

The Mental Health Act and Health Care Consent Act for Clinical Clerks

How to Fill Out a Form 1 Correctly 😊

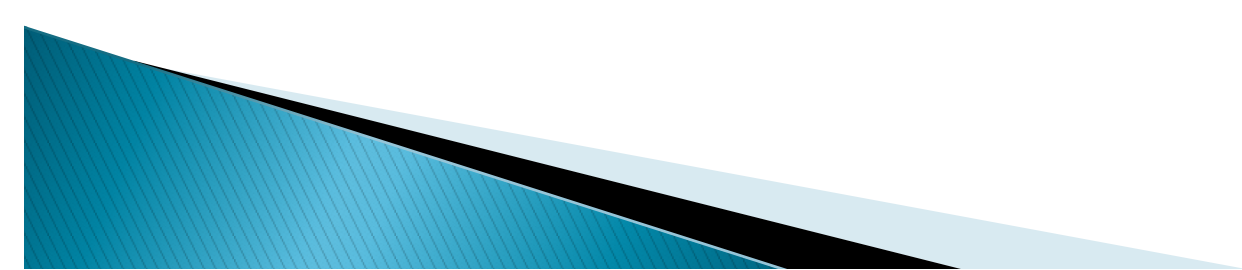
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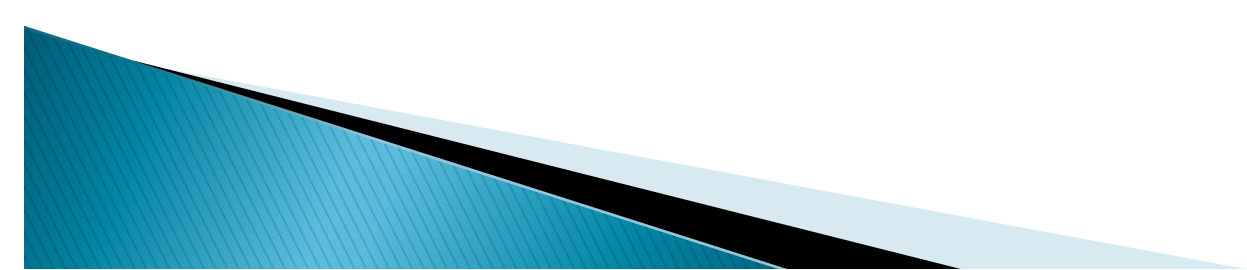
Learning Objectives

- ▶ enhanced knowledge of the relevant aspects of the Mental Health Act/HCCA for clerkship rotations
- ▶ skills to complete a valid Form 1
- ▶ awareness of the online resources of the mental health act forms



Outline

- ▶ Form 1 challenges
- ▶ Valid form completion
- ▶ Other Forms of note
- ▶ Forms on line
- ▶ Self-test
- ▶ Health Care Consent Act



Famous person placed on a Form 1

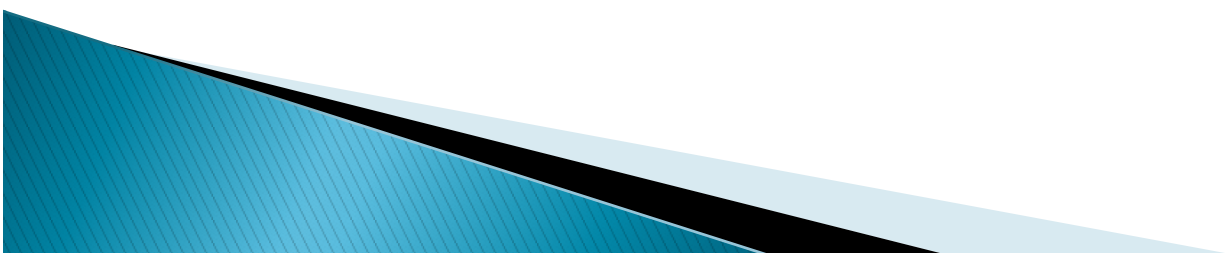
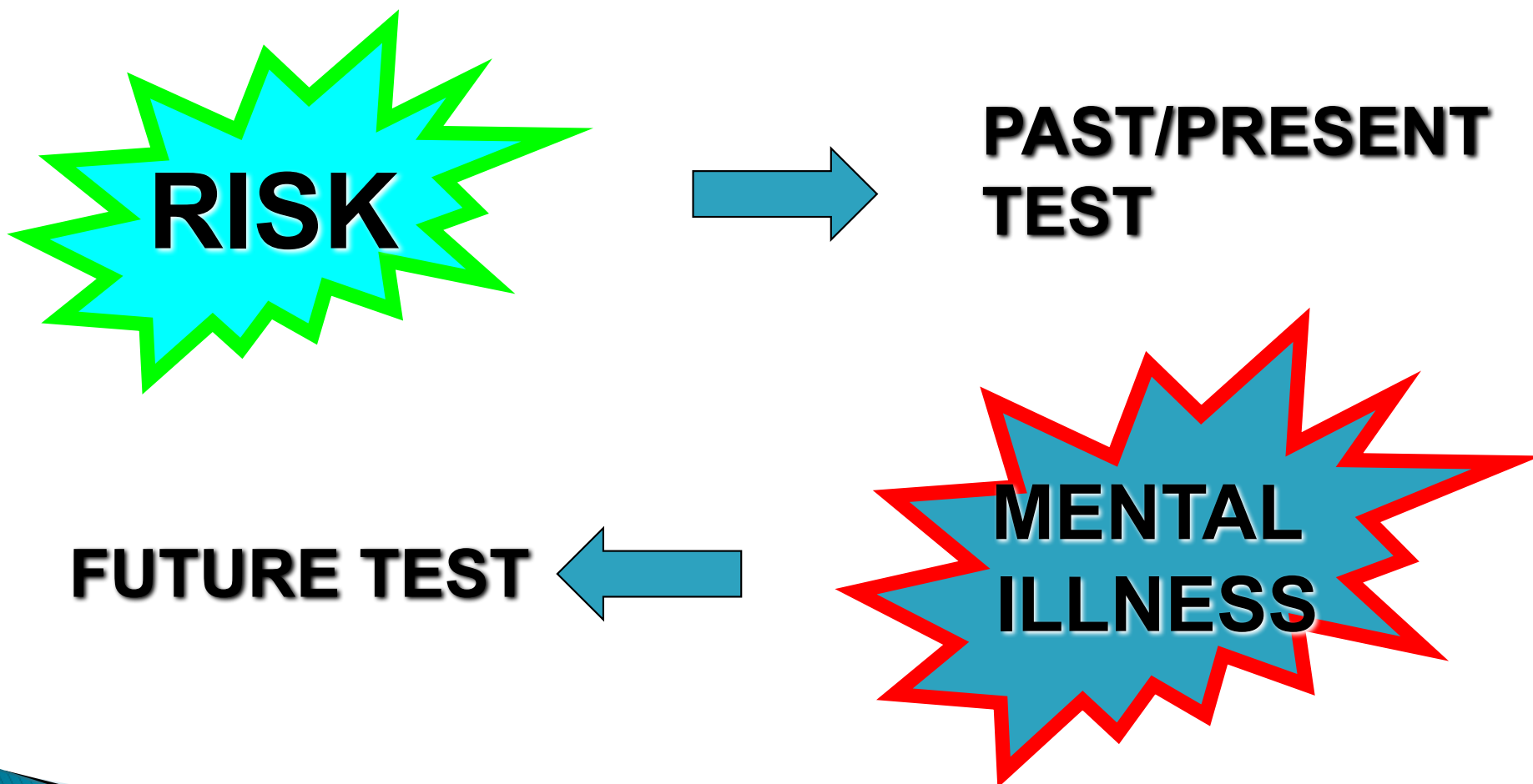


Take home messages about the Form 1

- ▶ The Form 1 is **VERY** confusing
- ▶ **ALL** of the information is in the fine print.
- ▶ Think like a lawyer, not a doctor.

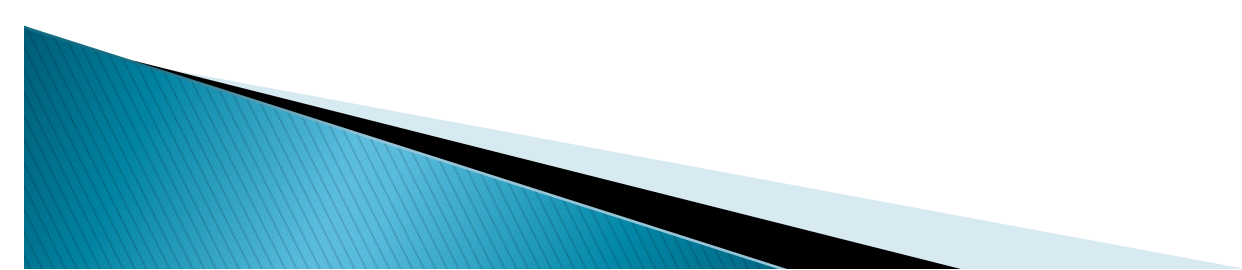


2 CONCEPTS..... FORM 1



Problems with Form 1

- ▶ Increasing number of invalid forms
- ▶ The form itself does not describe clearly what is required in each subsection
- ▶ The use of Box B is confusing
- ▶ The instructions to complete *either* Box A or Box B are in such small print, many miss this and attempt to complete both

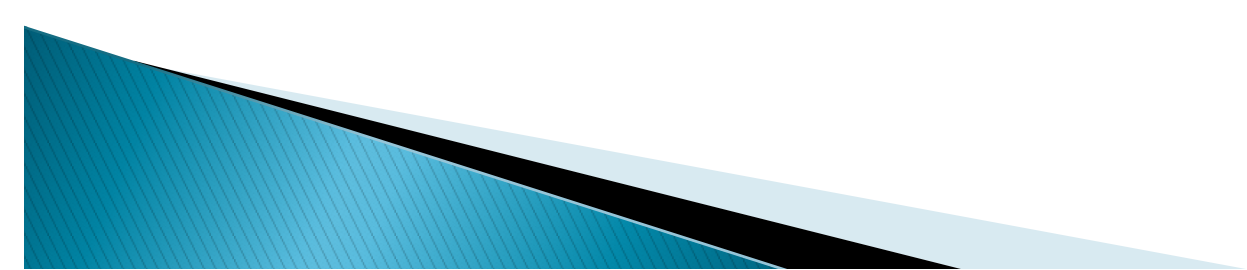


Principles of Form 1


2 essential ideas to document:

1. The individual is at risk of dangerous behaviour
2. The individual may be suffering from a mental disorder

Goal: to link these 2 ideas



What is a Form 1?

 Ministry of Health

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

Clear Form

Name of physician _____
(print name of physician)

Physician address _____
(address of physician)

Telephone number () _____ Fax number () _____

On _____ I personally examined _____
(date) (print full name of person)

whose address is _____
(home address)

You may only sign this Form 1 if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

**Box A – Section 15(1) of the Mental Health Act
Serious Harm Test**

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

- has threatened or is threatening to cause bodily harm to himself or herself
- has attempted or is attempting to cause bodily harm to himself or herself
- has behaved or is behaving violently towards another person
- has caused or is causing another person to fear bodily harm from him or her; or
- has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated to me by others:

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:


- serious bodily harm to himself or herself,
- serious bodily harm to another person,
- serious physical impairment of himself or herself

(Disponible en version française)

See reverse

6427-41 (0012) 7550-4072

What is a Form 1?

 Ministry of Health Ontario

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

[Clear Form](#)

Name of physician _____
(print name of physician)

Physician address _____
(address of physician)

Telephone number () _____ Fax number () _____

On _____ I personally examined _____
(date) (print full name of person)

whose address is _____
(home address)

You may only sign this Form 1 if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

Box A – Section 15(1) of the Mental Health Act
Serious Harm Test

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

has threatened or is threatening to cause bodily harm to himself or herself
 has attempted or is attempting to cause bodily harm to himself or herself
 has behaved or is behaving violently towards another person
 has caused or is causing another person to fear bodily harm from him or her; or
 has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated to me by others:

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

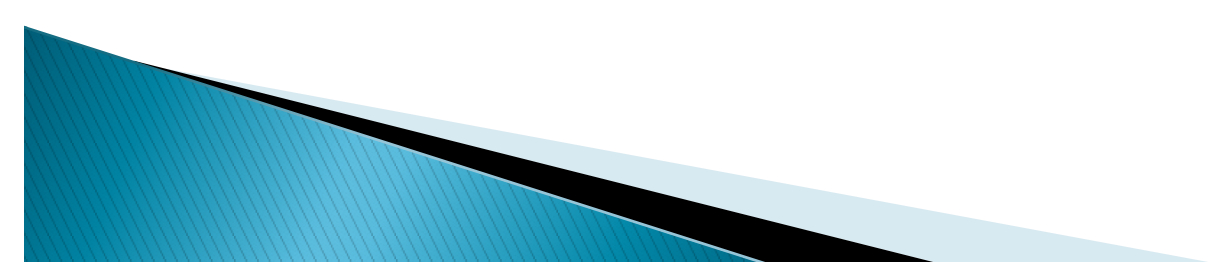
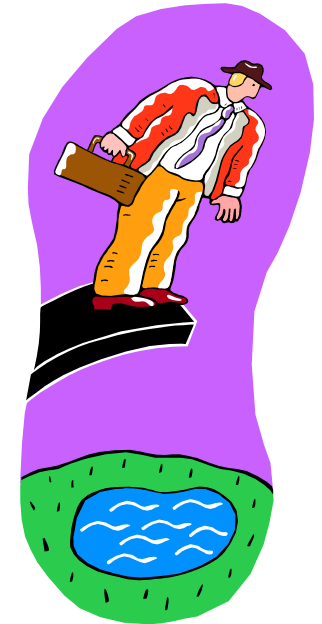
serious bodily harm to himself or herself,
 serious bodily harm to another person,
 serious physical impairment of himself or herself

(Disponible en version française) See reverse 7530-4072

- ▶ Legal Document under the Mental Health Act
- ▶ “Application by Physician for Psychiatric Assessment”
- ▶ Allows for detention up to 72 hours in a “Schedule 1 Facility”

What is a Form 1?

- ▶ Can be filled out by any physician
- ▶ Need evidence of ***RISK***
 - Harm to self (suicide risk)
 - Harm to others (violence/homicide risk)
 - Physical impairment to self (lack of self care)
- ▶ Need evidence of ***mental disorder***
 - Do not need diagnosis – just “evidence”



Filling out a Form 1 – Name and Address



Ministry
of
Health

Form 1
Mental Health Act

Application by Physician for
Psychiatric Assessment

Clear Form

Name of physician Dr. Examining Physician
(print name of physician)

Physician address St. Michael's Hospital, 30 Bond Street, Toronto ON
(address of physician)

Telephone number (416) 864-6060 Fax number ()

On Sept 9th, 2014 I personally examined Mr. John Doe
(date) (print full name of person)

whose address is Please specify city/province, NFA if NFA
(home address)

*You may only sign this Form 1 if you have personally examined the person within the past seven days.
In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.*

Filling out a Form 1 – Box A

You may only sign this Form 1 if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete **either** Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

Box A – Section 15(1) of the Mental Health Act Serious Harm Test

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

- has threatened or is threatening to cause bodily harm to himself or herself
- has attempted or is attempting to cause bodily harm to himself or herself
- has behaved or is behaving violently towards another person
- has caused or is causing another person to fear bodily harm from him or her; or
- has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Patient stated he overdosed on medications with intent to die

Facts communicated to me by others:

Family indicated he left a suicide note

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from a mental disorder of a nature or quality that likely will result in:

- serious bodily harm to himself or herself,
- serious bodily harm to another person,
- serious physical impairment of himself or herself

Filling out a Form 1 – Box A

Box A continues on page 2!!!

Clear Form

Box A – Section 15(1) of the Mental Health Act Serious Harm Test *(continued)*

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:


Patient looks depressed and appears to be hallucinating.
Patient states he is depressed and still suicidal

Facts communicated by others:

Filling out a Form 1 – Box A

- ▶ Past present test
 - Evidence of **RISK**

- ▶ Future test
 - Evidence of **mental disorder**

 Ministry of Health Ontario

Form 1
Mental Health Act

Application by Physician for
Psychiatric Assessment

[Clear Form](#)

Name of physician _____ (print name of physician)

Physician address _____ (address of physician)

Telephone number () _____ Fax number () _____

On _____ (date) I personally examined _____ (print full name of person)

whose address is _____ (home address)

You may only sign this Form 1 if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

Box A – Section 15(1) of the Mental Health Act
Serious Harm Test

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

- has threatened or is threatening to cause bodily harm to himself or herself
- has attempted or is attempting to cause bodily harm to himself or herself
- has behaved or is behaving violently towards another person
- has caused or is causing another person to fear bodily harm from him or her; or
- has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated to me by others:

The Future Test (check one or more)

I have reasonable cause to believe that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

- serious bodily harm to himself or herself,
- serious bodily harm to another person,
- serious physical impairment of himself or herself

8407-41 (0612) (Disponible en version française) See reverse 7530-4972

Filling out a Form 1 – Box A

- ▶ May check as many as apply
- ▶ **Own observations:**
 - the examples of dangerous behaviour, or inability to care for self ie **RISK**
 - Examination may be brief if pt uncooperative– document this
 - Evidence of mental disorder **NOT** required here

Ministry of Health
Ontario

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

[Clear Form](#)

Name of physician _____
(print name of physician)

Physician address _____
(address of physician)

Telephone number () _____ Fax number () _____

On _____ I personally examined _____
(date) (print full name of person)

whose address is _____
(home address)

You may only sign this Form 1 if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

**Box A – Section 15(1) of the Mental Health Act
Serious Harm Test**

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

has threatened or is threatening to cause bodily harm to himself or herself

has attempted or is attempting to cause bodily harm to himself or herself

has behaved or is behaving violently towards another person

has caused or is causing another person to fear bodily harm from him or her; or

has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated to me by others:

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

serious bodily harm to himself or herself,

serious bodily harm to another person,

serious physical impairment of himself or herself

8407-41 (0612) (Disponible en version française) See reverse 7530-4972

Filling out a Form 1 – Box A

► Communication by others:

- Document findings from others suggesting risk to self or others or inability to care for self
- Family, police, ER staff, friends, community supports, crisis clinician
- eg. suicidal behaviour or ideation, violent behaviour or threats, not caring for self to point of danger

Ministry of Health
Ontario

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

[Clear Form](#)

Name of physician _____
(print name of physician)

Physician address _____
(address of physician)

Telephone number () _____ Fax number () _____

On _____ I personally examined _____
(date) (print full name of person)

whose address is _____
(home address)

You may only sign this Form 1 if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

**Box A – Section 15(1) of the Mental Health Act
Serious Harm Test**

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

has threatened or is threatening to cause bodily harm to himself or herself

has attempted or is attempting to cause bodily harm to himself or herself

has behaved or is behaving violently towards another person

has caused or is causing another person to fear bodily harm from him or her; or

has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated to me by others:

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

serious bodily harm to himself or herself,

serious bodily harm to another person,

serious physical impairment of himself or herself

8407-41 (0612) (Disponible en version française) See reverse 7530-4972

Filling out a Form 1 – Box B

Clear Form

**Box A – Section 15(1) of the Mental Health Act
Serious Harm Test (continued)**

I base this opinion on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Each communicated by others:

**Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria**

Note: The patient must meet the criteria set out in each of the following conditions:

I have reasonable cause to believe that the person:

- Has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following (select one or more):
 - serious bodily harm to himself or herself,
 - serious bodily harm to another person,
 - substantial mental or physical deterioration of himself or herself, or
 - serious physical impairment of himself or herself.

AND

I am of the opinion that the person,

- Is incapable, within the meaning of the Health Care Consent Act, 1996, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained;

AND

- Is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

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Clear Form

**Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria (continued)**

5. Based on the person's history of mental disorder and current mental or physical condition, is likely to: (choose one or more of the following)

- cause serious bodily harm to himself or herself,
- cause serious bodily harm to another person,
- suffer serious mental or physical deterioration,
- suffer serious physical impairment

I base this opinion on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

Each communicated by others:

I have made every effort to obtain a psychiatric assessment of the person named. I hereby make application for a psychiatric assessment of the person named.

Today's date _____ Today's time _____

Examining physician's signature _____ (signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

(Date and time detention commences) (signature of physician)

(Date and time Form 42 delivered) (signature of physician)

(Disponible en version française)

6427-41 (0012) 7530-4972

Too many 'ANDS'

Need to know about past psychiatric treatment

Document pt incapable to make tx decisions-

Form 33 not required

SDM must be in place

Leave for psychiatrists to complete!

Filling out a Form 1 – 3 signatures

I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named.

Today's date Sept 9th, 2014

Today's time 8:30AM

Examining physician's signature *Examining Physician*
(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

Sept 9th, 2014, 8:30AM
(Date and time detention commences)


Examining or ER Physician
(signature of physician)

Sept 9th, 2014, 8:35AM
(Date and time Form 42 delivered)

Examining or ER Physician
(signature of physician)

(Disponible en version française)

What is a Form 42?



Ministry
of
Health
Ontario

Form 42
Mental Health Act

Notice to Person under Subsection 38.1 of the Act of Application for Psychiatric Assessment under Section 15 or an Order under Section 32 of the Act

[Clear Form](#)

Part I (complete only if appropriate)

To: _____
(name of person)

of _____
(home address)

This is to inform you that _____
(name of physician)

examined you on _____
(date of examination) (day / month / year) and has made an application for you to have a psychiatric assessment.

Part A and/or Part B must be completed

Part A

That physician has certified that he/she has reasonable cause to believe that you have:

Check Box(es) threatened or attempted or are threatening or attempting to cause bodily harm to yourself;

behaved or are behaving violently towards another person or have caused or are causing another person to fear bodily harm from you; or

shown or are showing a lack of competence to care for yourself.

and that you are suffering from a mental disorder of a nature or quality that likely will result in:

Check Box(es) serious bodily harm to yourself;

serious bodily harm to another person; or

serious physical impairment of you.

Part B

That physician has certified that he/she has reasonable cause to believe that you:

a) have previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in

serious bodily harm to yourself,

serious bodily harm to another person,

substantial mental or physical deterioration of you, or

serious physical impairment of you;

b) have shown clinical improvement as a result of the treatment;

c) are suffering from the same mental disorder as the one for which you previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française)

See reverse

1787-41 (00/12)* 7530-4827

[Clear Form](#)

Part B (continued)

d) given your history of mental disorder and current mental or physical condition, you are likely to

cause serious bodily harm to yourself,

cause serious bodily harm to another person,

suffer substantial mental or physical deterioration, or

suffer serious physical impairment;

e) have been found incapable, within the meaning of the Health Care Consent Act, 1996 of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and

f) you are not suitable for admission or continuation as an informal or voluntary patient.

The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.

You have the right to retain and instruct a lawyer without delay.

_____ (date) _____ (signature of attending physician)

Part II (complete only if appropriate)

To: _____
(name of person)

of _____
(home address)

This is to inform you that _____
(name of Minister of Health and Long-Term Care)

Minister of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe that you are suffering from mental disorder of a nature or quality that likely will result in:

Check Box(es) serious bodily harm to yourself; or

serious bodily harm to another person.

unless you are placed in the custody of a psychiatric facility and has by Order dated


_____ (date of order) (day / month / year), authorized your custody in a psychiatric facility for up to 72 hours.

You have the right to retain and instruct a lawyer without delay.

_____ (date) _____ (signature of attending physician)

1787-41 (00/12)* 7530-4827

Filling out a Form 42

	Ministry of Health	Form 42 Mental Health Act	Notice to Person under Subsection 38.1 of the Act of Application for Psychiatric Assessment under Section 15 or an Order under Section 32 of the Act
Clear Form			
Part I <i>(complete only if appropriate)</i>			
To: <u>Mr. John Doe</u> <small>(name of person)</small>			
of <u>Please specify city/province, NFA if NFA</u> <small>(home address)</small>			
This is to inform you that <u>Dr. Examining Physician</u> <small>(name of physician)</small>			
examined you on <u>9 Sept, 2014</u> and has made an application for you to <small>(date of examination) (day / month / year)</small>			
have a psychiatric assessment.			
Part A and/or Part B must be completed			
Part A			
That physician has certified that he/she has reasonable cause to believe that you have:			
Check Box(es)	<input checked="" type="checkbox"/>	threatened or attempted or are threatening or attempting to cause bodily harm to yourself;	
	<input type="checkbox"/>	behaved or are behaving violently towards another person or have caused or are causing another person to fear bodily harm from you; or	
	<input type="checkbox"/>	shown or are showing a lack of competence to care for yourself.	
and that you are suffering from a mental disorder of a nature or quality that likely will result in:			
Check Box(es)	<input checked="" type="checkbox"/>	serious bodily harm to yourself;	
	<input type="checkbox"/>	serious bodily harm to another person; or	
	<input type="checkbox"/>	serious physical impairment of you.	

Filling out a Form 42

Clear Form

Part B (continued)

d) given your history of mental disorder and current mental or physical condition, you are likely to

- cause serious bodily harm to yourself,
- cause serious bodily harm to another person,
- suffer substantial mental or physical deterioration, or
- suffer serious physical impairment;

e) have been found incapable, within the meaning of the Health Care Consent Act, 1996 of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and

f) you are not suitable for admission or continuation as an informal or voluntary patient.

The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.

You have the right to retain and instruct a lawyer without delay.

9 Sept, 2014 *Examining Physician*
(date) (signature of attending physician)

Part II (complete only if appropriate)

To: _____
(name of person)

of _____
(home address)

This is to inform you that _____
(name of Minister of Health and Long-Term Care)

Minister of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe that you are suffering from mental disorder of a nature or quality that likely will result in:

Check Box(es) serious bodily harm to yourself, or
 serious bodily harm to another person.

unless you are placed in the custody of a psychiatric facility and has by Order dated _____, authorized your custody in a psychiatric facility for up to 72 hours.
(date of order) (day / month / year)


You have the right to retain and instruct a lawyer without delay.

(date)

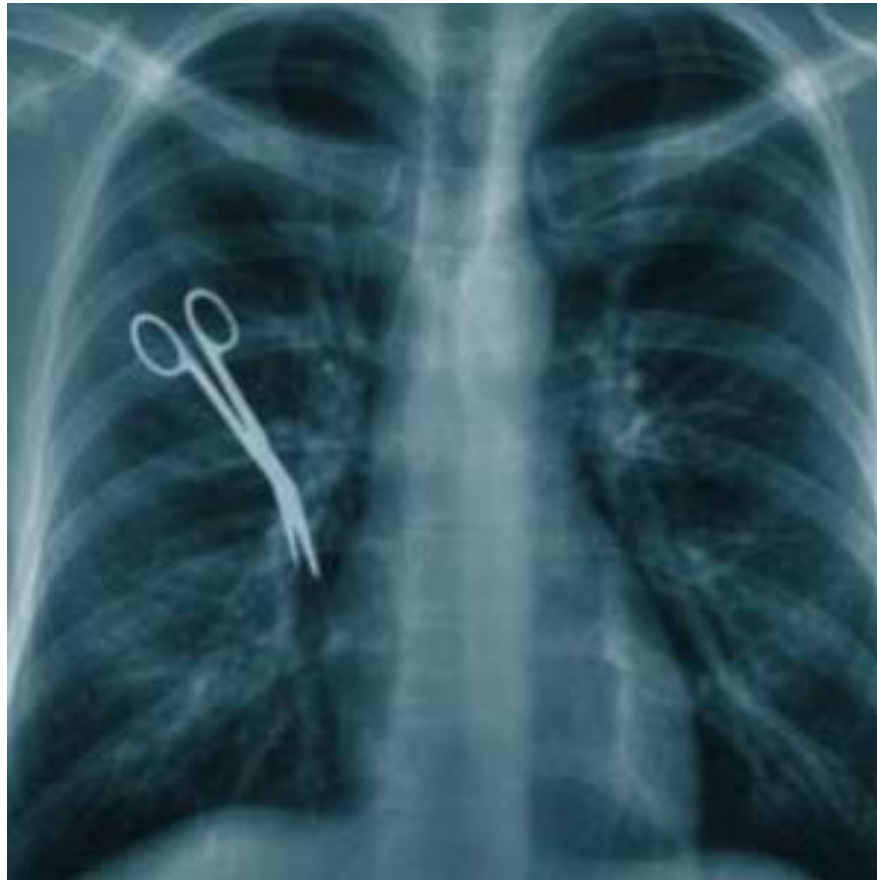
(signature of attending physician)

1787-41 (00/12)* 7530-4827

Implications of incorrectly filled out Form 1

- ▶ Patient is detained “illegally”
 - Potential for civil lawsuit
 - ▶ Form 1 needs to be redone
 - Extends the length of detention
 - ▶ Form 3 is filled and patient goes to Consent and Capacity Board
 - Lawyers bring up incorrectly filled out Form 1 and Form 3 is annulled
 - Process is restarted by redoing a Form 1
 - Waste of health care \$\$\$
 - ▶ Potential for \$25,000 fine for knowingly contravening MHA
 - ▶ Can't legally bill for a Form 1
- 

What's wrong with this picture?





Name of physician Dr X (print name of physician)

Physician address ST Michaels Hospital (address of physician)

Telephone number (416) 8646060 Fax number ()

On Aug 20/10 I personally examined C (date) (print full name of person)

whose address is Unknown (home address)

You may only sign this **Form 1** if you have personally examined the person within the past seven days.
In deciding if a Form 1 is appropriate, you must complete **either** Box A (serious harm test) **or** Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

**Box A – Section 15(1) of the Mental Health Act
Serious Harm Test**

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

- has threatened or is threatening to cause bodily harm to himself or herself
- has attempted or is attempting to cause bodily harm to himself or herself
- has behaved or is behaving violently towards another person
- has caused or is causing another person to fear bodily harm from him or her; or
- has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Red Confusion, witnessed a threat to
Harm self by Police(?)

Facts communicated to me by others:

Police suggested he has done
This Before

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

- serious bodily harm to himself or herself,
- serious bodily harm to another person,
- serious physical impairment of himself or herself

Clear Form

Box A – Section 15(1) of the Mental Health Act
Serious Harm Test *(continued)*

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

Facts communicated by others:

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria

Note: The patient *must* meet the criteria set out in *each* of the following conditions.

I have reasonable cause to believe that the person:

1. Has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: *(please indicate one or more)*
 - serious bodily harm to himself or herself,
 - serious bodily harm to another person,
 - substantial mental or physical deterioration of himself or herself, or
 - serious physical impairment of himself or herself,

AND

2. Has shown clinical improvement as a result of the treatment.

AND

I am of the opinion that the person,

3. Is incapable, within the meaning of the *Health Care Consent Act, 1996*, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained;

AND

4. Is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française)

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria
(continued)

AND

5. Given the person's history of mental disorder and current mental or physical condition, is likely to: *(choose one or more of the following)*

- cause serious bodily harm to himself or herself, or
- cause serious bodily harm to another person, or
- suffer substantial mental or physical deterioration, or
- suffer serious physical impairment

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

Facts communicated by others:

I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named.

Today's date Aug 20/10

Today's time 11:45

Examining physician's signature _____

[Signature]
(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

Aug 20/10 11:45
(Date and time detention commences)

(signature of physician)

Aug 20/10
(Date and time Form 42 delivered)

(signature of physician)

(Disponible en version française)



Part I (complete only if appropriate)

To: [Handwritten name] (name of person)

of [Handwritten: Unknown] (home address)

This is to inform you that [Handwritten: Dr] (name of physician)

examined you on [Handwritten: Aug 20/10] (date of examination) and has made an application for you to

have a psychiatric assessment.

Part A and/or Part B must be completed

Part A

That physician has certified that he/she has reasonable cause to believe that you have:

Check Box(es)

- Threatened or attempted or are threatening or attempting to cause bodily harm to yourself;
behaved or are behaving violently towards another person or have caused or are causing another person to fear bodily harm from you; or
shown or are showing a lack of competence to care for yourself.

and that you are suffering from a mental disorder of a nature or quality that likely will result in:

Check Box(es)

- serious bodily harm to yourself;
serious bodily harm to another person; or
serious physical impairment of you.

Part B

That physician has certified that he/she has reasonable cause to believe that you:

- have previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in
serious bodily harm to yourself,
serious bodily harm to another person,
substantial mental or physical deterioration of you, or
serious physical impairment of you;
have shown clinical improvement as a result of the treatment;
are suffering from the same mental disorder as the one for which you previously received treatment or from a mental disorder that is similar to the previous one;

Part B (continued)

d) given your history of mental disorder and current mental or physical condition, you are likely to

- cause serious bodily harm to yourself,
- cause serious bodily harm to another person,
- suffer substantial mental or physical deterioration, or
- suffer serious physical impairment;

e) have been found incapable, within the meaning of the Health Care Consent Act, 1996 of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and

f) you are not suitable for admission or continuation as an informal or voluntary patient.

The application is sufficient authority to hold you in custody in this hospital for up to 72 hours.

You have the right to retain and instruct a lawyer without delay.

Aug 20/10
(date)

[Signature]
(signature of attending physician)

Part II (complete only if appropriate)

To: _____
(name of person)

of _____
(home address)

This is to inform you that _____
(name of Minister of Health and Long-Term Care)

Minister of Health and Long-Term Care for the Province of Ontario, has reasonable cause to believe that you are suffering from mental disorder of a nature or quality that likely will result in:

Check
Box(es)

- serious bodily harm to yourself; or
- serious bodily harm to another person.

unless you are placed in the custody of a psychiatric facility and has by Order dated


Aug 20/10, authorized your custody in a psychiatric facility for up to 72 hours.
(date of order) (day / month / year)

You have the right to retain and instruct a lawyer without delay.

Aug 20/10
(date)

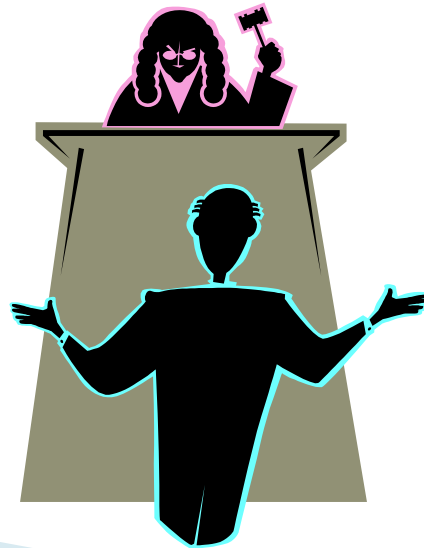
[Signature]
(signature of attending physician)

What's wrong with this Form 1?


- ▶ Physician address could be more specific
 - ▶ “witnessed attempt to self harm” should be in facts communicated by others
 - ▶ Could be more specific with self harm attempt
 - ▶ Could be specific about what “this” is
 - ▶ Box A – Future test not checked off
 - ▶ No evidence of mental disorder documented in Future test
 - ▶ Times are not specific – AM vs PM?
- 

What's wrong with this Form 1?

- ▶ No time documented when Form 42 delivered
- ▶ Boxes checked off in Form 42 do not correspond to Form 1
- ▶ Future test not checked off in Form 42
- ▶ Part II should be left blank
- ▶ Original Form 42 was in the chart



Some logistics

- ▶ Photocopy of the Form 42 for the chart.
 - ▶ ORIGINAL Form 42 stays with the patient
 - If the original Form 42 makes its way into the chart, please give it back to the patient
 - ▶ If transferring a patient to another hospital on a Form 1, the ORIGINAL Form 1 goes with the patient
 - ▶ On medical/surgical floors, constant sitter must be ordered
 - We are now LEGALLY responsible for keeping the patient in hospital.
- 

Cancelling a Form 1



Ministry
of
Health

Form 1
Mental Health Act

Cancel Form 1
Sept 9, 2014, 9AM
Examining Physician

Application by Physician for
Psychiatric Assessment

Clear Form

Name of physician Dr. Examining Physician
(print name of physician)

Physician address St. Michael's Hospital, 30 Bond Street, Toronto ON
(address of physician)

Telephone number (416) 864-6060 Fax number ()

On Sept 9th, 2014 I personally examined Mr. John Doe
(date) (print full name of person)

whose address is NFA
(home address)

*You may only sign this Form 1 if you have personally examined the person within the past seven days.
In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons
who are incapable of consenting to treatment and meet the specified criteria test) below.*

The Escaped Patient

- ▶ Only physicians who have seen the patient in the past 7 days can fill out a Form 1
- ▶ Police must be called
- ▶ Original Form 1 must go with the police
- ▶ Leave the below section blank
 - Sign the below and give Form 42 when patient returned to hospital

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

_____	_____
(Date and time detention commences)	(signature of physician)
_____	_____
(Date and time Form 42 delivered)	(signature of physician)

(Disponible en version française)

8427-41 (00/12) 7530-4972



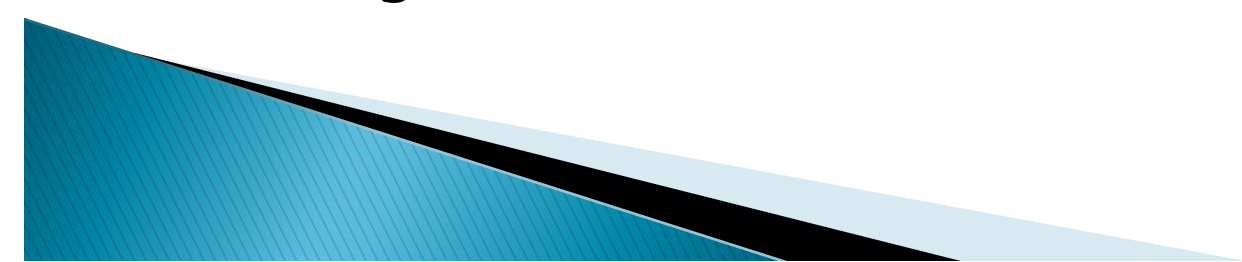
Other Forms

- ▶ Form 2: Order for Examination
 - Members of the public concerned about their loved ones go to Justice of the Peace to fill out a Form 2
 - Gives police *7 days* to bring someone to hospital
 - Same criteria as Form 1 both Box A & B
 - Then assessed for Form 1 vs voluntary vs discharge
- ▶ Form 9: Order for Return
 - To police in addition to missing persons report
 - regarding someone who is 'subject of detention' ie Form 1, Form 3, Form 4....



Other Forms

- ▶ Form 3: Certificate of Involuntary Admission
 - Same criteria as Form 1 both Box A & B
 - Form 3 lasts 14 days
 - Form 30 is given to patient as notice of certification
 - Rights advice must be notified
- ▶ Form 4: Certificate of Renewal
 - Form 30 is given to patient as notice of renewal
 - 1st Form 4 lasts one month, 2nd lasts two months, 3rd lasts three months
 - Rights advice must be notified




Form 3

- ▶ MD to complete
- ▶ Different MD from Form 1
- ▶ 14 days
- ▶ Documentation must support
- ▶ When **ADMITTED** to Schedule 1 facility
- ▶ From either voluntary or involuntary status
- ▶ Activates rights advisor process

Certificate of Involuntary Admission

Ministry of Health Form 3 Mental Health Act

 Ontario

Name of patient _____
(print name of patient)

Name of physician _____
(print name of physician)

Name of psychiatric facility _____
(name of psychiatric facility)

Date of examination _____
(date)

I hereby certify that the following three pieces of information are correct:

1. I personally examined the patient on the date set out above.
2. I am of the opinion that the patient named above is not suitable for voluntary or informal status.
3. Complete one or more boxes as appropriate.
 - I am of the opinion that the patient named above meets the criteria set out in Box A. (please complete Box A below)
 - I am of the opinion that the patient named above meets each of the criteria set out in Box B. (please complete Box B below)

Box A – Risk of Serious Harm

Note: Check one or more boxes as appropriate.

The patient is suffering from mental disorder of a nature or quality that likely will result in:

- serious bodily harm to the patient,
- serious bodily harm to another person
- serious physical impairment of the patient

unless he or she remains in the custody of a psychiatric facility.

Box B – Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria

Note: The patient must meet all of the following five criteria.


1. The patient has been found incapable, within the meaning of the Health Care Consent Act, 1996 of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained.
2. The patient has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: (please indicate one or more)
 - serious bodily harm to the patient,
 - serious bodily harm to another person,
 - substantial mental or physical deterioration of the patient, or
 - serious physical impairment of the patient;

(Disponible en version française) See reverse.

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Form 30

- ▶ Notifying the pt that they are now involuntary on either F3 or F4
- ▶ Outlines reasons for detention
- ▶ Right to review board hearing
- ▶ Original to the pt, copy on the chart

 Ministry of Health **Form 30**
Mental Health Act

Notice to Patient under Subsection 38(1) of the Act

To: _____
(print name of patient)

of _____
(home address)

This is to inform you that you are being detained under the authority of a

Under Section 20 { Certificate of Involuntary Admission (*Form 3*)
or
 Certificate of Renewal (*Form 4*)

which expires on _____
(date of expiry)

I completed this certificate on _____
(date)

Part A and/or Part B must be completed

Part A
I am of the opinion that

a) you are suffering from mental disorder of a nature or quality that likely will result in,

- serious bodily harm to yourself;
- serious bodily harm to another person,
- serious physical impairment of you,

unless you remain in the custody of a psychiatric facility; and

b) that you are not suitable for admission or continuation as an informal or voluntary patient.

Part B
I am of the opinion that

a) you have previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in

- serious bodily harm to yourself,
- serious bodily harm to another person,
- substantial mental or physical deterioration of you, or
- serious physical impairment of you;

b) you have shown clinical improvement as a result of the treatment;


c) you are suffering from the same mental disorder as the one for which you previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française) *See reverse.*

1075-41 (00/12/7) 7520-4275

Form 5

- ▶ The form that cancels a Form 3,4
- ▶ Immediate termination of involuntary status
- ▶ Can be at any time during the inpatient stay
- ▶ Completed by MD
- ▶ Pt can remain as a voluntary pt in hospital or d/c

 Ministry of Health

Form 5
Mental Health Act

**Change to Informal or Voluntary Status
Subsection 20(7) of the Act**

I, _____ the undersigned
(print name of physician)

attending physician, hereby terminate the involuntary status of

(print full name of patient)

(print name of psychiatric facility)

who shall now be continued as an informal or voluntary patient.

I last examined the patient on _____
(date)

The most recent Certificate of Involuntary Admission or Certificate Renewal with regards to this patient was signed on _____
(date)

The decision to terminate the involuntary status of the patient is based on the following factors:

Date _____
(day / month / year)


(signature of attending physician)

1972-41 (00/12)* 7530-4038

Form 33

Notice to Patient for Incapacity to:

- Consent to collection or disclosure of personal health info
- ▶ Manage property
- ▶ *Consent to treatment of a mental disorder

 Ministry of Health Form 33
Mental Health Act

Notice to Patient under Subsection 59(1) of the Act and under Clauses 15(1) (a) and 15.1(a) of Regulation 741

To: _____ (print name of patient)
of _____ (home address)

This is to inform you that on _____ (date of determination)
I, _____ (print name of physician), have made a determination

that you

Check appropriate box(es):

1. <input type="checkbox"/> are not mentally capable to consent to the collection, use or disclosure of personal health information within the meaning of the Personal Health Information Protection Act, 2004	1. Form P-1
2. <input type="checkbox"/> are not mentally capable to manage your property	2. Form 18
3. <input type="checkbox"/> are not mentally capable to consent to treatment of a mental disorder ("treatment" within the meaning of the Health Care Consent Act)	3. Form A

Form patient uses to challenge findings:

Check where appropriate:

1. <input type="checkbox"/> A certificate of incapacity to manage property has been issued	1. Form 21
2. <input type="checkbox"/> A certificate of continuance has been issued	2. Form 24

If you wish to challenge this (these) determination(s), you have the right to a hearing before the Board. You may apply for a hearing by completing the relevant form noted above.

Application forms are available from a Rights Adviser, this facility and the regional offices of the Board.

(date)

(signature of physician)

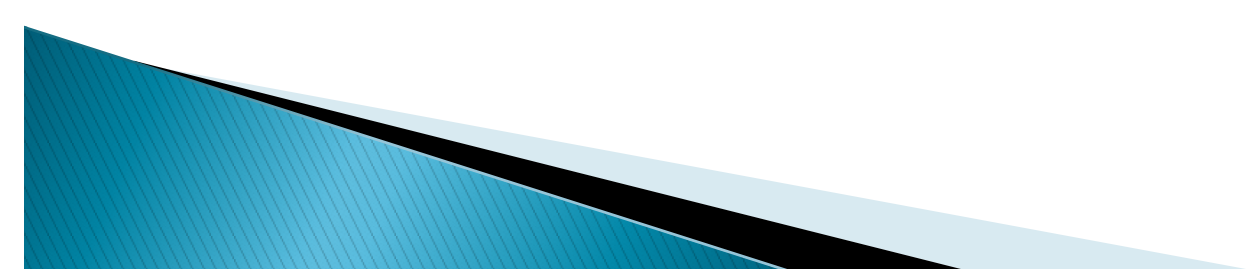
(print name of physician)

(print name of psychiatric facility)

(Disponible en version française) ©Queen's Printer for Ontario, 2004 See reverse. 7530-4324

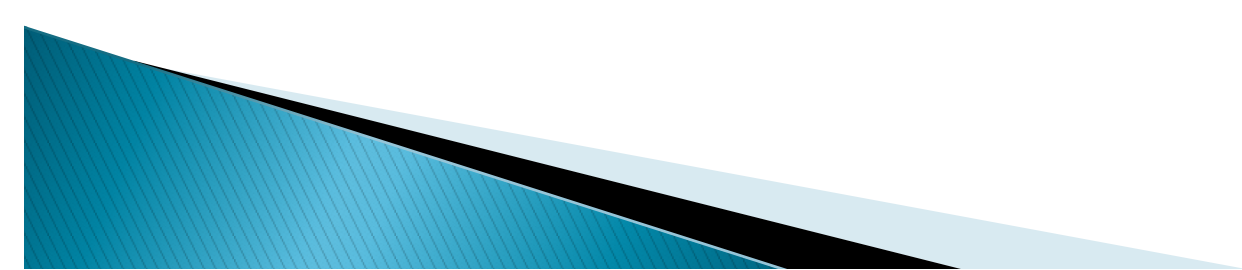
Health Care Consent Act (HCCA)

- ▶ The Mental Health Act in Ontario allows us to assess (Form 1) and also to detain (Form 3) for set periods of time
- ▶ Does the MHA allow us to treat mental disorders?
- ▶ Emergency treatment is allowed in the event of significant morbidity or mortality
- ▶ HCCA defines how non-emergency treatment should be provided (Form 33 notifies)



Consent and Capacity

- ▶ What is informed consent? Is the pt capable?
- ▶ Specific to a treatment, not static!
- ▶ Understand: cognitive processing of the factual aspects of the mental/medical condition and the treatments proposed
- ▶ Appreciate: ability to consider the consequences of the decision to treat or not to treat



Capacity Assessment for Mental Disorders

- ▶ Begin by determining what mental condition the pt has (i.e. Diagnosis)
- ▶ What is the treatment being proposed?
- ▶ Determine whether pt understands if he/she has a mental condition and appreciates the risk/benefits/alternatives of the treatment
- ▶ Document this in the chart, and tell the patient
- ▶ Use Form 33 to notify pt of your finding
- ▶ Notify Rights Advisor
- ▶ **for incapacity for treatment of MEDICAL issues, no Form 33 is issued – Rights Advisor not notified*

Substitute Decision Maker (SDM) hierarchy

Incapable Patients

If the physician determines that a patient is incapable of consenting to a treatment, the physician must identify and obtain consent from an appropriate substitute decision-maker.


The *HCCA* sets out the following hierarchy of individuals/agencies who may give or refuse consent:¹²

1. Guardian¹³
2. Attorney for personal care
3. Representative appointed by Consent and Capacity Board
4. Spouse or partner¹⁴
5. Child or parent or individual/agency entitled to give or refuse consent instead of a parent (this does not include a parent who has only a right of access)
6. Parent with right of access only
7. Brother or sister
8. Any other relative (related by blood, marriage or adoption¹⁵)
9. Public Guardian and Trustee

Consent online resource

- ▶ <http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/Consent.pdf>

CPSO POLICY STATEMENT		POLICY 4-05
Consent to Medical Treatment		
APPROVED BY COUNCIL:	February 2001	
REVIEWED AND UPDATED:	September 2005	
PUBLICATION DATE:	January/February 2006	
TO BE REVIEWED BY:	September 2010	
KEY WORDS:	Consent, Capacity, Treatment, Substitute Decision-maker	
RELATED TOPICS:	Confidentiality, Mandatory Reporting, Medical Records	
LEGISLATIVE REFERENCES:	<i>Health Care Consent Act, 1996; Ontario Regulation 856/93, as amended (made under the Medicine Act, 1991)</i>	
REFERENCE MATERIALS:	<i>Consent: A Guide for Canadian Physicians, Third Edition, The Canadian Medical Protective Association, 1996; A Guide to the Health Care Consent Act, CPSO, 1996; Consent to Treatment: A Brief Overview of the Law in Ontario, Michael Bay, 1998</i>	
COLLEGE CONTACT:	Physician Advisory Service	

 **COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

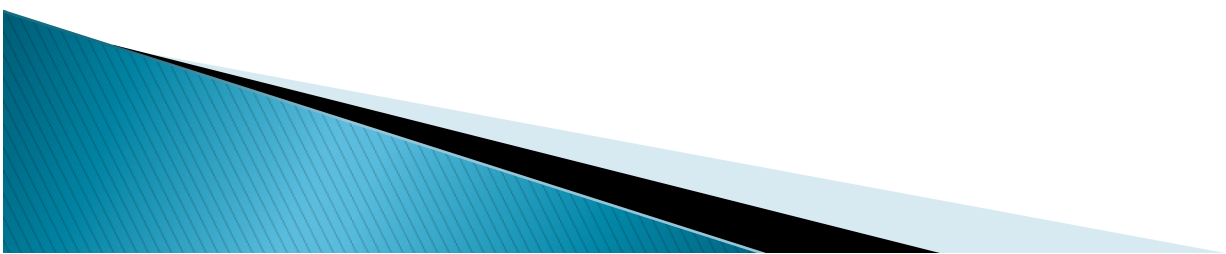
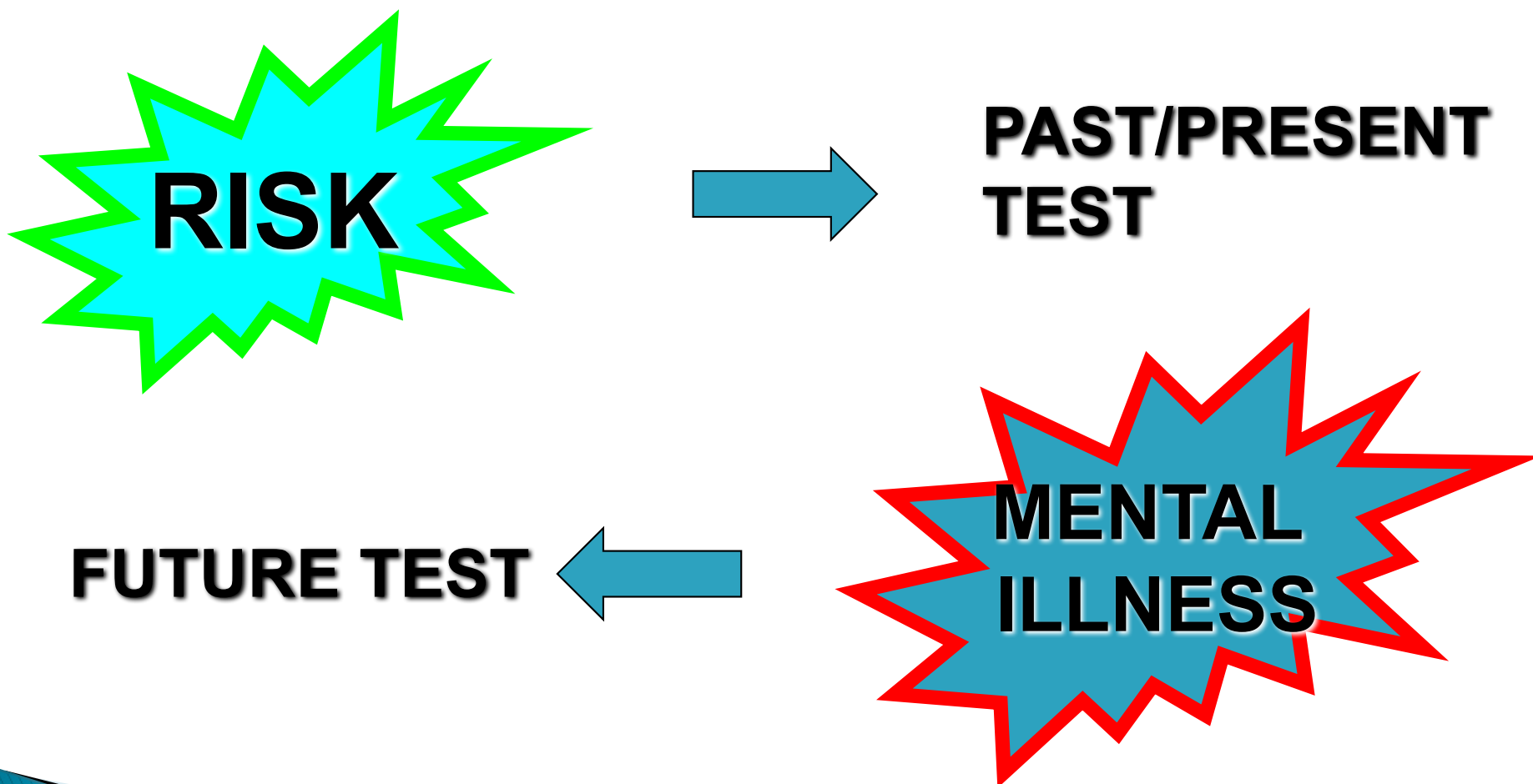
Where do you find the Forms?

http://www.health.gov.on.ca/en/public/forms/mental_fm.aspx

The screenshot shows a web browser window displaying the Ontario Ministry of Health and Long-Term Care website. The page is titled "Public Information" and features a search bar and a navigation menu. The main content area is titled "Forms" and "Mental Health". It provides instructions on how to view and print forms, including a note that filled-in forms cannot be saved. Below this, there is a section titled "Approved Forms" which lists various forms with their respective numbers and descriptions.

Form Number	Form Description	Action
1118-41	Application for Volunteer Service	FILL & PRINT
3780-41	Community Treatment Order (CTO) Information Record	FILL & PRINT
1972-41	Form 5 - Change to Informal or Voluntary Status Subsection 20(7) of the Act	FILL & PRINT
1977-41	Form 7 - Confirmation by Attending Physician of Continued Involuntary Status under Subsection 48(12) of the Act	FILL & PRINT
6431-41	Form 9 - Order for Return, Subsection 28(1) of the Act	FILL & PRINT
6432-41	Form 10 - Memorandum of Transfer, Subsection 29 (1) of the Act	FILL & PRINT
1978-41	Form 11 - Transfer to a Public Hospital, Subsection 30(1) of the Act	FILL & PRINT
6435-41	Form 15 - Statement by Attending Physician under Subsection 35(6) of the Act	FILL & PRINT
6436-41	Form 16 - Application to the Board to Review a Patient's Involuntary Status under Subsection 39(1) of the Act	FILL & PRINT

2 CONCEPTS..... FORM 1



Conclusions

- ▶ The Form 1 is an application for psychiatric assessment that ANY physician can fill out
 - ▶ In filling out a Form 1, do not leave any holes for lawyers
 - Make sure there is no ambiguity in the patient, or hospital or date/time
 - Record evidence of RISK and evidence of MENTAL DISORDER
 - Sign the Form 1 THREE times
 - ▶ The original Form 42 should be with the patient and not in the chart
 - ▶ The assessment of capacity is TREATMENT specific
- 