

**The Mental Health Care and Treatment  
Review Board**

**ANNUAL PERFORMANCE REPORT  
2024-25**

## Message from the Chair

I am pleased to provide the 2024-25 Annual Performance Report for the Mental Health Care and Treatment Review Board (Review Board) in accordance with the requirements of the **Transparency and Accountability Act** for a Category 3 Government Entity.

This Annual Performance Report provides an overview of the activities of the Review Board. The statistics related to the previous five years of Review Board activities are found in the Report on Performance. Also included in this section is a report on the 2024-25 objectives and indicators as identified in the 2023-26 Activity Plan.

As Chair of the Review Board, my signature is indicative of the entire Review Board's accountability for the actual results reported.



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Shaylyn Oxner  
Chair

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## 1.0 Overview

### Membership

The Review Board is appointed pursuant to subsection 57(1) of the **Mental Health Care and Treatment Act** (the Act). The terms of the appointment are stated at subsections 58(1) and (2) of the Act. Review Board members and their terms are referenced in Appendix A. All current Review Board members have been appointed or re-appointed for terms beginning in August 2023 and September 2023, except one physician member who was appointed in 2024. Despite the new appointment to the Review Board, there continues to be a low number of physician representative members.

At the start of the 2024-25 fiscal year, the Review Board was comprised of seventeen (17) members: five (5) lawyers (legal representatives); three (3) physicians (physician representatives); and nine (9) laypeople (public representatives). By the end of the fiscal year, by March 31, 2025, the Review Board was comprised of seventeen (17) members listed above, as well as one (1) additional physician representative, for a total of eighteen (18) members.

### Mandate

The Review Board was established in 2007 pursuant to section 56 of the Act.

The Review Board operates as an independent, quasi-judicial administrative tribunal to conduct review panel hearings under the Act as set out in subsection 56(1) of the Act. The Review Board's mandate is based on an involuntary psychiatric patient's right to periodic, fair, and timely review of their involuntary status under the Act.

The primary role of the Review Board is to review applications made by individuals seeking a review of the issuance of a Certification of Involuntary Admission under paragraph 64(1)(a) of the Act; to review applications made by patients seeking a review of the issuance of a Community Treatment Order (CTO) under paragraph 64(1)(b) of the Act; and to review applications made by a patient alleging the denial of a right under paragraph 64(1)(c) of the Act. The Review Board also completed automatic review hearings initiated by the Provincial Health Authority (PHA) where a Certificate of Involuntary Admission or a CTO has been renewed and thereafter where it has been in effect for a lengthy period, as prescribed under sections 33 and 53 of the Act.

Each hearing is overseen by a three-person Review Panel constituted by each of a legal representative, physician representative, and a public representative. Administrative support and expenses are provided by the Department of Health and Community Services (HCS), Mental Health and Addictions Division.

The further duties and responsibilities of the Review Board include reporting annually to the Minister on its operations; on other matters as required by the Minister; and performing the other functions that are prescribed by the regulations.

## Location of Hearings

All Review Board hearings were conducted by teleconference. The following is an overview of locations in which the Panels heard applications and business was conducted in 2024-25.

**Table A: Overview of the Locations of Hearings (2024-2025)**

LOCATION	IN PERSON	TELECONFERENCE
Eastern Region	-	43
Central Region	-	5
Western Region	-	8
Labrador-Grenfell Region	-	1
Region not recorded	-	1
<b>Total Number of Hearings</b>		<b>58</b>

In 2024-25, the Review Board continued to utilize teleconference services, as it had in past years, to enable efficient and effective hearings. Review Board members make themselves available for hearings as necessary. Given the locations and often tight schedules of Review Board members, the use of teleconferencing allowed for participation in hearings without physical attendance, which would otherwise have been an impediment to operating within our strict, and short, mandated timelines.

## Financial

The Review Board is not required to have audited financial statements. The Review Board is funded by HCS, Mental Health and Addictions Division. In the 2024-25 fiscal year, total expenses were \$105,872.19, itemized as follows:

Board Members	\$87,009.69
Psychiatrists	<u>\$18,862.50</u>
Total	\$105,872.19

## 2.0 Highlights and Partnerships

The Review Board is committed to working with stakeholders and HCS toward regularly reviewing its programs and services to ensure we are implementing the best methods.

While the Review Board operates as an entity independent of HCS and the PHA, the Review Board has a shared commitment with these organizations to provide the most effective care to those with mental health issues.

The Review Board does require interaction at the point of application with senior administrators of the PHA and the acute psychiatric care teams to fulfill its mandate.

Other entities/persons with which the Review Board has a shared commitment include:

### **Client Representatives**

The client representative role is defined by the Act as a “person, other than a rights advisor, who has reached the age of 19 years and who is mentally competent and available who has been designated by, and who has agreed to act on behalf of, a person with a mental disorder and, where no person has been designated, the representative shall be considered to be the next of kin, unless the person with the mental disorder objects.”

Non-governmental organizations, such as the Canadian Mental Health Association (CMHA-NL) or the consumer group, Lifewise Mental Health Peer Services, have supportive, less formal roles.

## **Rights Advisors**

Persons appointed by the Minister pursuant to section 13 of the Act to give advice and assistance to persons subjected to certificates of involuntary admission and CTOs. Rights advisors also explain the certification process, assist with applications to the Review Board, and may accompany the applicant to the hearing, though they rarely attend.

## **Newfoundland and Labrador Legal Aid Commission (NLLAC)**

Persons who are subject to certificates of involuntary treatment or CTOs can access legal advice and assistance from the NLLAC as a matter of right, without going through the normal application process. There is currently no financial requirement for eligibility to receive representation by NLLAC. The role of counsel is integral to the hearing in assisting the Panels by adducing clear and relevant evidence from the Applicant and effectively cross-examining representatives from the PHA.

## **3.0 Report on Performance Progress 2024-25**

In 2024-25, Review Board Panels were convened as needed. Panels consist of three members, including a legal representative (lawyer), who acts as Chair of the Panel and whose duty it is to oversee the hearing; a physician representative (doctor); and a public representative, the majority of whom have professional and/or personal experience in mental health care and treatment. The Panels reviewed applications by clients who were subject to involuntary admission to a psychiatric facility or applications in respect of renewal of certificates of involuntary admission, or persons who were the subject of CTOs or renewals thereof, or who were allegedly denied rights resulting from involuntary admissions. Decisions of the Review Board were communicated directly to applicants and/or their representatives/legal counsel and to the admitting psychiatric facility.

The Review Board provided clients subject to a certificate of involuntary admission with a mechanism to access a review of the issuance of a certificate of involuntary admission. It also provided a means by which a person subject to a community treatment order could access a review of the issuance or renewal of such an order.

The Review Board acts as a check and balance within the mental health system, spans the continuum of care from community/primary care facility to facility based/tertiary/emergency care, and helps to promote these resources to the population generally, which contributes to a more accountable mental health system.

In the circumstances where Certificates of Involuntary Admission and CTOs are in place for a lengthy period, the Act calls for an automatic review hearing, which is initiated by the PHA and undertaken by the Review Board.

This Annual Activity Report supports the 2023-26 Activity Plan which was developed to include Review Board statistics, and which informs annual objective reporting.

# Review Board Activity

**Table B: Review Board Activity 2024-25**

Review Board Activity	2024-25
<b>STATUS/NUMBER OF APPLICATIONS</b>	
Received <sup>1</sup>	147
Summarily Dismissed <sup>2</sup>	3
Application Withdrawn <sup>3</sup>	11
Applicant Decertified <sup>4</sup>	67
CTO Cancelled <sup>5</sup>	2
No Hearing Set <sup>6</sup>	6
Hearings <sup>7</sup>	58
<b>RESULTS OF HEARINGS</b>	
Certificates Upheld	21
Certificates Not Upheld	2
CTOs Upheld <sup>8</sup>	35
CTOs Not Upheld	0
Decisions Not Communicated <sup>9</sup>	0
Decisions Communicated	58

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<sup>1</sup> This represents the total number of applications received during the fiscal year

<sup>2</sup> An application is summarily dismissed by the Chair pursuant to section 65 of the Act if the application was found to be frivolous, vexatious or not in good faith, or if the matter had been considered within the previous 30 days.

<sup>3</sup> An application might be withdrawn by the applicant for a number of reasons, but it means the applicant changed their mind and decided against a review hearing.

<sup>4</sup> Applicant Decertified means the Applicant was either discharged, or remains as a voluntary patient, after the hearing date was set but before the hearing took place.

<sup>5</sup> “CTO Cancelled” means the Community Treatment Order was cancelled after the hearing date was set but before the hearing took place.

<sup>6</sup> “No Hearing Set” means that the Applicant was discharged or decertified prior to the scheduling of the hearing.

<sup>7</sup> “Hearings” means review board members met in person or via teleconference to hear and decide upon an application.

<sup>9</sup> A decision was not communicated if the Applicant was decertified after a hearing, but before a decision was made.

## Annual Objectives 2024-25

By March 31, 2025, the Mental Health Care and Treatment Review Board will have reviewed all submitted applications to ensure the conditions for issuing or renewing certificates are appropriate.

**Objective:** Reviewed applications under the Act.

**Indicators:**

- Number of applications received
- Number of hearings scheduled
- Number of hearings held
- Number of certificates upheld/cancelled
- Number of decisions communicated
- Timelines of hearings scheduled, hearings held, and decisions rendered
- Annual reports provided

**Indicator #1 – Number of applications received**

HCS received 147 applications in the 2024-25 fiscal year.

**Table C-1: Number of applications received**

Review Board Activity	2024-25
Applications Received	147

**Indicator #2 – Number of hearings scheduled**

This means that a Panel was appointed a date and the hearing was scheduled. The number of hearings scheduled will always be lower than the number of applications received. This occurs where the applicant is decertified prior to setting a hearing date, making the application unnecessary; the application is withdrawn prior to setting a hearing date; or, where the application was summarily dismissed by the Chair if a hearing occurred and a decision was rendered within 30 days of receiving the application.

The number of hearings scheduled in the 2024-25 fiscal year has increased from the previous year while the number of applications received has decreased. This means that the ratio of applications received and hearings scheduled has increased from the previous year.

**Table C-2: Number of hearings scheduled**

<b>Review Board Activity</b>	<b>2024-25</b>
<b>Hearings Scheduled</b>	<b>138</b>

**Indicator #3 – Number of hearings held**

Of the 138 hearings that were scheduled, fifty-eight (58) of them proceeded to a hearing. Some of the reasons for the variation in the number of hearings scheduled versus hearings held include that applicants are decertified prior to the hearing, a CTO is cancelled prior to a hearing, or the applicant might withdraw their application.

**Table C-3: Number of hearings held**

<b>Review Board Activity</b>	<b>2024-25</b>
<b>Hearings Held</b>	<b>58</b>

**Indicator #4 – Number of certificates and CTOs upheld/cancelled**

Of the fifty-eight (58) matters that proceeded to a hearing, fifty-six (56) of the involuntary certificates/CTOs were upheld, two (2) involuntary certificates/CTOs were cancelled, and zero (0) decisions were not communicated as the applications were decertified before the decision was given.

**Table C-4: Number of certificates and CTOs upheld/cancelled**

<b>Review Board Activity</b>	<b>2024-25</b>
<b>Certificates/CTOs Upheld</b>	<b>56</b>
<b>Certificates/CTOs Cancelled</b>	<b>2</b>
<b>Decisions Not Communicated</b>	<b>0</b>

**Indicator #5 – Number of decisions communicated**

There is a requirement that the Applicant receive the Panel's decision within three clear days of the completion of the hearing. In 2024-25, fourteen (14) decisions rendered were not communicated to the parties within the prescribed timeframe of three clear days.

**Table C-5a: Number of Decisions Rendered and Communicated on Time**

<b>Review Board Activity</b>	<b>2024-25</b>
<b>Decisions Communicated Within 3 Clear Days</b>	<b>42</b>

The Review Board was successful in meeting the legislative requirements in respect of forty-two (42) hearings; fourteen (14) hearings had decisions that were distributed beyond the prescribed timeframe.

The table below encompasses those decisions that were rendered outside the 3-day prescribed timeframe.

These included situations of complex issues and longer hearings, that were outside the norm for a review hearing, and outside what would be contemplated under the legislation as it relates to expected timeframes for the provision of a decision. In those circumstances, the timeframes were reasonable. However, the primary reason for delayed decisions related to the unavailability of board members with time available in their schedules to conduct hearings and write decisions within the short, prescribed timeframe for doing so.

**Table C-5b: Delay of Decisions Rendered and Delivered**

<b>Delay of Decisions Rendered and Delivered Per Subsection 71(2) of the Act by Number</b>	
<b>Number of days following hearing – decision rendered</b>	<b>2024-25</b>
4 Clear Days (1 day delay)	7
5 Clear Days (2 days delay)	4
6 Clear Days (3 days delay)	3
More than 6 Clear Days	0
<b>Total Delayed</b>	<b>14</b>

## **Indicator #6 - Timelines of hearings scheduled, hearings held, and decisions rendered**

The data below is comprised of the number of applications withdrawn (11) together with the number of applicants decertified (67) or CTOs cancelled (2) before the hearing, as shown in Table B. The total number of hearings that did not proceed for these reasons is 80.

**Table C-6a: Applications Withdrawn/Applicant Decertified**

<b>Length of Notice Provided for Withdrawn Applications/Decertification 2024-25</b>	
Less than 24 hours before hearing	26
More than 24 hours before hearing	54

The Act provides specific timelines to guide the review process, and this has provided parameters for the information collected. Specifically, Panels must be appointed within two clear days of the receipt by the Review Board Chair of the Application, and the hearing dates must be set within two clear days of referral of the Application to the Panel Chair. To effectively meet the timeline requirements of the Act, it is typical for Panels to be struck, hearing dates set, and notices sent out to participants, from a common administrative centre within HCS.

**Table C-6b: Timelines in Appointing Panels and Setting Hearing Dates 2024-25**

<b>Timelines in Appointing Panels and Setting Hearing Dates Per Subsections 66(2) and 67(2) of the Act by Number (2024-25)</b>	
Same day as application received or next day	121
1 Clear Day after application received	9
2 Clear Days after application received	7
3 Clear Days after application received	2
More than 3 Clear Days after application received	2
No hearing scheduled <sup>10</sup>	6
Total	147

The Review Board was able to meet the legislated timeline for appointing panels and setting hearing dates for most, but not all, applications that were received in the 2024-25 year. Delays in setting hearing dates were most often caused by the unavailability of panel members.

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<sup>10</sup> “No hearing scheduled” means an application was received and subsequently cancelled before a hearing was scheduled.

**Table C-6c: Timelines of Hearings Scheduled to be Heard**

<b>Timelines of Hearings Scheduled to Be Heard Per Subsection 67(1) of the Act by Number</b>	
<b>Number of days from Receipt of Application to Hearing</b>	<b>Number of Applications 2024-25</b>
1 to 4 clear days	32
5 to 10 clear days	99
11 clear days or more	7
Total	138

Hearings must be held within ten clear days of receipt of the Application by the Review Board Chair. Seven (7) hearings were beyond the legislated 10-day timeframe for the provision of a hearing.

**Indicator #7 – Annual Reports Provided**

Reports are provided annually, and data provided by fiscal year to allow for ease of reference and monitoring of trends and/or areas of increased activity within the Review Board's purview.

The 2023-26 Activity Plan indicates that each year the objective will remain the same.

This report has been prepared to meet this indicator for the 2024-25 fiscal year.

## **4.0 Challenges and Opportunities**

### **Community Resources**

The Review Board emphasizes that for some applicants, the lack of community resources continues to be a deterrent to proceeding with options other than continued certification. Community-based mental health programs are highly effective at assisting those with mental health issues where there is regular participation. The challenge is when there is an unwillingness to participate, or a lack of insight as to the benefits of such programs, both of which are so prevalent in mental health issues. This is why CTOs are so effective when they are able to be used, however, the criteria make them of limited use in many cases where community-based treatment options would work.

The legislative criteria for a CTO mandates that CTOs are only available in circumstances where there have been three involuntary admissions within the previous two years, or if the individual has previously been subject to a CTO. This is a narrow class of individuals. There are many circumstances where individuals would benefit from CTO, but don't meet the prerequisite criteria. In saying that, the Review Board is also mindful that CTOs carry an obligation of mandatory treatment, so they ought not to be used lightly.

The Review Board is a participant in ongoing discussions within this province and across the country related to this issue, aimed at finding an effective balance for the criteria and implementation of CTOs, for overall betterment of mental health programs in this province.

## Procedural Matters

All applications, including those upheld, summarily dismissed, or rescheduled, require administrative preparations for Panels. The following represent the most prominent benefit and the single biggest challenge for the Review Board in 2024-25:

### **Hearing Process**

The Review Board hearing process is well developed under the Act. In 2024-25, no complaints were received by the Review Board as to its processes, and most stakeholders are aware of the Review Board processes.

### **Review Board Composition**

Almost all of the current members of the Review Board were appointed or re-appointed in the 2023-24 fiscal year. One member of the Review Board was appointed in the 2024-25 fiscal year. Review Board members are appointed for three-year terms.

It remains difficult to maintain a full contingent of legal representatives and physician representatives on the Review Board. While the statutorily required number of representatives on the Review Board is currently met, the low number of legal representatives (5) and physician representatives (4) is an impediment to conducting hearings within the prescribed timeline. Furthermore, due to the low number of members, each legal representative and physician representative are required to attend a high number of hearings, which is difficult for those with busy professional schedules.

## Appendix A: Review Board Members 2024-25

### MENTAL HEALTH CARE AND TREATMENT REVIEW BOARD MEMBERS 2024-25

Position	Name	Term Expiry
Chairperson – Lawyer	Shaylyn Oxner	August 16, 2026
Member – Lawyer	Christopher Forbes	August 16, 2026
Member – Lawyer	Kathleen Healey	September 13, 2026
Member – Lawyer	LeeAnn Montgomery	September 13, 2026
Member – Lawyer	Ian Wallace	September 13, 2026
Physician Representative	Dr. Susan Dalton	September 14, 2026
Physician Representative	Dr. Joy Tilley	August 16, 2026
Physician Representative	Dr. Leslie Wheeler	September 13, 2026
Physician Representative	Dr. Michelle Young-Hadden	September 18, 2027
Public Representative	Jackie Compton-Hobbs	August 16, 2026
Public Representative	Amelia Curran	August 16, 2026
Public Representative	Colleen Galgay	August 16, 2026
Public Representative	Charlotte Gardiner	August 16, 2026
Public Representative	Ashley Gosse	August 16, 2026
Public Representative	Chad Perrin	August 16, 2026
Public Representative	Glenn Roil	August 16, 2026
Public Representative	Abigail Sheppard	August 16, 2026
Public Representative	Jerry Vink	August 16, 2026

**Mental Health Care and Treatment Review Board**

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