The Mental Health Care and Treatment Review Board

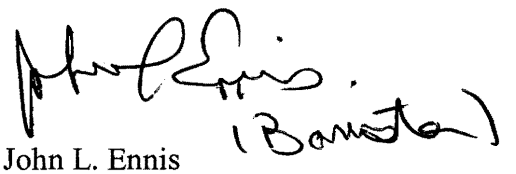
ANNUAL ACTIVITY REPORT 2009-2010

Chairperson's Message

I am pleased to provide the 2009-2010 Annual Report 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 report careful consideration was given to the strategic directions of government, as communicated by the Minister responsible for this entity.

This Annual Report provides an overview of the activities of the Mental Health Care and Treatment Review Board accomplished during the fiscal period 2009-2010. This is the third fiscal year in which some of the more detailed statistics have been collected on the functioning of the Review Board.

As Chairperson of the Mental Health Care and Treatment Review Board, my signature is indicative of the entire Review Board's accountability for the preparation of this report, any variances, and for the achievement of the specific objectives contained therein.



John L. Ennis
Chairperson

Table of Contents

	Page
Chairperson's Message	2
1. Overview	5
Mandate	5
Membership	5
Meetings	6
Financial	6
Values	7
Primary Clients	8
Vision	8
2. Shared Commitments	9
3. Report on Performance	10
Mission	
Goal Progress	10
Annual Objective 2009-2010	14
Annual Objective 2010-2011	17
4. Accomplishments and Highlights	18
5. Challenges and Opportunities	18
Appendix A: Board Members 2009-2010	22
Appendix B: Strategic Directions	23
Appendix C: Referenced Legislative Sections	25

Tables and Figures

Table 1 Overview of the Locations of Hearings (2009-2010)

Table 2 The Mental Health Care and Treatment Review Board Activity by Fiscal Year 2007-2010

Table 3 Goal Indicators Planned and Actual Activity 2008-2011

Table 4 2009-2010 Objective Indicators Planned and Actual Activity

Table 5 Length of Notice Provided By Applicant/Health Authority

Table 6 Timeliness of Decisions Rendered and Delivered Per Section 71(2) of the *Act*

Table 7 Number of Hearings and Decisions Confirmed for Each Board Member (2009-2010)

1.0. Overview

Mandate

The Mental Health Care and Treatment Review Board, hereafter referred to as the Review Board, was established pursuant to Section 56 of the *Mental Health Care and Treatment Act*. The duties and responsibilities of the Review 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 Review Board is outlined in Section 56. (1) of the *Mental Health Care and Treatment Act* and the purpose of the Review Board is to hear and decide applications under the *Mental Health Care and Treatment Act*.

The primary role of the 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 Care and Treatment Act*, to review applications made by patients seeking a review of the issuance of a Community Treatment Order under Section 64(1)(b) of the Act, and to review applications made by a patient alleging the denial of a right under Section 64(1)(c) of the Act.

Membership

The Review Board is appointed pursuant to Section 57. (1) of the *Mental Health Care and Treatment Act*. The terms of appointment are stated at Sections 58(1) and (2) of the *Mental Health Care and Treatment Act*. Current Review Board members and their terms are referenced in Appendix A.

Meetings

The Review Board is available to meet as required and has met in St. John's and by video conference with members across the Province. The following is an overview of locations in which the panels heard applications and business was conducted in 2009-2010.

Table 1: Overview of the Locations of Meetings (2009-2010)

LOCATION	IN PERSON	VIDEOCONFERENCE
Waterford Hospital, St. John's	37	
Health Sciences Center, St. John's	2	
Western Memorial , Corner Brook		1
Central Newfoundland Regional Health Centre, Grand Falls-Windsor		3
Community College, Clarenville		2
Sub-total	39	6
Total Number	**45**	

Financial

The Review Board is not required to have an audited statement. In the 2009-2010 year, total expenses were approximately $39,214.00 broken down as follows:

Board Members:	$31,504.00
Psychiatrists	$ 5,200.00
Videoconferences	$ 1,436.00
Courier expenses	$ 1,074.00
Total	**$39,214.00**

Administrative support and expenses are provided by the Department of Health and Community Services.

Values

The Review Board adopted the following values of the Department of Health and Community Services and incorporated them into Review Board activities and decision making**.**

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.

Primary Clients

The primary clients of the Review Board are those who make applications to the Review 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 person 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.*

Vision

The 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 community treatment order reviewed, and to assess allegations of denial of rights. The Review Board thereby furthers 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.

2.0. Shared Commitments

While the Review Board operates as an entity independent of the Department of Health and Community Services and the Health Authorities, the Board has a shared commitment with those organizations in an effort to provide the best care to those with mental health issues.

The Review Board does require interaction at the point of application with senior administrators of Health Authorities and the acute psychiatric care teams in order to fulfill its mandate. Other entities/persons with which the Review Board has a shared commitment include:

Patient Advocates

There are no officially designated Patient Advocates and the *Act* does not reference such advocates. However there is a patient representative role, which is defined by the *Act* as a " person, other than a rights advisor, who has reached the age of 19 years and who is mentally competent and available who has been designated by, and who has agreed to act on behalf of, a person with a mental disorder and, where no person has been designated, the representative shall be considered to be the next of kin, unless the person with the mental disorder objects." Non-government organizations, such as the Canadian Mental Health Association or the consumer group, Consumers Health Awareness Network Newfoundland and Labrador (CHANNAL), have supportive, less formal roles.

Rights Advisors

Persons appointed by the Minister pursuant to Section 13 of the *Act* to give advice and assistance to persons subjected to certificates of involuntary admission and community treatment orders. Rights Advisors also explain the certification process to the person; assist the person with applications to the Review Board, and to accompany the person to the hearing.

Newfoundland and Labrador Legal Aid Commission

Persons who are subject to certificates of involuntary treatment or community treatment orders are able to access legal advice and assistance. The role of counsel is integral to the hearing in assisting the Panels with clear and relevant evidence from the Applicant and effectively cross examining the Health Authority.

3.0. Report on Performance
Mission

The Review Board's mandate is not broad enough to develop a separate mission; therefore, the Department of Health and Community Services mission for the 2008-2011 has been adopted.

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, and accessibility to priority services and improved accountability and stability in the health and community services system.*

The Review Board contributed 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.

Progress in 2009-2010

Over the course of the 2009-2010 fiscal year, the Review Board met as needed. This means that panels of three members, including of a lawyer, who is Chairperson, a physician and a lay person, reviewed applications on behalf of involuntary patients who are admitted or require renewal certificates, or persons who are the subject of community treatment orders, or who are alleging denial of rights resulting from involuntary psychiatric assessment. Decisions of the Review Board are communicated directly to Applicants and/or their representatives and to the admitting psychiatric facility.

The Review Board provides an involuntary patient with a mechanism to access a review of the issuance of a certificate of involuntary admission. It also provides a means by which a person who is subject to a community treatment order can review the issuance or renewal of such an order.

The Review Board acts as a check and balance within the mental health system and 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 mental health system. The Review Board supports the strategic direction of "Improved Accountability and Stability of Services " (See Appendix B) by monitoring decisions made within the mental health system and encouraging more appropriate use of available resources, as is evident in the following goal statement:

* An updated and complete version of the Department of Health and Community Services' and the Mental Health Care and Treatment Review Board's 2008-2011 Plans, which contain the current mission, is available by contacting 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/

This Annual Report is the third report to include Review Board statistics. As a result, there was more information to inform decision-making. Activity was also directed to meet the 2011 goal in a manner that contributed to more appropriate access and accountability in this aspect of mental health services.

TABLE 2: MENTAL HEALTH CARE AND TREATMENT REVIEW BOARD ACTIVITY BY FISCAL YEAR 2007-2010

Review Board Activity	**Total 2007-2008**	**Total 2008-2009**	**Total 2009-2010**	**Grand Total**
Status of Applications	**Number of Applications**			
Received	91	101	107	299
Summarily dismissed by Chair	2	2	6	10
Cancelled [1]	52	39	43	134
No hearing set [2]	6	12	10	28
Rescheduled [3]	10	5	9	24
Postponed [4]	0	1	0	1
Hearings convened [5]	21	42	39	102
Result of Hearings by Review Board Panels				
Certificates upheld/ confirmed	16	35	28	79
Certificates not upheld / not confirmed	5	5	10	20
Community Treatment Orders upheld /confirmed[6]	0	1	1	2
Panel lacking jurisdiction	N/A	1	0	1
Decision communicated	21	42	39	102

[1] Applications cancelled include those that had been scheduled and did not proceed because the applicant or his/ her representative choosing not to proceed (i.e. withdrew) or the applicant was decertified and no longer required a hearing.
[2] No hearings were set means that the applicant was decertified and/or discharged prior to the scheduling of the hearing
[3] Hearings were rescheduled due to factors such as non-availability of psychiatrist, adverse weather conditions
[4] Hearing was postponed to obtain further evidence, but not rescheduled to another date
[5] Hearings convened means that review board members met in person or used communications technology to hear and decide upon an application.
[6] The first application for review of a Community Treatment Order was heard in 2008-2009.

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

Table 3 Goal Indicators – Planned and Actual Activity

Planned Activity	Actual Activity
Number of applications received from mental health services	A total of 107 applications were received in 2009-2010, which represented an increase of 6 or 5% applications, however, 6 individuals submitted more than one application. While this indicates greater use of the application process by those involved, the actual number of applicants remains constant. The total number of applications received is 299 since 2007-2008. (See Table 2 on page 11).
Number of panels convened	Thirty nine (39) review panels were convened, representing 36 % of the applications received in 2009-2010. Even though more applications were received, this represents a lower percentage of hearings than in 2008-2009, which had 42% of applications result in panels convened.
Number of hearings held	There were 39 hearings convened. This is 3 lower than in the 2008-2009 year. Six (6) applications, 3 of whom were for one individual, were summarily dismissed by the Chair and did not require a hearing. The 6 for this year represent 6% of the total of applications for the 2009-2010 year, and 60% of the 10 summarily dismissed since 2007-2008.
Number of certificates confirmed / cancelled Note: The term "cancelled" is not appropriate in this context. Certificates are either "confirmed (upheld)" or "not confirmed (terminated)"	There were 28 certificates confirmed or upheld. This is 26% of the applications received for this year and 35% of the total upheld (79) since 2007-2008. This represents a decline of 7 or 20% from the 2008-2009, in which there were 35 certificates confirmed. There was 1 community treatment order confirmed for a total of 2 since the new legislation was introduced.

	There were 10 certificates not confirmed. This is 9% of the applications received for this year and contributed to the total of 20 since 2007-2008. This represents a 100% increase over the 5 that were not confirmed in each of the previous 2 years.
Yearly reports provided	The Review Board provided the 2008-2009 Annual Activity Report, which was the first report on the 2008-*2011 Performance based Activity Plan.*

Discussion of Results

These statistics represent a consistent trend in Review Board activity since the passage of the new legislation. The increase in applications indicates more work for the Review Board; however, as 6 individuals submitted more than one application, applicants are also becoming more accustomed to the system. The high number of cancellations (43) in combination with the higher number of certificates not upheld (10) may be indicative of an area that requires further consideration.

There was 1 community treatment order and this represents a consistent trend since the legislation came into effect.

A further report on the extent to which this goal has been achieved will be provided in the 2010-2011 Annual Performance Report. The remainder of this report focuses on progress in achieving the 2009-2010 annual objective and provides the indicators for 2010-2011.

ANNUAL OBJECTIVE 2009-2010

The Review Board developed the following annual objective to accomplish the above goal over a 3 year period. At this time, the defined mandate of this Review Board results in the annual objective remaining the same for each year of this Plan.

The information supporting these indicators is provided in Table 2 and additional Tables and Figures for 2009-2010 in this section of the report. Data collection is ongoing and further information and analysis is needed over a longer time period to confirm early trends. The statistical and qualitative information give some insight into the nature and increasing volume of work by the Review Board. The following reports on progress in achieving the annual objective for 2009-2010.

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 communicate the decision directly to clients or their representative.

Measure: Reviews completed

Table 4: 2009-2010 Objective Indicators

Planned Activity	Actual Activity
Number of review panels convened	While the Review Board met on forty five (45) occasions, thirty nine (39) review panels were convened. This is three fewer panels than held in 2008-2009 and represents 36% of the total number of applications received this year.
Number of hearings held	There were 39 hearings held and this is similar to 2008-2009. There were also 43 cancellations, representing an increase of 4 from 2008-2009 and 40% of the total number of applications received this year.
Number of applications received and reviewed Review = hearings held	One hundred and seven (107) applications were received and 39 hearings were held. Nine (9) or 8% of reviews were rescheduled. One application was a Community Treatment Order and this is the same as 2008-2009.
Number of decisions communicated	Thirty nine (39) decisions were communicated; including the Community Treatment Order, 29 or 74% of the certificates were upheld and 10 or 26% were not upheld or confirmed.

DISCUSSION OF RESULTS

The number of applications received in 2008-2009 and 2009-2010 are similar and show an upward trend with the passing of the new legislation. The number of hearings and decisions rendered were about the same. The number of certificates not upheld increased. The increase in cancelled and rescheduled hearings, in combination with other early trends, may represent an area which requires further consideration.

Cancellations of Hearings:

Cancellations of hearings were the result of decertification prior to the hearing dates and/or withdrawal of applications by the patient. The timeliness of notification of cancellation was identified as an issue in 2008-2009 and continued in 2009-2010 with some improvement in that there has been a decline in the number of applicants with less than 1 day notice. Table 5 reveals the length of notice provided by Applicant/Health Authority out of 43 cancelled applications.

Table 5: Length Of Notice Provided By Applicant/Health Authority 2008-2009 and 2009-2010

Number of Applicants		**Less Than 24 Hours Notice**	**1 Day Notice**	**2 or More Days Notice**
2008-2009	38	9	7	22
2009-2010	43	18	4	21

In 2009-2010, there were 9 hearings rescheduled, however, there is no legislative or regulatory requirement or indication within which the rescheduled/ postponed hearings must be heard. There is potential to address this through guidance, legislative amendment and/or regulatory requirement as to the nature of postponements/ rescheduling of applications, such that achieving the Board's mandate and mission is ensured.

Timeliness of Appointment of Panels and Hearing Dates

The Act provides specific timelines to guide the review process and this has provided parameters for the information collected. (See Appendix C).

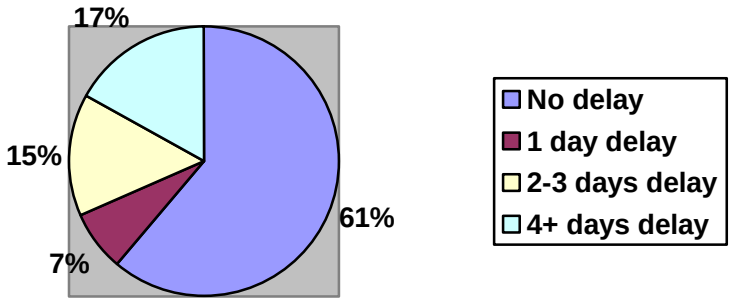
All appointments of panels, hearings dates and notices during 2009-2010 were set within the legislative requirements.

Timeliness of Decisions Rendered and Delivered (Table 6)

The legislative requirements for the timing of decisions to be rendered and delivered as set out at Appendix C.

TABLE 6

Timeliness of Decisions Rendered and Delivered
Per Section 71(2) of the *Act* (Percentage)



In the 39 hearings in 2009-2010 in which decisions were rendered, 61% of decisions were delivered to the Applicant and the Health Authority in accordance with the legislative requirements. Seventeen percent (17%) of decisions were rendered 4 or more days after the hearing date. This is a significant increase from 2008-2009.

The remaining 22% of decisions were delivered with delays of 1-3 days, usually as a result of time taken to obtain signatures from Panel members, adverse weather issues, and emergent matters arising with Panel members. Further work will be done in 2010-2011 to address the timeliness of rendering board decisions that fall outside of the legislative timelines and arrive at meaningful solutions.

ANNUAL OBJECTIVE 2010-2011

By March 31, 2011, 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 applications received and reviewed
- Number of decisions communicated

The annual objectives, like the mandate and activity of the Review Board, remain consistent for the duration of the 2008-2011 Activity Plan. In 2009-2010, an indicator was added to reflect the conclusion of the review process. Performance related data will continue to be collected for the duration of the 2008-2011 Activity Plan and the process evaluated in anticipation of the 2011- 2014 Activity Plan.

4.0 Accomplishments and Highlights

The proclamation of the new *Mental Health Care and Treatment Act*, which replaced legislation over 30 years old, continues to be a significant development in improving access to a priority health service across the Province.

In the 2008-2009 fiscal years, the Review Board heard the first application to review a Community Treatment Order. There are presently very few applications based on allegations of denial of rights.

The Review Board has met on two occasions to discuss implementation issues, the annual report and to make recommendations to improve procedural matters, which are referred to in this report.

5.0. Challenges and Opportunities

Community Resources

Access to community based mental health and addictions services is a focus area of the DHCS 2008-2011 strategic plan. In keeping with this, the Review Board emphasizes that for some Applicants, the lack of community resources was a deterrent to proceeding with decertification. Increasing awareness of the need for a continuum of treatment services and continuing to prevent the unnecessary detention of the Applicant as well as ensure the safety of the Applicant and/or the community is an ongoing challenge for the Review Board. The following excerpt from a recent decision highlights the dilemma:

> *'This Panel does not accept that a "lack of resources" is a reasonable excuse for the continued certification of a person with mental health issues. This Panel expects that, in the implementation and application of the Mental Health Care and Treatment Act, those responsible for the implementation of programs to ensure that persons, who would otherwise have their freedom restricted by the certification process, will have access to appropriate community treatment and follow up rather than be subject to continued involuntary care.'* (*February 6, 2009)*

As a follow up to such issues and as we strive to improve the health system within existing resources, the Review Board recognizes an opportunity to conduct an interim review of the newly pronounced Act and the implementation of same. In 2009-2010, there was opportunity to further explore the most effective means to achieve this with mental health care providers, who appear before the Panels, with Legal Aid and Consumers Health Awareness Network Newfoundland and Labrador (CHANNAL), clients and other stakeholders.

Procedural Matters

The Review Board confirmed that certification/community treatment orders were upheld in 29 of 107 applications made to the Review Board. However, given the upward trend in the number of applications and cancellations, the following administrative matters represented opportunities and challenges for the Review Board in the 2009-2010.

Review Board Membership

The following represents the number of hearings and decisions confirmed for each Review Board member:

Table 7: Number Of Hearings And Decisions Confirmed For Each Review Board Member (2009-2010)

		Appointed to Panel - but hearing cancelled or rescheduled	Appointed to Panel – and hearings proceeded
Legal	A	11	17
	B	9	11
	C	17	9
	D	6	6
	E	0	2
Physicians	A	19	24
	B	7	10
	C	14	7
	D	0	2
Public	A	18	22
	B	22	18
	C	5	4
	D	0	0

The above reveals that the work amongst Review Board members remains more evenly distributed. While some of this can be accounted for by varying regional requirements, the ability to videoconference negated much of that rationale. A lack of Review Board member availability significantly hampers the Review Board in its ability to function and meets its mandate. As the current number of Review Board members does not allow for

contingencies for illness, etc., the Review Board anticipates continuing to work with the DHCS regarding the appointment of Review Board members and seek the appointment of additional or alternate review Board members to form Panels. As well, Review Board members would be more prepared if a refresher seminar was provided at the commencement of each term.

Administrative Support

Presently, administrative support for the Review Board is provided by a half time position in the Mental Health and Addictions Division at the DHCS. This is an effective and efficient temporary arrangement that is presently under review. Related administrative costs include dedicated telephone and fax lines to ensure confidentiality, computer and internet costs, office supplies, etc. As the Review Board matures under the new legislation, addressing these issues will increase its capacity to address the increased demand for hearings, enable it to more effectively fulfill its Mission, Vision and Mandate, and most importantly, ensure the independence of the Review Board.

Communication

Presently, telephone, fax and email are used to communicate with Board members. However, most, if not all, Review Board members are accessible using electronic mechanisms, such as computer with internet and email technology. Providing that the appropriate measures for security and privacy of information can be assured, there is opportunity to have electronic communication support the appointment of panels, notification of hearings and filing of decisions. This could be a standard method of communication between Review Board members, and with the Health Authority, Newfoundland and Labrador Legal Aid Commission (and private legal counsel) and the Department. Clients send and receive applications, notifications and decisions via transmission through their legal counsel, rights advisor or directly from the Health Authority.

In the course of implementing the hearings, as required by the Act, the Review Board has identified areas where further communication and collaboration among these organizations/persons could enhance the Mandate, Vision and Mission of the Board, and, more importantly, directly enhance the delivery of services to those with mental health issues.

Amended and Standardized Forms

Current application forms need to be updated to ensure that the panels receive appropriate information and to ensure consistency and fairness among applicants and the Health Authority. Forms are also required for postponements/rescheduling of hearings by the Board, Applicant and Health Authority, and cancellation of hearings by the Applicant and the Health Authority.

Review Board Hearing Experience

In addition to focusing on processes to improve Review Board functioning, the Review Board is also focused on the experiences of applicants and their representatives and creating a barrier free environment to ensure effective outcomes.

In the past year, there has been a remarkable improvement in the preparedness of the Applicant and the conduct of the hearings. This is in large part due to the commitment of legal counsel by the Newfoundland and Labrador Legal Aid Commission and the dedication of such counsel to the process.

The Review Board is also working with the Department of Health and Community Services to establish a more arms length relationship. This will enable perception and reality to be the same meeting the needs of those who look to the Review Board as a source of independent review.

Appendix A: Board Members 2009-2010

NAME	APPOINTMENT	TERM EXPIRY DATE RESIGNATION DATE
Ms. Mary Pia Benuen	Public	October 1 2011
Dr. Alec W. Brace	Physician	October 1 2010
Ms. Moyra Buchan	Public	October 1 2010
Ms. Sandra M. Burke	Legal	October 1 2010
Dr. Delores S. Doherty	Physician	October 1 2011
Mr. John Ennis[1]	Legal	October 1 2011
Ms. Janine Evans	Legal	October 1 2010
Mr. Samuel M. Kean	Public	October 1 2010
Ms. Brenda Kelly	Public	October 1 2010
Dr. Alan J. McComiskey	Physician	October 1 2011
Mr. John McGrath,QC	Legal	October 1 2011
Dr. Teodore Rosales	Physician	October 1 2010
Ms. Judy A. White	Legal	October 1 2011

[1] Chairperson of Mental Health Treatment and Review Board

Appendix B: Strategic Directions

(Source 2008-2011 Activity Plan)

Strategic Direction: 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:			
		plans of other entities reporting to the department	**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		

Strategic Direction: Accountability and stability of health and community 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 communicated 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:			
		plans of other entities reporting to the department	**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/ .

Appendix C: Referenced Legislative Sections

(All references are to the *Mental Health Care and Treatment Act* unless otherwise noted)

1. Overview

Membership – Appointment of Board Members

57. (1) The board shall comprise a minimum of 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.

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.

3.0 Report on Performance

Discussion of Results – Timeliness for Setting of Hearings

66. (2) within 2 clear days of receipt of an application the chairperson of the board shall appoint a panel and designate a chairperson of the panel and refer the application to the chairperson of the panel.

67 (1) A panel shall hear and determine an application as soon as is reasonably possible and in any event no more than 10 clear days after receipt of the referral under subsection 66(2).

(2) Within 2 clear days of receipt of the referral of the application under subsection 66(2), the chair of the panel shall give notice of the date, time, place and purpose of the hearing to the parties to the application.

Discussion of Results – Timeliness of Decisions Rendered

71 (2) Within 3 clear days following the conclusion of its review, the chairperson of the panel shall deliver

(a) to each party, its decision, in writing, signed by the members of the panel, together with reasons in support of the decision, and where the decision of the panel is not unanimous, any dissenting opinion; and

(b) To the chairperson of the board, a copy of its decision, together with reasons, and any dissenting opinions, and a record of all evidence presented to the panel.

"Clear days" are defined at Rule 3.01 of the Rules of the Supreme Court, 1986, as amended:

(a) Where the time limited for the doing of a thing expires or falls upon a Saturday, Sunday or holiday, the thing may be done on the day next following that is not a Saturday, Sunday or holiday.

(b) Where there is a reference to a number of clear days or "at least" a number of days between two events, in calculating the number of days there shall be excluded the days on which the events happen.

. . . .

(h) Where any limited time less than six days from or after any day or event is appointed or allowed for doing any act or taking any proceeding, Saturdays, Sundays and holidays shall not be reckoned in the computation of the limited time.