



Psychiatric Patient Advocate Office

Current ORB/Forensic Issues from Client Perspective

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By:

**Cathy DiFonte, Patient Advocate
Julian Kusek, Patient Advocate**

Purpose

- To provide information about the PPAO, its advocacy and rights advice services
- To provide a brief overview of the ORB process
- To highlight current ORB related issues that clients encounter at Oak Ridge

PPAO: Background

- The first province-wide advocacy program in Canada (1983)
 - to advance legal & civil rights of clients in provincial psychiatric hospitals
 - to provide safeguards against abuse/neglect
- Arm's length program of the Ministry
- Services are confidential and independent
- Operates under MOU between PPAO Director and Minister

PPAO: Current Jurisdiction

- Full Advocacy and Rights Advice services:
 - 10 Mental Health Centres
- Rights advice only:
 - Schedule 1 facilities (54) - MOUs
 - Individuals being considered for Community Treatment Orders (CTO) & their substitute decision-makers (if any)

PPAO Core Services

- **Instructed and non-instructed advocacy**
- **Systemic advocacy**
- **Rights advice**
- **Education**

PPAO Core Services

- **Instructed and non-instructed advocacy**
 - Speaking in support of individual concerns or needs
 - Following client instructions
 - Client centered, not best interest
 - Least contest approach

- **Systemic advocacy**
 - Addresses issues which impact the rights, quality of life and care of a large number of consumers of mental health services
 - Focuses on law or policy reform at provincial, local or facility levels

PPAO Core Services

■ **Rights advice**

- Process by which clients in psychiatric facilities are informed of their rights when their legal status has been changed
- Mandated by legislation

■ **Education**

- For clients, families, health professionals and other stakeholders
- Presentations for employee orientation, student nurses
- Stigma and discrimination
- Website: over 3.0 million pages downloaded annually

Advocacy & Rights Advice Provincial Activity Profile (2007)

- **Individual Advocacy:**
 - 4,140 legal, therapeutic and social issues
- **Advocacy Interventions:**
 - 12,295 actions carried out to address client issues
- **Mental Health Centres:**
 - 6,884 visits
- **Schedule 1 facilities:**
 - 16,254 visits
- **Applications to the Consent and Capacity Board:**
 - 1,172 forms from MHC & 2,363 from Schedule 1

Ontario Review Board - Overview

Court determines that an individual found Unfit to Stand Trial or Not Criminally Responsible (NCR) because of mental disorder, then they are placed under the jurisdiction of the Ontario Review Board.

Ontario Review Board Panel

- ORB panel consists of
 - Psychiatrist
 - Mental health professional, such as a psychiatrist or psychologist
 - Lawyer
 - A person from the community with a background in mental health
 - Chairperson is either a senior lawyer or retired justice

ORB cont'd

- The Ontario Review Board panel is responsible for deciding issues such as:
 - Level of security
 - If the individual should go to a hospital and
 - If so, designate the hospital
 - When the individual can have privileges to go back into the community

ORB cont'd

- The panel would hear evidence from the individual's lawyer, psychiatrist and on occasion, other people, such as a family member or another specialist.
- The hospital submits a report to the ORB giving the history and progress.

Hearing Outcomes

- The Ontario Review Board decides what will be the “least onerous and least restrictive” disposition, keeping in mind, safety, treatment needs and safety of the public.
- If a client has been found NCR, the ORB hearing can have one of three possible outcomes:
 - Absolute discharge
 - Conditional discharge
 - Detention

Hearing Outcomes cont'd

■ Absolute Discharge

- The Criminal Code of Canada states that the ORB must grant an absolute discharge if the individual does not pose “a significant threat to the safety of the public”
- Absolute discharge means that the client is no longer under the authority of the ORB and is free to live within the community

Conditional Discharge

- An individual may be given a conditional discharge
- This means they are no longer required to live in the hospital but must follow the conditions set by the ORB
- They might include reporting to the hospital and giving urine samples to test for alcohol or drug use
- They must continue to attend annual ORB hearings

Detention

- This means that the ORB believes the individual would be a significant threat to the public if released.
- The client would remain under the authority of the ORB and have another hearing in one year
- A client may have “an early board”

Contents of Disposition Order

- Once the hearing takes place the ORB will make a disposition within two weeks of hearing, it includes:
 - Whether client should be placed in the community, with regular hospital visits.
 - Whether client should be hospitalized
 - What level of security client requires
 - What types of privileges client can have
 - What conditions client must obey

Privileges

The disposition will list the privileges. It may include increasing amounts of freedom. The clinical team will decide what level of privilege client start with as long as the privileges are allowed by client's ORB disposition.

Current Client Issues

Current Issues

- Walk program
- Significant delay in transfers to less secure facilities
- Vocational Therapy and Least Restrictive Disposition Orders

Oak Ridge Overview

Provincial Forensic Hospital

- The maximum secure Oak Ridge facility serves male clients from across Ontario who cannot be properly managed in lesser secure mental health facilities in the province.
- It is comprised of:
 - an active socialization program
 - forensic assessment program
 - independent living program
 - structured intervention program.

Oak Ridge

- Antiquated physical plant
- Design of wards and rooms
- Built with high security features
- Living conditions
- Controlled access to certain areas
- Areas for recreation, vocational, education
- Visitors Complex
- Pool and Gymnasium

Walk Program

- Section 672.54 of the Criminal Code of Canada empowers the ORB to create dispositions detaining a client in hospital while subject to such considerations as the Board deems necessary.
- Past dispositions were limited
- The Board now hears submissions regarding the addition of discretionary escorted hospital and ground privileges for clients who are detained at Oak Ridge.
- Successful program for client well-being

Walk Program (cont'd)

- Part of Disposition Order
- ORB gives full discretion to the hospital
- Hospital applies its own criteria to a
- board issued privilege
- Staff assesses client's stability
- Hospital has level system

Walk Program (continued)

- Currently, the hospital has 68 clients out of a possible 138 on the walk program
- Walk program includes escorted ground privileges and various activities that we take for granted
- Behaviour augers well for next ORB hearing
- Frustrated clients unable to participate
- Management receptive to change in policy

Significant Delays in transfers

- ORB orders are to be executed forthwith to a specific facility named in disposition
- Clients encountering difficulties with “status quo” while awaiting transfer.
- “residual authority”
- Greater issue as Oak Ridge is only maximum secure – flow down to less secure
- Experiencing delays of six months and more
- We could see delays of 12 months (just in time for next ORB)
- Highest projection yet

Effect on client

- Double whammy – client is prejudiced
- No recent Habeas Corpus proceeding
- Practice of threat of Habeas Corpus and receiving hospital complies
- Issue of receiving hospital not ready and client may be in assessment too long
- Prejudice because delays next annual ORB hearing cycle
- Families frustrated as hard to visit
- Delay's client's progress/treatment
- Can deteriorate the longer client here
- Disposition orders not being followed forthwith.

Least Onerous, Least Restrictive

- Vocational therapy and least restrictive order
- Court found that client would be better placed at Oak Ridge as client had access to vocational services and
 - Conditions at CAMH more restrictive than Oak Ridge.
 - Vocational services had positive impact on client's self esteem and self worth.
 - Without access to such vocational therapy client would deteriorate.

Least Onerous, Least Restrictive

- Impact of this decision on client was devastating to the client
- Client was deprived of his hope to progress through the system.
- The ORB had recommended a transfer to medium security, MHCP appealed
- Client remained at Oak Ridge and abandoned his vocational services therapy
- The positive effect of his vocational therapy was lost
- What should not be taken from a person

PPAO Contact Information

MHCP Regional Office:

Cathy DiFonte, Patient Advocate (ext. 2385)

Julian Kusek, Patient Advocate (ext. 2389)

Tel: (705) 549-3181

Fax:(705) 549-3172

Website: www.ppaov.on.ca