The Mental Health Care and Treatment Review Board

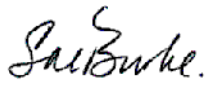
ANNUAL ACTIVITY REPORT 2012-2013

Chairperson's Message

I am pleased to provide the 2012-2013 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. The statistics related to the three years covered by the Review Board's 2011-2014 *Activity Plan* are found in the Report on Performance of this report and the annual objective for 2012-2013 focuses on more recent activity. One accomplishment for 2012-2013 is the enhanced protection of communications regarding private, confidential and personal health information.

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.



Sandra M. Burke, Q.C.
Chairperson

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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 other matters required by the Minister and performing 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 clients 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 clients 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 client 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 2012-2013.

Table 1: Overview of the Locations of Meetings (2012-2013)

LOCATION	IN PERSON	VIDEOCONFERENCE
Waterford Hospital, St. John's	36	
Health Sciences Center, St. John's		1
Janeway	-	-
Western Memorial Hospital, Corner Brook	-	8
Central Newfoundland Regional Health Centre, Grand Falls-Windsor	-	-
Sir Thomas Roddick Hospital, Stephenville	-	-
St. Clares Hospital	-	
James Paton Memorial Hospital, Gander	-	-
Sub-total	36	9
Total Number	**45**	

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 2012-2013, 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.

Financial

The Review Board is not required to have an audited statement. In the 2012-2013 fiscal year total expenses were approximately $56,819.93 itemized as follows:

Board Members:	$ 45,410.08
Psychiatrists	$ 11,300.00
Conference calls	$ 59.85
Courier expenses	$ 50.00
Total	**$ 56,819.93**

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

Values

The Department of Health and Community Service's values are reflected daily as employees fulfill their roles and responsibilities in serving their clients. They are key elements of the department's culture. 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**.**

Professionalism
Each person is qualified and competent, and supported in their work through a culture that encourages continuing education and employee development.

Excellence
Each person makes decisions and performs to the best of their ability based on the best evidence available and follows proven best practices to ensure individual and departmental performance is maintained at the highest possible standard.

Transparency and Accountability
Each person takes their responsibility to their clients seriously and contributes to a culture of openness and transparency in decision-making and reporting.

Collaboration
Each person engages others, both within and external to the department, in a positive manner, respectful of others and their different perspectives.

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

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 client 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 clients in section 33 and issuing or renewing community treatment orders in subsection 53(3) of the *Mental Health Care and Treatment Act.*

2.0. Shared Commitments

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) 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. 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. Accomplishments and Highlights

The proclamation of the *Mental Health Care and Treatment Act* continues to be a significant development in improving access to a priority health service across the Province. Available Board Members provided input to the Newfoundland and Labrador Centre for Health information (NLCHI) which was preparing an evaluative report about the Act.

In the 2008-2009 fiscal year, the Review Board heard the first application to review a Community Treatment Order (CTO). There were three (3) applications in relation to CTOs in 2012-2013 (one upheld, one cancelled, and one was withdrawn from consideration). There remain very few applications based on allegations of denial of rights.

In 2012-2013, the Chair of the Review Board met with a subcommittee of the MHCTA Stakeholder Committee to review the Board's processes, privacy issues and the MHCTA review by NLCHI. The Board Members met with OCIO representatives to address privacy issues regarding the manner of communication of Applications and Decisions that contain private, confidential and personal health information.

4.0. Report on Performance

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 further supports optimal health and well being and the effective use of resources.

The vision of the Department of Health and Community Services[5] is for individuals, families and communities to achieve optimal health and well being.

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

Mission

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

By March 31, 2017, the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well being.

The Review Board considers its mandate and government's strategic directions as contributing to the mission of the Department. The Review Board is a process within the mental health system that spans the continuum of care from community/primary care to facility-based tertiary and emergency care. It helps to ensure appropriate/improved accessibility to priority services, a more informed citizenry, as well as the improved accountability to clients of mental health services. By monitoring decisions and usage trends, the board encourages a more appropriate use of available resources that contributes to the improved quality of mental health care for those requiring mental health services across the Province.

Progress 2012-2013

In 2012-2013 Review Board panels were convened as needed. This meant that panels of three members, including a lawyer, who is Chairperson, a physician and a lay person, reviewed applications on behalf of clients who were subjected to involuntarily 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 provided 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 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, 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 strategic directions of "Access to Priority Services" and "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 goal statement.

This Annual Report is the fifth report since the 2008-2011 Activity Plan was developed to include Review Board statistics, which inform goal and annual objective reporting. This Annual Report reflects the Activity Plan for 2011-2014.

TABLE 2: Mental Health Care and Treatment Review Board Activity by Fiscal Year 2008-2013

Review Board Activity	2012-2013	2011-2012	2010-2011	2009-2010	2008-2009	Grand Total
Status of Applications	**Number of Applications**					
Received	122	113	102	102	101	540
Summarily dismissed by Chair	7	5	8	6	2	28
Application Withdrawn [1]	48	40	42	43	39	212
No hearing set [2]	22	32	17	10	12	93
Hearings convened [3]	45	36	31	39	42	193
Result of Hearings by Review Board Panels						
Certificates upheld/ confirmed	33	28	27	28	35	151
Certificates not upheld / not confirmed/not communicated[4]	10	6	4	10	8	38
Community Treatment Orders upheld /confirmed	1	1	0	1	1	4
Community Treatment Orders not upheld	1	0	0	0	0	1
Panel lacking jurisdiction	0	0	0	0	1	1
Decision communicated	45	36	31	39	42	191

[1] In previous years the terms cancelled and/or decertified were used. This is now changed to "Application Withdrawn."

[2] No hearings were set means that the applicant was discharged prior to the scheduling of the hearing.

[3] Hearings convened means that review board members met in person or used communications technology to hear and decide upon an application.

[4] Decisions not communicated occur when the certificate of involuntary admission has been cancelled by the psychiatric facility or the patient has been discharged between the time of the hearing and the date the decision is due. This occurred in two (2) instances in 2012-2013.

Note: the columns "postponed" and "rescheduled" were removed from the 2011-2012 statistics

ANNUAL OBJECTIVE 2012-2013

Due to the limited mandate of the Review Board, the annual objective will remain the same for each year of this Activity Plan. At the end of each year, the indicators and progress will be reviewed to determine if the indicators will remain the same for the period covered by this activity plan.

By March 31, 2012, 2013 and 2014, 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.

Measure: Reviewed applications and contributed to more appropriate access and accountability in mental health services.

Indicators:

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

Table 3 Objective Indicators 2012-2013 (based on Table 2, Page 11)

Planned Activity	Actual Activity
Number of applications received from mental health services	The total number of applications received during 2012-2013 was 122.
Number of panels convened	Forty Five (45) review panels were convened, representing 37% of the 122 applications received in 2012-2013.
Number of hearings held / reviews completed.	Forty five (45) hearings were held, meaning 45 reviews were completed, representing 37% of the 122 applications received in 2012-2013.
Number of certificates confirmed /not confirmed	There were 33 of 122 applications or 27% of certificates confirmed for 2012-2013. There were 8 of 122 (7%) certificates not confirmed, and 2 decisions not communicated. There was 1 community treatment order reviewed and upheld, and 1 community treatment order reviewed and not upheld in 2012 -2013. One community treatment order was withdrawn from consideration.
Yearly reports provided	The Annual Activity Report for the fiscal year of 2011-2012 was provided by the Review Board for the *2011-2014 Activity Plan.*
Number of decisions communicated	Forty three (43) decisions were communicated; 33 or 77% of the 2012-2013 certificates were

	confirmed and 8 or 19% were not confirmed. One (2%) Community Treatment Order was confirmed, and one (2%) Community Treatment Order was not confirmed.

The reason for the difference between the number of decisions communicated (43) and the number of hearings convened (45) is that on two occasions, the certificate of involuntary admission was cancelled by the Hospital Authority after the hearing date but before the decision was rendered, thus negating the need to communicate a decision.

Discussion of Results 2012-2013

The total number of applications increased to 122 from an average of 108 across 2009-2013. This shows a consistent trend since the passing of the legislation. The exact reason for this is unknown; however, an enhanced awareness, advocacy and increased education for all of the Review Board and *Mental Health Care and Treatment Act* in general may be related. The number of hearings and decisions communicated ranged from 43 to 31 with an average of 38 per year. The number of certificates not upheld was up only slightly in 2012-2013 to 8 from 6 in 2011-2012.

The measure of "No hearing set" decreased from 32 in 2011-2012 to 22. The reason for this decrease is unknown; however the timing of assessments, and any other issue related to mental health for the person involved may be related.

Data collection is ongoing and further information and analysis is needed over a longer time period to confirm these trends. The additional statistical and qualitative information provides insight into the nature and volume of work by the Review Board, which represents one component of a range of mental health services.

Applications Withdrawn or Cancelled:

The total number of Applications Withdrawn increased from 40 in 2011-2012 to 48 in 2012-2013. The timeliness of notification of withdrawn applications was identified as an issue in previous years and remains an issue. If timely notice is not given regarding cancelled/withdrawn hearings, Board Members are often unable to utilize the resulting free time for their professional practices, and are sometimes not paid after cancelling their regular practice. This may form a barrier to recruiting other sufficient Board Members.

Of the 48 Applications Withdrawn, 6 were the result of patient requests and 42 were the result of "decertification" of the patient by the psychiatric facility or a lapsing of the certificate of involuntary admission. Table 4 reveals the instances in 2012-2013 of the notice provided to the Board when hearings were cancelled due to patient "decertification".

Table 4: Length Of Notice[5] Provided For Withdrawn Applications By Applicant/ Regional Health Authority 2012-2013			
	Less Than 24 Hours Notice to 1 day	**2 to 5 Days**	**More than 5 Days**
After the Application is received	7	13	22
After the hearing date is set	14	20	8
Before the hearing date	11	24	7

Table 5a. Timeliness in Appointing Panels and Setting Hearing Dates 2010-2011

The *Act* provides specific timelines to guide the review process and this has provided parameters for the information collected (see Appendix C). 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 5a:Timeliness in Appointing Panels and Setting Hearing Dates Per Sections 66(2) and 67(2) of the Act By Number (2012-2013)	
Same Day as Application Received or Next Day	38
1 Clear Day after Application Received	30
2 Clear Days after Application Received	18
3 Clear Days after Application Received	6
4 Clear Days after Application Received	0
5 Clear Days after Application Received	0
More than 5 Clear Days after Application Received	1
Total	93

[5] The *Act* does not require any notice period to withdraw an application.

In 2012-2013, all appointments of panels and hearing dates set were accomplished within the legislative requirements. The hearing that was set 5 clear days after the Application was received was done at the request of the client.

Table 5b Timeliness of Hearings Scheduled to be Heard

The legislative requirements for the timing of hearings to be held are found in Appendix C. Specifically, hearings must be held within 13 clear days of the receipt of the Application by the Board Chair.

Table 5b:Timeliness of Hearings Scheduled to be Heard Per Section 67(1) of the *Act* by Number and Percentage		
Number of Days Within which Hearings are Scheduled to be Heard from Receipt of Application	**Number of Applications**	
	2012-2013	**2011-2012**
One to four clear days	33	9
Five to ten clear days	58	62
Eleven to Thirteen clear days	2	5
More than thirteen clear days	0	0
Total	93	76

The Review Board was successful in having all hearings in 2012-2013 scheduled to be heard within the time frame of the legislative requirements.

Table 5c: Timeliness of Decisions Rendered and Delivered

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

Table 5c: Timeliness of Decisions Rendered and Delivered Per Section 71(2) of the *Act* by Number and Percentage		
Number of Days After Hearing to Rendered Decision	**Decisions Rendered and Delivered**	
	2012-2013	**2011-2012**
One Clear Day	8	16
Two Clear Days	13	6
Three Clear Days	17	12
More than Three Clear Days	5	2
Total	43	36

The Review Board was successful in meeting the legislative requirements in the timeliness of rendering and delivering their decisions for 89% of their total hearings.

Table 5d: Delay of Decisions Rendered and Delivered Per Section 71(2) of the *Act* by Number and Percentage		
Delay in rendering Decision	**Decisions Rendered and Delivered**	
	2012-2013	**2011-2012**
Four Clear Days Delay	3	0
Five Clear Days Delay	1	1
Six Clear Days Delay	1	0
More than Six Clear Days Delay	0	1
Total	5	2

The most probable cause of delay in rendering decisions within the legislative time frame could be due to Panel members' difficulty in accessing and responding to draft decisions, emergency matters, or ongoing and/or lengthy discussion around the body of evidence that was presented at the hearing. The Board Chair continues to address with the Board Members the legislative requirements to file decisions.

5.0. Challenges and Opportunities

Community Resources

Access to community based mental health and addictions services is a focus area of the DHCS 2011-2014 strategic plan. In keeping with this, 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 the Applicant, as well as ensuring the safety of the Applicant and/or the community, is an ongoing challenge for the Review Board. Again, the Sub-committee of the Review Board will continue to promote and educate on the Review Board processes and the expected timelines found therein.

Procedural Matters

The Review Board confirmed that 122 applications were received in 2012-2013 for a total of 540 applications between 2008 -2013 (see Table 2). During the period 2008-2013, the number of applications per year ranged from 101 to 122 with an average of 108 per year. All applications, including those upheld, summarily dismissed, or rescheduled required 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 2012-2013 and into 2013-2014; a matter that the subcommittee of the Review Board may help address and increase awareness.

Hearing Process

The Review Board hearing process is continuing to develop under the *Mental Health Care and Treatment Act* (2006), which was proclaimed on October 1, 2007, and the proclamation of Part IV, Community Treatment Orders on January 1, 2008. In 2012-2013, few complaints were received by the Board as to its processes, and most stakeholders are aware of the Board processes. In this planning period (2011-2014), the Board will continue the timely dissemination of changes in process to improve consistency for the Applicant, the Regional Health Authority and Panel Members. This will continue to help address concerns expressed by Stakeholders and promote efficiency for each of the Health Authorities and Panel members.

Administrative Support

Administrative support for the Review Board is provided by a position in the Mental Health and Addictions Division at the DHCS. 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

In 2012-2013, a significant change occurred in the manner in which Board Members communicated with DHCS and among themselves. The Mental Health and Addictions Division of DHCS provided secure, encrypted laptop computers and training to all Board Members. This course of action positively addressed previous concerns regarding privacy and confidentiality issues. Use of such equipment is now the only method by which Board Members may communicate among themselves and with the DHCS regarding any and all information that is considered private and confidential (i.e., sending notification of hearing dates, sending applications and decisions).

DVD recordings of hearings are no longer permitted to be made due to the sensitive and confidential nature of the information. A secure repository for all recordings of hearings is required.

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 for 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 Member Participation

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

Table 6: Number Of Hearings And Decisions Confirmed For Each Review Board Member (2012-2013)

Member Representation		Appointed to Panel – but hearing cancelled or rescheduled	Appointed to Panel – and hearings proceeded
Legal	A	34	16
	B	25	13
	C	8	3
	D	13	5
	E	15	5
	F	2	0
	G	0	0
	H	-	-
	I	-	-
Physicians			
	A	21	5
	B	20	9
	C	41	23
	D	4	1
	E	11	4
	F	-	-
	G	-	-
Public	A	19	8
	B	12	6
	C	30	13
	D	27	13
	E	5	1
	F	4	1
	G	-	-

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. While lack of involvement could occur if there were no

or limited applications heard in the geographic area in which the member resided, for all members in general, there needs to be some measure of commitment to the Review Board to ensure its mandate is able to be fulfilled. Regional consideration of the assignment of board members may allow for more even distribution of workload. The size of the Review Board membership allowed for work to continue despite the absences due, for example, to illness or expiry of appointment.

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 assists the Board's functioning and continuity.

Appendix A: Board Members 2012-2013

MENTAL HEALTH CARE AND TREATMENT ACT
REVIEW BOARD MEMBERS

2012-2013

Position	Name	Term Expiry
Chairperson – Lawyer	Sandra M. Burke, Q.C.	July 10, 2015
Member – Lawyer	Janine Evans	May 2, 2014
Member – Lawyer	Judy A. White	July 10, 2015
Member – Lawyer	Peter Ralph, Q.C.	May 2, 2014
Member – Lawyer	Philip J. Buckingham	May 2, 2014
Member – Lawyer	Geoffrey Aylward	May 2, 2014
Member – Lawyer	Susan Gallant	May 2, 2014
Physician Representative	Dr. Alec W. Brace	May 2, 2014
Physician Representative	Dr. Christopher Heughan	May 2, 2014
Physician Representative	Dr. Peter Blackie	May 2, 2014
Physician Representative	Dr. Gerald Warren	May 2, 2014
Physician Representative	Dr. Teodoro (Ted) O. Rosales	July 10, 2015

Position	Name	Term Expiry
Public Representative	Brenda Kelly	May 2, 2014
Public Representative	Samuel M. Kean	May 2, 2014
Public Representative	Moyra Buchan	July 10, 2015
Public Representative	Brenda Stamp	May 2, 2014
Public Representative	Frankie O'Neill	May 2, 2014
Public Representative	Hilda Whelan	May 2, 2014

There were no resignations or new appointments to the Board in 2012-2013.

Appendix B: Strategic Directions

(Source 2011-2014 Activity Plan)

Strategic directions are the articulation of desired physical, social, or economic outcomes and normally require action by or involvement of, more than one government entity. They summarize the outcomes desired for the health sector and are communicated to entities that plan and report in collaboration with the Department.

Title: Access to Priority Services
Outcome: Improved accessibility to priority services

In addition to the challenges of geography, climate and a dispersed population, Newfoundland and Labrador is experiencing *population aging*, a process whereby older individuals account for a proportionately larger share of the total population and in-migration. We have the highest median age in Canada, that is, over half of the population is aged 43.3 years. In 2010, approximately 199,000 residents of the province were 50 years of age or over (38.8% of the population) and approximately 77,600 people aged 65 years or older made up 15.2 % of the population. We also have one of the highest rates of chronic disease in the country. All persons require access to health services and health providers at some point and the implications for the health system will be significant over the next 6 years.

All services cannot be provided in every community, therefore defining the balance between available resources, what is reasonable and appropriate access within a range of prevention and treatment options, and / or specialty and emergency services is critical. We remain committed to improving access throughout the province by increased review of existing services, referral patterns, utilization, targeted interventions, and engagement of patients and the public. This 6 year planning cycle will focus on reviewing progress to date in previously selected areas, addressing identified gaps and strengthening collaborative approaches with Regional Health Authorities, health providers, community groups and Atlantic partners in the following focus areas:

Focus Areas of the Strategic Direction 2011-2017	**The Strategic Direction Access to Priority Services is**		
	Addressed by the Mental Health Care and Treatment Review Board's		
	Activity Plan	**Operational Plan**	**Work Plan**
Mental Health And Addictions Services	**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 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;

Mental Health Care and Treatment Review Board

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