



# Protecting the Rights of Patients

Mental Health Patient Advocate  
**2016-2017 Annual Report**

Compassion. Hope. Help.



# Letter to the Minister of Health

The Honourable Sarah Hoffman  
Minister of Health  
423 Legislature Building  
10800 97 Avenue  
Edmonton, AB Canada T5K 2B6



Dear Minister Hoffman:

It is my responsibility and honour to present the Mental Health Patient Advocate Annual Report for 2016-2017 entitled Protecting the Rights of Patients.

This report summarizes the activities of the Mental Health Patient Advocate to support patients receiving care under the *Mental Health Act* to understand and exercise their rights and to investigate complaints from or related to patients who are under Admission Certificates or Community Treatment Orders.

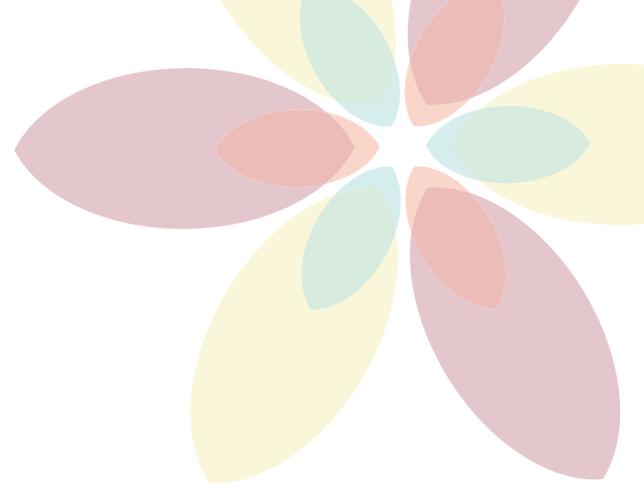
This report is submitted in accordance with the provisions of Section 47(1) of the *Mental Health Act* for your presentation to the Legislative Assembly.

Respectfully submitted,

(Signed by Deborah E. Prowse, Q.C.)

Interim Mental Health Patient Advocate





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# Message from the Interim Mental Health Patient Advocate

Be Brave  
Enough to  
Start a  
Converation  
That Matters

Albertans who are living with mental illness, particularly those who are detained under mental health certificates or subject to a Community Treatment Order, are one of the most vulnerable populations of our society. They need to feel heard, respected and encouraged in their recovery. They need to have hope. They and their families need to have a place to call when they are most confused, scared and struggling. They need to understand what is happening to them and they need to learn about their legislated rights. They need to ensure their rights are recognized, respected and protected throughout their interaction with the mental health care system. The Mental Health Patient Advocate has been offering these supports, information and investigative services for these patients since 1990.



Office Staff

[L to R] Beverly Slusarchuk, Susan Fernandes, Deborah E. Prowse, Lorraine D'Sylva, Kelly Blenkin-Church, Ryan Bielby



The year 2016-2017 has been a year of conversations. We have had many conversations with patients and those who act on their behalf. These are often vibrant conversations with high emotion arising out of the situation of being detained against one's will. We listen to the experience of their journey from the community through emergency to the place of treatment and back to the community. We hear feelings of humiliation, discrimination and the stigma they face because of their mental illness. We also have conversations with the staff in the designated facilities to learn about care plans, treatment goals and their efforts to provide care. We try to guide and influence the protection of rights as set out in the *Mental Health Act* through collaborative approaches, through recommendations from investigations and through providing educational presentations based on the stories we hear.

We have also had conversations on a broader systemic level over this last year. Of particular note, we have participated with many other stakeholders on the Advisory Committee in planning the action steps arising from the recommendations of the Valuing Mental Health Report. We also attended the Standing Committee on Families and Communities, at their invitation, to discuss the review of the *Mental Health Act* and ensure the patient's voice was heard. We have had ongoing collaborative and meaningful conversations with Alberta Health and Alberta Health Services to ensure clients' voices are considered in developing policies and procedures.

We also had conversations with the public and community stakeholders at a variety of presentations to raise awareness about mental health, the rights protected under the *Mental Health Act* and the need to ensure the protection of these enshrined rights.

This report provides a glimpse into the activities and accomplishments of the Mental Health Patient Advocate and staff over the past year. It has been a small office over the years, but one that is committed to, and passionate about those we serve. As the year concludes, we are looking at how to work more efficiently within the Office of the Alberta Health Advocates to ensure that we are able to carry out all functions of our role in the most effective manner possible.

In closing, I would like to thank our colleagues in the Office of the Alberta Health Advocates and look forward to finding ways to collaborate more in the future so that we can offer Albertans an enhanced and seamless service experience. I also sincerely thank all of the patients and those acting on their behalf, health care staff and physicians, government personnel, community agencies and the public at large who have been interested in, and have expressed appreciation and support for the work we have done over this past year. We look forward to continuing and expanding our conversations.

Deborah E. Prowse, Q.C.  
Interim Mental Health Patient Advocate

# Office of the Alberta Health Advocates

Established in 2014, the Office of the Alberta Health Advocates is comprised of the Mental Health Patient Advocate (MHPA) and the Health Advocate. Together, providing a single point of access for Albertans, the Advocates help people by listening to health service-related concerns and assisting them in finding ways to resolve those concerns. The Advocates refer people to the appropriate programs and services to address their complaints; they have the ability to conduct investigations or reviews into specific complaints related to mental health patient rights and the Alberta Health Charter. The Advocates provide education to Albertans about the mental health patient rights set out in the *Mental Health Act* and the expectations of the Alberta Health Charter.

The Office of the Alberta Health Advocates strives to empower Albertans to be effective advocates in their own health and health care; supporting and advocating for a health care system that is responsive and accountable to the people being served.

**Vision** We envision an integrated and responsive system that empowers and supports Albertans as full participants in their care and fairly addresses their concerns about services that impact health.

**Mission** We promote self-advocacy and assist Albertans in dealing with their concerns about services impacting their health and becoming empowered and effective advocates.

**Values** Respect Engagement Compassion Integrity Excellence

## Scenario 1 Client Resource Services

### Concern

A parent contacted the Mental Health Patient Advocate concerned about their adult child, who they thought had been acting 'differently' lately. The parent shared that their adult child seemed depressed and angry, even becoming violent with other family members. The parent expressed concerns for the well-being of everyone involved, and a belief that their adult child was experiencing mental health issues.

### How the Advocate Helped

The Advocate Representative provided the caller with contact information to community mental health resources that were available to help. The caller was also provided with information about getting help under the *Mental Health Act*, through involuntary mental health emergency services if necessary. Support resources for the caller as an impacted parent were also given. The caller felt supported and took the next steps of accessing the appropriate mental health services to help their family.



# About the Mental Health Patient Advocate



The Mental Health Patient Advocate (MHPA) helps Albertans to understand and exercise their rights under the *Mental Health Act*. Mental health patient rights exist to help people who are or have been detained in hospital under Admission or Renewal Certificates, and people under Community Treatment Orders (CTO). The MHPA provides assistance to patients and others (including those acting on the patients' behalf) by conducting investigations into complaints and providing information and education about patient rights. Information and education is also provided to families, community organizations and the general public.

Patient rights provide important checks and balances that ensure mental health patients are not wrongfully detained, and when detained are treated fairly. The role of the MHPA is to protect mental health patient rights, investigate complaints impartially and resolve where possible, and to make recommendations that will improve patient care and the mental health system.

The protection of rights exists within the value of patient-centred care and treating patients with respect and dignity. It is critical when a patient loses their liberty due to their detainment or other restrictions, that they feel they have some respect and control in their situation. To support this vulnerable population, the MHPA works collaboratively with health care providers and others to strengthen awareness and understanding of the importance of upholding patient rights; together, we play a key role in helping patients and persons acting on their behalf to understand and exercise those rights.

## What is a Community Treatment Order (CTO)?

A Community Treatment Order (CTO) is a tool used by physicians (one must be a psychiatrist), intended to assist patients in maintaining compliance with treatment while in the community; thereby breaking the cycle of involuntary hospitalization, decompensation, and re-hospitalization. There are criteria set out in the *Mental Health Act* that describe the conditions under which a CTO can be written.

## What is an Admission Certificate?

A Form 1 Admission Certificate may be issued under Section 2 of the *Mental Health Act* by a physician who personally examines the person and is of the opinion that the person is:

- a) suffering from mental disorder
- b) likely to cause harm to the person or others or to suffer substantial mental or physical deterioration or serious physical impairment, and
- c) unsuitable for admission to a facility other than as a formal patient

The completion of one Admission Certificate provides the legal authority for the individual to be brought to and cared for, observed, assessed, detained and controlled in a designated facility for up to 24 hours from the time the person arrives at the facility.

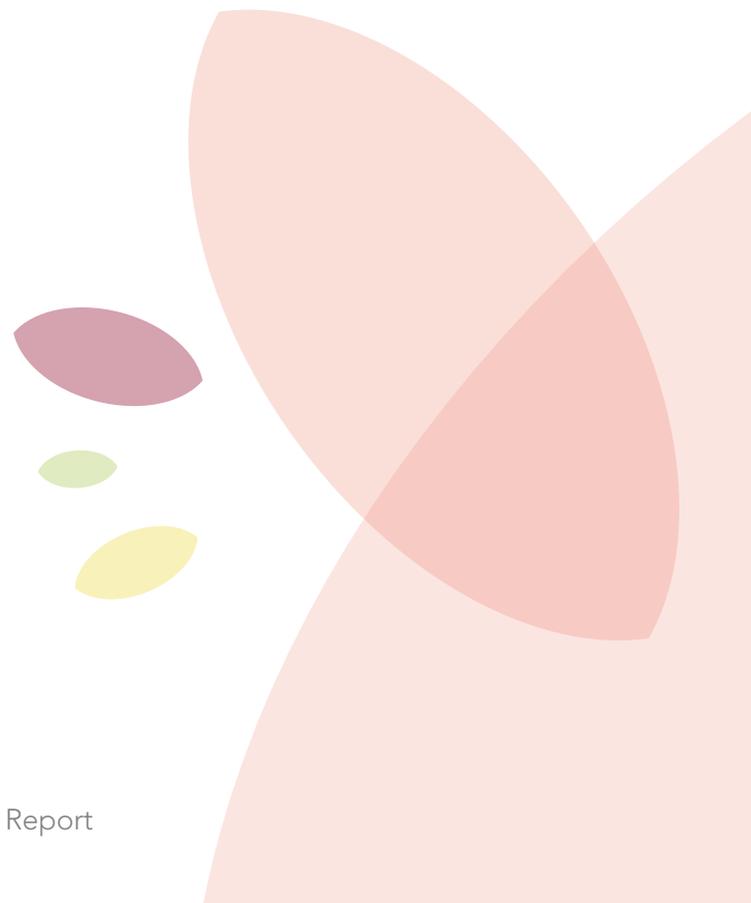
A second Admission Certificate must be issued within 24 hours of the person's arrival at the facility by a different physician for further detainment.

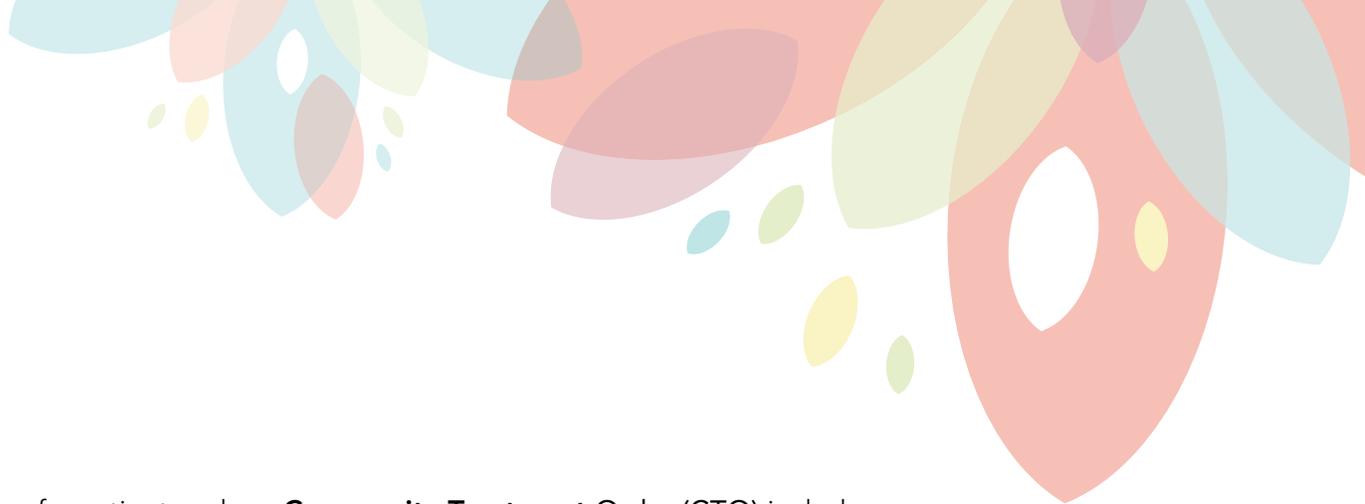
Two Admission Certificates are sufficient authority to care for, observe, examine, assess, treat, detain and control the person for one month from the date the second Admission Certificate is issued.

# Patients' Rights under the *Mental Health Act*

Rights of a **formal involuntary patient** (someone who is under two Admission or Renewal Certificates) include:

- to be told verbally and in writing the reason for one's involuntary detention in a facility
  - to have one's health information kept confidential, within certain limits
  - to a copy of one's Admission or Renewal Certificate
  - to send and receive written notes or letters without them being censored
  - to retain a lawyer
  - to contact the Mental Health Patient Advocate
  - to refuse treatment unless deemed mentally incompetent or under a treatment order
- The legal guardian of a person detained under the *Mental Health Act* 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.
- to appeal one's Admission/Renewal Certificates or the Certificate of Incompetence to a Review Panel
  - to appeal Review Panel decisions to the Court of Queen's Bench





Rights of a patient under a **Community Treatment Order (CTO)** include:

- to receive information about their Community Treatment Order
- to retain a lawyer
- to apply to the Review Panel to cancel their Community Treatment Order
- to appeal any Review Panel decision to the Court of Queen's Bench
- to have one's health information kept confidential, within certain limits
- to be told that their Community Treatment Order has ended
- to contact the Mental Health Patient Advocate

## Scenario 2 Client Casework Services

### Concern

A patient contacted the Mental Health Patient Advocate, feeling upset and afraid and stated they had been brought to a hospital by police and placed in a locked room. Prior to hospitalization, the patient had called the mental health crisis line and shared feelings and ideations of suicide, which resulted in a response from police services. Now at the hospital, the patient expressed not understanding what was happening and why they could not go home. The patient said that the only resource they had been provided with was the telephone number for the Mental Health Patient Advocate.

### How the Advocate Helped

The Advocate Representative spoke with an attending nurse to confirm the patient's legal status and then was able to explain to the patient the reasons for being brought to the hospital by police and that treatment was being provided under the Mental Health Act. When the Advocate Representative explained the purpose and role of detainment; as well as the mental health patient rights, the patient better understood their situation. The patient was empowered to be active in their care and better informed on how to request a review of the detainment and treatment options delivered by the doctor and care team.





# Achievements of the Year

Each year, thousands of Albertans experience mental illness requiring mental health services. Some require treatment at hospitals on a voluntary basis, while some require care under the *Mental Health Act*. Through our work, we helped to instill hope in the patient journey of recovery.

As part of the Office of the Alberta Health Advocates, most of our work with patients and families occurs over the phone with some services provided through email and in-person drop-in. One important achievement to highlight is our face-to-face visits with patients at Alberta's designated mental health facilities. This year we visited 20 designated mental health facilities across Alberta and met with 316 patients.

Here are the highlights of the achievements this year:

- A total of **1,251** files were opened in 2016-17; this includes new and returning clients.
- Arising from the files opened, clients presented **4,939** issues or requests regarding mental health patient rights and the mental health system in general. On average, three to four issues were presented for each file.
- Staff conducted **267** investigations into complaints about detention, patient rights, treatment or care.
- A total of **52** educational activities on mental health patient rights were delivered.

Throughout this past year, further steps were taken in building the foundation of an integrated operational structure at the Office of the Alberta Health Advocates. A new structure will assist in providing services to Albertans in a more efficient, effective and seamless manner. It will also provide support to both Advocates and staff in fulfilling the legislated mandates. A review of the Office of the Alberta Health Advocate database was conducted and an extensive upgrade of that system was completed to meet the need of the office to manage client cases and to collect appropriate and relevant data. The integrated Office of the Alberta Health Advocate database system is a critical piece of operational infrastructure supporting data collection for the purpose of measuring the impact of the Advocates' work. It will allow the office to learn more about health system issues and concerns raised by Albertans and capture how those concerns are redirected or resolved. This will mean a change in how the MHPA's core activities are measured and reported in future reports.



# Summary of Core Activities

The Mental Health Patient Advocate (MHPA) and staff carried out the core functions of complaint investigation, advocacy, and education to patients, families, caregivers and health service providers throughout Alberta. The core activity data reflects a combination of client casework, including complaint investigation, client resource services, and educational activities.

The data listed for total files in the charts below, specifically for the categories of client casework files and resource service files, represent files opened for both new and returning clients. It is not uncommon for clients to contact the MHPA several times throughout the reporting year. For example, clients may return to the MHPA for service and support if: a re-admission to hospital has occurred; a new complaint or concern has arisen from a current or past hospital stay; or, if they have not been satisfied with the outcome or resolution of an ongoing concern. Each time a person or someone concerned about a person admitted to hospital under the *Mental Health Act* or under a Community Treatment Order (CTO) contacts the MHPA, a new file is opened. Therefore, each individual may have more than one file. The number of files does not equal the number of individuals served. Upon closing a file, the MHPA invites clients to contact the office again should they need support in the future.

- **Client casework services** files opened for patients who are or who have been detained under the *Mental Health Act*, and/or other persons (including persons acting on the behalf of the patient).
- **Client resource services** are files opened for people who request and are provided with information or a referral. These files reflect people who are not within the jurisdiction of the MHPA.
- **Education activities** include presentations, consultations and other types of speaking engagements.

	2016/17	2015/16
<b>Client Casework Services</b>		
Total Files	753	617
Issues/Requests	3,878	3,172
<b>Client Resource Services</b>		
Total Files	498	589
Issues/Requests	1,061	748
<b>Education Activities</b>		
Total Files	52	49
<b>Overall Core Activities</b>		
Total Files	1,251	1,255
Total Issues/Requests	4,939	3,920

# Client Services

The Mental Health Patient Advocate (MHPA) works to provide service and support to Albertans who are under the *Mental Health Act*, or have been under Admission or Renewal Certificates, or, are subject to a Community Treatment Order (CTO). The MHPA also supports those who are family members, friends, other concerned persons or someone acting on a client’s behalf. The MHPA provides service and support by:

- addressing concerns regarding patient rights, detention, treatment or care.
- providing information about mental health services and resources.
- providing information about the *Mental Health Act* and mental health patient rights.

In 2016-17, a majority of clients who accessed MHPA services were between the ages of 25 to 64 years. There were also 17 adolescents under 18 years of age and 83 seniors over 64 years of age. More males than females accessed our services. This data is derived from the total client service files.

## Client Services Profile by Age:

	Number of Client Service Files
<b>Age</b>	
Under 18	17
Ages 18-24	79
Ages 25-50	328
Ages 51-64	147
65 plus	83
Undisclosed	597
<b>Total</b>	<b>1,251</b>

## Client Services Profile by Gender:

	Number of Client Service Files
<b>Gender</b>	
Male	522
Female	461
Undisclosed	268
<b>Total</b>	<b>1,251</b>

In 2016-17, as in previous years, clients contacted the MHPA from across the province. **Thirty-six percent** of clients were located in Edmonton; **thirty-one percent** were located in Calgary; **eleven percent** were located in Ponoka; and **twenty-two percent** of clients identified being from other communities throughout Alberta..

## Client Services Profile by Location:

	Number of Client Service Files
<b>Location in Alberta</b>	
Fort McMurray	8
Grande Prairie	6
St. Paul	14
Edmonton	279
Ponoka	87
Red Deer	20
Calgary	246
Claresholm	8
Medicine Hat	12
Lethbridge	2
Undisclosed	569
<b>Total</b>	<b>1,251</b>

# Location of Designated Facilities



## Client Casework Services

Client casework services consists of work with Albertans that falls within the jurisdiction of the Mental Health Patient Advocate (MHPA). 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, or other concerns citizens may contact the MHPA if they have a complaint pertaining to patient rights, detention, treatment or care.

In 2016-17, **seventy-seven percent** of client casework files involved formal patients, and **five percent** involved persons' subject to a community treatment order. The remaining **eighteen percent** of client casework files involved clients where a legal status was not-applicable, such as voluntarily admitted patients or those admitted via the criminal justice system.

In the table below, the legal status of clients who contacted the MHPA is derived from the total client casework service files opened in 2016-17.

### Client Casework Services by Legal Status:

	2016/17
<b>Clients</b>	
Formal Patients (including previously formal patients)	579
Community Treatment Order (including inpatient and community)	36
Not-Applicable (including voluntary, not criminally responsible)	138
<b>Total</b>	<b>753</b>

The first Form 1 admission certificate may be issued anywhere in Alberta. Formal patients under two admission or two renewal certificates, may only be accommodated in one of the twenty designated facilities across Alberta.

A CTO may be issued while the person is about to be discharged from hospital or while the person resides in the community.

The majority of patients served by the MHPA are hospitalized at one of the designated mental health facilities located in Edmonton or Calgary.

### Client Casework Services by Designated Mental Health Facility:

Designated Mental Health Facility	Number of Client Casework Services Files
<b>North Zone = 4%</b>	
Northern Lights Regional Health Centre	9
Queen Elizabeth II Hospital	5
St. Therese-St. Paul Healthcare Centre	14
<b>Edmonton Zone = 35%</b>	
Alberta Hospital Edmonton	129
Grey Nuns Community Hospital	27
Misericordia Community Hospital	8
Royal Alexandra Hospital	31
University of Alberta Hospital	52
Villas Caritas	15
<b>Central Zone = 14%</b>	
Centennial Centre for Mental Health & Brian Injury	85
Red Deer Regional Hospital	19
<b>Calgary Zone = 14%</b>	
Alberta Children's Hospital	1
Foothills Medical Centre	68
Peter Lougheed Centre	75
Rockyview General Hospital	58
South Health Campus	25
Southern Alberta Forensic Psychiatry Centre	3
<b>South Zone = 4%</b>	
Chinook Regional Hospital	13
Medicine Hat Regional Hospital	12
Claresholm Centre for Mental Health and Addictions	8
<b>Not Specified = 13%</b>	
	101
<b>Total</b>	<b>753</b>

The issues and requests presented in the client casework service files are addressed through one of the MHPA core functions. These functions include: complaint investigation, advocacy, patient rights or providing information.

**Complaint investigations** are conducted when complaints are made with respect to a formal patient or person subject to a CTO. Investigations deal with a number of issues as a result of formal patient status or a CTO, including concerns about patient rights; administrative fairness; alleged abuse; a failure to provide services to the patient; or health service provider conduct.

**Advocacy** refers to those activities where individuals are supported to act on their own behalf, or, where assistance is requested, to ensure the voice of patients is heard and considered by the treatment team.

**Patient Rights** refers to the process by which persons who fall under the jurisdiction of the *Mental Health Act*, or those acting on their behalf, are informed of their legislated rights.

**Provide Information** refers to activities such as the provision of information about the application of and practice under the *Mental Health Act*, connecting patients and families to community resources and mental health services and programs, and assisting patients and families to navigate the mental health system.

On average, 3 to 4 issues or requests are presented in each client casework service file. To address the issues and requests effectively, several core functions are often applied to each client casework service file. This speaks to the complexity of the work.

**Client Casework Services by Core Functions:**

	Percent
<b>Core Function</b>	
Complaint Investigation	19%
Advocacy	25%
Patient Rights	45%
Providing Information	11%
<b>Total</b>	<b>100%</b>

**Complaint investigation**

The Mental Health Patient Advocate (MHPA) provides assistance to address concerns and resolve complaints. The MHPA does this by carrying out investigations into complaints. The types of concerns that are addressed range from detainment, treatment, care and/or control of a patient against their will, to lack of privileges, lack of privacy and access to information. Some complaints may present as very complex and some are historical in nature.

Depending on the nature and complexity of the concern, the investigation process may vary. The investigation process may include making inquiries into allegations which can result in early resolution through discussion between the patient, an advocate representative and members of the care team. Some investigations may require a more in-depth investigative process involving the collection and examination of information and may result in recommendations for future consideration.

In 2016-17, a total of **267 investigations** were conducted in response to **388 issues** raised through complaints on a widerange of concerns impacting formal patients and persons subject to CTOs. The range of concerns includes care and treatment, patient rights and responsibilities, abuse, accommodation and staff interactions. The table below outlines the nature of concerns investigated by the MHPA.

**Complaint Investigations by Issue:**

	Percent
<b>Issue</b>	
Patient Rights & Responsibilities	31%
Care/Treatment	26%
Other - consists of 16 various categories of issues including, but not limited to: abuse, accomodation, loss of property, communication, financial, and health provider interactions (attitude/courtesy)	43%
<b>Total</b>	<b>100%</b>

Most complaint investigations are resolved within a few days, although some investigations may require a longer period of time to conduct. Complaint resolution and investigation outcomes vary, depending on the nature of the complaint and the complainant's desired outcome. In some cases, the client's inquiry or complaint can be resolved by another organization, program, and service or complaints resolution process. In these cases, the client is referred to the most appropriate place to address their concern. Following these determinations, complaints are considered resolved by the MHPA. Investigations may also be discontinued at the discretion of the MHPA according to the legislation.

### Complaint investigation by Resolution Outcome:

Resolution Outcome	Number of Issues Resolved
Acknowledgement (sharing the experience)	83
Apology	1
Change in Process/Procedure	4
Explanation Provided	19
Information Provided	38
Improved Care for Patient	9
Legal Documents Provided	25
No Action Required	19
Physician Follow-Up	4
Privileges Granted	1
Review	1
Transfer to Other Accommodation	1
Other Outcome	183
<b>Total</b>	<b>388</b>

## Client Resource Services

The Mental Health Patient Advocate (MHPA) receives many requests for service each year from Albertans who are not certified formal patients or clients under a Community Treatment Order (CTO), and who are not seeking an investigation into a complaint. These requests are from individuals and groups who contact the MHPA for consultation or information about the *Mental Health Act*, mental health patient rights, information on how to access the mental health system, or who have an inquiry about some aspect of mental health in general.

Client resource services reflect contacts with individuals or family members who may be struggling to access mental health services for themselves or a loved one. The mental health system is vast and complex and the availability and range of mental health services vary within communities across Alberta. The MHPA provides assistance to Albertans in navigating the mental health system and in accessing the right services, in the right place, at the right time.

Client resource services also include advocacy. Calls are received from individuals or family members who present a challenge they are experiencing in the mental health system or want to discuss broader systemic issues. Clients are supported to engage in self-advocacy to address the challenge they are facing. Clients may be referred to community organizations or other groups who engage in systemic advocacy activities and broader mental health awareness initiatives.

In 2016-17, **forty percent** of services carried out by the MHPA were in the area of client resource services. The issues and requests presented in the client resource service files are addressed through one of the MHPA core functions. These functions include: advocacy, provision of information about patient rights or provision of other information. On average, three to four issues or requests are presented in each client resource service file. To address the issues and requests effectively, several core functions are often applied to each file.

### Client Resource Services by Core Function:

	Percent
<b>Core Function</b>	
Advocacy	38%
Patient Rights	14%
Provide Information	50%
<b>Total</b>	<b>100%</b>

In 2016-17, a total of **498 files** were opened under client resource services. Patients and family members presented **1,061 issues and requests** for assistance. The range of issues presented included care and treatment, patient rights and responsibilities, advocacy, navigating the system, abuse, accommodation and health provider interactions. Below is the list of issues addressed by the MHPA for those Albertans who are not certified mental health patients or clients under a CTO, and are seeking resources.

### Client Resource Services by Issue:

	Percent
<b>Issue</b>	
Patient Rights & Responsibilities	27%
Advocacy	21%
Navigating the System	13%
Other - consists of 16 various categories of issues including but not limited to: care/treatment, abuse, accommodation, loss of property, communication, financial, and health provider interactions (attitude/courtesy)	39%
<b>Total</b>	<b>100%</b>

Most client resource services are completed and resolved within a few days. Client resource service resolutions and outcomes vary, depending on the nature of the issue, the request or the client's desired outcome.

In many cases, it is assessed that the client's inquiry can be addressed by another organization, program or service. The Advocate Representatives work with clients to complete referrals to community services, connect people to the appropriate place to address their need and support clients and families to navigate the mental health system by providing timely and accurate information. Following these determinations, client resource service files are considered resolved by the MHPA. In a few cases, files were discontinued at the discretion of the Advocate.

### Client Resource Services by Resolution Outcome:

	Number of Issues Resolved
<b>Resolution Outcome</b>	
Resolved	527
Information Provided	519
Referral Provided	4
Discontinued	8
In Progress	3
<b>Total</b>	<b>1,061</b>

Advocate Representatives assisted clients to address their issues and requests by helping them:

- Understand and exercise the legislated rights under the *Mental Health Act*
- Ensure the legislated rights were respected
- Become empowered in the health care journey
- Learn how to self-advocate and advocate for others
- Ensure the patient's voice was heard and considered
- Understand the roles and responsibilities of the various health care providers and how to navigate the mental health system.
- Understand other complaint resolution bodies and other resources that may assist if the issue falls outside of MHPA jurisdiction

# Education Services

In 2016-17, the Mental Health Patient Advocate (MHPA) completed and participated in **fifty-two** educational service events. The MHPA promotes and supports patient rights and brings awareness to issues in mental health through presentations and knowledge exchange. The MHPA delivers presentations to inform and educate health service and community organizations, government, health providers, leaders and Albertans about the role and mandate of the MHPA, the *Mental Health Act* and mental health patient rights. Over the past year, the MHPA has delivered presentations, participated in forums and collaborated with stakeholders on working groups and committees.

## Education Services by Event:

	Number of Events
<b>Education Service</b>	
Presentations	32
Displays	1
Consultations	8
Strategic Partnerships & Committees	11
<b>Total</b>	<b>52</b>

## Presentations

- Addictions & Mental Health Provincial Advisory Council
- Alberta College of Social Workers Annual Conference
- Alberta Health Services
- Chimo
- Consumer Health Leaders
- Covenant Health
- Family and Community Supports Association of Alberta Conference
- Health Coalition of Alberta
- MacEwan University
- Medicine Hat Community College
- Norquest College
- Northern Lakes College
- Parents Empowering Parents
- University of Alberta
- Schizophrenia Society of Alberta

## Displays

College of Licensed Practical Nurses of Alberta

## Consultations

Mental Health Review

Fatality Inquiry

Mental Health Commission of Canada

Standing Committee of Families & Communities

Persons with Developmental Disabilities Safety Standards

Covenant Health Mental Health Strategy

## Strategic Partnerships & Committees

Valuing Mental Health Advisory Committee

Government of Alberta Advocates Community of Practice

MacEwan University Psychiatric Nursing Advisory Council

Persons with Developmental Disabilities Stakeholders Group

Schizophrenia Society of Alberta Family Community Group

Consumer Health Leaders Group

## Scenario 3 Client Casework Services

### Concern

A patient who was detained at a designated mental health facility contacted the Mental Health Patient Advocate with a concern that medication was given to them against their will. The patient shared that the doctor administered medication even though they refused it. The patient had been told that the medication was administered because a substitute decision maker had provided consent for the treatment.

### How the Advocate Helped

The Advocate Representative contacted the patient's nurse and confirmed the legal status of the patient under the *Mental Health Act*. The Advocate Representative learned that the patient was under a Form 11 Certificate of Incompetence to Make Treatment Decisions. Included in the Form 11 is a requirement to appoint a substitute decision maker who may provide consent for treatment when a patient is deemed incompetent by a doctor. The Advocate Representative followed up with the patient, providing them with information about the use of Form 11, substitute decision makers, their patient rights and how they could appeal the Form 11.

# Financial Summary

	2017 Budget	2017 Actual	2016 Budget	2016 Actual
Salaries and Employee Benefits	\$ 746,000	\$ 449,987	\$ 746,000	\$ 546,817
Travel and Accommodation	\$ 14,000	\$ 6,943	\$ 14,000	\$ 12,209
General and Administrative Services	\$ 130,000	\$ 24,222	\$ 130,000	\$ 44,940
<b>Total</b>	<b>\$ 890,000</b>	<b>\$ 481,152</b>	<b>\$ 890,000</b>	<b>\$ 603,967</b>

\*Numbers above are rounded up

# Contact Information



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Visit our website at:  
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