Transitional Activity Plan 2007/2008 Of the Mental Health Care and Treatment Review Board

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Chairperson's Message

I am pleased to provide the 2007/2008 Transitional Activity Plan for the Mental Health Care and Treatment Review Board in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity. This is a transition plan leading into the three year plan required for 2008-2011. In the development of this plan careful consideration was given to the strategic directions of government, as communicated by the responsible minister.

This Activity Plan provides an overview of the Mental Health Care and Treatment Review Board and identifies key objectives to be accomplished during the fiscal period to be covered by the plan. As Chairperson of the Mental Health Care and Treatment Review Board, I am accountable on behalf of the entire Board, for the preparation of this plan and for the achievement of the specific objectives contained therein.

John L. Ennis - Chairperson

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1.0 Overview

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

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

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

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

The current representation of the Mental Health Care and Treatment Review Board is outlined on the attached Contact List.

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

2.0 Mandate

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

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

3.0 Primary Clients

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

64.(1) ...

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

These applications are in addition to the automatic reviews provided for in section 33 and subsection 53(3) of the Mental Health Care and Treatment Act.

4.0 Vision

The Mental Health Care and Treatment Review Board supports the vision of the Department of Health and Community Services

"The Vision of the Department of Health and Community Services is for individuals, families and communities to have achieved optimal health and well being"

5.0 Mission

The Mental Health Care and Treatment Review Board supports the Mission of the Department of Health and Community Services.

"By 2011, the Department of Health and Community Services will have developed and ensured implementation of provincial policies and strategies to support population health, public health capacity, accessibility to priority services and the accountability and stability in the health and community services system"

6.0 Objectives

By March 31, 2008 the Mental Health Care and Treatment Review Board will have heard and decided upon and will continue to hear and decide upon applications under the *Mental Health Care and Treatment Act*.

Measure:

Applications heard and decided

Indicator:

Arrangement of Panels of three members of the Board appointed by the Chairperson to hear and decide applications under Section

64 of the Mental Health Care and Treatment Act.

7.0 Appendix A: Strategic Direction

1. Strategic Direction Title: Improved accessibility to priority services

Strategic Direction Statement: Ensuring access to a full range of publicly funded services and programs requires extensive planning and coordination.

Clarifying Statement: Maintaining health and community services in a province with a vast geography and a declining and aging population 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.

Focus Areas of the Strategic Direction	This Direction is/was		
	Not being implemented at this time (rationale included in the plan)	Addressed only in specific sub-areas (rationale included in the plan)	Addressed in the activities plan
Access to community based mental health and addiction services.			*