

The Mental Health
Care and Treatment
Review Board

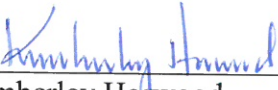
ANNUAL PERFORMANCE REPORT
2017-2018

Chairperson's Message

I am pleased to provide the 2017-2018 Annual Performance 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.

This Annual Performance Report provides an overview of the activities of the Mental Health Care and Treatment Review Board. The statistics related to the previous six years of Review Board activities are found in the Report on Performance. Also included in this section is a report on the 2017-2018 objective and indicators as identified in the 2017-20 Activity Plan.

As Chairperson of the Mental Health Care and Treatment Review Board, my signature is indicative of the entire Review Board's accountability for the actual results reported.



Kimberley Horwood
Chairperson

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1.0 Overview

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.

Mandate

The Mental Health Care and Treatment Review Board, hereafter referred to as the Review Board, was established in 2007 pursuant to Section 56 of the **Mental Health Care and Treatment Act**.

The Review Board operates as an independent, quasi-judicial administrative tribunal to conduct review panel hearings under the **Mental Health Care and Treatment Act** as set out in section 56(1) of the **Act**. The Review Board's mandate is based on an involuntary psychiatric patient's right to periodic, fair, and timely review of their involuntary status under the *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**.

Financial

The Review Board is not required to have an audited statement. In the 2017-2018 fiscal year total expenses were \$33,229.75, itemized as follows:

Board Members	\$ 28,417.25
Psychiatrists	\$ 4,612.50
Courier expenses	<u>\$ 200.00</u>
Total	\$ 33,229.75

The current Review Board's expenses are comparable with last fiscal year's expenses. The Review Board's expenses in 2016-2017 were \$34,565.90.

Administrative support and expenses are provided by the Department of Health and Community Services, Mental Health and Addictions Division.

The further 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.

2.0 Highlights and Partnerships

During 2017-2018, the Review Board participated in a seminar and general discussion with experts in the area of mental health care and treatment legislation. The presentation was arranged by The Department of Health and Community Services and the participants represented interested parties and various stakeholders in mental health care and treatment, and was designed to examine the different regimes used in mental health care and treatment across the country, and to use this to invoke a discussion on progressive efforts to refine mental health care and treatment legislation across the country, and in particular, in Newfoundland and Labrador. The Review Board is committed to working with stakeholders and The Department of Health and Community Services toward regularly reviewing its programs and services to ensure we are implementing best methods.

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

The Review Board does require interaction at the point of application with senior administrators of regional 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:

Client Representatives

The client representative role 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 (CMHA-NL) 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, assist with applications to the Review Board, and accompany the client to the hearing.

Newfoundland and Labrador Legal Aid Commission (NLLAC)

Persons who are subject to certificates of involuntary treatment or community treatment orders are able to access legal advice and assistance from the NLLAC as a matter of right, without having to go through the normal application process. There is currently no financial criteria for eligibility to receive representation by NLLAC. 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 regional health authority.

3.0 Report on Performance

Progress 2017-2018

In 2017-2018, Review Board Panels were convened as needed. This meant that Panels of three members, including a Legal Representative (lawyer), who is Chairperson of the Panel and whose duty it is to oversee the hearing; a Physician Representative (doctor); and a Public Representative the majority of whom have professional and/or personal experience in mental health care and treatment. The Panels reviewed applications by clients who were subjected to involuntary admission to a psychiatric facility or applications in respect of renewal of certificates of involuntary admission, or persons who were the subject of community treatment orders or renewals thereof, or who were allegedly denied rights resulting from involuntary admissions. Decisions of the Review Board were communicated directly to applicants and/or their representatives and to the admitting psychiatric facility.

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

The Review Board acts as a check and balance within the mental health system, spans the continuum of care from community/primary care to facility based/tertiary/emergency care, and contributes to more informed citizens and a more accountable mental health system. The Review Board supports the Provincial Government's strategic direction of "Access" by monitoring decisions made within the mental health system and encouraging more appropriate use of available resources, as is evident in the objective statement.

This Annual Activity Report supports the 2017-2020 Activity Plan which was developed to include Review Board statistics, and which informs annual objective reporting.

Location of Hearings

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 2017-2018.

Table A: Overview of the Locations of Hearings (2017-2018)

LOCATION	IN PERSON	VIDEOCONFERENCE
Waterford Hospital, St. John's	15	-
Health Sciences Centre, St. John's	-	-
Janeway Hospital, St. John's	-	-
Western Memorial Regional Hospital, Corner Brook	-	11
Central Newfoundland Regional Health Centre, Grand Falls-Windsor	-	-
Sir Thomas Roddick Hospital, Stephenville	-	-
St. Clare's Hospital, St. John's	-	-
James Paton Memorial Hospital, Gander	-	-
Bonavista Health Centre	-	1
Sub-total	15	12
Total Number of Hearings		27

While Panel members are located across the province, most clients are located in St. John's and Review Board members make themselves available as necessary. In 2017-2018, the Review Board utilized telehealth services to enable efficient and effective hearings. This service has encouraged increased capacity building, networking and a collaborative approach by connecting with any of the above as a second site. Further, it also increased efficiency with respect to cancellations and/or changes in hearings dates or times, and unavailability of board members in certain regions.

Review Board Activity – Comparison by Fiscal Year

Table B: Mental Health Care and Treatment Review Board Activity by Fiscal Year 2011-2017

Review Board Activity	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012
STATUS/NUMBER OF APPLICATIONS							
Received	112	129	139	154	131	122	113
Summarily dismissed by Chair ¹	4	2	4	5	3	7	5
Application Withdrawn ²	52	57	57	77	46	48	40
No hearing set ³	29	31	37	41	40	22	32
Hearings ⁴	27	39	41	31	42	45	36
RESULTS OF HEARINGS							
Certificates upheld/confirmed	18	24	33	21	25	33	28
Certificates not upheld/not confirmed/decision not communicated	3	1	0	8	15	10	6
Community Treatment Orders upheld/confirmed	6	11	2	2	2	1	1
Community Treatment Orders not upheld	0	2	5	0	1	0	0
Panel lacking jurisdiction	0	0	0	0	0	0	0
Decision communicated ⁵	26	38	40	34	45	36	31

¹ An application is summarily dismissed by the Chair pursuant to section 65 of the Act if the application was found to be frivolous, vexatious or not in good faith, or if the matter had been considered within the previous 30 days.

² An application might be withdrawn by the applicant for a number of reasons, the most common of which is decertification.

³ “No hearings set” means that the applicant was discharged or decertified prior to the scheduling of the hearing.

⁴ “Hearings” means that review board members met in person or used communications technology to hear and decide upon an application.

⁵ One applicant was decertified before the decision was rendered.

Annual Objectives 2017-2018

By March 31, 2018, 2019, and 2020, 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 to ensure the Review Board’s compliance with the requirements of the legislation, particularly concerning Section 64(1) (c) an application by a person detained in a facility alleging a denial of a right set out in section 11 or 12.

Objective: Reviewed applications under the Act.

Indicators:

- Number of applications received from mental health services
- Number of panels convened
- Number of hearings held/reviews completed
- Number of certificates upheld/cancelled
- Number of decisions communicated
- Timeliness of panels convened, hearings held and decisions rendered
- Yearly reports provided

Discussion of Results 2017-2018

The total number of applications decreased just slightly to 112 from the previous year’s total of 129. An examination of the historical data shows a consistent trend since the passing of the legislation. The number of hearings, decisions, and other objective markers, were also consistent over the past several years.

Data collection continues to inform the Board and provides insight into the nature and volume of work by the Review Board, which represents one component of a range of mental health services.

Indicator #1 – Number of applications received from mental health services

The number of applications received is consistent with previous years.

Table C-1: Number of applications received

Review Board Activity	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012
NUMBER OF APPLICATIONS REC'D							
Applications Received	112	129	139	154	131	122	113

Indicator #2 – Number of panels convened

This means that a Panel was appointed and a date for the hearing was scheduled. The number of hearings scheduled will always be lower than the number of applications received. The primary reason for the number of hearings scheduled being less than the number of applications received is where the applicant is decertified prior to the hearing date, making the application unnecessary. Another reason might be that the application was summarily dismissed by the Chair if a hearing occurred and decision rendered within the past 30 days.

Table C-2: Number of hearings scheduled (i.e. convened)

Review Board Activity	2017- 2018	2016- 2017	2015- 2016	2014- 2015	2013- 2014	2012- 2013	2011- 2012
NUMBER OF HEARINGS SCHEDULED (i.e. CONVENED)							
Hearings scheduled	79	96	98	108	88	93	76

Indicator #3 – Number of hearings held/reviews completed

Of the 79 hearings that were scheduled, 27 of them actually proceeded to a hearing. Some of the reasons for the variation in the number of hearings scheduled versus hearings actually held include that patients are decertified prior to the hearing date, or the applicant might withdraw his or her application.

Table C-3: Number of hearings held/reviews completed

Review Board Activity	2017- 2018	2016- 2017	2015- 2016	2014- 2015	2013- 2014	2012- 2013	2011- 2012
NUMBER OF HEARINGS HELD/ REVIEWS COMPLETED							
Hearings held/reviews completed	27	39	41	31	42	45	36

Indicator #4 – Number of certificates upheld/cancelled

Of the 27 matters that proceeded to a hearing, 21 of these were in respect of Applications for Review of a Certificate of Involuntary Admission, whereas 6 related to Applications for Review of a Community Treatment Order [“CTO”].

Of the 21 Applications for Review of the Certificate of Involuntary Admission, 18 of them were upheld; 2 of the certificates were cancelled; and 1 decision was not communicated because the applicant was decertified before the decision was rendered.

Table C-4a: Number of involuntary certificates upheld/cancelled

Review Board Activity	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012
INVOLUNTARY CERTIFICATES NUMBER UPHELD/CANCELLED							
Certificates upheld	18	24	33	21	25	33	28
Certificates cancelled	3	1	0	8	15	10	6

Of the 6 Applications for Review of the Community Treatment Order that a Panel considered, all 6 of them were upheld.

Table C-4b: Number of community treatment orders upheld/cancelled

Review Board Activity	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012
COMMUNITY TREATMENT ORDERS NUMBER UPHELD/CANCELLED							
CTOs upheld	6	11	2	2	2	1	1
CTOs cancelled	0	2	5	0	1	0	0

Indicator # 5 – Number of decisions communicated

All decisions rendered were communicated to the parties within the prescribed timeframe of 3 clear days.

Table C-5a: Number of Decisions Rendered and Communicated

Review Board Activity	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012
DECISIONS COMMUNICATED							
Decisions communicated	26	38	40	34	45	36	31

There were no occasions of delay in rendering the decisions in 2017-18. This represents a diligent and continued effort by the Review Board to ensure legislative compliance, and that the applicant receives his/her decision without delay.

Table C-5b: Delay of Decisions Rendered and Delivered

Delay of Decisions Rendered and Delivered Per Section 71(2) of the Act by Number						
Delay in rendering Decision	Decisions Rendered and Delivered					
	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013
4 Clear Days Delay	0	0	0	0	5	3
5 Clear Days Delay	0	0	0	0	2	1
6 Clear Days Delay	0	0	0	0	1	1
More than 6 Clear Days Delay	0	0	3	1	0	0
Total	0	0	3	1	8	5

The 2017-20 Activity Plan indicates that each year the objective will remain the same and the progress will be reviewed annually to determine if indicators will be revised. Therefore, the annual objective will remain the same for 2017-18.

Indicator #6 – Timeliness of Panels convened, hearings held and decisions rendered

The functioning of the Board is impacted by the withdrawal of applications and the notice provided for withdrawals. Lack of sufficient notice may create unnecessary burdens and missed opportunities for Board Members. However, it is recognized, given the nature of mental illness, that there will be occasions when little notice can be provided.

Table C-6a: Applications Withdrawn after Panel Appointed

Length Of Notice Provided for Withdrawn Applications By Applicant/Regional Health Authority 2017-2018			
	Less Than 24 Hours Notice to 1 day	2 to 5 Days	More than 5 Days
After the Application is received	3	33	16
After the hearing date is set	21	31	0
Before the hearing date	34	18	0

The Act provides specific timelines to guide the review process and this has provided parameters for the information collected (see Appendix B). Specifically, Panels must be appointed within 2 clear days of the receipt by the Board Chair of the Application, and the hearing dates must be set within 2 clear days of referral of the Application to the Panel Chair. To effectively meet the time

requirements of the Act, it is typical for Panels to be struck, hearing dates set and notices sent out to participants from a common administrative centre.

Table C-6b: Timeliness in Appointing Panels and Setting Hearing Dates 2017-2018

Timeliness in Appointing Panels and Setting Hearing Dates Per Sections 66(2) and 67(2) of the Act	
By Number (2017-2018)	
Same Day as Application Received or Next Day	29
1 Clear Day after Application Received	36
2 Clear Days after Application Received	17
3 Clear Days after Application Received	0
More than 3 Clear Days after Application Received	0
Total	82

In 2017-2018, all appointment of Panels and hearing dates set were accomplished within the legislative requirements.

The legislative requirements for the timing of hearings to be held are found in Appendix B. Hearings must be held within 10 clear days of the receipt of the Application by the Board Chair.

Table C-6c: Timeliness of Hearings Scheduled to be Heard

Number of Days from Receipt of Application to Scheduling of Hearing	Timeliness of Hearings Scheduled to be Heard Per Section 67(1) of the Act by Number					
	Number of Applications					
	2017- 2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013
1 to 4 clear days	19	10	17	7	4	33
5 to 10 clear days	63	86	84	101	44	58
11 clear days or more	0	0	0	0	38	2
Total	82	96	101	108	86	93

The Review Board was successful in having all hearings in 2017-2018 scheduled to be heard within the time frame of the legislative requirements.

The legislative requirements for the timing of decisions to be rendered and delivered to Applicants, regional health authorities and involved parties are found in Appendix B. Decisions must be rendered and delivered within 3 clear days from the conclusion of the hearing.

Table C-6d: Timeliness of Decisions Rendered and Delivered

Number of Days After Hearing to Rendered Decision	Timeliness of Decisions Rendered and Delivered Per Section 71(2) of the Act by Number					
	Decisions Rendered and Delivered					
	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013
1 Clear Day	7	26	22	9	4	8
2 Clear Days	9	5	8	8	6	13
3 Clear Days	10	7	7	10	14	17
More than 3 Clear Days	0	0	3	1	8	5
Total	26	38	40	28	32	43

Of note, there were 27 hearings set, but one decision was not rendered because the Applicant was decertified prior to the completion of the decision. The Review Board was successful in meeting the legislative requirements in respect of the timeliness of rendering and delivering its decisions for all hearings. Details on delays are presented in Table 5d.

Indicator # 7 – Yearly Reports Provided

Reports are provided annually, and data provided by fiscal year to allow for ease of reference and monitoring of trends and/or areas of increased activity within the Mental Health Care and Treatment Review Board’s purview.

4.0 Challenges and Opportunities

Community Resources

The Review Board emphasizes that for some applicants, the lack of community resources continues to be a deterrent to proceeding with options other than continued certification. Increasing awareness of the need for a continuum of treatment services and continuing to prevent the unnecessary detention of applicants, as well as ensuring the safety of applicants and/or the community, is an ongoing challenge for the Review Board. The sub-committee of the Review Board will continue to promote and educate the stakeholders on the Review Board processes and the expected timelines found therein.

Procedural Matters

All applications, including those upheld, summarily dismissed, or rescheduled, require administrative preparations for Panels. Given the consistent trend in the number of applications and cancellations, the following procedural matters continue to represent opportunities and

challenges for the Review Board in 2017-2018 and into 2018-2019; this is a matter that the sub-committee of the Review Board may help address and increase awareness.

Hearing Process

The Review Board hearing process is well developed under the **Mental Health Care and Treatment Act**, which was proclaimed on October 1, 2007, and the proclamation of Part IV, Community Treatment Orders on January 1, 2008. In 2017-2018, no complaints were received to the Review Board as to its processes, and most stakeholders are aware of the Board processes.

Administrative Support

Administrative support for the Review Board is provided by a position in the Mental Health and Addictions Division of the Department of Health and Community Services. Related administrative costs include dedicated telephone and fax lines to ensure confidentiality, computer and internet costs, and office supplies, etc. This is an effective and efficient temporary arrangement that remains under review with respect to the independence of the Review Board.

Communication

The Mental Health and Addictions Division of the Department of Health and Community Services provided secure, encrypted laptop computers and training to new board members. The use of such equipment continues to be the only method by which board members may communicate among themselves and with the department regarding any and all information that is considered private and confidential (i.e. sending notification of hearing dates, sending applications and decisions).

Amended and Standardized Forms

Application and related forms continue to be reviewed to ensure that the Panels receive appropriate information and to ensure consistency and fairness for all parties.

Review Board Composition

It remains difficult to maintain a full contingent of Legal Representatives and Physician Representatives on the Review Board. The requirements for these positions require that the Legal Representatives be practicing lawyers and that the Physician Representatives be licensed physicians. These create obstacles in respect of recruiting and maintaining a full roster, given that practicing lawyers and doctors have difficulty managing the time commitment and being able to be called upon for Panels on short notice. See below - Table 6.

The issue of the carryover of board members to continue in their capacities when their term has officially ended until reappointment was resolved by an amendment to section 58(1) the Act, (assented to on December 22, 2012) as follows:

s. 58(1.1) Where the term of a member expires, he or she continues to be a member until reappointed or replaced.

The noted amendment continues to assist the Board's functioning and continuity. The Board Chair is willing to discuss potential alternatives to surmount this practical obstacle.

It is noteworthy that these positions are paid according to the Treasury Board guidelines which have not been updated in quite some time, and which might also be causing an impediment to recruitment.

Review Board Member Participation

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

Table D: Number of Hearings and Decisions Confirmed for Each Review Board Member (2017-2018)

Number Of Hearings And Decisions Confirmed For Each Review Board Member (2017-2018)			
Member Representation		Appointed to Panel - but hearing cancelled or rescheduled	Appointed to Panel – and hearings proceeded
Legal	1) Kim	19	14
	2) Ruth*	6	0
	3) Christina	17	8
	4) Ian	12	5
	5) Geoff	1	0
	6) -	-	-
	7) -	-	-
	8) -	-	-
Physicians	1) Bob	18	14
	2) Ted	24	9
	3) Chris	10	2
	4) Joan	3	2
	5) -	-	-
	6) -	-	-
	7) -	-	-
	8) -	-	-
Public	1) Brenda	8	10
	2) Frankie	15	4
	3) Patricia	12	3
	4) Elaine	6	1
	5) Chad	2	3
	6) Jerry	4	1
	7) Abigail	8	5
	8) Gerald	0	0

* resigned

** The “-” indicated in Table 6 references a vacancy in the Board membership.

The above indicates that the work of Review Board members remained somewhat unevenly distributed as some members did not participate in any hearings while other members participated in the majority of hearings.

Appendix A: Board Members 2017-2018

MENTAL HEALTH CARE AND TREATMENT ACT REVIEW BOARD MEMBERS

2017-2018

Position	Name	Term Expiry
Chairperson – Lawyer	Kimberley Horwood	April 12, 2018
Member – Lawyer	Geoffrey Aylward	April 12, 2018
Member – Lawyer	Ruth Peters Wakeham	July 9, 2018
Member – Lawyer	Christina Kennedy	May 16, 2020
Member – Lawyer	Ian Wallace	May 16, 2020
Physician Representative	Dr. Robert Young	April 12, 2018
Physician Representative	Dr. Christopher Heughan	April 12, 2018
Physician Representative	Dr. Peter Blackie	April 12, 2018
Physician Representative	Dr. Joan Kranenka	April 12, 2018
Physician Representative	Dr. Theodora (Ted) Rosales	May 16, 2020
Public Representative	Gerald Warren	April 12, 2018
Public Representative	Brenda Stamp	April 12, 2018
Public Representative	Frankie O’Neill	April 12, 2018

Position	Name	Term Expiry
Public Representative	Patricia Mercer	April 12, 2018
Public Representative	Elaine Dobbin	November 1, 2018
Public Representative	Noreen Careen	May 16, 2020
Public Representative	Sandra McKellar	May 16, 2020
Public Representative	Chad Perrin	May 16, 2020
Public Representative	Abigail Sheppard	May 16, 2020
Public Representative	Jerry Vink	May 16, 2020

Appendix B: Referenced Legislative Sections

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

1.0 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.
- (1.1) Where the term of a member expires, he or she continues to be a member until reappointed or replaced.
- (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 Subparagraph 22(k) of the Interpretation Act, R.S.N.L. Chapter I-19, as amended:

where a number of days not expressed to be "clear days" is prescribed the days shall be counted exclusively of the 1st day and inclusively of the last and where the days are expressed to be "clear days" or where the term "at least" is used both the 1st day and the last shall be excluded;

5.0 Challenges and Opportunities

Community treatment order

40. (1) For purpose of this Part, "in the community" means outside a psychiatric unit.

(2) A psychiatrist may issue or renew a community treatment order with respect to a person where the following criteria are met:

- (a) he or she has examined the person named in the order within the immediately preceding 72 hours and on the basis of the examination and other pertinent facts respecting the person or the persons condition that are known by or have been communicated to the psychiatrist, he or she is of the opinion that
 - (i) the person is suffering from a mental disorder for which he or she is in need of continuing treatment or care and supervision in the community,
 - (ii) if the person does not receive continuing treatment or care and supervision while residing in the community, he or she is likely to cause harm to himself or herself or another, or to suffer substantial mental or physical deterioration or serious physical impairment,
 - (iii) as a result of the mental disorder, the person is unable to fully appreciate the nature and consequences of the mental disorder and is therefore unlikely to voluntarily participate in a comprehensive community treatment plan,
 - (iv) the services that the person requires in order to reside in the community so that he or she will not be likely to cause harm to himself or herself or to others, or to suffer substantial mental or physical deterioration or serious physical impairment,
 - (A) exist in the community,
 - (B) are available to the person, and
 - (C) will be provided to the person, and
 - (v) the person is capable of complying with the requirements for treatment or care and supervision set out in the community treatment order;
- (b) during the immediately preceding 2 year period the person
 - (i) has been detained in a psychiatric unit as an involuntary patient on 3 or more separate occasions, or
 - (ii) has been the subject of a prior community treatment order;
- (c) the person, the psychiatrist who is considering issuing the community treatment order or his or her designate and another health professional, person or organization involved

in the persons treatment or care and supervision have developed a community treatment plan for the person; and

(d) the psychiatrist who is considering issuing the community treatment order or his or her designate has consulted with the health professionals, persons and organizations proposed to be named in the community treatment plan and each has agreed in writing to be named in the plan.

-and-

58. (1) A member of the board shall be appointed for a term of 3 years.
- (1.1) Where the term of a member expires, he or she continues to be a member until reappointed or replaced.
- (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.

Mental Health Care and Treatment Review Board

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