

To: Standing Committee on Families and Communities

Re: Join the Conversation on Mental Health

I am joining this conversation as a parent of a thirty-one year old daughter with a mental illness. Our family has been navigating the Mental Health System for about sixteen years now. We have had both positive and negative outcomes regarding the two topics included in this conversation.

Criteria for involuntary admissions:

My daughter has been hospitalized fourteen times since 2007. The number of involuntary admissions, (formal certificates), renewal certificates, certificates of incompetence to make treatment decisions and panel reviews have been too numerous to count. I do not think there have been any issues with her meeting the criteria to have her admitted by doctors in the emergency departments and initial psychiatrist's assessments. The issues arise more once those certificates need to be renewed. Then sometimes the psychiatrists find it difficult to renew and keep the individual under the criteria. The individual is often discharged before they are at a high enough level of wellness to cope with their illness. This often results in re-hospitalization shortly after they have been discharged. The road to recovery has to start over again and takes longer.

I am not sure of the technicalities or legalities between "harm" and "danger". My daughter has never threatened others or herself as one might interrupt the word "danger". She has however suffered serious mental deterioration and impairment which then also caused physical deterioration. It is during these psychotic episodes that she unknowingly by her lack of judgement and insight put herself in "harm's" way.

An example of how I see the difference is:

Several years ago police and EMS were called by myself to assist getting my daughter to hospital. They would come and leave without helping me. Their reason being, that she was not threatening suicide and she was not threatening others with weapons. Therefore leaving me and my family with no means of getting help for our daughter. (Who would not agree to go to hospital on her own?) During the last three to five years I have noticed a change in how the police deal with the same situations as mentioned above. The last three times I have had to call them; they have no questions about her need to be hospitalized and have assisted in getting her there. Realizing that she is experiencing a serious deterioration to her mental and physical health as a result of her mental illness.

So I feel it is very important the criteria for Involuntary Admissions and Renewals focus on "harm" and also just as important if a person is likely to experience a deterioration to their health as a result of their mental illness. Meaning that some need to be in hospital even though they are not a "danger" to themselves or others.

Another section of the Mental Health Act that has caused our family much hardship over the years is the paragraph regarding discharge. A health-care facility is required to provide notice to a person's guardian, if any, their nearest relative, unless the person objects and the person's family doctor, if known.

Lack of communication between all involved has created much hardship and going backwards in the recovery process for our daughter and our family. I understand about confidentiality. Without a signed consent form Doctors and others cannot talk to you. Even though you are not the legal guardian, you are often expected or forced to provide care without all the information. When it is obvious the family is the only caregiver, they need to be involved in decisions. Families are at the mercy of the Doctors and Psychiatrists to get the supports needed even if the individual with the illness denies needing them and does not consent to them. As mentioned before the number of Formal Admission Certificates, Certificates of Incompetence to Make Medical Decisions, renewal of those certificates and panel reviews favoring those certificates are too many to count. Yet she can still refuse to sign consent for Doctors to communicate with us.

What I do not understand? How a person who is a "formal patient" due to mental illness, which includes the words "lack of insight and lack of judgement" on their admission certificates still are considered to have the "capacity" to sign or not sign a release giving doctors and nurses permission to talk to family.

When my daughter was a patient in a [REDACTED] (where she was living at the time) hospital, unknown to her, I was called by her roommates to have her belongings moved. Due to her mental illness, she was no longer welcome to live there. Our family (who lives in [REDACTED]) moved her things to storage. I then explained the situation to hospital staff and asked to be notified when she was discharged. I got a call from my daughter a short time later. She had been discharged, found a new home, moved her stuff from storage and bought a new pet. Five days later, she was back in hospital. Then another call from new roommates to come move her things.

There have been many other situations where there was not an opportunity to share with doctors. A family needs to have communication if they are not estranged from the individual, are the main caregiver and the one to constantly pick up the broken pieces. Sometimes a family can offer important information that the doctor cannot get in a short appointment with the individual. This inability to communicate, has often caused a serious deterioration in my daughter's health. We had to stand by, watch and then hope it would deteriorate enough to have her taken to hospital by police under a form 10.

I feel there needs to be some provision on the act to allow communication between families and doctors in some situations. Especially if there is enough history to warrant it and if the families are the caregivers of the individual, even when the individual may not provide consent.

Community Treatment Orders

In a three year period my daughter had seven different homes in [REDACTED], (four of which she was asked to leave), five moves back to her family home in [REDACTED] and ten hospitalizations. She was then put on a CTO. . While on this CTO, she had a roommate companion, a Therapist and an ISL worker. All of these groups including the family were involved in her care plan. This plan worked and for two and a half years, my daughter was at her highest level of wellness. She had a job and was ready to move forward to a more independent living arrangement.

All her supports were discontinued at the same time and she was taken off the CTO. It was difficult for her to find new living accommodations. How do you present yourself to a landlord when your past homes were a paid live in roommate and hospitals? She ended up back at my home. To this day I am not sure why all supports and the CTO ended so abruptly. She was too well and did not need them, she was back at home and did not need them or the funding ran out?

In the two and half years since she had her supports cut and was taken off her CTO, she has been hospitalized three more times. One time for two months, one for six months and one for eight months. That is a total of sixteen months out of thirty in hospital. Not sure what costs more, the supports she had while on the CTO, her hospital costs or the cost to her wellness and that of her family?

I believe the CTO program works. But keeping one on it takes a lot of time and paper work with renewals etc. Often I feel Doctors would not renew them if the patient appeared well because of the annual panel review. Once off the CTO my daughter would go off meds and decline in wellness again. Also being off the CTO limited the open dialogue with Doctors again. So like being in and out of hospital, it was off and on again with the CTO. Once again causing inconsistency of care and a decline in wellness. In cases like my daughter where there is enough information and history to justify it....a CTO should be longer than 6 months before renewal and longer than a year for a panel review.

I want to thank this Standing Committee on Families and Communities for this opportunity to Join this very important Conversation on Mental Health.

Should you have any questions or require more information, I can be reached by:

Daytime phone: [REDACTED], Evening phone: [REDACTED], email: [REDACTED]

I would also be interested in any future conversations, should they come up.

Sincerely

[REDACTED]