

Annual Report
2008/2009



1983 – 2008

RIGHTS — EMPOWERMENT — RECOVERY



What does the PPAO's Logo Mean?

Our logo, with three divisions, places the patient at the centre, with the advocate and the patient's support network on either side. In our practice of advocacy, we at the Psychiatric Patient Advocate Office (PPAO) proceed from the patient's perspective, the heart of the matter. We believe that creating caring systems requires the effort of all those involved.

The relationship between Advocates and their clients is very unique. These clients are vulnerable because of their illness. Patient Advocates are partisan advocates for their clients. The Advocate-client relationship is fiduciary in nature - it is based on complete trust and confidence.

We chose the heart symbol as our logo because it best reflected our vision, values and principles:

- that consumers be actively involved in all decisions affecting their life, care and treatment;
- that all consumers of mental health services be treated with dignity and respect;
- that the consumer directs the advocacy process, using the advocate as a resource;
- that advocates respect each client's personal choices, providing advocacy from the client's point of view.

July 14, 2009

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

Dear Minister Caplan:

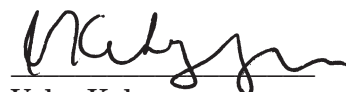
On behalf of the Psychiatric Patient Advocate Office (PPAO), it is my pleasure to submit our Annual Report for 2008 - 2009.

2008 marked our 25th anniversary, a very special milestone in the history of the PPAO. This report builds on more than twenty five years of dedicated service in championing positive change for mental health consumers. It captures our continued efforts to assist our clients in realizing their legal rights and in achieving their self-identified goals.

The PPAO's mandate and governance will be considered in the context of the Ministry's evolving role as steward of the Ontario's health care system. This is also consistent with the government's efforts to develop a long-term strategic plan for mental health and addictions through the Minister's Advisory Group on Mental Health and Addictions and the Select Committee on Mental Health and Addictions.

There is little doubt that advocacy and rights protection play vital roles in promoting the highest quality of care and quality of life of those we serve, supporting their personal empowerment, autonomy and social inclusion. We would urge you to consider the role and mandate of the PPAO and mental health advocacy as critical components in a comprehensive mental health system.

Respectfully submitted,



Vahe Kehyayan
Director

c. Ron Sapsford, Deputy Minister of Health & Long-Term Care

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All quotations in this report are from the Psychiatric Patient Advocate Office’s 25th Anniversary Report: *Honouring the Past, Shaping the Future - 25 Years of Progress in Mental Health Advocacy and Rights Protection*.
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Change has always been the hallmark of the Psychiatric Patient Advocate Office (PPAO). In its relatively short history, the PPAO has operated in an environment of constant flux. It was first introduced in the Ontario Legislature by the then Minister of Health, the Honourable Larry Grossman, as way to respond to the needs and concerns of psychiatric patients in Ontario's provincial psychiatric hospitals (PPHs). When it first became operational in 1983, the program operated on a project basis, independent of the Ontario Public Service (OPS). In 1992, the program was incorporated into the OPS, and its administrative staff and rights advisers were brought into the Ontario Public Service Employee Union. In 1997, the Patient Advocates were brought into the Association of Management, Administrative and Professional Crown Employees of Ontario. Between 1997 and 2008, the Ministry of Health and Long-term Care divested the governance of all ten PPHs to public or specialty hospitals. The divestment agreements with the receiving hospitals ensured the continued delivery of PPAO services.

Throughout the developmental history of the PPAO, there have been several initiatives to review its mandate and governance. In the summer and fall of 1997, the PPAO conducted a broad-based public consultation with over 600 individuals and organizations on its role in Ontario's mental health system. The majority of participants in this consultation recognized the fundamental importance of mental health advocacy and the need to provide advocacy services both in psychiatric facilities and in the community; it was recognized that the provision of advocacy services should be continuous across hospital and community-based settings. The development of coordinated, province wide advocacy services would support universal access for mental health consumers regardless of where they received care, treatment, rehabilitative or support services. Similarly, two other independent reviews commissioned by the Ministry and carried out in 2005 and 2007 supported the need for advocacy as an integral element in a comprehensive mental health system.

Twenty five years ago, it made sense to establish the PPAO as a mechanism to safeguard the rights of patients in the provincial psychiatric hospitals. As many treatment, rehabilitation and support services have migrated from hospital to community, the potential breadth and scope of advocacy and rights protection issues have increased exponentially. In addition, the mental health system continues to transform as it strives to meet the complex needs of the diverse populations it serves. Accordingly, the Minister of Health has established an Advisory Group on Mental Health and Addictions to assist in the development of a long-term mental health and addictions strategy for all Ontarians. In addition, an all-party Select Committee on Mental Health and Addictions has been established to determine the comprehensive service needs of children, young adults, First Nations, Inuit and Métis peoples and seniors and to examine the existing continuum of social services and supports.



While formal and informal advocacy resources do exist in Ontario, these services remain largely fragmented, lacking province-wide coordination, integration and accountability. In the context of the Ministry's evolving role as steward of the Ontario's health care system, and consistent with the Minister's mental health and addictions strategy development, the PPAO's mandate and governance needs to be considered.

As the PPAO is poised once again on the threshold of possible organizational change, we embrace a review of our mandate and governance as an opportunity to advance our core belief that the future of advocacy rests on its establishment as a critical component in a comprehensive mental health system.

The current report captures our continued efforts to act as partisan advocate for those we serve, to promote the realization of their legal rights and assist them in achieving their self-identified goals. It is consonant with more than twenty-five years of dedicated service in promoting positive change for mental health consumers within the mental health system at large.

Vahe Kehyayan, Director
Psychiatric Patient Advocate Office

"It is our independence within the system that is so highly valued by our clients and is a cornerstone of our credibility and effectiveness as advocates and positive agents for change."

Vahe Kehyayan, p. 17

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 the ten, now divested, provincial psychiatric hospitals (PPH) and to advise the Minister of Health on mental health matters from a rights 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 protects and promotes the rights and entitlements of Ontarians with mental illness by providing four core services: rights advice, individual advocacy, systemic advocacy, and public education and community engagement. Each core 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, treatment and recovery of individuals with mental illness in Ontario. We envision a society where the rights of all individuals regardless of mental illness or disability are respected, protected and realized. As champions of the rights of mental health consumers, our services are guided by the following core values and beliefs:

- people can and do recover from mental illness
- people have the right to pursue personally defined goals for recovery and well-being
- advocacy and rights protection play vital roles in recovery and continued health and well-being
- advocacy is most effective when it is independent and free from actual or perceived conflicts of interest
- people can function and live in the communities of their choice with adequate supports and services
- people have the right to access effective services which are both needed and wanted
- consultation with consumers is essential to building responsive and effective services
- people have the right to information that is necessary to make informed choices
- people have the right to be involved in all decisions affecting their care, treatment and lives

At the heart of what we do rest these beliefs, all of which are aligned with our stake around rights, empowerment and recovery. As participants in our clients' lives we strive to restore them to full participation and membership in the community at large.

*Since 1983:
advocacy
and rights
protection
mandate*

*PPAO core
values and
beliefs*



PROFILE OF SERVICES...

*Rights Advice
an important
component
in system of
checks and
balances*

Rights advice

Rights advice is a process by which patients in psychiatric facilities and individuals in the community who are 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.

The relationship between the Rights Adviser and the client is unique. In circumstances where the client may feel powerless, the Rights Adviser provides a neutral and non-judgmental presence. The Rights Adviser is not part of the clinical team and does not make decisions for the patient. In fact, the Rights Adviser may only act upon a client's request or specific instruction. The Rights Adviser must provide the client with the best possible opportunity to understand the information provided. In some cases a second and subsequent visits may provide this opportunity.

Advocacy

*Partisan
advocacy
begins with
client's
perspective*

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 care, treatment, and 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 PPAO, begins with the client's perspective and instruction and supports self-identified goals and needs. It seeks to increase the range of choices for clients at the levels of both the individual and the system. This view of advocacy is compatible with a recovery-oriented framework, which at its heart seeks to empower consumers to assume increased responsibility and



decision-making authority with respect to their care, treatment and rehabilitation. Advocacy seeks to assist or empower clients 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 and provides support across a variety of environments including hospital and community. As depicted in the following diagram, the PPAO views advocacy as a continuum of activities ranging from the simple act of giving information to a more complex act of advocating with or on behalf of a client.

Advocacy encompasses a broad range of activities

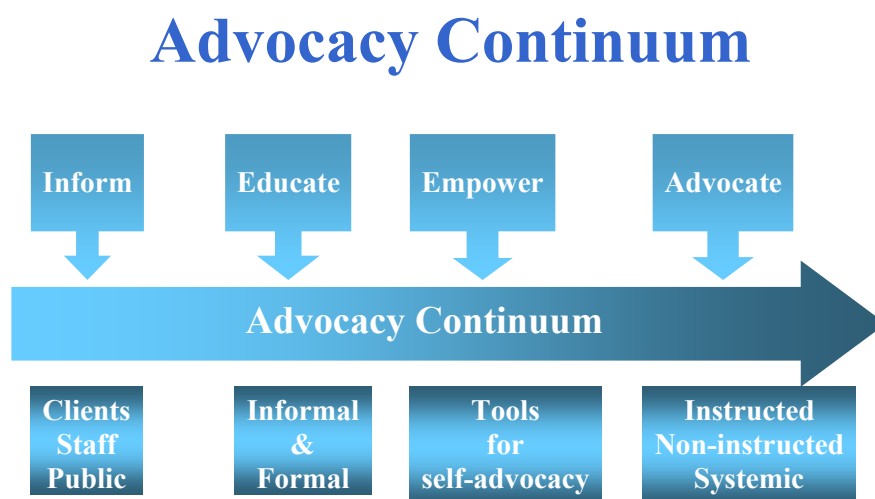


Figure 1:
The Advocacy Continuum

At the far left, Patient Advocates provide ongoing information to clients, families, staff of psychiatric facilities, health and social service practitioners, ministries, and the general public on matters relating to patient rights and mental health legislation. Along the continuum, Patient Advocates conduct formal and informal education sessions to health and social service practitioners, community-based agencies, and students in the health sciences and legal profession. At a more advanced level, Patient Advocates assist patients to self-advocate the issues that they have brought forward to the Advocate for resolution. The Advocate assesses and clarifies the issue with the client and explains options available and assists the client in his or her choice of option(s) and supports the client to carry through with the necessary actions to try to resolve his/her concerns. And finally, the Patient Advocate conducts advocacy activities for the client (individual advocacy) or for a group of clients (systemic advocacy).



PROFILE OF SERVICES...

Client self-determination and empowerment are fundamental to instructed advocacy

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. The PPAO does not substitute a “best interest” approach to resolving the client’s concerns. 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 Advocate’s action, according to the PPAO’s non-instructed policy and procedure, is limited to attempts in redressing an abridgment of a legal right or therapeutic or social entitlement that imperils the incapable client’s health, estate, personal security or human dignity. The Patient Advocate will apprise the client of the progress of the issue and, wherever possible, attempt to elicit instructions.

“The Psychiatric Patient Advocate Office through its unique programme of instructed, non-instructed, and systemic advocacy gives voice to the voiceless and ensures that their wishes and needs are heard by treatment teams, service providers, and policy decision makers. For those who have their own voice, the PPAO supports them in their self advocacy efforts and in achieving their desired outcome”

Michael Bay p. 15

Systemic advocacy promotes change in the mental health system



Systemic Advocacy

In addition to individual patient advocacy issues, the PPAO also addresses systemic issues, which have an impact on the quality of care, life and rights of a large number of patients either local to a facility, or across several or all of the ten divested provincial psychiatric hospitals. Systemic advocacy is also aimed at promoting change in the way the mental health system delivers services to the people it is intended to benefit. By its nature, systemic advocacy can resolve problems more efficiently than the individual advocacy approach by targeting circumstances that affect patients in general. Systemic advocacy can focus on such areas as law, policy reform and consumer empowerment; it may also address practices which hinder the appropriate care of patients and which, if left unchecked, may violate patient rights and entitlements.

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, patients' rights under mental health legislation, stigma and decriminalization, and criminalization and victimization of persons with mental illness, how could recovery occur?

Every day PPAO staff members provide information to clients to assist them to make choices. 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. Indeed, providing information about legal and civil rights to patients, families, hospital staff and the broader community has been a cornerstone of the PPAO's mandate since 1983. Education of this nature supports the replacement of myths about mental illness with accurate conceptions with an intention to reduce stigma, and contribute toward changing attitudes that are barriers to recovery.

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

Education confronts stigma and supports the realization of legal and civil rights



RIGHTS ADVICE

Rights Advice in Divested Provincial Psychiatric Hospitals

In 2008, as seen in Figure 2, there were 6,830 initial visits for rights advice in the current and divested provincial psychiatric facilities. Of the total number of visits, 69.9% were for involuntary admission (Form 3 and 4), 13.7% concerned incapacity to consent to treatment (Form 33t), 10% were for financial incapacity (Forms 21 and 24), and 3.2% and 0.5% for the issuance (Form 49i) and renewal (Form 49r) of CTOs, respectively. 2.7% of the visits concerned incapacity to consent to the collection, use or disclosure of personal health information (Form 33c). A very small percentage (0.01%) concerned visits regarding admission as an informal patient (Form 27).

*Rights advice
activity in
divested
provincial
psychiatric
hospitals*

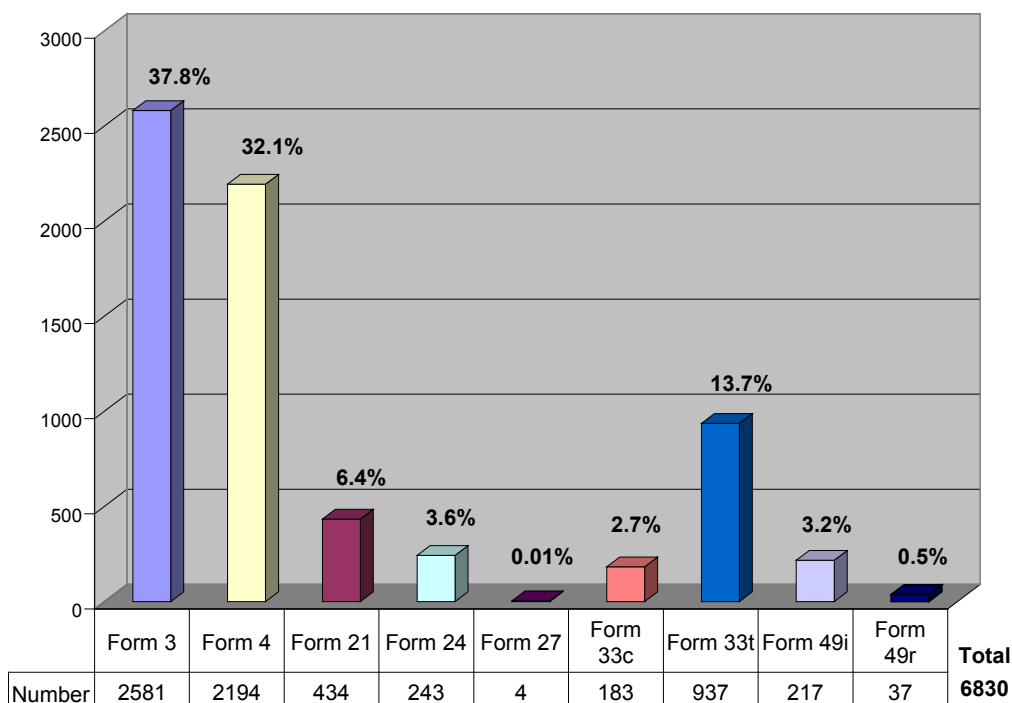


Figure 2
Rights Advice Activity Totals for 2008 in Current and Divested PPHs

MHA Form

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



Rights Advice in Other Scheduled Psychiatric Facilities and in the Community

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, as well, 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 its Community-based Rights Advice Program to provide this new service on June 18, 2001 to those hospitals that chose to so designate the PPAO.

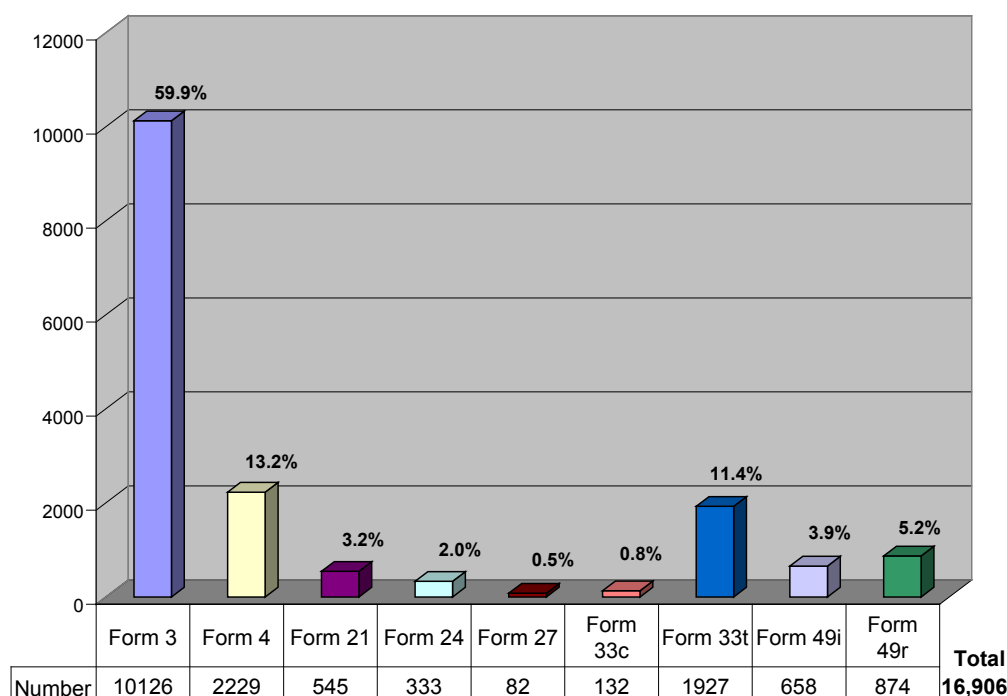


Figure 3
Community-based Rights Advice Activity Totals for 2008

As shown in Figure 3, the PPAO responded to requests to visit clients regarding 16,906 forms in the mandatory rights advice situations under the *MHA*. The majority of the forms were regarding involuntary admission (72.1%); this included both certificates of involuntary admission (Form 3) (59.9%) and renewals of certificates of involuntary admission (Form 4) (13.2%). Rights advice for treatment incapacity (Form 33t) comprised 11.4% of the forms, while incapacity to manage property (Form 21 and 24) accounted for 5.2%. Clients admitted as informal patients (Form 27) represented 0.5% of the forms. The intention to issue a CTO (Form 49i) and

Community-based rights advice in over 50 other hospitals and in the community



RIGHTS ADVICE...

to renew a CTO (Form 49r) represented 3.9% and 5.2% of the forms, respectively. Findings of incapacity to collect, use or disclose personal health information (Form 33c) represented 0.8% of the forms. Most of the CTO renewals and associated rights advice visits were for those individuals who were in the community.

Where completion of rights advice delivery was not possible at the first visit for reasons outside the control of the Rights Adviser, second rights advice visits were made in 1,989 cases.

Clients come from diverse cultures and linguistic backgrounds, and some required interpretation in their own languages. Accordingly, rights advice was provided with interpretation in 44 languages in 380 cases. Figure 4 shows the diverse languages in which rights advice was provided through the use of language interpreters.

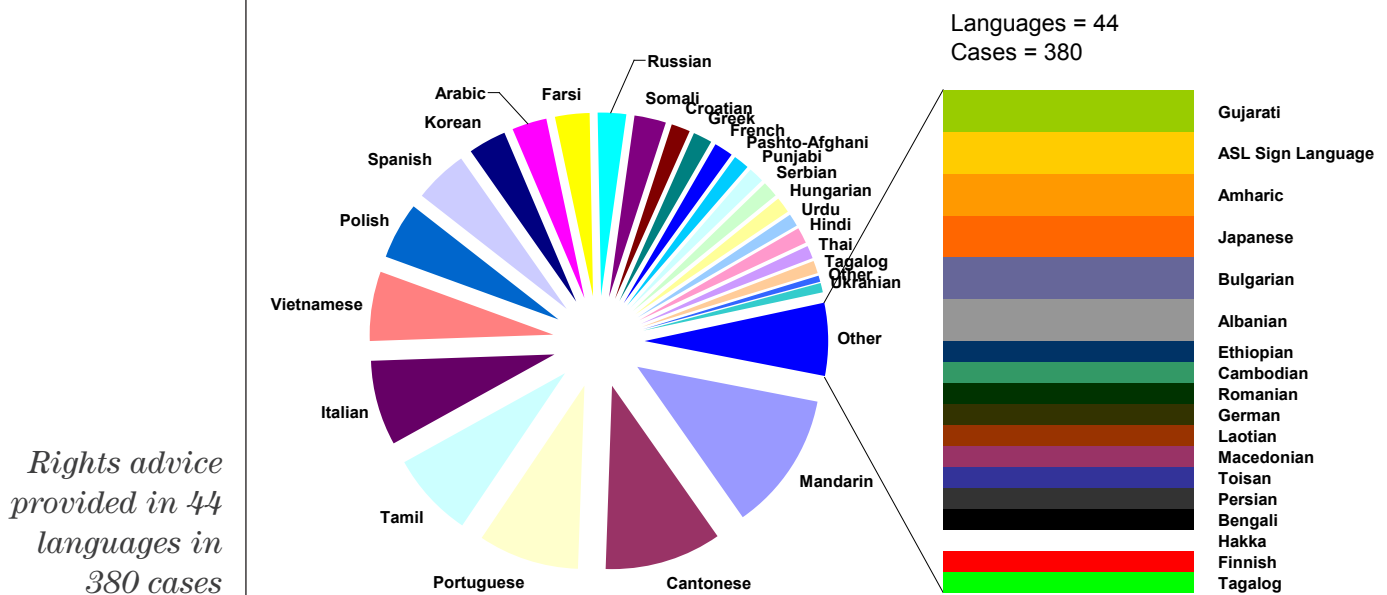


Figure 4
Languages in which Rights Advice was Provided by Use of Interpreters
Community-Based Rights Advice Program



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 all psychiatric facilities and the community, the percentage of applications to the CCB has been relatively consistent over the past seven years (Figure 5). In 2008 there were 1,172 applications to the CCB with respect to forms issued in the former provincial psychiatric hospitals; there were 2,269 applications to the CCB with respect to forms issued in the other Schedule 1 psychiatric facilities and in the community. There is a marginal downward trend in the percentage of applications to CCB, with applications ranging from 17.1% in 2002 to 14.5% in 2008.

PPAO rights advisers assisted with 3,441 applications to the Consent and Capacity Board regarding 23,736 Forms

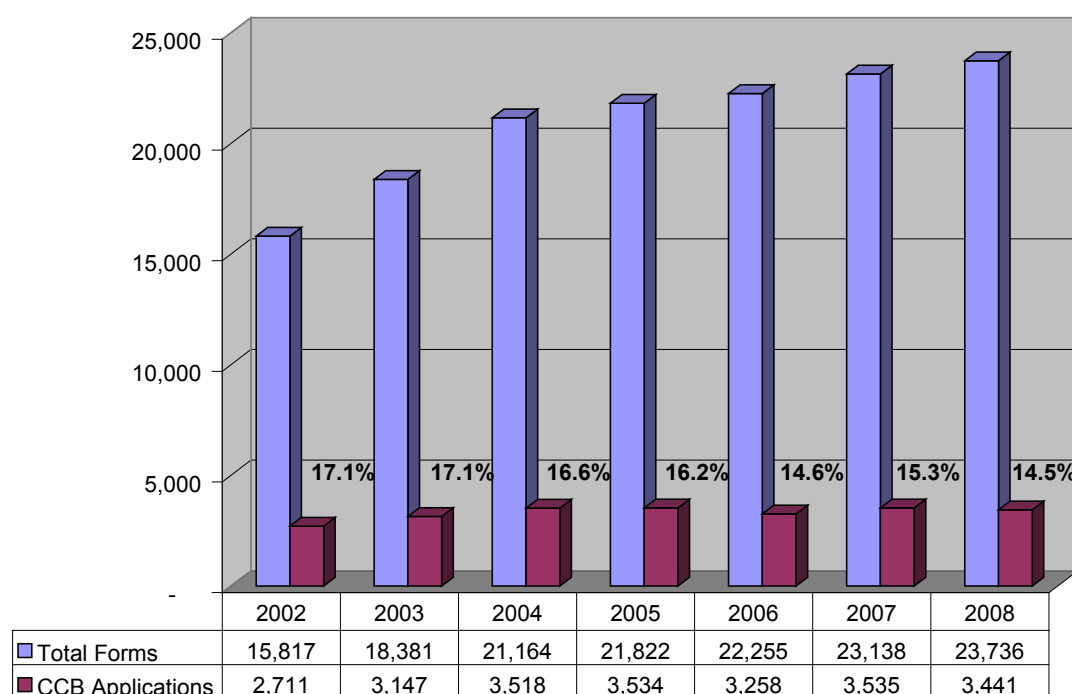


Figure 5
Consent and Capacity Board Applications from 2002-2008



RIGHTS ADVICE...

Rights Advice for Community Treatment Orders

In 2008, there were 1,786 total requests for rights advice on an intention to issue or renew a Community Treatment Order (CTO) (Form 49) across all psychiatric facilities and in the community 875 (49.0%) requests were received for issuances, while 911 (51.0%) were for renewals. (Figure 6) Compared with 2007, there was a 6.8% increase in the number of issuances and a 19.2% increase with respect to renewals.

Since the inception of CTOs in mid-2001, there has been a steady increase in the provision of rights advice: an almost 5-fold increase (389.3%) from 2002 (365) to 2008 (1786) for intentions both to issue and renew CTOs. 2008 was the first year that renewals outnumbered issuances. Not every individual continues on CTOs, and sometimes physicians pass the allowed renewal period and have to re-issue a CTO, instead of renewing it.

There are not only more individuals on CTOs, but a greater proportion of these individuals were found incapable of consenting to the issuance or renewal of a CTO. Accordingly, a greater percentage of issuances and renewals were consented to by substitute decision-makers (SDMs) with an overall rise in rights advice given to SDMs from 57.6% in 2005 to 65.5% in 2008.

Rights advice regarding CTOs steadily increases each year

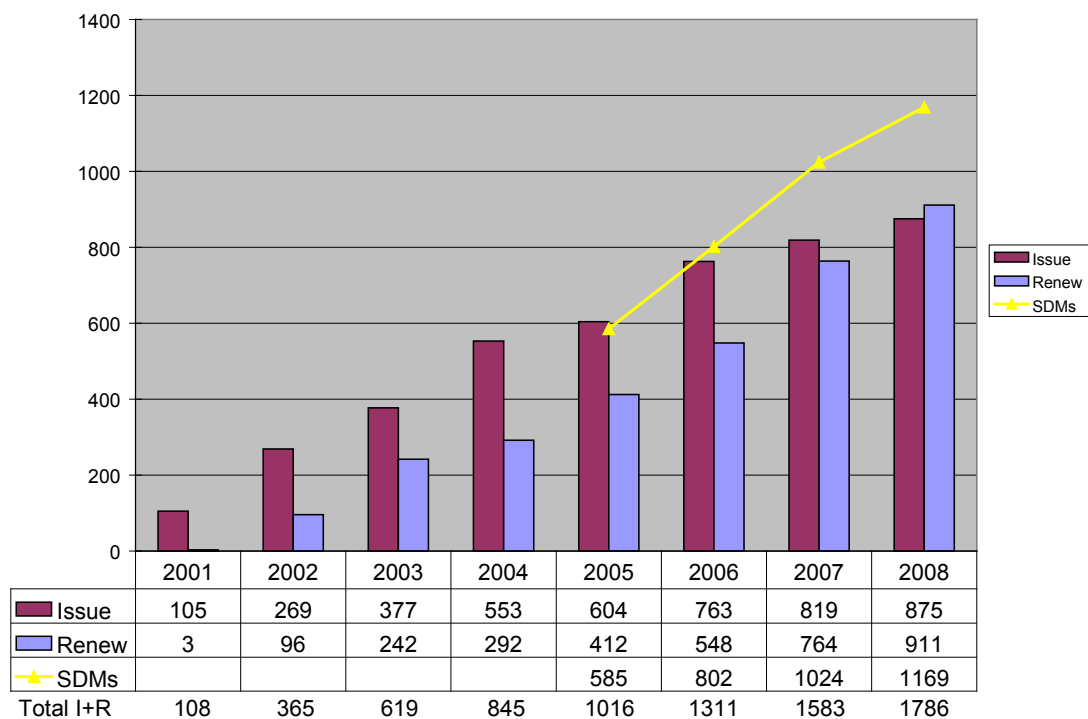


Figure 6
Requests for rights advice received by the PPAO on the intention to issue or renew a Community Treatment Order from 2001-2008



The number of capable people consenting to their own CTOs raises questions about how CTOs are being used and, in particular, whether they are used as a way to access supports and services otherwise unavailable in the community, or if there are other incentives for the capable individual to encourage the person to consent to a potentially restrictive agreement that must be adhered to.

Rights Advice Case Example

Client's communication needs met through Rights Adviser's collaborative intervention

With the assistance of an interpreter, the Rights Adviser approached a Vietnamese-speaking client to provide rights advice regarding the intent to issue a community treatment order (CTO). During the provision of rights advice, the interpreter pointed out significant discrepancies between the English and Vietnamese versions of the community treatment plan (CTP). These differences made it impossible to accurately provide essential information regarding the proposed plan of treatment and rights advice needed to be postponed pending clarification and revision of the facility's translation of the CTP. The Rights Adviser successfully addressed this matter with the CTO coordinator and the translation of the CTP was appropriately revised. A second visit was required and rights advice was then provided using English and Vietnamese versions which were in agreement and which accurately reflected the content of CTP.

Rights adviser facilitates client's language interpretation needs.

"Systemic advocacy is intended to break down barriers, change the structure of service delivery within mental health facilities, address quality of care and life issues, reform the law, change policies and procedures and foster collaborative work with community partners. For the PPAO, systemic advocacy is about protecting and promoting the rights of individuals with mental illness."

David Simpson, p. 44



INDIVIDUAL ADVOCACY

Advocacy Issues

Figure 7 compares the total individual advocacy issues that were addressed from 1997 through 2008. In 2008, Patient Advocates, across all divested provincial psychiatric facilities, addressed 3,417 issues resulting in 8,627 actions (Figure 8) on behalf of clients. Therapeutic issues comprised 33.1% of the total issues, while social and legal issues represented 16.1% and 50.8% of the total issues, respectively.

*3,417
advocacy
issues
resulted in
8,627 actions
by Patient
Advocates
in 2008*

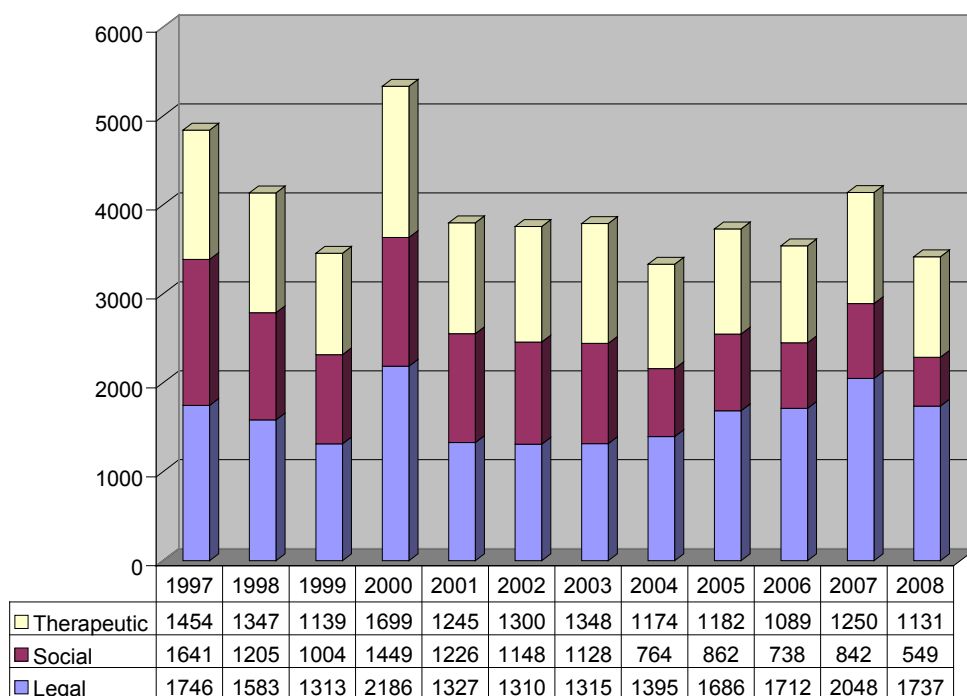


Figure 7
Advocacy Issues Addressed 1997-2008

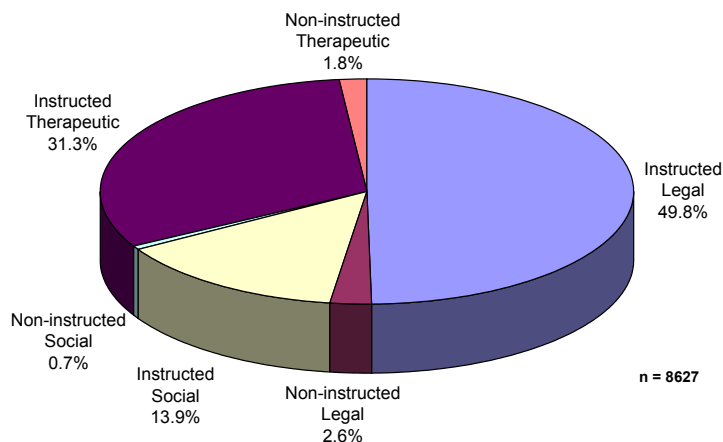


Figure 8
Advocacy Issues Addressed 2008 - Instructed and Non-instructed



Files Opened

In 2008, the PPAO opened 2844 files. Files generally correspond to individual clients, with some clients raising multiple issues. Figure 9 captures the total number of files opened, broken down by patient status under the *Mental Health Act (MHA)*. Of the 2844 files opened in 2008, 48.3% were opened by clients detained under the *Criminal Code (the Code)*. Clients held involuntarily under the *MHA* accounted for 26.6% of the total files. In contrast, clients admitted as voluntary patients comprised 13.5 % of the files. A small percentage, 0.7%, of patients seeking advocacy services were dual status, held under authority of both the *Code* and *MHA*, while 0.3% were admitted as informal child and adult patients.

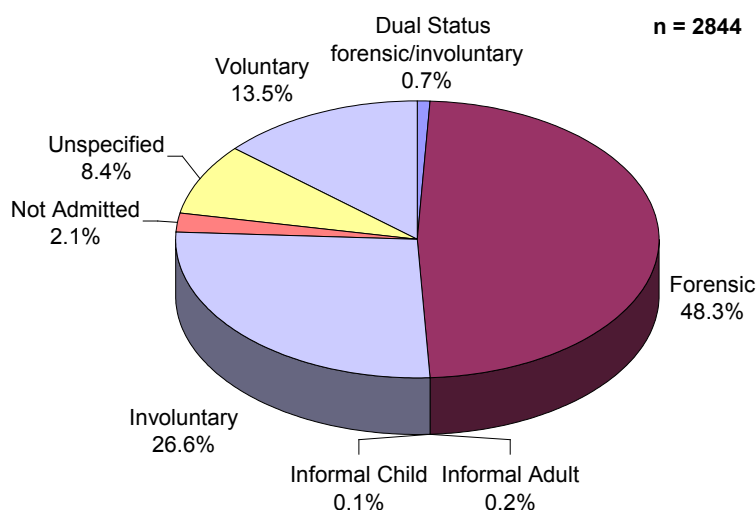


Figure 9
Files Opened by Patient Status

*2,844 files
opened for
individual
clients*

Client Profile

Table 1 (next page) provides the age and sex profile of those receiving advocacy services (n=2,844). Men represented the majority of clients served (71.2%). Women comprised 27.8% of clients. The majority of clients fell between the ages of 25-54 (49.9%), while a small percentage of clients was either under the age of 24 (7.7%) or over 64 years of age (3.9%).



INDIVIDUAL ADVOCACY...

The majority of clients were male (71.2%)

Age Group	Sex			Group Total	
	Male	Female	Unknown	Total	%
0 - 14	7	0	0	7	0.2%
15-24	177	36	1	214	7.5%
25-34	344	58	1	403	14.2%
35-44	362	106	3	471	16.6%
45-54	374	165	3	542	19.1%
55-64	279	53	0	332	11.7%
65+	68	41	1	110	3.9%
Unspecified	414	331	20	765	26.9%
Total	2025	790	29	2844	100%
Percent	71.2%	27.8%	1.0%	100%	

Table 1
Files Opened by Age Group and Sex

Referral Source

As captured in Figure 10, clients sought advocacy services on their own behalf in 35.1% of the cases. Hospital staff referred clients for service 8.4% of the time. Other sources and family and friends accounted for 1.2% and 1.4% of the referrals, respectively. Referral sources were not specified in 47.3% of the cases. PPAO staff made referrals in 3.6% of the cases.

More than one-third of clients self-referred

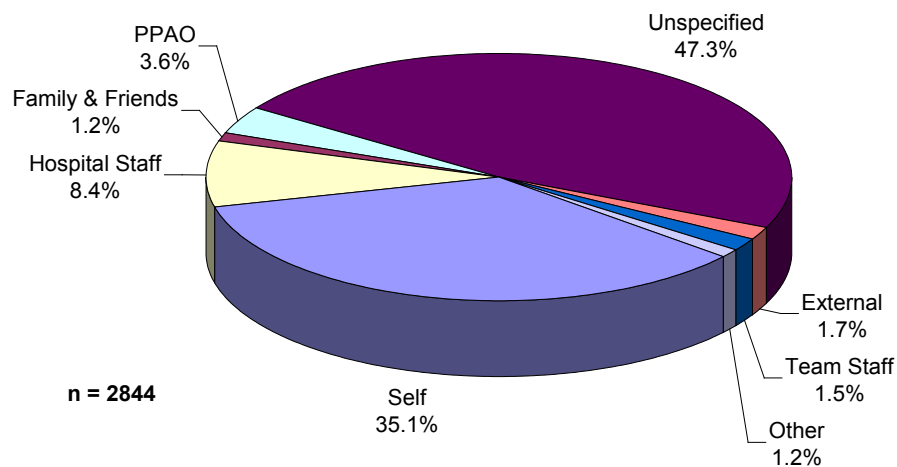


Figure 10
Files Opened by Source of Referral



Advocacy Interventions

Figure 11 depicts the breakdown for the interventions used to resolve client issues. Advocates across all field offices carried out 8,627 actions in addressing client concerns. Resolution was sought through consultation (16%); discussion of options (22%); providing information (20%); providing assistance (12%); negotiation (2%); referral (4%); arranging meetings (2%); investigation (2%); drafting written materials (3%) and assisting clients to complete forms (5%); and other, situation-specific strategies (8%). as necessary.

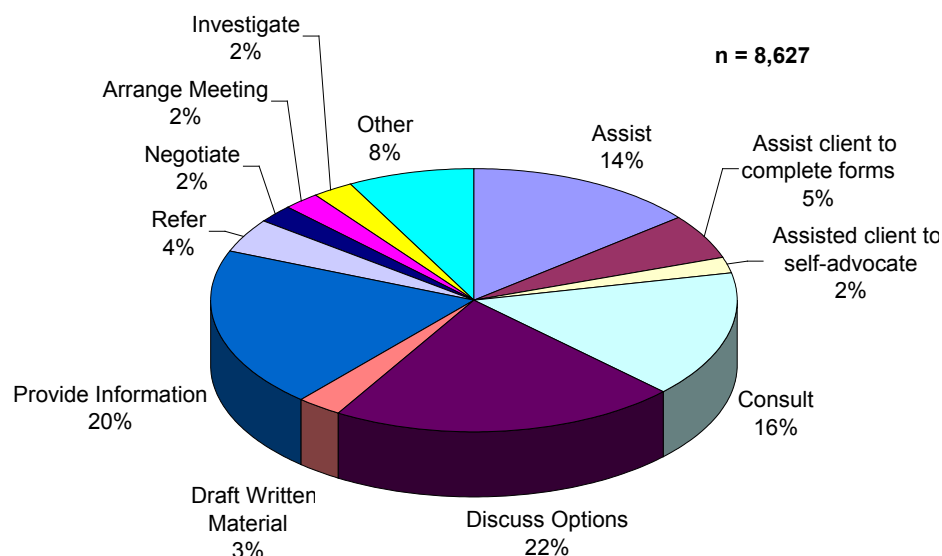


Figure 11
Patient Advocate Actions

*Advocacy
provided
through a
broad range
of actions*

“Respect, human dignity and acknowledging that clients need to play a key role in making decisions about their care are among the core values of client centred care.”

Jill-Marie Burke, p. 122



INDIVIDUAL ADVOCACY...

Instructed Advocacy Case Examples

Client Assisted in Addressing Breakdown in Therapeutic Relationship

*Rupture in
therapeutic
relationship
addressed*

A client approached the Patient Advocate as he had been “kicked out” of the psychiatric facility by the inpatient psychiatrist. He had previously consented to admission as he felt this was his last hope and was admitted as a voluntary patient. The client was also concerned about his care on the ward and the level of staff professionalism. He was also concerned that he had been discharged prematurely and without the proper medication. He did not know how he would cope at home in the days prior to next appointment with his outpatient psychiatrist. Options were discussed with the client and he asked the Patient Advocate to assist him in drafting a letter of complaint to the program administrator. On client instruction, the Patient Advocate attended the appointment with the outpatient psychiatrist to provide support as the client discussed his negative hospital experience. Following a review of the clinical record and discussion with the client’s inpatient psychiatrist, the program administrator and clinical director acknowledged there had been a breakdown in the therapeutic relationship. They advised that additional psychiatrists had since been hired to ensure clients would have a choice of staff in the future. As well, nursing staff were being encouraged to take a Patient and Family-Centred Care program to improve patient care. Recommendations were sought from the client to avert future breakdowns in the therapeutic relationship. The client and Patient Advocate discussed possible recommendations, including implementation of a process to be followed (e.g., mediation) where the client and psychiatrist feel there has been a breakdown in the therapeutic relationship.

Right of Access to Personal Property Upheld

*Property
rights
upheld*

A forensic client was restricted by the clinical team to one hour of daily access to a recently purchased laptop computer, which the client had intended to use in preparing his appeal from an Ontario Review Board disposition. The client asked the Patient Advocate to assist him in obtaining unrestricted use of his computer. While the computer had been inspected by the facility’s information technology staff and approved for use, clinical team members declined to provide unlimited computer access because they believed this would encourage the client to isolate himself in his room. In an initial discussion with the Patient Advocate, the client’s psychiatrist asserted that restricting the client’s computer access was an “administrative decision.” Accordingly, the Patient Advocate escalated this issue to the administrative director of the forensic program, pointing out that restricting the client’s computer access was inconsistent with the facility’s client bill of rights, which supported a



client's unfettered access to personal property as long as it did not pose a risk to personal safety. In this instance, the client's right of access to personal property, i.e., his computer, was particularly salient given that the client needed to use his computer to prepare his appeal. The Patient Advocate was successful in questioning the authority of the decision to restrict the client's access to his personal property and the client was subsequently granted unlimited access to his computer.

Disclosure to Children's Aid Society Questioned

A forensic client asked the Patient Advocate for assistance in addressing what he believed to be a potential and unwarranted breach of confidentiality. The client had requested community privileges to care for his girlfriend's children while she attended a family member's funeral. The client was not present during the clinical team's review of his request and his primary nurse and psychiatrist were also not in attendance. During its review, the clinical team raised concern about the appropriateness of the client's request. The client's request was denied and the team decided that the Children's Aid Society (CAS) needed to be advised of the client's involvement with his girlfriend's children. The client questioned the team's decision and, in particular, the need to notify the CAS. At the client's instruction, the Patient Advocate consulted with program staff and attended a case conference with the client, covering psychiatrist and social worker. It was agreed that the CAS would not be contacted. A subsequent meeting with the client and his regular psychiatrist upheld this decision and a referral was suggested for the client to attend parenting classes to develop the necessary skills to be involved with the care of his girlfriend's children in the future. The client was satisfied with this outcome.

Potential and unwarranted breach of confidentiality averted

Client Supported During Physical Isolation for Infectious Disease

The Patient Advocate met with a client who was in isolation for an infectious disease. While the isolation room provided an effective means of protecting others from the risk of infection during the client's diagnostic testing and treatment, it presented many challenges to the client's quality of care and quality of life. In discussion with the client, a number of individual and systemic issues were raised. These included: the lack of window coverings; intensified feelings of isolation due to the absence of television, DVD player or books; no means of communication with family, friends and others due to the absence of a telephone and safety concerns due to potential difficulties in effectively contacting staff in the event of an emergency. Systemic concerns that had been raised with the facility were addressed though a workgroup and substantive changes are under way regarding the physical environment of the isolation room, therapeutic support of clients in isolation and staff training.

Isolation for infectious disease challenged quality of care and quality of life



INDIVIDUAL ADVOCACY...

Non-instructed Advocacy Case Example

Assault Charge by Staff Raises Systemic Concerns Regarding Safeguards for Clients' Legal and Constitutional Rights

*Safeguards
for clients'
legal and
constitutional
rights
supported*

A client who visited the Patient Advocate presented with a very bruised and inflamed thumb. He said that he had been in a fight with a staff member. When the Patient Advocate asked him if he would like assistance to get medical attention, he said he would do it himself. Several days later the client reappeared with a cast. The Patient Advocate discussed some of his options with respect to the incident with the staff member, but the client declined to pursue the matter. During a subsequent meeting with the Patient Advocate, the client appeared with bruised eyes but would not discuss what had happened to him. Another staff member independently approached the Patient Advocate out of concern for the client, saying the patient had sustained broken ribs and had been charged by the police with assault. The Patient Advocate spoke to the client and attempted to get an instruction regarding the alleged assault and pending criminal charge, but he did not recall any fights with staff, a criminal charge nor any appearance in Criminal Court. The Patient Advocate decided to act on a non-instructed basis because the client was unable to recall recent events or give any instruction that could be acted upon. Acting on the client's behalf, the Patient Advocate contacted the Criminal Court to confirm a second court appearance, and arranged for legal aid and a lawyer. The Patient Advocate advised the lawyer, hospital staff and the court duty counsel of the client's court date. Despite this, the client came up for bail unrepresented and, because the hospital had not carried out the forensic assessment directed by the court at the client's first appearance, and the accompanying staff member had received no direction with respect to bail, the court indicated that the client was to be sent to the provincial jail. The client was granted bail to the hospital and the hospital again directed to provide a fitness assessment. The Patient Advocate called the client's lawyer to advise of the court outcome and to get assurance that he would act on the client's behalf. The Patient Advocate subsequently escalated this matter as a systemic issue to work toward developing policy and procedural safeguards in support of clients' legal and constitutional rights when the police are called.



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.

Systemic advocacy requires diligence and perseverance

The following examples taken from systemic work carried out from 2008 – 2009 capture the PPAO's efforts to advocate for social change through provincial action. Some 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 Consultation – Submission to the Standing Committee on Finance and Economic Affairs, January 31, 2008

This submission made budget recommendations intended to assist in promoting a recovery-oriented approach to the support, care, treatment and rehabilitation of individuals with mental illness in Ontario. In particular the PPAO recommended: a significant increase in the Ontario Disability Support Program benefits to cover the real costs of living; widespread funding of peer support workers in support of recovery goals; access to the newest medications and treatments at no cost; access to a full range of rights protection, rights advice and independent advocacy services and funding for a comprehensive anti-discrimination campaign to combat the stigma of mental illness and addictions and to mitigate the harmful effects of discrimination.

Promoting a recovery-oriented approach

Eradicating Poverty: Restoring Hope, Opportunity and Well-being – Consultation to Ontario's Poverty Reduction Plan, July 31, 2008

The PPAO participated in the government's consultation for the development of a poverty reduction strategy in support of the full social inclusion of Ontarians living with mental illness. The PPAO made recommendations in support of: an adequate income to purchase the necessities of life; safe, affordable and decent housing across a continuum of housing options; increased funding for employment and skills training programs; the development of an advisory committee to examine the ways in which government programs, policies and the law may contribute to poverty; a comprehensive poverty reduction strategy; access to primary health care across the lifespan and the reduction of barriers to social inclusion.

Supporting full social inclusion of Ontarians with mental illness



SYSTEMIC ADVOCACY...

Broadening the definition of developmen- tal disability

Bill 77: Services for Persons with Developmental Disabilities Act, 2008 – Submission to the Standing Committee on Social Policy, August 12, 2008

This submission identified the need for a broad definition of developmental disability to include those individuals with a dual diagnosis of mental illness and developmental delay. The PPAO recommended that the government strive toward the full support and social inclusion of individuals with developmental disabilities and called for the drafting of a bill of rights to inform individuals about their legal rights. Other recommendations included: access to a full range of mental health and medical services, with a broader definition of specialized and professional services; development of a bill of rights to inform individuals of their rights and to support accountability; the development of an independent advocacy role to protect individuals with a developmental disability; the development of a regulation to prescribe the qualifications of those who will provide services to individuals with a dual diagnosis or developmental disability and the recognition of the role of families in the provision of care, support and services to individuals with a developmental disability. Finally, the PPAO recommended the development of an Advisory Committee with broad representation from the developmental and mental health sectors, clients and their families and other service providers

Strengthening protections for personal health information

Statutory Review of the Personal Health Information Protection Act (PHIPA), 2004 – Submission to the Standing Committee on Social Policy

The PPAO made submissions to the Standing Committee on Social Policy regarding the operation of PHIPA over a three year period. Areas targeted for recommendations included: lockbox rights and protections; police disclosure of information that could be considered personal health information (PHI) for the purpose of vulnerable sector screening/police record checks; records access and complaints mechanisms; access and disclosure fees and privacy rights education. The PPAO called for legislative amendments to clarify patients' right to restrict access to PHI through "lockbox" provisions. With regard to police record checks, the PPAO recommended broadening the definition of PHI to include information collected, used and disclosed by police regarding non-criminal contact pursuant to the Mental Health Act. The PPAO also called for the regulation of the collection, use and disclosure of PHI by police services. To support record access by economically disadvantaged patients, the PPAO recommended the waiver of disclosure, record access and copying fees. Broad-based education for patients and health care providers regarding privacy rights was also recommended, as well as an expedient means of redress for potential privacy rights abridgments and complaints.



Police Record Checks

The PPAO continued to co-lead 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 April 2008, the PPAO made submissions to the Ontario Human Rights Commission regarding their Draft Policy on Mental Health Discrimination and Police Record Checks, recommending: the release of information regarding only criminal convictions for which a pardon has not been granted and records from the pardoned sex offender database; employers, schools and organizations determine an individual's suitability for a position based on an interview and/or references as an alternative to a police record check; voluntary and informed consent for the purpose of a police record check, as many individuals seeking employment or volunteer opportunities feel they have little choice but to consent this process and the development of clear guidelines regarding the retention and expungement of records of non-criminal contact with the police.

*Eliminating
police dis-
criminatory
practice of
releasing
non-criminal
information*

Inquest into the Death of Jeffrey James

The PPAO was a party with standing in the inquest into the death of Jeffrey James held September 15 to October 10, 2008. The coroner's jury found the cause of Mr. James' death to be "acute thromboembolism in a man with medical restraint." At the time of his death Mr. James was an inpatient in a psychiatric facility. Mr. James had been a forensic inpatient detained in custody under authority of a disposition of the Ontario Review Board. The inquest was held at the discretion of the coroner due to what he considered to be the fundamental importance of the issue of restraint to the public interest. The jury made 66 recommendations in consideration of the evidence. Many psychiatric institutions now recognize the importance of striving to reduce and eventually eliminate the use of restraint as a means of preventing serious bodily harm to oneself or others and are seeking alternative and safer means. This trend is driven by similar tragic outcomes and an accumulation of anecdotal, clinical and scientific evidence which calls into question the continued use restraint and points to the use of restraint as a treatment failure. A number of recommendations were directed to the PPAO regarding the delivery of advocacy support for persons who are detained and restrained in psychiatric facilities. Accordingly, the PPAO is reviewing and refining its current practices in this area to address the jury's recommendations and continues to advocate vigorously for systemic reform in the practice of restraint.

*Standing at
inquest into
death of
patient in
restraint*



PUBLIC EDUCATION AND COMMUNITY ENGAGEMENT ACTIVITIES

In 2008, as part of its public education mandate, the PPAO hosted a series of educational 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.

In 2008, 3,562,072 pages on our website were viewed by visitors from around the world. This represents a 13.5% increase over pages viewed in 2007! While Canadians were our top visitors at visits, visitors from the top five countries included those from the United States, United Kingdom, Australia, Japan, and India.

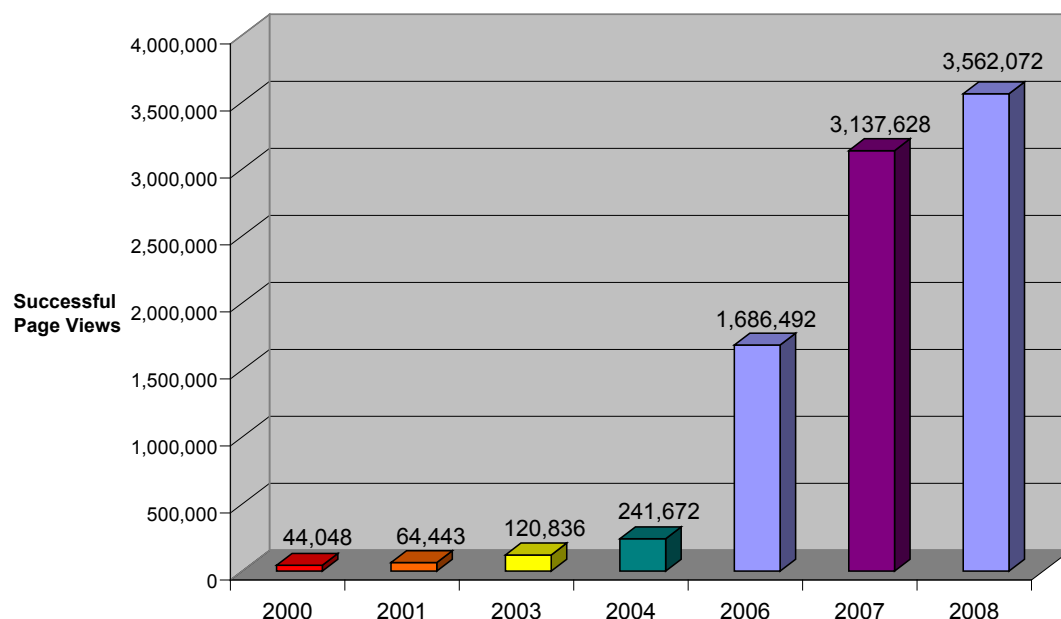


Figure 12
Successful Page Views of PPAO Website - 2000 to 2008



The following activities took place from January 2008 to March 2009.

Presentations

- Mental Health Centre Penetanguishene new Board of Directors (Penetanguishene)
- Involuntary Status Lunch n Learn – Brockville Mental Health Centre - audience ACTT, St. Lawrence Valley Correctional and Treatment Centre Secure Treatment Unit, and Brockville Mental Health Centre consisting of social workers, nursing, security staff, social workers, administrative staff – February 25 2009 (Brockville)
- Regional Mental Health Care/Family Advisory Council- (St. Thomas)
- Mental Health & Police Records Checks-June 25/08 (Thunder Bay)
- MPP assistant & support staff- July 17/08 (Thunder Bay)
- Oshki-Pimache-O-Win – Sept. 11/08 (Thunder Bay)
- Lakehead University Health Fair – Oct. 01/08 (Thunder Bay)
- People Advocating Change for Empowerment – Oct. 02/08 (Thunder Bay)
- CMHA-Can-Help-Regional (Dryden)- Oct. 16/08 (Thunder Bay)
- Schizophrenia Society of Ontario-local chapter-Nov. 03/08 (Thunder Bay)
- CMHA-Can-Help-Regional (Ft. Frances)-Dec. 18/08 (Thunder Bay)
- People Advocating Change for Empowerment- Feb. 13/09 (Thunder Bay)
- Presentation on the Tennant Protection Act to clients nearing discharge to the Community (Whitby)
- Health Care Consent Act – HCCA -Presentation to Clinical Manager (Whitby)
- Mood Disorders Group on Mental Health and the Law – November 11, 2008. (Hamilton)
- Community Forensic Mental Health Workers- February, 2008 (Toronto)
- Consumers and Staff of the Women's Medium Secure Forensic Unit - March 2008 (Toronto)
- Presentation on patient rights to facility staff (Management and Upper Admin) -April, 2008 (Toronto)

A wide variety of formal and informal education events across the province



PUBLIC EDUCATION AND COMMUNITY ENGAGEMENT ACTIVITIES...

*Facility-based
consultations
involved PPAO
staff*

Participation in Facility-based Consultations on Policy and Program Development or Evaluation

- Ethics Rounds “The Chaplain as a Member of the Multidisciplinary Team – An Ethical Risk?” (Hamilton)
- Patient Safety Workshop (St. Thomas)
- Coordinated Access evaluation (London)
- Accessing Advocacy Services (Toronto)
- Voting Rights (Toronto)
- Client Telephone/Communication Rights (Toronto)
- Management of Client Funds (Toronto)
- Right to Smoke (Choose/Property Rights, etc)(Toronto)
- Systemic Issue Review/Collaboration with Empowerment Council (Toronto)
- Restrain Reduction sub committee presentation to the North East Mental Health Centre senior management steering committee. (North Bay)
- Ongoing participation and consultation to senior management and risk managers regarding policies such as organizational ethics framework and access to medical services. (North Bay)
- Processing of police complaints made by for Mental Health Centre Penetanguishene clients (Penetanguishene)
- New Bill of Rights for Mental Health Centre Penetanguishene (Penetanguishene)
- New policy for client valuables (Penetanguishene)
- Ward visitor policy and client accessing secured yard (Penetanguishene)
- Provincial Election (valid identification) and the Federal Election (Penetanguishene)
- Pugh Inquest and follow-up on Coroner’s Jury recommendations-assistance to PPAO legal council (Penetanguishene)

Mental Health and Mental Illness Awareness Week activities across the province

*Mental Health
and
Mental Illness
Awareness
Weeks*

- Brockville: Frontenac Community Services Fair Kingston City Hall, PPAO Information Booth
- London: Public Information Display at Library
- Hamilton: Candlelight Vigil to remember those who died in the last year and Sheila Rogers Presentation on her diagnoses and experience with depression
- North Bay: Mental Health Consumer Survivor youth speakers for the public and at area high schools



- Penetanguishene: PPAO reception for MIAW at both the regional and Oak Ridge sites for clients and staff in conjunction with Mental Health Centre Penetanguishene administration
- Thunder Bay:
 - Creating Positive Work Environment
 - Be Here Now- Living in the Moment
 - Seven Secrets to a Healthy Relationship
 - Forgiveness in the Workplace
 - Healing Hands Comfort Kit
 - Musical Jam
 - Brain Waves Coffee House

Facility Staff Orientation

- North East Mental Health Centre: monthly orientation and training to staff (North Bay)
- Centre for Addiction and Mental Health: orientation for new staff: nurses, occupational therapy, and social workers (Toronto)
- St Joseph's Healthcare and Hamilton Health Sciences- Centre for Mountain Health Services: orientation for new nursing and allied health staff (Hamilton)
- St. Joseph's Health Care - Mental Health Services: orientation with student nurses (St. Thomas)
- St. Joseph's Health Care - Mental Health Services: orientation for nurses, occupational therapists, social workers, psychometrists, recreational therapists, psychologists, and dieticians (St. Thomas)
- Regional Mental Health Care London: monthly sessions for nurses, occupational therapists, social workers, psychometrists, recreational therapists, psychologists, dieticians (London)
- Whitby Mental Health Centre: monthly orientation for staff, students, and volunteers (Whitby)
- Centre for Addiction and Mental Health: orientation for newly-hired facility staff (Toronto)
- Providence Care Centre, Mental Health Services: orientation for nursing staff (Kingston)
- Brockville Mental Health Centre: orientation for nursing students (Brockville)
- Mental Health Centre Penetanguishene: – monthly orientation for new groups of employees. Also assisted employee who was pursuing degree in Master of Social Work in selecting her thesis and providing reference documents from our office library. (Penetanguishene)

*PPAO staff
provide
orientation to
facility staff*



PUBLIC EDUCATION AND COMMUNITY ENGAGEMENT ACTIVITIES...

Educating students

- St. Joseph's Charlton Acute Site: ongoing mandatory sessions on mental health and the law with all mental health staff. (Hamilton)

Presentations to Students

- University of Western Ontario – Occupational Therapy students, Nursing and Psychology students (London)
- Confederation College - Nursing students (Thunder Bay)
- St. Joseph's Care Group-Lakehead Psychiatric Hospital- Occupational Therapist Students (Thunder Bay)
- Lakehead University- Social Worker Students (Thunder Bay)
- Durham College –Nursing Students (Whitby)
- Humber College - Students of Social Work (Toronto)
- St. Lawrence College / Laurentian University - Nursing and Social Worker Program Students (Kingston)
- University of Toronto – Nursing Students (Toronto)
- Georgian College - Nursing Program (third year nursing students) ((Penetanguishene)
- St Joseph's Scollard Hall - Grade 11 High School Students (North Bay)

Ex-Officio committee memberships

PPAO Staff Ex-Officio Membership on Local and Regional Committees

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

- Ethics Committee
- Code White, Seclusion and Restraint Committee
- Election Committee during election periods
- Abuse Committee



- Redevelopment/Functional Planning and Senate Committees during development of new building until completion
- Adhoc Committees on policy development
- PPAO Mental Health Awareness Week Planning Committee
- Hamilton Addiction and Mental Health Network Recovery Working Committee

Hamilton: External

- Mental Illness Awareness Week Planning Committee
- Mental Health Week Planning Committee
- Advisory Board of Public Health and Community Services Department-Community Mental Health Program Committee

Kingston: Internal

- Forensic Advisory Workgroup
- Recovery Facilitation Committee
- Service Recipient Working Group (Recovery Facilitation Working Group)
- Staff & Service Recipient Training Group (Recovery Facilitation Working Group)
- Near Miss Focus Group
- Space and Time Working Group (Recovery Facilitation Working Group)
- Fresh Air Committee
- Recovery Fest Planning Committee
- Election Committee

Kingston: External

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

London: Internal

- Regional Mental Health Care Ethics Education and Consultation Committee
- Smoking Cessation – Ad hoc Committee
- Patients' Bill of Rights – Ad hoc consultation
- Family Advisory Council – Meaningful Activities Action Plan



PUBLIC EDUCATION AND COMMUNITY ENGAGEMENT ACTIVITIES...

London: External

- CMHA 2010 National Conference - Reference Group

North Bay: Internal

- Ethics Case Consultation Sub Committee
- Privacy Sub-Committee
- Recovery Sub-Committee: Patient Expectation Action Team
- Recovery Sub-Committee: Restraint and Reduction
- Systemic Restraint Sub Committee of the Restraint and Reduction Committee
- Organizational Ethics Group
- Mental Health Promotion Committee
- Special Events Committees: Holiday planning
- Rights and Responsibilities Action Team (Formerly Shared commitment to care task force which amalgamated with this group)
- Hospital Functional Programming New Hospital planning: a) patient and public areas b) Forensic Regional Functional Planning c) District Acute Functional Planning

North Bay: External

- Joint Advocacy Project with Community Counselling Centre and the Regional Rehabilitation Wards 2A and 2B of NEMHC
- Legal Aid Ontario discussion group

St. Thomas: Internal

- Ethics Committee
- Smoking Cessation Task Force
- Functional Planning for Mental Health Task Group

St. Thomas: External

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

Thunder Bay: Internal

- Dual Diagnosis Working Group
- Thunder Bay Regional Health Sciences Centre-Mental Health Care Team
- St. Joseph's Health Care - Mental Health Services - Psychosocial Rehabilitation Action/Working Group



Thunder Bay: External

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

Toronto: Internal

- CAMH Smoke-Free Policy Review Group
- Cash Office Implementation Steering Committee
- Prevention of Seclusion and Restraint Incident Review and Debriefing Workgroup
- Negative Pressure Room Workgroup

Whitby: Internal

- Patient Sexuality Task Force
- Ethics Committee
- Restraint Review Task Force
- Recovery and Rediscovery Shared Journey Project
- Clean Air Task Force

Letters to the Editor

The PPAO published in 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



25TH ANNIVERSARY OF PPAO

*25 years
promoting and
protecting
patients'
rights*

PPAO Celebrates A Major Milestone – A Quarter Century of Service Protecting and Promoting Patients' Rights

As an appropriate beginning to the festivities, an Open House was held in Toronto on May 28th, 2008, featuring guest speakers Mr. Ron Sapsford, Deputy Minister of Health and Long-Term Care, Mr. Glenn Thompson, Former Interim President, Mental Health Commission of Canada, Ms. Barbara Hall, Chief Commissioner, Ontario Human Rights Commission, Mr. Steve Lurie, Executive Director, Canadian Mental Health Association, Toronto Branch, and Ms. Theresa Claxton, Chair, Ontario Association of Patient Councils. This very special occasion also featured the release of the 25th Anniversary Report "Honouring the Past, Shaping the Future-25 Years of Progress in Mental Health Advocacy and Rights Protection".

Local events were also held at PPAO Regional Offices throughout the province:

Our Thunder Bay office arranged a presentation on "Mental Health & Police Record Checks" by David Simpson, PPAO Program Manager & Co- Chair of the Mental Health Police Records Check Coalition, and Lisa Heslop, London Police Services, held at Lakehead University.

David and Lisa repeated their presentation as part of the special events organized by our Hamilton field office, which also featured an Interactive Drumming Session, plus refreshments.

In North Bay, an event entitled "Summer Tournament of Champions" featured music, dancing, Pool, Guitar Hero and Euchre Tournaments, with prizes and refreshments

A tree-planting ceremony was the highlight of events organized by our Penetanguishene field office staff. This took place at the Asylum Point Cemetery, Penetanguishene Mental Health Centre, followed by a reception with music and refreshments.

London staff held an outdoor barbecue; entertainment included inspirational speaker Sue Minns, and music provided by Bob Finlay's Band.

At our St. Thomas regional office, the emphasis was on food, music and fellowship, as staff and clients came together in the cafeteria of St. Thomas Regional Mental Health Centre to celebrate the PPAO's 25th.

**Psychiatric Patient
Advocate Office**



**Anniversary
1983 – 2008**



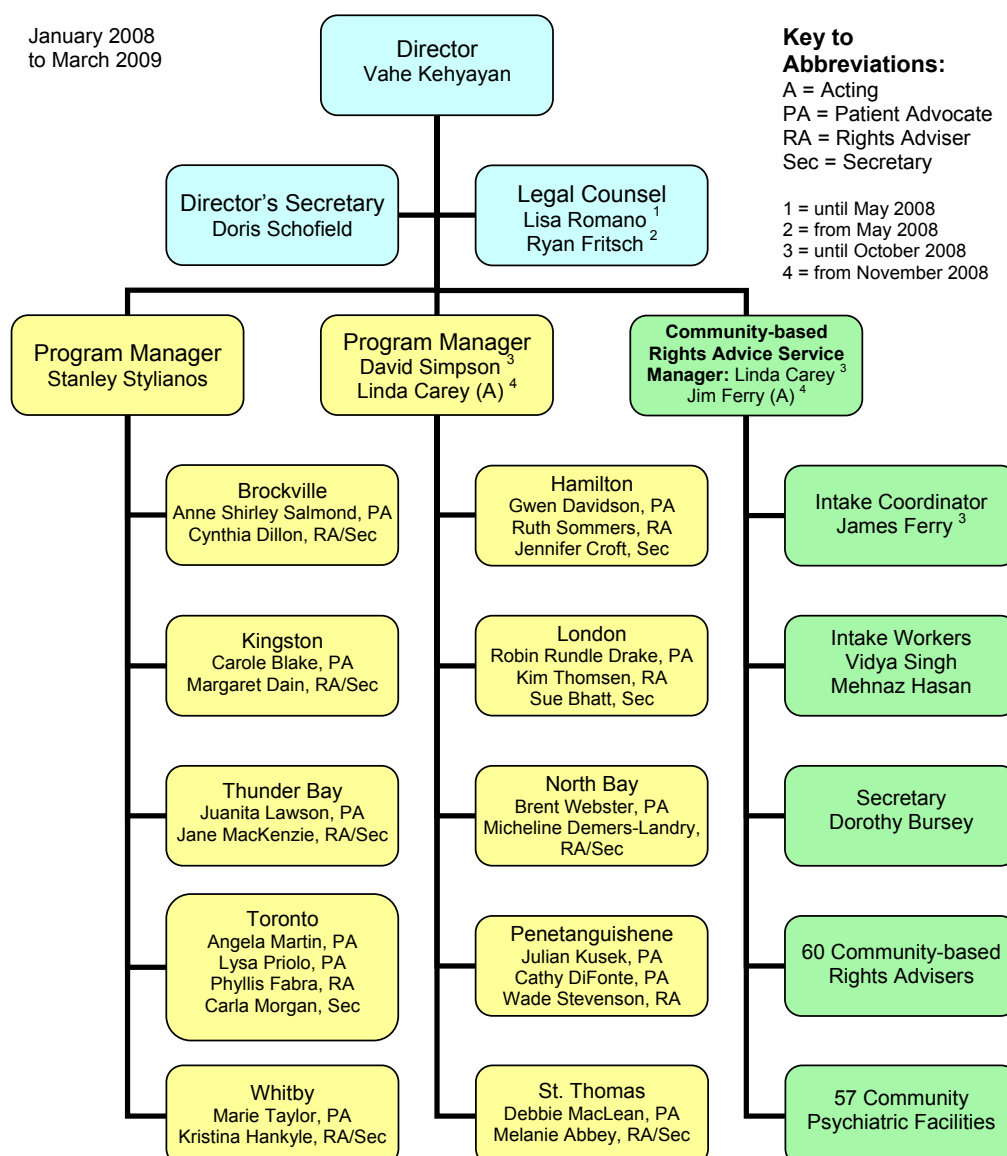
PPAO STAFF AND ORGANIZATIONAL CHART

The Whitby field office held a Cocktail Party in the beautiful Lakeview Cafeteria, Whitby Mental Health Centre. With the help and support of hospital staff and a former Patient Advocate, party guests enjoyed music, dancing and good food.

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.

January 2008
to March 2009



*PPAO
staff and
organization
January 2008
to March 2009*



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