Collaboration & Care in Protecting Patient Rights

Mental Health Patient Advocate 2015-2016 Annual Report

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 2015/2016 entitled “Collaboration and Care in Protecting Patient Rights.” The report summarizes my activities to support patients to understand and exercise their rights under the Mental Health Act and to investigate complaints from or related to patients 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 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
“You’re amazing. You gave me hope when all hope was gone.”

Formal Patient
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Imagine that you’re one of the over 8,000 Albertans who were issued mental health certificates or a community treatment order under the Mental Health Act in the past year. Perhaps this is your first encounter with the mental health system. Not only are you confused and fearful about what’s going on, but you’re upset and angry that you’re detained in hospital against your will. You may feel you have no rights. All these feelings are compounded by the fact that you’re acutely mentally ill. You are the Albertan we serve.

Working with our stakeholder groups to protect patient rights and to resolve patient complaints is at the heart of what we do.

We are privileged to have patients and their families come to us for help, to walk with them on their journey of recovery during this often vulnerable time. They courageously share their experiences and feelings with us. Their stories and those of their families are often rooted in common themes – feelings of injustice, loss of hope and wanting to be treated humanely with dignity and respect. Those living with mental illness want their voice to be heard, and to know that their voice matters. They want hope and understanding in their journey of recovery. And they want to ensure that not only their issue is resolved but there are also improvements to the mental health system as a result, so that the next person’s journey is a little easier.

To achieve these outcomes the Mental Health Patient Advocate and staff work collaboratively with health care providers, using recommendations to guide and influence the protection of rights as set out in the Mental Health Act, improvements to training, and the application of policy and procedures.
In 2015/16 our client case load increased by 7% from the 2014/15 fiscal year. Through the work with our clients and our education and outreach services, we diligently helped to raise awareness of patient rights with our stakeholder groups. We generated many conversations on what these enshrined rights are and how we can work together to protect these rights. While we are making progress, there’s still much more work to be done.

This past year was a pivotal year in mental health with two significant reviews by the Government of Alberta. We made an oral presentation to the Alberta Mental Health Review Committee that conducted a comprehensive review of the addiction and mental health system. Their 2015 report entitled *Valuing Mental Health* along with recommendations to respond to a wide range of needs was widely released and will further advance mental health.

We also made a written submission and an oral presentation to the Legislative Assembly Standing Committee on Families and Communities during their review of the *Mental Health Act*. The Committee will be submitting a report to the Assembly and will include recommendations for amendments. Finally, we made a written submission to the MLA consultation panel on medical assistance in dying, addressing concerns specific to those with mental illness.

This annual report provides information on our activities over the past year along with accomplishments and the trends and issues that inform our work.

I thank my small but capable staff for their unwavering commitment as they compassionately served patients and their families. Your work did not go unnoticed as the Mental Health Patient Advocate and staff received the Lieutenant Governor’s Circle on Mental and Addiction True Service Award.

I would also like to acknowledge and thank the contribution of community advocates, the Health Advocate, Seniors’ Advocate, and the Child and Youth Advocate in support of our common goals. We all play a significant role in advancing mental health and improving the lives of Albertans.

Finally, we must celebrate the remarkable treatment, care, and support countless patients and families received from health care providers both in hospital and in the community. At the same time we must ensure that Albertans needing help receive the right services, at the right time, in the right place, by the right health care provider.

Looking forward, we will work with our partners to help achieve the vision found in *Valuing Mental Health* that impact patients and their families under our jurisdiction. We welcome the continued collaboration with stakeholders to build a culture of treating everyone with dignity, respect and compassion. We will ensure that the voice of those living with mental illness matters and that their rights are protected. Collectively, we can make a difference.

Carol Robertson Baker
Mental Health Patient Advocate
Office of the Alberta Health Advocates

The Office of the Alberta Health Advocates consists of the Mental Health Patient Advocate and the Health Advocate who fall under the Ministry of Health and the Seniors’ Advocate who falls under the Ministry of Seniors and Housing. The Advocates help people find health and seniors’ services, programs, and appropriate places to address their complaints. The Advocates also provide education about the Alberta Health Charter and patient rights set out in the *Mental Health Act*.

**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
Role of the Mental Health Patient Advocate

The Mental Health Patient Advocate helps Albertans to understand and exercise their rights under the *Mental Health Act* and investigates complaints. A patient’s rights depend on that patient’s legal status under the Act.

The rights enshrined in the *Mental Health Act* provide important checks and balances to ensure this often vulnerable population is treated fairly without being wrongfully detained.

Having to be examined and admitted to hospital because of mental illness or being under a community treatment order can be a difficult and confusing experience for patients and their families. Understanding your rights can assist in navigating this journey.

A summary of rights under the *Mental Health Act* can be found on our website at www.albertahealthadvocates.ca

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 patient 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 detained 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.

“I can’t believe my patient talked with you for so long, as he’s anti-social.”

Nurse
Rights of Patients Under the *Mental Health Act*

Rights of a formal involuntary patient (someone who is under 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 or under a treatment order
- **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, within certain limits
- **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 *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.

“Thank you for everything... and for all the information.”

Former formal patient
What is a Community Treatment Order (CTO)?

An order issued by two physicians (one must be a psychiatrist) under the *Mental Health Act* if the person meets certain criteria and the physicians believe the person would experience recurring relapses and hospitalizations if the person does not receive community treatment or care.
“You’ve been a godsend. If you have cancer you know where to go but with this - nowhere else exists.”

Family Member
Core Activities

Core Functions of the Mental Health Patient Advocate are:

**COMPLAINTS**
Complaint investigations address rights, detention, treatment and care.

A complaint is not required to conduct an investigation into certain procedures related to admission of a person detained in the facility; the issuance, amendment or renewal of a CTO; informing a patient of their rights and providing information as required by the Mental Health Act to a patient and to guardians, nearest relatives or designates of a patient.

An investigation may result in recommendations being made to a hospital board, health authority or issuing psychiatrist.

**ADVOCACY**
The Mental Health Patient Advocate supports individuals to exercise their rights.

The Mental Health Patient Advocate may be asked by policy makers to provide their perspective on policies concerning mental health issues.

The Mental Health Patient Advocate collaboration with other organizations and stakeholders to protect patient rights.

**RIGHTS**
The Mental Health Patient Advocate provides information about the Mental Health Act, rights of patients who are under it, and helps patients to understand and exercise their rights.

**EDUCATION**
The Mental Health Patient Advocate promotes and supports patient rights for those under the Mental Health Act and brings awareness to issues in mental health through presentations, training and knowledge exchange.
Complaint Resolution Process

Under the Mental Health Act, patients 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 complaint pertaining to rights, detention, treatment and/or care of the patient.

All inquiries made by the Mental Health Patient Advocate into complaints are called investigations. Investigations may be conducted informally or formally.

Most complaints that are brought to the attention of the Mental Health Patient Advocate can be resolved through informal investigation which usually involves discussion between the patient, 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 that happened many years ago.

All information about an investigation is documented in the Office of the Alberta Health Advocates data system and remains confidential as required by law.

“It is obvious that your intervention is what made the difference and I am extremely grateful for what you have done… Your assistance was indispensable in achieving this result.”

Legal Representative
“Thank you for the excellent response, excellent help, and excellent advocacy.”

Formal Patient

A complaint is made with the Mental Health Patient Advocate.

An advocate representative determines if the person is or has been under one or two admission or renewal certificates or a community treatment order under the Mental Health Act.

An advocate representative and the complainant discuss the complaints and develop an action plan.

An advocate representative conducts an investigation.

If the complaint does not fall under the Mental Health Patient Advocate’s mandate, the person will be referred.
If the complaint was made by someone acting on the patient’s behalf, an advocate representative contacts the patient to discuss.

An advocate representative contacts the health service provider/s.

If the advocate representative finds evidence to support a complaint, recommendations are forwarded to the appropriate people.

An advocate representative follows up on the recommendations to determine what action was taken.

If the person who filed the complaint and the advocate representative are satisfied with the resolution, the file is closed. If the person is not satisfied, an advocate representative may take the matter to a higher level at the hospital or the community health area and/or consult with the Mental Health Patient Advocate. It may result in a formal investigation.

“The Advocate went beyond my expectations.”

Formal Patient
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 Health.

A copy of pertinent sections of the patient’s health record is obtained in addition to policies, procedures, and other documents related to the complaint.

An advocate representative interviews the patient, the complainant if the complainant is not the patient, and health service providers in person.

An advocate representative forwards the investigation report to the Mental Health Patient Advocate for review and approval.

The Mental Health Patient Advocate finalizes the investigation report. The report is sent to the hospital board, health authority, and/or an issuing psychiatrist. The Mental Health Patient Advocate requests a written response to the recommendations and actions taken.

A letter is sent to the patient to inform him or her of the disposition of the complaint.

The Mental Health Patient Advocate approves the formal investigation and assigns an advocate representative to investigate the complaint.

An advocate representative writes an investigation report which includes findings and recommendations.

The Mental Health Patient Advocate notifies various parties such as the patient, hospital board, health authority, and/or an issuing psychiatrist about the complaint and the investigation as required by law.
Accomplishments of the Year

First and foremost, we are privileged to serve patients, their families and those acting on their behalf. Through our work, we did our very best to help instill hope in their journey of recovery.

Most of our work occurs over the phone; however, we visited each of Alberta’s 20 designated mental health facilities during the year and met with 372 individual patients.

Among the accomplishments:

- A total of 1,255 new files were opened. Those files generated a total of 3,920 issues or requests and 7,368 total contacts.
- Staff managed a 7% increase in client files from the 2014/15 fiscal year.
- Staff conducted 401 investigations into complaints about detention, rights, treatment and/or care.
- In all, our office provided 113 separate educational services.

“Thank you for your kind voice and that I could call you when there was no one else I could call.”

Former formal patient

Left to right: Ryan Bielby, Advocate Representative; Beverly Slusarchuk, Advocate Representative; Lieutenant Governor of Alberta Lois Mitchell; Carol Robertson Baker, Mental Health Patient Advocate

The Mental Health Patient Advocate and staff, both past and present, were honoured to receive the Lieutenant Governor’s Circle on Mental Health and Addiction 2015 True Service award for “sharing true energy, insight and compassion in work to strengthen mental health and addiction supports in Alberta and striving to create a healthier community for all.”
Systemic Advocacy

The Mental Health Patient Advocate participated in systemic advocacy with a number of organizations.

Activities included:

• Submitted oral and written considerations along with recommendations to the Legislative Assembly Standing Committee on Families and Communities reviewing the *Mental Health Act*.

• Presented recommendations with the Health Advocate to the Mental Health Review Committee to strengthen the addiction and mental health system.

• Contributed written submission with the Health Advocate to a committee of MLAs consulting on medical assistance in dying.

• Provided written submission to the Canadian Bar Association on Reaching Equal Justice, Legal Aid Benchmarks Initiative that stressed the importance of legal counsel for patients appearing before the Review Panel.

• Led a group of stakeholders to reduce the stigma associated with police information checks and ensuring people living with a mental illness will feel comfortable seeking help from the police.

• Provided feedback to Alberta Health Services on the Inpatient Addiction and Mental Health Policy Suite to ensure patient rights are protected.

• Published article in Health Ethics Today entitled “Mental Health Act: How Legislation Aligns with Respect and Ethics.”

• Collaborated with community partners in planning and delivering two events entitled *Weaving Our Work Together* and *Driving Change for Collective Impact* with a view to strengthening the mental health system.

• Participated on the Complex Needs Provincial Issue Resolution Committee that supports the Cross-Ministry Regional Integrated Case Management Teams (RICMT) to address and resolve operational, policy, funding and other issues impeding the ability of the RICMT to effectively support adults with complex needs in the community.
• Shared information and best practices for advocacy as Vice Chair of the Government of Alberta Advocates’ Community of Practice.

• Participated in the International Initiative for Mental Health Leadership, an international collaborative effort focused on improving addictions and mental health services.

• Spoke at the World Congress for Psychiatric Nurses on Advocates for Those Living with a Mental Illness – Working Together.

• Presented a workshop at the 2nd Canadian Patient Relations Conference on Helping Patients Living with a Mental Illness Resolve Concerns.

• Featured speaker at the 3rd Canadian Patient Relations Conference presenting on Resolution Through Collaboration: Enhancing the Journey of Recovery for People Touched by Mental Illness.

• Hosted a four-part educational series for professionals and community advocates to enhance awareness of the Mental Health Act, rights and community supports for people living with mental illness. Community partners who presented included the Office of the Public Guardian and Trustee, Review Panel Chair, Alberta Health Services, a psychiatrist, Schizophrenia Society of Alberta and the Canadian Mental Health Association.

“Please accept my best wishes for success as you continue to work with others to improve the mental health system and give mental health patients and those acting on their behalf a voice.”

Government Official
“Inspirational work, very passionate about mental health.”

Patient relations professional
Summary of Core Activities

General

Four core activities (complaints, advocacy, rights information and education) of the Mental Health Patient Advocate are summarized in the table. The data reflects a combination of client case files, resource service activities, and education files.

- Client case files are opened for patients and their families who fall under the jurisdiction of the Mental Health Patient Advocate currently or in the past.
- Resource Services are files opened for people who request and are provided with information and for people who are non-jurisdictional and referred.
- Education files include presentations and displays.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Case Files</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Files</td>
<td>617</td>
<td>576</td>
</tr>
<tr>
<td>Issues/Requests</td>
<td>3,172</td>
<td>3,189</td>
</tr>
<tr>
<td>Contacts</td>
<td>5,100</td>
<td>5,599</td>
</tr>
<tr>
<td><strong>Resource Services</strong></td>
<td></td>
<td></td>
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<tr>
<td>New Files</td>
<td>589</td>
<td>785</td>
</tr>
<tr>
<td>Issues/Requests</td>
<td>748</td>
<td>1,111</td>
</tr>
<tr>
<td>Contacts</td>
<td>2,268</td>
<td>2,753</td>
</tr>
<tr>
<td><strong>Education Files</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Files</td>
<td>49</td>
<td>60</td>
</tr>
<tr>
<td><strong>Overall Core Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Files</td>
<td>1,255</td>
<td>1,421</td>
</tr>
<tr>
<td>Total Issues/Requests</td>
<td>3,920</td>
<td>4,300</td>
</tr>
<tr>
<td>Total Contacts</td>
<td>7,368</td>
<td>8,352</td>
</tr>
</tbody>
</table>

The number of client files increased 7.1% from 576 files in 2014/15 to 617 in 2015/16.

The number of resource files for individuals who contacted us for consultation and to better understand rights under the Mental Health Act was 589, down from 785 files in 2014/15. This was expected as the Health Advocate and the Seniors’ Advocate are assisting Albertans to navigate the system, among other duties.

There were 49 education files, down from 60 in the previous fiscal year as we focused our attention on serving patients and those acting on their behalf.
The Mental Health Patient Advocate and staff are committed to providing excellent service delivery and being accountable to Albertans for our actions. All Mental Health Patient Advocate target performance measures (PMs) in 2015/16 were exceeded:

85.3% (PM 80%) of informal investigations were completed within 5 days of the complaint being lodged with the Mental Health Patient Advocate.

86.3% (PM 85%) of advocacy inquiries were resolved within 3 days.

98% (PM 85%) of information inquiries about patient rights under the Mental Health Act were resolved within 3 days.

97% (PM 85%) of workshop participants rated the effectiveness of the workshop as “excellent” or “good” in increasing their understanding of patient rights under the Mental Health Act.

“So empowering to talk to you. I appreciate you getting back to me the way you do and so quickly. Thank you.”

Formal Patient

“No one at the hospital knew what to do. The information you provided was an answer to my prayer. Thank you.”

Family member
Client Services

According to the Mental Health Act, the first Form 1 admission certificate may be issued anywhere in Alberta. Formal patients under two admission or two renewal certificates, however, may be accommodated in only 20 designated hospitals across Alberta.

A community treatment order 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 we serve are hospitalized in Edmonton and Calgary.

Advocate Representatives helped clients to:

- Resolve complaints
- Understand and exercise their legislated rights
- Ensure their legislated rights were respected
- Learn how to self-advocate
- Ensure the patient’s voice mattered, that it was heard and considered when patients were unable to advocate for themselves
- Understand the roles and responsibilities of the various health care providers
- Understand other complaint resolution bodies that may assist if the issue falls outside of Mental Health Patient Advocate jurisdiction.

The total number of client issues/requests for 2015/16 was 3,172, slightly down from 2014/15.

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

### Number of Client Case Files (by Alberta Health Services Zones and Covenant Health)

- **73 (12%)** Covenant Health
- **41 (7%)** AHS South Zone
- **21 (3%)** AHS North Zone
- **158 (25%)** AHS Edmonton Zone
- **235 (38%)** AHS Calgary Zone
- **84 (14%)** AHS Central Zone
- **5 (1%)** Not Specified

### Total Issues/Requests by Type:

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rights</td>
<td>2,589</td>
<td>2,611</td>
</tr>
<tr>
<td>Clinical</td>
<td>258</td>
<td>243</td>
</tr>
<tr>
<td>Administrative</td>
<td>296</td>
<td>286</td>
</tr>
<tr>
<td>Legal *</td>
<td>24</td>
<td>46</td>
</tr>
<tr>
<td>Social/Financial</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,172</td>
<td>3,189</td>
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</tbody>
</table>

* Legal includes information about court and referral to a lawyer.
Legal Status of Clients

<table>
<thead>
<tr>
<th>Clients</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Formal Patients</td>
<td>534</td>
<td>525</td>
</tr>
<tr>
<td>Previous Formal Patients</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Current Formal/Other Involuntary*</td>
<td>16</td>
<td>8</td>
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<tr>
<td>Current Single Form 1</td>
<td>29</td>
<td>16</td>
</tr>
<tr>
<td>Former Single Form 1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>CTO (Community)</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>CTO (In-patient)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>CTO and Formal (In-patient)</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>617</td>
<td>576</td>
</tr>
</tbody>
</table>

* 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 or the Forensic Alberta Review Board.

In 2015/16, 89.6 per cent of the Client Case Files involved formal patients, 5.2 per cent involved persons subject to a single admission certificate, 4.5 per cent involved persons subject to a community treatment order (CTO), and 0.7 per cent involved persons concurrently subject to CTO and formal status.

Client Profile

Clients who accessed Mental Health Patient Advocate services in 2015/2016 were typically between the ages of 25 to 64 years. There were also 22 adolescents under 18 years of age and 70 seniors over 64 years. More males (325) than females (292) accessed our services.

Client Profile by Age:

<table>
<thead>
<tr>
<th>Age</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 18-24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 25-50</td>
<td></td>
<td></td>
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<tr>
<td>Ages 51-64</td>
<td></td>
<td></td>
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<tr>
<td>65 plus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>617</td>
<td>576</td>
</tr>
</tbody>
</table>

Client Profile by Gender:

<table>
<thead>
<tr>
<th>Gender</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>325</td>
<td>308</td>
</tr>
<tr>
<td>Female</td>
<td>292</td>
<td>268</td>
</tr>
<tr>
<td>Total</td>
<td>617</td>
<td>576</td>
</tr>
</tbody>
</table>
A total of 108 investigations into detention and rights were initiated. All investigations were conducted informally with the exception of one formal investigation, which is still outstanding.

Complaints included:
- not being notified of the detention
- not being informed of the length of detention
- not being provided with a copy of the admission or renewal certificates
- not being informed of the right to apply to the review panel for cancellation of the certificates
- not having proper consent in place to treat an incompetent patient
- not being informed of the expiry of formal (involuntary) status

Most investigations are resolved within a few days. The outcomes of investigations vary, depending on the nature of the complaint, and the complainant’s desired outcome. Evidence must be found to support the complaint. 78.4% of the investigations that were supported pertained to patients not being given copies of their certificates and/or not being provided with information on their formal status.

"You are the only one that cared to call me back."

Formal Patient
Other Informal Investigations

A total of 293 investigations not related to detention and rights were initiated in 2015/16, significantly up from 212 investigations in 2014/15. Below lists the complaints investigated according to category of the issue.

<table>
<thead>
<tr>
<th>Nature of Complaint</th>
<th>Number of Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015/2016</td>
</tr>
<tr>
<td>Abuse</td>
<td>25</td>
</tr>
<tr>
<td>Accessibility</td>
<td>6</td>
</tr>
<tr>
<td>Accident/Injury</td>
<td>3</td>
</tr>
<tr>
<td>Accommodation</td>
<td>16</td>
</tr>
<tr>
<td>Advocacy</td>
<td>0</td>
</tr>
<tr>
<td>Care/Treatment</td>
<td>168</td>
</tr>
<tr>
<td>Communication</td>
<td>6</td>
</tr>
<tr>
<td>Discharge</td>
<td>9</td>
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<tr>
<td>Environment</td>
<td>11</td>
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<tr>
<td>Financial</td>
<td>3</td>
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<tr>
<td>Health Information Act</td>
<td>7</td>
</tr>
<tr>
<td>Loss of Property</td>
<td>9</td>
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<tr>
<td>Navigating the System</td>
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<tr>
<td>Non-Clinical Services</td>
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<tr>
<td>Patient/Visitor Safety</td>
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<tr>
<td>Responsiveness</td>
<td>1</td>
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<tr>
<td>Staff Attitude/Courtesy</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>293</strong></td>
</tr>
</tbody>
</table>

Other Investigations - Disposition of Complaint 2015/16

- 2 (0.7%) Declined and Referred
- 4 (1.4%) Discontinued
- 126 (43%) Partially Supported
- 139 (47%) Unsupported
- 22 (7.5%) Supported
Client Trends/Issues

The Mental Health Patient Advocate is uniquely positioned to hear complaints from patients, their families and those acting on their behalf. Patients appreciate having an advocate who is independent of the delivery of health care services investigate their complaints.

It is critical when a patient loses their liberty due to their detention, that they feel they have some control of their situation. To support this often vulnerable population, we rely on health care providers to work collaboratively with us to strengthen awareness and understanding of the importance of upholding patient rights enshrined under the Mental Health Act. Together, we play a key role in helping patients and those acting on their behalf to understand and exercise their rights if they so choose.

As in past Annual Reports, notification of patient rights and the issuance of a Certificate of Incompetence to Make Treatment Decisions (Form 11) were issues that required immediate attention to ensure compliance with the Mental Health Act.

Notification of Patient Rights

The protection of rights goes hand in hand with treating patients with respect and providing person-centred care. We have worked hard with our health care partners to ensure that they are aware of and respect patient rights enshrined under the Mental Health Act.

Collaborative efforts include coaching health care providers, ensuring they are aware of print resources, policies and procedures, and providing training when needed. Some hospital units have embedded training on the Mental Health Act in their orientation for new staff which has proven to enhance understanding and importance of rights.

Unfortunately there continues to be cases where patients, family members and/or legal guardians are not informed of the rights found under section 14 of the Mental Health Act “Duties toward patients” that pertain to notification of formal (involuntary) status until our office becomes involved. Complaints included:

- not being informed of the detention or the length of detention,
- not being provided with a copy of the admission or renewal certificates,
- not being informed of their right to apply to the review panel for cancellation of their certificates.
**RECOMMENDATION**

It is recommended that Alberta Health Services take measures to protect patient rights regarding notification of formal status such that clinicians caring for formal patients are aware of and adhere to the *Mental Health Act*, in particular section 14, and related Alberta Health Services policies and procedures. This could include:

1) on-going training on the *Mental Health Act*.

2) clear protocol for notification on the medical (non-psychiatric) units.

3) conversations at inter-disciplinary meetings on the importance of adherence to the *Mental Health Act* and its impact on patients and those acting on their behalf.

4) accountability when there are repeated cases of non-compliance on a hospital unit.

When a complaint regarding notification of certification was substantiated, it was typically because staff on a psychiatric unit assumed that notification had already been provided to the patient. On certain medical (non-psychiatric) units, where staff may be less familiar with patients who are subject to the *Mental Health Act*, there were also infringements to some of those patients’ rights. These medical units lacked awareness of the *Mental Health Act*, lacked clear protocol to provide notification, and/or did not adhere to protocol.

Health care providers on psychiatric and medical units took immediate action to provide the patient, family member or legal guardian with notification of the certificates and rights information when we brought the issue to their attention. We also alerted the respective unit supervisors who followed up with their staff to ensure they received coaching or training as required.

We have been assured that incumbents who have been delegated notification duties by the board of Alberta Health Services under section 48(3) of the *Mental Health Act* have been informed of these duties. We are working closely with AHS Addiction and Mental Health Zone Leads to provide them with timely information on cases of non-compliance so they can respond with the necessary supports to the facilities and units that appear to be struggling in this area.

Our office was heartened to hear from health care providers who transferred to different units, that they have taken it upon themselves to champion patient rights on their new unit. They reported that because of the consistent training and information they received from our office they better understood patient rights, the requirements of the *Mental Health Act*, and as a result were able to implement these rights for their patients and families.
A patient is either competent or incompetent to make treatment decisions. Section 26 of the Mental Health Act states: "...a person is mentally competent to make treatment decisions if the person is able to understand the subject-matter relating to the decisions and able to appreciate the consequences of making the decisions." Mentally competent formal patients have the right to consent to treatment or to refuse treatment with some very limited exceptions.

If a physician deems a formal patient incompetent to make treatment decisions under section 27(1)(2) of the Mental Health Act, the physician completes Part 1 of a Form 11 Certificate of Incompetence to Make Treatment Decisions. Part 2 of the Form 11 is completed by the board, or its delegate, of Alberta Health Services. Part 2 provides notification of the certificate and the patient’s right to appeal the physician’s opinion to the review panel.

Consent for treatment on behalf of the patient may be provided by an alternate or substitute decision maker under section 28(1) of the Mental Health Act. It states: "... treatment decisions may be made on behalf of a formal patient or a person who is subject to a community treatment order, where the patient or person is a minor or is not mentally competent, by a person who is apparently mentally competent, is available and is willing to make the decisions and is

(a) the agent of the formal patient or the person who is subject to a community treatment order,

(b) the guardian of the formal patient or the person who is subject to a community treatment order,

(c) in a case where the formal patient or the person who is subject to a community treatment order does not have an agent or guardian or the agent or guardian is not available or not willing or cannot be contacted after every reasonable effort has been made, the patient’s or person’s nearest relative as defined in section 1(i)(i), or

(d) in a case where the formal patient or the person who is subject to a community treatment order does not have a person referred to in this section, a Public Guardian."

"Your presentation was incredibly informative... It is always beneficial to be well versed in the Mental Health Act and the rights surrounding it."

Non-government Office
RECOMMENDATION

It is recommended that Alberta Health Services take measures to protect patient rights under the Mental Health Act such that:

1) medical staff caring for formal patients are aware of and adhere to the Mental Health Act, in particular sections 26, 27 and 28.

2) clinicians caring for formal patients are aware of and adhere to AHS policies and procedures that pertain to consent and treatment of patients under the Mental Health Act.
Resource Services

Below is a breakdown of Resource Services provided to individuals and groups who contacted the Mental Health Patient Advocate for consultation, to address systemic issues and for education. Examples of rights information provided include information on the Mental Health Act, its application in practice and how to obtain legal counsel.

Often individuals are coached on self-advocacy.

Resource Services: Total Issues/Requests by Core Function

<table>
<thead>
<tr>
<th>Resource Services</th>
<th>2015/16</th>
<th>2014/15</th>
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<tbody>
<tr>
<td>Education Services</td>
<td>274</td>
<td>371</td>
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<tr>
<td>Advocacy Services</td>
<td>427</td>
<td>567</td>
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<tr>
<td>Rights Information Provided</td>
<td>52</td>
<td>47</td>
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</table>

Education Services

The Mental Health Patient Advocate provided 113 education services including presentations, displays, forums and partnerships to the following groups:

PRESENTATIONS

- Alberta Health
- Alberta Health Services
- Alberta Ombudsman
- Alberta Students Executive Council
- Calgary Support Groups
- Canadian Mental Health Association - Calgary and Wood Buffalo
- Chimo Youth Centre
- Edson Primary Care Network
- MacEwan University, Psychiatric Nursing Program - Edmonton and Ponoka Campus
- MacEwan University, Social Work Program
- Medicine Hat Community College, Social Work Program
- Mental Health Act Apprehension and Conveyance Committee
- National Patient Relations Conference (Ottawa and Toronto)

“The students find your presentation a real highlight of the course. It helps them understand mental health legislation, patient rights and the role of the Mental Health Patient Advocate...”

MacEwan University, Social Work Professor
• NorQuest College, Community Studies
• Northern Lakes College, Social Work Program
• Schizophrenia Society of Alberta - Edmonton, Lethbridge, Calgary and Provincial
• Strathcona Community Hospital
• University of Alberta, Faculty of Rehabilitation Medicine
• World Congress for Psychiatric Nurses

DISPLAYS
• Alberta Campus Mental Health Innovation Wellness Summit
• College of Licensed Practical Nurses of Alberta Conference
• Medical Students for Mental Health Awareness Club, University of Alberta

ARTICLES
• Published article in Health Ethics Today entitled “Mental Health Act: How Legislation Aligns with Respect and Ethics”

STRATEGIC PARTNERSHIPS
The Mental Health Patient Advocate collaborated with the following organizations on outreach, advocacy, quality improvement, and education initiatives:

• Alberta Alliance on Mental Health and Mental Illness
• Alberta Committee of Citizens with Disabilities
• Alberta Health Services
• Alberta Human Rights Commission
• Bissell Centre
• Canadian Mental Health Association
• Change Day Alberta
• City of Edmonton and the United Way
• College and Association of Registered Nurses of Alberta
• Complex Needs Provincial Issue Resolution Committee
• Edmonton Community Legal Centre
• Government of Alberta Advocates Community of Practice (Vice Chair)
• Legal Aid Alberta
• MacEwan University, Psychiatric Nursing Programs Academic Advisory Council (committee member)
• Mental Health Commission of Canada
• National Patient Relations
• Office of the Child and Youth Advocate
• Office of the Public Guardian and Public Trustee
• Provincial Transition Planning Committee
• Review Panel
• Schizophrenia Society of Alberta

FORUMS
The Mental Health Patient Advocate participated in the following forums:

• Addiction and Mental Health Community Partners Forum
• Advanced Care Planning, O’Brien Institute of Health
• Advancing Dementia Diagnosis and Management in Alberta
• Dialogue on Physician Assisted Death
• Driving Change for Collective Impact
• Exploring the Future of Expert Care
• Grande Prairie Open Door Café
• International Initiative for Mental Health Leadership
• Seven Cities of Alberta Leadership Summit on Housing and Homelessness
• Weaving Our Work Together
Facilities

Designated for Formal (Involuntary) Patients

NORTH ZONE
Fort McMurray
• Northern Lights Regional Health Centre

Grande Prairie
• Queen Elizabeth II Hospital

St. Paul
• St. Therese-St. Paul Healthcare Centre

EDMONTON ZONE
Edmonton
• Alberta Hospital Edmonton
• Grey Nuns Community Hospital
• Misericordia Community Hospital
• Royal Alexandra Hospital
• University of Alberta Hospital
• Villa Caritas

CENTRAL ZONE
Ponoka
• Centennial Centre for Mental Health and Brain Injury

Red Deer
• Red Deer Regional Hospital Centre

SOUTH ZONE
Lethbridge
• Chinook Regional Hospital

Medicine Hat
• Medicine Hat Regional Hospital

Claresholm
• Claresholm Centre for Mental Health and Addictions

CALGARY ZONE
Calgary
• Alberta Children’s Hospital
• Foothills Medical Centre
• Peter Lougheed Centre
• Rockyview General Hospital
• South Health Campus
• Southern Alberta Forensic Psychiatry Centre
Location of Designated Facilities

- Ft. McMurray
- Grande Prairie
- St. Paul
- Edmonton
- Ponoka
- Red Deer
- Calgary
- Claresholm
- Medicine Hat
- Lethbridge
# Mental Health Patient Advocate

## Financial Summary

<table>
<thead>
<tr>
<th></th>
<th>2016 Budget</th>
<th>2016 Actual</th>
<th>2015 Actual</th>
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<tr>
<td>Salaries and Employee Benefits</td>
<td>$ 746,000</td>
<td>$ 546,817</td>
<td>$ 706,782</td>
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<tr>
<td>Travel and Accommodation</td>
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<tr>
<td>General and Administrative Services</td>
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<td><strong>$ 890,000</strong></td>
<td><strong>$ 603,967</strong></td>
<td><strong>$ 784,763</strong></td>
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*Numbers above are rounded off*
Contact Information

Mental Health Patient Advocate
Office of the Alberta Health Advocates
12th Floor, Centre West Building
10035-108 Street
Edmonton, AB  T5J 3E1

In Edmonton: 780.422.1812
Toll-Free: 310.0000
Fax: 780.422.0695

E-mail: healthadvocates@gov.ab.ca

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