

# Youth Response Guide



**Kerry's Place Autism Services**  
**Services en autisme**

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Sincerely, Helen Mullen-Stark

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**To access an electronic copy of the Youth Response Guide as well as the appendices and additional resource material, please go to: [www.youthresponseguidecwr.org](http://www.youthresponseguidecwr.org)**

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## **WHY HAS THIS GUIDE BEEN DEVELOPED?**

Although professionals are aware of the potential for the relinquishment of care responsibilities by care providers and despite the efforts of service providers, the children's service sector periodically experiences disruptive incidents whereby, there is a relinquishment of care for individuals by their primary caregivers or a warning of such. The demand for residential care and community based services for youth with developmental disabilities and/or complex mental health needs continues to exceed available resources. The response to crisis situations requires a collaborative approach among community service providers. To this end, this Guide is intended to assist service providers in the management of these situations. This Guide builds on previous work undertaken by Central West Region in 1990 and expands upon the "Children with Significant Developmental and/or Mental Health Needs: A Community Response Protocol".

The content of the Guide was generated from a variety of sources including: service providers' survey and round table discussion input; individual interviews with service providers and representatives from several Provincial advocacy offices. Information posted on Provincial websites was most helpful and portions of the material are included in the Guide.

## **WHAT IS CONTAINED WITHIN THE GUIDE?**

The Guide provides information and suggested best practice processes that are focused on the needs of complex youth between the ages of 16 and 18 years of age who require a collaborative response to a crisis situation. Webster's dictionary defines crisis as follows: "An unstable or crucial time or state of affairs in which a decisive change is impending, especially one with the distinct possibility of a highly undesirable outcome."

In an attempt to minimize any undesirable outcomes, the Guide provides information pertaining to relevant Provincial legislation; Provincial Advocacy Offices; an articulation of roles and responsibilities; process maps that address decision-making and problem-solving approaches and a compilation of potential resources.

This Guide has been developed within an ethical decision-making framework and seeks to simplify a set of processes that promotes best practice.

## **WHO IS THE GUIDE INTENDED TO ASSIST?**

The Guide is intended to assist professionals who may have a direct or indirect role in addressing the immediate and longer term needs of complex youth who are in crisis due to the absence of a participating primary caregiver. Service sectors represented include but are not limited to developmental services (children and adults), mental health (children and adults), health care (inpatient and outpatient), emergency shelters, child welfare, police, youth justice, education and crisis services (children and adults).

## WHAT KEY PRINCIPLES FRAME THIS GUIDE?

- ✚ The utmost priority must be the well-being of youth and the avoidance of further trauma;
- ✚ The Guide is rooted in existing legislation (rights/roles and responsibilities);
- ✚ The approach is framed within a respectful and ethical framework;
- ✚ The Guide reflects the current reality within the context of available resources and is not a pathway to residential services.

## WHAT IS AN ETHICAL DECISION-MAKING FRAMEWORK?

“Ethics is about making “right” or “good” choices and the reasons that we give for our choices and actions. Ethics promotes reflective practice in the delivery of health care. Ethics addresses the question, “What should we do and why?”

Another way to describe ethics is as follows.

It is about:

- ✚ Deciding what we should do – what decisions are morally right or acceptable;
- ✚ Explaining why we should do it – justifying our decision using language of values and principles; and
- ✚ Describing how we should do it – outlining an appropriate process for enacting the decision.”<sup>i</sup>

The IDEA: Clinical and Organizational Ethical Decision-Making Framework is comprised of four steps and incorporates five conditions identified as important in the accountability for reasonableness framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin, and Singer (2005). The first letter of each step in this framework forms the acronym, “IDEA.”<sup>ii</sup> [...\\Appendices\\Trillium\\IDEA\\_EthicalDecisionMakingFramework.pdf](#)

The four steps are:

1. Identify the facts.
2. Determine the relevant ethical principles.
3. Explore the options.
4. Act.

The five conditions are:

**Empowerment:** There should be efforts to minimize power differences in the decision-making context and to optimize effective opportunities for participation (Gibson et al., 2005).

**Publicity:** The framework (process), decisions and their rationales should be transparent and accessible to the relevant public/stakeholders (Daniels & Sabin, 2002).

**Relevance:** Decisions should be made on the basis of reasons (i.e. evidence, principles, and arguments) that “fair-minded” people can agree are relevant under the circumstances (Daniels & Sabin, 2002).

**Revisions and Appeals:** There should be opportunities to revisit and revise decisions in light of further evidence or arguments. There should be a mechanism for challenge and dispute resolution (Daniels & Sabin, 2002).

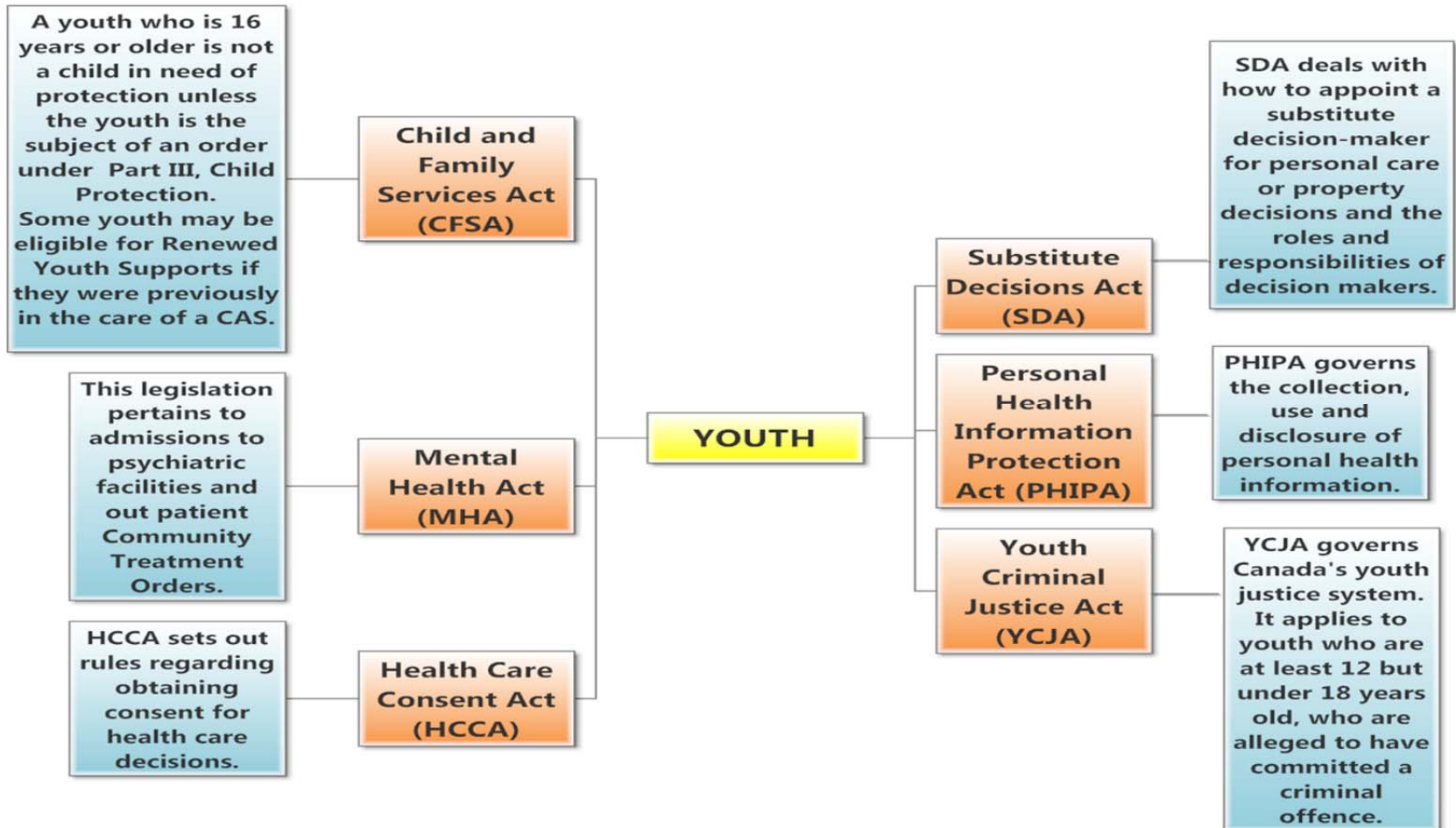
**Compliance (Enforcement):** There should be either voluntary or public regulation of the process to ensure that the other four conditions are met (Daniels & Sabin, 2002).

## WHAT IS THE APPLICABILITY OF SPECIFIC LEGISLATION?

As noted earlier, the Guide is rooted in legislation. The graphic on the following page identifies specific legislation and relevance in regards to youth between the ages of 16 and 18 years of age. This is followed by highlights of the pertinent legislation.



## APPLICABLE LEGISLATION - HOW IS THE LEGISLATION RELEVANT



[Youth Response Guide.Appendices\Applicable Legislation Graphic.pdf](#)

### *Child and Family Services Act, RSO, 1990*

The Ontario Child and Family Services Act (CFSA) originally came into effect in 1990. Since that time, there have been a number of amendments to the Act which impact on practice including the duty to report and provisions related to reporting child pornography.

The CFSA directs provision of a broad range of services for families and children, including children who are or may be victims of child abuse or neglect. The paramount purpose of the Act is to promote the best interests, protection and well-being of children. The Act states clearly that members of the public, including professionals, have an obligation to report promptly to the Children's Aid Society (CAS) if they suspect that a child is or may be in need of protection.

The Act defines the term, "child in need of protection" to include a child, who is or who appears to be in danger of physical, sexual or emotional abuse, neglect or risk of harm.

**While the *Child and Family Services Act*, s. 3(1) defines a child as an individual under the age of 18, Part 111, s. 37(1), which applies to a child in "need of protection", modifies this definition:" 'child' does not include a child as defined in subsection 3 (1) who is actually or apparently sixteen years of age or older, unless the child is the subject of an order under this Part;."**

Although a youth 16 years and older cannot be considered a child in need of protection, children's aid societies are critical collaborative partners and may have a role to play in assisting in the planning of services on behalf of complex youth in crisis.

### **Renewed Youth Supports (RYS)**

Children's Aid Society may in some instances provide ongoing support to youth 18, 19 or 20 years of age consistent with a policy directive pertaining to Continued Care and Support for Youth. On May 15, 2013, a policy directive, under s. 20.1 of the Children and Family Services Act replaced the MCYS' Extended Care and Maintenance (ECM) Guidelines dated July, 1994. The new program named, Continued Care and Support for Youth (CCSY), replaces the former program named, Extended Care and Maintenance. By entering into a CCSY Agreement, a youth is eligible to receive ongoing service and financial support.

### **Who is eligible for the RYS program?**

A youth is eligible for the RYS program if, on or after September 1, 2011, the youth:

- ✚ Is 16 or 17 years old; and
- ✚ Was subject to a court order (i.e., Crown wardship, society wardship or temporary care and custody order) or customary care agreement that was terminated at age 16 or 17.

The youth's participation in the RYS program is contingent on the youth entering into and signing an agreement with the CAS. Youth who participate in the RYS program are not in CAS care or formal customary care. [...\\Appendices\\Continued Care & Support\\Renewed Youth Supports.Q&A.pdf](#)



## **Legislation Pertaining to *Mental Health Act, R.S.O. 1990***

“People living with mental illness have unique needs and quite often several issues are at play. Understanding a patient’s privacy, seeking rights advice, and ascertaining capacity, among others, makes mental illness and the law an increasingly complex area.” <sup>iii</sup>

In 2009, the Ontario Hospital Association (OHA) released *A Practical Guide to Mental Health and the Law in Ontario Toolkit* (Toolkit) to assist health-care providers in complying with the legislative provisions and legal principles governing the delivery of mental health services in Ontario. The full toolkit can be accessed in the Appendix Addendum.

[Youth Response Guide.Appendices\Final - Mental Health and the Law Toolkit.pdf](#)

[The following are excerpts from the toolkit. The full document includes footnotes which identifies the sources in relation to specific legislation.](#)

“In Ontario, mental health care practitioners must be familiar with the legislation that governs treatment decisions and involuntary hospitalization. There are a multitude of procedural requirements and rights that apply when patients are incapable of making treatment decisions for themselves and where patients require admission to a psychiatric facility, whether on a voluntary, informal or involuntary basis.”

### ***Mental Health Act, R.S.O. 1990 (MHA)***

“The MHA sets out the criteria for voluntary, informal and involuntary admissions to specially designated psychiatric facilities, as well as for the management of psychiatric out-patients under Community Treatment Orders (CTOs). The statute also requires the assessment of psychiatric patients’ capacity to manage property following their admission to a psychiatric facility. The statute protects the rights of psychiatric patients by requiring that patients receive formal rights advice in certain circumstances and providing for the review of informal and involuntary admissions, capacity to manage property and CTOs before the Consent and Capacity Board (CCB).”

### ***Health Care Consent Act, S.O.1996, Chapter 2 (HCCA)***

The *HCCA* requires voluntary informed consent from either a capable patient or an incapable patient’s substitute decision-maker for treatment or admission to long term care, except in an emergency. The *HCCA* sets out who can give or refuse consent if the person is incapable, and sets out the rules for making these decisions for an incapable person. The *HCCA* describes the process for appealing findings of incapacity to consent to treatment, and dealing with questions of what treatment is in the best interests of a patient, to an administrative tribunal called the “Consent and Capacity Board”.

### ***Determining Capacity to Consent to Treatment***

The *HCCA* provides that people are presumed to be capable of making health care decisions. A health practitioner may rely on that assumption unless it is not reasonable to do so in the circumstances. A health practitioner who is proposing the treatment makes a determination with respect to the person’s capacity to consent to the treatment. An evaluator, such as Community Care Access Centre (CCAC), makes a determination of a person’s capacity to consent to admission to a care facility.

A person is incapable of making a decision about treatment or admission to a long term care facility if (a) he or she cannot understand the information relevant to making the decision, or (b) appreciate the consequences of making or not making the decision. A person may be found mentally incapable of making the decision if he or she fails one or both parts of the test. The capacity to make the decision depends on the nature of the decision at hand and can fluctuate. Consent must be considered at various points in time and in relation to the different treatments proposed.

### **Adolescents and Children**

The following is an excerpt from the *Mental Health and the Law Toolkit* with some minor modifications.

Health-care practitioners often ask if there is an “age of consent”. The short answer is “no”. The presumption of capacity applies to all persons, regardless of age.

There is a requirement for formal rights advice to be given to any patient in a psychiatric facility who has been found incapable with respect to treatment if they are 14 years of age or older.

Otherwise, health practitioners are simply expected to follow their professional guidelines with respect to the provision of information about the consequences of a finding of incapacity.

The communication between the health-care professional and the patient should take into account the circumstances of the situation, including the patient’s age / maturity.

### **Substitute Decisions Act, 1992, S.O. 1992, Chapter 30 (SDA)**

The *SDA* governs what may happen when someone is not mentally capable of making certain decisions about their own property or personal care, and describes how decisions can be made for another person, and by whom. The *SDA* describes how decisions can be made through a “power of attorney”, a legal document signed by a person to grant authority to someone else to make decisions for them in their absence or in the event of the person’s future incapacity. A power of attorney for property involves decisions relating to a person’s property, and a power of attorney for personal care authorizes someone to make decisions for another person relating to treatment or another health care decision.

Where there is no power of attorney, the *SDA* describes the process for someone to seek their appointment as guardian of property or guardian of personal care for an incapable person. Provided there are no other suitable alternatives, the *SDA* also provides for how the Public Guardian and Trustee (PGT) can become someone’s guardian in the event the person is assessed and found incapable of managing his or her property. The *SDA* also describes the powers and duties of attorneys and guardians, and the duty of the Public Guardian and Trustee to investigate allegations of harm to a mentally incapable person’s property or personal care.

## Substitute Decision Makers

When someone has been found to be incapable of consenting to proposed treatment or to the admission to a long term care facility, the HCCA sets out who may provide or refuse the consent on the person's behalf. Substitute decision-makers are ranked in a hierarchy, and it is the role of whomever is proposing the treatment to locate a substitute decision-maker who is available, capable and willing to make the decision on the incapable person's behalf.

The order of substitute decision-makers is:

1. A guardian appointed by the court if the court order authorizes the guardian to make health care decisions;
2. A person with a "power of attorney for personal care" authorizing him or her to make health care decisions;
3. A representative appointed by the Consent and Capacity Board (any person may apply to the board to be appointed as the substitute decision maker)
4. A spouse or partner
5. A child or parent (custodial parent if the patient is a minor)
6. A parent who has access rights (if the patient is a minor)
7. A brother or sister
8. Any other relative
9. The PGT, as a last resort

If there are no prior capable wishes of an incapable persons, the decision is to be made in the person's best interests which is to be determined with reference to the values and beliefs the person held while capable, the person's current wishes if they can be ascertained, the potential benefits of the treatment or admission, whether the benefits outweigh the risks, whether there is a less restrictive or less intrusive solution.

## What is a Valid Consent?

*For a consent to be legally "valid", it must relate to the treatment, be "informed", be given voluntarily and not be obtained through misrepresentation or fraud. For a consent to be "informed" the capable person, or SDM for a person who has been deemed incapable under the HCCA for the treatment in question, must have received "the information ... that a reasonable person in the same circumstances would require in order to make a decision about the treatment".*

*This "information" should include the nature of the treatment, the expected benefits of the treatment, and the material risks of the treatment, the material side effects of the treatment, alternative courses of action, and the likely consequences of not having the treatment. Consent to a proposed treatment may be express or implied. Consent to a proposed treatment can be withdrawn by a capable patient or by a SDM for an incapable patient.*

See Decision Tree for Obtaining  
[Youth Response Guide.Appendices\Decision Tree for Obtaining Consent.docx](#)

### ***Personal Health Information Protection Act, 2004, S.O. 2004, CHAPTER 3, SCHEDULE A (PHIPA)***

“This legislation, enacted in 2004, governs the collection, use and disclosure of personal health information. It is essential for health care providers to understand how the unique demands of providing mental health care affect the interpretation of the health information custodian's obligations under PHIPA, and to understand the circumstances in which the MHA takes precedence over the terms of PHIPA, to allow for the collection, use and disclosure of personal health information without consent.” (Source: *Mental Health and the Law Toolkit*)

### ***Criminal Code of Canada, D.S.C. 1985, c. C-46***

“Since 1992, Part XX.I of the Criminal Code has governed the assessment, detention and release of persons who have come into contact with the criminal justice system as a result of mental disorder, and who have been found either unfit to stand trial or, not criminally responsible on account of mental disorder. The detention, treatment and supervision of criminally accused, forensic psychiatric patients in specially designated psychiatric facilities are a sub-speciality of mental health law with which mental health care providers should have some familiarity, regardless of whether they work for one of Ontario's forensic facilities.” (Source: *Mental Health and the Law Toolkit*)

In Part VIII, Section 215, *Criminal Code of Canada, R.S.C., 1985*, the Criminal Code addresses, “Duties Tending to Preservation of Life”, and one's legal duty in the provision of the necessities of life. Should you believe that a criminal offence has occurred in regards to the provision of the necessities of life, you should contact your local police and discuss your concerns.

### ***Youth Criminal Justice Act (S.C. 2002, c. 1) (YCJA)***

The *Youth Criminal Justice Act* is the law that governs Canada's youth justice system. It applies to youth who are at least 12 but under 18 years old, who are alleged to have committed criminal offences. In over a century of youth justice legislation in Canada, there have been three youth justice statutes: the *Juvenile Delinquents Act* (1908–1984), the *Young Offenders Act* (YOA) (1984–2003), and the *Youth Criminal Justice Act* (YCJA) (2003–present). A set of amendments to the YCJA was adopted by Parliament in 2012.

On April 1, 2003, the YCJA came into force, completely replacing the previous legislation.

The YCJA introduced significant reforms to address concerns about how the youth justice system had evolved under the YOA. These concerns included the overuse of the courts and incarceration in less serious cases, disparity and unfairness in sentencing, a lack of effective reintegration of young people released from custody, and the need to better take into account the interests of victims. The YCJA provided the legislative framework for a fairer and more effective youth justice system. The amendments adopted by Parliament in 2012 aimed to strengthen the ways in which the youth justice system deals with repeat and violent offenders.

The YCJA authorizes and encourages the convening of conferences to assist decision makers in the youth justice system. Under the legislation, a conference is defined as a group of people brought together to give advice to a police officer, judge, justice of the peace, prosecutor, provincial director or youth worker who is required to make a decision under the YCJA. A conference can give advice on decisions such as:

- appropriate extrajudicial measures;
- conditions for release from pre-trial detention;
- appropriate sentences; and
- plans for reintegrating the young person back into his or her community after being in custody.

A conference can be comprised of a variety of people depending on the situation. It can include the parents of the young person, the victim, others who are familiar with the young person and his or her neighbourhood, and community agencies or professionals with a particular expertise that is needed for a decision. A conference can be a restorative mechanism that is focused on developing proposals for repairing the harm done to the victim of the young person's offence. It can also be a professional case conference in which professionals discuss how the young person's needs can best be met and how services in the community can be coordinated to assist the young person.

A conference under the YCJA is not a decision-making body. It provides advice or recommendations to a decision maker, such as a judge or a prosecutor. The recommendations can be accepted by the decision maker only if they are consistent with the YCJA. For example, the decision maker cannot accept the recommendations of a conference if they would result in an extrajudicial measure or sentence that is disproportionate to the seriousness of the young person's offence.

The Guide Appendix includes a summary of age-based legal milestones for youth in Ontario designed to assist in decision-making processes...[Appendices\Age Based Legal Milestones.pdf](#)

### ***Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008***

The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, is a law created to give people with a developmental disability more independence and choice. This legislation is the foundation of Ontario's plan to improve developmental services.

In July 2011, this law officially replaced the Developmental Services Act, Ontario's old developmental services law. It regulated services mainly for people living in government-run institutions.

Although this Act addresses youth, 18 years and older, awareness of the legislation is relevant in the context of transitional planning.

The legislation includes:

- A new definition for a developmental disability
  - The new definition of developmental disability is not based strictly on IQ. It also considers how a person handles common demands in life and how independent they are compared to others of a similar age and background.
  - The new definition will be applied fairly and consistently across Ontario.
- New, modern language
  - The legislation talks about services and supports. Supports are more flexible and provide many forms of assistance. This gives people more choice and independence.
- A new application and assessment process
  - The new application and assessment process will be consistent, fair and standardized across Ontario.
- Support for person-directed planning
  - It will help people with a developmental disability prepare life plans that lay out their distinct needs and goals. These plans will help them make the most out of funding and outline ways they can participate in community activities.
- Direct funding
  - This will give people with a developmental disability and their families more choice and flexibility. Some families may want to receive services through an agency and others may want to buy supports themselves.
- More accountability
  - The legislation provides accountability requirements to make sure public money is used efficiently and people are supported properly.
  - This will allow the government to take corrective action if there are serious issues with such things as health, safety or financial problems.

Additional summary information regarding this legislation is contained in the appendix. [Youth Response Guide.Appendices\Services & Supports to Promote the Social Inclusion of Persons with Disabilities Act.pdf](#)



## WHAT ARE THE KEY ROLES AND RESPONSIBILITIES OF SERVICE PROVIDERS?

### Role Definitions<sup>iv</sup>

The following are proposed definitions to be applied within this Guide as it pertains to decision-making, planning and service collaboration.

This section includes clarification of specific types of roles and responsibilities including:

#### **Case Manager/Service Coordinator:**

A case manager is an individual who organizes and coordinates services and supports for children/youth with complex needs and their families. (Alternate terms: service coordinator, advocate and facilitator.)

#### **Case Management/Service Coordination:**

A service that helps people arrange for appropriate services and supports. A case manager coordinates mental health, social work, educational, health, developmental services vocational, transportation, advocacy, respite care, and recreational services, as needed. The case manager makes sure that the changing needs of the child/youth and family are met.

#### **Coordinated Services:**

Child/youth serving organizations talk with the family and agree upon a plan of care that meets the child's/youth's needs. These organizations can include mental health, developmental services, education, juvenile justice and child welfare. Case management is necessary to coordinate services.

#### **Early Intervention:**

A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk.



#### **Emergency and Crisis Services:**

A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency including youth with a dual diagnosis. Examples include telephone crisis hotlines, suicide hotlines, crisis counselling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

In addition to emergency and crisis services as defined above, there are services that respond to urgent situations for complex youth but are not necessarily available 24 hours a day, 7 days a week, e.g. Peel Crisis Capacity Network (Peel).

#### **Primary Responsibilities**

While the specific activities undertaken by service providers in crisis situations will vary, there is consensus that there are several common functions/tasks/responsibilities expected when attempting to address the presenting crisis.

-  There is consensus that service providers first and foremost have responsibility to promptly undertake activities that address immediate safety and stabilization needs.
-  There is agreement that a quick and timely response is critical and this requires a lead person getting the “right” individuals together who can make decisions on behalf of the agency/organization as quickly as possible.

- ✚ Short and long term planning must be informed by relevant and useful information. It is the responsibility of service providers to gather all critical current and historical information regarding the youth, his/her family and his/her community.
- ✚ A primary responsibility is to help the youth get connected to the most appropriate services/supports. In order to do this service providers must have knowledge of available resources and most often must advocate for the necessary resources and supports.
- ✚ It is critical that service providers are pro-active in reading warning signs that suggest a crisis may be imminent and undertake activities directed towards mitigating the risk variables.
- ✚ Service providers have a responsibility to engage with the youth and family where possible in all aspects of short term and longer term planning.
- ✚ It is the responsibility of service providers to work within a collaborative framework and to demonstrate as much flexibility as possible within their respective mandates.
- ✚ Effective communication is foundational to ensuring positive outcomes for youth when addressing crisis situations. It is the responsibility of service providers to ensure that effective communication strategies are in place such that all relevant parties are kept appropriately informed.
- ✚ It is the responsibility of service providers to ensure the effective and comprehensive service linkage occurs throughout the planning and intervention phases. This also entails assisting the youth in navigating the system minimizing barriers and simplifying processes.
- ✚ Finally, but perhaps most important, it is the responsibility of service providers to work and make decisions within an ethical framework.

### WHAT IS THE ROLE OF PROVINCIAL ADVOCACY OFFICES – QUICK FACTS?

- ✚ The Office of the Provincial Advocate for Children and Youth serves youth up to the age of 18 years and beyond 18 years if they were involved prior to the age of 18 years.
- ✚ The Advocate's Office can support youth in a variety of ways but it does not provide legal services.
- ✚ The Advocate's Office is not an emergency service.
- ✚ The Office of the Children's Lawyer (OCL) may assist youth under 18 years of age in matters of property rights, civil litigation and estate and trust litigation.
- ✚ The OCL also represents children under the age of 18 in child protection and custody and access cases if appointed by the Court. The OCL can only be appointed to represent children from age 16 until they turn 18 in child protection matters if there is an existing child protection proceeding prior to the child turning 16 or if the child is a minor parent themselves.
- ✚ The OCL will also assist eligible youth who wish to seek assistance from child welfare in regards to "Renewed Youth Supports" if they have previously represented the child/youth.

- ✚ The OPGT may have a role when a person is deemed to be incapable of consenting to treatment and there are no substitute decision makers who are available, willing and capable to provide or refuse the consent to treatment.
- ✚ The OPGT may investigate when an allegation is received that a mentally incapable youth, 16 or older, is at risk of harm to their personal care; the OPGT may investigate an allegation that a mentally incapable youth 18 or older is at risk of harm to their property.
- ✚ The OPGT may become a statutory guardian of property if a person who is 18 years or older is found by a designated capacity assessor to be mentally incapable of managing property.
- ✚ The Capacity Assessment Office may be contacted for a list of designated capacity assessors in the Province of Ontario who are trained to assess a person's capacity to manage property and make personal care decisions.
- ✚ The OPGT does not provide emergency services but if you contact the OPGT, you can expect a call back within 48 hours.
- ✚ Justice for Children and Youth has lawyers that represent and advocate for youth under 18 years of age.
- ✚ JC&Y can assist youth in matters pertaining to child welfare, education, criminal law and can assist youth in getting off the street.

## WHAT IS THE ROLE OF THE OFFICE OF THE PROVINCIAL ADVOCATE FOR CHILDREN AND YOUTH?

### What is the Office's Mandate?

The Office of the Provincial Advocate for Children and Youth reports directly to the Legislature and provides an independent voice for children and youth, including children with special needs and First Nations children.

The advocates receive and respond to concerns from children, youth and families who are seeking or receiving services under the Child and Family Services Act and the Education Act (Provincial and Demonstration Schools).

The Provincial Advocate may identify systemic problems involving children, conduct reviews and provide education and advice on the issue of advocacy and the rights of children. The Office is guided by the principles of the UN Convention on the Rights of the Child and has a strong commitment to youth involvement.

Provincial Advocates are not lawyers and cannot provide legal advice.

The duty of the Office, as simply stated in the legislation is to:

1. Provide an independent voice for children and youth including First Nations children and youth and children with special needs by partnering with them to bring issues forward; and
2. Encourage communication and understanding between children and families and those who provide them with services"; and
3. Educate children, youth and their caregivers regarding the rights of children and youth.

## Guiding Principles

- ✦ The principle of empowerment for children and youth
- ✦ The principle of respect for the dignity of children and youth, and their right to be heard.
- ✦ The principle of the family as the primary source of nurturance, support and advocacy for children and youth.
- ✦ The principle of equality for all children and youth and the principle of respect for diversity.
- ✦ The principle of the least adversarial approach to finding solutions for children, youth and their families.
- ✦ The principle of the community's collective responsibility for providing resources and services to children, youth and their families.
- ✦ The principle of a system that is responsive to the needs of children, youth and their families.
- ✦ The principle of community outreach as an ongoing process.

## Who Does the Office Serve?

- ✦ The Office serves children and youth up to the age of 18 years. If the Office is involved with a youth prior to the age of 18 years, services can be extended beyond a youth's 18<sup>th</sup> birthday.
- ✦ Youth in conflict with the law (secure custody, detention, open custody, community supervision, probation)
- ✦ Children in child welfare care (foster homes, group homes, residential care, family care)
- ✦ Children receiving children's mental health services (secure treatment, residential care, treatment foster homes, family care)
- ✦ Children with cognitive/developmental disabilities in residential or family care
- ✦ (unattached) migrant children
- ✦ Street kids (children with no address; in shelters)
- ✦ Children residing in the residential schools for the deaf, blind, hard of hearing, learning disabled
- ✦ Children with special needs who live at home
- ✦ Children with special needs who are in specialized classrooms
- ✦ Aboriginal/First Nations children on and off reserve
- ✦ Children who have died while in care
- ✦ Children who have committed the most serious offenses
- ✦ Provincial Advocates are not lawyers and cannot provide legal advice

## How do I Access the Services of the Office?

The Office of the Provincial Advocate would prefer that the youth and/or family contact their office for assistance. However, the Office receives direct referrals from professionals. If you believe a youth could benefit or is in need of the Office's services, the contact information is as follows:

TORONTO OFFICE  
401 Bay Street, Suite 2200  
Toronto, Ontario M7A 0A6  
Phone: (416) 325-5669 Toll-free: 1-800-263-2841  
Fax: (416) 325-5681 TTY: (416) 325-2648  
Email: [advocacy@provincialadvocate.on.ca](mailto:advocacy@provincialadvocate.on.ca)

Upon making a referral, an intake will be initiated within 24 hours (48 hours if received on the weekend). Advocates for children and youth are assigned based on a number of criteria, i.e. availability, workload, fit, etc. but not by Region.

It is expected that the referral source will have had a discussion with the youth and will have sought their permission/consent to make the referral. Mention of verbal or any other type of permission at the point of referral is sufficient. The youth can decline assistance at any time and the legislation allows the advocacy office to decide not to serve.

## WHAT IS THE ROLE OF THE CHILDREN'S LAWYER?

The Office of the Children's Lawyer is a law office in the Ministry of the Attorney General which delivers programs in the administration of justice on behalf of children under the age of 18 with respect to their personal and property rights. The OCL has two major legal areas - property rights and personal rights. The property rights area focuses on civil litigation and estate and trust litigation. The personal rights area is responsible for custody and access and child protection cases.

### PROPERTY RIGHTS

#### “Civil Litigation

A child is considered by law to be a person under legal disability who cannot sue or be sued without an adult representative in the form of a litigation guardian. Where a minor child is a party to a civil court proceeding, The Children's Lawyer may:

- ✚ Act as litigation guardian of the child and provide legal representation when required to do so by an Act or the Rules of the Court;
- ✚ Act as legal representative to a minor who is not a party to the proceeding but has an interest that requires protection;
- ✚ The office may institute an action in circumstances where the parent or guardian is unable to pursue a claim;
- ✚ Review proposed settlements involving minors referred by the Court and contest them, where necessary, on the basis that they are not in the best interests of the injured child.

### Estate and Trust Litigation

In the area of estate and trust litigation, The Office of the Children's Lawyer can act for minors, unborn and unascertained beneficiaries in:

- ✚ Will interpretation
- ✚ Will challenges
- ✚ Applications for removal of trustees
- ✚ Succession Law Reform Act proceedings for support of dependants from an estate
- ✚ Variations of trust
- ✚ Encumbrances and sales of property belonging to minors.
- ✚ The OCL may review estate administration accounts of personal representatives and trustees where a minor has an interest in an estate or trust as well as accounts of a guardian of property for a minor.” (Source):  
<http://www.attorneygeneral.jus.gov.on.ca/english/family/ocl/>

## How do I Access the Services of the OCL?

Office of the Children's Lawyer  
C/o MGS Mail Delivery Services  
2B-88 Macdonald Block  
77 Wellesley Street West  
Toronto, Ontario, M7A 1N3




Telephone: (416) 314-8000  
Fax: (416) 314-8050

## WHAT IS THE ROLE OF THE OFFICE OF THE PUBLIC GUARDIAN AND TRUSTEE?

The following information was obtained from the OPGT website. The web-site material has been augmented with information gathered from representatives of the Office of the Public Guardian and Trustee.

The Office of the Public Guardian and Trustee ("OPGT") delivers a unique and diverse range of services that safeguard the legal, personal and financial interests of certain private individuals and estates. Services are provided by multi-disciplinary teams of staff with experience in health care, social work and financial planning fields. The staff receive professional support from lawyers, accountants and investigators.

The following is a brief description of services relevant to complex youth who are the focus of this Guide.

-  The OPGT may have a role when a person is deemed to be incapable of consenting to treatment and there are no substitute decision makers who are available, willing and capable to provide or refuse the consent to treatment.
-  The OPGT may investigate when an allegation is received that a mentally incapable youth, 16 or older, is at risk of harm to their personal care; the OPGT may investigate an allegation that a mentally incapable youth 18 or older is at risk of harm to their property.
-  The OPGT may become a statutory guardian of property if a person who is 18 years or older is found by a designated capacity assessor to be mentally incapable of managing property.

The OPGT does not provide crisis intervention services. The Office requires legal authority to act via the courts or through the Substitute Decisions Act (SDA) or the Health Care Consent Act (HCCA).



### **When might I call the Investigation Unit?**

If you are concerned about an adult (16 and over for personal care and 18 and over for property) living in Ontario who may be mentally incapable of making his/her own decision and because of that, is suffering or is at risk of suffering serious harm, you can contact the Office of the Public Guardian and Trustee's Guardianship Investigations Unit. There is one central phone number for the province of Ontario that anyone can call and leave a voicemail message. The call will be returned by one of the screening investigators within 48 business hours.

The telephone number is 416-327-6348 or toll-free at 1-800-366-0335 or TTY: 416-314-2687.

If a guardianship investigation is deemed to be required, the Team Leader for the Investigations Unit (located at the head office in Toronto) will assign it to the appropriate regional investigator.

For more information about all of the services provided by the OPGT, service providers can send the OPGT a request for an outreach session. The outreach coordinator for the OPGT can be reached at 416-327-0395.

### **Capacity Assessment Office**

The Capacity Assessment Office (CAO) is responsible for the training of capacity assessors, for the maintenance of a roster of qualified capacity assessors. Capacity assessors are not employees of the CAO - they are independent professionals comprised of doctors, nurses, psychologists, registered social workers, or occupational therapists who have received the training and been designated as capacity assessors.

The Capacity Assessment Office may be contacted for a list of designated capacity assessors in the Province of Ontario who are trained to assess a person's capacity to manage property and make personal care decisions.

There is a Financial Assistance Program administered through the Capacity Assessment Office that is available to cover the cost of an assessment in situations where an individual is requesting the assessment and cannot afford the fees.

With respect to the costs for capacity assessments. If the youth referred has turned 18 and is on ODSP, then he or she can apply for funding. Applications for financial assistance can be obtained by contacting the Capacity Assessment Office. Eligibility criteria will apply.

Capacity assessments cost on average \$500-\$700 for a straightforward assessment and will generally be more expensive for more complex referrals.

To obtain information on applications for financial assistance or rosters of qualified assessors, call 416-327-6766, TTY: 416-314-2687 or toll free at 1-866-521-1033.

## WHAT IS THE ROLE OF JUSTICE FOR CHILDREN & YOUTH?

Justice for Children and Youth (JFCY) provides legal representation to low-income children and youth in Toronto and vicinity. It is a legal aid clinic and charitable foundation that specializes in protecting and promoting the rights and dignity of children and young people. JFCY provides legal assistance (including representation), public legal education, community development and law reform across Ontario.

JFCY specializes in providing services in areas of law that are most common and relevant to young people, including - education, youth criminal justice, child welfare, social assistance / welfare, health and mental health issues, some family issues, and others. If you have a problem in school, court, children's aid, welfare, with your family or getting services you need, you can call us. All assistance provided to young people is completely confidential between the lawyers and the young person.

### What does Justice for Children and Youth Do?

JFCY has lawyers that represent and advocate for children and youth; in some cases for those under 18, and in some cases, such as where a young person is facing homelessness those who are 18 - 24. If a young person has a legal problem or needs help with - education, the children's aid, youth criminal justice, welfare or other social services, immigration, health or mental health legal issues, some family law issues such as sibling access and child support paid directly to the child, as well as dealing with any of the problems that come up when facing homelessness, or any other legal unique to the young person - then JFCY may be able to assist. All of JFCY's assistance comes from a child and youth rights perspective.

Lawyers from Justice for Children and Youth provide public legal education and training on children and youth rights issues, to young people, adults and organizations across Ontario. JFCY provides consultation and support to lawyers and other legal clinics in legal matters that fall within their areas of expertise. JFCY is engaged in community development and law reform on children and youth rights issues in Ontario. And JFCY provides legal services – representation, advice, and brief services – directly to young people in Ontario.

The following is more detailed information about some of the most common areas where lawyers from JFCY may provide assistance.

**Education Law:** JFCY assists young people with school issues and various matters under the *Education Act*, and Ontario's *Human Rights Code*. Lawyers will help young people who are facing school discipline (suspensions, expulsions and exclusions), enrollment (getting into and staying in school), special education problems (students with special learning needs), or human rights issues (discrimination).

JFCY will provide direct representation to low income children and youth and their parents or guardians throughout Ontario on school related issues as described (including, suspensions, expulsions, special education, exclusions, truancy, and about issues related to records and privacy). JFCY provides advice to parents and guardians throughout Ontario, and will consult with other lawyers and clinics to assist them in representing clients outside the Toronto area.

**Child Welfare:** JFCY does not duplicate the services available through the Office of the Children's Lawyer (OCL), but in some cases JFCY may represent young people who want the help of children's aid or want out of children's aid care. For example, JFCY has commenced applications by youth to try to compel a children's aid society to take a child into care. JFCY may also assist young mothers, who are no longer eligible for OCL assistance.

**Youth Criminal Justice:** JFCY helps young people on youth criminal justice matters in a number of ways. JFCY lawyers represent low income young people who have been charged by the police. Direct legal representation is provided when a young person is facing multiple legal issues at the same time (such as criminal, child welfare, family, and mental health issues). They also provide information and advice about the youth criminal justice system and their rights, and then help young people find lawyers who are experienced in youth criminal justice, and refer them to other resources. JFCY will provide assistance for young people on any youth criminal justice matter including where a young person is charged in incidents in schools, group homes and jail.

They represent youth with learning or other difficulties. They do bail hearings, trials, guilty pleas, sentencing hearings, and sentence reviews. They also give information, advice and representation about records and privacy issues. JFCY also provides adult criminal justice representation for homeless youth that have no other legal assistance available to them.

**Corrections Law:** JFCY will provide assistance to young people related to being in custody in youth centers – open or secure custody.

**Victims of Crime:** JFCY assists young people who wish to protect the privacy of personal records (e.g. CAS files, school records, medical records, etc.) in criminal proceedings. They also help young people make claims before the Criminal Injuries Compensation Board. They provide referrals to lawyers who may assist with personal injury claims in civil courts.

**Leaving Home:** JFCY provides assistance to young people who are considering leaving or have left their parents' or guardians' home. The issues may involve a wide range of legal issues including child welfare, financial support (welfare, social assistance and family support), education law, access to social and health services, and sibling access law. They also assist in the recovery of personal possessions (including identification) being withheld from the young person.

**Child Support:** JFCY provides assistance to young people when they are seeking financial support from their parents, but are not living with a parent. If a young person is not living with a parent or legal guardian, they may have a right to get child support paid directly to the young person (sometimes including those who are 18 years and over). JFCY will also provide assistance to young mothers.

**Sibling Access:** Justice for Children and Youth represents children and youth who are not living with a parent or guardian, but want to be able to visit and have contact with brothers or sisters. The OCL represents children and youth in custody and access disputes involving parents and caregivers.

**Social Assistance:** JFCY assists young people, who are trying to get general welfare assistance through Ontario Works or who have specific issues regarding their benefits (including being cut off, or eligibility for special allowances). They also assist young parents applying for family benefits, and may give summary advice to persons seeking the foster parent benefit.

**Consent to Treatment:** JFCY assists young people and care providers regarding the right to consent to and refuse to consent to treatment. They will also assist young people who are having trouble getting Ontario Health Insurance Plan (OHIP).

**Mental Health Law:** JFCY will act for young people who are locked in mental health facilities (secure treatment/psychiatric wards) or who are in a facility for mental health reasons.

**Immigration Law:** JFCY provides some assistance to young people who are facing immigration law issues without family support. This includes assisting with sponsorship breakdown, OHIP or other health care benefits, enrolling in school, and work and study permits when their immigration status is an issue. They also assist young people who are in Canada without official immigration status.

**Test Cases:** JFCY monitors the law and will challenge laws that discriminate against children or youth, or laws that fail to take into account the child and youth rights perspective, including the importance of the best interests of the child or youth. They also seek to participate in cases where courts are interpreting laws that have an impact on child and youth rights – this could include any legislation. These cases usually include Canada's *Charter of Rights and Freedoms* and international human rights instruments, specifically the United Nations *Convention on the Rights of the Child*.

### How do I contact Justice for Children and Youth?

Physical Address  
Justice for Children and Youth  
Canadian Foundation for Children, Youth and the Law  
415 Yonge Street, Suite 1203  
Toronto, ON  
Canada M5B 2E7

Phone  
416-920-1633 ; Ontario Toll Free: 1-866-999-JFCY (5329)

Fax: 416-920-5855; Email: [info@jfcy.org](mailto:info@jfcy.org)

## HOW DO BEST PRACTICES LEAD TO BETTER OUTCOMES?

Addressing the needs of complex youth who are experiencing a crisis requires a collaborative approach to problem-solving and service planning.

***“Collaborators aren’t born, they’re made. Or, to be more precise, built, a day at a time, through practice, through attention, through discipline, through passion and commitment—and most of all, through habit.” Twyla Tharp***

Some key variables that contribute to effective collaboration include:

- + Frequent, transparent and respectful communication;
- + Knowledge of available resources;
- + Youth and caregivers/guardians that are engaged immediately in the process and all relevant service providers are at the table;
- + The collection and sharing of comprehensive information;
- + Team work;
- + Clarity of roles and responsibilities and effective service coordination;
- + A common and shared understanding of processes;
- + Comprehensive service planning, ongoing monitoring and follow up;
- + Access to required services;
- + An agreement of common principles;
- + Data Collection and Evaluation.

[Youth Response Guide.Appendices\Principles of Effective Collaboration.docx](#)

### **Tips for Improving Communication**

- Develop common language – glossary of terms
- Minimize issues of consent
- Develop a “Go To Person” for key service organizations
- Confirm conferencing model and expectations

### **Tips for Clarifying Roles and Responsibilities**

- Confirm commitments - in writing where possible;
- Accept that some collaborative members will have different levels of commitment;
- Define the strengths of the collaboration team members and match them with needed roles;
- Find out what people are willing to do and not do;
- Clarify roles and responsibilities up front;
- Members should understand others' roles and how they fit;
- Understand that roles and responsibilities may shift over time.

### **Case Conferencing Best Practices**

Much of the problem-solving in crisis situations occurs within a case conferencing mechanism. Consequently, Case Conferencing Best Practice Notes are included in the appendix...[\Appendices\Case Conferencing Best Practice Notes.docx](#)

Source: Case Conferencing Best Practice Notes adapted from the June 2005, Peel Complex Needs Screening Instrument & Case Conferencing Protocol

The document highlights topics such as purpose, process, expectations, youth and family preparation, creating an agenda, minutes and the role of participants during and following the conference.

Persons calling a conference may want to consider online conferencing and teleconferencing as alternatives in order to ensure efficient and comprehensive participation.

To assist in problem solving, an additional resource to consider is the, "Ontario Telemedicine Network." There are sites available within each of the Central West Region communities. Membership in OTN includes: academic health science centres, community hospitals; psychiatric hospitals; family health teams; community health centres; clinics; nursing stations; community service providers, i.e. Kerry's Place Autism Services, Peel Behavioural Services, Ontario Addiction Treatment Centre, Kitchener, Homewood Health Centre, Guelph Community Care Access Centres; Local Health Integration Networks (LHINs); First Nation Communities; long-term care homes; educational facilities and public health.

There are 1605 sites in Ontario; 1054 members and 3014 systems. Mental health consultation accounted for 71% of the areas of therapeutic care.

Anyone can register with OTN and access site information. To register go to:<https://portal.otn.ca>



## Is a Caregiver Acting in the Youth's Best Interests?

It is difficult to make a judgement as to whether or not a caregiver is acting in the best interest of a youth with complex needs. The following are some guidelines to assist in making this determination.

- ✚ Determine the youth's capacity to communicate their wishes, reduced communication skills contribute to increased vulnerability.
- ✚ Does the youth indicate that his/her wishes are not being heard or acted upon by their caregiver?
- ✚ Is the youth socially isolated?
- ✚ Is the youth being prescribed psychotropic medication that may have serious side effects?
- ✚ The youth has limited education and consequently fewer resources and options.
- ✚ A caregiver has withdrawn supports.
- ✚ Financial resources are not being directed in a manner that is in the youth's best interests.
- ✚ There is reason to believe that the youth is being physically and/or emotionally abused.

If a professional feels that a caregiver is not acting in a youth's best interest and suspects neglect or abuse, the professional should contact the police and/or the OPGT Investigation. Each community has a Reporting Protocol which can be accessed in the appendix. [Youth Response Guide.Appendices\VA Protocols](#)

## WHAT ARE THE INTERVENTION & PLANNING PROCESSES?

This section outlines a series of processes i.e. decision trees/process maps – steps to be taken; by whom and when from the onset of an identified crisis to the development of a longer term plan.

### Initial Response

- The agency/organization that receives the initial call should assume lead responsibility during this initial crisis response phase;
- If the organization that received the call is seen to be inappropriate a new lead agency should be identified in consultation with the Service Resolution Facilitator
- The temporary lead agency shall work in concert with current providers, i.e. respite staff, hospital staff and the youth and family members if possible;
- Determine the nature of the crisis;
- Address immediate safety concerns;
- Stabilize situation;
- Develop an initial safety plan;
- Gather preliminary profile information;
- Focus on youth and family engagement
- If warranted call a community based conference with relevant service providers;
- The initial phase requires an immediate response. Best practice would suggest that an initial response should occur within the first 24 hours.

## **Development of a Short Term Intervention Plan**

During this phase, a Lead agency (person) is determined and a short term plan is developed and communicated to all relevant parties. Specific steps are as follows:

- Engage all relevant service providers and determine if additional parties need to be engaged;
- Work within an ethics framework gathering additional facts, determining relevant ethical principles, exploring options with the youth and developing an intervention plan;
- Develop an expanded understanding of needs as articulated by youth and family (if involved);
  - Gather information from all relevant sources
- Utilize assessment tools undertaking an assessment of risk factors; identify mitigating strategies and modify the safety plan as needed;
- Determine issues of capacity for decision-making
- Engage relevant advocacy offices as needed;
- Complete the assessment and articulate service, resource & treatment needs;
- Identify all available resources to address needs;
- If resources are not available, proceed to Service Resolution;
- If resources are not available within the Region, the Lead person (agency) should engage the relevant MCYS program supervisor to assist with accessing resources outside of the Region;
- Develop a short term plan which identifies intervention strategy, an articulation of ongoing roles and responsibilities and time frames;
- Develop a communication plan and distribute to all relevant parties;
- If transitional planning/resources are required engage local resources (local transitional resources are outlined in the Appendix).

## **Ongoing Intervention, Coordination and Monitoring**

During this phase the focus is on implementing and monitoring the service intervention plan. If the situation is not stabilized, the youth should be supported within a crisis response framework and the community collaborative planning approach should remain intact. Either way the following steps should be taken:

- Confirm ongoing support team
- Clarify ongoing roles and responsibilities
- Develop a transition plan (maybe in form of residential and/or community based service plan)
- Develop ongoing communication and monitoring plans

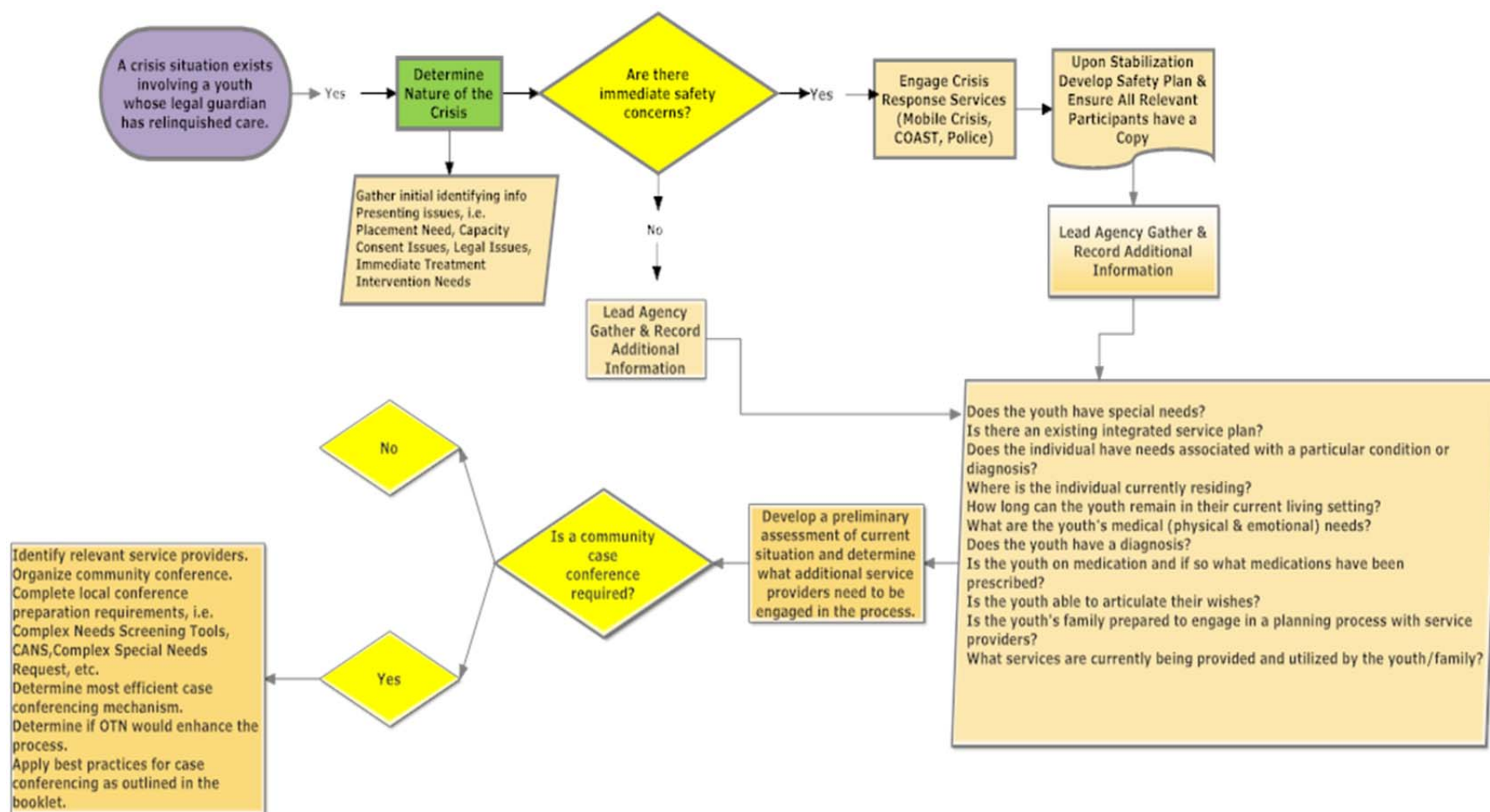
The planning processes outlined above have been captured in process maps/decision trees. To view the process maps in PDF format, just click on the following links:

[..\Process Maps\Process Map Initial Response.pdf](#)

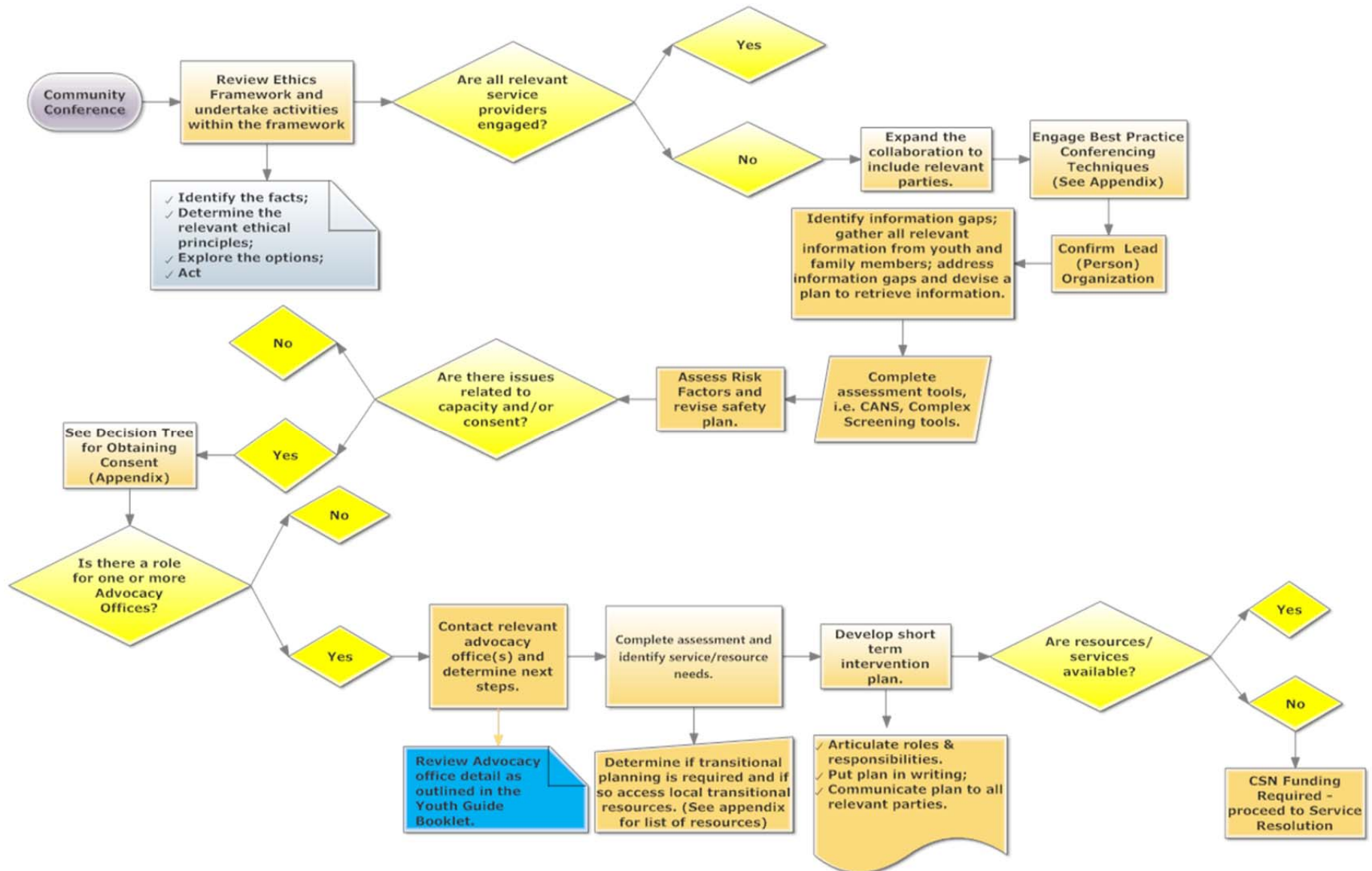
[..\Process Maps\Process Map Short Term Planning.pdf](#)

[..\Process Maps\Process Map. Ongoing.Coordination & Monitoring.pdf](#)

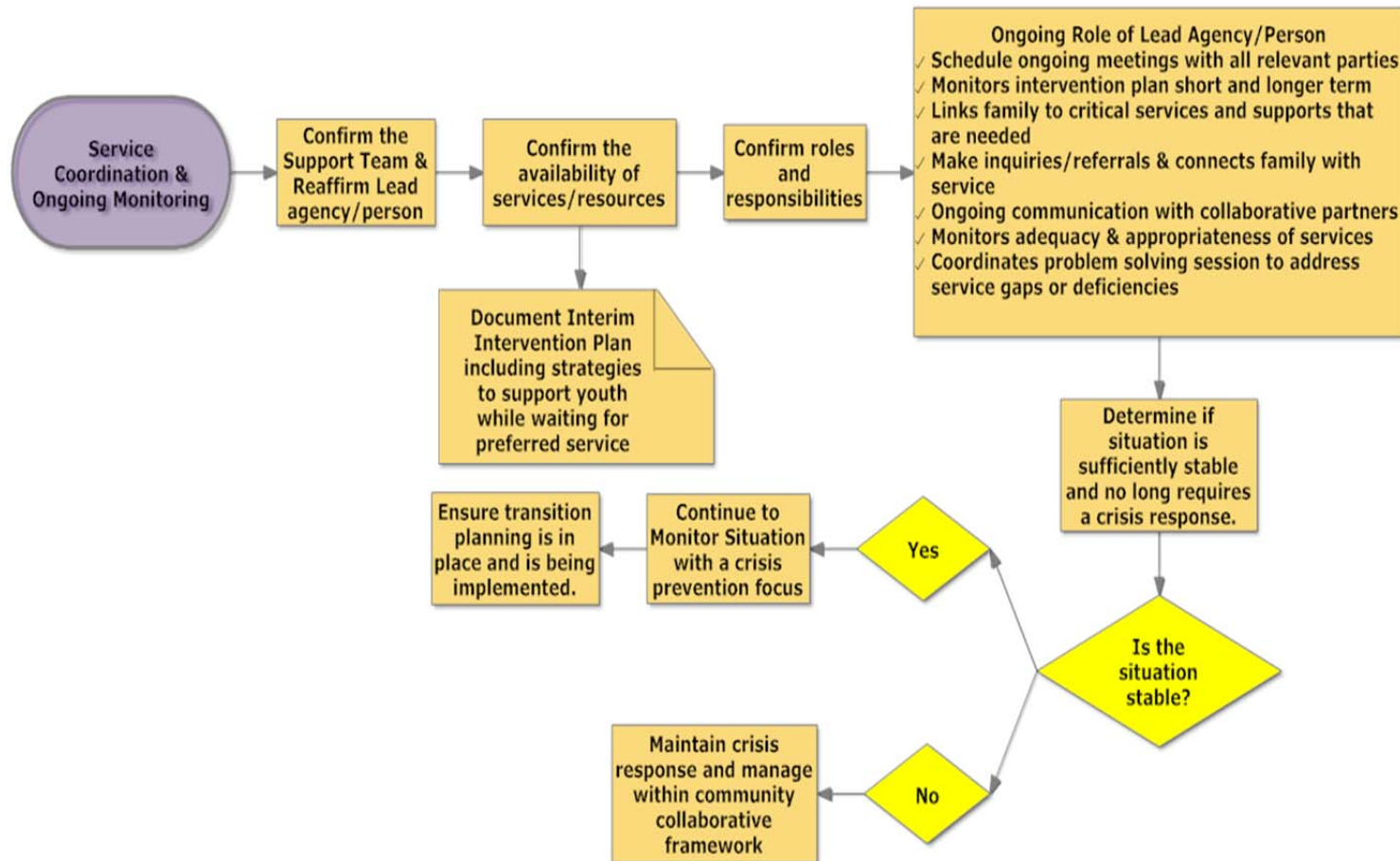
# YOUTH RESPONSE GUIDE- DECISION TREE & PROCESS MAP - INITIAL RESPONSE



# YOUTH RESPONSE GUIDE - DECISION TREE/PROCESS MAP - INTERIM/SHORT TERM PLANNING



## YOUTH RESPONSE GUIDE - DECISION TREE/PROCESS MAP - ONGOING INTERVENTION, COORDINATION & MONITORING





## RESOURCES/APPENDICES

The following is a list of the resources/documents which are contained within the Appendix Addendum. Some of these documents have links within the Youth Response Guide.

- ✚ Age Based Legal Milestones
- ✚ Applicable Legislation Graphic
- ✚ Case Conferencing Best Practices
- ✚ Decision Tree for Obtaining Consent
- ✚ Mental Health and Law Toolkit
- ✚ OPGT. Capacity Assessment
- ✚ OPGT – Capacity Assessment Office – Q&A
- ✚ OPGT – Guardian Investigations
- ✚ OPGT-Capacity Assessment Website References
- ✚ OPGT- Less Intrusive Options
- ✚ OPGT – Guide to SDA
- ✚ OPGT – Role of the OPGT Office
- ✚ Principles of Effective Collaboration
- ✚ Process Maps
- ✚ Renewed Youth Supports (CAS) – Q&A
- ✚ Safeguards for Vulnerable Adults Discussion Paper, October 2007
- ✚ Services & Supports to Promote the Social Inclusion of Persons with Disabilities Act, 2008
- ✚ System Transition & Coordination Model (Peel)
- ✚ System Transition Coordination Process (Peel)
- ✚ Transitional Age Youth Coordinating Committee (LIND)
- ✚ Trillium IDEA, Ethical Framework
- ✚ Vulnerable Adult Protocols

The following are internet links that provide information beyond what is contained within the Youth Response Guide.

<http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/ISBN-0-7794-3016-6.pdf>

<http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/capacityoffice.asp>

<http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/incapacity/>

The electronic version of the Youth Response Guide can be accessed at the Website:

[www.youthresponseguidecwr.org](http://www.youthresponseguidecwr.org)



## ENDNOTES

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<sup>i</sup> Definition adapted from Dr. Barbara Secker, Joint Centre for Bioethics, University of Toronto.

<sup>ii</sup> Specifically, the ethical framework to be applied has been borrowed from: [http://www.trilliumhealthcentre.org/about/documents/TrilliumIDEA\\_EthicalDecisionMakingFramework.pdf](http://www.trilliumhealthcentre.org/about/documents/TrilliumIDEA_EthicalDecisionMakingFramework.pdf)

<sup>iii</sup> <http://www.oha.com/KnowledgeCentre/Library/Toolkits/Documents/Final%20-%20Mental%20Health%20and%20the%20Law%20Toolkit.pdf>

<sup>iv</sup> Source: National Mental Health Information Centre – US Department of Health and Human Services