

Instructions for Form 6: Declaration of Change of Status
(subsection 24(2), *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:

- When the patient no longer meets the requirements of Section 17 of the Act and the patient's status is changed to that of a voluntary patient.

When filling out the form:

- Check the appropriate boxes to identify which criteria the patient no longer meets.
- 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.

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 subsection 24(2) of the Act, this form must be filed with the chief executive officer or their designate.
- In accordance with subsection 24(3) of the Act, when a patient's status is changed to that of a voluntary patient, the chief executive officer must ensure that the patient is promptly informed that they are a voluntary patient and they have the right to leave the psychiatric facility, subject to any detention that is lawfully authorized other than under the *Involuntary Psychiatric Treatment Act*.

Form 6: Declaration of Change of Status
(subsection 24(2), *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 admitted to the facility.

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

Date (<i>dd/mm/yyyy</i>)	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 hereby change the status of the patient to that of a voluntary patient because (***check all that apply***)

- the patient no longer has a mental disorder
- the patient is no longer in need of psychiatric treatment in a psychiatric facility
- the patient
 - is not threatening or attempting to cause serious harm to themselves and has not recently done so
 - has not recently caused serious harm to themselves
 - is not seriously harming or threatening serious harm towards another person or has recently done so
 - is not likely to suffer serious physical impairment
 - is not likely to suffer serious mental deterioration
- the patient is suitable for inpatient admission as a voluntary patient
- the patient has the capacity to make admission decisions
- the patient has the capacity to make treatment decisions

Therefore, I declare that the patient's status is changed to that of a voluntary patient, effective on the date that this declaration is signed.

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

(signature of attending psychiatrist)

(attending psychiatrist's name—printed)

- I have informed the patient of their right to leave the facility per the requirements of subsection 24(3) of the Act.
- in writing verbally both

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