

Rights and Recovery

Psychiatric Patient Advocate Office
Annual Report 2006



"It is up to all of us to continue to hold the dream and believe that tomorrow will be better than today, to nourish the seed of recovery and to be a beacon of hope amidst the doubts and the darkness. Keeping the flame alive until the individual has the strength to take it back and continue on their journey is an important task. Without hope, recovery is not possible."

David Simpson

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Self-determination

Meaning

Self-advocacy

Dignity

Acceptance

Live beyond the illness

Purpose

Empowerment

Autonomy

Contributing

Respect

Recovery

Trust

Inclusion

Hope

Choice

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 mental health 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

July 31, 2007

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 2006. This year's Report, "Rights and Recovery," is meant to generate a discussion about the work of our office as a rights protection organization and the linkage of our work to supporting empowerment and recovery. We believe that individuals with mental illness can and do recover, but they may require the support, encouragement and assistance of their community to achieve both wellness and recovery. This means, at times, having an independent advocate to assist, support and magnify their voice.

Again this year, we are asking you to consider the modernization and expansion of our mandate so that we are able to assist all individuals with mental illness in Ontario in their quest for wellness, recovery, full participation in the community and the opportunity to realize their rights as any other citizen. A fully independent advocacy and rights protection program, with its authority enshrined in provincial legislation, is a critical accountability mechanism in a comprehensive mental health system, consistent with the new stewardship model of the Ministry. We encourage you to review the governance model of the PPAO and to work towards its establishment as an independent officer of the legislature, similar to that envisioned for the Provincial Advocate for Children and Youth.

Recovery from mental illness is both a journey and a destination. For many vulnerable Ontarians, access to independent advocacy and rights protection is critical as they embark on their personal and unique journey towards recovery. We need your support in making this dream a reality for those who need our services to help them achieve their goals.

Respectfully submitted,

David Simpson
Director (A)

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Psychiatric Patient Advocate Office

Bureau de l'intervention en faveur des patients des établissements psychiatriques

July 31, 2007

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 2006 Annual Report of the Psychiatric Patient Advocate Office (PPAO). This year's Report, "Rights and Recovery," illustrates the natural relationship between rights and recovery and the role of advocacy to achieve both. It is our hope that this Report will stimulate a discussion and promote a robust and dynamic approach to rights and recovery across the mental health sector in Ontario.

Recovery is a personal and unique journey, defined by the person in keeping with their values, beliefs, desires, life experiences. It is about having the resources, opportunities and support to live a satisfying, hopeful and meaningful life with the ability to contribute to the community to the extent that one wishes and is able to do so. Trusting and believing that recovery can occur is perhaps the first step, combined with having the support and assistance of others throughout the journey. Without hope, recovery is not possible. Without options and choices, recovery is not possible. Without support and assistance along the road to wellness, recovery is not possible. Without the ability to realize one's rights, recovery is not possible.

We would like to encourage the Ministry to adopt a recovery orientation for the mental health sector in Ontario, to embrace greater consumer-survivor involvement, to require all agencies and programs delivering mental health services to have peer support workers on staff and to support the enhancement of rights protection mechanisms to protect some of the most vulnerable Ontarians, those with mental illness. Recovery is possible, but we must all work together to give every Ontarian with a mental illness the best opportunity possible to realize their dream of inclusion, full participation, wellness and acceptance by an understanding community.

Sincerely,

David Simpson
Director (A)

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Director's Message

It is my pleasure to submit our Annual Report for 2006. This Report, entitled "Rights and Recovery," seeks to highlight the natural relationship between rights protection and advocacy and recovery. The Psychiatric Patient Advocate Office (PPAO) continues to foster discussion within the mental health community about how rights protection mechanisms support wellness and recovery.

I would like to thank the individuals who approached our office for assistance in realizing their rights as they embarked on their journey of wellness and recovery. It was a privilege to provide service and to walk with them along the path to recovery.

Again this year, our staff worked tirelessly to protect and promote patients' rights in Ontario and to assist and support patients' to make informed decisions about their care and treatment. Their level of professionalism and dedication illustrate their deep commitment to social justice, human rights and the desire to make the world a better place.

I would be remiss if I did not thank the hospital staff who worked cooperatively with the PPAO to address rights protection and quality of care and life issues. I would also like to thank the administration of each of the hospitals we serve for their continued commitment to the provision of independent rights advice, advocacy and rights protection in support of patients fully realizing their rights and entitlements. It has been both gratifying and encouraging to witness the emergence of strong, collaborative working relationships between the PPAO, hospitals and stakeholders.

For most individuals with a mental illness, recovery is both a journey and a destination. As a rights protection organization, the PPAO is interested in the possible linkage between effective advocacy and recovery.

While there is no consensual definition for recovery, we see a natural relationship between the core elements of recovery and the goals of advocacy. Recovery is rooted in choice, hope, empowerment, respect for rights and dignity and strives toward full social participation and inclusion. Similarly, advocacy seeks to restore decision-making power to consumers with respect to their treatment, rehabilitation and life choices. Advocacy works to support client choice and self-determination through the protection of individual rights and the elimination of barriers to personal needs and wants. Thus, empowerment lies at the heart of both recovery and the provision of advocacy. Knowing and standing up for your legal and human rights may be a key dimension of recovery insofar as consumers are given the power to "take back" their lives.

Recovery is facilitated when individuals have access to needed and wanted services and supports. However, recovery cannot flourish in an environment that denies consumer choice, opportunity, independence and autonomy. For healthcare providers, the challenge is adopting and fostering an approach that will allow individuals to define recovery on their own terms while providing their mandated clinical programs, services and supports. A service delivery environment that creates and sustains power imbalances, denies choice, erodes legal rights and undermines individual autonomy is sure to impede recovery.

Recovery began at the grassroots of consumer activism and continues to spring from the lived experience of consumer-survivors. For this reason, the expertise of consumers is essential in shaping both the language of recovery and how we support its implementation as a service delivery model in Ontario. The PPAO wishes to support continued dialogue among stakeholders on the development of a recovery framework. However, we firmly believe that consumer-survivors must provide the leadership,

guidance and the direction for Ontario in articulating and advancing this model. We are prepared to lend our expertise in the areas of advocacy and rights protection to this discussion.

There is a lot to be done at both the micro and the macro levels in order for Ontario to adopt and promote a recovery framework for its mental health sector. Government and community and hospital-based service providers must dialogue with mental health consumers about recovery options and possibilities and how the mental health sector could operationalize recovery principles. Local Health Integration Networks (LHINs) need to work with their stakeholders and provide leadership to ensure their funded community agencies base their programs on the principles of recovery. The government and the LHINs could illustrate its commitment by requiring all mental health funded agencies to have peer support workers, a client bill of rights, transparent complaint processes, independent advocacy and rights protection mechanisms and consumer engagement and participation at all levels of the organization.

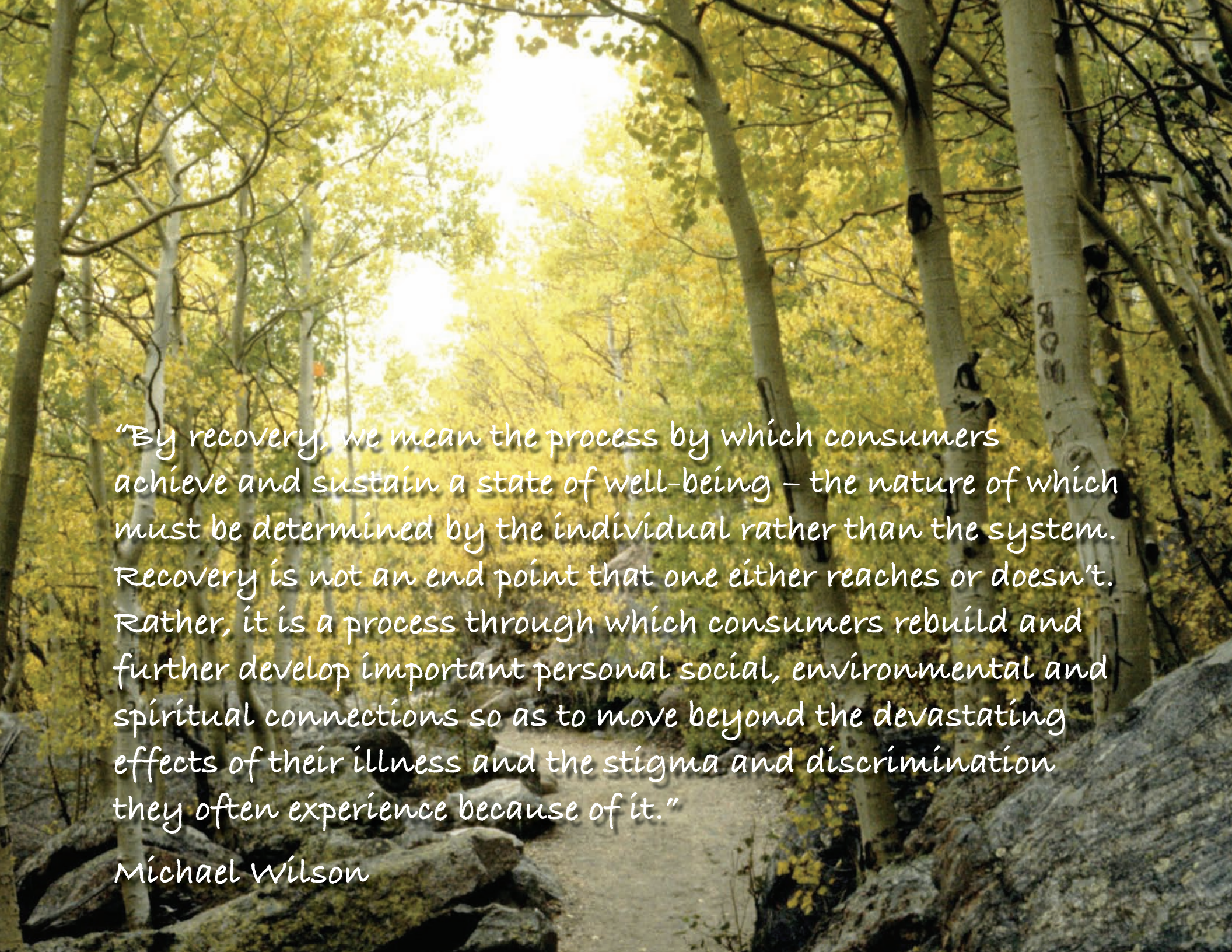
Recovery is both a journey and a destination and we believe that all individuals with a mental illness have the capacity to identify, direct and achieve recovery on their own terms. Let us support those who have set out on this unique and very personal journey. Every traveler on the road to recovery deserves the understanding, support and compassion of the healthcare community and society at large.

Sincerely,

A handwritten signature in black ink, appearing to read "David Simpson".

David Simpson
Director (A)

"Recovery is both a journey and a destination and we believe that all individuals with a mental illness have the capacity to identify, direct and achieve recovery on their own terms."



"By recovery, we mean the process by which consumers achieve and sustain a state of well-being – the nature of which must be determined by the individual rather than the system. Recovery is not an end point that one either reaches or doesn't. Rather, it is a process through which consumers rebuild and further develop important personal social, environmental and spiritual connections so as to move beyond the devastating effects of their illness and the stigma and discrimination they often experience because of it."

Michael Wilson

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-makers, 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.

The relationship between the Rights Adviser and the client is unique. In circumstances where the client feels powerless - a physician can take away fundamental rights with a stroke of the pen - the Rights Adviser provides a neutral and non-judgmental presence. The Rights Adviser is not part of the treatment team and does not make decisions for the

client. In fact, the Rights Adviser can only act upon the client's specific instruction. The client has lost a right (e.g., the right to leave the hospital) and the Rights Adviser explains the impact of that loss as well as the options available if the client does not agree. The Rights Adviser provides information to assist the client in understanding his/her rights and options and provides assistance if the client wishes to apply for a hearing before the Consent and Capacity Board.

The Rights Adviser must explain the matter to the client to the best of his/her ability taking into consideration the special communication needs of the client. For example, the Rights Adviser will tailor the information to match the client's ability to understand. The Rights Adviser must provide the client with the best possible opportunity to understand the information being provided. In some cases, the Rights Adviser may decide that a second visit will provide this opportunity.

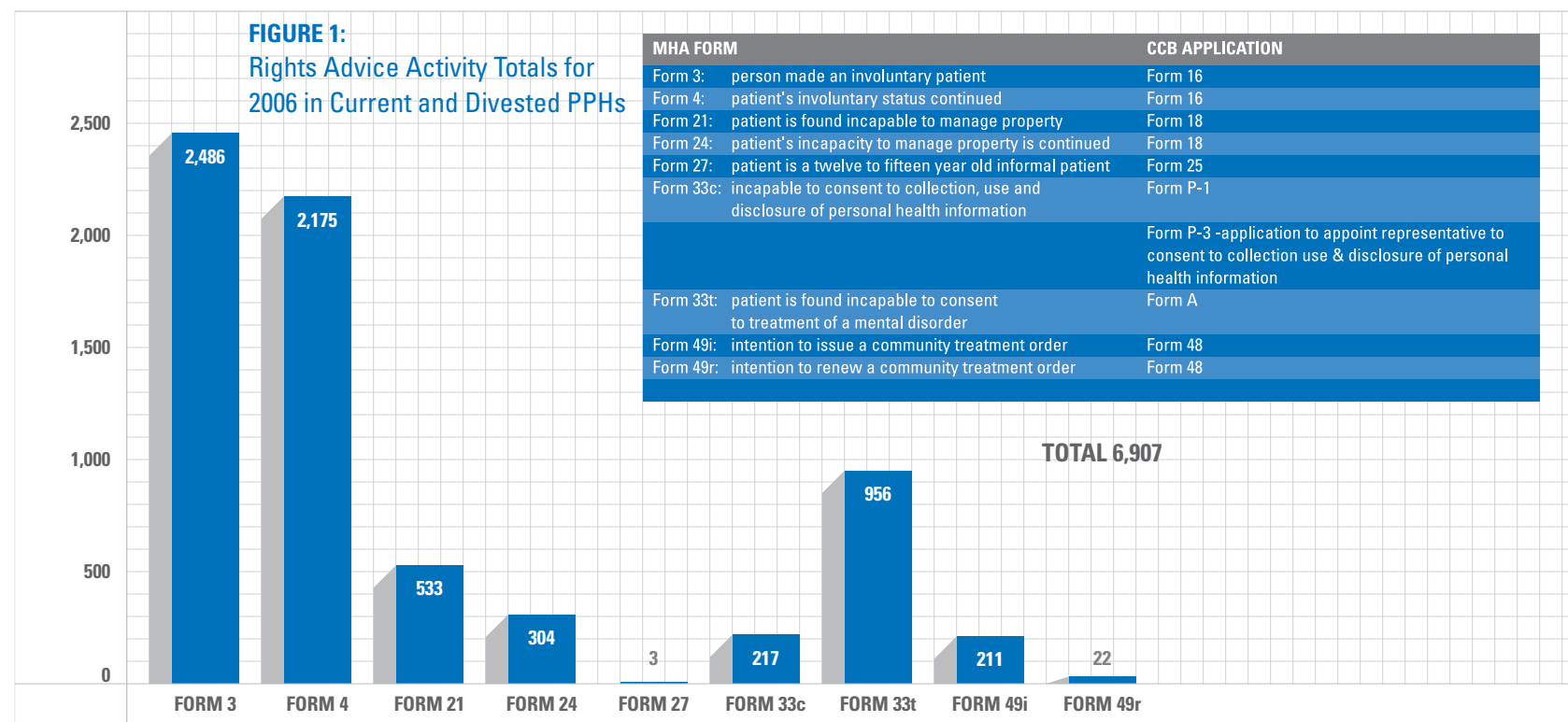
"Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."

W. A. Anthony



Rights Advice in Current and Divested Provincial Psychiatric Facilities

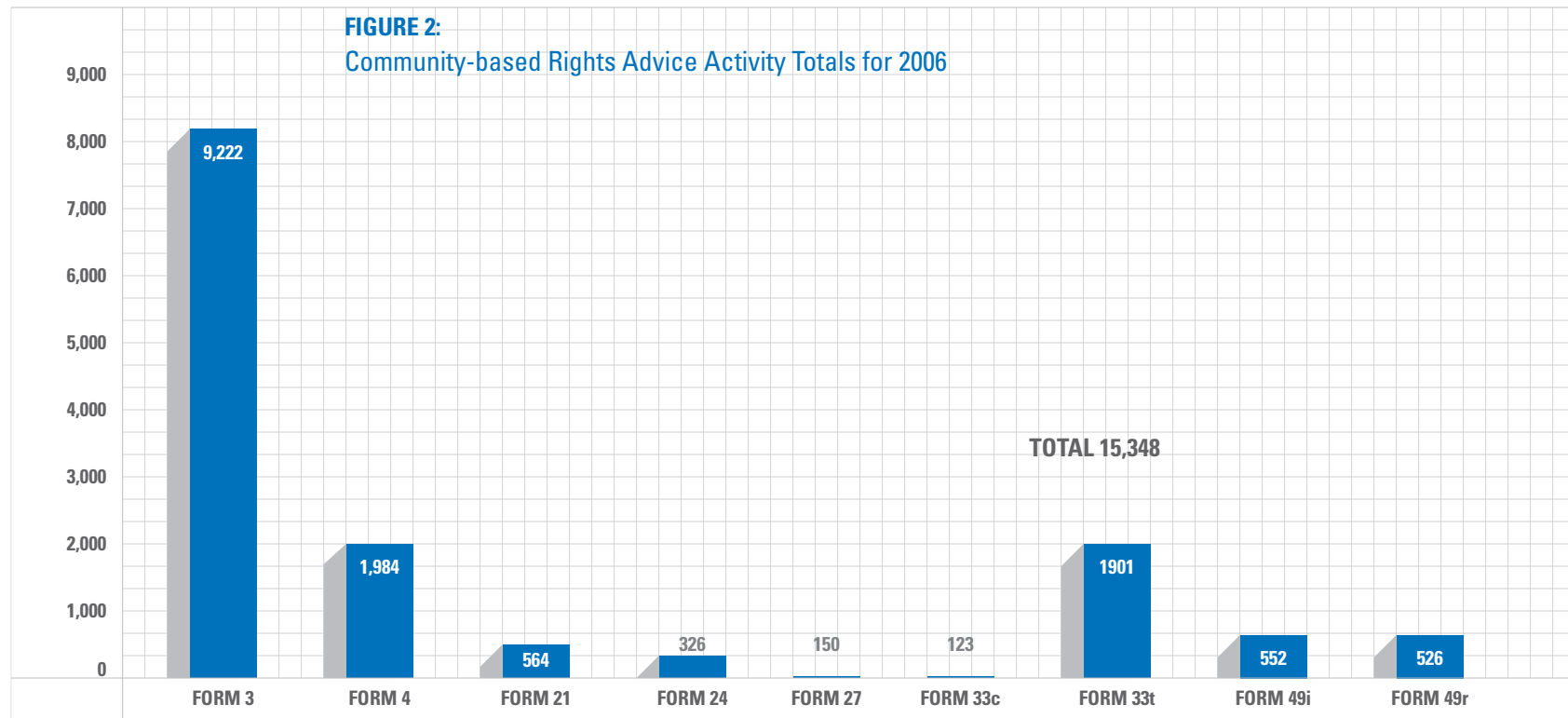
In 2006, there were 6,907 first visits for rights advice in the current and divested provincial psychiatric hospitals; there were 1,251 second visits required and 299 third or subsequent visits. Of the total number of first visits, 67.5% were for involuntary admission; this included both certificates of involuntary admission (Form 3) 36% and, certificates of renewal (Form 4) 31.5%. Of the remainder of the first visits, 13.9% concerned incapacity to consent to treatment (33t), 12.1% were for financial incapacity (Forms 21 and 24), and 3% and 0.4% for the issuance (49i) and renewal (49r) of CTOs (Form 49), respectively. 3.1% of the visits concerned incapacity to consent to the collection, use or disclosure of personal health information (33c).



Community-based Rights Advice

The Community-based Rights Advice Service responded to requests to visit clients regarding 15,348 forms in the mandatory rights advice situations. The majority of the forms were regarding involuntary admission (73%); this included both certificates of involuntary admission (Form 3) (60.1%) and renewals of certificates of involuntary admission (Form 4) (12.9%). Rights advice for treatment incapacity (33t) comprised 12.4% of the forms, while incapacity to manage property (Form 21 and 24) accounted for 5.8% of the forms. Clients admitted as informal patients (Form 27) represented 1% of the forms. The intention to issue a CTO (49i) and to renew a CTO (49r) represented 3.6% and 3.4% of the forms, respectively. Findings of incapacity to collect, use or disclose personal health information (33c) represented 0.8% of the forms.

Second rights advice visits were made in 1,915 cases. In 407 cases, a third or subsequent visit was made. Rights advice was provided in 45 languages in 411 cases.



Applications to the Consent and Capacity Board

In 2006, the PPAO assisted clients with a total of 3,258 applications to the CCB. There were 1,143 applications with respect to forms issued in the current and former provincial psychiatric facilities; Community-based Rights Advisers assisted clients in making 2,115 applications to the CCB. There is a slight downward trend in the number of applications to CCB, with applications ranging from 17.1% in 2002 to 14.6% in 2006.

Rights Advice for Community Treatment Orders

In 2006, there were 1,311 requests for rights advice on an intention to issue or renew a Community Treatment Order (CTO) (Form 49) across both rights advice programs. 763 (58.2%) requests were received for issuances, while 548 (41.8%) were for renewals. Compared with 2005, there was a 26.3% increase in the number of issuances and a 7% increase with respect to renewals.

FIGURE 3:
Consent and Capacity Board Applications for 2002 - 2006

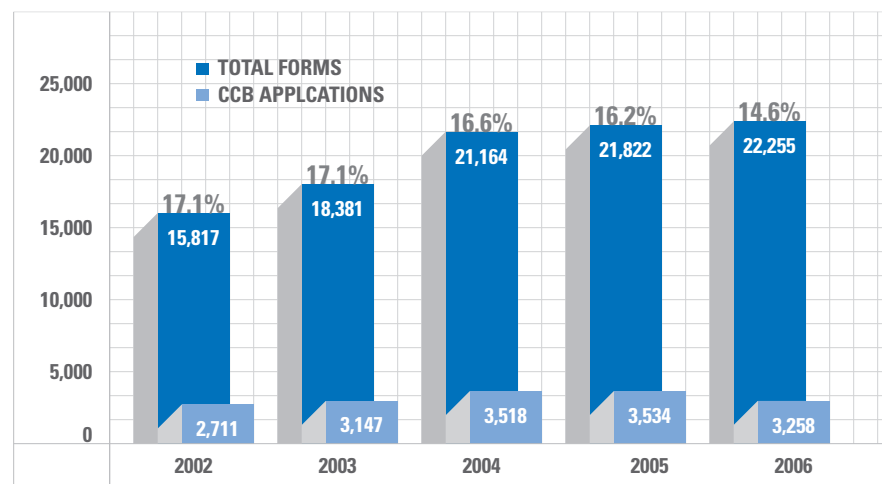
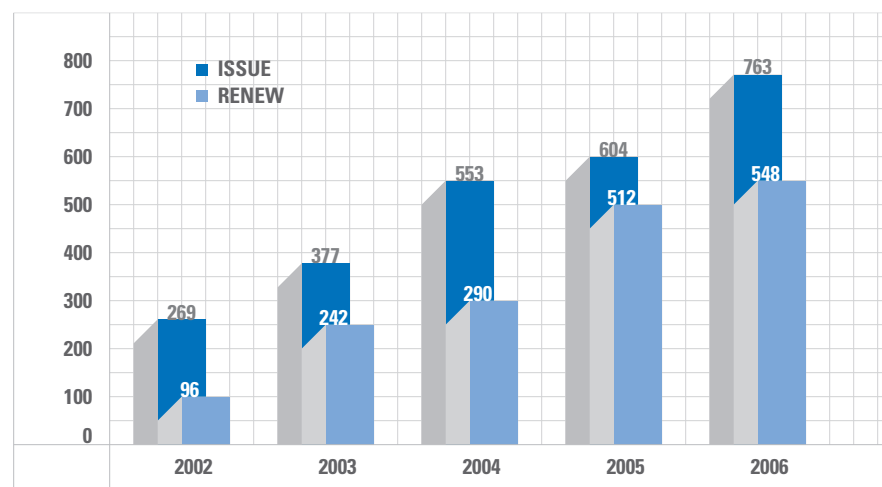


FIGURE 4:
Request for Rights Advice Received by the PPAO on the Intention to Issue or Renew a CTO for 2002 - 2006





Rights Empowerment Recovery

Advocacy

Advocacy is the act of speaking in support of human concerns or needs. When people have their own voice, advocacy means making sure they are heard; when they have difficulty in speaking, it means providing help, where they have no voice, it means speaking for them.

ADVOCACY

Advocacy is a process that ensures that the rights of vulnerable people are protected, that their self-defined needs are met, and that 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 quality of care, life and rights-based issues arising from their treatment and

rehabilitation. Partisan advocacy, as defined by the Psychiatric Patient Advocate Office (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 clients may decide to advocate for themselves with limited support from the patient advocate while others may rely fully on the 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. Patient 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. Patient Advocates inform the client about the scope and limits of their role, options that are available and the possible consequences to the client of exercising available options.

When advocates are presented with advocacy issues, they assess the issue with the client and determine the best strategy for resolution. They take into consideration several factors, including: 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, 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 2002 through 2006. In 2006, Patient Advocates, across all current and divested provincial psychiatric facilities, addressed 3,539 issues on behalf of clients. Therapeutic issues comprised 30.7% of the total issues addressed, while social and legal issues represented 20.8% and 48.5% of the total issues, respectively.

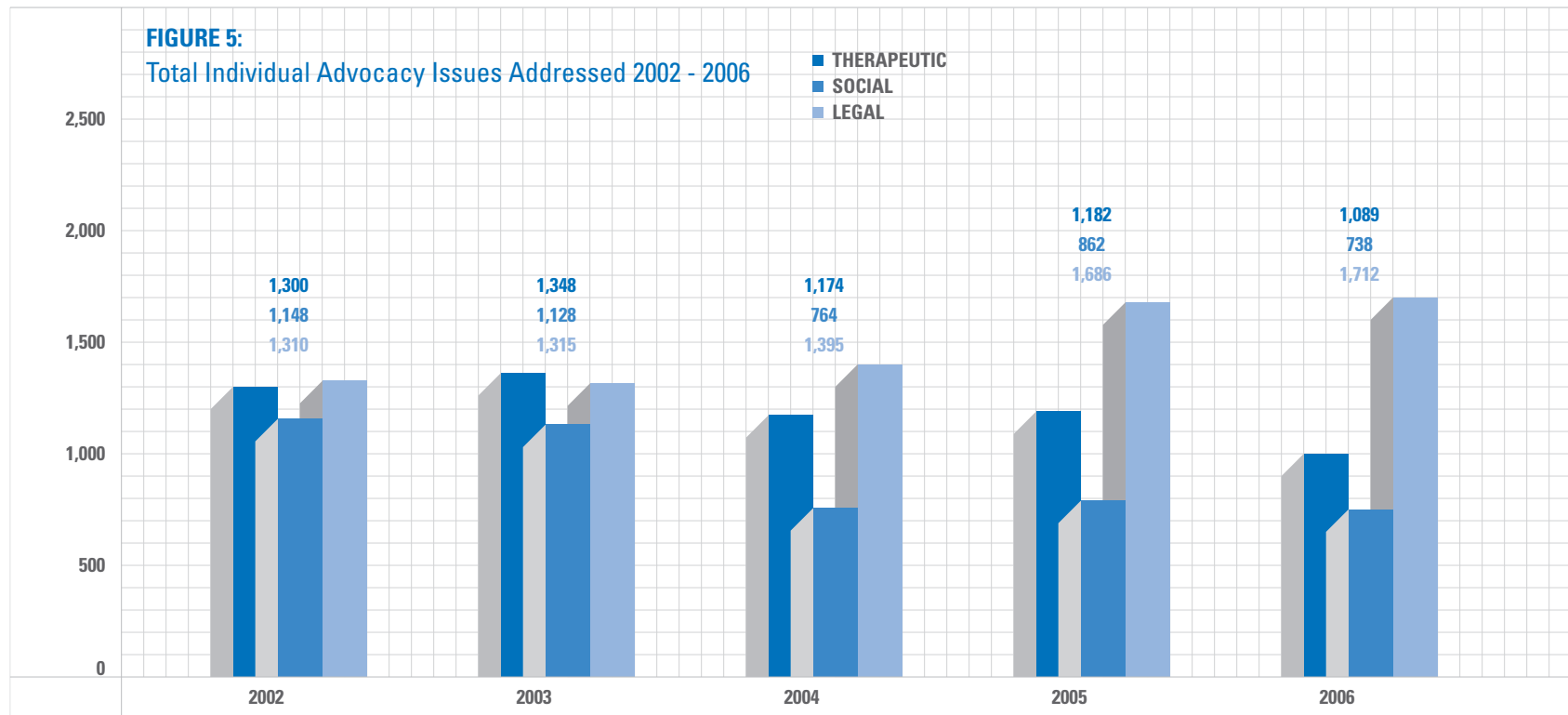


FIGURE 6:
Files Opened by Hospital Admission Status

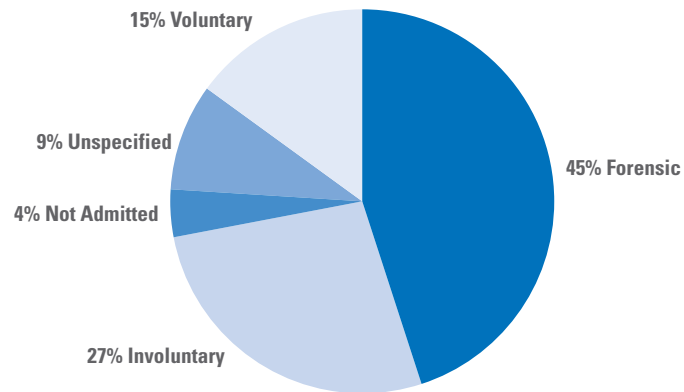


TABLE 1:
Client Profile by Age and Sex

AGE GROUP	SEX			TOTAL	%
	MALE	FEMALE	UNKNOWN		
0 - 14	3	/	/	3	0.11%
15 - 24	105	43	/	148	5.61%
25 - 34	302	87	6	395	14.88%
35 - 44	370	135	4	509	19.21%
45 - 54	396	148	3	547	20.68%
55 - 64	219	84	2	305	11.64%
65 - 69	42	17	/	59	2.22%
70+	30	57	/	87	3.28%
Unspecified	368	200	11	579	22.37%
TOTAL	1847	782	26	2655	100%
PERCENT	69.57%	29.45%	0.98%	100%	

Files Opened

In 2006, the PPAO opened 2,655 files. Files generally 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 2,655 files opened in 2006, 45% were opened by clients detained under the *Criminal Code of Canada (the Code)*. Clients held involuntarily under the *Mental Health Act (MHA)* accounted for 27% of the total files. In contrast, clients admitted as voluntary patients comprised 15% of the files.

Client Profile

Table 1 provides the age and sex profile of those receiving advocacy services (n=2655). Men represented the majority of clients served (69.57%). Women comprised 29.45% of clients. The majority of clients fell between the ages of 25-54 (54.77%), while a small percentage of clients was either under the age of 24 (5.72%) or over 64 years of age (5.5%).

Referral Source

Clients sought advocacy services on their own behalf in 29% of the cases. Hospital staff referred clients for service 10% of the time. Other sources and family and friends accounted for 1% and 1% of the referrals, respectively. Referral sources were not specified in 51% of the cases.

Advocacy Interventions

Advocates across all field offices carried out 10,703 actions in addressing client concerns. Resolution was sought through: consultation (17%); discussion of options (20%); providing information (20%); providing assistance (18%); negotiation (5%); referral (4%); arranging meetings (3%); drafting written materials (3%); and other, situation-specific strategies, as necessary (10%).

FIGURE 7:
Files Opened by Source of Referral

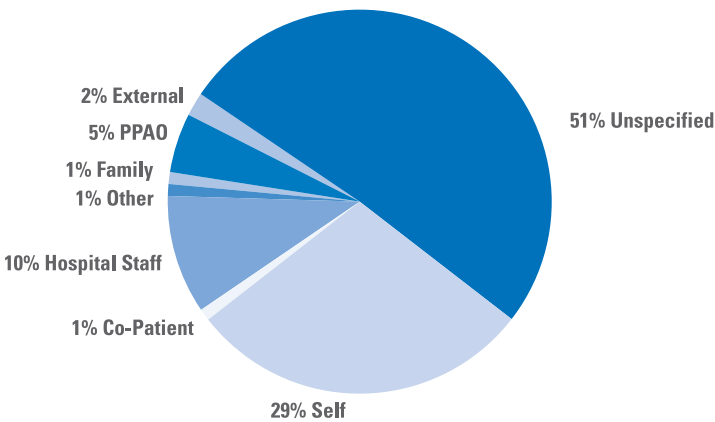
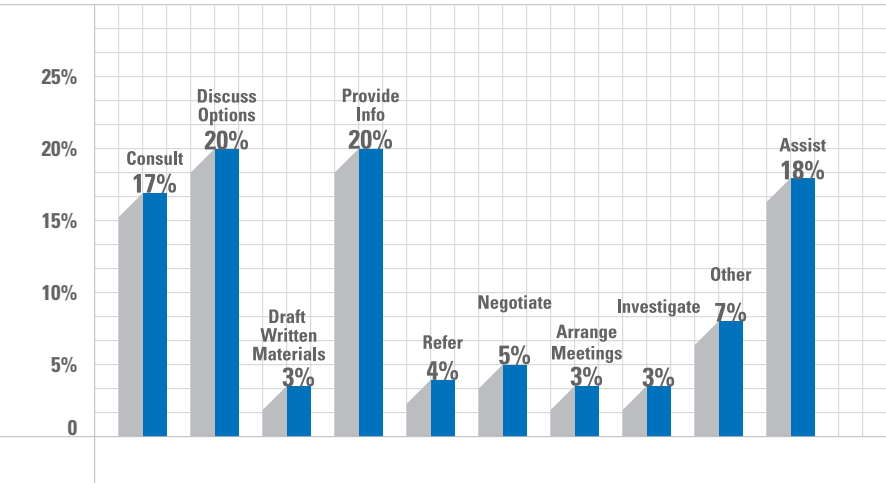


Table 2:
Patient Advocate Actions





Rights
Empowerment
Recovery

Knowledge is Power

Every day PPAO staff members provide information to clients to assist them to make choices. Indeed, providing information about patients' legal and civil rights to patients, families, hospital staff and the broader community has been a cornerstone of the PPAOs mandate since 1983. Our approach to advocacy proceeds from informing individuals about their rights and options, and then provides support and assistance to achieve the clients' defined goal.

PUBLIC EDUCATION

This year, the PPAOs Annual Report emphasizes the connection between rights and recovery. As the Director noted in his message, advocacy seeks to restore decision-making power to consumers with respect to their treatment, rehabilitation and life choices. Emerging research, in fact, supports the notion that choice is an important resource for recovery. Without education and information about basic human and civil rights, and rights under legislation that can cause you to be held

and treated against your will, how can recovery occur?

Every day PPAO staff members provide information to clients to assist them to make choices. Indeed, providing information about patients' legal and civil rights to patients, families, hospital staff and the broader community has been a cornerstone of the PPAOs mandate since 1983. Our approach to advocacy proceeds from informing individuals about their rights and options, and then provides support and assistance to achieve the clients' defined goal.

In 2006, as part of its public education mandate, the PPAO hosted a series of free workshops, "Understanding Mental Health Law", in Hamilton, Kingston, London, Ottawa, Thunder Bay, Toronto and Windsor. The workshops were attended by more than 650 individuals who registered for the half-day sessions. The workshops provided information on Ontario mental health law and patients' rights including topics such as treatment and informed consent, community treatment orders, personal health information, involuntary status, and rights advice. Given

the overwhelming and positive response of participants, the PPAO will host additional workshops in 2007.

Over the course of the year, PPAO staff members also participated in a wide variety of both formal and informal educational events across the province. Formal submissions regarding proposed legislation, letters to the editor, information and rights guides and position papers can be accessed through our website. In the meantime, a list of events can be viewed below.

With the development of the Internet, information about patient rights has been disseminated far and wide. In addition to the PPAO's direct educational efforts, our website offers a comprehensive menu of our work. In 2006, 1,686,492 pages were viewed by visitors from around the world. While Canadians were our top visitors at 45,743 visits, visitors from the top five countries included those from the United States, the United Kingdom, Australia and France. We were also surprised and pleased to note that we also had visitors from China, India, Israel and South Korea among our top 20 visitor countries.

Conference and special event presentations

In 2006, the PPAO had the opportunity to participate in a number of conferences either through our organizing work or through presenting. These included the Patricia Deegan Workshop: Recovery, Getting Beyond the Talk, the Psychosocial Rehabilitation Conference and the Ontario Recovers Campaign. We also delivered presentations at several special events including those hosted by organizations such as the Hotel Dieu, Kingston, Osgoode Mental Health Law Students and the Ontario Association of Patient Councils. Presentations on patient rights were also provided to St. Catherine's General Hospital, the Canadian Mental Health Association, Niagara and the Mental Health Rights Coalition of Hamilton.

Expert Advice

The PPAO, as part of our systemic advocacy agenda, reviews proposed legislation and makes recommendations on behalf of our clients. In addition to this, we often present to the standing committees of the legislature on our submissions.

In 2006 we had the opportunity to comment on several pieces of proposed legislation or policies including Bill 36: *Local Health System Integration Act, 2005*, the 2006 Pre-Budget Consultations and with respect to amendments to the *Personal Health Information Act*, Regulation 329/04. In the course of our work, we also made a Deputation to the Toronto Police Services Board regarding the Police Reference Check Program

The PPAO was also asked to participate in several consultations including those sponsored by Legal Aid Ontario, the Consent and Capacity Board and with respect to the Ontario Recovers Campaign. During the year we also helped educate students from different organizations including McMaster University, the Ontario Institute of Technology and the University of Western Ontario.

In addition to providing expert advice, we also develop informal information guides with respect to a number of issues. We developed fifteen information guides in 2006, which were then posted to our website, including guides on how to access to your personal health information, how to make a complaint about a health professional and what your rights are as a psychiatric patient.

For a full listing of our submissions, presentations and information guides, please view our website at: <http://www.ppa.gov.on.ca>.

Ex-officio membership on local and regional committees

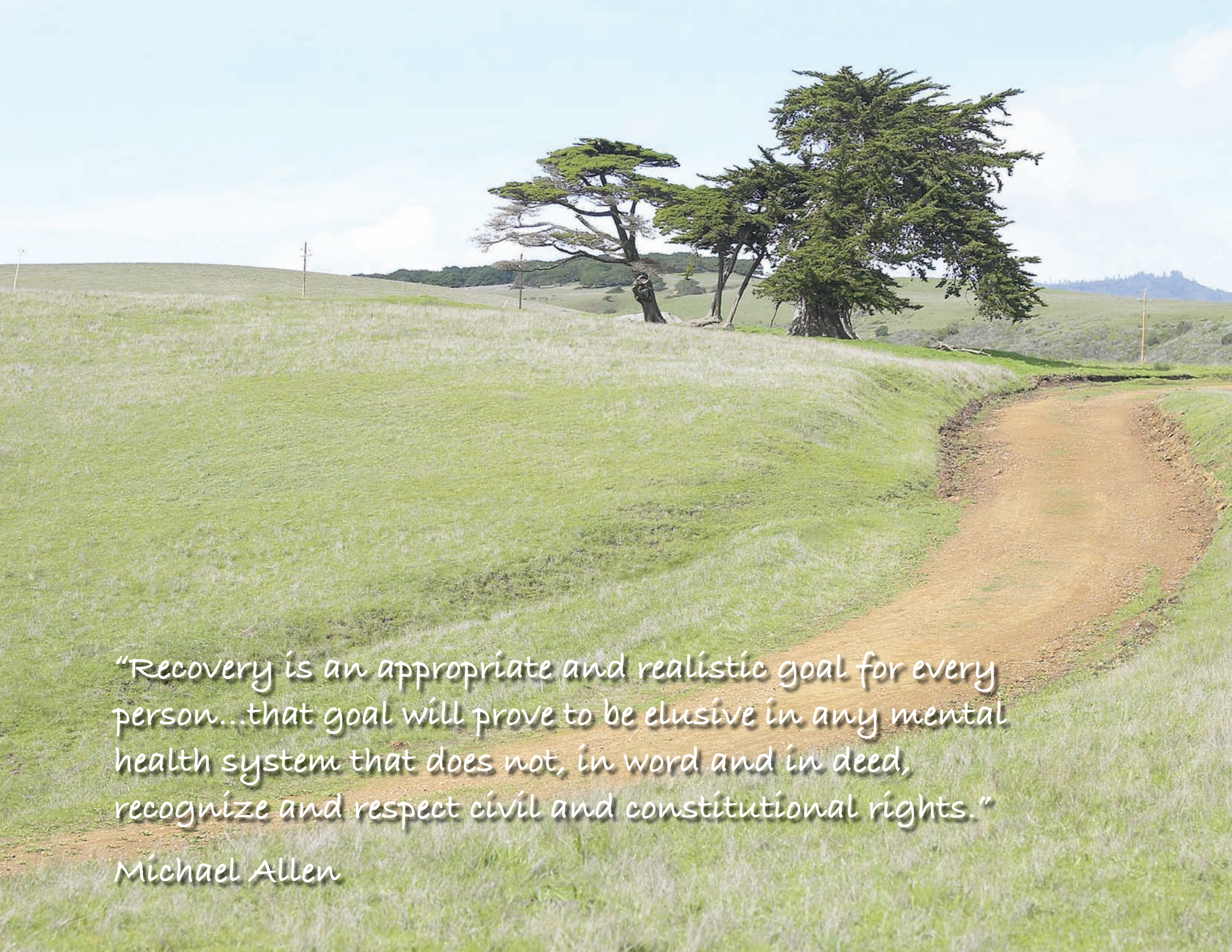
Many of our staff, both from head office and from our local offices, serve as *ex-officio* members of local and regional committees. An *ex-officio* membership is conveyed on individuals who participate as a member because of their office. In the case of the PPAO, we sit as *ex-officio* members because of the knowledge about patient rights and mental health issues that we have. On some committees, *ex-officio* members do not vote, on others they do.

Head Office staff members sit on a number of committees including the Mental Health Legal Committee, Legal Aid Ontario Mental Health Advisory Committee and the Mental Health Patient Safety Task Group. Patient Advocates also sit on a variety of committees including those discussing patient smoking rights, election rights and with respect to forensic issues. Some staff also participate as *ex-officio* members on committees associated with community groups or activities outside the hospital environment including those looking at issues related to assertive community treatment, mental health promotion and issues related to mental health and addictions.

In the News

Over the course of the year, the PPAO submitted letters to the editor that were published in 17 newspapers across the province on topics related to recovery and patient rights including: addressing stigma, the participation of psychiatric patients in elections and the need for an overarching public strategy to help the mentally ill. We were also referenced in several articles including in the Kitchener Record about Kitchener's Mental Health Court and in a Toronto Star article on mental health law.

www.ppao.gov.on.ca

A scenic landscape featuring rolling green hills under a clear blue sky. A dirt road curves through the foreground on the right side. In the middle ground, a cluster of trees, including a large, spreading tree and a tall, thin tree, stands prominently. The grass is a mix of green and light brown, suggesting a dry or late summer season. The overall mood is peaceful and open.

"Recovery is an appropriate and realistic goal for every person...that goal will prove to be elusive in any mental health system that does not, in word and in deed, recognize and respect civil and constitutional rights."

Michael Allen

Promoting Rights and Recovery 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 realization of rights through systemic advocacy is a process which may be closely allied to recovery and wellness insofar as it fosters self-determination and the reduction of barriers to social inclusion. Systemic advocacy strives to increase the range of choices for individuals broadly within the culture at large. Ideally, it draws its agenda for change from a consumer perspective and, in this way, empowers individuals to assume greater control over their own lives.

The following captures the efforts of the PPAO 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.

Management of Client Funds and Property by Hospitals

At the December 2006 program meeting, the advocates and head office staff discussed the theft of money from patients in two psychiatric facilities. In one facility, funds had been misappropriated from patient accounts over a

long period of time, which resulted in a substantial amount of money being taken. In the other facility, the hospital decided of its own accord to conduct a forensic audit, which subsequently uncovered theft from patient accounts in that facility.

Staff discussed how patient advocates could best address this issue across the facilities where we provide service, to ensure that patient finances were protected and that hospitals had appropriate policies, procedures and oversight in place. Since 9 of the 10 hospitals have been divested from provincial

government control, there is no longer a single operating policy across sites or transfer of information and best-practices as a matter of course. In many respects, the PPAO remains the one continuing on-site link across the facilities.

A memo was drafted and sent to advocates to share with their facility administrators outlining issues and concerns, including the safeguarding of patients' personal property. The PPAO also wrote to the Ontario Hospital Association to alert them to the issues raised by our office in the current and divested provincial psychiatric hospitals. This issue continues to be an ongoing subject of advocacy activity.

Dialogue with the Public Guardian and Trustee

The PPAO met with representatives from the Office of the Public Guardian and Trustee (OPGT) to establish a dialogue regarding issues impacting mutual clients. Discussion centred on a broad range of issues, including: the provision of rights advice information for notices of continuance of incapacity to manage property (Form 24); the completion of certificates of incapacity to manage property (Form 21) and notices of continuance (Form 24) for non-mental health clients; client requests for capacity assessments; distribution of capacity assessors across the province and the need for improved availability in under-serviced areas; the process of entering a client's home to catalogue their possessions and the need to develop a policy regarding this issue; client access to financial statements; and the forwarding of client mail. The PPAO and OPGT staff continue to collaborate to address identified concerns.

Funding for Smoking Cessation Products

The PPAO wrote to the Minister of Community and Social Services, Hon. Madeleine Meilleur, to advocate for funding of smoking cessation products for residents of tertiary care mental health facilities who wish

to stop smoking. The PPAO noted the lack of financial assistance on discharge to support individuals in maintaining a smoking cessation regimen. In the context of the government's overall health promotion strategy, the PPAO recommended the inclusion of smoking cessation products in the Ontario Drug Benefit Formulary to support those individual who had made a personal commitment to stop smoking, but lacked the financial resources to realize this goal. The PPAO noted that initial costs to the government would pay significant future dividends in decreased health costs and improved health for Ontarians.

Detention of Persons Held for Psychiatric Assessment – Form 1

The PPAO wrote to Hon. George Smitherman, Minister of Health and Long-Term Care, regarding the potential abuse of the rights of persons detained in hospitals under the authority of an Application for Psychiatric Assessment (Form 1). Reports were received from patients, families, health practitioners, and facilities alleging that, in certain areas of the province, individuals were detained for several days on a Form 1 while awaiting a bed at a psychiatric facility. Moreover, some of these hospitals were also alleged to have failed to provide individuals with written notification of their detention (Form 42) in a timely manner, if at all, as required by law. A Form 1 is valid for 7 days prior to its execution and permits a psychiatric facility "to restrain, observe and examine" a person in the facility for not more than 72 hours. Following completion of such an assessment, the individual must be released or admitted as either an informal, voluntary or involuntary patient. The PPAO raised concern that the liberty rights of individuals left to languish while awaiting a bed in a psychiatric facility were being egregiously violated. The PPAO was invited to join a task group to provide guidance for the safe management of mental health emergencies and to improve standards of care and safety for all consumers who present to hospital emergency departments. Form 1 admissions were to be considered in

this context. The Mental Health Patient Safety Task Group met several times in 2006.

Consent and Capacity Board

The PPAO continued to work collaboratively with the Consent and Capacity Board (CCB) to ensure that our mutual clients continued to receive the best possible service. Representatives from both the PPAO and CCB met to address ongoing concerns, such as: the appointment of legal counsel; combined hearings for Forms 3 (Certificate of Involuntary Admission) and 4 (Certificate of Renewal); the timeliness of decisions and reasons; and withdrawals.

Traditionally, the CCB has anonymized its reasons for decision so that an individual's initials, not full name, are used. However, the CCB suddenly changed its policy and decided to no longer anonymize reasons. The PPAO was extremely troubled by this development because reasons for decision contain tremendous amounts of personal health information about individuals. Hearings are often held at a time when individuals are experiencing the low point of their illness and many do not want such information shared with others due to fear of stigma and discrimination. Individuals have a reasonable expectation of privacy regarding this information. It was the PPAOs position that not anonymizing reasons would have a chilling effect and prevent clients from exercising their rights because they would be deterred from applying to the CCB.

The CCB subsequently changed its policy and reasons for decision are again anonymized.

Special Diet Allowance

The PPAO supported a complaint made by a medical practitioner to the Information and Privacy Commission of Ontario regarding the new

Special Diet Supplement application form being used by the Ministry of Community and Social Services for recipients of the Ontario Disability Support Program (ODSP) seeking a special diet allowance. The allowance is intended to help people who require a special diet because of a medical condition. However, it is the practitioner's position, supported by the PPAO, that recipients are not in a position to refuse to consent to the disclosure of their personal health information to their caseworkers because if they do, it can have an immediate impact on their benefits, their quality of life and ability to provide for themselves and their families. As such, there is a coercive quality to the consent that is sought from ODSP clients when they are applying for the special diet allowance. They are put in the awkward position of wanting to keep their medical information private versus having to disclose it simply to receive a benefit that they are already likely eligible to receive.

Victim Impact Statements

Amendments to the *Criminal Code of Canada* in January 2006 made significant changes to the provisions governing victim impact statements at hearings before the Ontario Review Board (ORB). These changes included: requiring the ORB to notify victims of their right to participate if there is a possibility of a discharge; requiring the ORB to consider victim impact statements in making its disposition; allowing victims to read a statement at hearings; and permitting the ORB to adjourn hearings to allow victims an opportunity to prepare a statement. The PPAO had previously made submissions to the Standing Senate Committee on Legal and Constitutional Affairs and the House of Commons Standing Committee on Justice, Human Rights, Public Safety and Emergency Preparedness that ORB hearings are not the appropriate forum for victim impact statements. Such statements focus exclusively on the effect of the forensic client's actions while they were potentially at the low point in their illness and neglect other considerations such as the potential for rehabilitation and reintegration.

The PPAO will continue to monitor the frequency and effect of victim impact statements.

“Arrests” and the Mental Health Act

All too often, we hear individuals and organizations state that an individual was “arrested under the *Mental Health Act*.” This is inaccurate as there are no provisions in that legislation for arresting individuals and it gives the false impression that “criminal activity” has taken place. The law does say that police “may take the person in custody to an appropriate place of examination and where practicable the place shall be a psychiatric facility or other health facility.” Language is powerful and can perpetuate stigma. In response to the use of such language in a verdict explanation, the PPAO wrote to the Office of the Chief Coroner to express our concerns. The Chief Coroner promised to raise the issue with all senior staff at his office.

National Independent Advocacy and Rights Protection Program

The PPAO wrote to Prime Minister Stephen Harper and Minister of Health Tony Clement in support of the work of Senator Michael Kirby and the Standing Committee on Social Affairs, Science and Technology respecting mental health, mental illness and addictions. In particular, the PPAO supported the creation of the Canadian Mental Health Commission to provide leadership in the areas of mental health, patients’ rights and the development of best practices to foster empowerment, wellness and recovery. The PPAO also recommended the creation of a national independent advocacy and rights protection program to address the needs of vulnerable populations, such as, children, women, First Nations, inmates and people with mental illness and addictions.

Mandatory Inquests

The PPAO, together with the Mental Health Legal Committee and the Empowerment Council for the Centre for Addiction and Mental Health, were granted intervenor status before the Human Rights Tribunal of Ontario in the case of *Braithwaite and Illingworth v. Attorney General for Ontario and Chief Coroner*. The Human Rights Tribunal heard the complaints of Renata Braithwaite and Robert Illingworth, whose family members died while involuntarily detained in a psychiatric facility. In both cases, the Office of the Chief Coroner of Ontario refused to exercise its discretion to order an inquest.

The Human Rights Tribunal ruled that the *Coroner’s Act* was discriminatory on the basis of mental disability because inquests are mandatory for prisoners who die in custody but discretionary for psychiatric patients who die in a psychiatric facility. The Honourable Peter Cory, a retired Supreme Court of Canada justice, commented on the similarities between inmates and inpatients:

Perhaps the most important similarity is that both the involuntary patients and the inmates are deprived of the most basic and fundamental right – that of liberty. The involuntary patient is as securely confined as the inmate. There is an exception to this, in that, in the least secure penal institutions, the inmate has greater freedom of movement than does the involuntary patient.

This decision is currently under appeal to the Superior Court of Justice, Divisional Court.

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

Michael Roger Pinet was found not criminally responsible for the commission of an offence and detained at the maximum security Oak Ridge Division at Penetanguishene. At his annual hearing before the Ontario Review Board, it was ordered that he be transferred “forthwith” to a medium security facility. Eleven and half months passed but he was not transferred due to a lack of bed space. Shortly after Mr. Pinet initiated proceedings in the Ontario Superior Court of Justice for an order to be transferred; he was subsequently moved.

Despite Mr. Pinet's transfer, the court did not find his case moot and it ruled that both his section 7 (life, liberty and security of the person) and section 9 (right not to be arbitrarily detained or imprisoned) rights under the *Charter of Rights and Freedoms* were violated. The lengthy delay was found to have “removed Mr. Pinet's liberty, reduced his quality of life, denied him treatment necessary for his improved mental health and threatened to harm his current psychological state.”

The PPAO sought, and was granted, intervenor status in this case as we were concerned that psychiatric facilities are failing to transfer individuals found not criminally responsible in a timely manner to the least restrictive environments in accordance with their disposition orders. In making the order for intervenor status, Judge DiTomaso noted that “the PPAO is the only provincially coordinated provider of independent advocacy and rights advice services” and that the “level of involvement and expertise of the PPAO in its field has been extensive.”

Bill 28, Mandatory Blood Testing Act

A submission was made regarding Bill 28 to the Standing Committee on the Legislative Assembly in November 2006. The proposed legislation was developed to safeguard the health of victims of crime, emergency

service workers, good Samaritans and members of a prescribed class of individuals by requiring the taking and analyzing of blood samples where there was a risk of exposure to a listed communicable disease. The PPAO noted that mandatory blood testing for HIV, for example, contradicts the current wisdom that such testing should be carried out on a voluntary basis. It was recommended, therefore, that the proposed legislation require and define guidelines for the provision of counselling, medical support and referral, where appropriate, to those who were subject to mandatory testing.

In consideration of the significant change in legal status for those who are subject to mandatory testing, the PPAO also recommended that rights advice be mandated by the proposed legislation. Rights advisers would be required to apprise respondents of the significance of a referral for mandatory testing and on request, assist with retaining legal counsel and applying for legal aid. The PPAO also recommended that appeals from CCB decisions regarding mandatory testing to the Superior Court of Justice be permitted.

Finally, the PPAO called for the inclusion of non-discriminatory guidelines for determining respondent risk of infection and that a definition of “victim of a crime” be included within the legislation rather than a future regulation. The PPAO's submission stressed that those who are forced to comply with mandatory blood testing must be afforded every protection in law of their fundamental right to make informed choices and to maintain their bodily integrity.

Bill 107, Human Rights Code Amendment Act, 2006

A submission was made to the Standing Committee on Justice Policy regarding the proposed changes to the human rights protection system. Broadly, the PPAO called for the investment of additional resources to

enhance, modernize and strengthen the current Human Rights Commission so that it is better able to fulfil its mandate and function. The PPAO was opposed to taking away any investigative powers from the Human Rights Commission. The appointment of more investigators to ensure timely investigations was recommended, with an open and transparent process for their recruitment and appointment. It was also recommended that the investigatory team reflect a balance with respect to gender and cultural diversity. The PPAO also recommended that third party applications be permitted and that the Ontario Human Rights Commission accept complaints in a variety of formats to ensure equitable access by vulnerable and marginalized individuals. Another key recommendation called for the establishment of mandated advisory groups, including one comprised of a majority of consumer-survivors to address mental health and addiction issues.

Police Records Checks and Deputation to the Toronto Police Services Board

A criminal records check is a search of the Canadian Police Information Centre (CPIC) database which is operated by the Royal Canadian Mounted Police. Information included in a CPIC check include: records of criminal convictions; pending federal and provincial charges; findings of guilt where a pardon has not been granted; findings of not criminally responsible by reason of mental disorder; absolute and conditional discharges where not prohibited by legislation; and current judicial orders (e.g., peace bonds, probation orders). Criminal record checks are also referred to as criminal reference checks and clearance letters.

A police records check is very different from a criminal records check. It is intended for individuals seeking employment and/or a volunteer position with the vulnerable sector. A police records check is conducted by performing a criminal records check plus a search of the local police force database which shows: convictions and charges;

information about the individual as a complaint/victim/witness in an investigation; suspect information; offences against provincial statutes; allegations of offences where charges were not laid; and reports resulting from incidents relating to the *Mental Health Act*.

The PPAO has been concerned about the discriminatory practice of police releasing non-criminal information pertaining to mental health, especially those incidents that have identified a person as having been “arrested” under the *Mental Health Act*. Using the word “arrest” is incorrect as the law actually says that police “may take the person in custody to an appropriate place of examination and where practicable the place shall be a psychiatric facility or other health facility.” The release of such information often has a profoundly negative impact on consumers of mental health services who seek employment, volunteer opportunities and student placements. For many, this practice undermines their ability to be re-integrated into the community and to pursue life and career goals as responsible citizens.

The PPAO argued before the Toronto Police Services Board that its police reference check program is discriminatory and contrary to both the *Ontario Human Rights Code* and the *Charter of Rights and Freedoms* as it creates barriers for individuals with mental illness regarding career and volunteer opportunities. The PPAO urged the Toronto Police Services Board to take immediate action to end this discriminatory practice and to work with other police departments, advocacy groups, consumer-survivor organizations, mental health and human service providers and the provincial government to standardize police practices regarding disclosure of this information.

The PPAO, together with the Canadian Mental Health Association, Ontario and the Ontario Association of Patient Councils, is currently in the process of forming a group of stakeholders, called the Mental Health Police Records Check Coalition, to combat this problematic issue.

Bill 102, Transparent Drug System for Patients Act

A submission was made to the Standing Committee on Social Policy. Bill 102 was proposed as an enabling legislative element in the government's comprehensive strategy to overhaul the public drug program. In general, the PPAO supported the government's overall strategy to increase reliance on generic drugs, broaden the array of effective, interchangeable medications, increase consultation with consumers and other stakeholders, and improve transparency through public reporting mechanisms. The PPAO recommended that the proposed legislation operationalize governance principles intended to enhance accountability and transparency. The PPAO supported the inclusion of patient representatives in the drug evaluation process and recommended the creation of a subcommittee to specifically address mental health related medication issues. In addition, it was recommended that guidelines be established to ensure equitable committee and council membership. Finally, the PPAO called for the stipulation of mechanisms for the inclusion of stakeholders in decision-making processes, as well as guidelines for public reporting of relevant committee work and drug reviews.

Bill 109, Residential Tenancies Act, 2006

A submission was made to the Minister of Municipal Affairs and Housing regarding the proposed *Residential Tenancies Act*. The PPAO emphasized the vulnerability of individuals with mental illness and noted that stable and safe housing as one of the key determinants of health. Also noted were the barriers engendered by stigma, discrimination and inadequate social assistance, including the minimal shelter allowances provided by Ontario Works and the Ontario Disability Support Program. In the context of these concerns, the PPAO recommended a number of amendments to the proposed legislation. It

was recommended that the Landlord and Tenant Board have jurisdiction over social housing tenants to ensure access to the same protections as private market tenants.

The PPAO called for the omission of provisions allowing landlord access to rental units with 24 hours written notice to determine their fitness for habitation or state of repair due to the potential for abuse of this authority, especially with respect to mental health consumers. The incorporation of a Resident's Bill or Rights to ensure fair and just treatment in care homes was also recommended. In addition, the PPAO suggested that members of the Landlord and Tenant Board undergo regular training and education regarding the complex needs of mental health consumers. The PPAO also recommended that mental health consumers have input into the proposed *Residential Tenancies Act* and its regulations.

Personal Health Information Protection Act (PHIPA): Proposed Amendments to Regulation 329/04

The PPAO made a submission to the Social Policy Branch of the Ministry of Health and Long-Term Care regarding the proposed amendments to PHIPA. The PPAO noted that the proposed amendments, although described as "minor housekeeping amendments," would have implications for PPAO clients and others. The need for additional protections for vulnerable individuals was emphasized and it was recommended that record destruction provisions set out standards for compliance and enforcement. The PPAO also recommended that consent be required to permit the disclosure of information regarding clients' substitute decision-makers for fund raising purposes.

Stringent guidelines were recommended for the disclosure of health numbers for the purpose of research to ensure that clients are given an opportunity to give and withdraw consent without fear of reprisal or

loss of service. The PPAO recommended that fee schedule provisions for accessing one's own personal health information be struck for individuals receiving social assistance, pensions or disability benefits. Similarly, patients and their lawyers who are preparing for Consent and Capacity Board and Ontario Review Board hearings should not be required to pay access fees; nor should patients be charged for supervision during record review or for photocopies of records to be used for hearings. Finally, the PPAO recommended that where a hospital is to be compensated for completing questionnaires regarding patient needs, assessment, treatment or discharge plan that patients be advised of the disclosure and compensation.

Pre-budget Consultations: Investing in People and Programs

The PPAO participated in the Minister of Finance's 2006 pre-budget consultations. Recommendations were made in support of investment in: a broad range of community-based mental health and addiction programs; community-based, independent advocacy and rights advice services accessible to all consumers; meaningful education and employment opportunities for individuals with mental illness; specialized services and supports for those with a dual diagnosis and safe, affordable housing. The PPAO also recommended that additional investments be made to guarantee mental health consumers access to the newest medications and treatments, travel allowances and an adequate income for those receiving ODSP.

Bill 36, Local Health System Integration Act, 2005

A submission was made to the Standing Committee on Social Policy respecting Bill 36. The PPAO participated in this consultation process to ensure that the special and unique needs of individuals with mental illness and addictions were not lost in the devolution of services and responsibility from the provincial government to the Local Health Integration Networks. The PPAO was concerned that fundamental rights and entitlements not become compromised or eroded during the process. A renewed commitment to protecting the rights of vulnerable individuals and in supporting them in their quest for wellness and recovery was recommended to support accountability, transparency and public confidence in the new system. This submission underscored the need for a full range of mental health and addiction services and supports within Local Health Integration Networks to ensure that consumers can access needed and wanted services in their home communities.

"The language of recovery is the language of hope and high expectation. Many people who have recovered report that their success was facilitated by people who believed in them when they, themselves, felt hopeless"

Anonymous, 1989

Community

Self-determination

Meaning

Dignity

Acceptance

Rights

Live beyond the illness

Purpose

Empowerment

Respect

Autonomy

Contributing

Recovery

Self-advocacy

Inclusion

Trust

Support

Hope

Choice

A photograph of a forest scene. A dirt path leads from the foreground into the distance, flanked by trees and undergrowth. Sunlight filters through the canopy, creating a dappled light effect. The trees are mostly bare, suggesting late autumn or winter. The path is slightly uneven and covered with dry leaves and twigs.

"Recovery can be both a journey and a destination, filled with opportunity, challenges and excitement: it can be overwhelming, fulfilling or even frightening for those who will embark on the road, without a map and without the knowledge of a clear and final destination.

Whether the road is long or short, smooth or rough, the journey cannot be accomplished by individuals alone."

David Simpson

Recovery: A Journey and a Destination

The Psychiatric Patient Advocate Office (PPAO) believes there is a natural relationship between rights protection and promotion and recovery from mental illness. Some of the very principles on which the PPAO was founded almost twenty five years ago are congruent with a recovery perspective. Advocacy, in our opinion, can play a vital role in the realization of individual rights and entitlements and support the process and goals of recovery. Simply stated, individuals are most able to make informed choices about their care, treatment and lives when they know their rights and they are fully empowered to exercise them.

We believe that recovery cannot flourish unless the social determinants of health are addressed. These determinants include having access to safe, decent and affordable housing, an adequate income, social and recreational opportunities, educational and employment opportunities, a support network and access to appropriate health care and treatment. The recovery journey is almost impossible for those who are impoverished, isolated and without hope for the future.

Recovery is, after all, an individual dialect of hope, choice, dignity, respect, rights, diversity, inclusion and empowerment. Thus, there is no single, accepted definition for recovery. Yet, common themes and basic principles can be identified across recovery perspectives. Consistent with this view, we have articulated what we believe are fundamental principles for the development and implementation of a recovery-oriented mental health system. Our position statement is intended as a discussion tool and it is our hope that it will foster dialogue among consumers, service providers and other stakeholders in coming to terms with the process and goals of recovery.



Recovery can be both a journey and a destination, filled with opportunity, challenges and excitement: it can be overwhelming, fulfilling or even frightening for those who will embark on the road, without a map and without the knowledge of a clear and final destination. Whether the road is long or short, smooth or rough, the journey cannot be accomplished by individuals alone.

A Belief that Recovery Can and Does Happen

The belief that individuals can and do recover from mental illness is fundamental to recovery. Engaging in a recovery approach may begin with a dialogue between service providers and their clients. This means having an open and honest discussion about recovery, its principles, its value and the depth of commitment to adopting and supporting a recovery orientation. Clients and service providers must have the opportunity to challenge their own biases, values, beliefs and misconceptions about recovery. By working with clients and their families, treatment teams will broaden their understanding of the concept of recovery and the unique, individual needs of those they serve. In achieving common ground and clear understanding of their clients needs, service providers may find themselves “liberated” from making best interest decisions for their clients. With a commitment to recovery and a belief that it should be available to everyone, nobody will be left behind.

There is Power in Storytelling

There is great power in storytelling and using personal experience assists individuals in finding purpose, a sense of meaning and self-acceptance. By telling their own stories, individuals are able to develop inner strength and reclaim their lives. Healing and recovery are enhanced when individuals are empowered to tell their story in their own words or through artistic expression. Communicating their challenges and victories can assist others to find their own voices as well.

A Sense of Belonging: A Sense of Community

All individuals have the right to membership in the communities in which they live. Everyone is capable of making a contribution and is entitled to belong. Recovery is possible when people feel they have a stake in their home community. All individuals must be given the opportunity to engage in community life. Opportunities for employment, education, social, spiritual, volunteer and recreational activities are essential. The challenge for the community is to determine how to provide those opportunities. Unless communities are willing to acknowledge they are made up of all the citizens who are part of them, individuals with mental illness will continue to struggle in their quest for recovery and wellness.

Hope is the Essential Ingredient

Some individuals may become discouraged or lose hope during their journey of recovery. It is up to all of us to continue to hold the dream and believe that tomorrow will be better than today, to nourish the seed of recovery and to be a beacon of hope amidst the doubts and the darkness. Keeping the flame alive until the individual has the strength to take it back and continue on their journey is an important task. Without hope, recovery is not possible.

Stigma and Discrimination Must Be Confronted

All too often individuals with mental illness experience stigma and discrimination, at times even from health practitioners, and this can have a disempowering impact that stalls recovery and erodes the therapeutic relationship. At other times stigma and discrimination are more subtle, though the consequences can be just as devastating and dehumanizing. Education is key to changing hearts and minds and challenging people to learn and grow. For many, mental illness and mental health is poorly understood and what is known is often rooted in misconceptions and erroneous information.

Access to Personally Meaningful Activities Must be Supported

All individuals have a right to engage in personally meaningful activities. This demands the availability of a broad range of choices and options. Learning and teaching opportunities may be fundamental to progress toward recovery. Self-identified activities play a vital role in developing meaning in one's life and in achieving short and long-term goals.

Recovery Demands a Holistic Approach

A recovery-oriented approach presupposes that treatment teams see and work with the "whole person" rather than manage an individual's illness or symptoms or stabilizing people so they can be discharged from hospital. Recognizing that individuals are more than their illnesses is perhaps the first step for health practitioners in recognizing that the person's recovery may take various shapes and forms. Such a holistic approach will require clinicians to re-think their interventions and offer more options and choices tailored to the needs, wishes and goals of the individual.

A holistic approach that incorporates the principles of recovery may be the most effective way to support individuals with mental illness. Individuals embarking on recovery must be treated with dignity and respect and fully supported in their striving for self-determination; they must be active participants in all decisions that affect their care, life and treatment. Such a model of care and support is grounded in individual dignity, respect and autonomy.

A Dynamic Rights Protection and Promotion Environment

Recovery must be grounded in an understanding of individual legal and human rights and how individuals can be empowered to realize those rights. All mental health programs must have a basic understanding of mental health law, individual rights and freedoms and a clear perspective that care and treatment are provided on this legal foundation. Rights protection and promotion are key to facilitating individual wellness and recovery. Education and training offered by consumer-survivors who have experienced or are in recovery can increase awareness and support the development of best practices that can support recovery. This provides an important adjunct to education on individual rights and freedoms.

Individual Advocacy and Rights Protection

At times individuals who are at the low point of their illness are not able to stand up for their rights or to find the strength to challenge a system intended to help them get well. Because of this potential vulnerability, they may require an advocate to assist them in protecting and promoting their rights. Independent advocacy services are essential to provide a voice to those who have no voice and to support those who can speak for themselves. Advocacy done well improves outcomes, restores relationships and assists clients to learn the skills of self-advocacy as a way to be empowered to resolve their own issues. Independent advocacy can be key in supporting individual recovery and an improved quality of life.

Often when individuals become ill they are not aware that they have rights, options or the ability to make decisions or be involved in the decision making process. However, with time, they may become aware of their rights and may seek to exercise them in keeping with the law. Knowing your rights and options and how to exercise them is an

powerful tool for recovery. Individuals who are empowered are often able to self-advocate as they start on their personal journey of recovery.

A service delivery environment that creates, replicates or sustains power imbalances, denies choice, erodes legal rights and undermines individual autonomy is sure to impede recovery. The challenge for service providers is to adopt and foster an approach that will support individuals to define recovery on their own terms while providing their mandated clinical programs. Working collaboratively, treatment teams and individuals in recovery will be able to develop a plan and a strategy that will assist in recovery becoming a reality, as defined by the individual.

Recovery cannot flourish in an environment where power is used to coerce people into making the "right decisions." Any denial of personal choice or suppression of personal goals or dreams will result in the disempowerment of the person. For too long, individuals with mental illness have been disempowered by those who make best interest decisions on their behalf. Best interest decisions leave the person without choice, options and the ability to make their own decisions and mistakes and to learn from these. Life experience and learning from these life lessons is a powerful tool to assist individuals in learning new skills and refining existing skills.

Access to a Full Range of Services and Supports is Essential

Recovery requires that individuals have choice of and access to a full range of services and supports, tailored to the needs of the individual and consistent with their own goals and personal plan of recovery. Individualized services and supports must be accessible, flexible and available so that the individual can choose the appropriate services for themselves and when, where and how frequently they need them. Consistency of treatment team and a seamless service delivery system



allow the client to have access to care and treatment from the individuals that know them best and are best able to support them throughout their recovery.

Formal and informal supports combined with professional and non-professional interventions (like peer supports) are all key ingredients of recovery. All too often, individuals with mental illness have limited social support networks and it may be necessary for clinicians to work with individuals to establish and strengthen these networks. Along the road to recovery, individuals must be given the opportunity to learn from mistakes, to have second chances, to have their decisions and choices respected and to take the opportunity to be exposed to a range of experiences that will allow them to grow. Hope, choice and empowerment will be the result as individuals embark on a journey of lifelong learning.

Service Provision Must be Client-Centred

Mental health providers must seek out ways to maximize client input, to support their involvement at all levels of the organization and to develop mechanisms that engage them in decision-making processes. In addition to creating a client-centred environment the commitment can be reinforced by having such things as a Bill of Rights in place, transparent complaint resolution processes, client engagement and feedback mechanisms and supports for clients to allow them to retain responsibility for their own recovery while being able to make informed decisions.

A client-centred environment must also be one which allows the individual to feel comfortable, at ease and in a place where they feel both safe and supported in the decisions that they make. For some this means having a physical environment conducive to wellness, for others it means having staff trained and aware of the principles of recovery and for others it means having people around them who believe in them and will support them throughout all the cycles of their illness. A client

centred environment can be created with the input of those who receive service and who know what would be best for them as they begin their personal and unique journey of recovery.

Client Engagement and Participation: "Nothing about us without us"

Over the years, consumer survivors have sought to be more involved, to participate actively and to make a meaningful contribution to the mental health sector. The mantra, "nothing about us without us"¹ has become the rallying cry of those who for too long have been excluded from the very processes that are there to support them in their quest for recovery. No longer are individuals with mental illness willing to be passive by-standers along the road nor casual observers whose voice has been silenced by the power and might of the system. Instead, they want a place at the table, to be involved in all decisions that affect their care, life and treatment and most of all, they want to retain responsibility for their own wellness and recovery.

Services providers must rise to the challenge of finding new and better ways to involve clients, to engage them in meaningful dialogue and to support their full participation in all decision making processes. Only then will recovery flourish, both for individuals and the service delivery system as a whole. The challenge will be to work with consumers to develop processes that maximize their voices, eliminate tokenism and work collaborative with consumers as "partners" and "mentors." In the end, consumers must be involved at all levels of the mental health sector, in all decision making processes and in the life of all mental health organizations in the province of Ontario.

¹Nothing about Us, Without Us: International Day of Disabled Persons, 2004. "The observance of the day focused on the active involvement of persons with disabilities in the planning of strategies and policies that affect their lives. The motto relies on this principle and it has been used by Disabled Persons Organizations throughout the years as part of the global movement to achieve the full participation and equalization of opportunities for, by and with persons with disabilities." For more information please visit: <http://www.un.org/esa/socdev/enable/iddp2004.htm>

Real Conversations about Real Issues

Recovery requires real conversations about real issues in real time. All too often clinicians are reluctant to talk to their clients about real issues, choices and options and how they feel about them. For example, some clinicians may not have clear and uncluttered conversations with their clients about such things as the use of seclusion and restraint, do not resuscitate orders, medications use, their history of "hurt" or victimization or even their personal preferences with respect to treatment modalities. However, without these real conversations, treatment teams may feel compelled to make best interest decisions on behalf of their clients, thus eroding the principles of recovery. Only when we have these real conversations and have an opportunity to fully understand how the individual is thinking about a particular issue, their values, beliefs and wishes will we truly be able to provide care in accordance with the principles of recovery.

Relationships are Key to Recovery

Strong working relationships are key to recovery. Developing and strengthening relationships and informal and formal support networks will allow individuals striving toward recovery to have resources on which to draw for instrumental and emotional support. Professionals and non-professionals all have a place in a personal plan of recovery, as each has a unique and varied perspective to offer to the individual.

Recovery: A Way Forward

The government, as public policy, should encourage all agencies that receive mental health funding to employ consumers, to have consumers sit on boards of directors and to ensure that consumers are involved when they advise the Minister of Health on matters related to mental health and mental illness. Peer support workers are able to emotionally and physically support and assist others by sharing like experiences and information on how they progressed with their own recovery. Sharing like experiences provides a sense of hope, a sense of guidance and an example that recovery can and does happen. The expertise brought forward by peer support workers would be beneficial to the clinicians, providers and the clients served as they would ensure that a client and a recovery perspective was part of every discussion and decision. If a recovery orientation is to take root in Ontario, the government must begin to develop the policy necessary to support such a shift in the service delivery model.

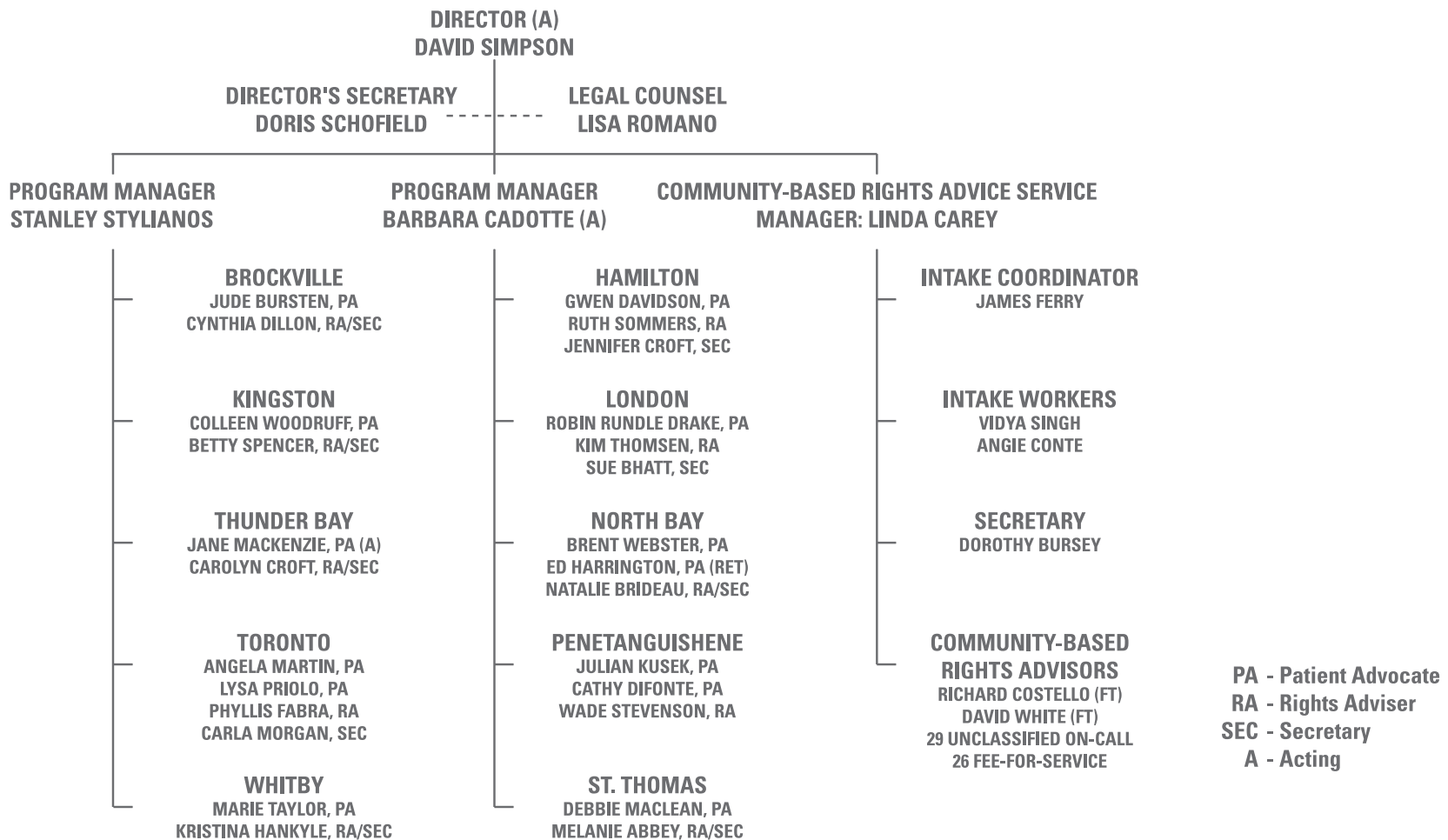
Recovery is “a process, a way of life, an attitude, and a way of approaching the day’s challenges.”

Pat Deegan



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. 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.



Contact Information – Field Offices

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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
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Fax: (613) 540-6107

Psychiatric Patient Advocate Office
North East Mental Health Centre
North Bay Psychiatric Hospital
Highway 11 North, Room 35, Box 3010
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