



We're in this

Together

Compassion. Hope. Help.
2013-2014 Annual Report



During the course of a lifetime, everyone will either have a mental illness or know someone close who does. At the Alberta Mental Health Patient Advocate Office, we believe persons living with mental illness have the right to be listened to and treated seriously, no different than persons dealing with other illnesses. They should have someone to provide them with information about their rights, answer their questions and look into their concerns. Being treated with dignity and respect is key to recovery. We all need help sometime, especially when we are at our most vulnerable.

Compassion, hope and help

are at the core of what we do. Whether it's reaching out to mental health patients with rights information, investigating complaints, influencing mental health policy or working with health care providers, we are here to give people a voice when they need it most.

Manifesto of the Alberta Mental Health Patient Advocate Office

“
I don't feel alone anymore
Thank you. ”

- Female family member

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Letter to the Minister of Health

The Honourable Fred Horne
Minister of Health
208 Legislature Building
10800 97 Avenue
Edmonton, AB Canada T5K 2B6

Dear Minister Horne:

It is my responsibility and honour to present the Mental Health Patient Advocate Annual Report for 2013/2014. Following is the work that my office does to support persons to understand and exercise their rights under the *Mental Health Act* and to investigate complaints from or related to persons who are under one or two admission or renewal certificates or a community treatment order.

This report is submitted in accordance with the provisions of Section S 47(1) of the *Mental Health Act* for your presentation to the Legislative Assembly.

Respectfully submitted,

(Signed by Carol Robertson Baker)
Mental Health Patient Advocate

The focus of the
Alberta Mental Health Patient

Advocate:

Concerns and Complaints, Advocacy, Rights & Education

Vision

Alberta's Mental Health Patient Advocate Office (MHPAO) is a leader in promoting respect, hope and support for individuals and families living with mental illness.

Mission

The Mental Health Patient Advocate and staff promote and protect the rights of persons in accordance with the *Mental Health Act* and Patient Advocate Regulation, encourage and support individuals through their journey of recovery, and serve as a resource to many regarding the application of this legislation.

Values

The following values are the foundation and measure of all actions and directions taken by the MHPAO with persons under our jurisdiction, those acting on their behalf, treatment team members, policy makers, and others who want and need to know about the rights of persons under the *Mental Health Act* and other relevant legislation.

RIGHTS

Every person and those acting on their behalf have the right to receive objective information to assist them in understanding their situation and options available.

ADVOCACY

The Mental Health Patient Advocate and staff have a unique legislated and ethical responsibility to support clients, and those acting on their behalf, in understanding and exercising their rights under the *Mental Health Act* and investigating their concerns.

RECOVERY

Every person being assessed or in the recovery process has the right to be heard, respected and encouraged by hope for a better future.

INVOLVEMENT IN DECISION MAKING

Every person has the right to be involved in decision making that impacts the management of their illness and their life, and participate in their self care, to the extent they are able.

KNOWLEDGE EXCHANGE

The open exchange of knowledge through education, information, research and evaluation contributes to meaningful dialogue and shared actions to promote and protect rights of the person and enhance treatment and care.

INCLUSIVENESS

The Mental Health Patient Advocate and staff recognize the diversity of persons under their jurisdiction and provide services in a manner that is respectful of and sensitive to these diverse perspectives.

Message

from the Mental Health Patient Advocate



It's hard to recall another time in the 24-year history of the Alberta Mental Health Patient Advocate when so many changes have occurred in the area of health advocacy as in the last year.

After three years of dedicated service, Fay Orr, Alberta's Mental Health Patient Advocate left her position the end of October 2013. Those of you who know Fay and the contribution she made to this office will understand when I say how much her presence is missed.

I was honoured to be appointed Mental Health Patient Advocate on November 1, 2013. The year proved to be extremely busy as we served patients detained in hospital and people under a community treatment order, as well as the mental health community at large. We opened a total of 2,050 new case files, generating over 6,700 issues or requests which meant more than 10,000 contacts with our clients. A remarkable achievement under most circumstances, but especially when you consider we are a small team of five. People who completed a satisfaction survey on our service overwhelmingly reported that they would recommend the Mental Health Patient Advocate office to someone else - 96.3 per cent, up from 93.1 per cent in 2012/2013.

Of the total number of new case files, 727 files fell within my legislated mandate under the *Mental Health Act* to investigate complaints and to provide rights information. For people who fall under the Act and are involuntarily detained in a mental health facility or under a community treatment order, contacting our office with questions or concerns is positive and should be encouraged. It shows that they have been informed of their legislated right to contact us and have been given the opportunity to exercise this right.

For people who did not fall under my legislated mandate (1,281 case files), we assisted by helping them navigate the system and responding to their questions.

This ability to raise concerns and seek assistance is in keeping with Alberta's new Health Charter. The following words taken from the Charter speak directly to the work of the Mental Health Patient Advocate's office: "When I interact with the health system, I expect I will have the opportunity to raise concerns and receive a timely response to my concerns, without fear of retribution or an impact on my health service and care."

When the *Alberta Health Act* came into effect on January 1, 2014, we welcomed Mary Marshall, Alberta's first Health Advocate (interim), as she began the work of setting up the new Office of the Alberta Health Advocates. That Office officially began work on April 1, 2014. On that day as well, John Cabral became Alberta's first Seniors' Advocate (interim). The introduction of the Health Advocate and the Seniors' Advocate is good news for Albertans who do not fall under the Mental Health Patient Advocate's jurisdiction. Now, all Albertans have an Advocate mandated to assist them navigate Alberta's complex health system and to help them deal with their issues. Through dedicated, collaborative working relationships and partnerships focused on the needs of the people we serve, we are sure to shape a strong health advocacy model in Alberta.

I look forward to working with everyone in the upcoming year and thank you all for your support and dedication.

Carol Robertson Baker
Mental Health Patient Advocate

Rights

of Persons Under the *Mental Health Act*

The Mental Health Patient Advocate assists Albertans to understand and exercise their rights under the *Mental Health Act* (MHA). Many of the rights enshrined in the Act flow from the Canadian Charter of Rights and Freedoms. They provide important checks and balances to help prevent anyone from being wrongfully detained and to protect the legislated rights of persons. A person's rights depend on that person's legal status under the MHA.

Having to go to hospital because of a mental illness or being under a community treatment order can be a difficult and confusing experience for individuals and their families. Below is a list of some of the rights for patients under formal status and for persons under a community treatment order. A complete summary of MHA rights information can be found in nine languages on our website at www.mhpa.ab.ca.

“MHPAO has moved mountains.”

- Psychiatrist

Rights of a formal involuntary patient (someone who is subject to two admission or renewal certificates) include:

THE RIGHT to be told verbally and in writing the reason for one's involuntary detention in hospital

THE RIGHT to a copy of one's admission or renewal certificates

THE RIGHT to a lawyer

THE RIGHT to refuse treatment unless deemed mentally incompetent

THE RIGHT to appeal one's admission/renewal certificates or the certificate of incompetence to a Review Panel

THE RIGHT to appeal Review Panel decisions to the Court of Queen's Bench

THE RIGHT to have one's health information kept confidential

THE RIGHT to send and receive written notes or letters without them being censored

THE RIGHT to contact the Mental Health Patient Advocate

The legal guardian of a person detained under the MHA has the right to be notified of the reasons for the detention and to receive copies of the certificates. The nearest relative also has these rights, unless the patient objects.

Rights of a person subject to a community treatment order (CTO) include:

THE RIGHT to receive information about their CTO

THE RIGHT to a lawyer

THE RIGHT to apply to the Review Panel to cancel their CTO

THE RIGHT to appeal any Review Panel decision to the Court of Queen's Bench

THE RIGHT to have one's health information kept confidential

THE RIGHT to be told that their CTO has ended

THE RIGHT to contact the Mental Health Patient Advocate

Anyone with a question or a concern relating to an involuntary patient or someone subject to a community treatment order (CTO) may contact the Mental Health Patient Advocate.

Highlights

of the Year

According to Alberta Health Services' statistics, in 2012/13, 8448 distinct individuals received mental health services at inpatient hospitals, certified under the *Mental Health Act*, an increase of seven per cent from the 2011/12 fiscal year. The Mental Health Patient Advocate Office assists roughly nine per cent of those patients each year.

Our office has five staff members located in Edmonton. Most of our work occurs over the phone: however, we visited 19 of Alberta's 20 designated mental health facilities during the year and met with 519 individual patients.

A summary of activities for 2013/2014 begins on page 20 of this report. Among the highlights:

- Our office opened a total of **2,050** new files in 2013-2014. Those files generated a total of 6,708 issues or requests and 10,713 total contacts.
- Of the total new files, **727** were for clients under our jurisdiction. The Mental Health Patient Advocate's jurisdiction is patients under one or two admission or renewal certificates and persons under community treatment orders.
- Of our total new files, **1,281** were resource files (non-jurisdictional). Non-jurisdictional files included voluntary patients and outpatients or persons calling on their behalf, as well as persons seeking mental health assistance for them or a family member.

“Your website has compassion and hope on it. I got compassion and hope from you, you were the person and the only office that listened to me, being something that I could cling to in that hopelessness.”

- Former formal patient

Systemic Advocacy

- The remaining 42 new files were educational and included presentations to and meetings with health care providers, government and health system officials, non-profit agencies and other organizations.
- Staff conducted 548 investigations into complaints. One of these investigations was formal, resulting in a written report with recommendations to Alberta Health Services. The investigations found evidence to support 14.2 per cent of the complaints; another 37.4 per cent were partially supported.
- As in last year's report, the top three issues/ requests for the year were: rights and responsibilities, treatment and care, and advocacy.
- Our office helped non-jurisdictional clients with 1,004 advocacy issues.
- A total of 366 families contacted our office for help, up from 279 in the 2012-13 fiscal year. Of these families, 329 were non-jurisdictional.
- In all, our office provided 95 separate outreach and education services. See page 24 for a listing.

Aside from fulfilling its core functions of complaint investigation, provision of rights information, and education, the Alberta Mental Health Patient Advocate Office participated in systemic advocacy with various organizations. These activities included:

- Working as an ex-officio member of the Lieutenant Governor's Circle on Mental Health and Addiction.
- Providing input to AHS during their development of expectations and responsibilities for the health care workforce, patients and families.
- Providing input to AHS during their development of policy and procedure on searching at risk patients in emergency.
- Continuing work with Alberta Health, Alberta Health Services and other stakeholders on a steering committee to evaluate the implementation and impact of community treatment orders along with the other 2009 and 2010 amendments to the *Mental Health Act*.
- Continuing work with the Alberta Addiction and Mental Strategy Steering Committee to monitor the progress on *Creating Connections: Alberta's Addiction & Mental Health Strategy* and action plan.
- Continuing work on the Provincial Discharge Committee mandated to develop approaches to prevent provincial systems from discharging clients into homelessness, pursuant to Strategy 9 of *A Plan for Alberta: Ending Homelessness in 10 years*.

Monitoring Client

Satisfaction

For one month of each quarter this year, we conducted a brief satisfaction survey with callers to our office. The purpose was to assess their satisfaction with the services of the Alberta Mental Health Patient Advocate Office and identify areas of success and where further improvement could occur. A total of 54 callers agreed to complete our survey, 30 jurisdictional and 24 non-jurisdictional. Respondents told us they heard of our service through our print material or website (57.4%), from a treatment team member (7.4%) or from the phone book (7.4%). Respondents ranged in age from 18 to 65 plus, but most were between the ages of 25 to 50 (40.7%), followed by 51 to 64 (38.9%), 65 plus (11.1%) and 18 to 24 (9.3%). More women (66.7%) than men (33.3%) did the survey. Following are the results:

96.3% of individuals we assisted reported in a MHPAO satisfaction survey that they would recommend the MHPAO to someone else.

Access

- Ease of finding our telephone number: **87%** satisfied or very satisfied
- Length of time it took to speak to an Advocate: **94.4%** satisfied or very satisfied

Performance of Patient Rights Advocates

- Advocate's understanding of issue/request: **96.3%** satisfied or very satisfied
- Involving client in developing an action plan to resolve issue/request: **88.9%** satisfied or very satisfied
- Patience: **100%** satisfied or very satisfied
- Clear communication: **96.3%** satisfied or very satisfied
- Helpfulness: **94.4%** satisfied or very satisfied
- Respectfulness: **100%** satisfied or very satisfied
- Promptness in resolving issue/providing information: **94.4%** satisfied or very satisfied

Overall Assistance

Do you feel the Advocate dealt with your issue/request?
Yes: **96.3%** No: 3.7%

Would you recommend the office to someone else?

Yes: **96.3%** No: 3.7%

“ Nice to know that there are people to help....
You have empowered me. ”

- Patient in community/non jurisdictional

Monitoring Performance

Measures

At the Mental Health Patient Advocate Office, we are committed to providing excellent service delivery and being accountable to Albertans for our actions. Beside is a list of our performance measures (PM) and our outcomes in 2013/14. We are proud to say that we exceeded all of our performance measures.

98% (PM 90%) of informal investigations were completed within 5 days of the complaint being lodged with the MHPAO.

98% (PM 85%) of advocacy inquiries were resolved within 3 days.

99% (PM 85%) of information inquiries about the *Mental Health Act* and its application in practice were resolved within 3 days.

87% (PM 85%) of workshop participants rated the effectiveness of the workshop as “excellent” or “good” in increasing their understanding of client/patient rights under the *Mental Health Act*.

Complaint

Resolution Process

Under the *Mental Health Act*, persons who are or have been under one or two admission certificates or renewal certificates, or subject to a community treatment order (CTO) or those acting on their behalf, may contact the Mental Health Patient Advocate if they have a concern with the rights, detention, treatment and/or care of the person.

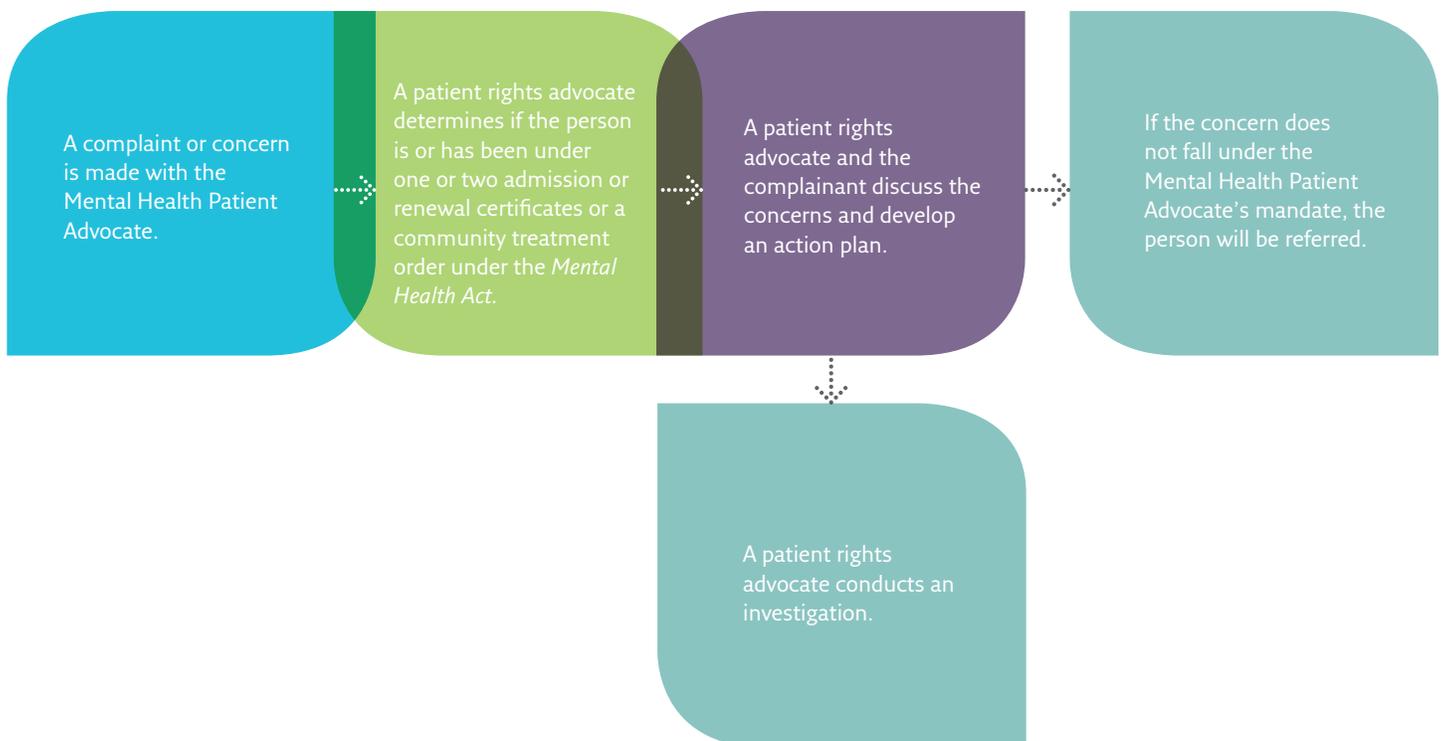
All inquiries made by the Mental Health Patient Advocate into complaints and concerns are called investigations, which may be informal or formal.

Most concerns that are brought to the attention of the Mental Health Patient Advocate can be resolved through **informal investigation and conciliation**. Informal investigations usually involve discussion between the client, an advocate and, often, members of the interdisciplinary team. Only the Mental Health Patient Advocate may authorize a formal investigation. **Formal investigations** are investigations that cannot be easily resolved over the telephone. They could include complaints about alleged abuse or events that happened many years ago when the person was detained. All information about an investigation is documented in the Mental Health Patient Advocate data system and remains confidential as required by law.

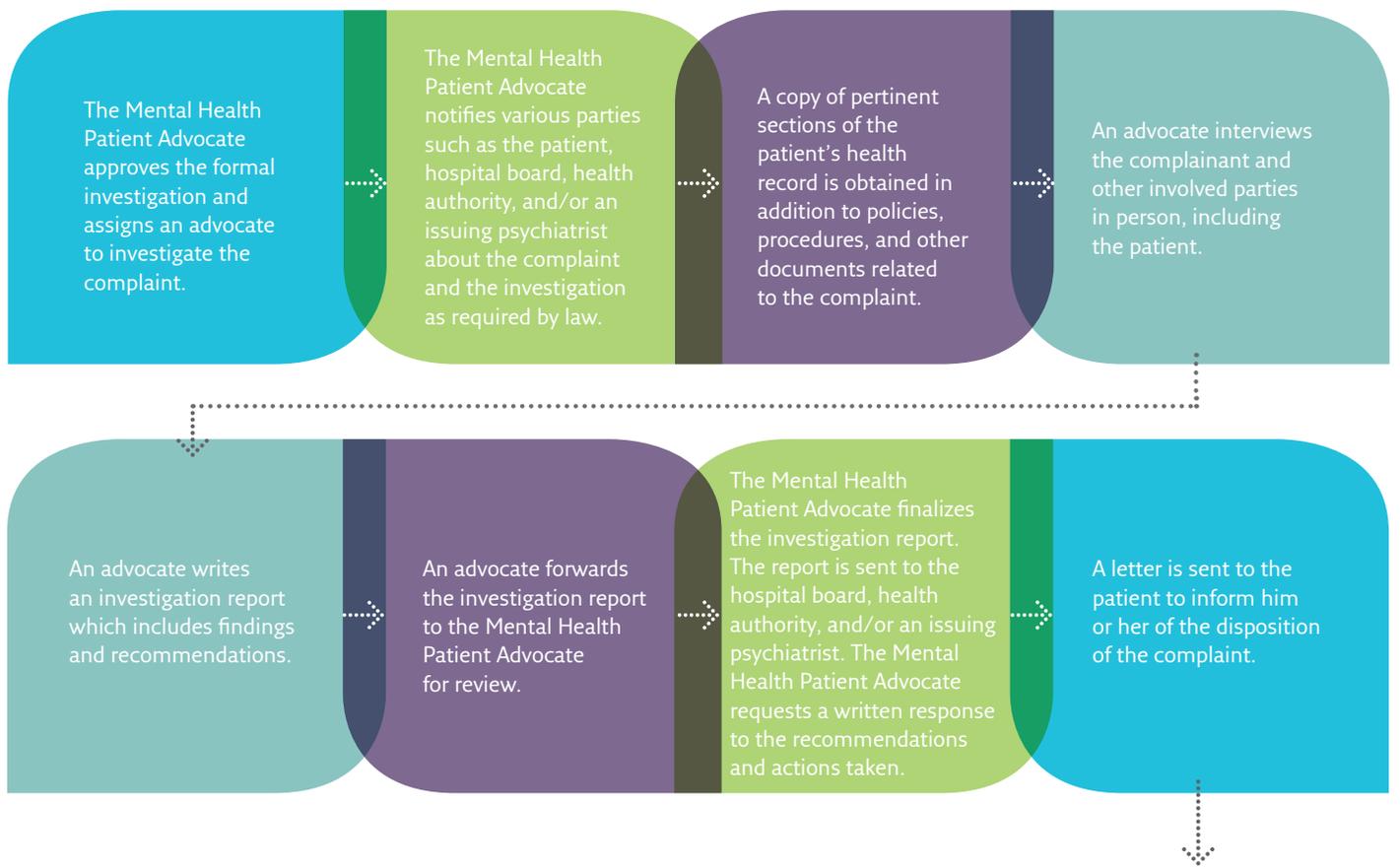
“The advocate was excellent. The nurses at the hospital had no idea they needed to give me forms. The Patient Rights Advocate answered all my questions and made sure the nurses gave me the forms they needed to give me.”

- In-patient formal

Complaint Resolution Process



Formal Investigation

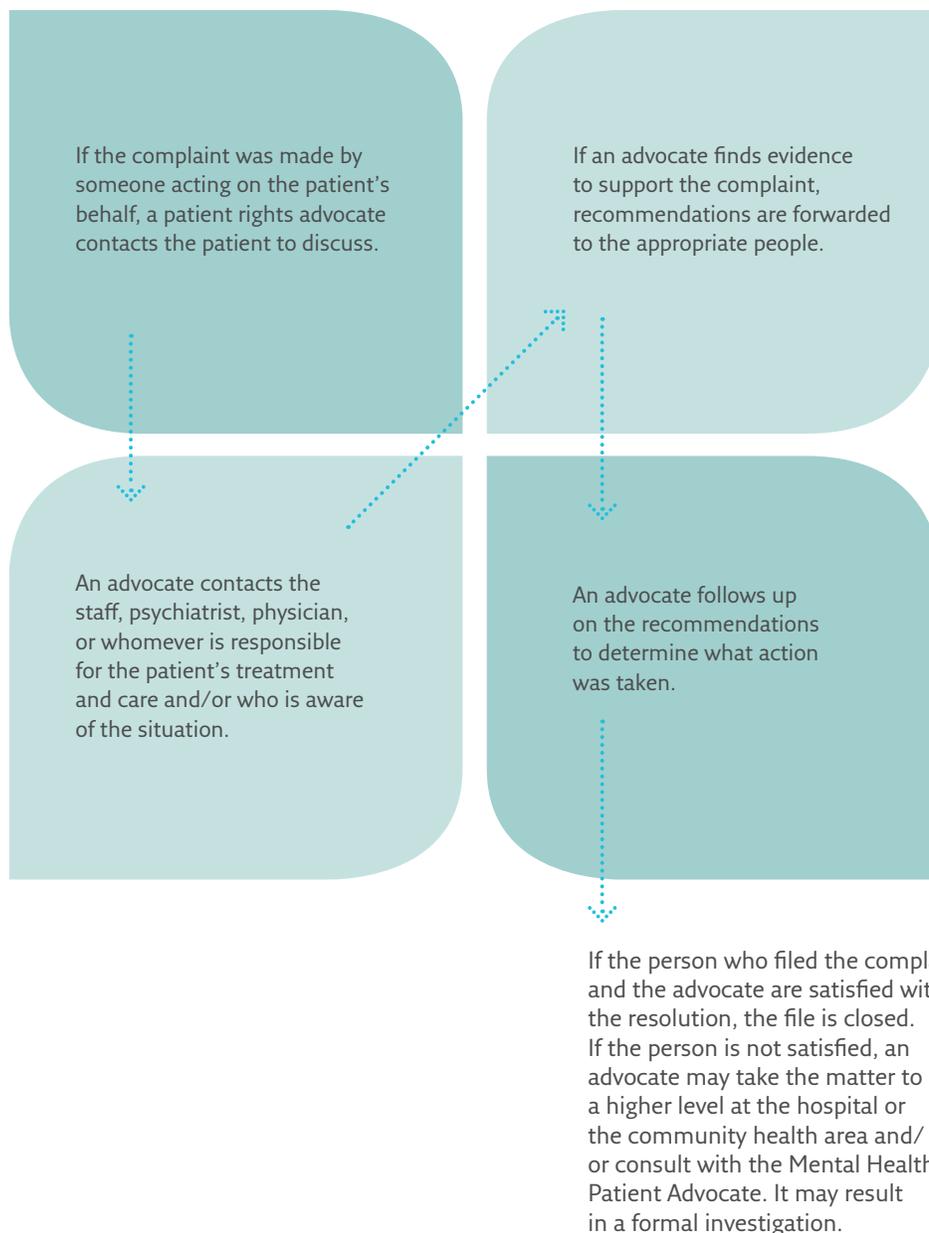


The Mental Health Patient Advocate receives a response to the recommendations from the hospital board, health authority, and/or an issuing psychiatrist. If the Mental Health Patient Advocate is of the opinion appropriate action was taken, the file is closed. If not, the Mental Health Patient Advocate is required by law to send a copy of the investigation report and the response, if any, to the Minister of Alberta Health.

“ I can't thank you enough. You have provided me with the most information thus far. ”

- Family Member, brother

Informal Investigation



Overview

Complaint Investigations

Most investigations are informal and resolved within a few days through conciliation. The outcomes of investigations vary, depending on the nature of the concern, the action required to resolve the matter, and the complainant's desired outcome. Evidence must also be found to support the complaint.

Nature of Complaint	# of Investigations	
	2013/14	2012/13
Abuse	11	26
Accessibility	10	8
Accident/injury	3	8
Accommodation	45	60
Advocacy	3	4
Care/treatment	184	192
Communication	13	11
Coordination & continuity of care	3	3
Dietary	12	5
Discharge	12	14
Financial	4	7
Health Information Act	13	16
Loss of property	13	10
Navigating the system	2	3
Non-clinical services	7	6
Patient rights & responsibilities	173	120
Patient/visitor safety	7	8
Responsiveness	3	2
Staff attitude/courtesy	30	36
Total	548	539

Below are some examples of complaints and actions taken by the service providers as a result of an informal investigation by our staff.

COMPLAINT A formal patient on a medical unit was not informed he was under certificates under the *Mental Health Act* that provide sufficient authority to care for, observe, examine, assess, treat, detain and control the person in hospital. Furthermore, he was not provided with a copy of the certificates, 35 days after they were issued.

STEPS TAKEN TO RESOLVE COMPLAINT Staff provided notification to the patient, including rights information and a copy of the certificates, as required under the *Mental Health Act*. A staff from the Mental Health Patient Advocate Office delivered an educational session to unit staff on the Act.

COMPLAINT The physician who issued an admission certificate under the *Mental Health Act* did not examine the patient. The patient was only examined by an intern.

STEPS TAKEN TO RESOLVE COMPLAINT The physician who issued the admission certificate was reminded to personally examine the patient as required under the *Mental Health Act*. The physician acknowledged he was aware of the requirement and deviated from practice. He indicated he would comply with the requirement in the future.

COMPLAINT	A patient was not informed that his admission certificates had expired and that he was a voluntary patient.	COMPLAINT	The hospital lost a patient's certificates.
STEPS TAKEN TO RESOLVE COMPLAINT	The patient was informed of the voluntary status. The unit manager provided education to the physician and to staff on the <i>Mental Health Act</i> requirement to inform the patient of the expiry of the certificates and the voluntary status.	STEPS TAKEN TO RESOLVE COMPLAINT	Staff acknowledged that a search for the missing certificates was unsuccessful so new certificates were issued. It was reported to be an anomaly. The patient was provided with a copy of the new certificates.
COMPLAINT	A nurse refused a patient's request to fax a document to the Mental Health Patient Advocate Office.	COMPLAINT	A patient could not wash his clothing because the unit washer and dryer were broken.
STEPS TAKEN TO RESOLVE COMPLAINT	The nurse was educated on the <i>Mental Health Act</i> regarding written communication by and to patients. The documents were faxed as requested.	STEPS TAKEN TO RESOLVE COMPLAINT	Staff escorted the patient off the unit so he could do his laundry.
COMPLAINT	A nurse made inappropriate (threatening) comments in a joking manner to a patient.	COMPLAINT	Mould was found in the patient bathroom.
STEPS TAKEN TO RESOLVE COMPLAINT	The manager met with the nurse, who acknowledged the incident. The patient and nurse met and resolved the issue.	STEPS TAKEN TO RESOLVE COMPLAINT	The bathroom was scraped and cleaned. The seal was removed and resealed.
COMPLAINT	A formal patient under the <i>Mental Health Act</i> was being detained in Forensics although he was no longer under the Criminal Code of Canada.	COMPLAINT	A patient was in the emergency department for four days as no beds were available on a unit.
STEPS TAKEN TO RESOLVE COMPLAINT	Management reported a process was under development to ensure a swift transfer from Forensics to Adult Psychiatry so formal patients would not have to remain in Forensics for a prolonged period of time once they were no longer subject to the Criminal Code of Canada. The transfer process under these circumstances was refined and implemented to accommodate a speedier transfer out of Forensics. The patient was eventually discharged from the facility.	STEPS TAKEN TO RESOLVE COMPLAINT	A review of the bed situation determined there were no available beds. A total of eight patients were waiting for a bed. A doctor was called to reassess the patient.

COMPLAINT A person subject to a community treatment order (CTO) was admitted to hospital and issued certificates, making him a formal patient. The patient's CTO was not cancelled. The patient appeared before the Review Panel and the certificates were cancelled. The patient was discharged from hospital and was not informed he was still under the CTO until later, when he was told that a CTO apprehension order was issued due to non-compliance with the CTO.

STEPS TAKEN TO RESOLVE COMPLAINT The Advocate determined that the CTO was not cancelled in error when the patient was issued certificates in hospital. The CTO was still in effect when the individual was discharged from hospital. The Advocate explained to staff that the patient should have been reminded of the CTO prior to discharge. Rights information for persons subject to a CTO was provided to the individual.

COMPLAINT A patient complained he didn't receive his lunch tray.

STEPS TAKEN TO RESOLVE COMPLAINT Another lunch tray was ordered.

COMPLAINT A formal patient remained detained on a locked unit even though his doctor told him that he (the patient) no longer required a locked unit.

STEPS TAKEN TO RESOLVE COMPLAINT The advocate spoke with a member of the interdisciplinary team who acknowledged the issue. The patient had been put on the transfer list, however, there were currently no beds available on the open unit. The nurse agreed to explain this to the patient. The patient was transferred to an open unit once a bed became available.

Formal Investigation

A formal investigation is required when the issues are complex and cannot be easily resolved through conciliation. A formal investigation includes: a review of the patient's health record; pertinent policies and legislation; interviews with those involved; and, a final written report sent to the board of AHS and/or the issuing psychiatrist. Most formal investigations include recommendations to improve the treatment and care of patients and to ensure their legislated rights are protected.

There were recommendations in the single formal investigation completed during the 2013/14 fiscal year. AHS took appropriate action to all of the recommendations.

“Thank you for all your time and effort and how everything works with you guys. You were quick to call back and very supportive for me and the clients. I really appreciate your support and follow up.”

- Registered nurse from community mental health clinic

Core

Activities

Core Functions of the Alberta Mental Health Patient Advocate Office are:



CONCERNS & COMPLAINTS

Complaint investigation may address a number of issues including the application of the *Mental Health Act*, rights of persons under the Act, administrative fairness, alleged abuse, a failure or refusal to provide services to the individual, terms and conditions under which services are provided to the individual, and professional practice and/or unprofessional conduct. Complaints and concerns may be clinical or non-clinical in nature.

ADVOCACY

Advocacy refers to those activities where individuals are coached and supported to act on their own behalf, or where assistance is requested to ensure the voice of a client is heard and considered by the treatment team. Individuals and their families are supported in this process through the provision of rights and other information.

RIGHTS

Rights information refers to the process by which persons under the jurisdiction of the Mental Health Patient Advocate are informed of their rights. In Alberta, rights information is provided to mental health patients by hospital or community staff or physicians and/or independently by the Mental Health Patient Advocate and staff.

EDUCATION

Education includes activities such as the provision of information about the *Mental Health Act*, legislated rights, and the role of patient advocacy in the provision of mental health services. Education is provided to a broad range of stakeholders including service providers, clients and their families, community organizations, professional bodies, lawyers, government ministries, students, the public, and many others.

Summary

of Activities

A. GENERAL

Four core activities (concerns and complaints, advocacy, rights information and education) of the Mental Health Patient Advocate Office for the 2013/2014 fiscal year are summarized in Figure I. The data reflects the combination of client case files, resource service activities, and education services.

Client Case files are opened for persons who fall under the jurisdiction of the Mental Health Patient Advocate currently or in the past (see Section B).

Resource Services are files opened for those who are not clients under the MHA, (see Section D).

Figure I Client case files, resource and education services:

	2013/14	2012/13
Client Case Files		
New Files	727	758
Issues/Requests	4,585	4,116
Contacts	7,132	7,095
Resource Services		
New Files	1,281	1,306
Issues/Requests	2,123	2,616
Contacts	3,581	4,129
Education Services		
New Files	42	74
Overall Core Activities		
Total New Files	2,050	2,138
Total Issues/Requests	6,708	6,732
Total Contacts	10,713	11,224

A total of 10,713 personal, telephone, and written contacts with Alberta citizens and the occasional caller from outside Alberta were handled by the Mental Health Patient Advocate Office during the 2013/2014 fiscal year. Client issues/requests by client case files are broken down by category in Figure II, found on page 21. Resource services files are broken down by core function in figure VII, found on page 23. Education services are outlined on page 24.

NOTE: A new file can generate a number of issues, requests, and contacts.

“ I have been rambling for a while and think you are an exceptional person to listen for that long and you don’t even know me. You have been a pleasure to talk to. ”

- Male caller

B. CLIENT CASE WORK

According to the *Mental Health Act*, the first Form 1 admission certificate may be issued anywhere in Alberta, however, formal patients may be accommodated in only 20 designated hospitals across the province. A community treatment order may be issued while the person is still in hospital, about to be discharged, or in the community. While clients may live anywhere in Alberta, the majority of calls received are from patients hospitalized in the communities with the largest number of designated mental health hospitals – Edmonton and Calgary.

The total number of client issues/requests for 2013/14 was 4585, an 11.4 per cent increase from 2012/13. Categories are approximate since most cases are complex and presenting issues can be classified in more than one way, depending upon the area of focus.

Consistent with previous years, there were a wide range of issues/requests. Most issues/requests reflected an ongoing emphasis on legislated rights and the involuntary apprehension, detention, control and treatment provisions of the *Mental Health Act*.

Figure II Client Case Files
Total Issues/Requests by type:

Client Case Files	2013/14	2012/13
Rights	3,467	3,025
Clinical	359	358
Administrative	682	644
Legal	46	51
Social/Financial	31	38
Total	4,585	4,116

Advocates helped clients to:

- Resolve complaints
- Understand and exercise their legislated rights
- Ensure their legislated rights were respected
- Learn how to self advocate
- Ensure the client’s voice was heard and considered when clients were unable to advocate for themselves
- Understand the roles and responsibilities of the various health care providers and how to navigate through the system. Similar to last year, navigation largely pertained to health care, legal, assistance with concern resolution processes, financial and housing needs.

Figure III Legal Status of Clients:

Clients	2013/14	2012/13
Current Formal Patients	665	691
Previous Formal Patients	2	6
Current Formal/Other Involuntary	17	13
Current Single Form 1/Other Involuntary	0	0
Current Single Form 1	26	31
Former Single Form 1	0	0
CTO (Community)	15	10
CTO (In-patient)	1	2
CTO and Formal (In-patient)	1	5
Total	727	758

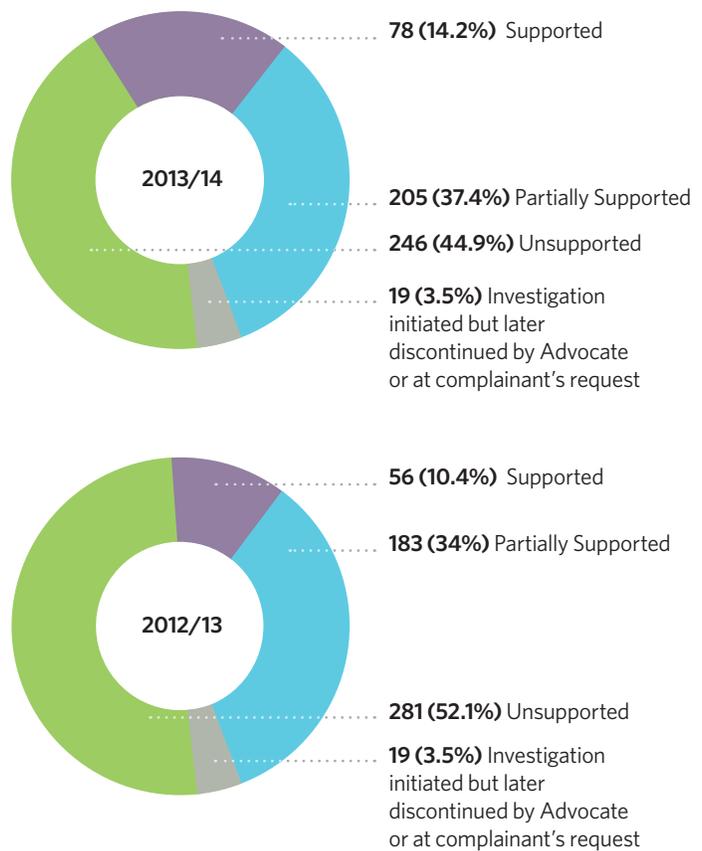
Figure III illustrates the legal status of the clients and the case files opened as a result. The term “other involuntary” refers to clients under compulsory detention in designated mental health facilities by way of the *Public Health Act*, Disposition Orders from the courts and the Forensic Alberta Review Board.

In 2013/14, 94.2 per cent of the Client Case Files involved formal patients, 3.6 per cent involved persons subject to a single admission certificate, 2.2 per cent involved persons subject to a CTO, and 0.1 per cent involved persons concurrently subject to a CTO and formal status.

INVESTIGATIONS CONDUCTED:

A total of 548 investigations were initiated, up from 539 investigations in 2012/2013. All investigations were conducted informally with the exception of one case file where a formal investigation was completed.

Figure IV Disposition of Concern/Complaint:



C. CLIENT PROFILE

Clients who accessed the MHPAO services in 2013/2014 were typically men and women between the ages of 25 - 64 years. There were also 17 adolescents under 18 years of age and 85 seniors over 64 years.

Figure V Client Profile by Age:

Age	2013/14	2012/13
Under 18	17	16
Ages 18-24	105	96
Ages 25-50	355	389
Ages 51-64	152	140
65 plus	85	90
Not specified	13	27
Total	727	758

Figure VI Client Profile by Gender:

Gender	2013/14	2012/13
Male	372	422
Female	355	336
Total	727	758

D. RESOURCE SERVICES

Figure VII Resource Services: Total Issues/Requests by Core Function:

Resource Services	2013/14	2012/13
Education Services	890	894
Advocacy Services	1,004	1,008
Rights Information Provided	37	36

Figure VII describes the breakdown of Resource Services provided to individuals and groups who are not clients under the *Mental Health Act*. Some Advocacy Services include supports for fostering self advocacy, advocacy on behalf of an individual, services to help navigate the mental health system, housing services, access to health information and referrals to other organizations that could assist the individual to resolve a concern. Examples of rights information provided include information on the Review Panel under the *Mental Health Act* and access to legal counsel.

EDUCATIONAL SERVICES 2013/14

The Mental Health Patient Advocate Office provided 95 outreach and education services in the 2013/14 fiscal year including the following presentations, and participation in forums and displays.

PRESENTATIONS

- Alberta Health Services (26)
- CMHA Edmonton Region
- Kentwood
- Alberta Health
- Aspen Primary Care Network
- Community Network Interagency, Fort McMurray
- Office of the Public Guardian, Calgary
- Legal Aid Alberta
- Children and Youth with Complex Needs and Access to the Mental Health System Symposium
- MacEwan University, Psychiatric Nursing Program (2)
- MacEwan University, Social Work Program
- Medicine Hat College, Social Work Program

- Portage College, Licensed Practical Nursing Program
- University of Calgary, Community Rehabilitation and Disability Studies
- University of Alberta, Faculty of Rehabilitation Medicine
- AHS Provincial Advisory Council on Addiction and Mental Health

DISPLAYS

- Lift the Silence, World Suicide Awareness Week Resource Fair, The Edmonton Support Network
- Ignite, AHS Addiction and Mental Health Nursing Conference
- Medical Students for Mental Health Awareness (MSMHA) Club, University of Alberta

“ I commend the office of the Alberta Mental Health Patient Advocate for consulting with individuals, who have personal experiences with mental illness, prior to the creation of these documents (new MHPA poster and brochure). The rights and freedoms of mental health patients are valued by Albertans, and these publications will help to ensure that these rights are known and that information about where to find supports is accessible. ”

- MLA

FORUMS

- Institute of Health Economics Innovation Forum
- Children and Youth with Complex Needs and Access to the Mental Health System Symposium
- Alberta Medical Association Primary Care Summit
- Disability Action Hall and Poverty Talks, Health Community Forum
- Mental Health Amendment Act and Community Treatment Order Evaluation Committee
- MacEwan University Psychiatric Nursing Program Advisory Committee
- The Lieutenant Governor of Alberta
- Various community advocates

STRATEGIC PARTNERSHIPS

The Advocate's Office collaborated with the following organizations on outreach and education initiatives:

- Addiction and Mental Health Strategy Cross Ministerial Advisory Committee
- Provincial Cross – Ministry Issue Resolution Committee
- Provincial Discharge Committee
- Alberta Patient Concerns Resolution Network (APCRN)
- Fatality Inquiries Act, Office of the Chief Medical Examiner
- Alberta Values Health Research Stakeholder Meeting

Emerging

Trends and Issues

Consistent Application of the Rights of Formal Patients

The rights of formal patients (patients who are under two admission or two renewal certificates) have been enshrined in the *Mental Health Act* (MHA) for more than 24 years. Ensuring patients understand and exercise their rights is the foundation of the Mental Health Patient Advocate's work.

One of the legislated rights pursuant to MHA section 14 *Duties toward patients* is that formal patients who are detained in hospital are to be verbally informed, and given a written statement, of the reason for issuance of the certificates and the right to apply to the Review Panel for cancellation of the certificates, among other rights. Respecting patient rights under the MHA should, by now, be the universal and consistent practice throughout our health care system.

Most health care service providers, especially those working on psychiatric units in designated facilities, are strong advocates and help their patients understand and exercise their rights. Unfortunately the rights of patients are not always respected as there are incidents on both psychiatric and non-psychiatric or "off service" units where some patients are not informed of their rights pursuant to MHA section 14. Of the 727 client case files we opened in 2013/14, there were 23 formal patients (significantly down from 37 out of 758 case files in 2012/13) who did not receive full, if any,

notification. All issues were resolved after the Advocate alerted the unit staff, manager or physician.

Work is ongoing with Alberta Health Services (AHS) to ensure that checks and balances are in place to provide notification to patients, their guardians and their nearest relative, unless the patient objects. AHS implemented several forms including a notification checklist and most recently, a form that the patient may sign acknowledging notification of certification and rights and a written statement of notification of formal status. As recommended in last year's Annual Report, AHS has been providing MHA education to staff. Our office also delivered 26 presentations to AHS staff on the MHA and patient rights.

While AHS has made progress in ensuring the legislated rights of all formal patients are respected, more work needs to be done to ensure compliance with the MHA.

The Peter Lougheed Centre unit 43 has an interesting medical psychiatric pilot project. Patients who are admitted to the unit must have both an acute medical condition and an acute psychiatric illness that require admission to an acute care setting. Recruitment of unit staff include interview questions that pertain to psychiatry to ensure the candidate is qualified to work on the unit. The multi-disciplinary team is comprised of

medical, psychiatric, nursing, allied health, and spiritual care. Specialized training is provided to staff such as non-violent crisis intervention, addictions and mental health days, MHA workshop, and medical psychiatric education days. Nursing staff provide notification to the patients and families and also participate in Review Panel hearings. Learning opportunities are offered to medical and psychiatric residents, medical students, and graduate nursing students.

In the past five years, unit 43 has had over 500 admissions. Physicians, managers and staff on unit 43 are to be commended for their commitment and on-going work to respect and protect the rights of patients subject to the MHA and their families. I look forward to hearing the outcome of the pilot project and hope that it may serve as a model for those units and multi-disciplinary teams across Alberta who have challenges in understanding and complying with the MHA.

Rights of Persons

Subject to a Single Form 1 Admission Certificate

It can be a very frustrating and confusing time for many persons living with a mental illness. We hear from individuals who are in emergency or on a hospital unit who are unsure if they are detained under a single Form 1 admission certificate under the *Mental Health Act* (MHA).

The authority of a single admission certificate is significant. MHA section 4 states:

- 4(1) One admission certificate is sufficient authority
- (a) to apprehend the person named in the certificate and convey the person to a facility and for any person to care for, observe, assess, detain and control the person named in the certificate during the person's apprehension and conveyance to a facility, and

- (b) to care for, observe, examine, assess, treat, detain and control the person named in the certificate for a period of 24 hours from the time when the person arrives at the facility.

- (2) The authority to apprehend a person and convey the person to a facility under subsection (1)(a) expires at the end of 72 hours from the time the certificate is issued.

Persons under a single admission certificate are not subject to the protective provisions accorded to formal patients who are under two Form 1 admission certificates or two Form 2 renewal certificates. There is no provision under the MHA for these persons to receive verbal or written notification of the single admission certificate, nor is there a requirement to provide them with a copy of the single admission certificate. There is also no provision under the MHA for a person subject to a single admission to apply to the Review Panel for cancellation of the single certificate. While a number of these persons are informed of the single admission certificate, of its authority, and of their right to contact our office, it is not a consistent practice across Alberta.

The same issue applies to persons who fall outside of the Mental Health Patient Advocate's jurisdiction who are under a warrant for apprehension or a Peace Officer's power under the MHA. These individuals are apprehended and conveyed to a facility for examination and detained in hospital. They, too, do not have protective provisions under the MHA accorded to formal patients.

The issuance and authority of a single Form 1 admission certificate without rights enshrined under the MHA may be viewed by some as an infringement on a person's liberties, rights and freedoms. Consideration should be given to amending the MHA to enshrine the rights of all detained persons subject to the MHA, whether they be persons subject to a single Form 1 admission certificate or those detained in hospital under a warrant for apprehension or a Peace Officer's power.

Conveyance To Non-Designated Facilities

When an individual is apprehended and conveyed by the police under the MHA, the police are required by law to bring the individual to a designated mental health facility where the person can be assessed, treated and potentially admitted to hospital as a formal patient. In last year's Annual Report the Advocate commented that there were reports that it is common practice, mainly in rural areas, for some police services to take individuals to a local, undesignated hospital instead of an urban designated facility. We have been assured by Alberta Health that the Advocate's recommendation to consider amending the MHA and/or its regulation to align with this common practice has been duly noted.

The Advocate also commented in last year's Annual Report that the office received a report that children under age 13 were being taken by the police to Alberta Children's Hospital, a non-designated facility in Calgary, for examination under a Form 8 or a Form 10 which fall outside of our jurisdiction. The Advocate recommended that Alberta Children's Hospital become a designated facility under the MHA so that children conveyed there by the police would be in a hospital that has appropriate safeguards and resources in place to provide good mental health assessment, treatment and care. I am pleased to report that the Alberta Children's Hospital in Calgary is now a designated facility.

“Thank you for calling me, just having you in my corner makes a difference.”

- In-patient formal

Enhancing Family Advocacy

Families with experience of the mental health system frequently report difficulties in accessing services for their relatives and/or being engaged by health care providers in the care of their loved one. Awareness of the need for enhanced family engagement, information, and support in caring for their loved one living with a mental illness has been growing. Over the past few years our office has seen a significant increase in demand from families to assist them with questions or concerns. In 2011/12 we had 182 families contact us. In 2013/14 this has more than doubled.

Issues and inquiries from families whose loved one falls under our jurisdiction largely focused on our mandate and service, rights under the *Mental Health Act*, consent for treatment, patient privileges, and communication between multi-disciplinary team members and the family. Families not under our jurisdiction generally needed help in navigating the complex mental health system including access to mental health professionals and services and the concerns resolution process. They also wanted information on the *Mental Health Act*.

In the 2013/14 fiscal year, only 10.1 per cent of the families who requested our assistance had a loved one who fell under our jurisdiction. While we provided assistance to both “jurisdictional and non-jurisdictional” families, the need for a Health Advocate and a Seniors' Advocate dedicated to help families who do not fall under our jurisdiction is abundantly clear. We look forward to collaborating with the new Advocates to ensure all families receive the information and support they need.

Total Number of Files by Jurisdiction Where the Family Member Initiated Contact

	2013/14	2012/13
Client Files (jurisdictional)	37	26
Resource Files (non-jurisdictional)	329	253
Total	366	279

“Your presentation definitely furthered the students’ awareness of legislation re: mental health and also provided important information to assist them in being advocates within their future practice.”

- Professor, University of Alberta

Review of Amendments to the *Mental Health Act*

In 2009 and 2010, amendments to the MHA came into effect. The amendments included:

- the introduction of community treatment orders,
- broadening the criteria for involuntary admission from “in a condition presenting or likely to present a danger to the person or others” to “likely to cause harm to the person or others or to suffer substantial mental or physical deterioration or serious physical impairment”,
- giving notice of a patient’s discharge from an inpatient facility, where reasonably possible, to the patient’s family doctor, if known, along with the discharge summary, including any recommendations for treatment, and
- expansion of the jurisdiction of the Mental Health Patient Advocate and the Review Panel.

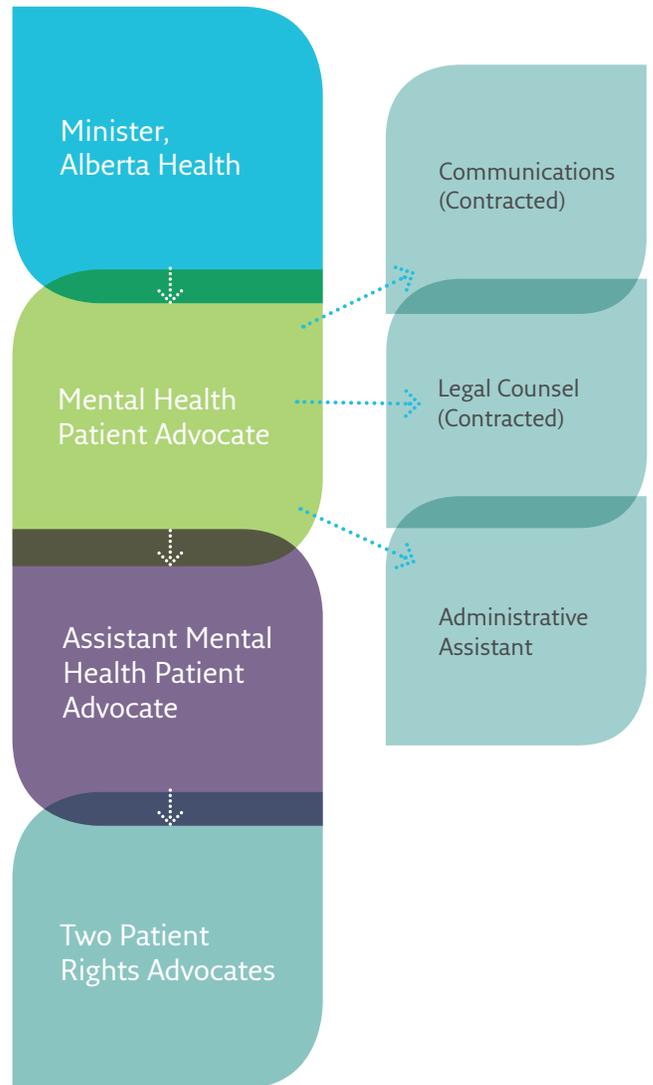
A review of the amendments by a committee of the Legislative Assembly is forthcoming. MHA section 54 states: “Within 5 years after the coming into force of section 8 of the *Mental Health Amendment Act, 2007*, a committee of the Legislative Assembly must begin a comprehensive review of the amendments made by that Act and must submit to the Assembly, within one year after beginning the review, a report that includes any amendments recommended by the committee.”

As a member on the provincial Mental Health Amendment Act and Community Treatment Order Evaluation Committee, we have provided Alberta Health and Alberta Health Services with information on our clients’ experiences that pertain to the amendments. We look forward to having an opportunity to make a submission to the committee of the Legislative Assembly.

Organizational Structure



Left to right: Lorraine D'Sylva, Administrative Assistant, Carol Robertson Baker, Mental Health Patient Advocate, Beverly Slusarchuk, Patient Rights Advocate and Ryan Bielby, Patient Rights Advocate



Financial

Summary

2013/2014

BUDGET	\$955,000
EXPENSES	\$843,000
SURPLUS	\$112,000

2012/2013

BUDGET	\$985,000
EXPENSES	\$834,000
SURPLUS	\$151,000

“Appreciate the work you did and your office did for me. Thanks for listening and keep up the good work.”

- Former formal patient

Facilities

Designated for Formal (involuntary) Patients

- Alberta Hospital Edmonton
- Alberta Children's Hospital
- Centennial Centre for Mental Health and Brain Injury
- Peter Lougheed Centre
- Foothills Medical Centre
- Misericordia Community Hospital
- Royal Alexandra Hospital
- University of Alberta Hospital
- Grey Nuns Community Hospital
- Chinook Regional Hospital
- Medicine Hat Regional Hospital
- Northern Lights Regional Health Centre
- Queen Elizabeth II Hospital
- Rockyview General Hospital
- Claresholm Centre for Mental Health and Addictions
- Red Deer Regional Hospital Centre
- Southern Alberta Forensic Psychiatry Centre
- St. Therese-St. Paul Healthcare Centre
- Villa Caritas
- South Health Campus

Contact

Information

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We are available to assist you during regular office hours, 8:15 a.m. to 4:30 p.m. (closed from 12:00 p.m. to 1:00 p.m.) Monday through Friday. If you telephone after hours, a confidential voicemail is available to take your message.



