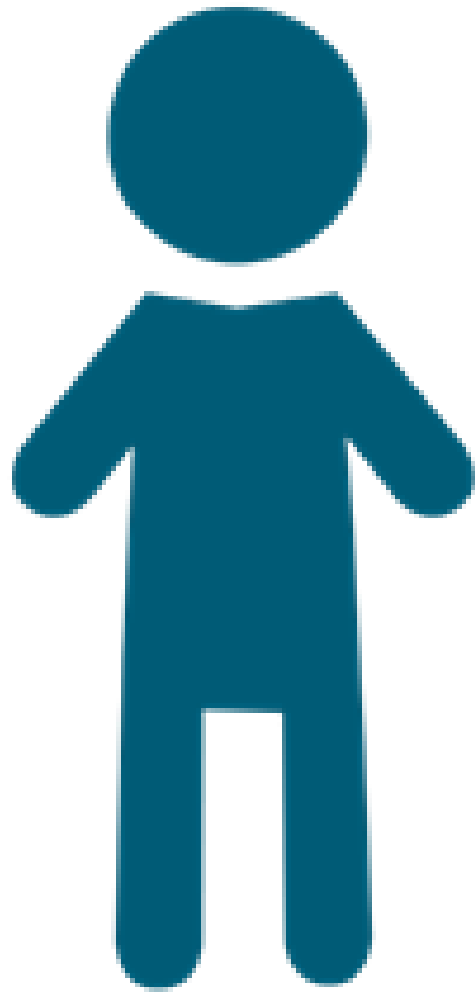
A stylized dark blue outline of a human head in profile, facing right. The brain area is filled with a white rectangle containing text. Surrounding the head are decorative elements: red plus signs, red exclamation marks, and yellow dots.

# ***Alberta Mental Health Act: Social Disorder and Urban Crime***

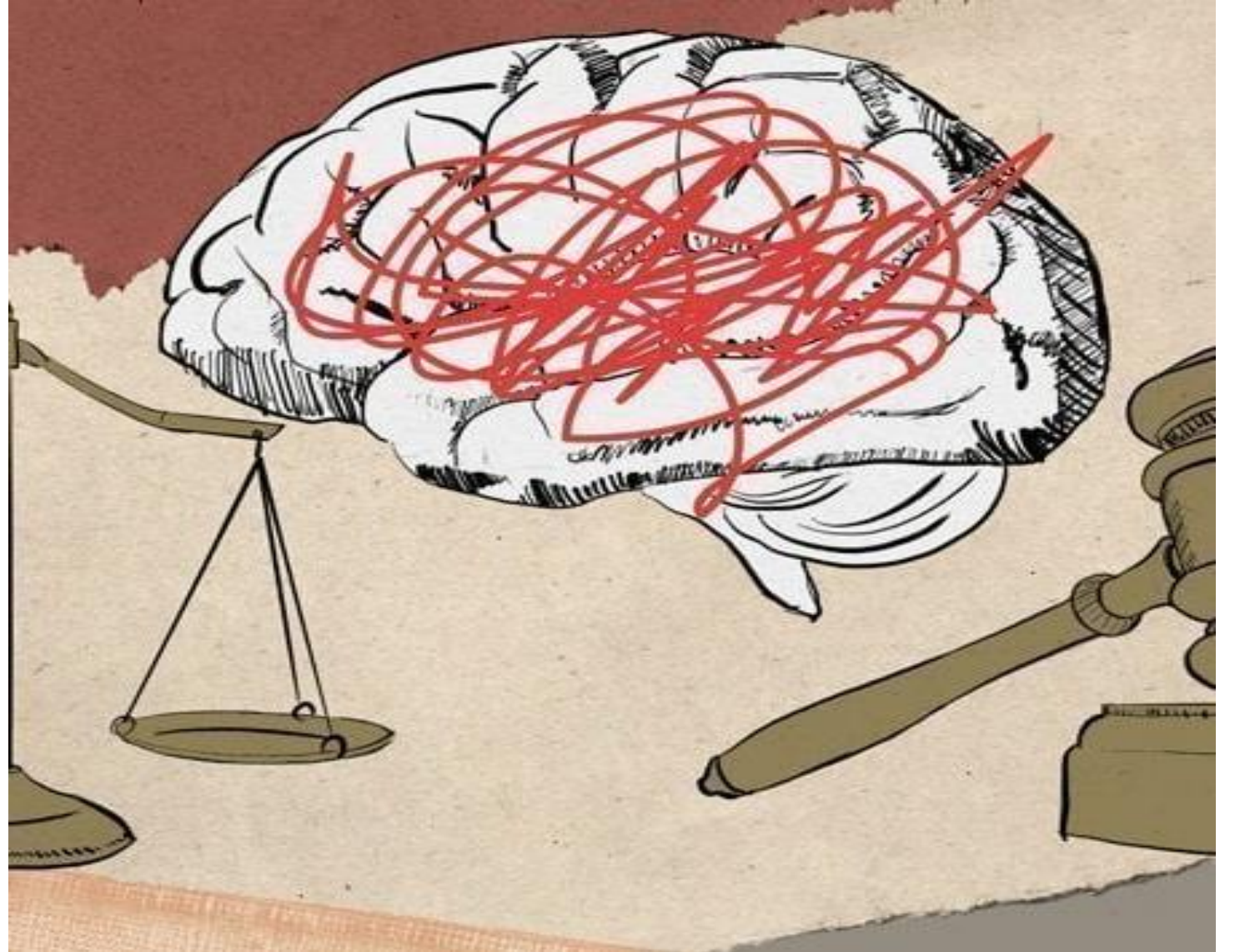
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Deborah E. Prowse, KC

Chair Mental Health Review Panel (Calgary South)



# History



# *Mental Health Act*

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Sets out the authority, criteria, procedures and timelines for the apprehension, detention, admission, and treatment of an individual as a formal patient

---

Sets out separate criteria and conditions for supportive treatment of persons living in the community under community treatment orders.

# Mental Disorder

- Defined as a **substantial disorder of thought, mood, perception , orientation or memory**

that **grossly impairs judgment, behaviour, 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.



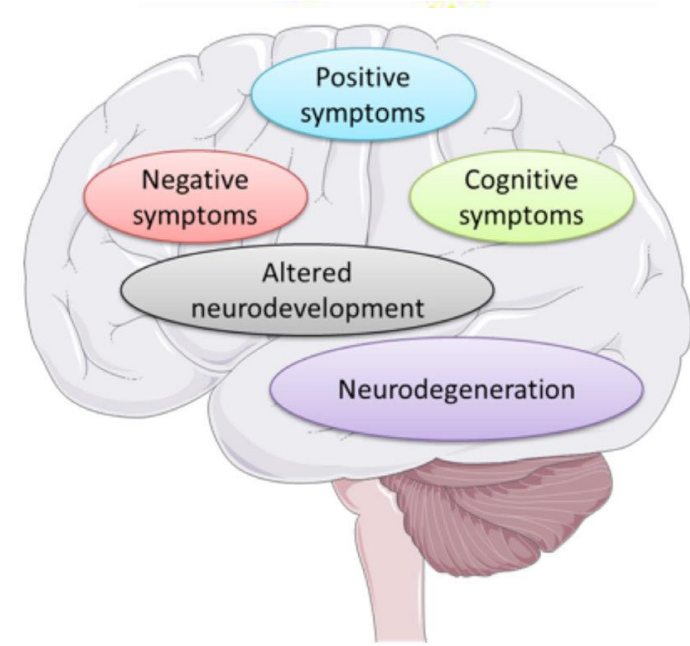
Specific diagnosis is not the issue under this definition

# Schizophreniform Schizophrenia



Complicated : alcohol, intellectual disability, personality disorders (narcissistic, antisocial, borderline, PTSD, ADHD, oppositional defiance disorder

# Schizophreniform Schizophrenia Schizoaffective disorder



Complicated : alcohol, intellectual disability, personality disorders (narcissistic, antisocial, borderline, PTSD, ADHD, oppositional defiance disorder





Schizophreniform  
Schizophrenia  
Schizoaffective disorder  
Bipolar disorder  
Major Depressive Disorder

## Mania

Daydreaming or  
Racing Thoughts

Difficulties  
in sleeping



Highly  
energetic

Feeling of  
over exhilaration



Inflating  
self-esteem

Complicated : alcohol, intellectual disability, personality disorders (narcissistic, antisocial, borderline, PTSD, ADHD, oppositional defiance disorder)

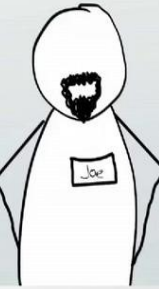




Schizophreniform  
Schizophrenia  
Schizoaffective disorder  
Bipolar disorder  
Major Depressive Disorder  
Delusional disorder  
Postpartum psychosis  
Substance Induced Psychosis  
Brief Psychotic Break

#### DIAGNOSIS

- 1. *Non-bizarre delusions*
- 2. *Absence of obviously odd behavior*
- 3. *Absence of hallucinations, or hallucinations that are infrequent*
- 4. *No memory loss, medical issue, or drug use is responsible for the delusions*
- 5. *Any mood disorders do not last as long as the delusion*



Complicated : alcohol, intellectual disability, personality disorders (narcissistic, antisocial, borderline, PTSD, ADHD, oppositional defiance disorder)

# Symptoms of Psychosis



## HALLUCINATIONS

SIGHT  
SOUND  
TOUCH  
SMELL  
TASTE



## DELUSIONS

PARANOIA  
DELUSIONS OF  
GRANDEUR

## DISORDERED THOUGHTS

RAPID SPEECH  
DISTURBED SPEECH  
LOSS OF TRAIN OF THOUGHT



# How to People Come to Hospital

## **Voluntarily**

- On their own
- Form 1

## **Involuntarily – Apprehended and Conveyed**

- Form 10
  - Form 1 Admission Certificate
  - Form 8 Court Order Form 7 (form not required)
  - Form 23 Apprehension Order (form not required)
  - Form 4 Certificate of Transfer
  - Form 3 Order to Return Patient (if Cert expires, deemed renewed)

# Key Phrases

s. 12: Peace Officer who has reasonable and probable grounds to believe that a person is

- suffering from **mental disorder**, and
- 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, and
- Should be examined in the **interest of their own safety** or **safety of others**
- Circumstances too dangerous to go to court



# Mental Health Review Panel

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Legislated body

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Three member panels: lawyer,  
psychiatrist, public member

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Quasi Judicial body



# Five Hallmarks of a Quasi-Judicial Hearing

1. Rights of parties are being considered
2. All parties can present evidence
3. All parties can cross-examine witnesses/question evidence
4. Written decision
5. Appealable



# Four Criteria for Admission



Mental Disorder



Potential to Benefit



Risk of harm to others or  
negative effects



Unsuitable other than  
Formal Patient

# Six Criteria for Community Treatment Order

Mental Disorder

Qualify from preceding three years of more than two admissions, more than 30 days or on CTO

Risk of negative effects or harm to others

Resources needed are available

Able to comply

Consent or No Consent

# Types of Applications of Review Panels

## In patient

- S. 38 Admission/Renewal Certificates
- S. 39 Deemed hearings
- S. 27 Incompetence to Make Treatment Decisions
- S. 29 Treatment Orders

## Community Treatment Orders

- S. 39 Issuance or Renewal (deemed every year)
- S.38(1.1) Application to Cancel CTO

# Correctness of the Forms



AHS has taken the responsibility to look over the 'correctness' of the Forms



The Review Panel is frequently asked to examine the validity of the forms recommended by the court case JH but we have not accepted that we have jurisdiction to do so.

# What can the Review Panel decide?



We can uphold the admission/renewal/CTO certificates.



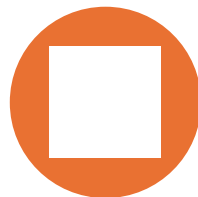
We can decline to uphold the certificates.



We can find the Psychiatrists' opinion on competence is correct or incorrect.



We can direct the Board to issue a CTO.



We can direct treatment.

# What we don't do

- We do not direct changes in psychiatrists.
- We do not advocate for medication or dosing changes.
  
- The Review Panel does not discharge the patient from the Facility.  
They either leave against medical advice or when discharged by the psychiatrist responsible for their care.

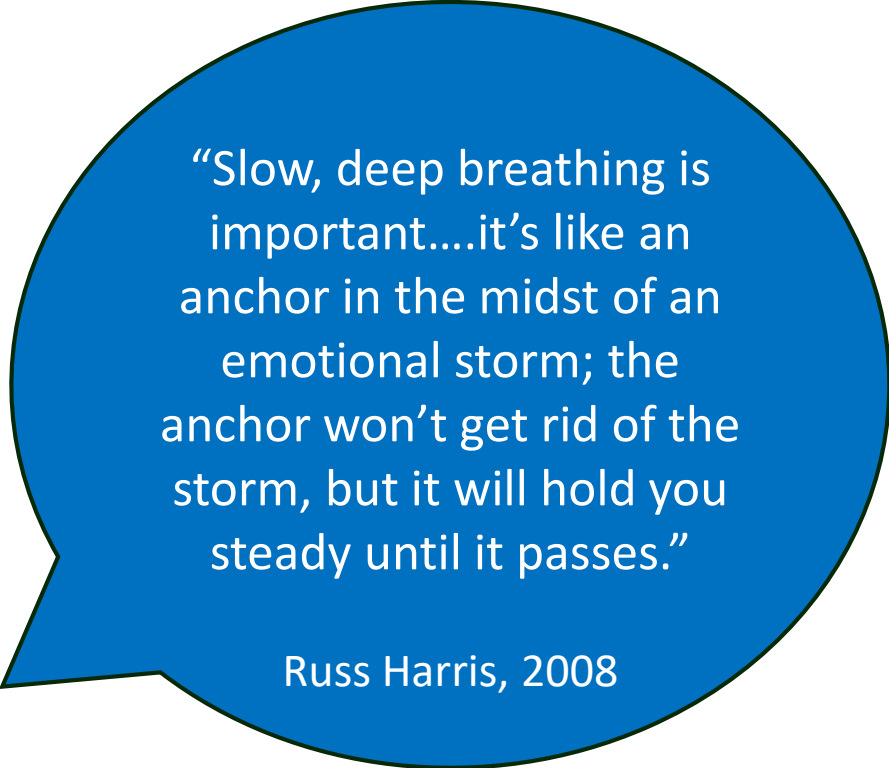


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<https://workinvestigations.com>



“Slow, deep breathing is important....it’s like an anchor in the midst of an emotional storm; the anchor won’t get rid of the storm, but it will hold you steady until it passes.”

Russ Harris, 2008