

# Involuntary Psychiatric Treatment Act (IPTA)

ANNUAL REPORT 2015-2016



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Review Board  
Involuntary Psychiatric Treatment Act (IPTA)  
1894 Barrington Street, 14th Floor  
Halifax, Nova Scotia B3J 2R8

March 31, 2016

Honourable Minister Glavine  
Minister, Department of Health and Wellness  
Halifax, Nova Scotia

**RE: IPTA Annual Report – 2015–2016**

Dear Minister Glavine:

I am pleased to submit the Annual Report of the Review Board pursuant to the *Involuntary Psychiatric Treatment Act* for the year April 1, 2015–March 31, 2016.

Sincerely,

A handwritten signature in black ink, appearing to read "William Wilson".

William Wilson  
Outgoing Chair, Review Board under IPTA

C: Francine Vezina  
Ruby Knowles  
Review Board Members

# Introduction

This report is filed pursuant to the requirements of the *Involuntary Psychiatric Treatment Act* (S.N.S. 2005, c. 42). Section 80 requires that the Review Board report to the Minister its activities during the preceding fiscal year. Section 7 of the regulations passed under the authority of the act requires that the report contain statistics of the Review Board's activities and recommendations to the Minister. What follows is the Review Board's Annual Report.

This annual report is presented in three parts:

**Part I** provides an overview of the board's function and a look at the types of reviews that the Review Board may be asked to perform.

**Part II** presents the statistics and trends of the board's operation during the fiscal year from April 1, 2015 to March 31, 2016.

**Part III** outlines issues of concern and recommendations to the Minister.

# Part I Types of Review

The Review Board is made up of lawyers, psychiatrists, and members of the public who have an interest in mental health issues (laypersons). The main purpose of the Review Board is to review the status of patients admitted as involuntary patients into a psychiatric facility and of patients living in the community on a community treatment order. The Review Board has no authority with respect to voluntary patients.

The status of an involuntary patient is reviewed

- when a patient is admitted as an involuntary patient or the patient's involuntary admission is extended and an application is made to review the involuntary admission or its renewal
- 60 days after the date the patient is involuntarily admitted
- every six months after the date the patient is admitted during the first two years of an involuntary admission
- every year after the date that the patient has been involuntarily admitted for a period of more than two years
- when a community treatment order is made or renewed and an application is made to review the community treatment order
- on every second renewal of a community treatment order

- when an application is made to review a certificate of leave or its cancellation
- when an application is made to review a declaration of competency for involuntary patients who have been found incompetent to manage their own estate under the *Hospitals Act* (R.S., c. 208)

In addition to the review powers regarding involuntary patients the Review Board may review the decisions of a substitute decision maker if asked by a psychiatrist or a patient to do so.

When the board is requested to review the status of a patient, it holds a hearing within 21 days after an application is received. The patient, the substitute decision maker, and the patient's psychiatrist are all entitled to participate in the hearing. Other people may be allowed to participate as the board deems appropriate. The hearing is a full oral hearing. The Review Board sits as a three-member panel consisting of a lawyer member as chair, a psychiatrist member, and a layperson member. All parties are entitled to representation by legal counsel or an agent. The onus of proof regarding the status of a patient is borne by the psychiatric facility. Following the hearing, the Review Board has 10 days to make its written decision.

# Part II Statistics and Trends

This part discusses statistics kept by the Review Board regarding the volume, nature, and result of hearings held during the past 12 months. A comparison of past years is referred to and trends noted.

Statistics of note include

- the total number of files for review, broken down by category
- the number of hearings held and the outcomes
- the extent of legal representation
- the length of time for matters to be scheduled

## a) Introduction

Between April 1, 2015, and March 31, 2016, the Review Board processed 160 applications for review. This is comparable to the number of files processed in the previous fiscal period.

There were 128 applications by patients being treated in a psychiatric facility:

- 66 applications were automatic pursuant to section 37 of the act
- 62 reviews were applied for by a patient

There were 32 applications for review of a Community Treatment Order.

Overall, the Review Board has experienced a 9 per cent decline in the number of total automatic reviews over the previous fiscal year, whereas the number of applications for review by a patient has only increased by one application.

## b) Outcomes of Requests

From April 1, 2015, to March 31, 2016, 160 requests for review were made:

- 64 patients had their status changed to voluntary before a hearing was held
- 9 patients withdrew their request
- 5 patients were placed on community treatment orders
- 82 applications were heard by the Review Board

Of the 82 hearings which were held,

- 70 patients had their status as involuntary patients upheld by the Review Board
- 11 patients had their status changed to voluntary
- 1 patient had their status expire

Thirty-one of the hearings pertained to reviews of community treatment orders. In addition there were 27 adjournments, reflecting only a 10 per cent decrease over the previous fiscal period.

## Community Treatment Orders and Leave Certificates

Psychiatric facilities are required to file Community Treatment Orders (CTOs) and Leave Certificates with the Review Board.

During the period April 1, 2015–March 31, 2016, 62 CTOs were filed with the Review Board.

The geographical breakdown was as follows:

Capital Health – 17  
Cape Breton – 10  
Yarmouth – 8  
Valley – 8  
Colchester – 10  
South Shore – 5  
Pictou – 2  
Guysborough – 2

In this same time period, 48 CTOs were revoked.

The geographical breakdown was as follows:

Capital Health – 24  
Cape Breton – 11  
Yarmouth – 3  
Valley – 2  
Colchester – 3  
South Shore – 3  
Pictou – 1  
Guysborough – 1

It is noted that CTOs filed this year have increased by 21 and that revocations have doubled from last year, up to 48 from 24. I suspect that the increase in the use of CTOs is an attempt to have more patients live in the community while being treated. The revocations, unfortunately, result from some level of non-compliance with the terms of individual's CTO, whereby patients are readmitted to hospital.

In this same period the Review Board received 32 requests for a review of a CTO renewal. Of the 32 cases, one was revoked prior to the hearing. Of the 31 CTO hearings which were held, 30 CTOs were upheld and one was revoked.

Between April 1, 2015, and March 31, 2016, 7 Leave Certificates were filed with the Review Board, one of which was cancelled. The geographical breakdown was as follows:

Yarmouth – 2

Valley – 3

IWK – 2

Cancelled Leave Certificate: IWK – 1

## c) Legal Representation

As discussed above, 160 requests for review were made from April 1, 2015, to March 31, 2016. Applications for legal representation were made in 104 of the cases. This accounts for 65 per cent of the cases.

When it comes to the hearings, the percentage of patients with legal representation increases: 82 hearings were held and patients were represented in 55 of the cases. Thus, 67 per cent of patients who actually appear before the Review Board have legal representation.

## d) Length of Time to Schedule a Hearing

The Review Board is required to hold a hearing within 21 days of receiving a request pursuant to s. 68 of IPTA. For this fiscal year the average time between a request and a hearing was 19 days. The Review Board met the time requirements in all the applications filed during this fiscal period.



## Part III Comments

I am pleased to report that the board has addressed most of the issues related to it as outlined in both the *LaForest* and the *Sterling McKelvey* reports. Until the issues identified as needing legislative amendments are addressed, the board has gone as far as it possibly can.

We have established two meetings per year for the board to meet as a group. It has proven to be a useful forum for discussion of issues and concerns that members may have relating to the work we do, and the problems we face as a board.

Unfortunately, the appointment process for new members and the reappointment of existing members continues to be problematic. The board has reduced to three lawyer members, and five psychiatrist

members in March 2016, and continues to function with only three laypersons since April 2015. A more timely method of appointing members is required. We now have approved position descriptions and a performance evaluation process in place for all board members. It is difficult to understand why a member seeking reappointment has to go through the same application process as someone who is seeking an appointment. The delay for reappointments affects the performance of the board as a whole.

Access to decisions filed by the Board has been made available electronically to all of its current members. We are also in the final stages of electronic data management as it relates to the Board and its reporting.

# Conclusion

The board has been functioning well for the past year, in both a collegial and supportive atmosphere. It has been a busy year; however, we have been able to manage the large volume of cases in a timely and efficient manner. I believe that the number of cases coming before the board will only continue to increase.

The board looks forward to providing a high quality of service to those who appear before it and continues to look for ways to improve.

# Annex A

## IPTA 2015–2016 Statistical Overview

Requests			Hearings				Hearing Outcome/Status				Legal Representation			
Total	Requested	Automatic	Held	Involuntary Inpatient	CTO Renewal	Adjourned	Patient Involuntary Status Upheld	Patient Status changed to Voluntary	CTO Upheld	CTO Revoked	At Request Stage		At Hearing Stage	
160	63	97	82	51	31	27	40	11	30	1	104/160	65%	55/82	67%

# Annex B

## IPTA 2014–2015 Statistical Overview

Requests			Hearings				Hearing Outcome/Status				Legal Representation			
Total	Requested	Automatic	Held	Involuntary Inpatient	CTO Renewal	Adjourned	Patient Involuntary Status Upheld	Patient Status changed to Voluntary	CTO Upheld	CTO Revoked	At Request Stage		At Hearing Stage	
168	62	106	89	50	39	31	39	10	33	6	130/168	77%	57/89	64%



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