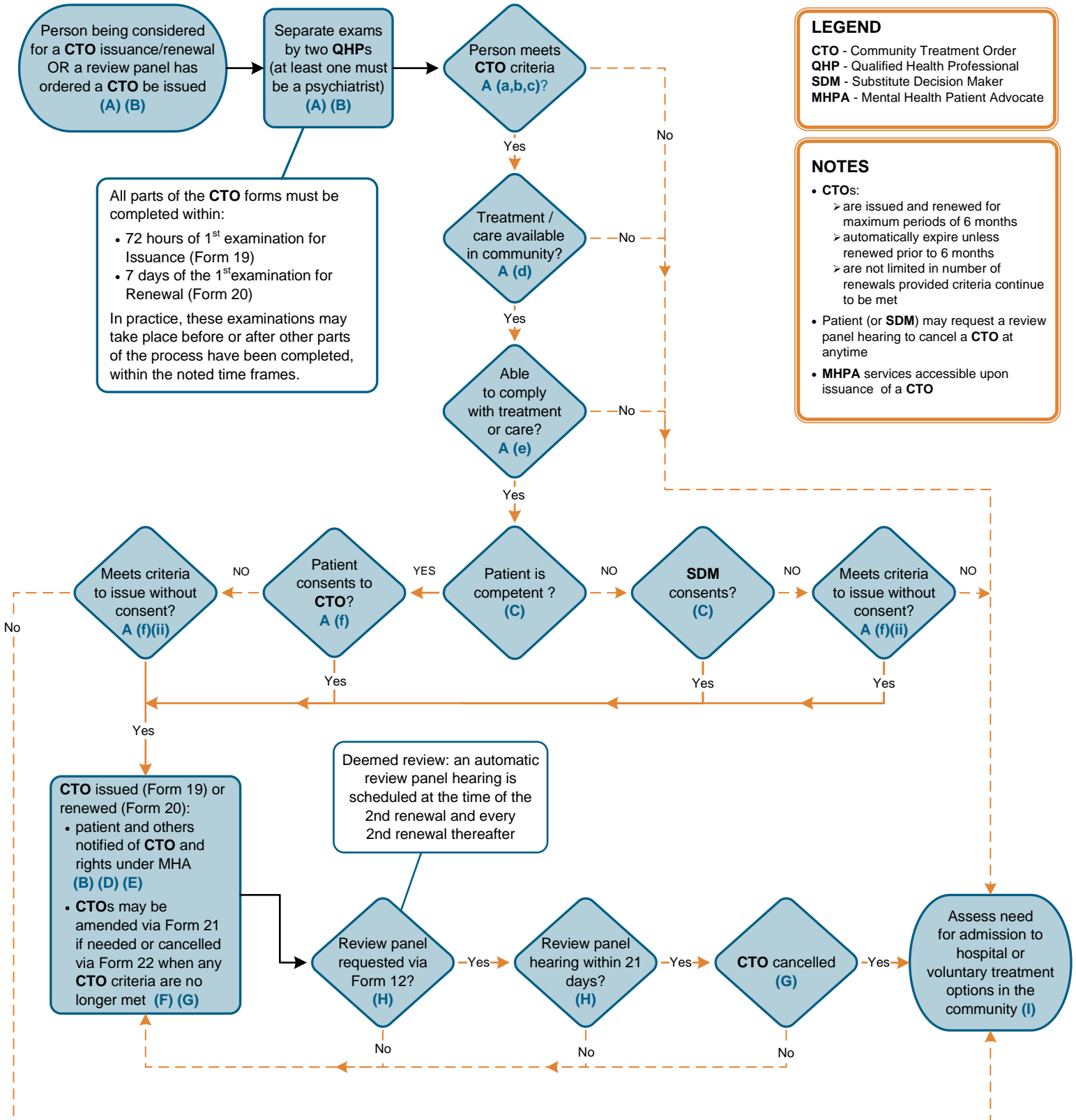


See Key Points for Reference Details A-I (over)

In Practice: Forms 19 and 20 are 6 part forms required for the issuance and renewal of a CTO respectively. The issuing QHP may determine a person meets the criteria for a CTO, but undertake treatment planning and obtain signatures under parts III and IV before the required examinations and completion of parts I and II of Form 19/20. Parts V and the Written Statement are usually the final parts to be completed.



LEGEND

- CTO - Community Treatment Order
- QHP - Qualified Health Professional
- SDM - Substitute Decision Maker
- MHPA - Mental Health Patient Advocate

NOTES

- **CTOs:**
 - are issued and renewed for maximum periods of 6 months
 - automatically expire unless renewed prior to 6 months
 - are not limited in number of renewals provided criteria continue to be met
- Patient (or SDM) may request a review panel hearing to cancel a CTO at anytime
- MHPA services accessible upon issuance of a CTO

All parts of the CTO forms must be completed within:

- 72 hours of 1st examination for Issuance (Form 19)
- 7 days of the 1st examination for Renewal (Form 20)

In practice, these examinations may take place before or after other parts of the process have been completed, within the noted time frames.

CTO issued (Form 19) or renewed (Form 20):

- patient and others notified of CTO and rights under MHA (B) (D) (E)
- CTOs may be amended via Form 21 if needed or cancelled via Form 22 when any CTO criteria are no longer met (F) (G)

Deemed review: an automatic review panel hearing is scheduled at the time of the 2nd renewal and every 2nd renewal thereafter

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Definition of Mental Disorder (MHA vs.(1)(g))

A substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs: judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include a disorder in which the resulting impairment is persistent and is caused solely by an acquired or congenital irreversible brain injury.

A. Criteria for CTO (MHA s.9.1(1))

Two QHPs - one **MUST** be a psychiatrist - may, issue a CTO with respect to a person if they meet a) through f):

- a. person is suffering from a mental disorder, and
- b. one or more of the following apply:
 - i. within the immediate preceding 3-year period the person has on two or more occasions, or for a total of at least 30 days,
 - A. been a formal patient in a facility **or**
 - B. been in an approved hospital or been lawfully detained in a custodial institution where there is evidence satisfactory to the two QHP that, while there, the person would have met the criteria (for a formal patient) at that time or those times, **or**
 - C. both A. and B. above
 - ii. the person has within the immediately preceding 3-year period been subject to a CTO
 - iii. in the opinion of the two QHPs, the person has, while living in the community, exhibited a pattern of recurrent or repetitive behavior that indicates that the person is likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, if the person does not receive continuing treatment or care while living in the community, **or**
 - iv. a review panel has ordered a board to issue the CTO under MHA s.41,
- c. Two QHPs, after separate examinations of the person within the immediately preceding 72 hours, are both of the opinion that the person is within a reasonable time, likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, if the person does not receive continuing treatment or care while living in the community, **and**
- d. treatment or care the person requires exists in the community, is available to the person, and will be provided to the person, **and**
- e. in the opinion of each QHP, the person is able to comply with the treatment or care requirements set out in the CTO, **and**
- f. either,
 - i. consent to the issuing of the CTO has been obtained,
 - A. from the person, if they are competent, **or**
 - B. in accordance with section 28(1), if they are not competent

or
 - ii. consent to the issuing of the CTO has NOT been obtained, but in the opinion of the issuing QHPs,
 - A. person has, while living in the community, exhibited a history of not obtaining or continuing with treatment or care that is necessary to prevent the likelihood of negative effects to the person, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, or of harm to others, **and**
 - B. a CTO is reasonable and would be less restrictive than retaining the person as a formal patient

B. Issuing/Renewing a CTO

(MHA s.9.1, s. 9.2, s. 9.3; CTO Reg. s. 1-2)

- Renewal criteria are the same as issuance criteria (see A) except the allowable time between the first examination and completion of all parts of the prescribed form is 7 days instead of 72 hours.
- "Issuing qualified health professional" means the QHP who last issued, renewed, or amended a CTO.
- Examinations for the purposes of issuance or renewal may be conducted remotely using any means considered appropriate by the examining QHP, including, but not limited to, video conference.
- A CTO is valid for 6 months and can be renewed any time before its expiry.
- Formal patient admission or renewal certificates are automatically cancelled upon the issuance of a CTO.

C. Mental Competency (MHA s.26, s. 28)

Competency means that a person is able to understand the subject matter relating to, and the consequences of, making treatment decisions or giving consent and the consequences of not doing so.

When a physician determines a person subject to a CTO is incompetent to make treatment decisions, these decisions may be made by the:

- a. agent of the person (under an enacted personal directive)
- b. guardian of the person on a CTO
- c. nearest relative as defined in section 1(i), or
- d. Public Guardian (last resort)

The nearest relative option is not utilized when an agent or guardian is in place. The SDM shall make the treatment decisions in the best interest of the person.

D. Form Requirements (MHA s.9.1(2) CTO Reg. s.4)

Must be written on the correct and most current version of the form (Form 19 or 20)

- Identify and be signed by the issuing QHP, a second examining QHP, the supervising QHP (if different from issuing QHP) and all treatment providers
- Contain the dates and location (city/town & facility) of the examinations, the rationale/ facts from which the examining QHPs formed their opinions and the treatment and care to be provided
- ❖ if the treatment and care plan requires services provided by the regional health authority (i.e., AHS), a person authorized to approve the service must sign the CTO (e.g., Program Manager).

E. Notification of CTO Issuance, Amendment and Renewal

(MHA s.14(1.1), s. 14(2), s. 14(4) CTO Reg. s.7, s.8)

Who to notify:

- Person subject to CTO
- SDM under MHA s. 28 (if any) (see C above)
- Issuing QHP
- Supervising QHP
- ALL treatment providers named in the CTO
- Nearest relative (unless patient objects on reasonable grounds)
- One person designated by person subject to CTO (if any)

What to include in the notification:

- Copies of issued, amended, or renewed CTO
- Written statement (of Forms 19, 20, or 21) with the following requirements in simple language, using an interpreter if required ❖:
 - ✓ reason & authority for issuance, amendment, or renewal of CTO
 - ✓ function & contact information of the review panels
 - ✓ right of the person subject to the CTO to apply for a review panel hearing to cancel a CTO
- ❖ only for person subject to CTO or their SDM

F. Amendment Considerations (MHA s. 9.4)

- A CTO can be amended by a QHP.
- An amendment must be on Form 21 with copy of most recent CTO (Form 19 or 20) attached.
- If medication is stated by class (e.g., "antidepressant" in Part III of a Form 19 or 20), adjustments within that class of medication do not require an amendment.

G. Cancellation/Expiry (MHA s.9.2, s.9.5; CTO Reg. 8(2))

- A CTO can only be cancelled by a psychiatrist, review panel decision, or Court of King's Bench.
- If the supervising QHP is not a psychiatrist, consultation with a psychiatrist when CTO criteria no longer met is required to complete Form 22.
- Supervising QHP to issue notice of the expiry of a CTO on Form 22.
- All individuals notified of the issuance, amendment, or renewal of a CTO (see E), as well as the physician or nurse practitioner who treats the person in their ordinary day-to-day health care needs (if known) requires notification of expiry or cancellation, along with any recommendations for treatment.

H. Review Panel (MHA s.34-43; CTO Reg. 9(1))

- The person subject to a CTO or anyone on their behalf, may apply for a review panel hearing via Form 12 to cancel a CTO.
- Review panel is composed of a chair or vice-chair (must be lawyers), a psychiatrist & a member of the public.
- Review panel to be held within 21 days of the chair receiving the application, and their decision to be issued within 48 hours of the hearing.
- The person subject to a CTO has the right to legal representation at all review panel hearings.
- Issuing QHP to send copy of renewal forms to review panel for deemed applications.
- Any decision or order of the review panel may be appealed to the Court of King's Bench.

I. Non-CTO Clinical Considerations

- When a person does not meet the criteria for a CTO, the CTO has expired or has been cancelled, care providers should consider:
 - need for hospital admission either as a formal patient (see MHA s.2 for admission criteria) or as a voluntary patient.
 - any treatment recommendations the person may be willing to accept voluntarily.

Additional Information

- Informed consent to treatment is a separate process from consent to CTO.
- Treatment providers are responsible to obtain and appropriately document informed consent for the treatment they provide.
- In addition to the prescribed MHA forms referenced, all providers are expected to follow professional standards and organizational guidelines for documentation.