Review Board under the Involuntary Psychiatric Treatment Act

ANNUAL REPORT

APRIL 1, 2023 – MARCH 31, 2024

NOVA SCOTIA

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Review Board
Involuntary Psychiatric Treatment Act (IPTA)
1894 Barrington Street, 17th Floor
Halifax, Nova Scotia B3J 2R8

September 1, 2024

Honourable Brian Comer
Minister, Office of Addictions and Mental Health
Halifax, Nova Scotia

RE: IPTA Annual Report – 2023–24

Dear Minister Comer,

I am pleased to submit the annual report of the review board pursuant to the Involuntary Psychiatric Treatment Act for the year April 1, 2023, to March 31, 2024.

Sincerely,

Gregg W. Knudsen, TEP

Chair, Review Board under IPTA for 2023–24

CC: Francine Vezina, Senior Executive Director, Office of Addictions and Mental Health
Natalie Cochrane, Project Executive, Office of Addictions and Mental Health
Review board members

Introduction

This annual report is submitted by the review board pursuant to Section 80 of the Involuntary Psychiatric Treatment Act, S.N.S. 2005, c. 42. ("IPTA" or "the act"), which requires the review board to report to the minister on its activities during the preceding fiscal year. Section 7 of the Involuntary Psychiatric Treatment Act Regulations ("the regulations") requires that the annual report contain statistics of the board's activities and recommendations to the minister. To that end, I am pleased to submit this annual report for the fiscal year April 1, 2023, to March 31, 2024.

By the time this report will have been printed, the amendments prescribed under Bill 120, An Act to Amend Chapter 42 of the Acts of 2005, the Involuntary Psychiatric Treatment Act, referred to simply as "Bill 120," will be proclaimed in force as of August 13, 2024. The current regulations will be amended while the forms will be repealed and replaced by new forms incorporating the changes to the act and regulations. The changes to the act have been discussed in detail in the previous years' annual reports. That synopsis is included in the last section of this report. A brief overview of the amended regulations is also contained in this report. More discussion of both will follow in the next reporting period once the board has had an opportunity to work with the new legislation. In the lead up to August 13th, and shortly thereafter, the chair will work closely with staff of the Office of Addictions and Mental Health (OAMH), review board members, and others with a view to successfully implementing best practices in light of these new legislative changes.

This report marks the first annual report prepared by the current IPTA review board chair, Gregg W. Knudsen, who was appointed by order in council effective November 22, 2023. The board thanks the previous chair, Jasmine Ghosn, for her contribution and leadership in that role. The work of the board under her leadership has been summarized in this report. Ms. Ghosn has recently been reappointed as a lawyer member, so we look forward to her continued contributions.

This annual report is presented in the following parts:

Part 1 discusses the function of the review board and the types of review hearings it is required to perform.

Part 2 presents the statistics, trends, and possible inferences from those figures.

Part 3 highlights some of the work of the board in 2023–24, particularly in preparation for Bill 120.

Part 4 discusses possible areas of concern and recommendations to the minister. The board is taking a wait-and-see approach for several of these pending legislative changes and promises to provide a report of the successes and challenges in implementing those changes and the steps taken to further those successes and address any challenges.

Part 5 discusses the amendments to the regulations together with the previous board's synopsis of the pending changes to the act.

Part 1 – Functions of the IPTA Review Board

The role and function of the review board is set out in sections 65–80 of the act. Essentially, the review board performs reviews of various matters ascribed to it under the act. These matters are predominantly reviews of declarations of involuntary admission, and their renewal, or the issuance/renewals of community treatment orders (CTOs). The board's role is adjudicative, presided over by a panel of three that includes a lawyer member, a psychiatrist member, and a lay member drawn from a roster of each. In 2023–24, there were seven board lawyers, four board psychiatrists, and nine lay members. Each board member brings their own expertise and perspective. Significantly, no member's vote in a panel decision carries any greater weight than the other; each are equal. All decisions are decided on a majority basis.

Mandatory reviews are initiated automatically as prescribed by the act or initiated by the patient, another party, or the board. Automatic reviews occur at intervals prescribed under the act while initiated reviews occur as and when they are brought. The board has the authority to decline to hear an application for a review when there had already been a review recently.

Once an application is made or deemed to be made (i.e., an automatic review), the board has the obligation to hold a review hearing as soon as reasonably possible, but no later than 21 days after the application.

Once scheduled, the patient, the patient's psychiatrist, and the substitute decision maker (SDM) are all parties to the hearing. The CEO of the facility is entitled to be a party, but they need not attend.

In addition to reviews of the involuntary admissions and the issuance of CTOs, and/or the renewal of these matters, the board also considers the following:

(1) A declaration of incompetency under Section 58(1) of the Hospitals Act.

- There were no reviews of this type during the previous year.

(2) A review of treatment decisions by the SDM.

- There were no reviews of this type during the year.

(3) Revocation of a certificate of leave.

A certificate of leave is issued by the treating psychiatrist to the patient who resides within a facility authorizing the patient to live outside of the hospital, usually in the community. Certificates of leave may be revoked if any of the conditions of the certificate of leave are breached. Last year, out of six certificates of leave issued, there were two revoked due to non-compliance.

- There were no hearings held to review the revocation of certificates of leave.

Part 2 – Statistics and Year-Over-Year Trends

Applications Received

In the fiscal year under report, the review board processed 265 applications for review. This is down slightly from the previous year 2022–23, when 268 applications were processed. This is the first time the number of applications decreased in the past five fiscal years, which previously had an average increase of 30.33 applications per year.

Of the 265 applications, 207 were from inpatients while 58 were for those on CTOs; 131 were automatic while 134 were requested reviews (131 by the patient and 3 by the board)[1]. The number of requested reviews was 50.56 per cent of those received, while the percentage of automatic reviews was 49.44 per cent. In other years, the percentages of requested hearings were higher (54.19% to 58.72%) and the number of automatic hearings were lower (41.28% to 45.81%).

The review board held 101 hearings, a reduction of 9 hearings over the previous fiscal year. In other words, 38.11 per cent of applications and automatic reviews were actually heard. In the four previous years, the percentage of applications heard ranged from 41.04 per cent to 43.84 per cent. The reason for the correlation between the reduction in hearings and the larger percentage of mandatory reviews is unclear. One possibility may be that, with patient-initiated reviews, the patient could be more motivated to pursue the matter they initiated themselves than when a review is automatic.

Outcomes

Hearings

As noted above, 101 hearings were held. Forty-three of the hearings involved a review of in-patient status (declaration or renewal) with 37 upheld and 6 revoked. Meanwhile, 58 hearings addressed CTOs or their renewal, with 53 being upheld and 5 being revoked.

No Hearings Held

In looking at the 164 applications where hearings were not held, most of those involved a change of status to voluntary (121, or 73.78%), meaning the patient is no longer an involuntary patient under the act, or a patient involuntarily admitted to hospital is now treated in the community under a CTO (14, or 8.54%). Further, 23 patients withdrew their application for review and 4 others were cancelled for other reasons.

Adjournments

There were 68 matters adjourned during the year: 41 of the adjournments were from inpatients while 27 were from patients being treated under CTOs. Forty-three of the adjournments were requested at or near the time of the hearing while 25 were adjourned prior to the hearing.

[1] Pursuant to Subsection 68(4)(h), the board may apply for a review when it is in the patient's best interests.

Reasons for Adjournments

The reasons for adjournment vary in number and basis:

Reason	Frequency/68
Legal Aid lawyer not available to attend hearing	16
Adjourned to appoint amicus curiae	15
Legal Aid requires more time to review file	9
Time/access issues (e.g., additional documentation required for hearing; Legal Aid unable to access patient records and/or unable to obtain patient's instructions)	9
Key person not showing up for hearing (e.g., patient, Patient Rights advisor, private lawyer, treating psychiatrist)	8
Patient requests (e.g., adjournment for Legal Aid, amicus curiae to act as counsel, other personal reasons)	9
Others	2

Legal Representation

During the 2023–24 fiscal year, applicants requested legal representation 195 times, or 74 per cent of the time (163 for inpatients and 32 for those on CTO). Patients were represented in 65 of 101 hearings, or 64 per cent. These figures are consistent with the percentage of matters requiring representation in the past. In addition, Nova Scotia Legal Aid is now actively involved in the review board's amicus curiae program, taking over from Dalhousie Legal Aid Service.

Amicus Curiae

Two years ago, the review board developed the amicus curiae initiative in furtherance of the board's requirement under Subsection 71(2) of the act. That subsection requires the board to appoint a representative to attend a hearing on behalf of an absent patient. The initiative is funded by OAMH. Lawyers from Nova Scotia Legal Aid attend on behalf of a patient to act as amicus curiae.[2] While their role appears to be less involved than when acting as the patient's counsel, the importance of their presence in this regard cannot be understated. The board is grateful for Nova Scotia Legal Aid's ongoing responsibility in this important program.

[2] Amicus curiae, literally Latin for "friend of the court," is a strategy used in the civil courts for a party or an intervenor to be represented at a hearing of an appeal. Quite often the person appointed in the courts is a lawyer. While the review board is not a court, the term applies to lawyers in attendance to monitor the hearings, raise issues of procedure, and, when appropriate, question witnesses on behalf of the patient.

Community Treatment Orders

Psychiatric facilities are required to file CTOs and renewals with the review board. During the fiscal year the following were filed:

Total CTOs	100
Number of initial CTOs filed	59
Number of renewals (no hearing)	41
Number of revocations filed (by treating psychiatrist or hearing)	34

The number of CTOs increased this year. Last year's report shows 85 in total with 49 having been initiated. Last year's reported figures were a decrease from fiscal year 2022–23. The number of renewals increased from 36 to 41. However, the number of revocations also increased to 34, up from 18.

Certificates of Leave

There was a significant decrease in the number of certificates of leave issued and revoked. This past year, there were only four certificates of leave initiated and two revoked.

Part 3 – Activities of the Board

During 2023–24, the board conducted a number of activities in preparation for the proclamation of Bill 120. Most of the activities were led by Jasmine Ghosn while acting as chair. These included reviewing and updating the board manual for changes to policies and procedures, changes to the hospital report, and development of best practices. Since assuming the chair, training initiatives have been commenced in preparation for Bill 120. In addition, the board welcomed two new lawyer members and a new lay member, so on-board training has been commenced for them as well. The board has commenced developing an educational tool for psychiatrists appearing before the board.

Both chairs have actively met with the provincial advisory committee during their tenure. In later meetings, discussions included communications to patients in Mi'kmaw communities and implementation of the new procedures and forms.

The board will report in the coming year as the new legislation is proclaimed and practices implemented.

Part 4 – Recommendations

As noted, the act and regulations will be amended by Bill 120 and by NS Reg. 116/2024, which will be proclaimed on August 13, 2024. Consequently, board practices and policies will be modified with these amendments in mind. The following are designed to ensure a successful transition.

1) Readiness of board members through virtual and in-person meetings.

   The legislative texts have been circulated to the lawyer members for a virtual conference on August 6, 2024. Further, an annual meeting with all members will be held in late September where best practices and lessons learned will be discussed.

2) Availability for stakeholders at all levels.

   In the past, the board chair arranged for meetings with various stakeholders across the province with an education session devised to deal with broad-based concerns or cases of individual stakeholder needs. If such a meeting is necessary, it will likely be performed by way of a virtual platform.

3) Development of a procedure for written reviews consistent with the provisions in Bill 120 and the regulations.
4) Review and revision of policies as required.
5) Development of recommendations for the minister, based on the new practices.

Part 5 – Legislative Changes

The previous two years' annual reports included a comprehensive synopsis describing the amendments to the act under Bill 120. I have incorporated those sections verbatim in Annex B.

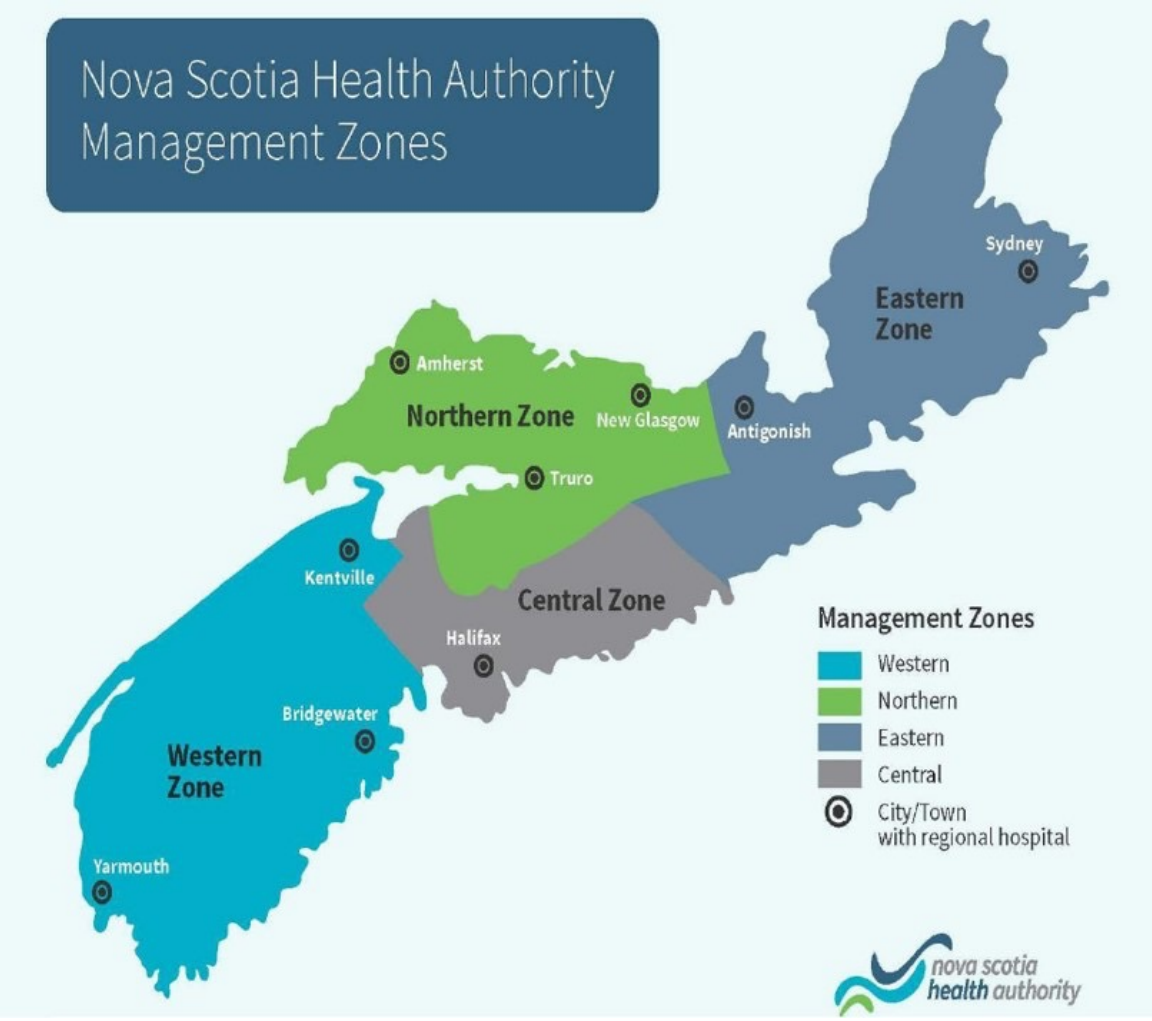
In addition, key changes to the regulations include the following:

- Changes to the definitions of "capacity" and "support" incorporating the definitions of those terms as set out in the Adult Capacity and Decision-making Act.
- An updated list of all psychiatric facilities in Nova Scotia.
- A more detailed and clearer list of the contents of a treatment plan for an involuntary patient.
- The requirements of an electronic examination and assessment of an involuntary patient by a psychiatrist.
- Procedural requirements to conduct written hearings under the act. Specifically, the types of hearings, the requirements/conditions precedent for a board to hold a written hearing, the procedural sections of the act that apply to written hearings, and the right of any party to request a full oral hearing any time before the scheduled hearing date.
- Use of electronic hearings are confirmed as the preferred method, except when a full oral hearing is requested.
- New forms issued under the regulations.

Summary

The review board under the Involuntary Psychiatric Treatment Act has had a busy 2023–24 fiscal year. The coming year is expected to be more so as the long-anticipated legislative amendments soon take effect. On behalf of the review board, I look forward to implementing those changes and reporting back to the minister and legislature in the new fiscal year.

Annex A


Nova Scotia Health Authority
Management Zones
Sydney
Eastern
Zone
Amherst
Northern Zone
New Glasgow
Antigonish
Truro
Kentville
Central Zone
Halifax
Bridgewater
Western
Zone
Yarmouth
Management Zones
Western
Northern
Eastern
Central
City/Town
with regional hospital
nova scotia
health authority

Annex B

New Language on Overriding Principles of Interpretation of the Act

Under Bill 120, Section 2 of the act is amended to require that the IPTA be interpreted, read, and applied in a manner that

(a) is consistent with Canada's accepted obligations under the United Nations Convention on the Rights of Persons with Disabilities

(b) ensures all persons are treated with consideration of cultural safety and competency

(c) ensures that persons with mental illness are entitled to treatment that is equal to that provided to those with other kinds of health issues and those with other kinds of mental illness

New Language on Criteria for Involuntary Status

Under Bill 120, when admitting a patient to the hospital involuntarily, pursuant to Section 17, a psychiatrist will be required to have "reasonable and probable grounds to believe" that an individual meets the criteria for involuntary status, as opposed to being "of the opinion" that the patient meets the criteria.

With regard to a patient's risk of serious physical impairment or serious mental deterioration, there must be "reasonable and probable grounds" that the patient "will" suffer one or both of these risks, as opposed to being "likely to" suffer one or both of these risks.

The new "reasonable and probable grounds" test also applies to community treatment orders (CTOs).

New Language on Definition of "Capacity"

Under the current language, a psychiatrist must consider whether the patient "fully" understands and appreciates the elements of consent.

Under Bill 120, the term "fully" is deleted, and a psychiatrist must consider whether the patient "has the ability, with or without support, to" understand and appreciate the elements of consent.

The elements of consent remain the same, and comprise an understanding of the nature of the condition for which specific treatment is proposed; the nature and purpose of the specific treatment; an appreciation of the risks and benefits involved in undergoing the specific treatment; and an appreciation of the risks and benefits of not undergoing the treatment.

A Written Treatment Plan Required for Involuntary Psychiatric Treatment

Under Bill 120, a new requirement has been added as Section 20A, mandating the psychiatrist, within 30 days of issuing a declaration of involuntary admission, to prepare a "written, individualized treatment plan for the patient" which must be provided "promptly" to the patient and their substitute decision maker (SDM).

Amended Language on Time Limitations – For Clarity

Amendments have been made to various sections of the act which change references from "month" to "days." This should help improve clarity on the calculation of the number of days required for renewals of declarations of involuntary admissions, CTOs, and automatic review board hearings.

Duty on Facility To "Immediately Notify" the Review Board

A new Section 37(2) will require the facility to "immediately notify the Review Board" of a deemed application, in writing. This aims to ensure no delays beyond the 21-day limit to setting down mandatory reviews before the board.

Similarly, a new Section 58(4) mandates that a psychiatrist who issues or renews a CTO shall notify the board in writing immediately upon a deemed application being made to the board.

Expanded Duty To Inform Patients of Their Rights

Section 26 has been amended to expand the duties and obligations of the chief executive officer (CEO), or designate, of the psychiatric facility where a patient has been detained under a declaration of involuntary admission or declaration of renewal. Under the current version of Section 26, the CEO must inform the patient and SDM in writing (and with reasons) that the patient (a) has been admitted or continues to be; (b) has the right to apply to the Review Board for a review of the patient's status; and (c) has the right to retain and instruct counsel without delay.

Under the new Section 26, the CEO must also

(a) inform the patient and SDM "in language that the patient is likely to best understand"

(b) inform the patient of the function of the Review Board

(c) inform the patient on

- how to make an application to the Review Board
- steps the patient may follow to obtain free legal counsel
- the function of the PRAS
- the patient's right to obtain free and timely access to the patient's medical records under the Personal Health Information Act and the IPTA
- the steps the patient may follow to do so

(d) give the patient a copy of the declaration

(e) consult with the patient on whether they wish to consult with PRAS, and notify PRAS

(f) consult with the patient on whether they wish to consult with legal counsel, and assist the patient in contacting legal counsel

Similarly, amendments to Section 47(5) of the act impose the same duty on psychiatrists to inform patients of their rights when issuing CTOs or renewals.

New Express Language for Renewals of CTOs

Section 52(1) of the act deals with the renewal of CTOs. The test is now made expressly clear that the following three conditions for renewal are required, in addition to the usual requirements:

(a) The CTO has demonstrated efficacy.

(b) The criteria listed in 47(3)(a) continue to exist.

(c) The SDM has consented to the renewal.

New Language for "Requests" for Reviews to "Applications"

The new provisions clarify that a "request" under sections 36, 42(1), 68(3), 68(4), and 76(1) are considered an "application" and the person making the request is considered an "applicant" under the act.

Expanded Obligations for SDMs

Section 39 of the act, which governs the basis for decisions by SDMs, is to be repealed, with a new section in place governing the process by which SDMs must be guided when making treatment decisions for involuntary patients. Under the current Section 39, the guiding process is limited to the SDM considering the following sequence:

(a) The patient's prior capable informed expressed wishes

(b) In the absence of (a), or if following (a) would endanger the physical or mental health or safety of the patient or another person, in accordance with what the SDM believes to be in the patient's best interests

The new Section 39 adds more steps in the decision-making process for the SDM. These new steps must be read in conjunction with the new interpretation principles, including cultural safety and competency, and the new definition of "capacity," which includes the notion of "support" for the patient in making treatment decisions.

Hence, the new provisions for SDMs will require consideration of the following:

(a) Following any clear and relevant instructions given by the patient while the patient had capacity (as newly defined), including any instructions contained in the most recent personal directive made by the patient, unless the patient subsequently expressed a contrary wish while the patient had capacity (as newly defined), or the SDM has reasonable and probable grounds to believe that to do so would endanger the physical or mental health or safety of the patient or another person.

(b) In the absence of instructions in (a), act in accordance with the patient's current wishes, unless the SDM has reasonable and probable grounds to believe that to do so would endanger the physical or mental health or safety of the patient or another person.

(c) In the absence of (a) or (b), act in accordance with what the SDM reasonably believes the wishes of the patient would be, based on what the SDM knows of the values and beliefs of the patient.

(d) In the absence of (a) or (b) and where the SDM is not able to determine (c), the SDM must act in a manner that the SDM reasonably believes would best promote and protect the patient's best interests.

The legal test for determining "best interests" of the patient remains as is, pursuant to Section 40 of the act. Essentially, the SDM shall determine whether

(a) the mental condition of the patient will be or is likely to be improved by the specified psychiatric treatment

(b) the mental condition of the patient will improve or is likely to improve without the specified psychiatric treatment

(c) the anticipated benefit to the patient from the specified psychiatric treatment and other related medical treatment outweighs the risk of harm to the patient

(d) the specified psychiatric treatment is the least restrictive and least intrusive treatment that meets the requirements of clauses (a), (b), and (c)

In addition to the decision-making process above, the SDM has added obligations to consult with the patient, advise the patient of options that are reasonable and practically available, encourage and facilitate the patient's participation in the decision-making process, and make reasonable efforts to consult with any person whom the SDM has reason to believe may be familiar with the patient's instructions, wishes, values, and beliefs.

The SDM must also ensure that the patient is informed of significant decision making made on the patient's behalf.

Express Right To Access Personal Health Information

A new Section 39A gives the SDM express authority to access personal health information, only to the extent it is relevant to a decision the SDM is required to make under the IPTA, and is given authority to access, use, or disclose the information for the purpose of making a decision. The IPTA gives the SDM this authority, notwithstanding the Personal Health Information Act.

New Powers of Review Board To Review the Status of an SDM

Under a new provision, Section 68(1)(f), the Review Board is granted new authority to review the status of an SDM pursuant to Section 38(1)(c) through (g). Status relates to the legislated hierarchy of spouses, immediate family, and other next of kin.

And, pursuant to a new Section 76(2)(c), the Review Board, upon an application, may appoint another person to be the patient's SDM, or may refuse to do so.

Mandatory Disclosure of Relevant Psychiatric Records

A new Section 68(7) mandates that as soon as possible after an application or deemed application is made, and prior to any hearing by the Review Board, the patient, the patient's legal counsel, and any person appointed under subsection 71(2) must be given access to all personal health information about the patient that is relevant to the application, except for personal health information that the facility is entitled to refuse pursuant to Section 72 of the Personal Health Information Act.

Conduct of Review Board Hearings

Section 69 has been amended to add that the conduct of Review Board hearings will also be subject to regulations.

Section 69 also includes amendments to expressly state that the Review Board is deemed to have received an application for review when an application is delivered by the patient to the facility where the patient is admitted.

Section 69A is amended to permit the Review Board to hold hearings by means of synchronous telecommunication, video conferencing, or other electronic medium.

As well, there is a new regulatory power under 83(1)(ga) to prescribe the types of hearings and circumstances in which a full oral hearing may not be required, and under 83(1)(gd) respecting rules and conditions which are not full oral hearings.

Board's Mandatory Obligations Under Section 71(2)

Section 71(2) has been amended and offers greater options to address circumstances when a patient is unable or unwilling to attend a hearing. The new language reads:

> "Subject to the regulations, where the patient is unable or unwilling to attend a hearing before the Review Board, or where the Review Board determines that the patient is not capable of effectively representing the patient's interests in a hearing before the Review Board, and the patient has not appointed someone to act on the patient's behalf, the Review Board shall appoint a person to attend the hearing and act on behalf of the patient, or represent the patient's interests, and where necessary, to instruct legal counsel for that purpose, subject to such conditions as the Review Board may require."

In addition, there is new regulatory power under 83(1)(gg) respecting the appointment of a person to attend a hearing and act on behalf of a patient, or represent the patient's interests under subsection 71(2).

Errors in Forms

A new Section 74(3) is added to read:

> "(3) Provided that no party is prejudiced thereby, the Review Board may disregard trivial, minor, or insubstantial errors in forms or other documents."

New Powers of the Board To Cause the Issuance of a CTO, with respect to patients who are subject to involuntary admission to a psychiatric facility

An amended Section 76(2)(a) gives the Review Board jurisdiction to change a patient's status from an involuntary inpatient to a patient subject to a CTO. The section reads as follows:

> "(a) [W]here an application is made to review a declaration of involuntary admission or a declaration of renewal, or to cancel a declaration of involuntary admission or a declaration of renewal, the Review Board may, or may refuse to, (i) cancel the declaration and change the patient's status to that of a voluntary patient; or (ii) where the Review Board is satisfied that the criteria set out in clause 47(3)(a) exist, require the chief executive officer to cause the issuance of a community treatment order in accordance with clauses 47(3)(d), (e), (f), (h) and (i) and subsections 47(5) and (6), within a reasonable time, and a community treatment order issued pursuant to this sub-clause is deemed to be a community treatment order made under Section 47 for all purposes under this Act."

Annex C

IPTA 2023–24 Statistical Overview

Requests	Total	265
	Requested	134
	Automatic	131
Hearings	Held	101
	Involuntary Inpatient	43
	CTO Renewal	58
	Adjourned	68
Hearing Outcome/ Status	Patient Involuntary Status Upheld	37
	Patient Status Changed to Voluntary`	6
	CTO Upheld	53
	CTO Vacated	5
Legal Representation	At Application Stage	195/265 74%
	At Hearing Stage	65/ 101 64%

IPTA 2022–23 Statistical Overview

Requests	Total	268
	Requested	151
	Automatic	117
Hearings	Held	110
	Involuntary Inpatient	46
	CTO Renewal	64
	Adjourned	72
Hearing Outcome/ Status	Patient Involuntary Status Upheld	32
	Patient Status Changed to Voluntary`	14
	CTO Upheld	59
	CTO Vacated	5
Legal Representation	At Application Stage	202/268 75%
	At Hearing Stage	70/110 64%

IPTA 2021–22 Statistical Overview

Requests	Total	235
	Requested	138
	Automatic	97
Hearings	Held	102
	Involuntary Inpatient	48
	CTO Renewal	54
	Adjourned	54
Hearing Outcome/ Status	Patient Involuntary Status Upheld	38
	Patient Status Changed to Voluntary`	10
	CTO Upheld	49
	CTO Vacated	5
Legal Representation	At Application Stage	177/235 75%
	At Hearing Stage	69/102 68%

IPTA 2020–21 Statistical Overview

Requests	Total	203
	Requested	110
	Automatic	93
Hearings	Held	89
	Involuntary Inpatient	37
	CTO Renewal	52
	Adjourned	72
Hearing Outcome/ Status	Patient Involuntary Status Upheld	34
	Patient Status Changed to Voluntary`	3
	CTO Upheld	46
	CTO Vacated	6
Legal Representation	At Application Stage	156/203 77%
	At Hearing Stage	57/89 64%

IPTA 2019–20 Statistical Overview

Requests	Total	117
	Requested	98
	Automatic	79
Hearings	Held	76
	Involuntary Inpatient	26
	CTO Renewal	50
	Adjourned	58
Hearing Outcome/ Status	Patient Involuntary Status Upheld	20
	Patient Status Changed to Voluntary`	6
	CTO Upheld	44
	CTO Vacated	6
Legal Representation	At Application Stage	118/177 67%
	At Hearing Stage	48/76 63%

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