



Mental Health Patient Advocate

2017/18 Annual Report

Letter to the Minister of Health

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

Dear Minister Shandro:

It is my responsibility and honour to present the Mental Health Patient Advocate Annual Report for 2017/18.

This report is submitted on behalf of the former Mental Health Patient Advocate and represents the period prior to my appointment as the Mental Health Patient Advocate in July 2018. 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,

(Original signed by Kathleen Ness)

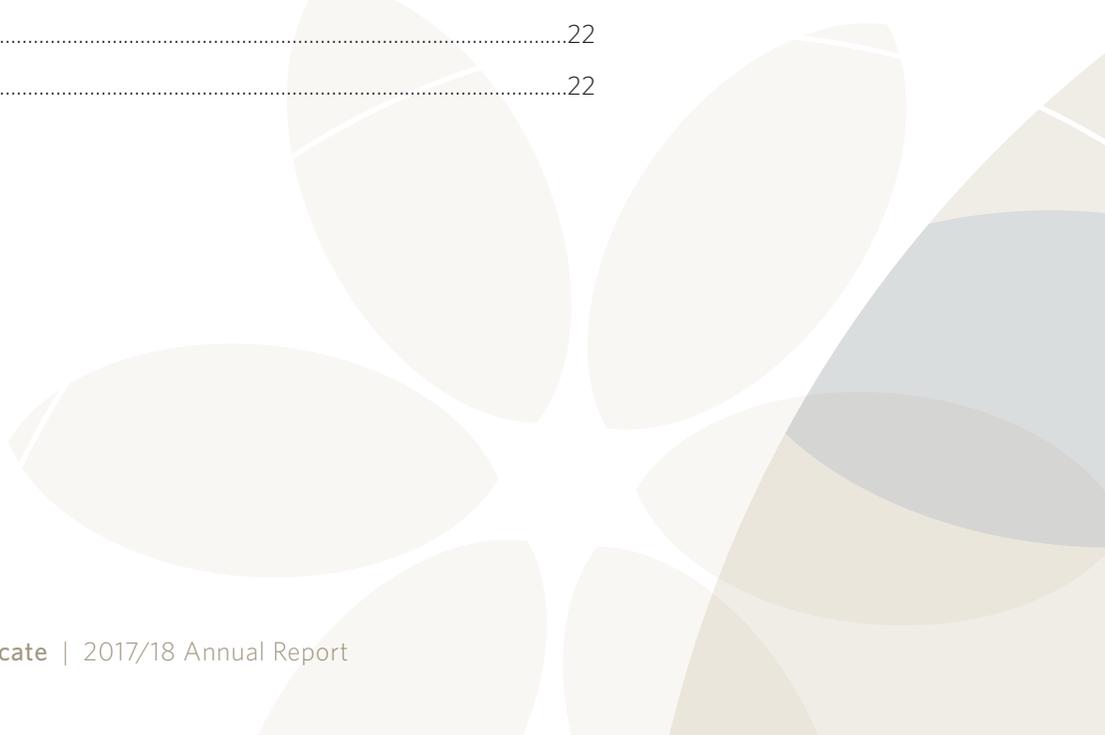
Kathleen Ness
Mental Health Patient Advocate



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Message from the Mental Health Patient Advocate (2017/18)

In March 2017, I was honoured to have been appointed Mental Health Patient Advocate. During my time in this role, I have had the opportunity to work with the advocate representative staff, building a cohesive team dedicated to serving patients and families across Alberta. It has been a privilege to lead this office, with a goal to develop seamless interactions for Albertans who call upon the advocate to learn about mental health patient rights and assistance to navigate the mental health system.



2017/18 Staff:

Top (L to R): Beverly Slusarchuk, Susan Fernandes, Deborah Prowse, Lorraine D'Sylva, Kelly Blenkin-Church, Ryan Bielby

Bottom (L to R): Jody-Lee Farrah, Ashley Cormack, Brightina Opoku-Yeboah, Deborah Prowse, Wendy Armstrong, Catherine Douglas, Than Gunabalasingam



By visiting some of the designated mental health facilities, we have started the work of looking for new ways to reach out to formal patients and those under community treatment orders to ensure that they know of their rights under the *Mental Health Act*. We are building relationships with community agencies who provide support to mental health patients and families; working together, we can ensure mental health patient rights are more broadly known, understood and protected.

While serving as the Mental Health Patient Advocate, it has been important to me to ensure that the voice of mental health patients is considered in health policy planning and decisions that will impact the health system that supports them. Over this past year, I have shared the stories of mental health patients at many planning, stakeholder groups and committee meetings.

An example of one such opportunity was participating in a working group to examine the use of Form 10, (a process whereby police detain and transport individuals to a designated mental health facility for a mental health examination). Through this work, I was able to contribute the personal stories of Albertans who have been detained, and their experience of long-term trauma related to the loss of liberty when detained against their will. By sharing the personal stories of Albertans who have experienced this process,

members of the mental health team and police services are guided in their work together to make improvements to the Form 10 process, that will better serve the patients who are subject to Form 10 detainment. The Mental Health Patient Advocate is committed to listening to the stories of patient experience and continuing to represent the patient voice.

I would like to thank all of the patients and family members who have called the office for assistance to address their concerns and learn about mental health patient rights. I am grateful for the dedication and unwavering compassion of the knowledgeable staff. Thank you to Alberta Health Services and Alberta Health for your support of our work in carrying out the legislated mandate of the Mental Health Patient Advocate.

Respectfully submitted,

Deborah E. Prowse, Q.C.

Mental Health Patient Advocate, 2017-2018



Office of the Alberta Health Advocates

Established in 2014, the Office of the Alberta Health Advocates is comprised of the Mental Health Patient Advocate 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 *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.

Our Vision

The Office of the Alberta Health Advocates envisions a coordinated, integrated and responsive health system that supports Albertans as full participants in their care and fairly addresses their concerns about health services.

Our Mission

The Office of the Alberta Health Advocates assists Albertans in managing concerns about services impacting their health, and in becoming effective advocates. The Office represents the voices of Albertans in the ongoing development of the health system.

Our Values

Respect Integrity Compassion Engagement Excellence

About the Mental Health Patient Advocate

The Mental Health Patient Advocate (MHPA) was established in 1990 and 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 a copy of one's Admission or Renewal Certificate
- to retain a lawyer
- to refuse treatment unless deemed mentally incompetent or under a treatment order
- 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
- to have one's health information kept confidential, within certain limits
- to send and receive written notes or letters without them being censored
- to contact the Mental Health Patient Advocate

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.

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

Concern:

An individual reached out to our office after being detained under the *Mental Health Act*. They reported that the police brought them to the hospital under a Form 10 and they believed that the police were called by their family as they were concerned about their safety. They had never been involved with the police or the mental health system before and did not understand the reasons why they had been detained. They were confused and afraid for what might happen next.

How the Advocate Helped:

The Advocate Representative worked with the individual to alleviate some of their fears, to learn how to ask the right questions and to ensure that they felt that there was someone there to listen and help guide them through their interaction with the mental health system.

The patient was informed about the rights they had under the *Mental Health Act*, how to request information regarding the reasons for their detention and how to discuss their treatment plan with the physician and care team. The Advocate Representative assured the patient that they or their family could call our office as needed for additional explanation, clarification and support.



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 formal care under the *Mental Health Act*. Through our work, we helped to assist individuals and their caregivers in their journey of recovery.

The majority of our work with patients and families occurs over the phone with some services provided through email and in-person drop-in. We also strive to meet with patients in any of the 20 designated mental health facilities across the province to see firsthand the issues that they are experiencing and to meet with staff to ensure they understand the mandated role of the Mental Health Patient Advocate.

Here are the highlights of the achievements this year for the Mental Health Patient Advocate:

- A total of 765 files were opened in 2017/18; this includes new and returning clients.
- Arising from the files opened, clients presented 2,337 issues and requests regarding mental health patient rights and the mental health system in general. On average, three issues were presented for each file, demonstrating the complexity of the issues which our clients are dealing with.

Over the course of the past year, steps were taken to fully integrate the operations of the Health Advocate and Mental Health Patient Advocate staff. This integration was approached and implemented with the specific intent of providing a more seamless, client-centred response to those we serve. The reality is that the line between physical and mental health is not a firm one, and the manner in which we serve our clients does not differ. With this new approach, we have been able to enhance the knowledge base and capacity of our staff while better serving our clients.

This past year also saw the implementation of a new database system for tracking our client interactions. As a result of the new system, some changes were made to the data that is collected and as such, direct comparisons to previous years' data may not provide an entirely equitable comparison. We do believe that our new system will in the future allow us to better track trends and provide an accurate picture of the issues faced by our clients.

Summary of Core Activities

The Mental Health Patient Advocate (MHPA) and staff carry out a number of core functions including 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 following data represents the number of client files opened during the 2017/18 fiscal year under the jurisdiction of the Mental Health Patient Advocate. It is not uncommon for clients to contact the MHPA several times throughout the reporting year. For this reason, the number of issues exceed the number of client files. 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.

Client Casework Services

	2017/18	2016/17	2015/16
Total Files	765	753	617
Issues/ Requests	2,337	3,878	3,172

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 2017/18, a majority of clients who accessed MHPA services did not disclose their age. Of those who did disclose their age, the majority were between the ages of 25 to 64 years. There were also 18 adolescents under 18 years of age and 36 seniors over 64 years of age. Slightly 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	
Age	
Under 18	18
Ages 18-24	43
Ages 25-50	140
Ages 51-64	54
65 plus	36
Undisclosed	474
Total	765

Client Services Profile by Gender:

Number of Client Service Files	
Gender	
Male	385
Female	317
Undisclosed	63
Total	765

In 2017/18, as in previous years, clients contacted the MHPA from across the province. Thirty-four percent of clients were located in Edmonton; 32 percent were located in Calgary; six percent were located in Ponoka; and 28 percent of clients identified being from other communities throughout Alberta.

Client Services Profile by Location:

Number of Client Service Files	
Location in Alberta	
Edmonton	264
Calgary	240
Ponoka	46
Red Deer	18
Grande Prairie	16
Medicine Hat	14
Lethbridge	12
St. Paul	6
Claresholm	4
Fort McMurray	1
Undisclosed and other	144
Total	765

NOTE: The high numbers under the “Undisclosed” category reflect the fact that it is not required to disclose this information to receive services from the MHPA. Information is collected when it has been offered by the client, usually as a result of the information being relevant to the assistance that we provide.

Location of Designated Facilities*



* Designated Mental Health Facilities are hospitals that can admit and detain formal or involuntary patients under the *Mental Health Act*.

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 concerned citizens may contact the MHPA if they have a concern pertaining to patient rights, detention, treatment or care.

In 2017/18, 61 percent of client casework files involved formal patients, and two percent involved persons subject to a community treatment order. The remaining 37 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 following table, the legal status of clients who contacted the MHPA is derived from the total client casework service files opened in 2017/18.

Client Casework Services by Legal Status:

2017/18	
Clients	
Formal Patients (including previously formal patients)	468
Community Treatment Order (including inpatient and community)	14
Not Formal Patients or under CTO (including voluntary, not criminally responsible)	283
Total	765

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:

Number of Client Casework Services Files

Designated Mental Health Facility	
North Zone	4%
Northern Lights Regional Health Centre	2
Queen Elizabeth II Hospital	14
St. Therese – St. Paul Health Care Centre	6
Edmonton Zone	35%
Alberta Hospital Edmonton	72
Grey Nuns Community Hospital	45
Misericordia Community Hospital	14
Royal Alexandra Hospital	42
University of Alberta Hospital	42
Villa Caritas	5
Central Zone	9%
Centennial Centre for Mental Health	48
Red Deer Regional Hospital	15
Calgary Zone	31%
Alberta Children's Hospital	0
Foothills Medical Centre	55
Peter Lougheed Centre	57
Rockyview General Hospital	59
South Health Campus	36
Southern Alberta Forensic Psychiatry Centre	1
South Zone	4%
Chinook Regional Hospital	11
Medicine Hat Regional Hospital	13
Claresholm Centre for Mental Health	4
Not Specified	17%
Total	765

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.

Providing 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, three to four 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 Issues by Core Functions:

Number of Issues	
Core Function	
Patient Rights	1,367
Providing information	450
Advocacy	373
Complaint investigations	147

Complaints/Concerns

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.

Most concerns 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.

Scenario

Concern:

A parent of a patient who was detained under the *Mental Health Act* called our office looking for guidance. Their adult child had been experiencing mental health challenges for many years and had been in hospital under the Act on several occasions. Over the years, the relationship between the parent and their child had become strained and recently their adult child ceased speaking with them. The parent left a message for the Unit Manager at the hospital requesting that they be included in all team treatment meetings regarding the patient. The parent received a voicemail stating that this request was not possible because the patient had stated the parent was not to be involved. The parent was upset and felt they were being labelled by the hospital as an uncaring parent.

How the Advocate Helped:

The Advocate Representative actively listened to the parent and helped them understand confidentiality issues in the health system. The Representative explained the concept of consent within the *Health Information Act*. Once the parent began to understand the reason why they were not involved in the meetings, the parent gained a better understanding of the reason they were not able to be involved in the meeting. The Advocate Representative suggested some resources that assist parents who have experienced similar situations and provided contact information for a very active support group in the area that the parent lived and worked.

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 2017-18, the Mental Health Patient Advocate (MHPA) completed and participated in at least 20 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.

Our educational presentations offer an excellent opportunity to work with a range of individuals who may have either a personal or professional interest in the *Mental Health Act* and the role of the Mental Health Patient Advocate. Our staff have become regular presenters within a number of educational institutions across the province which provides us with an excellent opportunity to educate future social workers, lawyers, occupational therapists and many others who will undoubtedly be presented with the opportunity to support individuals with mental health issues throughout their careers.

Strategic Partnerships & Committees

Staff from the Mental Health Patient Advocate's office participate in a wide range of strategic partnerships and committees. Our participation in this work allows us to maintain a high level of awareness of current trends and issues within the mental health community and to bring forward issues of concerns that have been brought to our attention.

Financial Summary

The following represents the combined budgets for the Health Advocate and Mental Health Patient Advocate.

	2017/18 Budget	2017/18 Actual	2016/17 Budget	2016/17 Actual
Salaries and Employee Benefits	\$ 1,484,000	\$ 1,241,077	\$ 1,484,000	\$ 1,359,028
Travel and Accommodation	\$ 27,000	\$ 6,487	\$ 27,000	\$ 17,973
General and Administrative Services	\$ 393,000	\$ 79,945	\$ 382,000	\$ 106,811
Total	\$ 1,904,000	\$ 1,327,509	\$ 1,893,00	\$ 1,483,812

Contact Information

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.

Visit our website at:
www.albertahealthadvocates.ca

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