board is appointed pursuant to subsection 57(1) of the Act. The terms of appointment are stated in subsections 58(1) and (2) of the Act. Current Review Board Members and their terms are referenced in Appendix A.

During the 2025-26 fiscal year, the Review Board was comprised of eighteen (18) members: five (5) legal representatives (**lawyers**), four (4) physician representatives (**doctors**), and nine (9) public representatives (**public members**). Members are appointed from across Newfoundland and Labrador. Hearings are conducted by three-member panels consisting of one lawyer, one doctor, and one public member.

Review Board members are appointed for three-year terms. A member is eligible for reappointment for one additional three-year term immediately upon the expiry of their initial term. Where a member's term expires, the member continues to serve until reappointed or replaced.

As of March 31, 2026, sixteen (16) of the Review Board's eighteen (18) members had terms of appointment ending in 2026. For four Review Board members, this represents the end of their second three-year term. This creates a notable upcoming transition point for the Review Board and highlights the importance of new appointments to maintain continuity of operations.

The Review Board continued to experience challenges during the 2025-26 fiscal year in maintaining a full and active complement of legal and physician representatives available to conduct hearings within the short timelines required by the Act. Although the statutory composition of the Review Board has been maintained, the limited availability of active legal and physician representatives continued to affect scheduling and timely decision-writing capacity.

Mandate

The Review Board was established in 2007 pursuant to section 56 of the Act.

The Review Board operates as an independent, quasi-judicial administrative tribunal to conduct review panel hearings under the Act. Its mandate is based on an involuntary psychiatric patient's right to periodic, fair, and timely review of their involuntary status.

The primary role of the Review Board is to review:

- applications made by individuals seeking a review of the issuance or renewal of a certificate of involuntary admission ("**Certificate**");
- applications made by persons seeking a review of the issuance or renewal of a community treatment order ("**CTO**");
- applications made by a person detained in a psychiatric facility who alleges that a right protected under the Act has been denied; and
- automatic reviews of renewed Certificates and CTOs, as required by the Act.

Through these reviews, the Review Board considers whether the applicable statutory requirements have been met and helps ensure that involuntary detention, treatment, and supervision are lawful, necessary, and carried out in the least restrictive manner consistent with the purpose of the Act.

Each hearing is conducted by a three-person Review Panel made up of one lawyer, one doctor, and one public member. Administrative support and operational resources are provided by the Department of Health and Community Services (**HCS**) through the Mental Health and Addictions Division.

The Review Board is also responsible for reporting annually to the Minister on its operations, reporting on any other matters required by the Minister, and performing any additional functions prescribed by regulation.

Location of Hearings

The Review Board conducted hearings by teleconference/videoconference during the 2025-26 fiscal year. This format provides flexibility, allows Review Board members from across the Province to participate in hearings, and supports timely access to review in compliance with the statutory timelines under the Act.

Table A: Overview of the Locations of Hearings (2025-26)

LOCATION	IN PERSON	TELECONFERENCE
Eastern Region	-	38
Central Region	-	7
Western Region	-	4
Labrador-Grenfell Region	-	1
Region not recorded	-	1
Total Number of Hearings	-	51

Given the locations and schedules of Review Board members, the ability to conduct hearings remotely remains important to the Review Board's ability to meet its legislated mandate.

Financial

The Review Board is not required to have audited financial statements. The Review Board is funded by the HCS, Mental Health and Addictions Division. In the 2025-26 fiscal year, total expenses were **\$67,100.00**, itemized as follows:

Board Members	\$50,375.00
Psychiatrists	<u>\$16,725.00</u>
Total	\$67,100.00

The average annual cost of operations over the past three fiscal years was \$76,668.46, which is consistent with the Review Board's historical operating costs. Year-over-year fluctuations primarily occur due to deferred payment of obligations to Review Board members from the previous fiscal year.

2.0 Highlights and Partnerships

The Review Board is committed to working with stakeholders and HCS toward regularly reviewing processes and services to ensure that it continues to fulfill its statutory mandate in an accessible, timely, and procedurally fair manner.

While the Review Board operates independently of both HCS and the Provincial Health Authority (the "**Health Authority**"), the Review Board shares a broader commitment with these organizations to support effective mental health care while safeguarding the rights of individuals subject to involuntary admission, treatment, or supervision.

The Review Board requires interaction at the point of application with senior administrators of the Health Authority, psychiatric facilities, and psychiatric care teams in order to fulfill its mandate. These interactions are necessary to obtain required documentation, coordinate hearing arrangements, and ensure that hearings can be scheduled and conducted within the timelines required by the Act.

Other entities and persons with whom the Review Board has a shared commitment include:

Patient Representatives

The patient representative role is defined by the Act. A patient representative is a person, other than a rights advisor, who has reached the age of majority, who is mentally competent and available, and who has been designated by, and has agreed to act on behalf of, a person with a mental disorder. Where no person has been designated, the representative is considered to be the person's next of kin unless the person with the mental disorder objects.

Patient representatives can play an important role in assisting applicants to understand and participate in the hearing process.

Rights Advisors

Rights Advisors are appointed by the Minister pursuant to the Act to give advice and assistance to persons who are subject to Certificates and CTOs. Rights Advisors explain the certification process, assist with applications to the Review Board, and may accompany applicants to hearings.

Rights Advisors continue to play an important access-to-justice role by helping individuals understand their rights and the review process available to them.

Newfoundland and Labrador Legal Aid Commission (Legal Aid NL)

People who are subject to Certificates or CTOs may obtain legal advice and assistance through Legal Aid NL.

The role of counsel is important to the hearing process. Counsel may assist applicants by presenting relevant evidence, questioning witnesses, making submissions, and helping the Panel understand the Applicant's position. Effective participation by counsel also assists Panels in ensuring that hearings are fair, focused, and responsive to the issues raised by the application.

3.0 Report on Performance

Progress 2025-26

In 2025-26, Review Board panels convened as needed. Panels consisted of three members: a lawyer, who acted as Chair of the panel and whose duty it was to oversee the hearing; a doctor; and a public member, many of whom have professional and/or personal experience in mental health care and treatment.

The panels review applications by patients who were subject to involuntary admission to a psychiatric facility, applications concerning renewals of Certificates, applications by persons subject to CTOs or renewals thereof, and applications by persons alleging the denial of rights resulting from involuntary admission.

Decisions of the Review Board were communicated directly to applicants and/or their representatives or legal counsel, and to the admitting psychiatric facility or Assertive Community Treatment Team (“**ACTT**”), as applicable.

The Review Board continued to provide individuals subject to a Certificate or a CTO with a mechanism to access a review of the issuance or renewal of that certificate or order.

The Review Board acts as a check and balance within the mental health care system. Its work spans the continuum of care from community and primary care settings to facility-based, tertiary, and emergency care. In doing so, the Review Board contributes to a more accountable mental health care system and supports the protection of patient rights.

In circumstances where Certificates and CTOs are in place for a lengthy period, the Act requires an automatic review hearing. These automatic reviews are initiated by the Health Authority and conducted by the Review Board.

This Annual Performance Report reports on the Review Board’s progress under the 2023-26 Activity Plan, which was developed to include Review Board statistics and which informs the Review Board’s annual objective reporting.

Review Board Activity

Table B: Review Board Activity 2025-26 (Previous Year Comparison)

STATUS OF APPLICATIONS	2024-25	2025-26
Received ¹	147	126
Summarily Dismissed ²	3	1
Application Withdrawn ³	11	7
Applicant Decertified ⁴	67	57
CTO Cancelled ⁵	2	1
No Hearing Set ⁶	6	9
Hearings Held ⁷	58	51
RESULTS OF HEARINGS	2024-25	2025-26
Certificates Upheld	21	21
Certificates Not Upheld	2	0
CTOs Upheld	35	28
CTOs Not Upheld	0	0
Decisions Not Communicated ⁸	0	2
Decisions Communicated	58	51

¹ This represents the total number of applications received during the fiscal year.

² An application is summarily dismissed by the Chair pursuant to section 65 of the Act if the matter had been considered within the previous thirty (30) days, or if the application was found to be frivolous, vexatious, or not in good faith.

³ An application may be withdrawn by the applicant for a number of reasons, but it means the applicant changed their mind and decided against a review hearing.

⁴ This means the applicant, whether discharged or remaining in hospital as a voluntary patient, was no longer subject to a Certificate after the hearing date was set but before the hearing took place.

⁵ This means the applicant was no longer subject to a CTO after the hearing date was set but before the hearing took place.

⁶ This means the applicant was discharged, decertified, or no longer subject to a CTO prior to the scheduling of a hearing.

⁷ This means a review hearing took place and Review Board panel members met in via teleconference to hear and decide upon an application.

⁸ A decision may not be communicated if the applicant was decertified or no longer subject to a CTO after a hearing took place, but before the decision was rendered.

Annual Objectives 2025-26

Objective:

By March 31, 2026, the Mental Health Care and Treatment Review Board will have reviewed all submitted applications to ensure the conditions for issuing or renewing certificates and CTOs are appropriate, and that the patients' rights are upheld.

Indicators:

- Number of applications received
- Number of hearings scheduled
- Number of hearings held
- Number of certificates upheld/cancelled
- Number of decisions communicated
- Timelines of hearings scheduled, hearings held, and decisions rendered
- Annual reports provided

Indicator #1 – Number of applications received

126 applications for review hearings were received in the 2025-26 fiscal year.

Table C-1: Number of applications received

Review Board Activity	2024-25	2025-26
Applications Received	147	126

Indicator #2 – Number of hearings scheduled

This means that a panel was appointed, a date was selected, and a hearing was scheduled. The number of hearings scheduled will usually be lower than the number of applications received. This occurs due to applicants being decertified prior to setting a hearing date, applications being withdrawn prior to setting a hearing date, and applications being summarily dismissed by the Chair in accordance with the Act.

The number of hearings scheduled in the 2025-26 fiscal year has increased from the previous year while the number of applications received has decreased. This means that the ratio of applications received and hearings scheduled has increased from the previous year.

Table C-2: Number of hearings scheduled

Review Board Activity	2024-25	2025-26
Hearings scheduled	138	116

Indicator #3 – Number of hearings held

Of the 116 hearings that were scheduled, 51 proceeded to a hearing. Similarly to that outlined above, some of the reasons for variation between hearings scheduled and hearings held include that applicants are decertified before the hearing, a CTO is cancelled before the hearing, or the applicant withdraws the application.

Table C-3: Number of hearings held

Review Board Activity	2024-25	2025-26
Hearings held	58	51

Indicator #4 – Number of Certificates upheld/cancelled

Of the 51 matters that proceeded to a hearing, 49 Certificates or CTOs were upheld, 0 were not upheld or were cancelled, and 2 decisions were not communicated because the Certificate or CTO was cancelled before the decision was given.

Table C-4: Number of Certificates and CTOs upheld or cancelled

Review Board Activity	2024-25	2025-26
Certificates / CTOs Upheld	56	49
Certificates / CTOs Cancelled	2	0
Decisions Not Communicated	0	2

Indicator #5 – Number of decisions communicated

The Review Board is required to provide the applicant with the panel's decision within three (3) clear days of completion of the hearing.

Table C-5a: Number of decisions communicated

Review Board Activity	2024-25	2025-26
Decisions communicated within three (3) clear days	42	38

In 2025-26, thirty-eight (38) decisions were communicated within the prescribed timeframe of three clear days. Thirteen (13) decisions were distributed beyond the statutory timeframe.

Where delays occurred, they can be attributed to factors such as complex issues requiring longer-than-usual hearings that are outside what would be contemplated under the legislation as it relates to expected timeframes for rendering a decision. In those circumstances, the timeframes were reasonable.

However, the primary reason for delay related to the limited availability of Review Board members to participate in hearings and write decisions within the short timeframe for doing so.

Table C-5b: Delay of decisions communicated

Delay of Decisions Rendered and Communicated per subsection 71(2) of the Act by Number		
Number of Days After Hearing that Decision was Communicated	2024-25	2025-26
Four (4) clear days: 1 day delay	7	7
Five (5) clear days: 2 days delay	4	2
Six (6) clear days: 3 days delay	3	1
More than six (6) clear days	0	3
Total Delayed	14	13

Indicator #6 – Timelines of hearings scheduled, hearings held, and decisions rendered

The Act sets strict timelines for the review process. The Review Board Chair must appoint a panel within two clear days⁹ of receiving an application. The hearing must then be scheduled within two clear days after the application is referred to the Panel.

To meet these deadlines, HCS usually manages panel appointments, hearing dates and notices through administrative support staff in one central office. Panels are generally appointed and hearings scheduled at the same time.

Table C-6a: Timeliness in appointing panels and setting hearing dates

Compliance with Timelines Prescribed under subsections 66(2) and 67(2) of the Act by Number	2024-25	2025-26
Same day as application received or next day	121	108
One (1) clear day after application received	9	4
Two (2) clear days after application received	7	4
Three (3) clear days after application received	2	1
More than three (3) clear days after application received	2	0
No hearing scheduled ¹⁰	6	9
Total	147	126

The Review Board was able to meet the legislated timeline for appointing panels and setting hearing dates for nearly all applications received in the 2025-26 year. Where delays occurred, they were most often caused by the unavailability of Review Board members, the limited number of active legal and physician representatives available for hearings, and the limited availability of legal aid counsel in some regions.

⁹ Clear days do not include the day an application is received, the day an application is referred to the Panel Chair, weekends or Provincial holidays.

¹⁰ This means an application was received and subsequently withdrawn or cancelled before a hearing was scheduled.

Table C-6b: Timeliness of hearings scheduled to be heard

Compliance with Timelines for Scheduled Hearings to be Heard per subsection 67(1) of the Act by Number	
Number of Days from Receipt of Application to Hearing	2025-26
One (1) to four (4) clear days	10
Five (5) to ten (10) clear days	28
Eleven (11) clear days or more	13
Total	51

Hearings must be held within ten clear days of receipt of the application by the Review Board Chair. In 2025-26, thirteen hearings were held outside the legislated 10-day timeframe. This represents approximately 25% of the scheduled hearings that occurred. Delays were most often caused by the unavailability of Review Board members, the limited number of active legal and physician representatives available for hearings, and the limited availability of legal aid counsel in some regions.

Table C-6c: Applications withdrawn or Certificates/CTOs cancelled prior to hearing

Length of Notice Provided for Withdrawn Applications and Cancelled Certificates/CTOs	2024-25	2025-26
Less than 24 hours before hearing	26	17
More than 24 hours before hearing	54	48
Total withdrawn/cancelled prior to hearing	80	65

This table shows that 65 scheduled hearings did not proceed: 7 applications were withdrawn, 57 applicants were decertified, and one CTO was cancelled before the hearing.

Indicator #7 – Annual Reports Provided

Reports are provided annually, and data is provided by fiscal year to allow for ease of reference and monitoring of trends or areas of increased activity within the Review Board's mandate.

The 2023-26 Activity Plan indicates that each year the objective will remain the same.

This report has been prepared to meet this indicator for the 2025-26 fiscal year.

4.0 Challenges and Opportunities

Community Resources

The Review Board continues to emphasize that, for some applicants, the unavailability of community resources for those with severe mental health disorders remains central to whether options other than continued certification and detainment in a psychiatric facility are viable.

Community-based mental health programs can be highly effective in assisting people with mental health issues where regular participation is possible. The challenge arises where a person is unwilling to participate, has limited insight into the benefits of such programs, or where community-based services are not sufficiently available or accessible to support a less restrictive alternative.

CTOs can be effective where they are available and appropriate. However, the statutory criteria for CTOs limit their use to a relatively narrow class of individuals. The Act requires that the individual has had three involuntary admissions within the previous two (2) years or has previously been subject to a CTO. There are circumstances where individuals may benefit from structured community-based treatment but do not meet the statutory criteria for a CTO.

The Review Board remains mindful that CTOs carry an obligation of mandatory treatment and ought not to be used lightly. The issue requires an effective balance between individual liberty, patient rights, and the potential risk of harm if the person was left untreated.

The Review Board participates in ongoing discussions within the Province and across the country concerning CTOs and the broader use of community-based mental health supports.

Hearing Process and Procedural Matters

The Review Board conducts hearings within the strict statutory timelines established under the Act. These timelines are particularly important because the matters before the Review Board concern individuals who are subject to involuntary psychiatric admission, treatment, and/or supervision.

In 2025-26, the Review Board continued to conduct hearings in accordance with its mandate and established procedures. The Review Board remains committed to ensuring that hearings are procedurally fair, accessible, trauma-informed, and respectful of participant dignity. Applicants must be given a meaningful opportunity to understand the issues, participate in the hearing, present relevant evidence, and respond to the evidence relied upon in support of continued involuntary admission, treatment, or supervision.

Remote hearings continued to support timely and accessible participation by Review Board members, applicants, counsel, patient representatives, health authority representatives, and care teams without requiring physical attendance.

The statutory timelines nevertheless continue to create operational pressures. Every application requires administrative preparation, including appointing a panel, scheduling the hearing, preparing notices, and circulating hearing materials. This work is also required for applications that are later withdrawn, dismissed, cancelled, or rendered unnecessary because the applicant was decertified. Where a withdrawal or decertification occurs shortly before the scheduled hearing, substantial preparatory work may already have been completed.

The Review Board will continue to review its processes to support timely scheduling, effective preparation, clear communication, and meaningful participation by all parties.

Review Board Composition

Maintaining a sufficient number of active legal and physician representatives remains a significant operational challenge. Although the Review Board's statutory composition was maintained, the number of active lawyers and doctors available to conduct hearings was limited during the fiscal year. This impacts the Review Board's ability to schedule hearings quickly, to ensure that decision-writing responsibilities are manageable, and to avoid placing a disproportionate burden on a small number of active members.

Due to the limited number of active members in these categories, individual lawyer and physician members are called upon to participate in a significant proportion of the Review Board's hearings. For example, some members participated in as many as 25 of the 51 hearings held during the 2025-26 fiscal year and reserved time in their schedules for numerous additional hearings that were cancelled before proceeding. This places considerable demands on members with busy professional practices, particularly given the short statutory timelines within which hearings must be held.

Recruitment, retention, and active participation of legal and physician representatives remain important priorities for the Review Board. Ensuring an adequate complement of active members will support timely hearings, timely decisions, and continued procedural fairness.

Appendix A: Review Board Members 2025-26

MENTAL HEALTH CARE AND TREATMENT REVIEW BOARD MEMBERS 2025-26

Position	Name	Term Expiry
Chairperson (Lawyer)	Shaylyn Oxner	August 16, 2026
Legal Representative	Christopher Forbes	August 16, 2026
Legal Representative	Ian Wallace	September 13, 2026
Physician Representative	Dr. Joy Tilley	August 16, 2026
Physician Representative	Dr. Leslie Wheeler	September 13, 2026
Public Representative	Colleen Galgay	August 16, 2026
Public Representative	Ashley Gosse	August 16, 2026
Public Representative	Chad Perrin	August 16, 2026
Public Representative	Glenn Roil	August 16, 2026
Public Representative	Abigail Sheppard	August 16, 2026
Public Representative	Jerry Vink	August 16, 2026
Legal Representative	Kathleen Healey*	September 13, 2026
Legal Representative	LeeAnn Montgomery*	September 13, 2026
Physician Representative	Dr. Michelle Young-Hadden*	September 18, 2027
Physician Representative	Dr. Jason Chaulk*	August 18, 2028
Public Representative	Jackie Compton-Hobbs*	August 16, 2026
Public Representative	Amelia Curran*	August 16, 2026
Public Representative	Charlotte Gardiner*	August 16, 2026

**indicates inactive Board Member*

Mental Health Care and Treatment Review Board

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