

**Instructions for Form 9: Community Treatment Order
and Community Treatment Plan**
(Sections 47 and 48 *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 issue a community treatment order, where “in the community” means outside of a psychiatric facility.

When filling out the form:

- The patient must meet all 5 of the criteria under subsection 47(3) of the Act listed on the form.
- 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:

- When a community treatment order is issued, the patient and the patient's substitute decision-maker must be promptly informed, in writing and in language the patient is likely to best understand, of the reasons for the order, the patient's right to legal counsel, and all other rights and information listed in subsection 47(5) of the Act.
- In accordance with Section 47 of the Act, the psychiatrist who issued the order must inform the patient and the patient's substitute decision-maker of the patient's right to a hearing before the Review Board and must provide a copy of this order to all of the following people:
 - the patient
 - the patient's substitute decision-maker
 - the chief executive officer or their designate
 - any other health practitioner or other person who has obligations under the community treatment plan
- A copy of this order must be sent to the Review Board.
- In accordance with subsection 49(2) of the Act, the psychiatrist who signs this order must notify all of the above-listed people of any changes to the patient's community treatment plan.
- The community treatment order is valid for up to 180 days after the date the order is signed.

- In accordance with Section 48 of the Act, the community treatment plan must contain all of the following:
 - a plan of treatment for the person subject to the community treatment order
 - any conditions relating to the treatment or care and supervision of the person
 - the obligations of the person subject to the community treatment order
 - the obligations of the substitute decision-maker, if any
 - the name of the psychiatrist, if any, who has agreed to accept responsibility for the general supervision and management of the community treatment order
 - the names of all persons or organizations who have agreed to provide treatment or care and supervision under the community treatment plan and their obligations under the plan
 - provision for the naming of another psychiatrist if the psychiatrist who issued the order under subsection 47(2) is unable to carry out their responsibilities under the order.

Form 9: Community Treatment Order
(Section 47, *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 (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 reasonable and probable grounds to believe that the patient meets **all** of the following criteria:

1. The person has a mental disorder for which the person is in need of treatment or care and supervision in the community and the treatment and care can be provided in the community
2. The person, as a result of the mental disorder, (*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
 - will suffer serious physical impairment
 - will suffer serious mental deterioration
3. As a result of the mental disorder, the person does not have the capacity to make treatment decisions
4. During the immediately preceding 2-year period, the person (*check all that apply*)
 - has been detained in a psychiatric facility for a total of 60 days or longer

- has been detained in a psychiatric facility on 2 or more separate occasions
- has previously been the subject of a community treatment order

5. The services that the person requires in order to reside in the community exist in the community, are available to the person, and will be provided to the person.

In determining that reasonable and probable grounds exist that the person does not have the capacity to make admission and treatment decisions, I have assessed whether the person 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 treatment or admission
- the risks and benefits involved in undergoing the specific treatment or admission proposed
- the risks and benefits involved in not undergoing the specific treatment or admission.

I have also considered whether the person's mental disorder affects the person'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 described above:

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

Information from other sources:

Information:

Please identify sources:

Community Treatment Plan
(Section 48, *Involuntary Psychiatric Treatment Act*)

The plan of treatment for the person is as follows:

Conditions relating to the treatment or care and supervision of the person are:

The obligations of the person subject to the community treatment order are:

The obligations of the substitute decision-maker, if any, are:

The following persons or organizations have agreed to provide treatment or care and supervision under the community treatment:

Person/Organization	Obligations	Contact information

If the psychiatrist who issued the community treatment order is unable to carry out their responsibilities under the order, then the following person must assume those responsibilities:

_____ (*full name*)

For this community treatment order to remain in effect, the patient must submit to the medical treatment that is prescribed by their psychiatrist and must attend appointments with the psychiatrist or the health professionals listed above in the places scheduled, from time to time, as is consistent with good medical practice.

I confirm that the consent of the patient's substitute decision-maker _____ (*full name*) has been requested and will be obtained before the patient is placed on a community treatment order and before the effective date of that community treatment order.

- 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 subsection 47(5) of the Act.

This community treatment order begins on ___/___/_____ (*dd/mm/yyyy*) and expires on ___/___/_____ (*dd/mm/yyyy—180 days after the date that the order is signed*) unless it is renewed or terminated at an earlier date.

(*signature of witness*)

(*signature of psychiatrist*)

(*witness's name—printed*)

(*psychiatrist's name—printed*)

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

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

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