



Psychiatric Patient Advocate Office

Annual Report 2009

Rights Protection in a Time of Change



Psychiatric Patient Advocate Office

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

July 5, 2010

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

Dear Minister Matthews:

On behalf of the Psychiatric Patient Advocate Office (PPAO), it is my pleasure to submit our Annual Report for 2009. It captures our continued efforts to assist Ontarians with mental illness in the ten tertiary care psychiatric hospitals, 57 of 61 additional Schedule 1 psychiatric facilities across the province, and the increasing number of clients living in the community. We are proud to provide our clients with advocacy and rights advice services that protect and uphold their legal rights, assist them in achieving their self-identified goals and contribute significantly to their recovery.

As the Ministry of Health and Long-Term Care embarks on health care reform through the introduction of *The Excellent Care for All Act, 2010*, we are heartened by the insightful reform principle that “care is organized around the person to support their health.” The PPAO has been guided by the principle of client-centred care since its inception in 1983. The PPAO holds the view, now gaining momentum in the professional literature, that individual advocacy should be an integral and essential component of a comprehensive health care system. This is of particular relevance to our clients who, because of their vulnerability, are in greater need of such services to help navigate the complex network of health, social service and justice systems.

There is little doubt that advocacy, rights protection and the realization of individual rights and entitlements are vital to promoting the highest quality of care and quality of life of those we serve. By supporting our clients’ personal empowerment and autonomy, we help to mitigate the stigma and discrimination they experience daily and assist them in striving toward full social inclusion.

We would urge you to consider the role of mental health advocacy and rights protection as critical components in Ontario’s health care reform initiatives.

Respectfully submitted,

Vahe Kehyayan
Director

c. Saad Rafi, Deputy Minister of Health & Long-Term Care
David Hallett, Associate Deputy Minister

Foreword

As the Ministry of Health and Long-Term Care embarks on health care reform through the introduction of *The Excellent Care for All Act, 2010*, we are heartened by the insightful inclusion of the reform principle that “care is organized around the person to support their health.” The PPAO has been guided by the principle of client-centered care since its inception in 1983. The PPAO holds the view, now gaining momentum in the professional literature, that individual advocacy is an integral and essential component of a comprehensive, responsive and innovative health care system. This is of particular relevance to our clients who, because of their vulnerability, are in greater need of such services to help navigate the complex network of health, social service and justice systems.

The intent of *The Excellent Care for All Act, 2010* is to put “patients first by improving the quality and value of their experience through the application of evidence-based health care.” The legislation requires health care organizations to establish quality committees; develop annual quality improvement plans; provide satisfaction surveys to patients, clients and caregivers, and implement patient relations procedures to address problematic experiences and issues. In the context of these legislative objectives, we have seen first-hand how important advocacy is in supporting patients in directing their own care and in receiving the highest quality of care, treatment and support services. We have little doubt that advocacy ensures that the needs and wishes of patients are at the centre of every care and treatment plan, quality improvement initiative, and ongoing efforts to develop safe environments.

Patient advocates help to create opportunities for clients to assert their concerns without fear and in a constructive and collaborative way. This view is not singular to the PPAO, but echoed elsewhere. For instance, in *Patient Advocacy as a Bridge to Improving Healthcare Quality*, Earp, French and Gilkey (2008)¹ highlight the key roles that patient advocacy plays in achieving a patient-centred health care system. To name a few:

- *Advocates facilitate a continuous healing relationship between a patient and their treatment team*
- *Advocates transform liabilities into strengths*
- *Advocates offer a perspective that is independent of the [care organization] or staff*
- *Advocates improve interpersonal communication resulting in more activated patients (Activated patients are motivated to engage in their healthcare process)*
- *Advocates break through the adversarial model and convert rights and wrongs into opportunities for creative problem solving*
- *Advocates allow hospital administration to react rapidly and responsively*
- *Advocates as teachers build insight, understanding and empathy into medical education*

In regards to enhancing patient safety, the World Health Organization and several organizations in the United States (including the Joint Commission on the Accreditation of Healthcare Organizations, the Institute for Healthcare Improvement, the National Patient Safety Foundation, and the Centers for Medicare and Medicaid Services) all promote the integration of patient advocates fully in strategic and operational planning, task forces, and educational sessions. They also recommend the inclusion of patient advocates as members of administrative boards, patient and family advisory committees, and patient safety and quality committees.

Now is the time to make mental health advocacy services broadly available and accessible in hospitals and communities throughout Ontario. Since its inception, the PPAO has witnessed several health and mental health reform initiatives and we have always championed the establishment of fully accessible mental health advocacy services across the province. 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

Foreword

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.

The PPAO's 2009 annual report captures our continued efforts to act as partisan advocate for those we serve, to protect and uphold their legal rights, assist them in achieving their self-identified goals and contribute significantly to their recovery. The PPAO is once again poised on the threshold of a possible review of its mandate and governance by the Ministry of Health and Long-Term Care. We welcome the opportunity to collaborate with mental health consumers, the Ministry and other professional and public stakeholders in designing a mental health advocacy service that is integral to Ontario's mental health system and places consumers squarely at the centre of their own healthcare.



Vahe Kehyayan, Director
Psychiatric Patient Advocate Office

¹ Earp, J.A., French, E.A., and Gilkey, M.B. (2008). *Patient Advocacy for Health Care Quality: Strategies for Achieving Patient-Centered Care*. Jones and Bartlett Publishers, Massachusetts.

Our Mission

We protect and promote the rights and entitlements of Ontarians with mental illness through advocacy, rights advice and education.

Our Vision

We envision a society where the rights of all individuals regardless of mental illness or disability are respected, protected and realized.

Our Mandate

- To advance the legal and civil rights of patients by means of both individual case work and systemic advocacy;
- To inform the patient, family, hospital staff, and the community about patients' legal and civil rights;
- To assist, facilitate (self-advocacy), and help resolve the complaints made by psychiatric patients by providing an avenue for resolution through negotiation according to the patient's instructions;
- To investigate alleged incidents and to assess institutional and systemic responses to these instances;
- To refer patients, when necessary, to outside community advocacy resources such as community organizations, lawyers or physicians who may offer a second opinion.

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What does the PPAO's Logo Mean?

Our logo, with its three segments, places the client at the center, with the advocate and the client's support network on either side. In our practice of advocacy, we at the (PPAO) proceed from the client'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 direct 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.

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 (now called tertiary care psychiatric hospitals) 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

“Each core service plays a key role in protecting and promoting the rights of individuals with mental illness.”

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.

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 client 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 re-

Profile of Services

quest 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

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 shown in Figure 1, the PPAO views advocacy as a continuum of activities ranging from the simple act of giving information to the more complex act of advocating with or on behalf of a client. 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 provide formal and informal education for health and social service practitioners, community-based agen-

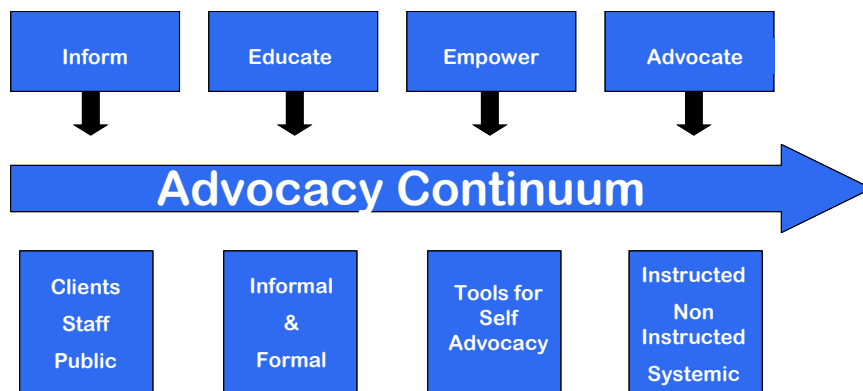


Figure 1 The Advocacy Continuum

cies, 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 follow 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).

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-

Profile of Services

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 making attempts to redress 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.

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 tertiary care 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.

“Emerging research supports the notion that choice is an important resource for recovery”

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, 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 providing 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.

Rights Advice

Rights Advice in Tertiary Care Psychiatric Facilities

In 2009, as seen in Figure 2, there were 6,993 initial visits for rights advice in the tertiary care psychiatric facilities. Of the total number of visits, 70.3% were for involuntary admission (Form 3 and 4), 13.4% concerned incapacity to consent to treatment (Form 33t), 9% were for financial incapacity (Forms

21 and 24), and 4% 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 (0.1%) concerned visits regarding admission as an informal patient (Form 27).

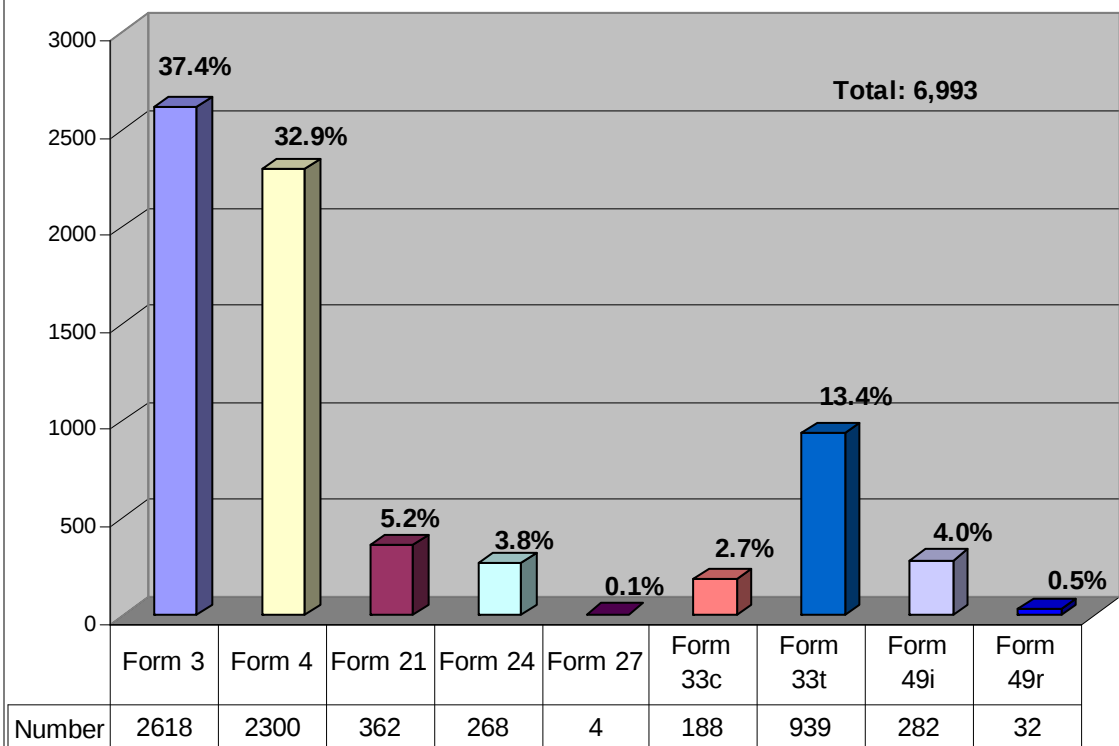


Figure 2: Rights Advice Activity in Tertiary Care Psychiatric Facilities

MHA Form

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

CCB Application

Form 16
 Form 16
 Form 18
 Form 18
 Form 25
 Form P-1
 Form A
 Form 48
 Form 48

Rights Advice

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

involuntary admission (Form 3) (58.8%) and renewals of certificates of involuntary admission (Form 4) (12.8%). Rights advice for treatment incapacity (Form 33t) comprised 11.9% of the forms, while incapacity to manage property (Form 21 and 24) accounted for 5.5%. Clients admitted as informal patients (Form 27) represented 0.1% of the forms.

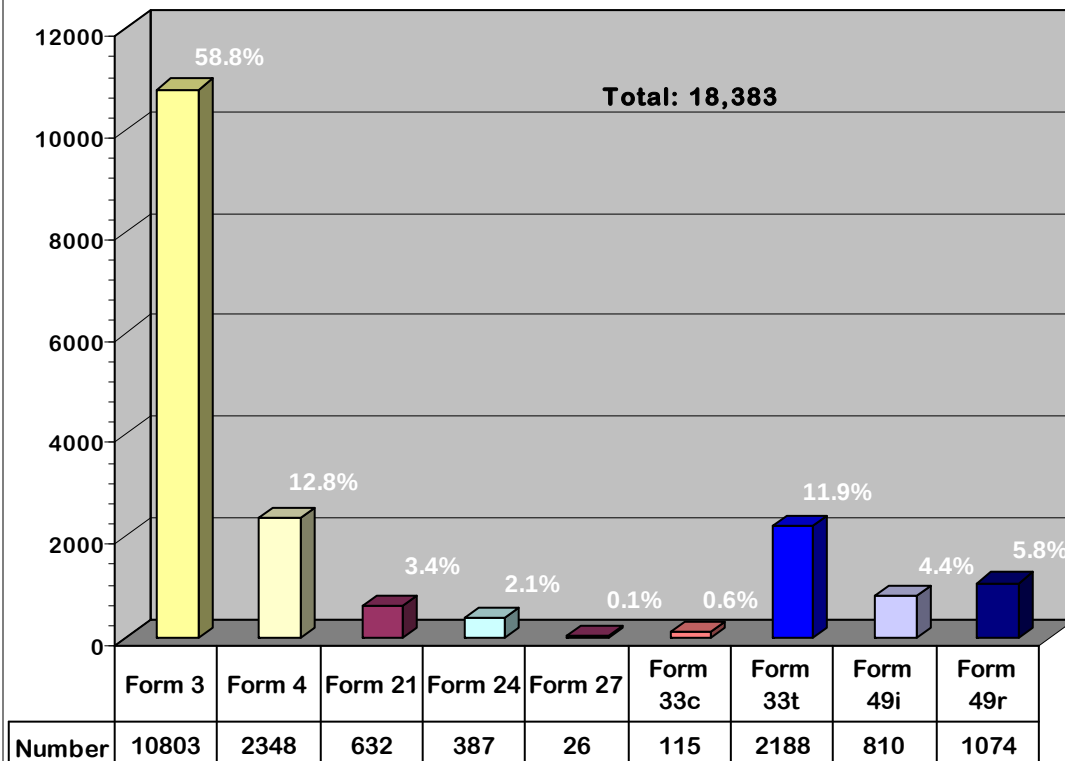


Figure 3: Community-based Rights Advice Activity Totals for 2009

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 designate the PPAO as service provider.

As shown in Figure 3, the PPAO responded to requests to visit clients regarding 18,383 forms in the mandatory rights advice situations under the MHA. The majority of the forms were regarding involuntary admission (71.6%); this included both certificates of

The intention to issue a CTO (Form 49i) and to renew a CTO (Form 49r) represented 4.4% and 5.8% of the forms, respectively. Findings of incapacity to collect, use or disclose personal health information (Form 33c) represented 0.6% of the forms. Most of the CTO renewals and associated rights advice visits were for individuals who were in the community.

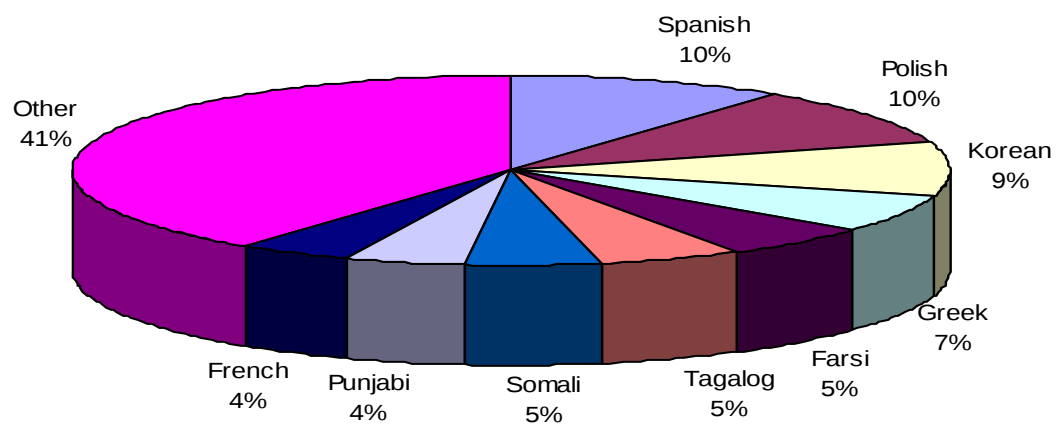
Where completion of rights advice delivery was not possible at the first visit for reasons outside the control of the Rights Adviser, second rights advice visits were made in 2,091 cases.

Rights Advice

Language Accommodation

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. Table 1 is a list of the interpreted languages that are included in “Other”.



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

Tigrigna	Hindi	Bosnian
Finnish	Toisan	Filipino
ASL Sign Language	German	Laotian
Arabic	Hungarian	Shanghai
Ukranian	Armenian	Albanian
Czech	Persian	Kinyarwanda
Pashto	Macedonian	Tibetan
Croatian	Bengali	Dari
Urdu	Gujarati	Tagalog
		Turkish

**Table 1: Languages included under “Other” in Figure 3
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 eight years (Figure 5). In 2009 there were 1,187 applications to the CCB with respect to forms issued in the tertiary care psychiatric facilities and 2,564 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 14.8% in 2009.

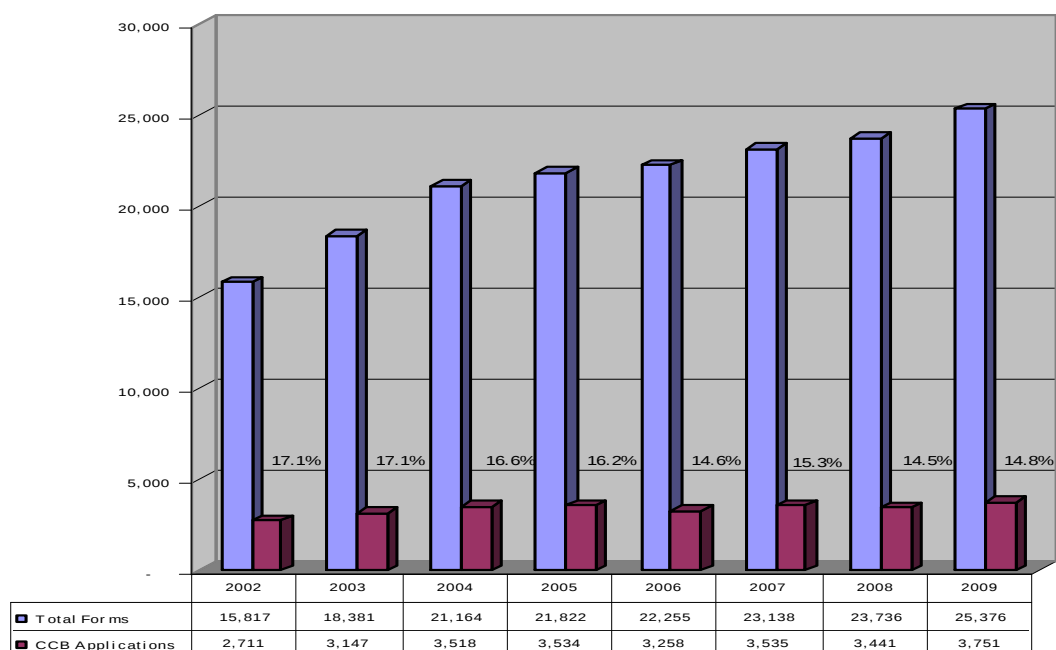


Figure 5: Consent and Capacity Board Applications, 2002-2009

Rights Advice

Rights Advice for Community Treatment Orders

In 2009, there were 2,198 total requests for rights advice on an intention to issue or renew a Community Treatment Order (CTO) (Form 49) across all tertiary care psychiatric facilities and in the community. 1,092 (49.6%) requests were received for issuances, while 1,106 (50.3%) were for renewals. (Figure 5) Compared with 2008, there was a 12.8% increase in the number of issuances and a 21.4% 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—in excess of a 6-fold increase from 2002 (365) to 2009 (2,198) for intentions both to issue and renew CTOs. In 2009 renewals continued to outnumber issuances. Not every individual continues on a CTO, 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 69.4% in 2009.

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. The underlying assumption here is that a CTO must offer considerable benefit to the capable individual to encourage entering a potentially restrictive agreement that must be adhered to.

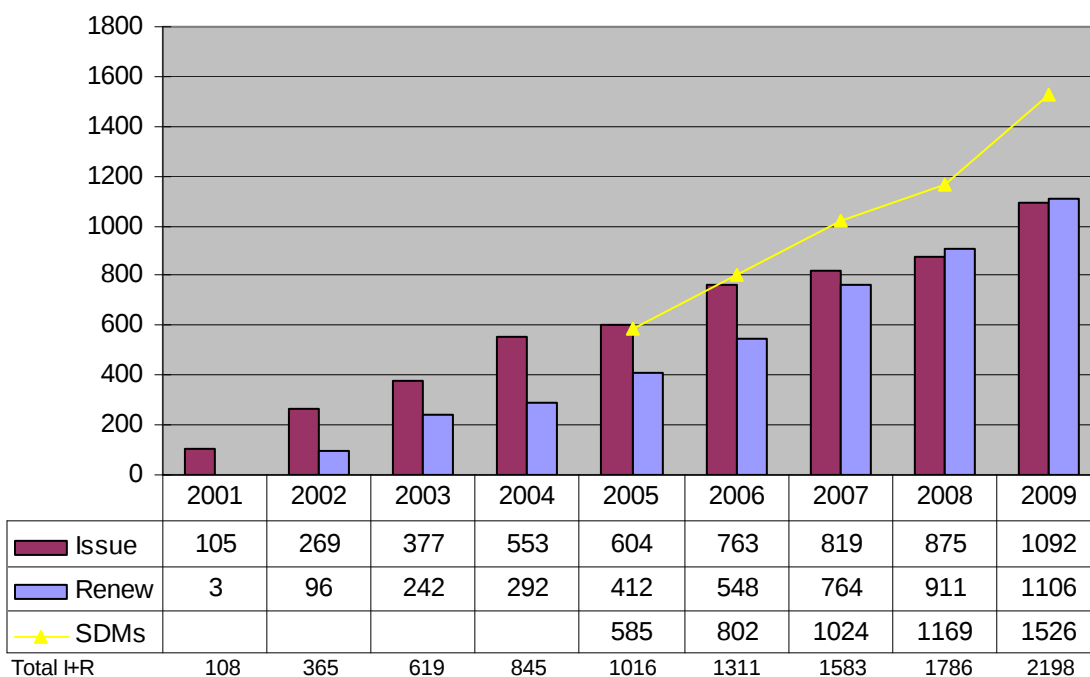


Figure 6: Requests for Rights Advice received by the PPAO on the intention to issue or renew a Community Treatment Order from 2002 to 2009

Individual Advocacy

Advocacy Issues

Figure 7 compares the total individual advocacy issues that were addressed from 2000 through 2009. In 2009, Patient Advocates, across all ten tertiary care psychiatric facilities, addressed 3,659 issues resulting in 8,836 actions (Figure 8) on behalf

of or with clients, up from 8,627 actions in 2008. Therapeutic issues comprised 30.7% of the total issues addressed (Figure 8), while social and legal issues represented 18.3% and 51% of the total issues, respectively.

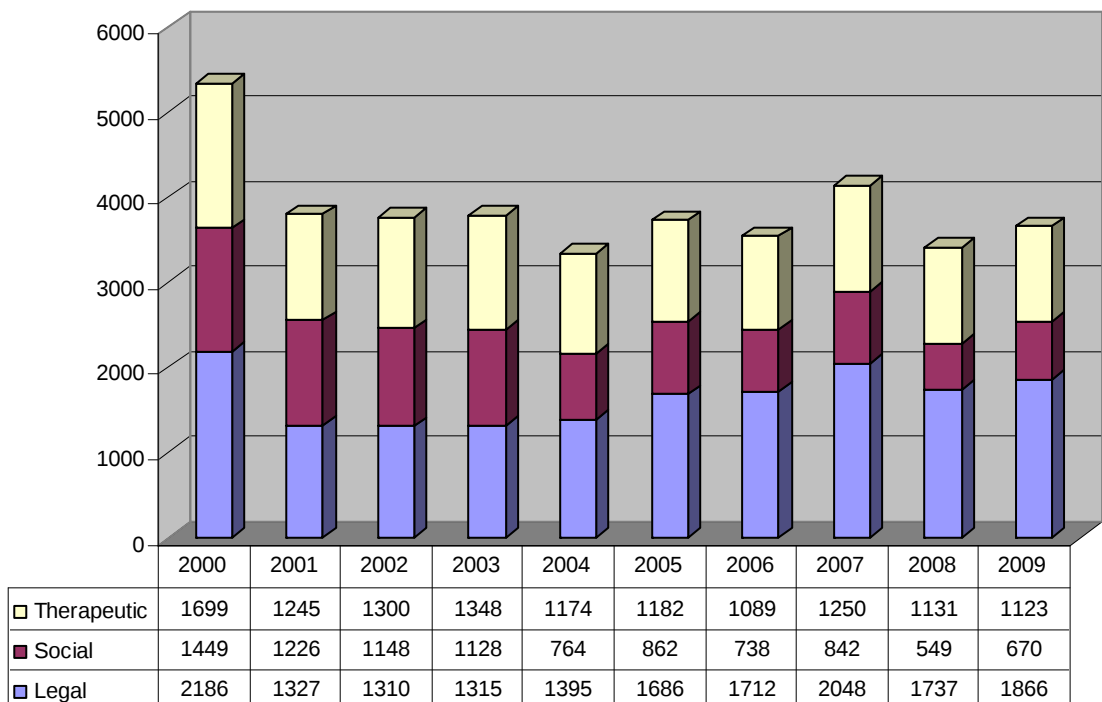


Figure 7: Advocacy Issues Addressed 2000—2009

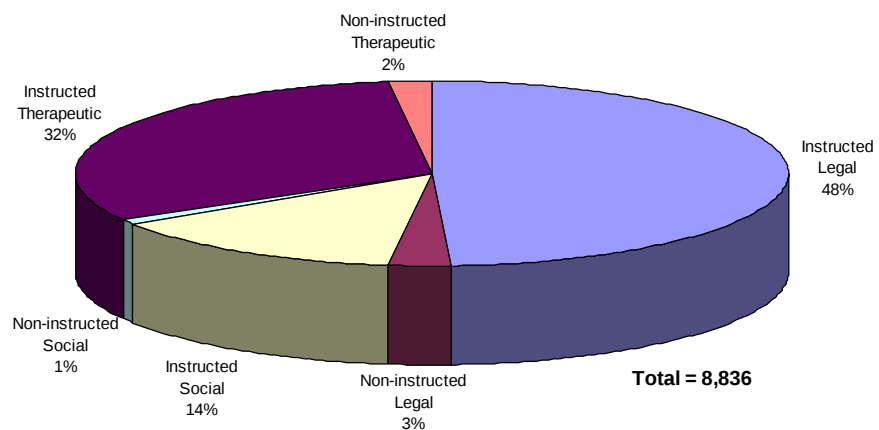


Figure 8: Patient Advocate Actions 2009—Instructed and Non-Instructed

Individual Advocacy

Files Opened

In 2009, the PPAO opened 2,880 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 files opened in 2009, 52.8% were opened for clients detained under the *Criminal Code*

(the *Code*) and 24.1% for clients who were held involuntarily under the *Mental Health Act*. In contrast, clients admitted as voluntary patients comprised 11.9 % of the files. A small percentage, 1.0%, of patients seeking advocacy services had dual status, i.e. held under authority of both the *Code* and *MHA*, while 0.01% were admitted as informal child and adult patients.

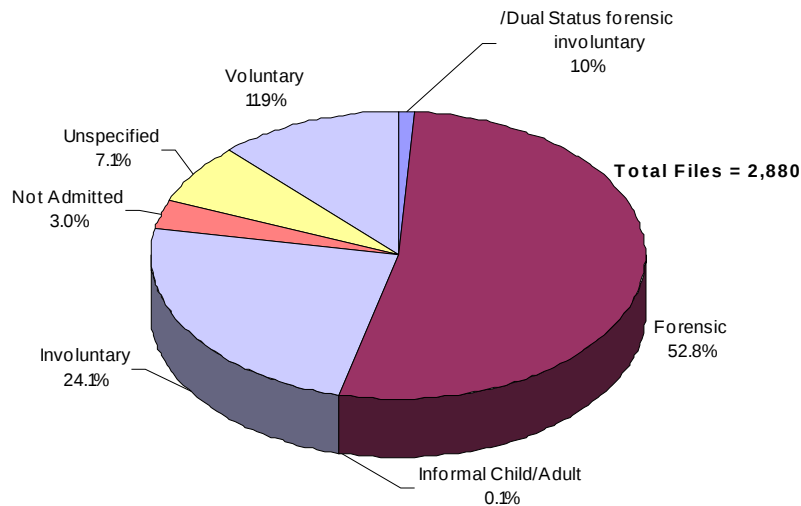


Figure 9: Files Opened by Patient Status

Client Profile

Table 1 provides the age and sex profile of those receiving advocacy services. Men represented the majority of clients served (72.77%). Women comprised 25.8% of

clients. The majority of clients fell between the ages of 25-54 (50.0%), while a small percentage of clients was either under the age of 24 (5.83%) or 65 years of age or over (2.53%).

Age Group	Sex			Group Total	
	Male	Female	Unknown	Total	%
0-14	2	2	0	4	0.13
15-24	138	24	4	166	5.7
25-34	389	86	7	482	16.7
35-44	400	104	0	504	17.5
45-54	344	111	0	455	15.8
55-64	250	73	7	330	11.5
65+	55	18	0	73	2.53
unspecified	518	326	22	866	30.06
Total	2096	744	40	2880	100
Percent	72.77	25.8	1.38	100	

Table 2: Files Opened by Age Group and Sex

Individual Advocacy

Referral Source

As captured in Figure 10, clients sought advocacy services on their own behalf in 33.1% of the cases. Hospital staff referred clients to Patient Advocates for service 8.3% of the time.

Other sources and family and friends accounted for 2.2% and 1.6% of the referrals, respectively. Referral sources were not specified in 47.6% of the cases. PPAO staff themselves made referrals in 4.1% of the cases.

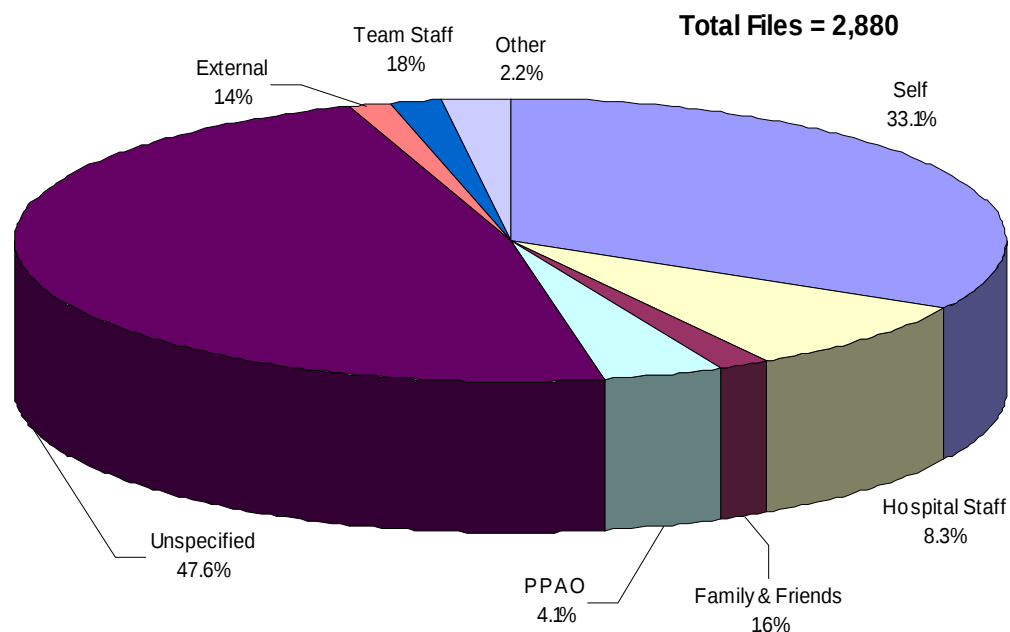


Figure 10: Files Opened by Source of Referral

Individual Advocacy

Advocacy Interventions

Figure 11 shows the breakdown of Patient Advocate interventions used to resolve client issues. Advocates across all field offices carried out 8,836 actions in addressing client concerns.

Resolution was sought through consultation (14%); discussion of options (16%); providing

information (25%); providing assistance (16%); negotiation (2%); referral (4%); arranging meetings (2%); investigation (2%); drafting written materials (3%) and assisting clients to complete forms (10%); and other, situation-specific strategies (5%) as necessary (see Table 3 below).

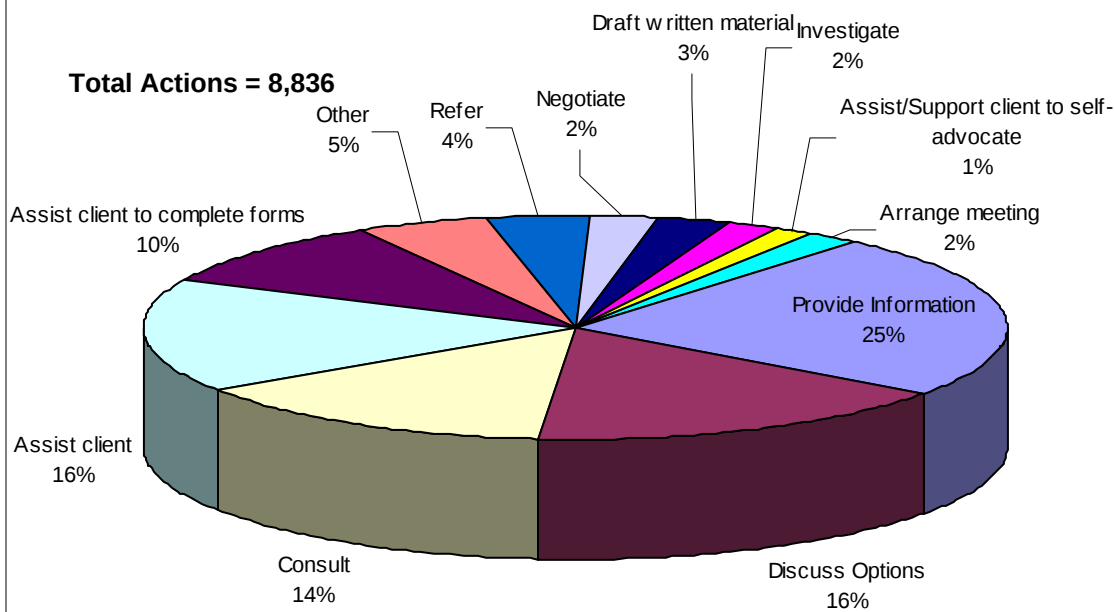


Figure 11: Patient Advocate Actions

No action required	0.98%
Escalate issue	0.82
Support client to self-advocate	0.63
Research/investigate	0.62
Review clinical record	0.57
Attend case conference/ team meeting	0.56
Collaborate	0.56
Assist client to file appeal	0.07
Attend court	0.05
Attend CCB hearing	0.02
Attend ORB hearing	0.02

Table 3: Actions Covered in "Other" in Figure 11

Advocacy: Case Examples

Advocating for client dignity and comfort

A client who was placed in locked seclusion was provided only a blanket and forced to sleep on the floor due to security concerns identified by the program manager and clinical team that a mattress could be used as barricade to block entry into the seclusion room. The client asked that the patient advocate intervene on her behalf to assist in obtaining a mattress.

At the client's instruction, the advocate escalated this issue to senior management. The advocate hoped to address both the client's current need and the needs of future clients for a mattress to lie down on or to sleep while in locked seclusion. Patient needs and safety issues were addressed by a risk assessment team and a mattress which had sufficient flexibility to prevent its use as a barricade was provided.

Assisting coroner's jury in making recommendations to prevent client choking deaths

An involuntarily detained client, who had a history of swallowing difficulties (dysphagia) and did not have any teeth, died due to choking while eating during a patient barbecue. Although this client had a special diet which called for his food to be liquefied to reduce his risk of choking, it was not followed and he was not supervised or observed by staff while he was eating.

The Coroner's Act requires "Every person who has reason to believe that a deceased person died,

- (a) as a result of,
 - (i) violence,
 - (ii) misadventure,
 - (iii) negligence,
 - (iv) misconduct, or
 - (v) malpractice;
- (b) by unfair means;
- (c) during pregnancy or following pregnancy in circumstances that might reasonably be attributable

- thereto;
- (d) suddenly and unexpectedly;
- (e) from disease or sickness for which he or she was not treated by a legally qualified medical practitioner;
- (f) from any cause other than disease; or
- (g) under such circumstances as may require investigation,
- (to) immediately notify a coroner or a police officer of the facts and circumstances relating to the death, and where a police officer is notified he or she shall in turn immediately notify the coroner of such facts and circumstances. R.S.O. 1990, c. C.37, s. 10 (1).

The advocate wrote to the coroner outlining concerns about the lack of special observation afforded to the client while he was eating, despite his history of dysphagia and choking risk, and requested that an inquest be held to investigate the circumstances of his death and to prevent future deaths under similar circumstances. Concerns were also raised about the lack of any specialized training for nursing staff in clearing an airway. An inquest was held at the coroner's discretion in October 2009 and the PPAO received standing as a public interest group with a specialized expertise in providing services to clients in specialized psychiatric facilities.

The PPAO's presence had a significant and positive impact on the recommendations of the coroner's jury, which called for: improved staff training in dysphagia and the establishment of a specialized team to identify patients with dysphagia and to reduce choking risks; an audit of the flow of oral and written communication to all staff regarding patients' care; review of compliance with dietary orders during special events and the clarification of dietary policy to ensure consistent practice throughout the hospital, and one-to-one staff supervision of individuals at high risk of choking while eating. These recommendations will help to reduce the potential risk of choking for clients experiencing swallowing problems.

"The PPAO's presence had a significant and positive impact on the recommendations of the coroner's jury"

Advocacy: Case Examples

Investigating allegations of excessive force during restraint

A client contacted the Patient Advocate with concerns about the level of force used during a restraint event. The client alleged that he was physically restrained in a way that prevented his breathing for ten to fifteen seconds and that he was experiencing physical and emotional distress as a result of this event. The Advocate supported the client in his request for an investigation by the facility to determine the circumstances of his restraint.

Following an investigation, a meeting was held during which staff listened to the client's concerns directly and then shared their response with the client and the Advocate. The level of force used, safeguards in place and strategies to prevent future events were discussed. There was agreement between the team and the client on the need for intervention/restraint on the day in question; however, the facility acknowledged that the action taken by staff prevented the client from breathing. The client requested and received a formal apology from the facility. The client told the Advocate that this process empowered him and strengthened his therapeutic relationship with his psychiatrist.

Advocating for accurate recording of personal health information

Clients detained under the Ontario Review Board (ORB) are aware that each year their clinical record is reviewed and used to inform the facility's recommendations to the ORB regarding the client's clinical status and risk level. Instances of conflict between co-patients and/or breaches of facility rules are often presented as evidence to the ORB, which ultimately decides the client's available privileges and security level for the following year.

A forensic client sought assistance from the Advocate because he was concerned that he had been accused of "roughhousing" and "teasing" a co-patient. He was adamant that he had not engaged in these behaviours and was concerned that he had lost privileges as a consequence of these allegations. Of greater concern to the client was the likelihood that this event would be reported to the ORB during his annual hearing.

The Advocate assisted the client in requesting and then reviewing his clinical record and determined that this event had not been documented. However, the record did reflect that this alleged event was discussed during a team review as a point of fact. The Advocate discussed this with the team and a corrective entry was made in the client's record of personal health information, indicating that allegations regarding this event were based on third party information. The source of this information was unnamed. The client shared his frustration at the lack of transparency in investigating and documenting these allegations and that this compromised his ability to defend himself.

As a result of negotiation by the Advocate, management conducted an investigation exonerating the client of the allegations. The client's record was corrected accordingly. The client was satisfied that his personal health information now accurately reflected what had occurred.

Supporting consensual sexual expression

A client who had been an inpatient for nearly a year, and who had developed a romantic relationship with a co-patient, was constantly prevented by nursing staff from engaging in consensual sexual activity with her partner in the privacy of her room. She was advised by nursing staff that it was against unit policy for patients of the same sex or opposite sex to sleep together in the same room. Security was often called to escort the client's partner from her room. The client was unsuccessful in advocating on her own behalf and contacted the Patient Advocate for assistance.

The Patient Advocate brought the client's concerns to the attention of the staff. The client was subsequently assessed by staff and found capable of making her own decisions with regard to engaging in consensual sex. The Patient Advocate successfully negotiated with staff to allow the client to spend time alone in her room with her partner. The client was satisfied with this compromise in support of her right to engage in consensual sexual activity.

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.

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.

Submission regarding Bill 115, Coroners Amendment Act, 2008, An Act to Amend the Coroners Act

The PPAO made submissions to the Standing Committee on Justice Policy regarding proposed changes to the *Coroners Act* from the vantage point of a mental health advocacy organization.

The PPAO supported the intended purpose of Bill 115 to increase the transparency and accountability of the province's system of death investigation and public scrutiny, while incorporating oversight and quality assurance mechanisms.

Regarding proposed mechanisms for accountability, the PPAO recommended that the jurisdiction of the Death Investigation Oversight Council should be expanded to include the review, upon request, of a decision not to hold an inquest, and that its complaints committee review all aspects of a complaint, rather than referring all or part of a complaint to an outside agency.

The PPAO also asserted that the fundamental

vulnerability of inpatients held involuntarily in psychiatric facilities should be sufficient cause to hold a mandatory inquest whenever an involuntary patient dies, whether the death is believed to be due to natural causes or not.

The PPAO endorsed the Coroner's Jury's recommendation in the James inquest calling for mandatory inquests into the deaths of inpatients who die while in physical or mechanical restraints, independent of their legal status under the MHA, Mental Disorder Provisions of the Criminal Code, or disposition order of the Ontario Review Board and should include those individuals restrained under the common law. This recommendation was extended to include other restraint modalities such as chemical restraint and seclusion, due to the inherent risk associated with all forms of restraint.

The PPAO believes significant gains were made with the amendment of the *Coroners Act* to include mandatory inquests for individuals who die while being restrained and detained in a psychiatric facility or hospital under authority of the *Mental Health Act* or mental disorder provisions of the *Criminal Code* (Canada), respectively. The officer in charge of a psychiatric facility or person in charge of a hospital under Part XX.1 of the *Criminal Code* must now immediately notify the coroner when a person dies while being detained and restrained.

Endorsement of Braidwood Inquiry recommendations calling for guidelines for taser use

In a formal letter to the Minister of the Attorney General and the Minister of Health, the PPAO endorsed the findings of the Braidwood Inquiry and called upon the Government of Ontario to implement those recommendations across the province.

The Braidwood Inquiry recognized that tasers pose a significant risk to the public, particularly when deployed against persons in psychological distress, and recommended strict new limits and regulations on their use. Justice Braidwood found that almost half of taser

Systemic Advocacy

deployments were against persons suffering “mental distress” related to suicidal or self-injurious behaviour, drug intoxication or emotional disturbance.

The PPAO called for the use of Justice Braidwood’s recommendations to serve as a template for national and provincial standards. These standards call for: strict limits on the duration and repeated use of a taser based on the best available medical science; recognition that the best form of intervention is de-escalating the agitation by applying recognized crisis intervention techniques; a common legal threshold that must be met before deploying a taser as “imminent bodily harm where no lesser force option is effective and where de-escalation techniques would not be effective;” limitation of taser use only in relation to enforcement of federal criminal laws and paramedic assistance whenever a taser is used against an “emotionally disturbed person.”

The PPAO noted that such recommendations were essential to protecting the health and lives of vulnerable individuals who may be experiencing mental health problems or emotional distress. It was also noted that proper training was essential to the ability of law enforcement to respond appropriately to the disability needs individuals and to assist in the reduction of the stigma associated with mental illness.

Support for province-wide mental health advocacy

In its submission to the Select Committee on Mental Health and Addictions on September 8, 2009, the PPAO underscored the need for independent mental health advocacy throughout the province.

In particular, the PPAO asserted its belief that a comprehensive mental health system hinges on the inclusion of advocacy as an integral component to assist consumers in taking greater charge of their own mental health care and lives. It was noted that to be effective mental health advocacy must be: client-centred; free of any interference from institutions or service providers and from any perception of bias or conflict of interest; able to work across systems like health, law and social services; appropriately governed to ensure accountability, transparency and responsiveness; given appropriate authority in law and fully accessible across facility-based and community settings throughout Ontario.

Development of a research agenda for mental health advocacy

As part of its systemic advocacy initiatives, the PPAO conducted a workshop on Developing a Research Agenda for Mental Health Advocacy at the 2009 Making Gains in Mental Health and Addictions Conference. This presentation explored the development of a research agenda to examine the impact of independent advocacy on treatment, rehabilitation, recovery and community tenure outcomes for individuals with mental illness. Arguments were made in support of the formal integration of independent advocacy services into the mental health system as a fulcrum for change in the realization of legislated rights and the achievement of the highest quality of care and quality of life at both individual and systemic levels. The workshop was well-attended and well-received by consumers, service providers and other stakeholders.

Legal Brief

PPAO legal counsel provides internal program advice, liaises with external counsel and stakeholder organizations, and consults on issues affecting program clients. Legal counsel routinely advises PPAO Advocates and Rights Advisers on individual patient issues and provides education on new legislation and case law affecting their practice. Most issues fall within the scope of mental health legislation, namely the *Mental Health Act*, *Health Care Consent Act*, *Substitute Decisions Act*, and *Personal Health Information Protection Act*. However, advice is regularly sought where mental health matters further intersect with human rights, criminal law, health professional practices, social entitlement programs, legal aid, and the *Canadian Charter of Rights and Freedoms*.

The PPAO retains independent legal counsel to ensure that no conflict of interest arises in operating at arms-length from the Ministry of Health and Long-term Care. In 2009, legal counsel substantially progressed the mandate of the organization by supporting both instructed and non-instructed systemic advocacy activities; developing new internal education and communication tools; reviewing and renewing various operations, programs and policies; and enhancing field staff participation in head office activities.

Legal Counsel Activities: 2009 by the Numbers

- 256 instances in which legal advice was provided to a Patient Advocate, Institutional Rights Adviser, Community Rights Adviser, or management in pursuit of an instructed client issue or systemic intervention;
- 38 new memos to staff or management on legal developments and issues;
- 78 instances of providing legal information to the general public;
- 17 systemic issues developed;
- 99 existing memos indexed and archived on a newly developed internal legal reference website.

Select Systemic, Law Reform and Public Education Activities

Inquest into the Death of Ryan Coulter: The PPAO was granted standing as a public interest party before the coroner's hearing into the death of Ryan Coulter, an inpatient at the Centre for Addiction and Mental Health Services in Toronto. At issue was Mr. Coulter's timely access to primary medical treatment, the interpretation of chronic pain symptoms, and communication accommodation needs as a barrier to care. The jury considered three days of testimony from doctors, nurses, paramedics and administrators to determine the circumstances surrounding Mr. Coulter's death. Many of the recommendations made by the PPAO were mirrored in the jury's recommendations.

The recommendations adopted by the jury in this Inquest therefore speak to the need to make patient/doctor communication an important component of health care, both for psychiatric and physical health. Indeed, this opens the door to seeing the provision of primary health care through the human rights lens, as it was the inability of the treatment team to break through the communication barriers of the mentally ill patient that may have ultimately contributed to his death.

S. and C. v. Toronto Police Services Board (2009 HRT0 166): The PPAO was granted standing as a public interest intervener before the Human Rights Tribunal. The applicants challenged the Toronto Police Services Board's policy and program with respect to executing "police reference checks" in circumstances where the police record discloses apprehensions under the *Mental Health Act*. Ultimately the case resolved by private settlement just prior to hearing.

"The PPAO retains independent legal counsel to ensure that no conflict of interest arises in operating at arm's length from the MOHLTC"

New Legislation and Government Initiatives: PPAO counsel took a leading role in responding to a variety of government activities, including those of the Ministry of Health and Long-term Care (the “Every Door is the Rights Door” report; the *Long-term Care Homes Act* Draft Regulations Part One; the *Long-term Care Homes Act* Draft Regulations Part Two; and the *Good Governance Act*); the Ministry of the Attorney General (Roundtable Consultation on Mental Health and the Justice System); and the Ontario Legislature Select Committee on Mental Health and Addictions.

Stakeholder Engagement: PPAO counsel participated in a number of stakeholder initiatives including the Ontario Human Rights Commission Consultation on Mental Health; joint publication of the Human Rights Legal Support Centre Guide to Filing a Human Rights Application; and joining the advisory board of the Law Commission of Ontario consultation on Disability Accommodation in Law. Counsel also represented the PPAO on a number of standing committees, including the Legal Aid Ontario Mental Health Advisory Panel, the Ontario Court of Appeal Amicus Curiae Program, the Consent and Capacity Board and the Mental Health Legal Committee. PPAO counsel also acted as co-chair of the Police Records Check Coalition.

Attorney General's Round Table on Mental Health and the Law

During September and October, the PPAO contributed to the Ministry of the Attorney General Roundtable on Mental Health and Law. A wide variety of recommendations were proposed and discussed in the effort to reduce the criminalization of mental illness and improve the inter-

action of the civil and forensic mental health system across the “silos” of health care and justice. PPAO submissions covered a wide variety of topics including: expanding the availability of Mobile Crisis Intervention Teams across the province; enhancing opportunities and funding for peer-support crisis diversion from either hospital or the criminal justice system; better educating Crowns and Courts on available mental health services; implementing stricter controls on the collection and disclosure of personal health information in policing; reducing wait times and introducing comfortable waiting areas for emergency room admissions related to the Mental Health Act; improving access to mental health care and discharge planning services for non-forensic corrections inmates; reducing wait times for Criminal Code related mental health assessments; and making legal aid duty counsel available on a weekly basis at all tertiary care psychiatric hospitals.

Internal Initiatives of the PPAO

Counsel took a lead in: reviewing and updating 45 public Mental Health InfoGuides to ensure legal currency and in preparation for translation into French; developing an internal legal information archive and indexed reference resource website for the use of Patient Advocates and Management; and providing legal oversight for the re-development of the PPAO Rights Advice Training Program with a completely revised Reference Manual, a new practice-based training curriculum, and the establishment of a Mentor Faculty made up of senior rights advisers from across the province. These innovations enhance employee participation, broaden ongoing mentor support, and create a scalable training program to meet future expansion.

Public Education and Community Engagement

In 2009, visitors from around the world viewed 3,389,457 pages on our website. Figure 12 and Table 4 compare this year's visits to previous years and show the most popular pages.

www.ppaio.gov.on.ca

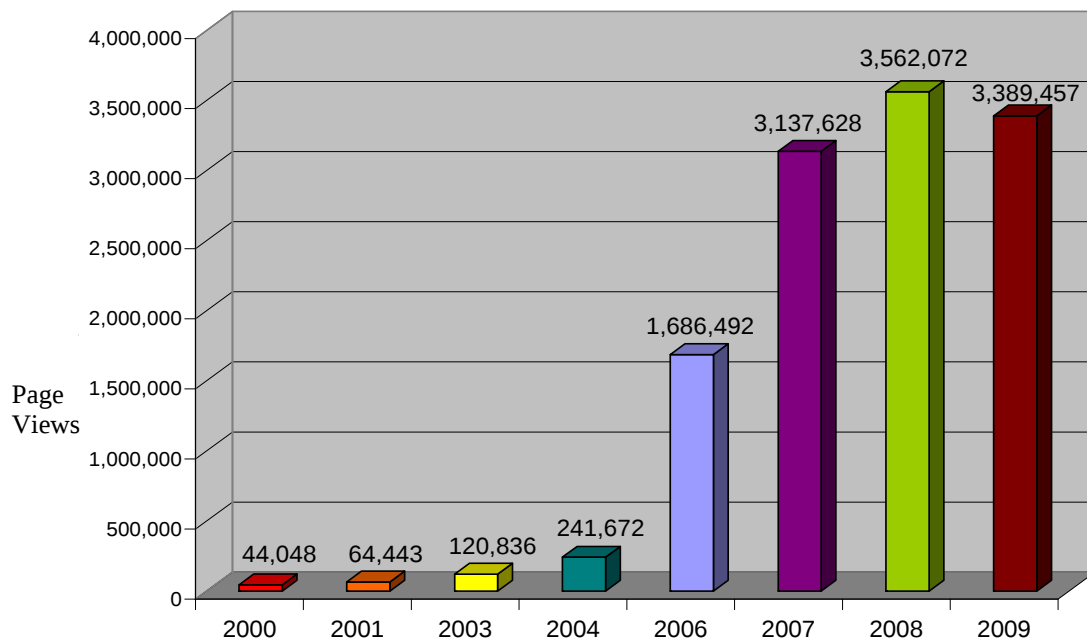


Figure 12: Successful Page Views of PPAO Website, 2000 to 2009

49,741	25th Anniversary Special Report
19,793	20th Anniversary Special Report
12,678	Police Background Check - Information and Privacy Commissioner document
7,990	Infoguide: Form 1 Application for Psychiatric Assessment
7,927	Police Background Checks - OBA Newsletter
7,812	Infoguide: Police Records Searches and Vulnerable Person Screenings
7,325	Infoguide: Driver's License Suspensions
5,176	Infoguide: Community Treatment Orders
4,876	2001 PPAO Paper: Seclusion and Restraint Review
4,784	Jeffrey James Inquest

Table 4: Ten Most Requested Website Pages

Public Education and Community Engagement

Over the course of the year, PPAO staff members 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.

Presentations

- Lunch n Learn Mental Health Act: “Involuntary Status” (Rights Adviser, Brockville)
- Osgoode Hall: “The PPAO and Patient Rights” (Hamilton)
- Staff of Northeast Mental Health Centre (NEMHC), North Bay General Hospital (NBGH): “The Advocate Office and Rights Advice Legislation” (North Bay)
- People for Equal Partnership in Mental Health (PEP) Place: “The Advocate Office” (North Bay)
- St. Joseph's High School Grade 11 Health Promotion Class: Quarterly presentations (North Bay)
- Law and Disorder Conference: “The Ontario Review Board and Its Impact on Forensic Clients” (Penetanguishene)
- Volunteer Awards Dinner: “The Psychiatric Patient Advocate Office” (Penetanguishene)
- People Advocating for Change through Empowerment (PACE): “Self-Advocacy” (Thunder Bay)
- Lakehead University Health Fair: “PPAO role, services, issues, PPAO info guides, Cleo etc” (Thunder Bay)
- Northwestern Ontario Can Help (Consumer Survivor Conference): “Creating Change through Self-Advocacy” (Thunder Bay)
- Confederation College Health and Wellness Fair: “PPAO, role, services, issues, PPAO info guides, Cleo etc” (Thunder Bay)
- Centre for Addiction and Mental Health (CAMH) Quality Assurance Patient Care Committee: “On the Role of the PPAO” (Toronto)
- CAMH Staff Orientation “On the Role of the PPAO” (Toronto)
- CAMH Women's Medium Secure Forensic Unit: “Client Rights and Available Resources” (Toronto)
- CAMH Men's Medium Secure Forensic Unit: “Client Rights and Available Resources” (Toronto)
- Ontario Shores Panel Discussion: “Making Sense of Child and Youth Consent and Capacity” (Whitby)

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

- NEMHC and NBGH Quarterly Meetings: “Unresolved issues, systemic initiatives or Advocate involvement in hospital initiatives” (North Bay)
- Bi-monthly with Senior Management Team: “unresolved client issues that impact the facility” (Penetanguishene)

Public Education and Community Engagement

- CAMH:
Emergency Use Seclusion & Restraints
(Toronto)
- CAMH:
Reduction Tools/ Alternative Work Group
(Toronto)
- CAMH:
Preventing The Use of Restraint &
Seclusion Work Group
(Toronto)
- CAMH:
Consensual Sex Policy
(Toronto)
- Ontario Shores Consults with Clinical
Staff:
Provide Input on Unit Policy/Procedures
(Whitby)

Mental Health and Mental Illness Awareness Week activities across the province

- Presentation by Colin Slack, Canadian
Mental Health Association:
sponsored by PPAO
(Brockville)
- London Central Public Library:
PPAO Information Booth
(London)
- Mental Health Promotion Committee:
"Photovoice" an exhibit of client photos
on the meaning of hope
(North Bay)
- MHCP Hero Centre:
PPAO sponsored legal presentation on
Disability Tax Credit
(Penetanguishene)
- Three community presentations on Estate
Planning, Wills and Powers of Attorney:
"More Than Ever, Invest in Yourself"
(Thunder Bay)
- Healthy Relationships/Healthy Self:
"Relaxation 101-Stress and Wellness"

Thunder Bay

- Mental Health Network:
"Brainwaves Coffeehouse" to celebrate
consumer strengths through display of arts,
music, poetry and theatre
(Thunder Bay)

Facility Staff Orientation

- RNs and RPNs:
Rights Advice
(Brockville)
- RN's:
Patient Advocate and Rights Adviser
(Brockville)
- St. Josephs Staff:
"The Role of the PPAO"
(Hamilton)
- St. Josephs Security Staff:
"The Role of the PPAO"
(Hamilton)
- Ross Memorial Staff
"The Role of the PPAO"
(Hamilton)
- United Mennonite Home Staff
"The Role of the PPAO"
(Hamilton)
- London Regional Mental Health Centre
New Staff Training:
"The Role of the PPAO"
(London)
- NEMHC and NBGH all staff:
Bi-weekly in-service on the Advocate
office and Rights Advice legislation
(North Bay)
- New facility staff:
Services offered by PPAO
(Penetanguishene)
- Oak Ridge clinical staff:
In-service training
(Penetanguishene)
- St. Joseph's Care Group—Lakehead

Public Education and Community Engagement

Psychiatric Hospital (SJCG-LPH) & Thunder Bay Regional Health Sciences Centre -Forensic Unit (TBRHSC):
Informal discussions with staff on PPAO, Consent & Capacity Board, (Thunder Bay)

- CAMH:
Monthly Staff training
(Toronto)
- Ontario Shores Mental Health Centre (OSMHC) New Clinical Staff:
The PPAO, Role of the Advocate, Rights Advisor; Patient Rights and Entitlements (Whitby)
- OSMHC Clients:
Patient Care Units at Community Meetings (Whitby)

Presentations to Students

- Mohawk College:
Nursing Students
(Hamilton)
- University of Western Ontario:
Occupational Therapy Students
(London)
- University of Western Ontario:
Psychology Students
(London)
- Holy Family Elementary School:
Health Class
On Rights Advice
(London)
- Regional Mental Health Care London:
Medical students, Geriatric Program
(London)
- Discussion of mental health issues affecting clients presented to students.
(Penetanguishene)
- Confederation College:
Third year nursing students
“Advocacy and Rights Advice”
(Thunder Bay)

- Lakehead University:
Nursing Students
“Rights Advice services”
(Thunder Bay)
- Confederation College:
Aboriginal Law and Advocacy Program
(Thunder Bay)
- University of Toronto:
Nursing Students
(Toronto)
- Humber College:
Nursing Students
(Toronto)
- Humber College:
Social Work Students
(Toronto)
- Ryerson, University of Toronto:
Social Work Students
“Individualized Orientation”
(Whitby)
- Durham College, University of Toronto
Nursing Students
(Whitby)

PPAO Staff Ex-Officio Membership on Local and Regional Committees

London: External

- Regional Mental Health Care Ethics Education Committee
- CMHA National Conference Planning Committee

North Bay: Internal

- Organizational Ethics (Ex-Officio):
-quarterly to discuss ethics issues and promotion of ethical practice within the facility
- Ethics Case Consultation Committee (Ex-Officio):
-at the request of the Chair when case consultation has been requested

Public Education and Community Engagement

- Mental Health Promotion Committee:
-monthly to assist in planning for Mental Health Week and Mental health Promotion Week Activities
 - Recovery Steering Committee:
-Monthly for updates and reports on the 9 Action Committee Teams working on the recovery agenda
 - Patient Expectation Action Committee:
-monthly or at the call of the chair to implement the recommendations from the Restraint Reduction Action Committee
 - Restraint Reduction Action Committee:
-to advocate involvement in identifying Systemic examples and providing for the compilation of final report
- Penetanguishene: Internal***
- Legal Aid Ontario Advisory Committee on Mental Health
- Thunder Bay : Internal***
- St Joseph's Care Group Ethics Consultation Committee:
-to explore and discuss ethical issues brought forward. Ethical decision making tree developed.
 - St Joseph's Care Group- Psychosocial Rehabilitation Working Group:
-to explore and integrate psychosocial principles to Adult Rehabilitation and Older Adult Unit.
 - St. Joseph's Care Group, Client Sexuality Working Group:
-to explore client sexuality from a holistic perspective taking into account SJCG mission and values, client rights, ethical and legal issues.
- Thunder Bay : External***
- Thunder Bay Regional Health Sciences Centre (TBRHSC) Mental Health Care Team:
-to identify and address opportunities for improving the effectiveness and efficiency of mental health services in keeping with the TBRHSC's mission, vision, values and strategic plan.
- Northwestern Region Human Services & Justice Coordinating Committee:
-to respond to a recognized need to coordinate resources, service, & plan more effectively for people who are in conflict with the law, or at risk of being in conflict.
 - Thunder Bay District Human Services & Justice Coordinating Committee:
-similar to Regional committee, examines issues which impact delivery of service in the local district.
 - Human Services Provincial Conference Committee:
-to coordinate the Human Services and Justice conference in Oct 2009
 - Psychosocial Rehabilitation- National Conference Planning Committee:
-to coordinate Canadian Psychosocial Rehabilitation conference Sept 2010.
 - Mental Health Network- Mental Illness Awareness Week and Mental Health Week:
-public education regarding mental health and mental illness in the City of Thunder Bay.
- Toronto : Internal***
- Forensic client access to computers (workgroup)
 - Seclusion and Restraints Minimization Committee - Incident Review & Debriefing Workgroup
 - Smoke-Free CAMH - Clinical Implementation Sub-Committee
- Whitby : Internal***
- Clinical Ethics Committee
 - Patient Sexuality Task Force
 - Restraint minimization Task force
 - Clean Air Task Force

Staff and Organization

The PPAO provides services in ten regional or local offices across the province and has a head office located in Toronto. The PPAO field offices are currently strategically located in each of the tertiary care 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 they serve. PPAO staff are independent from the facilities in which they work.

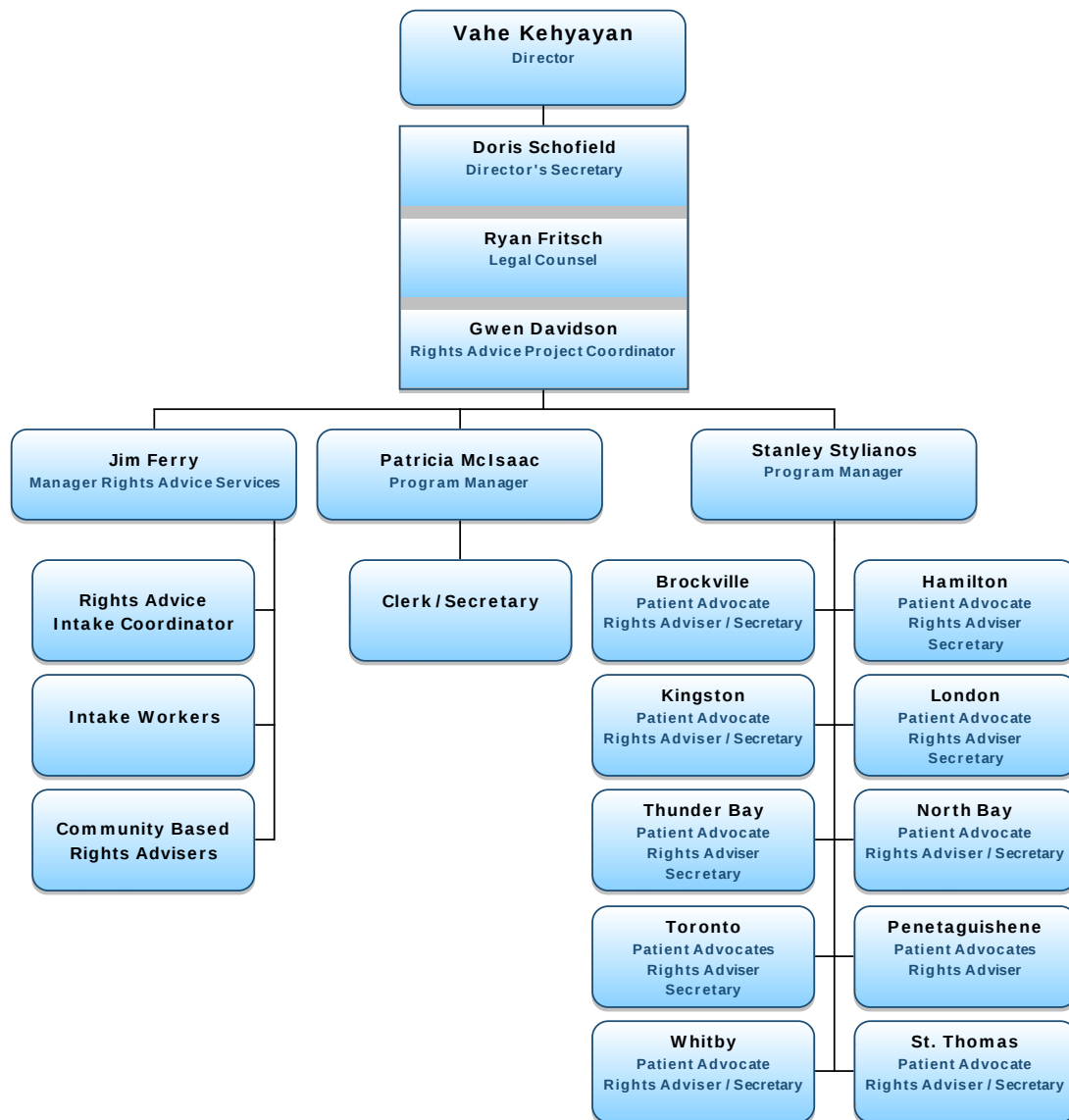


Figure 12: PPAO Organizational Chart effective September 2009



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

