



THE MENTAL HEALTH ACT

MENTAL HEALTH ORIENTATION

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Objectives



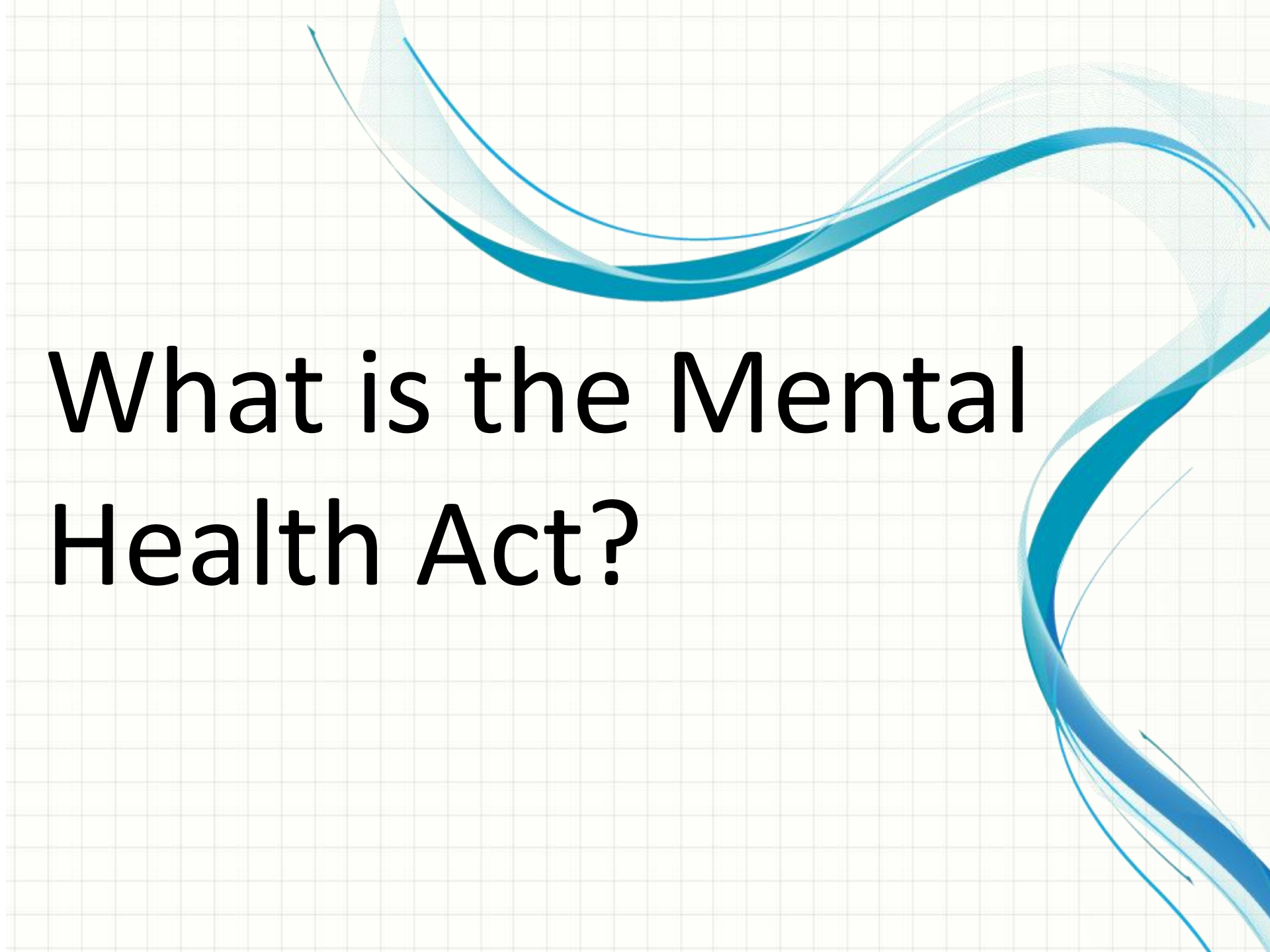
Review the Mental Health Act



Have a look at the Forms



Ask questions

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What is the Mental Health Act?

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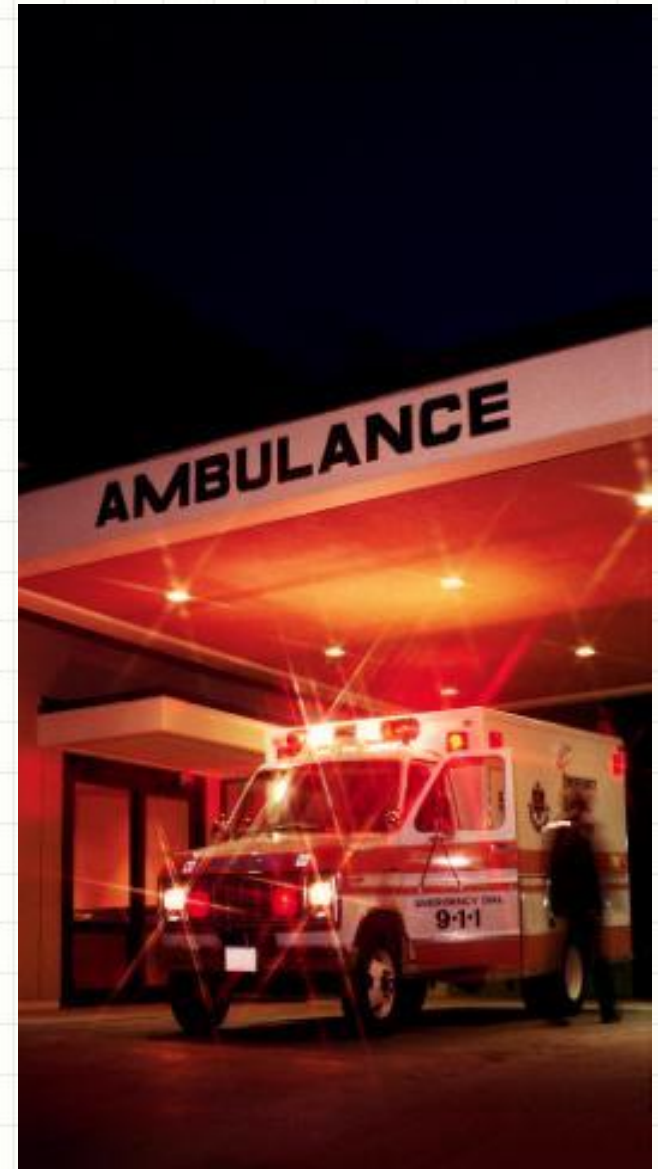
- Provincial legislation regulating mental health care in Ontario
- Regulates the assessment, admission & treatment of a person with a mental disorder in a psychiatric facility
- Defines the rights of patients in psychiatric facilities



**HOW DOES A PERSON GET ADMITTED
TO A PSYCHIATRIC FACILITY?**

From Community to ED

- Voluntarily
- Under the order of someone else
 - Form 1
 - Form 2
 - Independent Statutory Authority of Police—section 17
 - Form 3 or 4



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Mental Health Act

The Forms

Form 1

Application for Psychiatric Assessment



Ministry
of
Health

Form 1
Mental Health Act

Application by Physician for
Psychiatric Assessment

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

Form 1

- Provides **detention** to allow assessment of a person's mental state
- This can only occur when the MD reasonably believes the person is at risk of self harm, harm to others or unable to care for self without psychiatric treatment
- Valid for up to 72 **hours**
- Completed by MD
- Can be stopped by any MD when not required
- If patient leaves without authorization police can be notified to return patient

Form 42

Notice to Patient



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

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;

(Dépouiller en version française)

See reverse
755-427

Form 42

- Notification to the patient that he or she is now on a Form 1 and the reason why
- Completed by MD who is detaining the patient at the psychiatric facility
- Must be given promptly to the patient
- Original is given to patient and documented on Form 1 when it was given

Form 2

Order for Examination under Section 16

- Filled out by a Justice of the Peace, based on information presented by other members of the public (which can include but is not limited to an MD)
- Similar criteria to Form 1 – danger to self or others &/or inability to care for self secondary to mental disorder
- Valid for 7 days -> not detainment just apprehension

Form 2

Order for Examination under Section 16

- Allows the police to bring a person to an appropriate place for psychiatric assessment
- **Patient must be assessed upon arrival, and either:**
 - placed on Form 1
 - admitted as a voluntary patient
 - allowed to leave without admission

Form 3

Certificate of Involuntary Admission



Ministry
of
Health

Form 3
Mental Health Act

Certificate of Involuntary
Admission

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;

(Disposable en version française)

See reverse.

Form 3

- Signed by a different MD than the Form 1-at LHSC this is done by psychiatrist
- Can last for up to 14 days
- Form 4 is the renewal form of a Form 3, lasting longer
- Person now becomes an involuntary patient

Form 30

Notice to Patient regarding Rights Advice



Ministry
of
Health

Form 30
Mental Health Act

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

To: _____
(print name of patient)

of _____
(print 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.

Form 30

- Notification to the patient she or he is on a Form 3 and why
- Completed by MD who completed Form 3 and given promptly to patient
- Patient will get rights advice about right to appeal

A Few Other Forms

Form 4

- An extension of a Form 3
- Longer and can be renewed

Form 9

- Order for Return
- If F1 or F3 patient AWOL's

Form 10

- Memorandum of Transfer
- F1 or F3 patient transferring

Form 5

- Change to Informal or Voluntary Status

There are many more Forms covered in the MHA, these are just those you are most likely to encounter.

Community Treatment Orders

- CTOs came into effect in Ontario on December 1, 2000, as part of the amendments to the MHA designed to deal with the “revolving door” patient.
- CTOs were introduced to facilitate the supervision of treatment in the community of persons who had experienced two or more admissions to a psychiatric facility or for a cumulative period of 30 days during the prior three-year period.

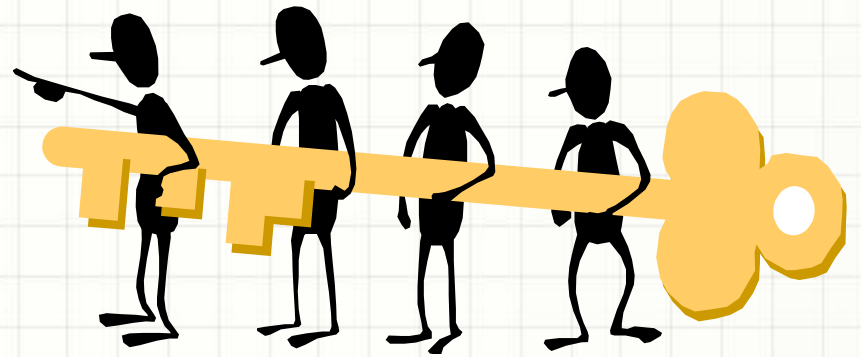
Community Treatment Orders

- As set out in the legislation itself, the purpose of CTOs is to get patients out of hospital and into the community where they may be provided with community-based treatment or care and supervision that is less restrictive than being detained in a psychiatric facility.
- The legislation goes on to provide that CTOs are directed at developing a comprehensive community treatment plan for the person who, “as a result of his or her serious mental disorder” experiences the following pattern

CTO

- *The person is admitted to a psychiatric facility where his or her condition is usually stabilized; after being released from the facility, the person often stops the treatment or care and supervision; the person's condition changes and as a result the person must be re-admitted to a psychiatric facility*
- *There are many rules and procedures*

Key Points



- A MHA form does suspend an individual's civil liberties
- MHA forms detain people, that is all. All treatment occurs with consent ONLY
- Treatment is facilitated by the use of the therapeutic relationship –observation and empathic listening are your most valuable skills.

Resources

Pg 1

LHSC Policy: Patient Search

LHSC Policy: Consent to Treatment

A Practical Guide to Mental Health and the Law in Ontario. OHA 2012

A Guide to Consent and Capacity Law in Ontario
2016 Edition (2015). D'Arcy Hiltz & Anita Szigeti.
LexisNexis Canada, Inc.

Resources

Pg 2

[Consent & Capacity Board of Ontario](#)

[Psychiatric Patient Advocacy Office](#)