

Involuntary Psychiatric Treatment Act (IPTA)

ANNUAL REPORT 2020-2021



© Crown copyright, Province of Nova Scotia, 2021

Involuntary Psychiatric Treatment Act (IPTA) Annual Report
2020–2021

Department of Health and Wellness

September 2021

ISBN: 978-1-77448-232-2

Involuntary Psychiatric Treatment Act (IPTA)

ANNUAL REPORT 2020-2021



Review Board
Involuntary Psychiatric Treatment Act (IPTA)
1894 Barrington Street, 5th Floor
Halifax, Nova Scotia B3J 2R8

March 31, 2021

Honourable Minister Zach Churchill
Minister, Department of Health and Wellness
Halifax, Nova Scotia

RE: IPTA Annual Report 2020–2021

Dear Minister Churchill:

I am pleased to submit the Annual Report of the Review Board pursuant to the *Involuntary Psychiatric Treatment Act* for the year April 1, 2020–March 31, 2021.

Sincerely,

A handwritten signature in black ink, appearing to read "J Ghosn", with a long horizontal flourish extending to the right.

Jasmine M. Ghosn
Chair, Review Board under IPTA for 2020–2021

C: Natalie Cochrane, Senior Strategist, Department of Health and Wellness
 Francine Vezina, Project Executive, Department of Health and Wellness
 Vanessa Chouinard, Executive Director, Department of Health and Wellness
 Review Board Members

Introduction

This report is made by the Review Board established pursuant to Section 65 of the Involuntary Psychiatric Treatment Act, (S.N.S. 2005, c. 42). Section 80 requires that the Review Board report to the Minister of Health, on its activities during the preceding fiscal year. Section 7 of the regulations passed under the authority of the Act requires that the Board's report contain statistics of the Review Board's activities and recommendations to the Minister.

This annual report is presented in three parts:

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

Part II presents the statistics and trends of the Review Board's operation during the fiscal year April 1, 2020 – March 31, 2021.

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

Part I Overview

The Review Board is a legislated body comprised of members who are appointed by the Governor in Council. During the 2020–2021 fiscal period, the Review Board comprised of seven lawyer members, four psychiatrist members, and nine laypersons who have an interest in mental health issues.

The primary role of the Review Board is to hold hearings, to review the status of patients who are subject to involuntary psychiatric treatment in the Province of Nova Scotia, whether under a declaration of involuntary admission to a psychiatric facility, or renewal thereof, or under a community treatment order, or renewal thereof. Some of these hearings are mandatory pursuant to Section 37 of the Act (involuntary hospital admissions) and Section 58(3) of the Act (community treatment orders).

After concluding its review, the Review Board may confirm the patient's involuntary status if all legislated criteria are met. If any one of the criteria are not met, the board must rescind the declaration in question, thereby changing the patient's status to voluntary. The Review Board has no authority with respect to voluntary patients.

Reviews of Involuntary Admissions to Psychiatric Facilities or Renewals

When reviewing the status of a patient admitted to hospital involuntarily, the Review Board must determine whether the criteria for involuntary admission to hospital, as set out in Section 17 of the act, were met when a declaration of involuntary admission or a declaration of renewal, was filed in respect of a patient. The Review Board must also consider whether the criteria continue to be met as of the date of the hearing.

The act requires that a psychiatrist assess the patient and be of the opinion that the patient:

- (a) has a mental disorder;
- (b) is in need of psychiatric treatment provided in a psychiatric facility;
- (c) as a result of the mental disorder, (i) is threatening or attempting to cause serious harm to himself or herself or has recently done so, has recently caused serious harm to himself or herself, is seriously harming or is threatening serious harm towards another person or has recently done so, or (ii) is likely to suffer serious physical impairment or serious mental deterioration, or both;
- (d) is not suitable for inpatient admission as a voluntary patient; and,
- (e) as a result of the mental disorder, the patient does not have the capacity to make admission and treatment decisions.

Under Section 37 of the act, the Review Board is mandated to review the file of every patient detained under a declaration of involuntary admission:

- (a) sixty days from the date of the initial declaration of involuntary admission;
- (b) at the end of the sixth, twelfth, eighteenth and twenty-four-month stage from the date of the initial declaration;
- (c) where a declaration of involuntary admission is still necessary after twenty-four months, every twelve months thereafter

(Note: a "month" is defined in the regulations as 30 days).

Reviews of Community Treatment Orders or Renewals

When reviewing the status of a patient who is subject to a community treatment order, or renewal thereof, the Review Board must consider the criteria as set out in Section 47 of the Act. Criteria for a community treatment order include the requirement for an assessment by a psychiatrist within 72 hours of issuing the order or renewal thereof, and a psychiatric opinion that the patient:

- (a) has a mental disorder for which the patient requires treatment or care and supervision in the community;
- (b) is posing a threat of harm to self or others, or is at risk of serious physical impairment or serious mental deterioration as per (c) above;
- (c) lacks capacity as per (e) above;
- (d) has, in the previous two-year period, been detained in a psychiatric facility for a total of sixty days or longer, or has been detained on two or more occasions, or has been previously the subject of a community treatment order; and,
- (e) requires services which exist in the community, are available and will be provided to the patient.

Under Section 58 of the Act, a person who is subject to a community treatment order, or the substitute decision maker, may apply to the Review Board to inquire into whether the criteria for issuing or renewing it have been met. An application may be made each time a community treatment order is issued or renewed. A review is mandatory when a community treatment order is renewed, and on the occasion of every second renewal thereafter, unless an application has already been made in the preceding month.

Other Reviews by Review Board

The Review Board must also hear applications under Section 68 of the Act, in respect of:

- (a) a declaration of competency for involuntary patients pursuant to subsection 58(1) of the Hospitals Act;
- (b) whether a capable informed consent by a substitute decision-maker has been rendered, pursuant to Section 42(1) of the Act; and,
- (c) a certificate of cancellation of leave.

Reviews of Declaration of Competency under the Hospital's Act

The Review Board is not aware of any reviews conducted within the past six years pursuant to Section 58(1) of the Hospital's Act.

Reviews of Treatment Decisions by Substitute Decision Maker

Section 42(1) of the act states:

Where a substitute decision-maker approves or refuses treatment on behalf of a person pursuant to subsection 38(1), the Review Board may review the provision or refusal of consent when requested to do so by the attending psychiatrist or the patient to determine whether the substitute decision-maker has rendered a capable informed consent.

Reviews under this section are rare. In the 2020–2021 fiscal period, there were no applications made under this provision.

Reviews Respecting Certificates of Leave

Certificates of leave are governed by Sections 43 to 46 of the Act. In regard to patients who are subject to a declaration of involuntary admission or renewal, a psychiatrist may issue a certificate of leave for up to six months, allowing the patient to live outside the psychiatric facility, subject to written conditions. Should the psychiatrist issue a cancellation of the certificate of leave, the patient may request a hearing, in which case the Review Board may confirm or rescind the certificate of cancellation of leave.

In the 2020–2021 fiscal period, there were no applications heard in regard to certificates of leave.

Persons who may Request Reviews

Matters come before the Review Board by way of a “request” or “application,” some of which are made automatically, as mandated by the Act, and as discussed above.

Section 68(4) sets out the persons who may request a review:

- (a) the patient;
- (b) a substitute decision maker;
- (c) a guardian appointed by law;
- (d) a person authorized to give consent under the Medical Consent Act;
- (e) a person authorized by the patient to act on the patient’s behalf;
- (f) the chief executive officer;
- (g) the Minister of Health; or,
- (h) the Review Board where it believes it is in the patient’s interest to have a review.

Psychiatrists are not expressly listed as persons who may request a hearing. However, a psychiatrist could initiate a hearing by writing to either the chief executive officer of the psychiatric facility, or to the Board, asking to initiate a hearing under subsections (f) or (h).

Time Required to Set-Down a Hearing

Section 69 of the Act requires that a hearing under the Review Board must be held as soon as reasonably possible after an application is received (or deemed to have been received), but no later than 21 calendar days from the receipt of the application.

The patient, the patient’s psychiatrist and the substitute decision-maker are parties to all hearings before the Review Board. The CEO of the psychiatric facility is entitled to be a party.

Part II Statistics and Trends

This part will involve a discussion of statistics kept by the Review Board regarding the volume, nature, and result of hearings held between April 1, 2020, to March 31, 2021. A comparison of past years will be referred to and any 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

Overview

Between April 1, 2020, and March 31, 2021, the Review Board processed 203 applications for review. This number reflects an increase of 26 files or a 14.69% increase over the number of files processed in the previous fiscal period. However, the number of hearings during this fiscal is more reflective of the annual average between 2015 and 2019.

Of the 203 applications to the Review Board for hearing, 93 applications were automatic reviews pursuant to section 37 of the Act, while 110 reviews were applied for by a patient or other person.

In five of the 110 matters, the Review Board made an application under Section 68(4)(h) on the basis that the Review Board believed it would be in the patient's interest to have a review.

The Review Board held 89 hearings during 2020–2021. The number of hearings held for the review of a patient's status has increased by 13 over the previous year or a 17.11% increase.

Outcomes of Requests

As stated, 203 requests for review were made from April 1, 2020, to March 31, 2021. Of these, 142 were in regard to inpatient hospital admissions and 61 were in regard to CTOs.

With respect to the overall total of 203 requests:

- 89 hearings were held;
- 13 patients withdrew their request for a hearing;
- 7 patients were put on a CTO after a hearing was scheduled, thereby causing cancellation of the hearing;
- 94 patients were declared voluntary by the psychiatrist thereby causing cancellation of a hearing, with 38 of these patients subject to a change in status before the hearing was scheduled, and 56 after the hearing was scheduled.

Of the 89 hearings held:

- 37 were related to inpatient hospital admissions: 34 of those patients had their involuntary status upheld, and 3 had their involuntary status vacated;
- 52 were related to CTOs: 46 of those patients had their CTOs upheld, and 6 had their CTOs vacated.

Annex B to the Annual Report of 2019–2020 provided a summary of statistics over the previous five years, indicating an average of 87.2 hearings per year. Thus, the number of hearings held for the 2020–2021 fiscal year (89), is consistent with that average, with a very slight increase of 2.06%.

Adjournments and Reasons for Adjournments

There were 72 adjournments in relation to 203 requests, representing 35.47% of matters. This is a 14.6% increase from the previous fiscal period. The previous fiscal period of 2019–2020 had reported a 20.87% increase as compared with 2018–2019.

The Review Board is disappointed in the lack of progress in reducing the rate of adjournment requests, as discussed in Part III below.

Legal Representation

Applications for legal representation were made in 156 of the 203 cases. This accounts for 76.85% of the cases, is an increase from the 2019–2020 fiscal year (which was 67%), and approaches the 80% achieved during the 2018–2019 fiscal year.

Community Treatment Orders

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

When a patient no longer meets the requirements for a CTO, the attending psychiatrist must file a declaration of change in status and the CTO is revoked.

CTO renewals reflect a slight decrease as compared to the previous year: 22 (current year) vs. 24 (previous year).

CTOs subject to a change in status reflect an increase as compared to the previous year: 53 (current year) vs. 37 (previous year).

Certificates of Leave

Psychiatric facilities must file Certificates of Leave (COL) with the Review Board. Certificates of leave always involve patients who are subject

to an involuntary admission to a psychiatric facility. These certificates are typically applied in cases where a patient can live outside of the psychiatric facility where the patient is detained, but the patient still requires psychiatric treatment provided by the psychiatric facility. Certificates of leave are generally seen in cases where a patient does not yet meet the criteria for a community treatment order and/or the involuntary psychiatric treatment that the patient requires can only be provided by the psychiatric facility where the patient is detained. For example, under Section 4(3)(iv) of the Act, a patient must (in the preceding two-year period) either have been an involuntary patient in hospital for 60 days or more, have been an involuntary patient in a hospital on two or more occasions, or previously be the subject of a CTO, in order to qualify for a CTO. Often, patients on certificates of leave will be placed on a CTO after the 60-day hospital admission. Another criterion that impacts eligibility of a CTO is whether psychiatric treatment is available in the community. If not, the patient may be admitted to the psychiatric facility and placed on a certificate of leave.

A total of nine Certificates of Leave were filed with the Review Board. This is an increase of 200% compared with the previous year, when three Certificates of Leave were filed.

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. The Review Board met the time requirements in all the applications filed during this fiscal period.

For this fiscal year the average time between a request and a hearing was 18.07 days. This is a slight improvement from the previous year where the average time was 18.65 days.

Part III Issues and Recommendations

The Review Board has continued to work collaboratively with the Department of Health and Wellness with a view to implementing systemic improvements, as was recommended during the Rapid Improvement Workshops (RIWs) initiated in late fall 2019. The Review Board's activities during this fiscal year are highlighted as follows:

New Policies and Procedures

The Review Board released its new Policies and Procedures, which were distributed to all relevant stakeholders in spring 2021, to help clarify procedures before the Board. It is anticipated that these will be reviewed again during the next fiscal.

The Review Board's Policies and Procedures include guidance on the role of patient rights advisors and substitute decision makers at review board hearings, among other things.

Recommendations Re IPTA Forms

Review Board members participated in ongoing consultations with government staff to recommend amendments to IPTA Forms, to help clarify ambiguity.

IPTA Advisory Committee

The Department of Health and Wellness established a process to permit IPTA stakeholders, including the Review Board Chair, to participate in periodic meetings during the year with other stakeholders, including the Nova Scotia Health Authority, IWK, Patient Rights Advisory Service, Nova Scotia Legal Aid, the Public Trustee, and the Department of Health and Wellness.

Amicus Curiae Pilot with Dalhousie Legal Aid

The Review Board implemented a pilot project to allow for the appointment of an *Amicus Curiae* in rare cases where a patient does not attend a hearing and the circumstances do not permit the appointment of a representative pursuant to Section 71(2) of the Act. The Review Board extends special thanks to Ms. Shawna Paris Hoyte, QC, who has helped make this possible. Discussions are ongoing as the Board evaluates this initiative.

Sharing of Board Decisions for Continuing Education

Several board decisions rendered that provided legal interpretation of the Involuntary Psychiatric Treatment Act were de-identified of personal information to allow for distribution to board members in a manner that protects patient privacy. These key decisions are cited here:

1. *In the Matter of A.D., October 2020: Amicus Curiae Principles*
2. *In the Matter of M.G., January 2021: Interpretation of Sections 37 and 68 and Board's Authority to Refuse to Hold a Hearing*
3. *In the Matter of D.M., April 2021: Informed Consent Process with Public Trustee*

Stakeholder Educational Program

The Review Board held a half-day education session which took place on March 30, 2021, and was made available via Zoom, with several stakeholders in attendance. Speakers included Ms. Anita Szigeti, Ms. Maya Kotob, and Professor Ruby Dhand. They presented on a wide range of subjects, including recent developments in mental health law, the impact of the Charter of Rights and Freedoms, and tips for parties appearing before the Board. The education session was very well received.

Covid-19 Business Continuity

Since the last fiscal, the Department of Health and Wellness has provided a Zoom-Health infrastructure to allow Review Board hearings to be held by video-conferencing. There has been very positive feedback on this process, in that there is recommendation for this format to continue into the future.

Representation for Patients at Review Board Hearings – And Adjournments

The rate of adjournments continues to be an issue of concern, as addressed in detail in the previous Annual Report of 2019–2020.

The delays in the current system are clearly connected to the amount of time required for legal aid to be retained, meet with the client, and gain access to relevant records.

Efforts have been made by the Department of Health and Wellness to facilitate, identify, and implement solutions with the relevant stakeholders (i.e., psychiatric facilities, NSLA, and PRAS) to address these specific concerns. However, the Review Board is of the opinion that specific legislative amendments are necessary, as discussed further below.

Review Board's Recommendations for Legislative Amendment

The Review Board held a special meeting in Spring 2021, solely for the purpose of making recommendations to the Minister for legislative amendments. These recommendations are very specific to issues raised in hearings before the Board and are not dealt with in other consultation documents. In order to help improve upon the hearing process, the Review Board makes the following recommendations for legislative amendment:

Recommendation #1 – Re: Patient Rights Advisors Attending Hearings

The Act currently mandates, pursuant to Section 61(2)(g), that a patient rights advisor accompany the patient to Review Board hearings, unless the patient or substitute decision maker objects. While patient rights advisors provide valuable services, primarily in advance of a hearing, consideration should be given to removing this mandatory requirement, and making it permissive, particularly in matters where the patient is represented by legal counsel, or where an *Amicus Curiae* has been appointed.

Recommendation #2 – Re: Appointment of Patient Representative

The Act currently mandates, pursuant to Section 71(2), that the Review Board “shall appoint a representative to attend the hearing and act on behalf of the patient” in circumstances where the patient is “unable or unwilling to attend a hearing.” The mandatory language in Section 71(2) has proven to be impractical in certain cases. See for example, *In the Matter of A.D., dated October 2020*, where the panel, instead, appointed an *Amicus Curiae* based on common law principles. Section 71(2) should be amended to give the panel discretion on this issue and to not be restricted by the types of circumstances where the panel may appoint a representative.

An example of a discretionary provision is found in Ontario's Health Care Consent Act, 1996, c. 2, Sched. A, Section 81(1) which reads as follows:

Counsel for incapable person

81 (1) If a person who is or may be incapable with respect to a treatment, managing property, admission to a care facility or a personal assistance service is a party to a proceeding before the Board and does not have legal representation,

- (a) the Board may direct Legal Aid Ontario to arrange for legal representation to be provided for the person; and
 - (b) the person shall be deemed to have capacity to retain and instruct counsel.
- 1996, c. 2, Sched. A, s. 81 (1); 2009, c. 33, Sched. 18, ss. 10 (3, 4).

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 81 (1) of the Act is amended by striking out “admission to a care facility” in the portion before clause (a) and substituting “admission to or confining in a care facility”. (See: 2017, c. 25, Sched. 5, s. 62)

Recommendation #3 – Process for Determining Substitute Decision Maker (“SDM”)

Section 38(5) of the Act states that the psychiatrist is responsible for obtaining consent from the “appropriate person referred to in subsection (1)”. Subsection (1) is the list of persons in hierarchy, who may act as an SDM. Section 41 states:

“Whoever seeks a person’s consent on a patient’s behalf is entitled to rely on that person’s statement in writing as to the person’s relationship with the patient and as to the facts and beliefs mentioned in clauses 38(4)(a) to (c) unless it is not reasonable to believe the statement.”

There have been cases before the Board where the patient claims it is not reasonable for the

psychiatrist to believe the statement of the person determined by the psychiatrist to be the SDM, and that therefore there is no informed consent in accordance with the Act.

The Review Board recommends a clear and efficient process for addressing this kind of conflict between parties.

Recommendation #4 – Section 18 – Definition of “Capacity”

The current definition of capacity under Section 18 includes language “fully understands and appreciates” various concepts such as the mental condition, nature of treatment, risks and benefits, etc. The terms “fully understands and appreciates” should be changed to “reasonably understands and appreciates.” To require “full” understanding is not realistic, practical, or fair.

Recommendation #5 – IPTA Forms

Reference to “month” should be changed to “days” to allow for consistency throughout the Act and the IPTA Forms. All IPTA Forms should include a section for a date and *time* and signature. The issue of “time” becomes relevant when considering events (such as a psychiatric assessment) that are mandated to take place within specified hours.

Recommendation #6 – Re: Irregularities in Forms

Section 23(1) requires the Chief Executive Officer (“CEO”) to examine declarations and renewals immediately after they are filed to ascertain whether they are completed in accordance with the Act, and if not, to inform the attending psychiatrist accordingly. The CEO is defined as the person responsible for the administration and management of a district health authority, or other person designated in writing, or the IWK.

In many cases, the Board is requested to review the forms and to make a finding that the forms in question are not valid for non-completion in

accordance with the Act. This is at a time after the patient has already been either admitted to hospital involuntarily or subject to a CTO for a period of time.

The Board has consistently declared that patients be made voluntary on the basis of forms not being completed in accordance with the Act. This then typically results in the patient being re-formed, and as a consequence, the patient has lost the opportunity for a hearing on the merits at an earlier time.

The Board recommends that language be added to the Act, whereby IPTA Forms completed in good faith, which have resulted in the involuntary treatment of patients, and which contain a minor irregularity, may be corrected at the hearing, at the request of a party, where it is deemed reasonable to do so.

Recommendation #7 – Criteria for Renewal of Declarations

It is recommended that the Act expressly state that the criteria for a declaration, in terms of an assessment by a psychiatrist within 72 hours, also applies to a renewal. The Board has interpreted the Act in this way.

Recommendation #8 – Date of Applications “Received” by the Board - Automatic Reviews

Section 69(2) states that a hearing must begin as soon as reasonably possible but no later than 21 calendar days from the “receipt” of an application. This section applies to all reviews. Reviews initiated by a request of a person via a Form 12 are deemed to be received by the Board on the date that the Form 12 is filed with the Board. However, for deemed applications which are solely dependent upon the renewal of a declaration issued by a psychiatrist, the Board has interpreted the date of receipt as being the same as the date of renewal. This is to prevent an injustice in cases where there is a delay by the psychiatric facility in

filing the renewal form with the Board. A legislative amendment is recommended to expressly state that the deemed application is deemed received by the Board on the date of the renewal.

Recommendation #9 – Deemed Right of Access to Records and Disclosure to Parties

The Board recommends that new legislative provisions be enacted to recognize a deemed right of access to psychiatric records for the patient and his or her legal counsel. This should facilitate a reduction in adjournments and delays in holding hearings. There should also be a deemed right of disclosure to the parties of the hearing. An example provision is found in Section 76 of Ontario’s Health Care Consent Act, 1996, c. 2, Sched. A, which reads:

Examination of documents

76 (1) Before the hearing, the parties shall be given an opportunity to examine and copy any documentary evidence that will be produced and any report whose contents will be given in evidence. 1996, c. 2, Sched. A, s. 76 (1).

Health record

(2) The party who is the subject of the treatment, the admission or the personal assistance service, as the case may be, and the person authorized under the *Law Society Act* to represent him or her are entitled to examine and to copy, at their own expense, any medical or other health record prepared in respect of the party, subject to subsections 35 (6) and (7) of the *Mental Health Act* (withholding record of personal health information), subsections 33 (2), (3) and (4) of the *Home Care and Community Services Act*, 1994 (withholding record of personal health information) and subsections 294 (2) to (6) of the *Child, Youth and Family Services Act*, 2017 (withholding record of mental disorder). 2004, c. 3, Sched. A, s. 84 (11); 2006, c. 21, Sched. C, s. 111 (3); 2007, c. 8, s. 207 (16); 2017, c. 14, Sched. 4, s. 16 (1).

Recommendation #10 – Definitions to interpret the meaning of serious harm, serious physical impairment, and serious mental deterioration

These terms appear in Sections 7, 8, 13, 14, 17, and 47. There is little guidance on the interpretation of these clauses, resulting in inconsistent application across Review Board panels.

Recommendation #11 – Process for Termination of CTO

Currently there are three separate IPTA Forms for the purpose of terminating a CTO. It is recommended that one form be developed to be used in all circumstances. When a CTO is terminated, the psychiatrist should be required to document the termination plan on the form, so that when it is filed with the Board, the Board will have a clearer understanding of the patient's journey for data collection purposes.

Recommendation #12 – Opportunities for Hearings Held in Writing

Section 69 mandates that hearings be held as "full oral hearings." It is well known that hearings can be emotionally difficult for patients.

The Act should permit options for reviews to be conducted in writing, in certain circumstances, such as annual reviews of CTOs that have been renewed several times and the patient does not oppose the CTO, or does not wish to attend, or in cases where the parties consent to the hearing being held in writing.

Activities Planned for the Next Fiscal

Priorities for the next fiscal period include the following:

1. Review and update, as necessary, the Review Board's policies and procedures.
2. Develop guiding documents to articulate Review Board governance.

3. Collaborate with the Department of Health and Wellness in regard to any relevant legislative initiatives.
4. Identify and implement continuing education programs for board members and stakeholders.

Conclusion

As Chair of the Review Board, I am grateful for the opportunity to continue our work together with staff of the Department of Health and Wellness, as we collaborate towards improving upon the Board's role and function within the mental health service sector, and for our ongoing stakeholder engagement. Review Board members continue to strive towards these initiatives and are privileged to have the opportunity to serve.

Annex A

Nova Scotia Health Management Zones



Annex B

IPTA 2020–2021 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 Vacated	At Request Stage		At Hearing Stage	
203	110	93	89	37	52	72	34	3	46	6	156/203	77%	57/89	64%

IPTA 2019–2020 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 Vacated	At Request Stage		At Hearing Stage	
177	98	79	76	26	50	58	20	6	44	6	118/177	67%	48/76	63%

IPTA 2018–2019 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 Vacated	At Request Stage		At Hearing Stage	
206	89	117	102	49	53	43	37	12	43	10	165/206	80%	63/102	62%

IPTA 2017–2018 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 Vacated	At Request Stage		At Hearing Stage	
178	76	102	88	38	50	39	28	10	46	4	129/178	72%	69/88	78%

IPTA 2016–2017 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 Vacated	At Request Stage		At Hearing Stage	
165	68	97	88	48	40	46	40 <i>*1 SDM Revocation</i>	7	36	4	128/165	78%	68/88	77%

Department of Health and Wellness
P.O. Box 488
Halifax, NS B3J 2R8
T: 902-424-4398

