Realizing Rights

Psychiatric Patient Advocate Office
Annual Report 2005

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"Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability."

Canadian Charter of Rights and Freedoms

Vision

The vision of the Psychiatric Patient Advocate Office (PPAO) is that persons with mental illness in Ontario be treated with dignity and respect, that their legislated rights and entitlements be upheld at all times, and that they be actively involved in all decisions affecting their life, care and treatment.

Mission

The PPAO provides independent and confidential advocacy services and rights advice to consumers of and those seeking access to psychiatric services. We work to empower our clients to make informed decisions about their care, treatment, and legal rights. We use information, education, negotiation, and referral to conduct instructed, non-instructed, and systemic advocacy. We conduct public education on these issues. We promote self-advocacy and self-determination.

Psychiatric Patient Advocate Office
Bureau de l'intervention en faveur des patients des établissements psychiatriques

October 18, 2006

The Hon. George Smitherman
Minister of Health and Long-Term Care
10th Floor Hepburn Block
80 Grosvenor Street
Toronto,ON M7A 2C4

Dear Mr. Smitherman:

It is my pleasure to submit the Annual Report of the Psychiatric Patient Advocate Office (PPAO) for 2005. This year's Report, "Realizing Rights," showcases our efforts to assist our clients in achieving, understanding and exercising their rights as fully empowered citizens.

Consumers of mental health services continue to face formidable barriers to inclusion in communities throughout Ontario and have limited opportunities for employment, education, housing, financial and social support. Stigma, discrimination and the failure to adequately accommodate disabilities contribute strongly to the disempowerment and marginalization of individuals with mental illness. Our clients, in striving toward recovery and wellness, want nothing more than to live their lives free of discrimination, to exercise the same legal rights as others, and to be welcome and included in their chosen communities.

Equality demands fully realized rights for all citizens, including the most vulnerable. Advocacy and rights advice empower consumers to make informed decisions about their rights and entitlements and enable them to take greater control of their lives. However, advocacy and rights protection services have not kept pace with mental health reform and there is inequitable access to these services for those living in the community.

It is time to rethink the provision of advocacy and rights protection services in light of the Ministry's transformation agenda. As the Ministry enhances its stewardship and systems manager roles, strengthening and expanding the mandate of the PPAO as independent advocate would be a quantum leap forward in the protection of consumers of mental health services. A fully independent advocacy and rights protection program, with its authority enshrined in provincial legislation, is a critical accountability mechanism in a comprehensive mental heath system.

We must take care to fully support the rights of those who may be disempowered and marginalized as a result of mental illness. Their rights are our rights and we should all be afforded access to the same fundamental protections in law.

Respectfully submitted,

David Simpson
Director (A)

Psychiatric Patient Advocate Office
Bureau de l'intervention en faveur des patients des établissements psychiatriques

October 18, 2006

Mr. Ron Sapsford
Deputy Minister of Health
10th Floor Hepburn Block
80 Grosvenor Street
Toronto,ON M7A 2C4

Dear Mr. Sapsford:

I am pleased to submit the 2005 Annual Report of the Psychiatric Patient Advocate Office (PPAO). We have called this year's report "Realizing Rights" to emphasize the considerable work that our office carries out to assist our clients in achieving, understanding and exercising their rights.

This year's work builds on a continuum of more than two decades of rights protection and advocacy. The information and support provided through advocacy and rights advice continue to empower our clients to make informed decisions regarding their rights and entitlements, helping them to take greater control of their lives. However, stigma, discrimination and the lack of adequate disability accommodation work in concert to disempower and marginalize individuals with mental illness. As a result, consumers of mental health services continue to face overwhelming barriers to inclusion in communities throughout the province and have limited opportunities for employment, education, housing, financial and social support.

While mental health care and treatment have migrated from hospital to community, independent advocacy and rights protection have failed to keep pace with mental health reform; those living in the community and receiving community-based care and treatment are unable to access needed and wanted advocacy and rights protection services. The PPAO believes that it is time to strengthen its role as independent advocate and extend its services into the community, with its authority clearly enshrined in provincial legislation.

As the Ministry implements its transformation agenda, it will shift toward stewardship and systems management. Advocacy and rights protection services sorely need expansion, ensuring equitable access for all. The creation of a fully empowered and independent advocate as an accountability mechanism would be a quantum leap forward in the protection of consumers of mental health services.

We must all have access to the same fundamental legal protections, regardless of physical or mental disability to fully realize our rights.

Sincerely,

David Simpson
Director (A)

C: John McKinley, Assistant Deputy Minister (A)

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RIGHTS
Equal
Patients'
RIGHTS
Legal
Protection
& Entitlements
Civil
RIGHTS
RIGHTS
Advancing
RIGHTS
Education
Consumer-Survivor
RIGHTS
Promotion
Human
RIGHTS

"The role played by human rights in ensuring security or in enhancing welfare only has meaning if those rights are realized."

Louise Arbour
United Nations High Commissioner
for Human Rights

Director's Message

It is my pleasure to submit our Annual Report for 2005. This Report, entitled "Realizing Rights," underscores our efforts to assist our clients in achieving, understanding and exercising their rights within the mental health system and society at large. Our work of the past year builds on a continuum of rights protection and advocacy spanning more than two decades. The Psychiatric Patient Advocate Office (PPAO) has continued to fulfill its mandate in strenuously upholding and promoting the rights of consumers of mental health services.

I would like to thank the individuals who approached our office for assistance in realizing their rights and for their courage in bringing their concerns forward. Again this year, our staff demonstrated their commitment, passion and professionalism by working zealously to protect the rights of consumers and supporting them in their quest for wellness and recovery; all Ontarians are well served because of their efforts. I would also like to thank all hospital staff who collaborated with us in resolving and advancing the rights of our mutual clients.

Nevertheless, consumer-survivors face formidable barriers to inclusion in their communities and have limited opportunities for employment, education, housing, financial and social support. This is often the result of stigma, discrimination and the absence of adequate disability accommodation. Laws that: ensure access to the highest quality of needed and wanted treatment, rehabilitation and support services; guard against arbitrary detention; and guarantee individual autonomy and dignity are pivotal to the protection of vulnerable individuals. However, in the absence of adequate and accessible advocacy and rights protection mechanisms, such legislation may be of little use.

Individuals must know that they have rights in order to exercise them. The information and support provided by Advocates and Rights Advisers empowers mental health consumers to make informed decisions about their rights and entitlements and enables them to take greater control of potentially adverse events and circumstances. This is perhaps the first step towards empowerment which will assist them in their quest for wellness and recovery.

Advancing Consumer-Survivor RIGHTS

As mental health care and treatment have migrated from hospital to community, independent advocacy and rights protection services have not kept pace. This has resulted in inequitable access for those receiving service in the community, creating a two-tiered system of rights protection. This is not what was envisioned when the PPAO was first established in 1983. We are encouraged that, through the expansion of the community rights advice program, the PPAO now serves almost every community in Ontario. The provision of community-based independent advocacy is the next logical step in strengthening rights protection in Ontario. It is now time to dialogue with the Ministry of Health and Long-Term Care about the modernization and expansion of the PPAO.

Strengthening and expanding the mandate of the PPAO as an independent advocate requires that its authority, role and function be clearly enshrined in provincial legislation. In particular, consideration should be given to making the PPAO an officer of the legislature. This would allow the PPAO the independence necessary to speak freely, while exercising its authority and discretion in addressing individual and systemic issues. Modifying the PPAO's mandate in this way would heighten accountability and provide a truly independent advocacy and rights protection program in Ontario.

Rethinking the provision of advocacy and rights protection services is timely in light of the Ministry of Health and Long-Term Care's transformation agenda. Over the coming year, the Ministry will devolve its decision-making authority to the Local Health Integration Networks, enhancing its role as steward and systems manager. Creating a fully independent advocate as an accountability mechanism would be a quantum leap forward in the protection of consumers of mental health services. In the context of a reformed health care delivery system, consideration should be given to the provision of advocacy and rights protection services to all individuals with a disability and vulnerable populations, including: seniors, people with physical disabilities and inmates of the correctional system.

& Entitlements

Education

Protection

Promotion

Equality for all demands fully realized rights. That is, rights must not only be enshrined in legislation, but they must also be fully accessible and enforceable for all citizens, including those who are the most vulnerable. On the fiftieth anniversary of the *Universal Declaration of Human Rights*, the United Nations adopted a slogan that so aptly captures the essence of ensuring that all members of the human family are protected in law - "all human rights for all." Protecting and, therefore, fully realizing rights for consumer-survivors must be viewed within the broader context of human rights. We are all entitled to fundamental protections under the law, independent of physical or mental disability.

Our ability to assist consumers to improve the quality of their care and lives hinges on how effectively we can protect and promote their rights across hospital and community settings. Individual rights do not end at the threshold between hospital and community.

A broader mandate is clearly needed to support the provision of independent, individual and systemic advocacy and rights advice across all communities and mental health care facilities in Ontario. Advocacy and rights protection mechanisms are essential building blocks in the construction of a comprehensive mental health system. They are integral to maintaining the necessary checks and balances within the system and in assisting consumers in fully realizing their rights.

The rights of our most vulnerable citizens are no different from our own, but care must be taken in supporting those who may become marginalized as a consequence of illness or disability. In time, we believe that we will all come to realize that patient and consumer rights are human rights, and human rights are our rights.

Sincerely,

David Simpson
Director (A)


Equal
Protection
& Entitlements
Civil
RIGHTS
Legal
Advancing
RIGHTS
Education
Consumer-Survivor
Promotion
Human
RIGHTS

"Every person with a mental illness shall have the right to exercise all civil, political, economic, social and cultural rights..."

United Nations Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care

Profile of Activities

The Psychiatric Patient Advocate Office (PPAO) provides three core services: rights advice, independent advocacy and education. Each service plays a key role in protecting and promoting the rights of individuals with mental illness and in promoting systemic change that improves the quality of care, life and treatment of individuals with mental illness in Ontario. Our services are guided by core values and beliefs, including the right of all individuals to make informed choices, to respect the autonomy of all people, to act upon the client's expressed wishes and not make best interest decisions on their behalf and that our rights protection services must remain independent from the facilities in which we provide service.

RIGHTS ADVICE

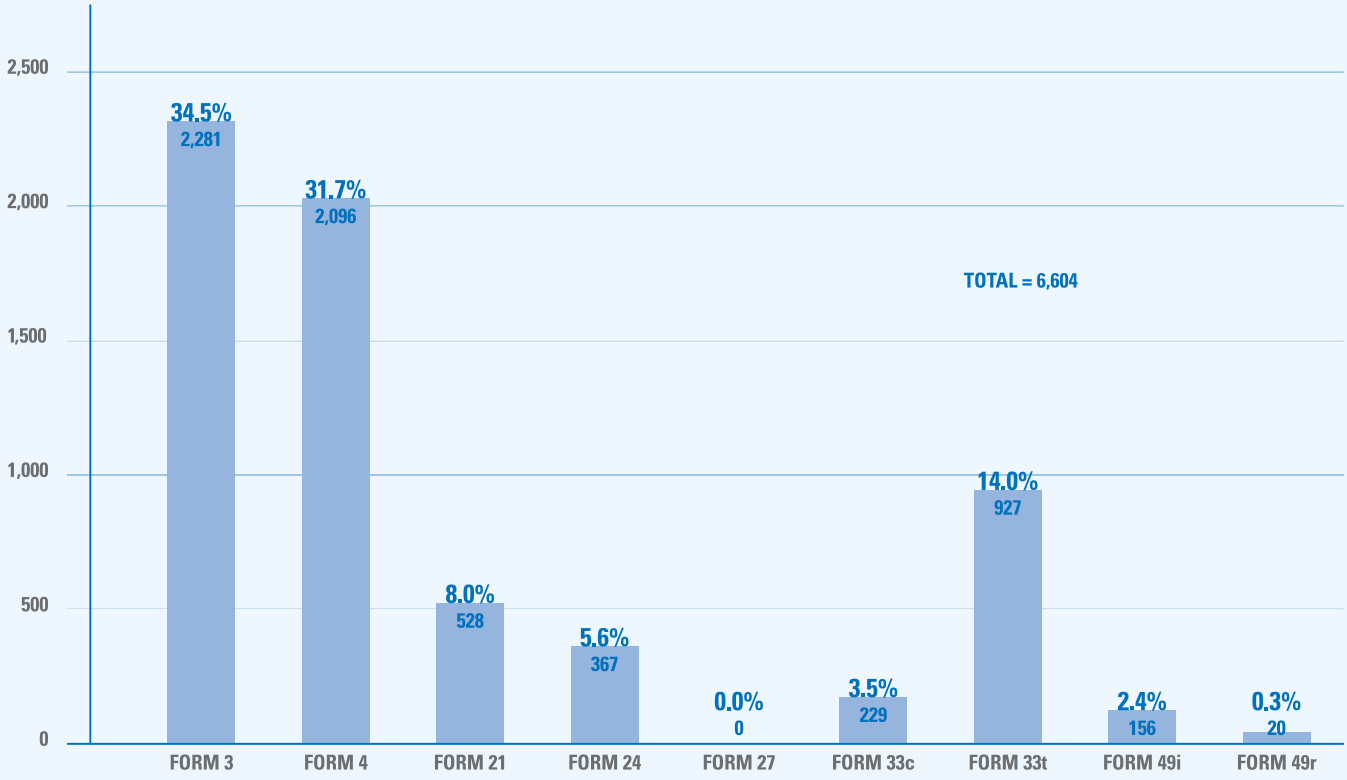
Rights advice is a process by which patients in psychiatric facilities and persons being considered for Community Treatment Orders (CTO) and their substitute decision-maker, if any, are informed of their rights when their legal status has changed. Rights advice is an important component in the system of checks and balances established under the *Mental Health Act* and its regulations for the protection of the rights of the individual. Rights advice is required in eight mandatory situations. The Rights Adviser explains the significance of the form to the client, discusses the options available, and, upon request, assists the client to apply for a hearing before the Consent and Capacity Board, to obtain a lawyer, and to apply for legal aid.

By definition, a Rights Adviser may not be involved in the direct clinical care of the person to be seen or provide treatment or care and supervision to that person under a community treatment plan. Rights Advisers must meet the qualifications specified in the regulations to the *Mental Health Act*, including successful completion of a training program for Rights Advisers approved by the Minister of Health and Long-Term Care. The PPAO's training program has been so approved.

Rights Advice in Current and Divested Provincial Psychiatric Facilities

In 2005, there were 6,604 first visits for rights advice in the current and divested provincial psychiatric hospitals; there were 1,292 second visits. Of the total number of first visits, 66.2% were for involuntary admission (Form 3 and 4), 14.0% concerned incapacity to consent to treatment, 13.6% were for financial incapacity (Forms 21 and 24), and 2.4% and 0.3% for the issuance and renewal of CTOs (Form 49), respectively. 3.5% of the visits concerned incapacity to consent to the collection, use or disclosure of personal health information.

FIGURE 1
Rights Advice Activity Totals for 2005 in Current and Divested PPH's



MHA Form
Form 3: Person made an involuntary patient
Form 4: Patient's involuntary status continued
Form 21: Patient is found incapable to manage property
Form 24: Patient's incapacity to manage property is continued
Form 27: Patient is a 12 to 15 year old informal patient
Form 33c: Incapable to consent to collection, use & disclosure of personal health information
Form 33t: Patient is found incapable to consent to treatment of a mental disorder
Form 49i: Intention to issue a Community Treatment Order
Form 49r: Intention to renew a Community Treatment Order

CCB Application
Form 16: Review of involuntary status (re: Form 3)
Form 16: Review of involuntary status (re: Form 4)
Form 18: Review of financial incapacity (Form 21)
Form 18: Review of financial incapacity (Form 24)
Form 25: Review of informal status
Form P-1: Review of incapacity re: personal health information
Form P-3: Application to appoint representative re: personal health information
Form A: Review of treatment incapacity
Form 48: Review of Community Treatment Order - issuance
Form 48: Review of Community Treatment Order - renewal

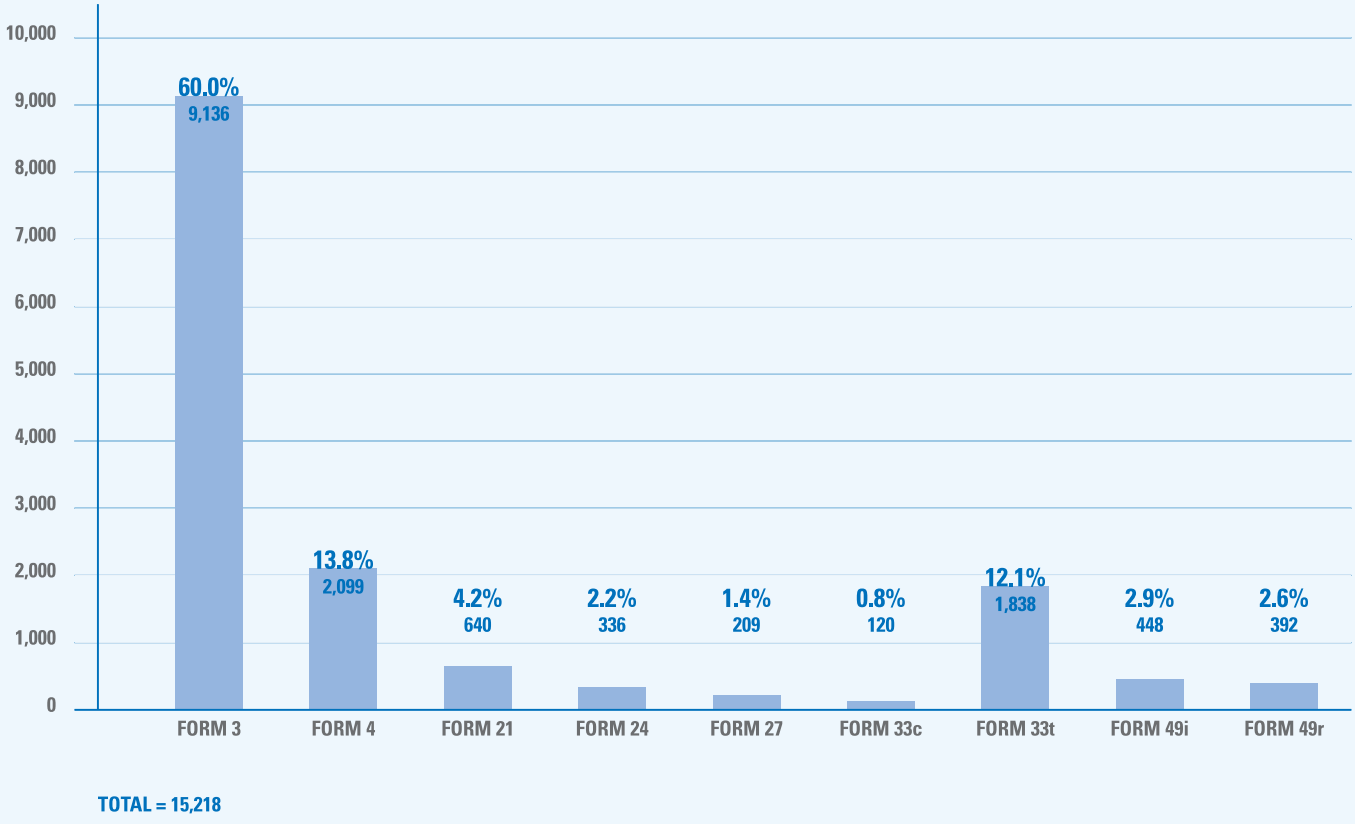
Community-based Rights Advice

The Community-based Rights Advice Service responded to requests to visit clients regarding 15,218 forms in the mandatory rights advice situations. The majority of the forms were regarding involuntary admission (73.8%); this included both certificates of involuntary admission (Form 3) (60.0%) and renewals of certificates of involuntary admission (Form 4) (13.8%). Rights advice for treatment incapacity comprised 12.1% of the forms, while incapacity to manage property (Form 21 and 24) accounted for 6.4% of the forms. Clients admitted as informal patients represented 1.4% of the forms. The intention to issue a CTO and to renew a CTO represented 2.9% and 2.6% of the forms, respectively. Findings of incapacity to collect, use or disclose personal health information represented 0.8% of the forms.

Second rights advice visits were made in 2,154 cases. Rights advice was provided in 48 languages in 410 cases.

FIGURE 2

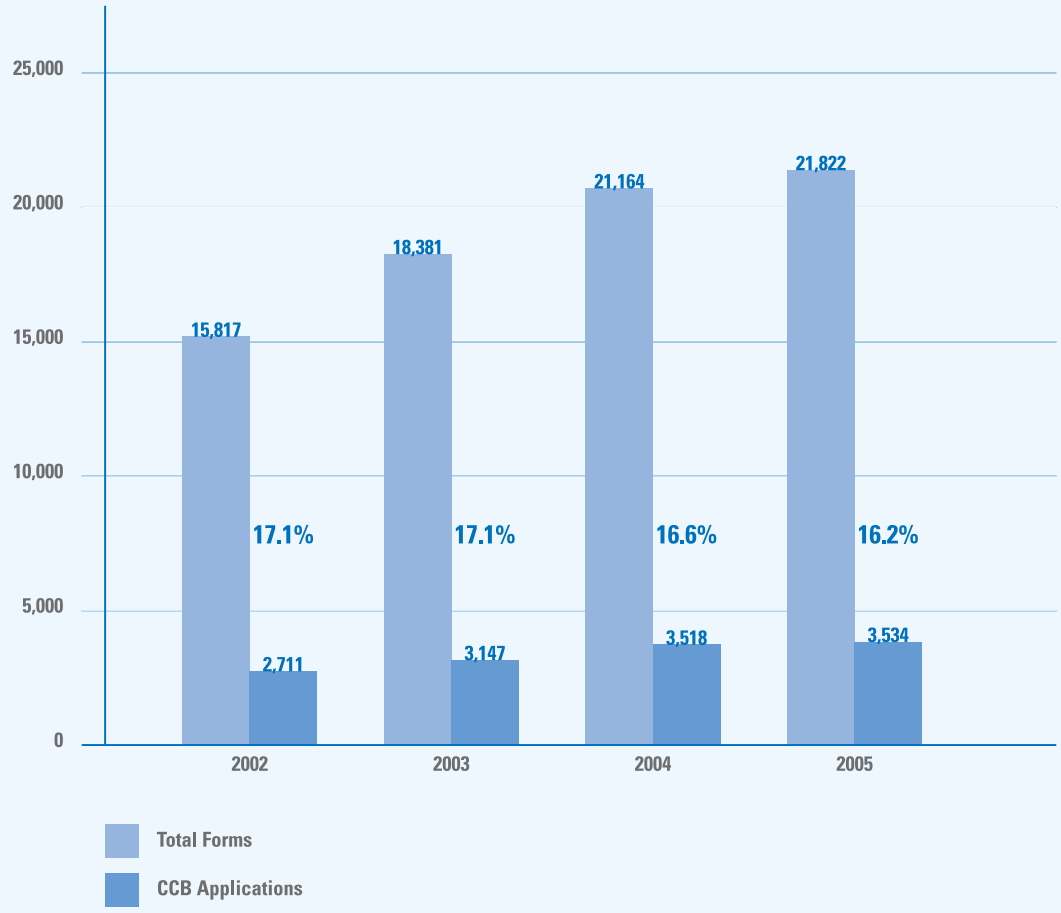
Community-based Rights Advice Activity Totals for 2005



Applications to the Consent and Capacity Board

Across the former and current provincial psychiatric hospitals and the Community-based Rights Advice Service, the percentage of applications to the Consent and Capacity Board (CCB) has been relatively consistent over the past four years. There were 1,219 applications to the CCB with respect to forms issued in the current and former provincial psychiatric facilities; Community-based Rights Advisers assisted clients in making 2,315 applications to the CCB. There is a marginal downward trend in the number of applications to CCB, with applications ranging from 17.1% in 2002 to 16.2% in 2005.

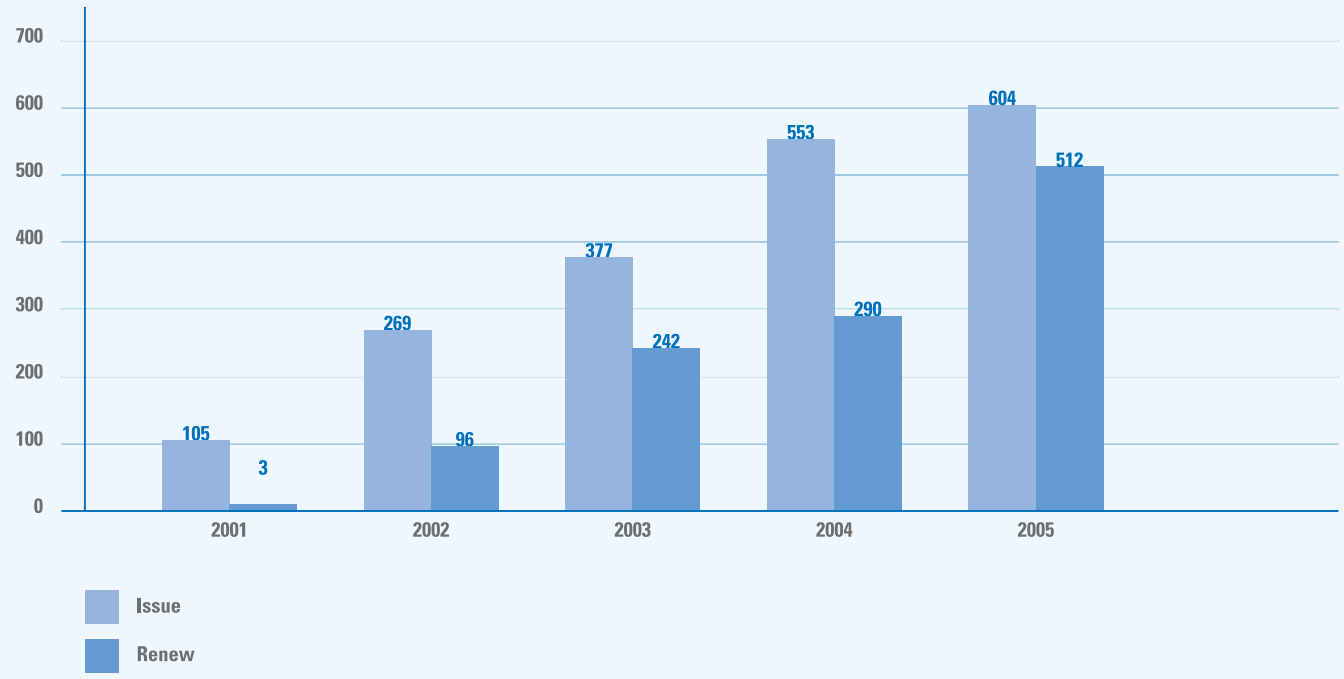
FIGURE 3
Consent and Capacity Board Applications for 2002-2005



Rights Advice for Community Treatment Orders

In 2005, there were 1,116 total requests for rights advice on an intention to issue or renew a CTO (Form 49) across both rights advice programs. 604 (54.1%) requests were received for issuances, while 512 (45.9%) were for renewals. Compared with 2004, there was a 9.2% increase in the number of issuances and a 76.6% increase with respect to renewals.

FIGURE 4
Requests for Rights Advice Received by the PPAO on the Intention to Issue or Renew a CTO for 2001-2005



ADVOCACY

Advocacy is a process that ensures the rights of vulnerable people are protected, their self-defined needs are met, and they are supported to make decisions that affect their lives. Advocacy is both essential and integral to a reformed mental health system, which strives toward a comprehensive and seamless system of care, treatment and support. Advocacy, whether provided in community or hospital, empowers and assists consumers in addressing rights-based issues arising from their treatment and rehabilitation as well as issues related to quality of life and care. Partisan advocacy, as defined by the PPAO, begins with the client's perspective and instruction and supports self-identified goals and needs. This view of advocacy is compatible with a recovery-oriented framework, which seeks to empower consumers to assume increased responsibility and decision-making authority with respect to their care, treatment and rehabilitation. Advocacy seeks to return or "give power" to consumers to resolve concerns through a range of education, negotiation, facilitation and conflict resolution strategies. Clients are free to determine the amount of assistance they need from the Patient Advocate. Some may decide to advocate for themselves with limited support from the Patient Advocate. Others may rely fully on the Patient Advocate to articulate their concerns or to strengthen their voice in expressing concerns. Advocacy undertaken on behalf of individual clients is either instructed or non-instructed.

Instructed advocacy is a process that incorporates the basic principles of self-determination and client empowerment. As such, it routinely follows client direction and involves the client in decision-making. Consistent with PPAO practice, instructed advocacy seeks to resolve issues at the level of least contest and utilizes an approach which emphasizes problem solving. Advocates routinely attempt to discern the concern, context and situation in which a client complaint arose, as well as the outcome the client wishes to achieve. Clients are advised of the limits of the advocate's role, options that are available and the possible consequences to the client of exercising available options.

When Patient Advocates are presented with advocacy issues, they assess the issue with the client and determine the best strategy for resolution. They take into consideration: the nature and complexity of the issue; the client's ability to self-advocate; information about the client's attempts to resolve the issue; the special needs of the client; barriers to access; and the nature of the client's instructions. Once this assessment is completed, Patient Advocates work with their clients to find a win-win approach to resolve the issue as expeditiously as possible.

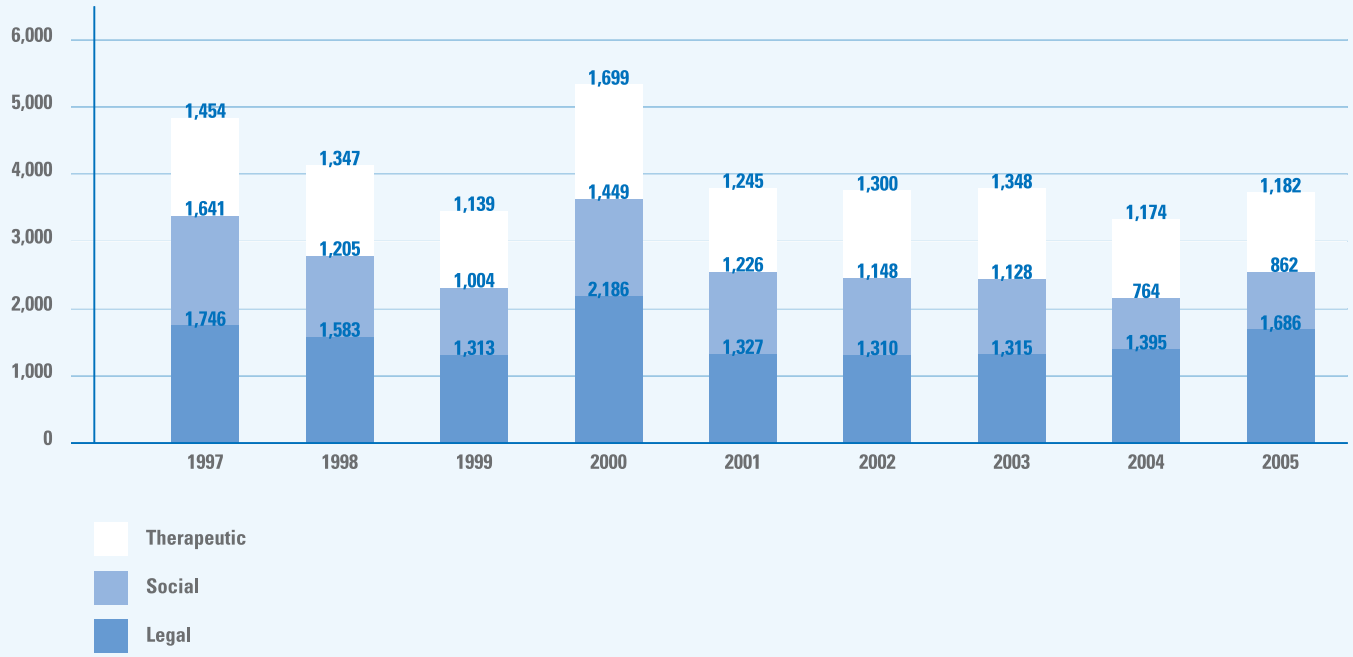
Non-instructed advocacy is carried out in situations where a client is unable to provide instruction. The threshold for being able to provide instruction is low and most clients are able to instruct the Patient Advocate. In a small percentage of situations, the Patient Advocate may intervene on behalf of a client where a rights abridgement or quality of life or care issue is identified and the client is unable to provide an instruction. The Patient Advocate will apprise the client of the progress of the issue and, wherever possible, attempt to elicit instructions.

Individual Advocacy

Figure 5 compares the total individual advocacy issues that were addressed from 1997 through 2005. In 2005, Patient Advocates, across all current and divested provincial psychiatric facilities, addressed 3,730 issues on behalf of clients. Therapeutic issues comprised 32% of the total issues addressed, while social and legal issues represented 23% and 45% of the total issues, respectively.

FIGURE 5

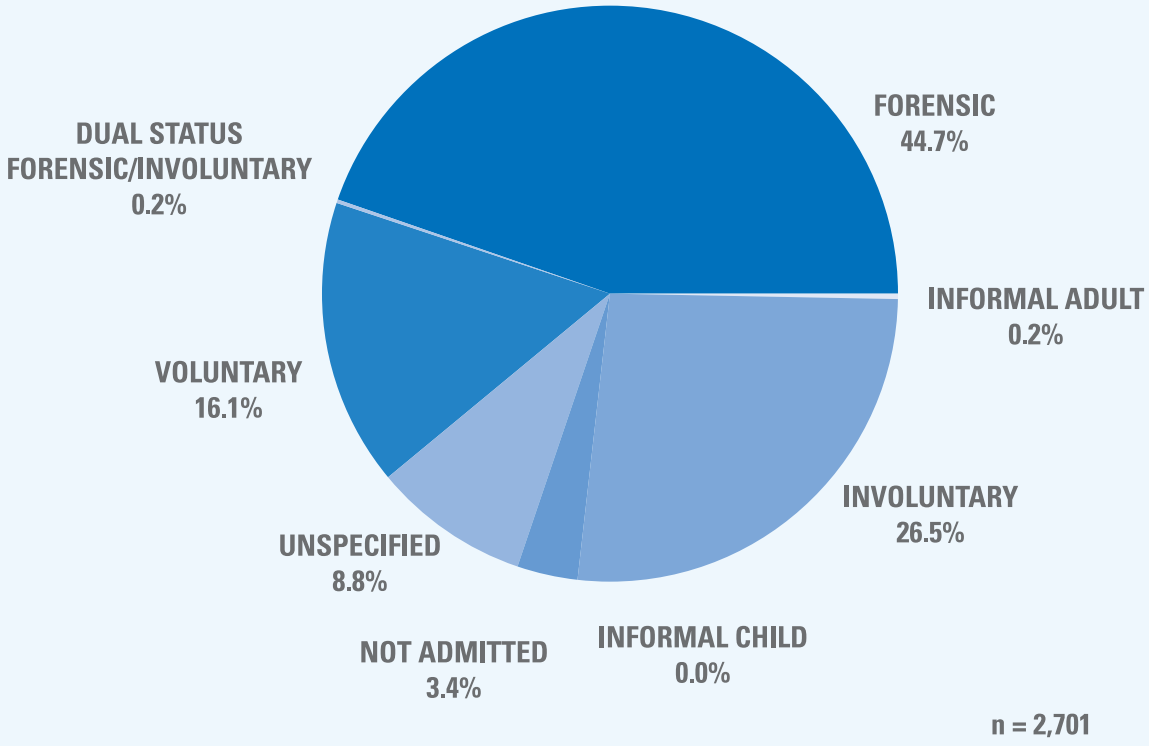
Total Individual Advocacy Issues Addressed 1997-2005



Files Opened

In 2005, the PPAO opened 2,701 files. Files correspond to individual clients, with some clients identifying multiple issues. Figure 6 captures the total number of files opened, broken down by hospital admission status. Of the 2,701 files opened in 2005, 44.7% were opened by clients detained under the *Criminal Code* (the *Code*). Clients held involuntarily under the *Mental Health Act (MHA)* accounted for 26.5% of the total files. In contrast, clients admitted as voluntary patients comprised 16.1 % of the files. A small percentage (0.2%) of patients seeking advocacy services were dual status, held under authority of both the *Code* and *MHA*, while 0.2% were admitted as informal adult patients.

FIGURE 6
Files Opened by Hospital Admission Status



Client Profile

Table 1 provides the age and sex profile of those receiving advocacy services (n=2,696).

Men represented the majority of clients served (69.9%). Women comprised 29.2% of clients. The majority of clients fell between the ages of 25-54 (60.5%), while a small percentage of clients was either under the age of 24 (6.6%) or over 64 years of age (4.9%).

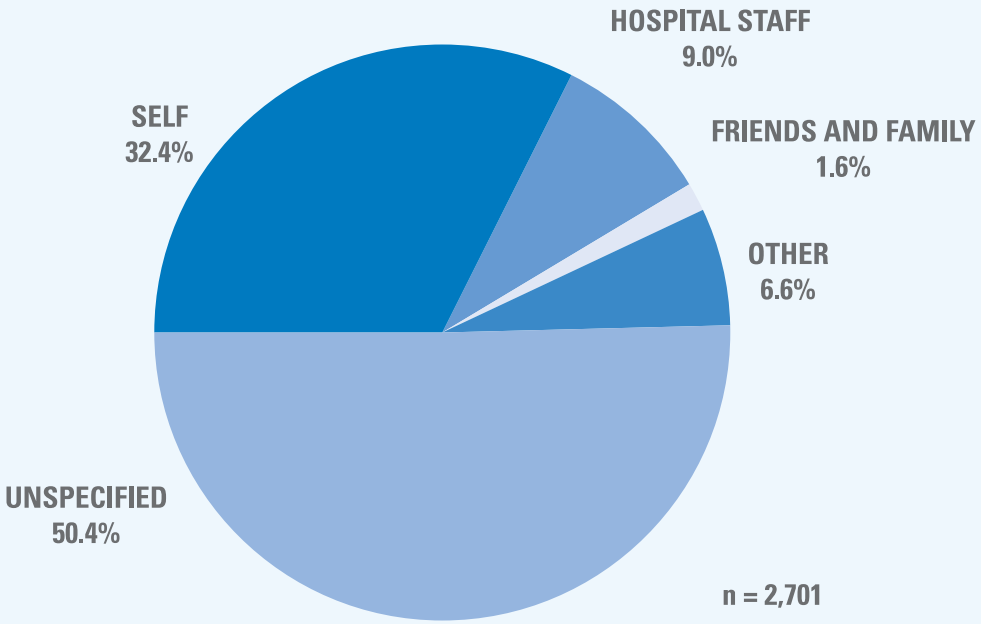
TABLE 1
Client Profile by Age and Sex

AGE GROUP	SEX			GROUP TOTAL	
	MALE	FEMALE	UNKNOWN	TOTAL	PERCENT
0 - 14	3	0	0	3	0.1%
15 - 24	136	42	0	178	6.6%
25 - 34	348	114	7	469	17.4%
35 - 44	411	135	2	548	20.3%
45 - 54	418	191	6	615	22.8%
55 - 64	211	79	1	291	10.8%
65+	60	73	0	133	4.9%
UNSPECIFIED	297	153	9	459	17.0%
TOTAL	1,884	787	25	2,696	100%
PERCENT	69.9%	29.2%	0.9%	100%	

Referral Sources

Clients sought advocacy services on their own behalf in 32.4% of the cases. Hospital staff referred clients for service 9% of the time. Other sources and family and friends accounted for 6.6% and 1.6% of the referrals, respectively. Referral sources were not specified in 50.4% of the cases.

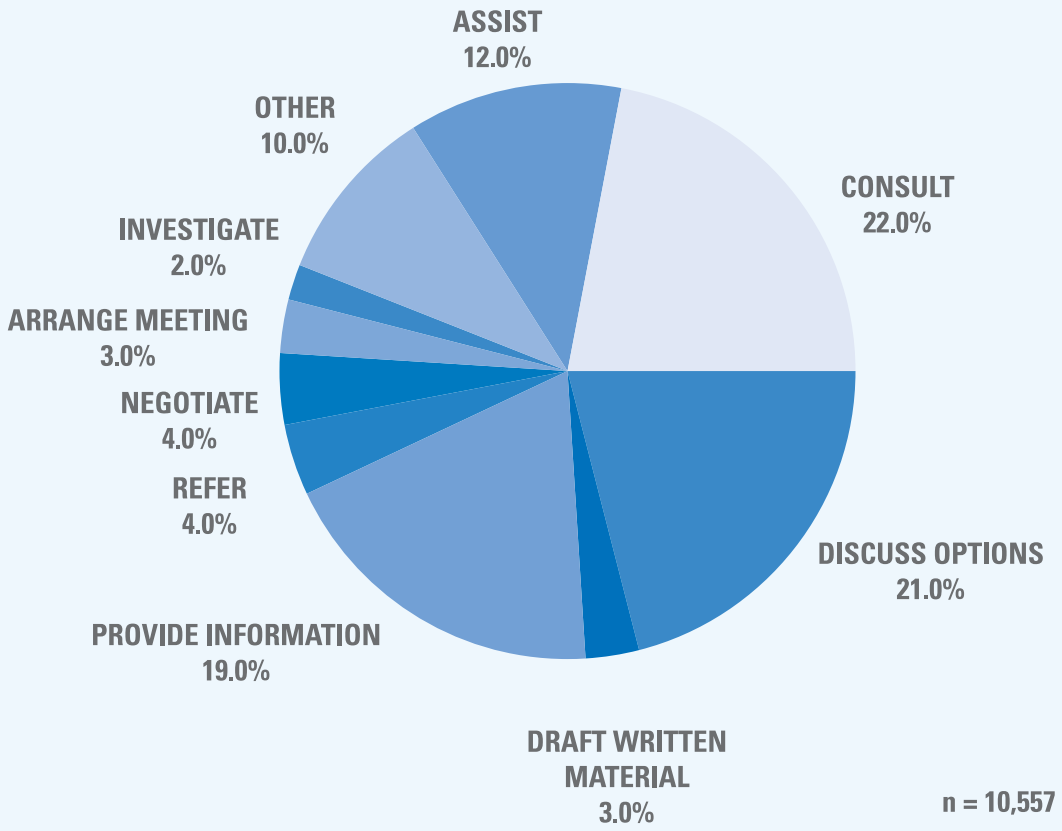
FIGURE 7
Files Opened by Source of Referral



Advocacy Interventions

Advocates across all field offices carried out 10,557 actions in addressing client concerns. Resolution was sought through consultation (22%); discussion of options (21%); providing information (19%); providing assistance (12%); negotiation (4%); referral (4%); arranging meetings (3%); drafting written materials (3%); investigation (2%); and other, situation-specific strategies (10%), as necessary.

FIGURE 8
Patient Advocate Actions



RIGHTS PROMOTION THROUGH EDUCATION

Education is a key strategy in raising both awareness and understanding of consumer rights. It is a way to sensitize all stakeholders to fundamental rights protection issues. Education is a means to disseminate a body of knowledge that supports the appropriate application of the law, the development of best practices, and the realization of individual recovery and wellness.

The PPAO used a broad spectrum of approaches to provide education in 2005. Our accomplishments include:

- 352 public education events
- More than half a million hits on the PPAO website
- Conference presentations:
    - Making Gains
    - Special Needs Offenders Conference
    - Canadian Coalition for Seniors' Mental Health
    - Ontario Peer Development Initiative Conference;
    - Ontario Gerontology Association Conference
- Presentations at special events hosted by:
    - Ontario Peer Development Initiative
    - Krasman Centre
    - Ontario Recovers Campaign;
    - Simcoe County Family Initiative;
    - Family Support Group, Regional Mental Health Care, London/St. Thomas
- Presentations to government standing committees
- Participant in the 10th anniversary celebration of the Ontario Association of Patient Councils

www.ppao

- Mental Health and Mental Illness Awareness Week activities across the province
- Presentations to students of:
    - University of Western Ontario
    - York University Faculty of Law
    - Canadore College
    - Lakehead University
    - McMaster University
    - Trent University;
    - Georgian College
- Geriatric Grand Rounds – video conference to 23 hospitals and long-term care facilities
- Consultation on provision of advocacy in Central Europe
- Consultation to delegation of visiting psychiatrists from Holland
- Posting of new and updated InfoGuides:
    - Restriction of Liberties Hearing
    - Covert Medication
    - Police Complaints
    - Coroner's Inquests
- *Ex-officio* membership on local hospital and regional committees
- Journal articles:
    - Visions Journal (Winter 2005) The criminalization of individuals with mental illness
    - CrossCurrents (Autumn 2005) Ontario doesn't need a treatment advocate – we already have them
- Letters to the editor published in 20 newspapers across the province

.gov.on.ca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"Equality means equality for all – no exceptions, no 'yes, buts', no asterisked footnotes imposing limits."

Hubert Humphrey

Promoting Rights through Systemic Action

Rights promotion is a process that often requires action at a variety of levels within health and social service systems of care, treatment and support, the courts and government in order to effect positive change. This process requires diligence and perseverance over a long period, as lasting progress seldom happens overnight. Promoting rights is about catalyzing social change. It is about slowly and incrementally raising awareness, reducing barriers to accessing existing rights and justice, eliminating discrimination and enshrining in law recognized standards of protection for individuals with mental illness and disability.

The following captures the PPAO's efforts to advocate for social change through action taken at the systems-level. Many of these issues require continued advocacy and are representative of the work carried out by PPAO staff and other stakeholders over an extended period of time.

Bill C-10 - An Act to Amend the Criminal Code (Mental Disorder)

Complementing its earlier submission to the House of Commons, the PPAO presented to the Standing Senate Committee on Legal and Constitutional Affairs regarding Bill C-10, *An Act to Amend the Criminal Code (Mental Disorder)*. The PPAO called for the inclusion of a statement of purpose within the *Criminal Code* emphasizing the goals of recovery and reintegration into society. Drawing upon many years of experience, the PPAO noted the profound stigma and discrimination experienced by forensic clients when seeking housing, employment and social acceptance. Also noted was the disturbing trend toward criminalizing mental illness-related behaviours, diverting individuals into the criminal justice and forensic systems. The PPAO recommended the formation of a working group to address stigma and promote understanding and acceptance through an educational campaign. The PPAO opposed the proposed change allowing victim impact statements to be presented at Review Board hearings, recommending that a more appropriate forum for these statements be considered.

Bill 164 – The Smoke Free Ontario Act

A submission was made to the Standing Committee on Finance and Economic Affairs of the Ontario Legislature. The PPAO called attention to the potential impact of a smoking ban on individuals choosing to smoke who were resident in psychiatric facilities throughout the province. While acknowledging the negative health consequences of smoking, the PPAO endorsed the right of individuals hospitalized in mental health facilities to make an informed choice about smoking and to be able to exercise that right. Accordingly, the PPAO recommended that the proposed legislation exempt the current and former provincial psychiatric facilities, forensic programs and Schedule 1 facilities under the *Mental Health Act* from an absolute ban on smoking or lighting tobacco and that controlled smoking areas be established to provide an area for those who choose to smoke to exercise that right.

Review of the Police Complaints System

A submission was made to the *Police Complaints Review* in August 2004. Many consumers of mental health services have contact with police officers in a variety of ways, including transportation to the hospital and the investigation of alleged crimes. The *Report on the Police Complaints System in Ontario*, released on April 22, 2005, underscored many of the concerns raised by the PPAO. The PPAO continues to work toward the development of a complaints process that is administered by an independent body and that supports equitable access for consumers of mental health services and the public at large.

Kirby Commission on Mental Health, Mental Illness and Addiction in Canada

The PPAO made a submission to the Standing Senate Committee on Social Affairs, Science and Technology, regarding its study of mental health, mental illness and addiction in Canada. Four key areas of need were targeted, namely: independent advocacy services for all individuals with mental illness; the provision of formal rights advice in the delivery of mental health services; the development of a recovery-oriented system of mental health services that fully engages and involves consumers; and the development and implementation of a comprehensive anti-stigma and anti-discrimination education program. The PPAO supported the creation of a Prime Minister's Commission on Mental Illness, Mental Health and Addiction with broad representation across Canada, and significant, if not majority, representation by consumer-survivors.

The PPAO also called for the strengthening of accountability mechanisms by: creating a federal ombudsman; enhancing resources to the Canadian Human Rights Commission; increasing legal aid funding to improve consumer access to legal avenues of redress regarding rights violations; and by developing a federal mental health act and bill of rights for consumers of mental health services.

Mandatory Inquests

The PPAO was granted intervenor status, together with the Mental Health Legal Committee and the Empowerment Council for the Centre for Addiction and Mental Health, to appear before the Ontario Human Rights Tribunal regarding the alleged discrimination by the office of the Chief Coroner in failing to order inquests into the deaths of two patients detained in psychiatric facilities under the *Mental Health Act (MHA)*. According to the *Coroner's Act*, inquests are mandatory when an individual dies while in police custody or in jail. Inquests are discretionary for individuals detained under the *MHA*. The PPAO contends that this practice is discriminatory and violates both the Ontario *Human Rights Code* and the Canadian *Charter of Rights and Freedoms*, which guarantee equal treatment for those with disabilities. For this reason, the PPAO is advocating for a change in both the current legislation and the practice of the office of the Chief Coroner to make inquests mandatory for those individuals who are held involuntarily in psychiatric facilities.

Bill 159 – An Act to Revise the Private Investigators and Security Guards Act

The PPAO made a submission to the Standing Committee on Social Policy of the Ontario Legislature regarding Bill 159. Many consumers of mental health services have contact with security personnel in a variety of settings, including, for example:

hospitals; mental health programs; community drop-ins; shelters; public transit; and local shopping malls. The PPAO has often been informed by its clients about the difficulties they have encountered during interactions with security personnel. Some individuals have voiced concern that they are not taken seriously by security personnel as a consequence of their mental health histories. The PPAO recommended changes to the proposed legislation calling for specialized training for security personnel who work with vulnerable individuals in hospitals and mental health facilities. Also recommended was the inclusion of guidelines for conduct, the use of electronic surveillance, and the maintenance of confidentiality.

World Health Organization International Forum on Community Mental Health Services

The World Health Organization (WHO) held its first international consultation on community mental health services in September 2005. The PPAO, in its submission to the WHO, recommended that independent advocacy and rights advice be considered integral and included in the development of any community-based psychosocial rehabilitation program or services. The development of a multi-tiered anti-stigma and anti-discrimination initiative was also recommended to the WHO in the development of community-based services. Such an initiative would address factors at individual, health practitioner, community and systemic levels. The PPAO called for the development and implementation of a rehabilitation model that is non-discriminatory and grounded in the principles of recovery.

Consultation on the Regulation of Psychotherapy and/or Psychotherapists

The PPAO responded to the Health Professions Regulatory Advisory Council's consultation request regarding the possible regulation of psychotherapy and/or psychotherapists. At present, both psychotherapists and the practice of psychotherapy are largely unregulated. The PPAO is, therefore, particularly concerned with the protection of vulnerable individuals who are consumers of mental health services and who may have difficulty in safely navigating the vast array of available psychotherapeutic and counselling approaches. The influence, authority and relative power of the counsellor or psychotherapist can either help or harm clients. Where there is a lack of regulation, consumers may be harmed through contact with unprincipled practitioners who may intentionally exploit them for personal gain. Consumers may also risk harm through contact with practitioners lacking adequate knowledge, skill or training. Broadly, the PPAO called for the regulation of both psychotherapy and counselling practitioners and the practice of psychotherapy and counselling, as a two-pronged regulatory scheme. A new regulatory scheme was proposed to address quality assurance, complaint and discipline issues. The PPAO recommended a comprehensive consultation with consumers, families, practitioners and other stakeholders to

define, develop and implement this new regulatory and accountability mechanism. Within the proposed framework, aboriginal and other culturally-specific healing and counselling practices would be exempt from regulation.

The Regulated Health Professions Act

The PPAO participated in the Health Professions Regulatory Advisory Council's consultation on the *Regulated Health Professions Act*. The PPAO made recommendations in the areas of public protection, accountability, quality assurance, fairness and efficiency. The PPAO highlighted the myriad barriers encountered by vulnerable individuals in accessing professional regulatory and protective mechanisms. Among its recommendations, the PPAO called for an effort to sensitize members of professional colleges to the difficulties faced by mental health consumers seeking access to the complaint and discipline process. The PPAO recommended further that the Act include provisions to support and accommodate the special needs and circumstances of individuals with mental illness. Guidelines were also called for to define the criteria under which complaints may be dismissed as frivolous or vexatious, as well as a public reporting mechanism to monitor complaints that are dismissed on this basis. In the area of rights protection, the PPAO recommended that colleges establish clear guidelines for the provision of rights information to individuals found incapable of consenting to treatments proposed by member practitioners. In this scheme, colleges would be responsible for ensuring that members understand the information to be provided and are able to assist individuals in applying to the Consent and Capacity Board; members failing to provide the requisite information or failing to assist incapable individuals in exercising their right to review when requested to do so would be sanctioned.

Pinet v. Administrator, Mental Health Centre, Penetanguishene et al.

The PPAO sought intervenor status in this matter being brought before the Ontario Superior Court of Justice. The PPAO is particularly concerned that psychiatric facilities are failing to transfer those found not criminally responsible, in a timely manner ("forthwith"), to the least restrictive environments in accordance with their Review Board disposition orders; such untimely delays may disadvantage not criminally responsible accused through an unwarranted restriction of their liberties and potentially negatively impact on their rehabilitation and recovery.


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"There may be times when we are powerless to prevent injustice, but there must never be a time when we fail to protest."

Elie Wiesel

Emerging Trends in Rights Protection

Advocacy conducted by PPAO frontline staff is the touchstone of emerging trends in rights protection. This work is at the core of all systemic initiatives; it provides insight into both the consumer experience and the essential facts underlying rights protection and quality of care and life issues.

Voluntary Patients – The Right Not to Be Detained or Restrained

While the *Mental Health Act (MHA)* is clear that voluntary patients cannot be detained or restrained, the PPAO continues to observe an increase in the number of voluntary patients housed on locked units. The use of practices restricting the liberties and freedoms of voluntary patients appears to be widespread. Some hospitals require patients to earn privileges in order to leave inpatient units or go on visits into the community. By law, voluntary patients should be free to come and go from their units, as they wish. Any barrier or restriction on their freedom of movement, such as having to ask to leave a locked unit, is contrary to the law. Hospitals are encouraged to examine their current practice of keeping voluntary patients on locked units, requiring them to earn privileges before they are allowed to exercise their rights enshrined in law and to take steps to educate staff about the rights and entitlements of voluntary clients.

Form 1 – The Right to Retain and Instruct Counsel

Individuals who are detained in hospital under the authority of an Application for Psychiatric Assessment (Form 1) are often held without their rights being fully respected. Any physician may sign a Form 1 within seven days of examining an individual, if the statutory criteria are met. A Form 1 is in effect good for seven days and authorizes a psychiatric facility "to restrain, observe and examine him or her in the facility for not more than 72 hours." Transfer to a scheduled facility, as designated under the *MHA*, requires that the transfer be "forthwith." The psychiatric facility is required to provide a Notice to Person of Application for Psychiatric Assessment (Form 42) immediately upon admission. This notice informs the individual of the hospital's right to detain them and of their right to retain and instruct legal counsel without delay. Individuals are often not provided with the Form 42 and they are often refused access to a telephone to contact legal counsel. After the completion of the assessment, the individual must be released or admitted as either an informal, voluntary or involuntary patient.

The *MHA* requires that individuals on a Form 1 be taken to a psychiatric facility forthwith. In many cases, individuals are held in non-scheduled facilities for extended periods of time while waiting for a bed to become available at a scheduled facility. This is contrary to the *MHA* and constitutes a serious abridgement of the rights of the individual.

Patients, families and health practitioners continue to alert the PPAO to Form 1 issues, including the failure to: transfer a person to a scheduled facility "forthwith;" provide a written notice to the person; assess the person within the 72 hour period; and advise the person of their right to retain and instruct counsel without delay.

Personal Health Information Protection Act (PHIPA) – Eroding Rights

In November 2004, the *Personal Health Information Protection Act (PHIPA)* became law and for individuals in the mental health system, it eroded some of the rights previously enjoyed under the *MHA*. For example, when a client formerly applied to have access to their clinical record (now called "record of personal health information"), the facility was required by law to grant or refuse access within seven days of the request. Under *PHIPA*, the seven day period has been extended to thirty days plus the hospital has the ability to have an additional thirty day extension. This change erodes basic rights and the requirement that facilities make timely decisions regarding access to information which rightly belongs to the client.

PHIPA also removed the requirement that facilities apply to the Consent and Capacity Board for a hearing, within seven days of the request for access, if they wished to withhold all or part of the record from the client. At such a hearing, the

Board could order that access to all or part of the record be denied if the facility proved that the criteria under the *MHA* were met. The obligation to apply for a hearing placed on the facility was a safeguard that was valued by clients and one which served an important function in the checks and balances of the mental health system. The new legislation places the onus on the client to make a complaint to the Information and Privacy Commissioner when access to a record is denied.

Further, *PHIPA* also led to the revocation of the Form 14 (Consent to the Disclosure, Transmittal or Examination of a Clinical Record under subsection 35(3) of the Act) as an approved form under the *MHA*. The Form 14 was an effective means for clients to regulate who had access to their personal information and they were able to withdraw their consent at any point. Under *PHIPA*, an individual's personal health information may be shared with those providing health care to the individual if the health information custodian may assume there is "implied" consent by the individual to share the information.

PHIPA is flawed as there are far too many loopholes to provide real protection for patients, it is very confusing and, in places, contradictory. The new legislation is not fully understood by health information custodians or the public at large. Although *PHIPA* improved the regulation of the release of information in other parts of the health care system, it is our opinion that it has eroded the rights of psychiatric consumers across Ontario.

Consent and Capacity Board Appeals to Superior Court – Access to Justice Denied

For the past few years, the PPAO has raised concerns about the complexity of the process for individuals wishing to appeal Consent and Capacity Board decisions to the Superior Court of Justice. The complexity of the appeals process has served as a barrier to justice for many individuals.

The Court of Appeal has successfully implemented a simplified appeals process for individuals who wish to appeal decisions of the Ontario Review Board. The PPAO believes that the Superior Court of Justice should adapt a similar model by developing simplified and standardized forms for appeals and establish an *amicus curiae* program to assist self-represented patients, given the liberty and bodily integrity interests at stake. Until the Superior Court of Justice takes action, the process will continue to impede clients from exercising their right of appeal.

Police Records Searches – Violating Human Rights

In 2002, the PPAO wrote to the Ontario Human Rights Commission expressing concern that police record searches and the release of information relating to non-criminal contact with the police appeared to be discriminatory against individuals with mental illness. The Chief Commissioner, Keith Norton, in his response to the PPAO wrote that "I agree with your concern that such a practice might be discriminatory against persons with mental illness and impede their successful re-integration into the community and their pursuit of life and career aspirations as responsible citizens." He wrote to the Minister of Public Safety and Security outlining his concerns with the practice of releasing such information.

The PPAO remains troubled about this issue as nothing has changed and the release of non-criminal information by police departments across Ontario continues to impede the re-integration of patients back into the community. In 2006, the PPAO will again attempt to resolve this issue by drawing attention to this devastating and discriminatory practice and the impact it has on individuals with mental illness.

Seclusion and Restraint – Infringement of Liberty Rights

The use of restraints has been part of the mental health system from its inception but it is time for Ontario to progressively move towards the provision of mental health care in a "hands free" and "restraint free" environment. Tying people up or confining them to locked rooms must be viewed as a past practice and not a best practice. However, it must be acknowledged that some restraint or seclusion use may be necessary for extreme episodes or behavioural emergencies but these must be viewed as an exception. Stringent processes must be put in place to review the circumstances leading to their use. In some facilities, restraint use is a common practice and even the facilities are alarmed at how often it is being used on some units. There is also a misconception that restraints keep people safe but sadly there are a number of patient deaths that illustrate that this is not the case and that for some patients, restraints actually pose a threat to their health and well-being.

Many hospitals are currently struggling with the policy questions around restraint use and PPAO staff have been a resource in these facilities by providing advice, a patients' rights perspective and resource materials on how to move towards a restraint free environment for the provision of mental health care. In 2001, the PPAO released its report on the use of seclusion and restraint in Ontario provincial psychiatric hospitals. This report is still in demand as hospitals examine the issue of restraint use.

The Right to the Highest Quality of Medical and Emergency Care

The PPAO's involvement in the Magee Inquest in 2004 and the resulting recommendations by the Coroners Jury underline the need for access to general and emergency medical services in psychiatric facilities.

At the inquest, the PPAO submitted recommendations to the jury regarding: the development of clear plans for the provision of emergency medical services in psychiatric hospitals; the implementation of guidelines for the observation of patients in locked seclusion; the availability of specialized life saving equipment, such as semi-automatic defibrillators; increasing the availability of medical staff trained to respond to life threatening emergencies; and a fast tracking system for referring psychiatric patients to medical specialists for consultation with respect to non-psychiatric, medical illnesses.

Sadly, little has changed in the mental health system since the jury released its recommendations in 2004. Individuals with mental illness continue to be at risk due to the absence of a full range of medical and emergency services and supports in hospital. Many hospitals still do not have the necessary emergency equipment or staff trained in its use to give patients the best opportunity possible for survival during life threatening emergencies. Many believe that the standard for medical care should be no less in psychiatric hospitals than it is in other healthcare facilities.

Individuals with mental illness often face barriers to accessing medical care and treatment for physical health problems both in hospital and the community. At times, concerns about medical issues may be dismissed as being "part of their illness." The PPAO encourages psychiatric facilities to develop policies, resources and training opportunities for staff to ensure that consumers of mental health services receive the highest quality of general and emergency medical care.

Transparent Complaint Processes – The Right to Complain

Many hospitals still do not have a transparent complaint and appeal process in place to deal with complaints from patients and families. Although the PPAO provides service in some of these facilities and can assist patients and families, hospitals themselves must take responsibility for having such a process in place as part of an accountability framework and to initiate continuous quality improvement initiatives. It may be that hospitals need to go one step further by entrenching a complaints process in a patients' bill of rights. Some hospitals have indicated a desire for the PPAO to provide independent advocacy services in their facilities but unfortunately at this time it does not have the mandate to do so, nor the resources to take on such a role. However, we would be pleased to do so, should the provincial government extend the mandate of the PPAO to provide such services in Schedule 1 and 2 facilities.

Sexuality Policies Lacking – The Right to Sexual Expression

In May 1999, the Coroners Jury in the Allalouf inquest recommended that "the Ministry of Health create a policy, through a consultative process with psychiatric hospital administrators, clinicians and other stakeholders that recognizes a patient's right to sexuality; as well as a guideline that outlines a minimum standard for the assessment of a psychiatric in-patients' capacity to make decisions regarding consensual sexual relations." The PPAO has continued to raise concerns regarding the failure to implement or, in some cases, draft sexuality policies, but there has been little or no progress in this area.

The PPAO believes that the failure to take action and to provide information on sexual health and safe sexual practices, and to make condoms or other contraceptives available, exposes clients to the risk of sexually transmitted diseases and unwanted pregnancy.

While society acknowledges that the expression of sexual intimacy and consensual sexual activity are normal and healthy dimensions of being human, some individuals detained in institutional settings are denied the opportunity to maintain intimate relationships with spouses and significant others because their facilities do not provide a conjugal visiting area or actively discourage such relationships. Some forensic mental health programs go even further by having a "no touching" policy where even those who are romantically involved can have "no contact."

The PPAO believes that psychiatric facilities need to develop and support the implementation of sexuality policies. By taking into account the special needs of individuals residing in an institutional setting, such policies will afford long-term hospitalized patients the opportunity to develop and maintain positive and healthy relationships.

The Right to Vote

PPAO staff work tirelessly with hospital administration during elections to ensure that clients have an opportunity to exercise their right to vote. This right is of utmost importance because it enables clients who choose to vote to participate fully in the democratic process.

Clients have only had this "right" since 1993 when the disqualification based on "mental disease" was removed. There are still those in the community who believe that persons who have a mental illness and are hospitalized at the time of the election should not be allowed to vote. We believe this prejudice must be challenged and the public educated about the voting rights of all Canadians. Electoral reform must take place to remove any remaining barriers to voting to ensure the full participation of all eligible citizens regardless of disability.

Respecting Cultural Diversity – The Right to Service in One's First Language

The PPAO believes that cultural diversity should be respected and that clients must have the opportunity to communicate in their first language or language of choice to ensure they fully understand information provided about their care, treatment and rights.

In 2005, the PPAO provided service in 48 languages, with the assistance of qualified and independent interpreters. We have made a commitment to the people we serve that we will provide service in their first language or language of choice.

Forensic Mental Health – The Right to Care that Supports Recovery

Discussion of recovery has swept across the mental health system in Ontario, yet for many individuals in the forensic mental health system, it remains an elusive and unrealized concept. Recovery is about learning to live beyond one's illness and participating and being included in an accepting and supportive community. Recovery means having choices, hope and resilience while being empowered to make informed decisions about one's own care, treatment and life. It is about having employment, educational, social and recreational opportunities. Forensic clients want the same things as everybody else, namely, friends, a home, an adequate income, family and loved ones.

Forensic programs need to examine how they provide service, incorporate the principles of recovery into their work and look for opportunities to assist people in their quest for recovery, wellness and community reintegration. This will require working closely with clients to help them define the supports and services they will need to foster their recovery.

Community Treatment Order Review

In 2005, the PPAO met with the consultants conducting a review of the legislation pertaining to community treatment orders and participated as part of an advisory committee. The PPAO highlighted several concerns with the existing legislation and made suggestions on how to better protect the rights and entitlements of individuals being considered for the issuance or renewal of a community treatment order. It is anticipated that the Review will be released in 2006 at which time the PPAO will assess the impact of the report and its recommendations on service delivery and the provision of rights advice.

Privilege Systems – Rights Encroachment

Many hospitals require patients to earn privileges in order to have time away from inpatient units, go for visits in the community or participate in programs or outings. There is no basis in law for this practice with respect to voluntary patients. Clinicians often argue in favour of the privilege system as a means of progressively assigning increased freedom and responsibility to patients based on their clinical status.

The PPAO encourages hospitals to review this archaic system and develop individualized plans of care based on the principles of recovery that acknowledge patients' legal rights and entitlements.

The Right to Services and Supports for Individuals with a Dual Diagnosis

Individuals with a dual diagnosis (developmental disability and mental illness) often find it difficult to gain access to a full range of services and supports that meet their unique needs. Some individuals have been institutionalized or hospitalized longer than required simply because services and supports are not available to meet their needs for community living. A full range of service and housing options is needed to support independent community living. If these services and supports are not readily available, individualized funding agreements should be implemented to allow persons with a dual diagnosis to purchase the needed resources from a community-based service provider.

We are aware that there are many individuals with either a developmental disability or dual diagnosis who have not yet had contact with the developmental or mental health systems, but will do so in the near future as aging caregivers become unable to provide support at home. Both government and service providers must now plan how to meet the needs of these individuals.

Given these considerations, the PPAO believes that a full range of advocacy and rights protection services should be made available to individuals with a dual diagnosis to protect their rights and entitlements.

The Right to Health Care, Advocacy and Rights Advice Services in Correctional Facilities

The PPAO continues to receive complaints about the lack of access to a full range of quality mental health care services, supports and treatment in provincial correctional facilities. Several inquests have highlighted the need for improvements with respect to care provision, yet it appears that little has been done to remedy the situation.

The PPAO is disturbed about several issues in correctional facilities, including: the lack of formal rights advice where there is a finding of treatment incapacity; access to crisis

intervention services for those inmates who may be at risk of harming themselves; the lack of support and treatment services; and the absence of independent advocacy services for inmates with mental health issues. Such service enhancements would improve the quality of care and life of those inmates with mental illness who find themselves in conflict with the law and incarcerated for a period of time. It appears that once an inmate is incarcerated, their regular treatment regime is interrupted and their connections to community-based supports, services and treatment are terminated, to the detriment of their physical and mental health.

Protecting the Rights of Vulnerable Populations – The Right to Receive Rights Advice

For the past several years, the PPAO has raised concern about the lack of formal rights advice to other vulnerable adult populations outside the mental health system, including seniors. Currently, residents in Ontario's long-term care sector do not receive formal rights advice where significant legal decisions are made that impact on their individual rights and freedoms. For example, if a person is found incapable of consenting to placement in a long-term care facility, or found treatment incapable, the health practitioner or evaluator making the finding must provide "rights information" to both the incapable person and their substitute decision-maker. This potentially raises the issue of a real or perceived conflict of interest on the part of the health care practitioner making the finding.

This is a lower standard of protection than afforded to clients of the mental health system who receive formal rights advice when their legal status has changed. The PPAO supports the provision of formal rights advice by certified rights advisers to individuals in the long-term care sector to ensure that they know their rights when their legal status changes and receive assistance in protecting them. Rights advice would reduce the vulnerability of this population and ensure that they are aware of their rights and receive assistance in exercising those rights.

The Right to an Adequate Income

Poverty is a formidable barrier to full social participation for people with mental illness. Many rely on income support through the Ontario Disability Support Program (ODSP) but current benefit rates do not provide an adequate income that reflects the current cost of living. This keeps disability pension recipients living at the poverty level. The lack of an adequate income is likely to have a profoundly negative impact on both mental and physical health.

ODSP must immediately review the benefits paid to Ontario's most vulnerable clients and adjust the rates to more accurately mirror the cost of housing, food, clothing and other necessities. Many are relegated to a life of poverty, simply because they

happen to be a person with a disability, in contravention of the *Ontarians with Disabilities Act*. The government should restore funding for the special diet supplement, end the claw back of federal benefits and significantly increase social assistance rates to allow those in receipt of benefits to have an enhanced quality of life by diminishing the insidious health damaging consequences of poverty.

For the past several years, the PPAO has worked diligently to address the issue of poverty and its impact on clients. We have raised this issue with the Minister of Community and Social Services and it has been included in our submissions and briefs to the provincial government. We believe that the Ministry of Health Promotion must include people with disabilities in their strategies to promote healthy living. Accordingly, they must become a partner in addressing the issue of poverty and its impact on physical and mental health.

The Right to Safe and Affordable Housing

Having a safe, decent and affordable place to live is pivotal to successful community living and recovery. Everyone needs a place to call home. The PPAO recommends that the government of Ontario provide additional funding for a range of housing options, from supported and staged housing to independent living. Due to the cyclical nature of mental illness, some clients may need different types of housing at different times.

Over the years, we have seen the clients go through a "revolving door" cycle of hospital readmission and homelessness. Each time our clients lose their homes and their possessions, they must start over again. This process isolates individuals from their communities and undermines their physical and mental well-being.

ODSP policies often perpetuate this cycle by preventing individuals from paying their rent during periods of extended hospitalization, leaving them vulnerable to eviction and homelessness. Housing must be considered a right in Ontario and the necessary supports must be provided to ensure that individuals are not deprived of their housing due to the consequences of mental illness.

The Right to Transportation Subsidies

Many individuals with mental illness participate in a range of programs and services that support their continued wellness and community tenure. However, many do not receive any financial subsidy for their transportation costs, compelling them to withdraw from needed and wanted supports and services. Limited financial assistance is available for programs attended for "medical reasons." The provincial government must address transportation as a priority in order to ensure that people can attend the programs and services that help them remain well and living in the community. In comparison to the cost of a specialized hospital bed, a transportation subsidy is a much more cost effective measure.

Stigma Promotes Discrimination

Stigma often promotes discrimination, by discouraging people from seeking the care, treatment, resources and opportunities that they so urgently need and want. Often this may be out of fear of rejection or worry about how they will be perceived by others. There are also many situations where mental illness and disability results in overt discrimination in employment, education and other social institutions, contrary to the Ontario *Human Rights Code*.

Education is needed to de-stigmatize mental illness, to create greater awareness, to promote zero tolerance for discrimination and to help the community become more inclusive and accepting. Education needs to begin early and continue through to post secondary education and include training health practitioners of all disciplines.

Criminalization of Individuals with Mental Illness

The PPAO is concerned about the alarming rise in formal charges being laid against individuals with mental illness in hospitals by both staff and co-patients. Few hospitals have policies or procedures in place that protect the rights of individuals facing police involvement. Many clients may be unaware of their rights under the law. Staff may be uncertain about their legal obligations in communicating with the police and how to support clients who are either facing charges or who wish to lay charges. Hospitals need to educate clients and staff about the rights of all individuals when the police are involved. The PPAO encourages hospitals to develop and implement policies that help to protect the rights of the individual and guide clients and staff in dealing with police matters.

Form 24 – Notice of Continuance – Respect for Your Rights

Psychiatric inpatients who have been found incapable of managing their property by their physician must be re-examined within twenty-one days of their discharge. If the patient is still incapable, the physician may sign a Form 24 (Notice of Continuance), which continues the financial incapacity into the community. Although physicians have twenty-one days prior to discharge to sign the Form 24, they are usually signed on the last possible day. As a result, Rights Advisers are often unable to meet with the person to explain the significance of the form and their legal rights because the person has been discharged. The patient, therefore, is deprived of rights advice and is often not aware of their ability to challenge the physician's decision before the Consent and Capacity Board. If the person wishes to challenge this finding after leaving the hospital, they are often subject to a much more onerous process.


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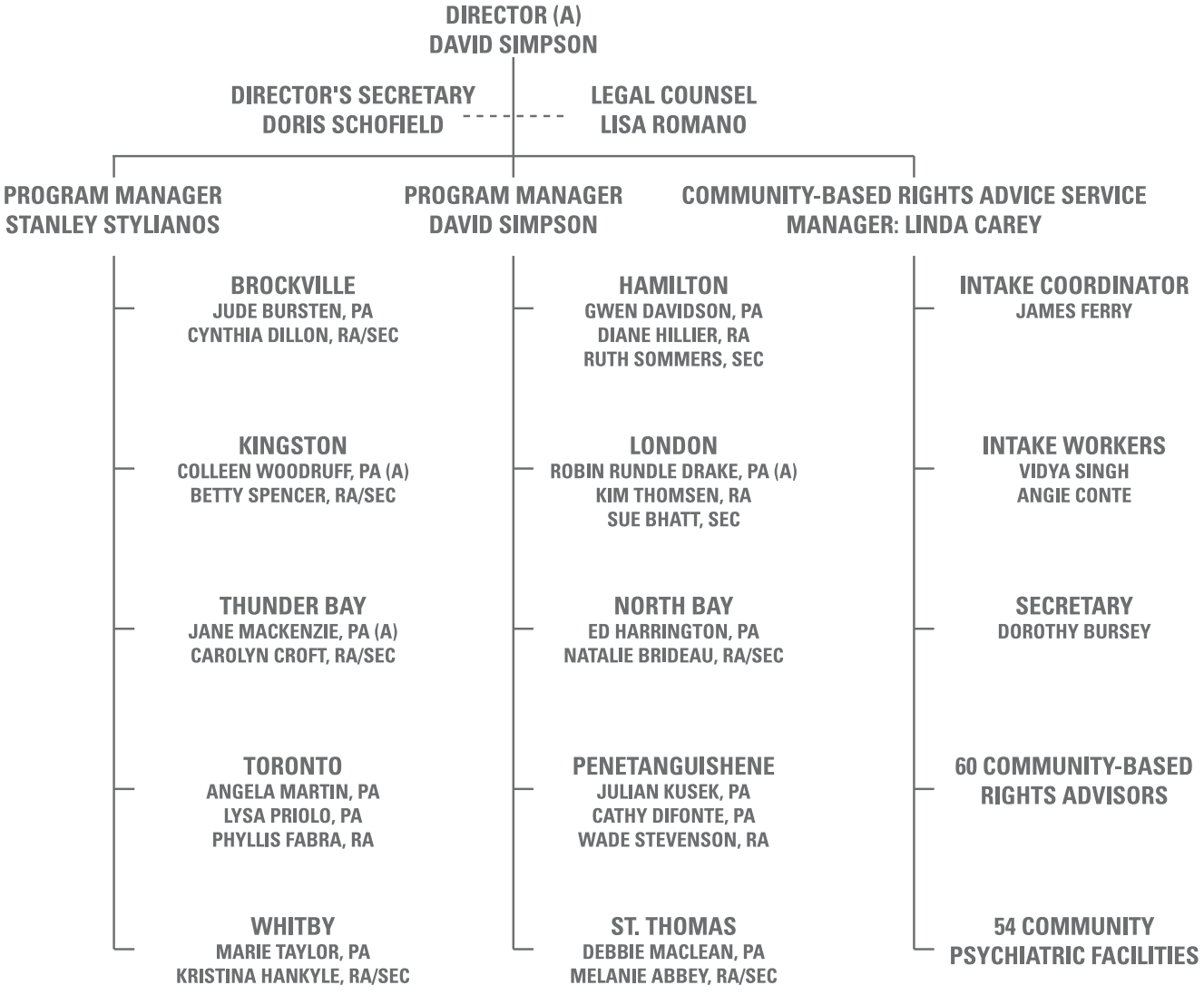
Staff and Organizational Chart

The PPAO provides services in ten regional or local offices across the province and has a head office located in Toronto. The PPAO field offices are strategically located in each of the current or divested provincial psychiatric hospitals so that our services are accessible to patients of those facilities. Contact information for the field offices can be found in the Appendix. Community-based Rights Advisers are located in cities or regions in close proximity to the psychiatric units of the community hospitals where they provide service. The PPAO is now a service provider in most communities in Ontario. PPAO staff are independent of the facilities in which they work.



PA - Patient Advocate RA - Rights Adviser SEC - Secretary A - Acting

Appendix

CONTACT INFORMATION – FIELD OFFICES

Psychiatric Patient Advocate Office
Brockville Psychiatric Hospital
Royal Ottawa Health Care Group
Highway 2 Prescott
1st Floor Administrative Building, Room 1322
Brockville, ON K6V 5W7
Tel: (613) 345-1461 Ext. 2530/2531
Fax: (613) 345-4352

Psychiatric Patient Advocate Office
Providence Continuing Care Centre
Mental Health Services
752 King St. W., Room 1009
Kingston, ON K7L 4X3
Tel: (613) 548-5575
Fax: (613) 540-6107

Psychiatric Patient Advocate Office
North East Mental Health Centre
North Bay Psychiatric Hospital
Highway 11 North, Room 35, Box 3010
North Bay, ON P1B 8L1
Tel: (705) 474-1377
Fax: (705)495-7889

Psychiatric Patient Advocate Office
Regional Mental Health Care St. Thomas
467 Sunset Drive
St. Thomas, ON N5P 3V9
Tel: (519) 631-1427
Fax: (519) 631-8216

Psychiatric Patient Advocate Office
Centre for Addiction and Mental Health
Queen Street Division
1001 Queen Street W., Room 167
Toronto, ON M6J 1H4
Tel: (416) 535-3959
Fax: (416) 583-3428

Psychiatric Patient Advocate Office
St. Joseph's Healthcare Hamilton
Centre for Mountain Health Services
P.O. Box 585
100 West 5th Street, Room F136 "A"
Hamilton, ON L8L 3K7
Tel: (905) 388-2454
Fax: (905) 381-5622

Psychiatric Patient Advocate Office
Regional Mental Health Care London
850 Highbury Avenue, Room B111
London, ON N6A 4H1
Tel: (519) 455-9380
Fax: (519) 679-7022

Psychiatric Patient Advocate Office
Penetanguishene Mental Health Centre
500 Church Street
Penetanguishene, ON L9M 1G3
Tel: (705) 549-3663
Fax: (705) 549-3172

Psychiatric Patient Advocate Office
Lakehead Psychiatric Hospital
St. Joseph's Care Group
580 North Algoma Street, Room Ka111
Thunder Bay, ON P7B 5G4
Tel: (807) 343-4309
Fax: (807) 343-4374

Psychiatric Patient Advocate Office
Whitby Mental Health Centre
700 Gordon Street, Room 7-2035
Whitby, ON L1N 5S9
Tel: (905) 430-4047
Fax: (905) 430-4044

"Where after all do universal human rights begin?
In small places, close to home – so close and so small
that they cannot be seen on any map of the world.
Yet they ***are*** *the world of the individual person:*
The neighbourhood he lives in; the school or college
he attends; the factory, farm or office where he works.
Such are the places where every man, woman, and child
seeks equal justice, equal opportunity, equal dignity
without discrimination. Unless these rights have
meaning there, they have little meaning anywhere.
Without concerted citizen action to uphold them close to home,
we shall look in vain for progress in the larger world."

Eleanor Roosevelt

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