Psychiatric Patient Advocate Office

Annual Report 2007

August 2008

Psychiatric Patient Advocate Office
55 St. Clair Avenue West
Suite 802, Box 28
Toronto, ON, M4V 2Y7
Telephone: (416) 327-7000
Toll Free: 1-800-578-2343
www.ppao.gov.on.ca

RIGHTS – EMPOWERMENT – RECOVERY

A PPAO Patient Advocate or Rights Adviser may be contacted at the following numbers:

Brockville	(613) 345-1461 x 2530
Hamilton	(905) 388-2454
Kingston	(613) 548-5575
London	(519) 455-9380
North Bay	(705) 474-1377
Penetanguishene	(705) 549-3663
St. Thomas	(519) 631-1427
Thunder Bay	(807) 343-4309
Toronto	(416) 535-8501 x 3099
Whitby	(905) 430-4047

The PPAO's central office is located at:

Psychiatric Patient Advocate Office
55 St. Clair Avenue West, Box 28, Suite 802
Toronto, ON M4V 2Y7

Telephone: (416) 327-7000
Toll Free: 1-800-578-2343
Fax: (416) 327-7008

Website: www.ppao.gov.on.ca
E-mail: ppao.moh@ontario.ca

Psychiatric Patient Advocate Office

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

August 25, 2008

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

Dear Mr. Caplan:

It is my pleasure to submit the Annual Report of the Psychiatric Patient Advocate Office (PPAO) for 2007. We are releasing this report in the year of our 25th Anniversary; this report is complementary to our 25th Anniversary Special Report, entitled, *Honouring the Past, Shaping the Future. 25 Years of Progress in Mental Health Advocacy and Rights Protection*. The work captured here represents one year in the journey toward a quarter of a century of progress in the provision of mental health advocacy and rights protection in Ontario, a significant milestone in our history.

We are justifiably proud of our work in 2007 and of the past 25 years. Yet, if we could have one "birthday" wish at this time, it would be for the modernization of our mandate to keep pace with the changing face of mental health service delivery and healthcare, in general. We should serve all individuals with mental illness who are in need of a partisan advocate, regardless of where they live or receive care, treatment, rehabilitation or support services. Whether in hospital or community, all of those in need should have access to advocacy and rights protection services. We believe this is fundamental to the promotion and realization of individual rights and essential to the support of personal journeys of recovery and wellness.

As the Ministry moves closer to its role of steward of the health care system, we hope that you will give careful consideration to the need for advocacy as an integral element in a comprehensive system of mental health services.

Respectfully submitted,

Vahe Kehyayan
Director

C: Ron Sapsford, Deputy Minister
Dawn Ogram, Assistant Deputy Minister
Ruth Hawkins, Executive Lead

55 St. Clair Avenue West
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Profile of Services

The Psychiatric Patient Advocate Office (PPAO) was established in May 1983 to provide independent advocacy and rights protection services to patients in provincial psychiatric hospitals (PPH) and to advise the Minister of Health on mental health matters from a rights and entitlement perspective. As an arm's length program of the Ministry of Health and Long-Term Care, the PPAO operates under a Memorandum of Understanding which sets out its mandate and accountability relationship to the Ministry. In carrying out its advocacy and rights protection mandate, the PPAO does not speak on behalf of the Ministry.

The 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 a Community Treatment Order (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 2007, as seen in Figure 1, there were 6,884 initial visits for rights advice in the current and divested provincial psychiatric facilities. Of the total number of visits, 67.8% were for involuntary admission (Form 3 and 4), 15.5% concerned incapacity to consent to treatment, 10.3% were for financial incapacity (Forms 21 and 24), and 2.8% and 0.7% for the issuance and renewal of CTOs (Form 49), respectively. 2.8% of the visits concerned incapacity to consent to the collection, use or disclosure of personal health information. 0.01% concerned visits regarding admission as an informal patient.

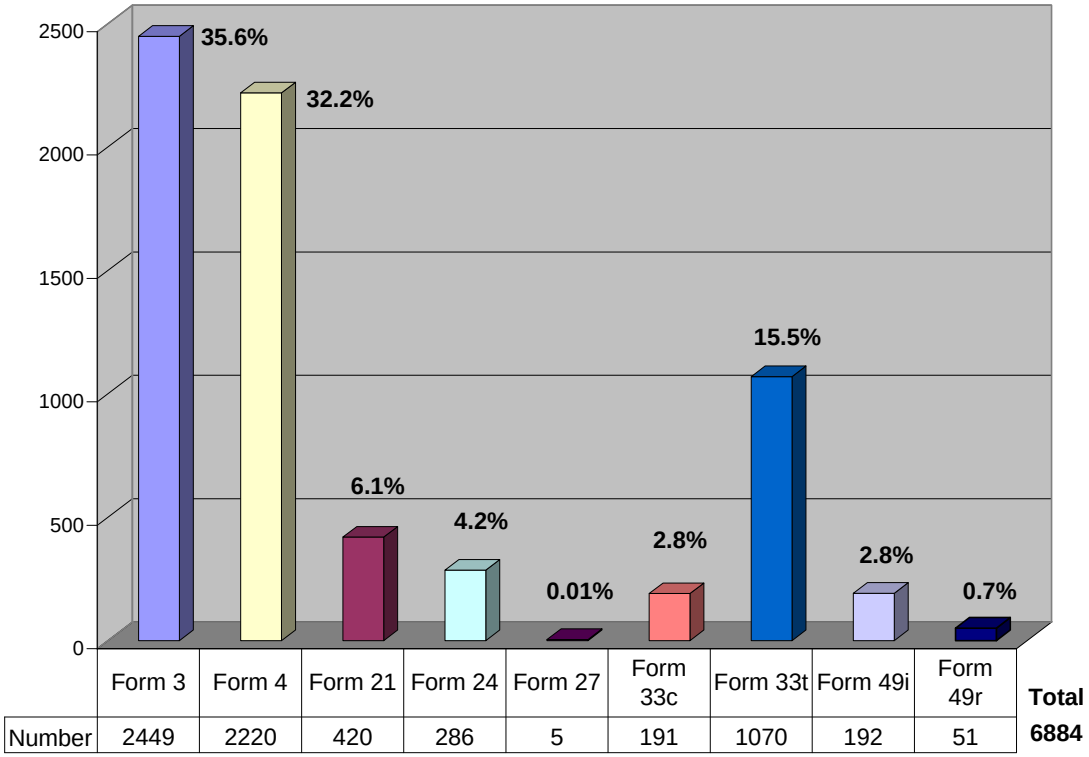


Figure 1
Rights Advice Activity Totals for 2007 in Current and Divested PPHs

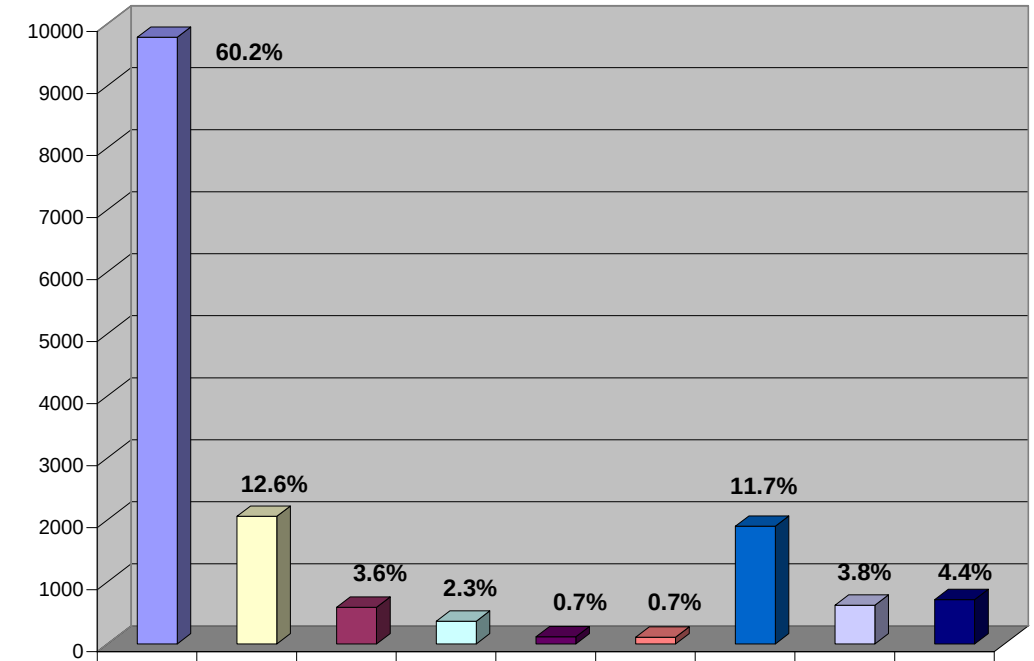
MHA Form		CCB Application
Form 3:	person made an involuntary patient	Form 16
Form 4:	patient's involuntary status continued	Form 16
Form 21:	patient is found incapable to manage property	Form 18
Form 24:	patient's incapacity to manage property is continued	Form 18
Form 27:	patient is a twelve to fifteen year old informal patient	Form 25
Form 33c:	incapable to consent to collection, use & disclosure of personal health information	Form P-1
Form 33t:	patient is found incapable to consent to treatment of a mental disorder	Form A
Form 49i:	intention to issue a community treatment order	Form 48
Form 49r:	intention to renew a community treatment order	Form 48

Community-based Rights Advice

Pursuant to a change in the Regulations to the *Mental Health Act (MHA)* in December 2000, general and specialty hospitals had the option of providing rights advice themselves or designating the PPAO to provide the service. Amendments to the *MHA* extended the provision of right advice to persons living in the community and being considered for a CTO and their substitute decision-maker, if any. The PPAO began to provide this new service on June 18, 2001 to those hospitals that chose to so designate the PPAO.

As shown in Figure 2, the Community-based Rights Advice Service responded to requests to visit clients regarding 16,254 forms in the mandatory rights advice situations. The majority of the forms were regarding involuntary admission (72.8%); this included both certificates of involuntary admission (Form 3) (60.2%) and renewals of certificates of involuntary admission (Form 4) (12.6%). Rights advice for treatment incapacity comprised 11.7% of the forms, while incapacity to manage property (Form 21 and 24) accounted for 5.9% of the forms. Clients admitted as informal patients represented 0.7% of the forms. The intention to issue a CTO and to renew a CTO represented 3.8% and 4.4% of the forms, respectively. Findings of incapacity to collect, use or disclose personal health information represented 0.7% of the forms.

Second rights advice visits were made in 1,948 cases. Rights advice was provided with interpretation in 37 languages in 398 cases.



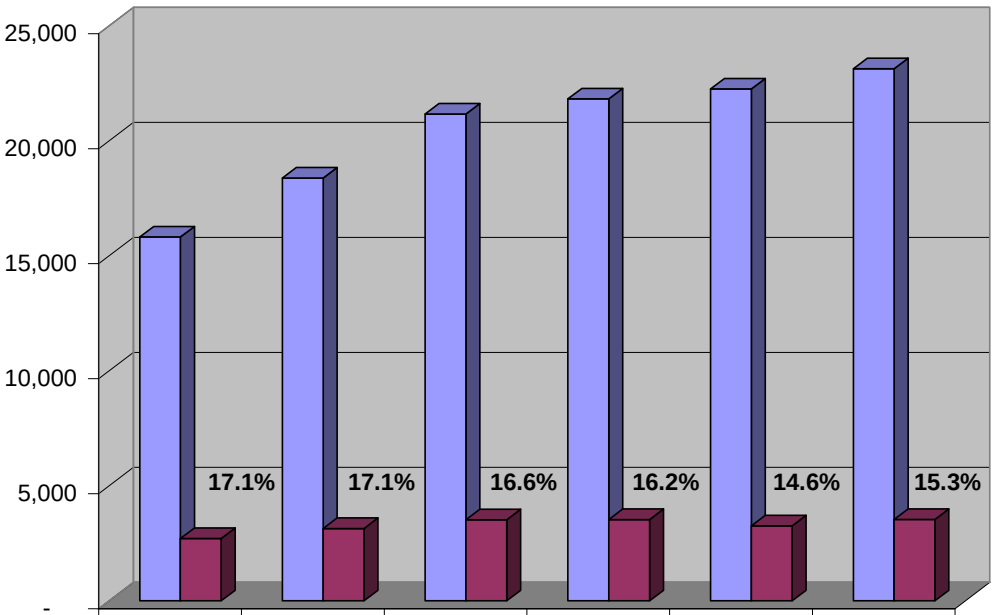
	Form 3	Form 4	Form 21	Form 24	Form 27	Form 33c	Form 33t	Form 49i	Form 49r	Total
Number	9780	2056	591	366	115	108	1898	624	716	**16,254**

Figure 2
Community-based Rights Advice Activity Totals for 2007

Applications to the Consent and Capacity Board

The Consent and Capacity Board (CCB) is an independent provincial tribunal that conducts hearings under the *Mental Health Act*, the *Health Care Consent Act*, the *Personal Health Information Protection Act*, the *Substitute Decisions Act* and the *Mandatory Blood Testing Act.* The CCB adjudicates matters regarding treatment capacity and capacity to manage property, involuntary admission to hospital, capacity to consent to the collection, use and disclosure of personal health information and substitute decision-making.

Across the former and current provincial psychiatric facilities 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 six years (Figure 3). There were 1,172 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 2,363 applications to the CCB. There is a marginal downward trend in the percentage of applications to CCB, with applications ranging from 17.1% in 2002 to 15.3% in 2007.

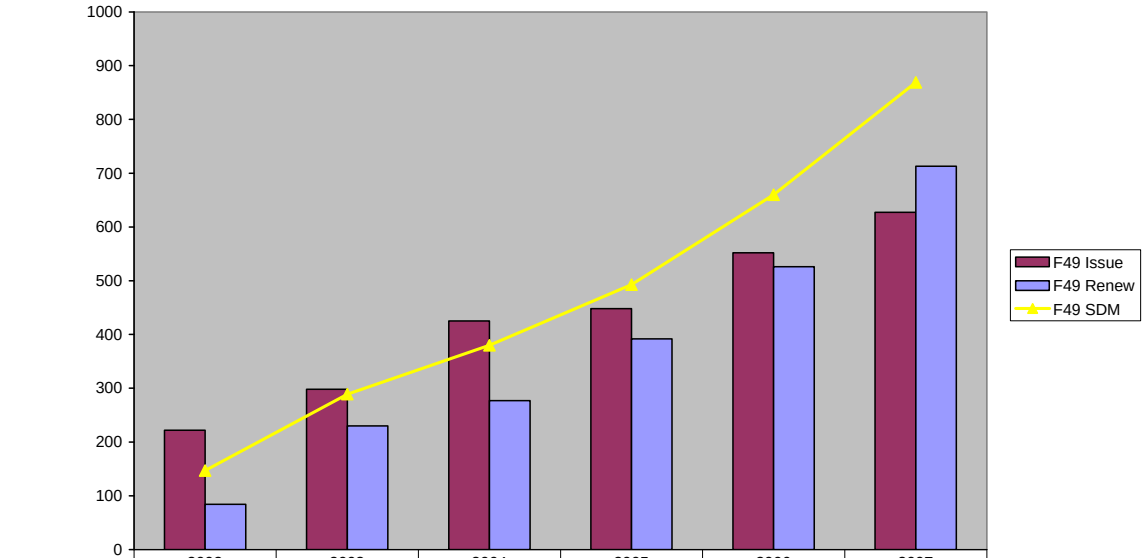


	2002	2003	2004	2005	2006	2007
Total Forms	15,817	18,381	21,164	21,822	22,255	23,138
CCB Applications	2,711	3,147	3,518	3,534	3,258	3,535

Figure 3
Consent and Capacity Board Applications for 2002-2007

Rights Advice for Community Treatment Orders

In 2007, there were 1,340 total requests for rights advice on an intention to issue or renew a Community Treatment Order (CTO) (Form 49) across both rights advice programs. 627 (46.8%) requests were received for issuances, while 713 (53.2%) were for renewals. Compared with 2006, there was a 7.0% increase in the number of issuances and a 17.3% increase with respect to renewals.



	2002	2003	2004	2005	2006	2007
F49 Issue	222	298	425	448	552	627
F49 Renew	84	230	277	392	526	713
F49 SDM	147	289	380	493	660	869

Figure 4
Requests for rights advice received by the PPAO on the intention to issue or renew a Community Treatment Order for 2002-2007

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, 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 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

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. 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.

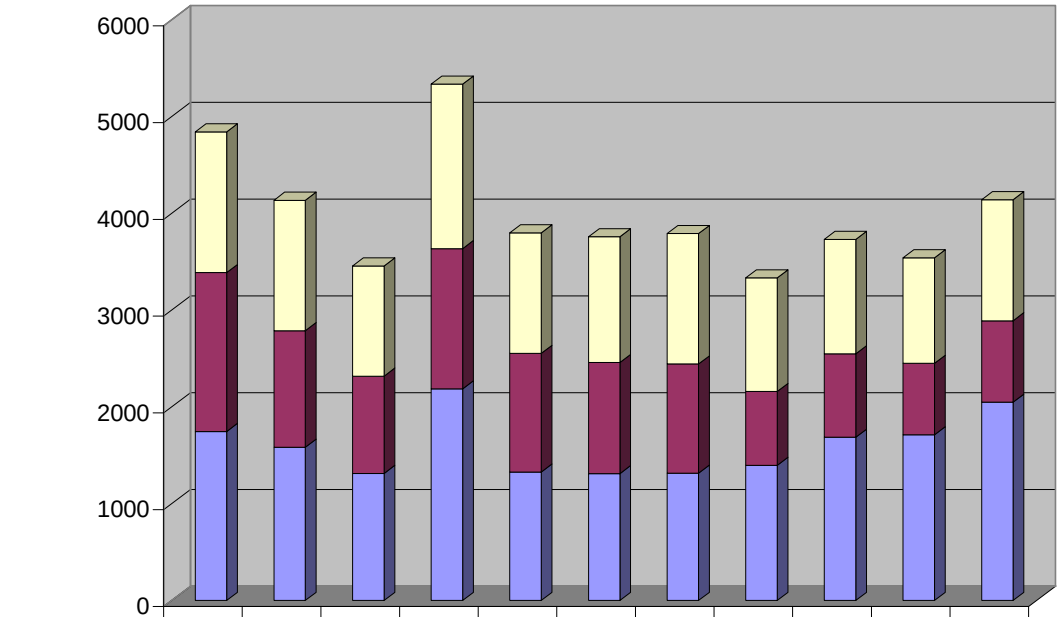
When Patient Advocates are presented with advocacy issues, they assess the issue with the client and determine the best strategy for resolution. They take into consideration: the nature and complexity of the issue; the client's ability to self-advocate; information about the client's attempts to resolve 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

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 2007. In 2007, Patient Advocates, across all current and divested provincial psychiatric facilities, addressed 4,140 issues on behalf of clients. Therapeutic issues comprised 30.2% of the total issues addressed, while social and legal issues represented 20.3% and 49.5% of the total issues, respectively.



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Therapeutic	1454	1347	1139	1699	1245	1300	1348	1174	1182	1089	1250
Social	1641	1205	1004	1449	1226	1148	1128	764	862	738	842
Legal	1746	1583	1313	2186	1327	1310	1315	1395	1686	1712	2048

Figure 5
Advocacy Issues Addressed 1997-2007

Files Opened

In 2007, the PPAO opened 3,128 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 3,128 files opened in 2007, 48.0% were opened by clients detained under the *Criminal Code* (the *Code*). Clients held involuntarily under the *Mental Health Act* (*MHA*) accounted for 25.3% of the total files. In contrast, clients admitted as voluntary patients comprised 14.4 % of the files. A small percentage, 0.1%, 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.

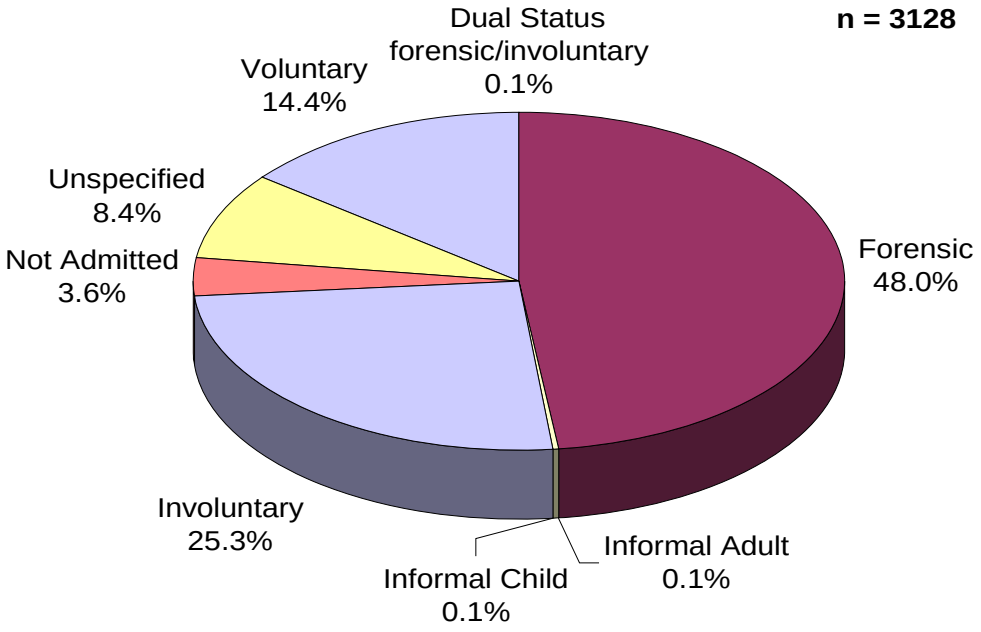


Figure 6
Files Opened by Hospital Admission Status

Client Profile

Table 1 provides the age and sex profile of those receiving advocacy services (n=3,128). Men represented the majority of clients served (69.7%). Women comprised 28.8% of clients. The majority of clients fell between the ages of 25-54 (55.7%), while a small percentage of clients was either under the age of 24 (6.0%) or over 64 years of age (4.4%).

Age Group	Sex			Group Total	
	Male	Female	Unknown	Total	%
0 - 14	7	0	0	7	0.2%
15-24	150	31	0	181	5.8%
25-34	377	96	9	482	15.4%
35-44	454	169	4	627	20.0%
45-54	455	168	12	635	20.3%
55-64	279	84	0	363	11.6%
65+	73	66	0	139	4.4%
Unspecified	385	286	23	694	22.2%
Total	2180	900	48	3128	100%
Percent	69.7%	28.8%	1.5%	100%	

Table 1
Files Opened by Age Group and Sex

Referral Source

As captured in Figure 7, clients sought advocacy services on their own behalf in 31.7% of the cases. Hospital staff referred clients for service 11.6% of the time. Other sources and family and friends accounted for 4.4% and 1.4% of the referrals, respectively. Referral sources were not specified in 46.6% of the cases. PPAO staff made referrals in 4.1% of the cases.

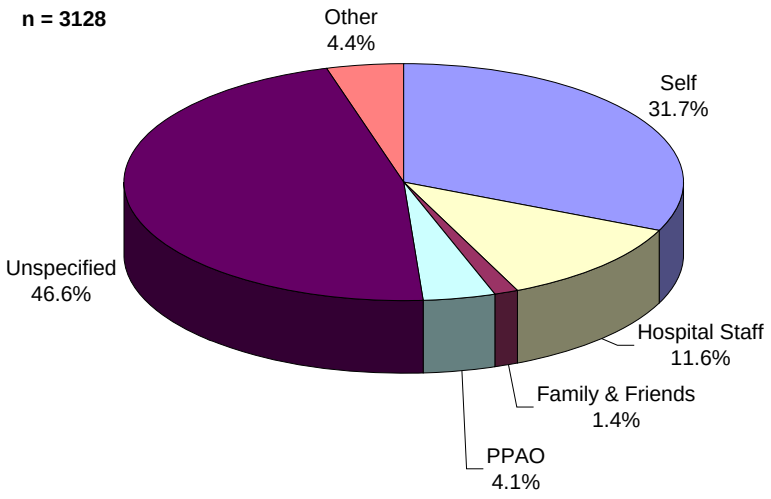


Figure 7
Files Opened by Source of Referral

Advocacy Interventions

Figure 8 depicts the breakdown for the interventions used to resolve client issues. Advocates across all field offices carried out 12,295 actions in addressing client concerns. Resolution was sought through consultation (15%); discussion of options (23%); providing information (22%); providing assistance (14%); negotiation (3%); referral (4%); arranging meetings (2%); investigation (1%); drafting written materials (3%) and assisting clients to complete forms (4%); and other, situation-specific strategies (9%). as necessary.

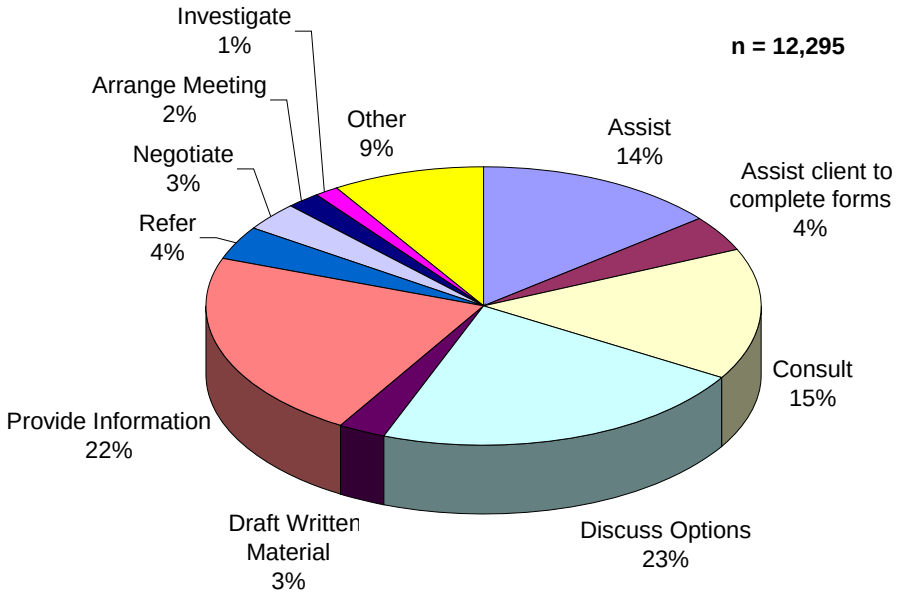


Figure 8
Patient Advocate Actions

Systemic Advocacy

Systemic advocacy 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.

In 2007, PPAO Patient Advocates addressed 68 local systemic issues. These spanned a broad range of concerns including, for example: seclusion and restraint; management of patient finances; access to medical services; taser use; patient bill of rights; the right to privacy; the detention of voluntary patients; unauthorized release of personal health information; smoke-free policy administration and patient access to designated smoking areas; limited access to community housing; reduced quality of life and care due to ward practices; staff attitude and professionalism and criminalization of illness-related behaviours.

The following captures the PPAO's efforts to advocate for social change through action taken at the provincial 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.

Pre-budget Consultations – the Road to Recovery (Submission: January 12, 2007)

In its submission to the Standing Committee on Finance and Economic Affairs, the PPAO outlined essential budgetary considerations in support of a recovery-oriented approach to the care, treatment, rehabilitation and community support of individuals with mental illness in Ontario. The PPAO stressed the need for: an adequate income; a broader range of community mental health services and supports; enhanced opportunities for affordable and satisfactory housing; an immediate investment in employment and skills training programs; peer support workers and specialists as an integral component of the mental health system; independent advocacy and rights advice services for consumers across institutional and community settings and public education to address stigma and discrimination and to overcome barriers to community inclusion.

Bill 140 – An Act Respecting Long-Term Care Homes (Submission: January 16, 2007)

The PPAO's submission to the Standing Committee on Social Policy underscored the need for enhanced rights protection mechanism in long-term care homes in Ontario. Specifically, the PPAO called for an expansion of the mandatory rights advice situations in the long-term care sector. In addition, a number of recommendations were made regarding the use of restraint, with particular emphasis on a clear legal definition for restraint and strategies for the minimization of its use. This submission also recommended the inclusion of formal advocacy and rights protection mechanisms, the

enhancement of resident and family councils, appointment of a senior's ombudsman and penalties for non-compliance with the law.

Police Record Searches

The PPAO continued its work as an active participant and co-lead of the Mental Health Police Records Check Coalition. The Coalition is comprised of over thirty organizations and individuals working to eliminate the discriminatory practice of releasing non-criminal information as part of the police records check process. In January 2007, the PPAO made submissions on behalf of the Coalition regarding Bill 140, the *Long-Term Care Act, 2006,* regarding requirements for criminal reference checks. This submission proposed that criminal reference checks be limited in Bill 140. It was recommended that only potential employees and volunteers who will have regular or unsupervised contact with residents of long-term care homes should complete criminal reference checks due to their involvement with a vulnerable population. It was also recommended that information respecting an individual's involvement with the mental health system or non-criminal contact with police, should not be included.

Bill 103 – Independent Police Review Act (Submission: January 31, 2007)

In January 2007, the PPAO made a submission to the Standing Committee on Justice Policy regarding the *Independent Police Review Act, 2006*. In its submission, the PPAO voiced concern that, unless it was amended, the proposed legislation would not create a credible independent process of police review and accountability. Among its recommendations, the PPAO called for: the creation of an independent civilian body; a flexible complaints process that allowed for third party complaints as well as written or oral complaints; the creation of a decision process based on a balance of probabilities rather than clear and convincing evidence; the provision of legal advice and representation to complainants and establishment of an process to appeal all Commission decision on the basis of fact or law.

Bill 171 – The Health Systems Improvement Act (Submission: April 24, 2007)

In its recommendations to the Standing Committee on Social Policy regarding this omnibus legislation, the PPAO focused on the proposed changes to the *Regulated Health Professions Act* (*RHPA*) and the creation of a College of Psychotherapists and the regulation of psychotherapy as a controlled act. In particular, the PPAO called for a fair process for mental health consumers trying to access and use the complaints process. This submission recommended the education of colleges and their member to sensitize them to the barriers faced by consumers attempting to file complaints. Equitable access to the complaints process regardless of geographic location and support and accommodation for individuals with mental illness, special needs or special circumstances were also recommended. With regard to the provision psychotherapy, the PPAO called for: uniform guidelines for all qualified practitioners; the inclusion of social workers as a class of individuals authorized to provide psychotherapy as a controlled act and the establishment of educational and training guidelines for the practice of psychotherapy.

Mandatory Inquests

The PPAO has continued to advocate for a changes to the *Coroners Act* to make inquests mandatory for those individuals who are held involuntarily in psychiatric facilities. In December of 2007, the Divisional Court of the Ontario Superior Court of Justice agreed with the Attorney General of Ontario and the Office of the Chief Coroner of Ontario that the Coroners Act does not contravene the Human Rights Code. The PPAO asserts, along with others, that it is discriminatory to not hold mandatory inquests into the deaths of those patients who are involuntarily detained in psychiatric facilities.

Bill 218 – An Act to amend the Election Act and the Election Finances Act (Submission, May 25, 2007)

The PPAO made recommendations for amendments to the proposed legislation to specifically accommodate individuals with mental illness and to reduce any existing barriers to the full realization of their voting rights. This submission called for a reconsideration of the definition of residence to ensure that qualified voters are allowed to vote in hospital ridings where they temporarily reside; hospitals should be able to provider an affidavit confirming that an individual is patient or resident of a facility. In addition, it was recommended that poll locations should include "travelling polls" to accommodate inpatients who are involuntarily detained on hospital units. Polls should also be located at all tertiary care facilities to enable those who are qualified to vote. Recommendations were also made for voting assistance for those with disabilities to assist with the completion of voting ballots and their placement in ballot boxes. Finally, a transparent an accessible and transparent complaints process was proposed to address and redress the negative experiences of those who may have been mistreated during the voting process.

Housing Consultation – The Ontario Human Rights Commission (OHRC) (Submission: August 31, 2007)

The PPAO participated in the OHRC's survey respecting human rights issues and housing. The PPAO stressed the importance of education to stakeholders to promote the resolution of human rights issues in housing. Individuals cannot realize their rights if they are unaware of them. Education is needed to inform individuals of their rights under the *Human Rights Code* and the *Residential Tenancies Act*. The PPAO proposed that the Commission should work with the Landlord Tenant Board to create an information document to apprise people of their human rights. Where the average wait for affordable housing in Ontario is between 5 and 15 years, the PPAO recommended that the OHRC lobby all levels of government to create a policy that supports the availability of adequate and affordable housing.

Consultation – Mental Health Commission of Canada

In October 2007 the PPAO participated in a stakeholder consultation of the newly formed Mental Health Commission of Canada. In its submission to the Commission, the PPAO highlighted the need for independent advocacy and rights advice services and a multi-level public education and anti-discrimination campaign to address and eliminate stigma

and discrimination as a consequence of mental illness. The PPAO also emphasized the need for consumer involvement beyond tokenism and at all levels of service provision, planning, evaluation and systemic advocacy. The PPAO stressed the need for enhanced rights protections and procedural safeguards for vulnerable individuals in support of the principles of natural justice and to ensure the realization of rights guaranteed under the *Charter of Rights and Freedoms*.

Public Education and Community Engagement

Emerging research 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 PPAO's 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 2007, as part of its public education mandate, the PPAO hosted a second series of free workshops entitled, "Understanding Mental Health Law", in Kingston, London, North Bay, Peterborough, St. Catharines, Sault Ste. Marie, Sudbury, Toronto, Whitby and Windsor. More than 730 individuals registered for these 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. .

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. A list of events appears 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 2007, 3,137.628 pages were viewed by visitors from around the world. While Canadians were our top visitors at visits, visitors from the top five countries included those from the United States, United Kingdom, Germany, France and Australia.

www.ppao.gov.on.ca

Conference Presentations

- Human Services and Justice Coordination Committee Conference (September 2007)

Presentations on Patient Rights

- Schizophrenia Society of Ontario (Hamilton)
- Community Networks of Specialized Care
- Nipissing Mental Health
- Hamilton Mental Health Rights Coalition
- Durham Region Police Services

Presentations and Submissions

- Submission to the Standing Committee on Finance and Economic Affairs re: pre-budget consultations – the road to recovery (January 12, 2007).
- Submission to the Standing Committee on Social Policy re: Bill 140 – An Act Respecting Long-Term Care Homes, 2006 (January 16, 2007).
- Submission to the Standing Committee on Justice Policy re: Bill 103 – Independent Police Review Act, 2006 (January 31, 2007). .
- Submission to the Standing Committee on Social Policy re: Bill 171 - The Health Systems Improvement Act, 2006 (April 24, 2007).
- May 25, 2007: Submission to Hon. Marie Bountrogianni, Minister of Intergovernmental Affairs, Minister Responsible for Democratic Renewal re: Bill 218 – an act to amend the Election Act and the Election Finances Act (May 25, 2007).
- Housing consultation, Ontario Human Rights Commission (August 31, 2007).

Consultation Participation

- Mental Health Commission of Canada Consultation (October 2007)

Mental Health and Mental Illness Awareness Week activities across the province

Staff orientation in hospitals where we provide advocacy and rights advice services

Presentations to students of:

- McMaster University
- Canadore College
- Georgian College
- Humber College
- University of Western Ontario

New and updated InfoGuides:

- Amicus Curiae for ORB Appeals
- Making an Informed Decision about Treatment
- Personal Health Information
- Police Complaints
- Police Record Searches
- Residential Tenancies Act
- Trusteeships for ODSP Recipients
- Voting in 2007 Ontario Election

***Ex-officio* membership for PPAO staff on local and regional committees including:**

Head Office

- Mental Health Legal Committee
- Legal Aid Ontario Mental Health Advisory Committee
- Mental Health Patient Safety Task Group
- Toronto Mental Health & Justice Committee

Brockville: Internal

- Clinical Management Committee
- Ethics Committee
- Professional Advisory Committee
- Accreditation Committee
- Least Restraint Committee & Guiding Principles Subcommittee

Hamilton: Internal

- Assessing Aggression Task Force Committee
- Abuse Committee
- Ethics Committee
- Election Committee
- White Code, Seclusion and Restraint Committee

Hamilton: External

- Mental Illness Awareness Week Planning Committee: Candlelight Vigil to remember those who died in the last year
- Mental Health Week Planning Committee: "Crazy for Life" presented by Victoria Maxwell
- Advisory Board of Public Health and Community Services Department-Community Mental Health Program Committee
- Recovery Working Committee of HAMHA

Kingston: Internal

- Forensic Advisory Workgroup
- Forensic Policy/Procedure Working Group

- Ontarians with Disabilities Committee
- Seclusion Working Group
- Recovery Facilitation Committee
- Service Recipient Working Group (Recovery Facilitation Working Group)
- Staff & Service Recipient Training Group (Recovery Facilitation Working Group)
- Complaints/Compliments Working Group
- Smoke Free Implementation Working Group
- Quality/Risk Management Committee

Kingston: External

- Human Services & Justice Coordination Network
- TAMI (Talking about Mental Illness)
- Frontenac Lennox and Addington Mental Health Coalition

London: Internal

- Regional Mental Health Care Ethics Education and Consultation Committee
- Restraint Use in Geriatric Program – Ad hoc Committee
- Illicit Drug Task Force – Ad hoc Committee
- Smoking Cessation – Ad hoc Committee
- Patients' Bill of Rights – Ad hoc consultation

North Bay: Internal

- Ethics Consultation Committee
- Privacy Sub-Committee
- Recovery Sub-Committee: Patient Expectation Action Team
- Recovery Sub-Committee: Seclusion and Restraint
- Organizational Ethics Group
- Special Events Committees: Holiday planning

St. Thomas: Internal

- Ward Milieu Task Force
- Ethics Committee
- Smoking Task Force
- Forensic Seclusion and Restraint Task Force

St. Thomas: External

- Human Services & Justice Coordination Committee
- PPAO Rights Adviser Training Faculty

Thunder Bay: Internal

- Dual Diagnosis Working Group
- Mental Health Planning Committee – Thunder Bay Regional Health Sciences Centre

Thunder Bay: External

- Thunder Bay Economic Justice Committee
- Mental Health and Criminal Justice Project
- Human Service and Justice Coordinating Committee: Thunder Bay District
- Human Service and Justice Coordinating Committee: Northwest Region
- Mental Health Planning Committee
- Mental Health Network – Mental Illness Awareness Committee & Mental Health Week

Toronto: Internal

- CAMH Smoke-Free Policy Steering Committee
- Client Information Package Work Group
- Patient Safety Work Group
- The Anti- Racism Task Force
- Cash Office Review Committee
- Cash Office Implementation Steering Committee

Toronto: External

- Dual Diagnosis Committee
- Community and Legal Aid Services Program Community Council

Whitby: Internal

- Information Management Accreditation Committee
- Clean Air Task Force

Letters to the Editor

The PPAO published in 20 newspapers across the province on a broad range of mental health advocacy and rights protection topics including:

- Poverty reduction
- community support and programming
- public education and awareness
- language and stigma
- supporting recovery for those with mental illness
- the need for psychiatric services in prisons

PPAO in the News

The PPAO was referenced in a number of articles in the following publications – The St. Thomas Times-Journal; Hospital News; Community Action; The Globe and Mail; The Hamilton Spectator; The Toronto Star; The Rights Stuff and XTRA! Magazine. These articles covered a wide range of topics, such as, recovery, advocacy, the Public Guardian and Trustee, hospital management of patient funds, policy records checks for persons with mental illness and mental health law.

PPAO Staff and Organizational Chart

The PPAO provides services in ten regional 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 psychiatric facilities 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.
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