

Instructions for Form 5: Declaration of Renewal of Involuntary Admission
(Section 21, *Involuntary Psychiatric Treatment Act*)

The actions and decisions to be documented on this form, which forms a part of the *Involuntary Psychiatric Treatment Regulations*, are to be undertaken in a manner consistent with Canada's accepted obligations under the *United Nations Convention on the Rights of Persons with Disabilities* and in accordance with the guiding principles set out in subsection 2(1) of the Act.

When to use this form:

- To renew a patient's status as an involuntary inpatient.
- A new Form 5 must be completed for each renewal.

When filling out the form:

- The patient must meet all of the criteria listed in Section 17 of the Act.
- Unless otherwise specified, renewal dates follow the effective declaration date on Form 4.
- This form, once completed, must be filed with the designated NSH or IWK MHA staff or administrative office responsible for managing IPTA health records.
- If it is associated with a mandatory hearing, this form, once completed, must also be filed [with] the provincial IPTA Review Board administration at IPTAadmin@novascotia.ca.
- It is the facility's responsibility to track patient involuntary treatment status and inform IPTA Administration at the Office of Addictions and Mental Health at IPTAadmin@novascotia.ca when mandatory hearings are due.

Notes:

- Clause 3(q) of the Act defines mental disorder as "a substantial disorder of behaviour, thought, mood, perception, orientation or memory that severely impairs judgement, behaviour, capacity to recognize reality or the ability to meet the ordinary demands of life, in respect of which psychiatric treatment is advisable."
- In accordance with Section 26 of the Act, when a declaration of involuntary admission is filed, the patient and the patient's substitute decision-maker must be promptly informed in writing of the reasons for the patient's admission, their right to legal counsel and all other rights and information listed in subsection 26(1) of the Act.
- In accordance with Section 21 of the Act, this form must be filed with the chief executive officer or their designate.
- In accordance with Section 22 of the Act, a declaration of renewal may be issued for the following terms:

Renewal	Term
1st renewal	up to 30 days
2nd renewal	up to 60 days
3rd and subsequent renewals	up to 90 days

- A renewal is effective from the expiry date given on Form 4, or the previous renewal, unless otherwise specified by the psychiatrist.
- If this form is not filled out, the attending psychiatrist must fill out Form 6: Declaration of Change of Status.

Form 5: Declaration of Renewal of Involuntary Admission
 (Section 21, *Involuntary Psychiatric Treatment Act*)

I, Dr. _____ (full name), a psychiatrist on the staff of _____ (name of psychiatric facility), am the attending psychiatrist of _____ (full name of patient), an involuntary patient at the facility.

This declaration of renewal renews the Declaration of Involuntary Admission dated ___/___/___ (dd/mm/yyyy), which expires/expired on ___/___/___ (dd/mm/yyyy).

This is the _____ (1st, 2nd, 3rd, etc.) renewal of that declaration and expires on ___/___/___ (dd/mm/yyyy).

If this is a second or subsequent renewal, the previous declaration of renewal expires on ___/___/___ (dd/mm/yyyy).

I personally examined this patient on the following date and at the following time and location:

Date (dd/mm/yyyy)	Time	Location	Method
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> in person <input type="checkbox"/> video call <input type="checkbox"/> telephone
If by video or telephone, state rationale:			

I have conducted an involuntary psychiatric assessment of this patient and I have reasonable and probable grounds to believe that the patient meets **all** of the following criteria:

- the patient has a mental disorder
- the patient is in need of psychiatric treatment provided in a psychiatric facility
- as a result of the mental disorder, the patient (*check all that apply*)
 - is threatening or attempting to cause serious harm to themselves or has recently done so
 - has recently caused serious harm to themselves
 - is seriously harming or is threatening serious harm towards another person or has recently done so
 - is likely to suffer serious physical impairment

- is likely to suffer serious mental deterioration
- the patient requires psychiatric treatment in a psychiatric facility and is not suitable for inpatient admission as a voluntary patient
- as a result of the mental disorder, the patient does not have the capacity to make admission and treatment decisions

In determining that reasonable and probable grounds exist that the patient does not have the capacity to make admission and treatment decisions, I have assessed whether the patient has the ability, with or without support, to understand all of the following:

- the nature of the condition for which the specific treatment or admission is proposed
- the nature and purpose of the specific treatment
- the risks and benefits involved in undergoing the specific treatment
- the risks and benefits involved in not undergoing the specific treatment or admission

I have also considered whether the patient's mental disorder affects the patient's ability, with or without support, to appreciate the reasonably foreseeable consequences of making or not making a decision, including the reasonably foreseeable consequences of the decision to be made.

The following reasons and information support my determination that reasonable and probable grounds exist that this person has a mental disorder and meets the criteria as checked above:

Reasons, based on my observations and examination of the patient:

Information from other sources:

Information:

Please identify sources:

- A written, individualized treatment plan has been prepared for the patient in accordance with Section 20A of the *Involuntary Psychiatric Treatment Act* within 30 days of involuntary admission.
- A copy of this written individualized treatment plan has been promptly provided to the patient and the patient's substitute decision-maker on ___/___/___ (dd/mm/yyyy) in accordance with subsection 20A(3) of the *Involuntary Psychiatric Treatment Act*.
- By checking this box, I confirm I have informed the patient and the patient's substitute decision-maker of the patient's right to retain and instruct legal counsel, and the steps the patient may follow to obtain free legal counsel. I acknowledge that checking this box does not relieve me of the obligation to promptly inform the patient and the patient's substitute decision-maker, in writing and in language that the patient is likely to best understand, of the information set out in Section 26 of the *Involuntary Psychiatric Treatment Act*.

Therefore, I declare that the patient's status as an involuntary patient is renewed, effective on the date this declaration is signed.

_____ (dd/mm/yyyy) _____
(date of signature) (signature of attending psychiatrist)

(attending psychiatrist's name—printed)

This form, once completed, must be filed with both of the following:

- the designated NSH or IWK MHA staff or administrative office responsible for managing IPTA health records
- the provincial IPTA Review Board administration at IPTAadmin@novascotia.ca.

It is the facility's responsibility to track patient involuntary treatment status and inform the provincial IPTA Review Board administration at IPTAadmin@novascotia.ca when mandatory hearings are due.