Rights advisor

The second role is the rights advisor, who is appointed by government. This person is responsible for providing advice and assistance to:

- involuntary patients,
- someone in the community under a Community Treatment Order (CTO) and
- the patient representatives.

The primary purpose of the rights advisor is to make sure that persons who are mentally ill and who have been involuntarily detained receive appropriate advice with respect to their rights within 24 hours following detention and admission to a psychiatric facility.

The Rights Advisors have two main areas of responsibility. They are required to meet with anyone detained under the authority of the Act and their representatives.

Rights advisors are also responsible for providing information and advice. These areas include explaining

- a person's status as an involuntary patient,
- what their rights are and how they may be provided,
- how they may hire or get in contact with a lawyer, and
- how they may apply for a review by the review board.

Each regional health authority has a rights advisor. There are four health regions: Eastern, Central, Western, and Labrador Grenfell. Please contact your regional health authority to speak with the rights advisor.

For more information contact:

www.gov.nl.ca/health/mhcta

Newfoundland
Labrador
Department of Health & Community Services

MENTAL HEALTH

Care & Treatment Act

Patient Representatives & Rights Advisors

In December 2006, the House of Assembly passed new legislation focused on the protection and treatment of people suffering from severe mental illness.

Effective October 1, 2007, the new Act represents a new approach in providing interventions and services for people with severe and persistent mental illness.

Rights based approach

The new legislation lays out clearly what an individual can expect from the health care system if the person is involuntarily admitted (certified) to hospital or under a Community Treatment Order (CTO).

The act also ensures that individuals will be advised of their rights. These include:

- the right to know where and why he/she is admitted
- access to a telephone and visitors
- retain and instruct counsel
- have input into treatment decisions
- access his/her representative and rights advisor.

The Act creates two roles that are essential to ensuring the rights based approach is maintained. These are the patient representative and the rights advisor.

Patient representative

The patient representative is someone you have chosen and they have agreed to act on your behalf.

This person can be someone you trust and who you feel will best represent your interests and concerns.

A person with a mental illness may choose a patient representative at any time. However, you may wish to think about choosing someone and discussing with them any concerns or identifying any needs you have while you are well.

It is also important to know that the Act requires the physician to consult with an individual and their representative.

This is an opportunity for the doctor to explain the purpose, nature and any effects of proposed diagnosis and treatment. At this meeting, the patient and their representative can also explain what the needs and concerns are of the involuntary patient.

Limits of representation

It is important to remember that the Act does not compel the physician to accept the recommendations made by the patient representative.

The doctor will consider these views in making decisions about diagnosis and treatment issues. The patient representative shares the wishes of the patient, but the representative is not a substitute decision maker.

If you have not named a patient representative, then one will be named for you from your family such as your mother, father, or sister/brother.

If you do not agree with the choice that has been made for you, you may choose not to have anyone act as your representative.