

A Review of YCJA Court Ordered Assessment at YFPS-IAU

Executive Summary

In June 2007, concerns were raised by a third party group about assessment practices at the Inpatient Assessment Unit (IAU) of Youth Forensic Psychiatric Services, specifically about the need to conduct a full medical examination - including breast and vaginal examination of girls - as part of court ordered inpatient assessments of young persons.

At the direction of the Assistant Deputy Minister, this report has been prepared to examine forensic psychiatric assessment practices that are being provided at the IAU by Youth Forensic Psychiatric Services. Several questions were developed as primary focus for the practice review, specifically:

- Is it legally within the scope of authority of an assessment ordered under section 34 of the *Youth Criminal Justice Act (YCJA)* to conduct a full medical examination?
- Can adolescents who are remanded to the IAU for a court ordered assessment give valid consent to a medical examination and specific components of that examination?
- Is it clinically necessary and appropriate to conduct a full medical assessment, including breast and vaginal examinations, at the IAU?
- What changes to guidelines and procedures would enhance best medical practice and comfort measures for patients?

The IAU is a 6 bed inpatient facility designated a "mental health facility" under the *Mental Health Act* and a "hospital" pursuant to the *Criminal Code*. It is a specialized provincial resource for the most complex and challenging youth in the youth justice system in BC, providing constant observation in a health care setting and comprehensive assessment by a multi-disciplinary team of psychiatrists, psychologists, a physician, nurses, psychiatric social workers, and healthcare workers.

Legal opinion by the Ministry of Attorney confirms that a full medical examination, including a breast and vaginal examination, is within the scope of authority of a court ordered assessment under section 34 YCJA as long as that examination is conducted with the patient's valid informed consent.

Legal opinion by the Ministry of Attorney General also confirms that adolescents can provide valid informed consent in the circumstances of a court ordered inpatient assessment as long as there are appropriate procedures and safeguards in place.

The legal opinion that adolescents have the capacity to give consent to a medical examination, and components thereof, is supported by the evidence arising from a review of the clinical files of 54 adolescent females admitted to the IAU. This review found that 24% (13) refused a medical examination in its entirety and of the 41 who consented to physical examination, 76% (31) declined breast examination and 88% (36) declined pelvic examination.

With regard to clinical practice, there are no express guidelines by the BC College of Physicians and Surgeons, or other medical bodies such as the Canadian Medical Association, which indicate that full medical examination, including breast and pelvic

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examinations, should or should not be part of a comprehensive psychiatric examination, whether in an inpatient hospital setting or otherwise.

A review of the clinical literature also does not provide specific guidance on this issue, although it is widely accepted that assessments should be of the whole person conducted within the context of the patient's medical history and physical examination. As well, review of the (limited) clinical literature on incarcerated youth and of the specific client profile at IAU confirms that this is a high risk population: for example, most have significant drug and alcohol issues; most have a history of sexual or physical abuse and/or exploitation; many have a history of self-mutilation; vaginal and urinary tract infections are common. As well, many youth have had minimal, episodic health care or even none; many neither have access to nor reliably seek out regular health care screening.

A survey of clinical practices in other mental health and hospital settings was also conducted. There are only two other similar inpatient youth forensic psychiatric units in Canada, a co-educational facility in Alberta and a male-only facility in Quebec. Like the IAU, both offer full medical assessments. The co-educational facility in Alberta, however, does not offer breast and vaginal examination as a matter of standard procedure but rather only where clinically indicated.

A review of clinical practices in other BC and Canadian settings is compounded by problems of comparability insofar as the IAU is not a referral facility and effectively admits youth from "the streets", i.e., the best points of comparison are emergency admissions to adolescent psychiatric facilities. This review found that clinical practices vary considerably: generally speaking, a medical examination is expected either by the referring community medical practitioner or by the general practitioner in the emergency room of the hospital. Again generally speaking, there are not written clinical practice guidelines and breast and vaginal examinations are typically only conducted if clinically indicated; in contrast, however, all admissions to Toronto's Hospital for Sick Children are subject to full medical examination, including breast and vaginal examination.

A separate review and investigation was also led by a consulting physician who sits on the BC College and Physician's and Surgeons' Committee on Office Medical Practice Assessment. The consulting physician's detailed report is available upon request through Youth Forensic Psychiatric Services. The report recommends a number of procedural changes at the IAU. These recommendations, which include steps to improve comfort measures for patients, are also summarized in this report.

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**A Review of Clinical Assessment Practices at the
Youth Forensic Psychiatric Services Inpatient Assessment Unit**

I. Introduction

A. Background

In June 2007, concerns were raised by a third party group about assessment practices at the Inpatient Assessment Unit (IAU) of Youth Forensic Psychiatric Services. Specifically, concerns were expressed regarding the practice of conducting a full medical examination, including breast and pelvic examination, of female youth undergoing inpatient assessments ordered by the Youth Justice Courts.

In response to these concerns, the Assistant Deputy Minister, Provincial Services, Ministry of Children and Family Development, requested a review of clinical practices relating to forensic psychiatric assessments conducted at the IAU. This report summarizes the findings and outcomes of that review.

The third party group also alleged inappropriate conduct on the part of a male physician conducting medical examinations at the IAU. A summary of the Management Investigation into that allegation, which found no evidence of misconduct, is the subject of a companion report that is available upon request from Youth Forensic Psychiatric Services.

B. Scope of the Review

The following questions were posed to focus the review of forensic psychiatric assessment practices at the Inpatient Assessment Unit:

- Is it legally within the scope of authority of an assessment ordered under section 34 of the *Youth Criminal Justice Act* (YCJA) to conduct a full medical examination?
- Can adolescents who are remanded to the IAU for a court ordered assessment give valid consent to a medical examination and specific components of that examination?
- Is it clinically necessary and appropriate to conduct a full medical assessment, including breast and vaginal examinations, at the IAU?
- What changes to guidelines and procedures would enhance best medical practice and comfort measures for patients?

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C. Organization and Mandate of the Inpatient Assessment Unit

The Inpatient Assessment Unit is operated by Youth Forensic Psychiatric Services (YFPS), Ministry of Children and Family Development. YFPS provides psychological and psychiatric assessment and treatment of young persons who are subject to proceedings under the *Youth Criminal Justice Act*, including youth in custody and under supervision in the community. YFPS operates several outpatient clinics located throughout the province, as well as one residential facility, the Inpatient Assessment Unit (IAU).

Located in Burnaby¹, the IAU is a 6-bed; short stay psychiatric assessment and treatment centre that provides:

- comprehensive psychiatric, psychological and/or medical assessment of youth who have been ordered by the youth justice court to undergo assessment and treatment services pursuant to the *Youth Criminal Justice Act*;
- inpatient mental health stabilization and treatment services for incarcerated youth requiring treatment, including services for youth certified under the *Mental Health Act*, and short-term transitional care and custody of youth found not criminally responsible on account of mental disorder or unfit to stand trial;
- temporary return to hospital for assessment and follow-up care of youth subject to a Review Board disposition.

The Inpatient Assessment Unit (IAU) is a designated mental health facility pursuant to the *Mental Health Act* (MHA) and is also designated as a hospital pursuant to the *Criminal Code* (CC). The IAU is staffed by registered psychiatric nurses, registered nurses and health care workers, on a 24-hour basis, 7 days per week. Clinical services at the IAU are provided by a multidisciplinary team of mental health professionals comprised of forensic psychiatrists, general practitioners, registered psychologists, nurses, psychiatric social workers and psychology assistants. The administrative and clinical leadership of the multidisciplinary IAU team is provided by a senior nurse in collaboration with a senior forensic psychiatrist.

The IAU is designated as a place of temporary detention for the purpose of housing youth who are remanded in custody while undergoing a medical or psychiatric assessment ordered by a youth justice court judge. The IAU is not,

¹ In November 2007, the IAU was relocated from its original site in Willingdon Avenue in Burnaby, to a new facility in South Burnaby.

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however, a youth custody centre per se and is operationally independent and physically separate from Burnaby Youth Custody Services.

In accordance with the *Youth Criminal Justice Act*, youth undergoing a court-ordered medical, psychological or psychiatric assessment may be held at the IAU for up to 30 days. The average stay of a youth at the IAU generally ranges from one to 14 days, depending upon specific conditions of the court order and the type and comprehensiveness of the assessment required.

II. Legal Authority to Conduct Physical Examinations

The legislative authority to conduct assessments at the IAU is found in the *Youth Criminal Justice Act*, Section 34. Briefly, the legislation authorizes the youth justice court to order a medical, psychological or psychiatric assessment and report to assist it in making various decisions under the Act, such as reviewing pre-trial detention decisions, determining appropriate sentences, and conducting sentence reviews.²

While section 34 of the YCJA speaks to "a medical, psychological or psychiatric report", such referrals from the court are commonly referred to as "psychiatric assessments". As part of this review, the Ministry of Children and Family Development sought and received legal advice regarding the scope and authority to conduct a full medical assessment under section 34 of the YCJA, and the ability of youth who are remanded to the Inpatient Assessment Unit to give valid consent to a medical examination and specific components of that examination.

The legal opinion received³ confirms that a full medical examination, including a breast and pelvic examination, is within the scope of authority of an assessment ordered pursuant to section 34 of the YCJA, as long as that examination is conducted with the patient's valid informed consent. To be valid, consent must be given voluntarily, given by a patient who has capacity, specific as to the treatment and the provider, and informed.⁴

Because youth undergoing assessment at the IAU are there under court order, they may feel some pressure to cooperate with the assessment procedures. The legal opinion addresses this, noting that youth held at the IAU can provide valid consent to medical treatment given the provision of, and adherence to, appropriate sensitivities, safeguards and procedures.

² The complete text of section 34(1)-(3) can be found in the Appendix A

³ A more detailed summary of this legal opinion can be found in the Appendix A.

⁴ A detailed discussion of these requirements is also included in the Appendix A.

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III. Clinical Practices

With regard to clinical practice, there are no express guidelines by the BC College of Physicians and Surgeons, or other medical bodies such as the Canadian Medical Association, which indicate that full medical examination, including breast and pelvic examinations, should or should not be part of a comprehensive psychiatric examination, whether in an inpatient hospital setting or otherwise.

Information from the Faculty of Medicine at the University of British Columbia also indicates that there are no specific policies, standards or practice guidelines specific to conducting physical examination on the adolescent population. Nonetheless, the university highly recommends that physicians and medical residents have a chaperone accompany patients during physical examinations.⁵

A. Current IAU Practice

1. Rationale for Physical Examination

It is current practice that youth admitted to the IAU are provided with a medical examination, including physical examination, subject to their informed consent. An IAU medical assessment begins with taking a standardized, detailed medical history, followed by a physical examination.

A full medical history and examination of youth informs a comprehensive assessment of the whole child and complements psychiatric, psychological and social history assessments, i.e., these are assessments of the whole bio-psychosocial functioning of the youth.

A medical history and examination will help to identify adolescents with fetal alcohol syndrome, significant drug and alcohol abuse, eating disorders and previous sexual and physical assaults. A thorough physical examination will also provide evidence of abnormal sexual development, body modification, abuse and mutilations and, less frequently, of genetics, metabolic and endocrine syndromes. Often, laboratory tests and diagnostic procedures are essential components to a comprehensive assessment. Measurements of facial features such as philtrum length assist the assessment team in identifying fetal alcohol syndrome.

⁵ Telephone interview with an Assistant Professor at the Department of Family Practices, Faculty of Medicine, University of British Columbia (UBC), and Director of the UBC Health Clinic.

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A review of the profile of youth at IAU indicates cases where adolescents had injuries arising from assaults as well as self-inflicted wounds. Some youth have also suffered from side effects of hormonal contraception, and/or uncommon side effects of psychiatric medication, which have affected adolescent development (e.g. breast development) and self-esteem. In such cases, the medical assessment provides valuable information and is a critical component of the psychiatric and psychological assessment.

While the completion of a medical and physical examination is an important component of a comprehensive assessment for the court, it is also an opportunity to provide health assessment and treatment to a high-risk population. Some youth admitted to the IAU have regular family physicians; however, many have minimal, episodic health care or even none. Some youth may have limited access to, or may not reliably seek out, proper medical screening and care in their home communities. Accordingly, a full medical examination is a matter of providing appropriate health care in a health care setting to a vulnerable, at risk population.

The profile of youth admitted to the IAU for court-ordered assessments confirms that this is a high risk population with complex needs. Youth admitted to IAU come from a wide range of cultural, geographic and socioeconomic backgrounds. Many have experienced family and residential instability, including homelessness. Most have significant substance abuse problems, and most have histories physical abuse and/or sexual abuse. Many engage in high risk activities including sexual exploitation and self-mutilation, and many are at high-risk for sexually transmitted infection such as Hepatitis and HIV. Some are pregnant or have a history of miscarriage without seeking proper medical care.

Adolescents who are admitted to the IAU generally have common health concerns such as: acne, eczema, respiratory infections, vaginal and urinary tract infections and contraception needs. Some youth are taking prescribed psychiatric medications that may produce physiological side effects and require regular monitoring by medical professionals. Adolescents who are on other medications may also require medical screening, as some medications may result in uncommon side effects such as changes in hormone levels, abnormal lactation, and/or tenderness and infection to the breasts requiring prompt medical intervention and treatment.

The healthcare professionals at IAU also use the medical assessment as an opportunity to provide client education on the importance of regular health care. Youth may receive immunization updates such as Hepatitis B vaccinations. Female youth who have not received regular health check-ups may be offered a Pap test (screening for cervical cancer), screening regarding hormonal contraception (birth control), etc. Male youth may be offered testicular checks to screen for cancer and other abnormalities.

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Appendix B provides additional details on the scope of physical examinations at the IAU.

2. Client Consent and Chaperones

Given the legal status of youth being assessed and treated in a forensic setting, psychiatrists, physicians and nursing staff must be cognizant that they are in positions of authority, and must take steps to ensure that youth understand their right to accept or decline any portion of the assessment procedure.

Upon admission to the IAU, youth are provided with an orientation to the facility and assessment process, and are given an opportunity to review the Resident Rules booklet, which refers briefly to a physical examination. Youth sign a document titled *Orientation to Assessment Process and Limits to Confidentiality*. This document refers to a psychiatric assessment but does not refer to a physical examination.

As part of the IAU admission routine, the medical history and physical examination is completed by a general practitioner (GP). In accordance with IAU policy, all youths attending a medical interview and physical examination are accompanied by a same gender staff chaperone - either a nurse or a health care worker. The chaperone remains with the youth and physician throughout the entire examination.

Verbal consent of youth is obtained by the physician prior to commencing a physical examination. In addition, the physician seeks consent before proceeding with each component of the physical examination, and does not proceed with any component where consent is withheld.

3. Clinical Data

As part of the response and investigation into the concerns that prompted this review, the clinical files of female youth admitted to the IAU between January 2005 and June 2007 were reviewed to determine the number of youth who consented to a physical examination and to specific components thereof (i.e. breast and pelvic examination). During this period, medical examinations were conducted primarily by a male physician.

Of the 54 female youth admitted during this timeframe, 41 (76%) consented to a medical examination, while 13 (24%) declined the examination. Of the 41 youth who consented to a medical examination, 76% (31) declined the offer of a breast examination, and 88% (36) declined a pelvic examination. (Additional detail is included in Appendix C.)

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This data supports the legal opinion that youth at the IAU have the capacity to give consent to a medical examination, and specific components thereof, and that youth are aware of their ability to accept or decline a medical examination as well as specific components of that examination.

B. Literature Review on Psychiatric and Medical Assessment of Adolescents

To help inform the review of clinical practices at the IAU, a review of available literature on the medical and psychiatric assessment of adolescents was conducted.

Research studies on health care issues in adolescent forensic settings confirm that drug abuse, sexually transmitted diseases, pregnancy, and dental problems are common.⁶ A report prepared by the Council of Scientific Affairs of the American Medical Association states that "youths who are detained or incarcerated in correctional facilities represent a medically under served population that is at high risk for a variety of medical and emotional disorder."⁷ Similarly, "health profiles of incarcerated male youths were worse than those of male youths in school."⁸

Several studies on child psychiatric evaluation asserted the importance of close collaboration with the child's pediatrician or primary care provider. "The providers have to be familiar with the child's medical and developmental trajectory, as well as family background and other essential input for the emergence or progression of a child's symptoms. The pediatric physical examination may also identify visual or hearing problems that explain learning, language, social, attentional or oppositional problems, as well as pubertal precocity or delays which have important psychosocial consequences."⁹

According to the *Comprehensive Textbook of Psychiatry*,

"Many medical illnesses produce psychiatric symptoms. Symptoms such as delirium, anxiety, depression, hallucinations are nonspecific. To be certain that a patient's symptoms are due to a mental illness, potential physical causes must be first excluded. This assessment is not performed in a vacuum but occurs within the context of the patient's medical history and physical examination. Laboratory studies supplement the history and

⁶ Britt Anderson and James. A Farrow, MD, "Incarcerated Adolescents in Washington State", *Health Services and Utilization*, Vol 22, No. 5, p. 367.

⁷ Council on Scientific Affairs. "Health status of detained and incarcerated youths" *JAMA*, 1990, Feb.16, p. 987.

⁸ Forrest, Tambor, Riley, Ensminger and Starfield, 2000, p. 286

⁹ Andres Martin, MD, MPG and Fred R. Volkmar, MD, *Lewis's Child and Adolescent Psychiatry, A Comprehensive Textbook*, Philadelphia, PA: Lippincott Williams & Wilkins, 2007, p. 341.

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examination. The goal of the assessment is to identify causative factors that contribute to the patient's current symptoms. When psychiatric symptoms are found to be due to a medical condition, initial efforts are focused the treatment of the underlying condition."¹⁰

The College of Physicians & Surgeons of British Columbia sets out the philosophy for caring for adolescents in hospital as follows:

"Optimal care of the adolescent requires that both the facilities where the care is being provided and the staff providing care are sensitive to the particular developmental need of the adolescent. The adolescent years are dynamic times of growth and development characterized by:

- *major physical changes including linear growth and pubertal changes and awareness of sexual development.*
- *Psychological development throughout the periods of early, middle and late adolescence. This involves peer relationships, body image, autonomy/interdependence, family relationships, spirituality, values and beliefs, and cognitive changes.*"¹¹

According to the guidelines that are provided by the BC Cancer Agency, women should undergo a clinical breast exam to screening for breast cancer commencing at age 20.¹² Other benign breast diseases may be identified in younger women; for example, fibrocystic changes in the breast tissues, common during the active menstrual period of one's life, may begin in the late teens.¹³ Fibroadenomas, fibrous growths with some glandular breast tissue, occur most frequently between the ages of 15 to 30.¹⁴ While it is not within current BC Cancer Agency guidelines to check for breast cancer in the age group at the IAU (under 20), adolescents may experience breast soreness, have concerns about areas that feel like thickenings or lumps, or have experienced injury to the breast. In such cases, it would be appropriate to conduct a breast examination, to provide reassurance of a benign condition, or to treat infection.¹⁵

A review of relevant literature and standards of practice from professional bodies indicates that the determination of whether or not a breast exam is appropriate should rest with the physician, based on information obtained from the admission history. In the absence of family risk factors and absence of symptoms or history of breast trauma, it may be appropriate to defer a breast exam. But if

¹⁰ Barry H. Guze, MD and Martha J. Love, MD., JD., in *Comprehensive Textbook of Psychiatry*, Volume 1, 8th ed, 2005, *Medical Assessment and Laboratory Testing in Psychiatry*, p. 916.

¹¹ College of Physicians & Surgeons of British Columbia, Physician Resource "Care of the Adolescent in Hospital and in Ambulatory Care", p. 1

¹² BC Cancer Agency, web site: <http://www.bccancer.bc.ca>

¹³ BC Cancer Agency, *Benign Breast Diseases*, web site: <http://www.bccancer.bc.ca>

¹⁴ BC Cancer Agency, *Benign Breast Diseases*, web site: <http://www.bccancer.bc.ca>

¹⁵ Report on the Investigation of Allegations of Medical Misconduct at the YFPS IAU, January 2008.

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there is a strong family history of breast cancer, breast trauma, or any symptoms or concerns raised by the adolescent, then the physician should, at their discretion and with the youth's verbal consent, be able to proceed with an appropriate exam. As a general rule, a chaperone should be present during the physical examination.¹⁶

The literature indicates that physical and genitalia examinations are important for male and female adolescents. Screening exams such as Pap tests should be based on a history of sexual activity and a history of any previous Pap tests. Screening for STDs would appear to be of high relevance and importance for male and female adolescents for whom drug use, sexual assault, sexual exploitation, and multiple sexual partners, put them at increased risk of sexually transmitted diseases or infections. Generally, incarcerated adolescents in the justice system are at greater risk than the general population to engage into more sexual activity, a greater number of sexual partners, and less consistent contraceptive use.¹⁷ A comprehensive physical examination and laboratory tests can provide the opportunity for treatment for this group of adolescents, many of whom tend to have chaotic lives.

In summary, the available literature indicates that it is clinically appropriate to conduct a medical examination as part of a psychiatric assessment, as this allows those preparing the assessment to identify physiological and developmental factors that may be contributing to psychiatric symptoms. As well, the literature supports the assertion that this is a high-risk population who may require or benefit from medical intervention and treatment and that, depending upon the youth's medical history and risk factors, a breast and pelvic/genital examination may be appropriate, at the physician's discretion and with the consent of the youth. Finally, the literature notes that those conducting an assessment need to be sensitive to the developmental needs of adolescents.

C. Practices in other Facilities / Jurisdictions

A survey of other adolescent mental health and hospital settings in British Columbia and other Canadian provinces was conducted to examine general clinical practices and standards regarding the physical examination of adolescents in an in-patient psychiatric setting.

There are only two other inpatient forensic psychiatric units in Canada that are similar to the IAU - the Turningpoint Program at Alberta Hospital Edmonton, a co-educational facility, and the Philippe-Pinel Institute in Quebec, a male-only youth facility. To broaden the scope of the cross-jurisdictional review, nine general

¹⁶ Barry H. Guze, MD and Martha J. Love, MD., JD., in *Comprehensive Textbook of Psychiatry*, Volume 1, 8th ed, 2005, *Medical Assessment and Laboratory Testing in Psychiatry*, p. 917.

¹⁷ Britt Anderson and James A. Farrow M.D., "Incarcerated Adolescents in Washington State, Health Services and Utilization. *Journal of Adolescent Health*, 1998;22,363-367.

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adolescent psychiatric in-patient facilities were also contacted - six in BC, two in Ontario and one in Newfoundland & Labrador. Information was gathered primarily through telephone interviews and secondarily from official websites. The following questions structured to the enquiries:

1. *Does the agency conduct a comprehensive medical assessment, including physical, breast and pelvic exams?*
2. *Does the agency offer the choice of having a male or female physician to conduct those exams?*
3. *Does the agency provide a same gender chaperone to accompany the adolescent during the physical examination?*
4. *What is the provision to provide informed consent? Does the adolescent have the right to decline or withdraw consent?*
5. *Does the agency have specific policy, standards or guidelines on conducting physical examination on adolescent clients?*

Details on each of the programs contacted and their specific services are presented in Appendix D.

1. Forensic Adolescent Psychiatric Settings

Similar to the IAU in BC, both the Alberta Hospital Edmonton and the Phillippe-Pinel Institutes are designated hospital facilities. They are mandated under the respective Provincial Mental Health Acts to provide assessment and treatment to adolescents who are admitted via medical certification. Both agencies are also mandated under the *Criminal Code* to provide medical, psychiatric and psychological assessment and treatment services to young offenders who are found Unfit to Stand Trial or Not Criminally Responsible due to Mental Health Disorder.

One noted difference between the IAU and the other two facilities is the potential length of stay. The IAU accommodates youth for short-term assessment and treatment, whereas the agencies in Alberta and Montreal provide longer term treatment programs for youths who are sentenced under the YCJA, and who sign an agreement to remain on the unit to receive assessment and treatment services.

Physical Examination

Findings from the two adolescent forensic psychiatric agencies confirmed that the routine admission procedure includes having each newly admitted adolescent scheduled to see the physician or medical resident for a physical examination within 24 to 72 hours of admission.

Physician

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Physicians are on a roster and adolescents may not have a choice of having a male or female physician conduct the exam. It is standard practice that a staff chaperone will accompany the adolescent in the physical exam and efforts are made to ensure a same gender chaperone is assigned to accompany the adolescent.

Breast and Genital/Pelvic Examination

Breast and/or pelvic examinations may be conducted where clinically indicated, as determined by the physician on a case-by-case basis. In the event that the physician believes there is a clinical need to perform a breast or pelvic exam or to test for sexually transmitted diseases, the adolescent will be educated about the benefits of such examination as well as the potential risks if medical examination and intervention is declined.

Informed Consent

Although admission to the forensic unit is for the purpose of completing a court ordered assessment, the adolescent has the right to decline any part of the medical examination. Verbal informed consent will be obtained from the adolescent to proceed with a breast or pelvic exam, and the young person retains the right to withdraw consent at any given time.

Policy, Standards & Guidelines

With respect to written policy, procedures or guidelines for the physical examination of the adolescent population, the agencies generally have a routine physical examination sheet, a set of routine lab work and an additional STD testing checklist. Since each adolescent is unique and may have special medical needs, the physician will exercise professional medical judgment in carrying out the assessment and any ensuing treatment procedures. Informed consent is obtained throughout the medical assessment.

Court-ordered assessments are considered important and relatively urgent, requiring completion of the assessment and preparation of a written report within a limited timeframe. Often, limited collateral information is available at the time of the admission. As well, many of these adolescents are also deemed to be of high risk with respect to their physical health. Given these combined factors, it is seen to be important to conduct a comprehensive medical assessment as part of the routine admission procedure.

2. General Adolescent Psychiatric Settings

Physical Examination

For the nine general adolescent psychiatric in-patient facilities surveyed, most admissions are pre-arranged based on a referral from the family physician or

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another mental health professional. A comprehensive medical history and a recent laboratory record is normally completed for the referral; therefore, a full physical examination is not conducted at the psychiatric unit. The admitting nurse will, however, conduct a "head to toe" visual assessment and vital signs will be taken to ensure the adolescent is medically stable at time of admission.

In some locations youth may also be referred by a local hospital emergency department. In such cases, as part of the admission and discharge protocol, the physician or hospitalist at the emergency department will conduct a general physical assessment and, if the youth remains medically stable, physical examination may not be repeated at the psychiatric unit.

Physician

For those youth admitted through a local emergency department, female adolescents will likely not have an option to be assessed by a male or female physician. Where there is a clinical need to conduct a breast or pelvic examination, the physician may conduct the exams or may defer it to a local health clinic.

Chaperone

Five of the nine general adolescent psychiatric agencies surveyed (BC Children's Hospital, Surrey Memorial Hospital in BC, the Hospital for Sick Children in Ontario, the Maples Adolescent Treatment Centre in BC, and Hotel-Dieu Hospital in Ontario) have a protocol requiring that a same gender chaperone accompany adolescents during a physical examination, while the remaining agencies do not have such a requirement.

In cases where a female adolescent is being examined by a female physician, a chaperone may not be required to accompany the youth during the physical examination. As well, requests by an adolescent to be seen alone by the physician in order to have more privacy may be granted on a case-by-case basis, with the safety of the patient and medical staff a primary consideration.

Informed Consent

Consistent with practice in forensic settings, youth must consent to a physical examination. Verbal consent is obtained throughout the physical examination, and the client is advised that he or she has the right to accept, withdraw or decline the any part of the physical examination.

Breast and Genital/Pelvic Examination

Of the general psychiatric facilities contacted, the Hospital for Sick Children (Toronto) has the most comprehensive policy and practice guidelines for the Examination of Genitalia in Children. Assessment of breast development is a routine part of the physical examination of clients of all ages. A qualified

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chaperone or the child's parent will be present during the examination, and efforts are made to have a female physician conduct examinations of female patients. As noted above, requests by an adolescent to be seen alone by the physician in order to have more privacy may be granted on a case-by-case basis.

The Maples Adolescent Treatment Centre also has practice guidelines for admission and physical examination. As a general practice, efforts are made to ensure the adolescents are chaperoned by a same gender staff member. Currently, the agency has a female physician for examination of both male and female adolescents. A breast or pelvic examination may be completed where clinically indicated, and upon the consent of the client.

3. Summary of the Cross Jurisdictional Survey

As noted previously, the specialized mandate of the IAU creates challenges in directly comparing its clinical practices with those of other facilities. With that caveat, the cross-jurisdictional review did identify both similarities and variations in clinical practice, summarized below.

- All three youth forensic psychiatric units include a physical examination as part of the admission and assessment process, subject to the consent of the youth. Most general adolescent in-patient psychiatric facilities, on the other hand, do not routinely conduct a full physical examination upon admission, because current/recent medical information has usually been provided as part of the referral to the facility by the family physician/mental health professional or the hospital emergency department.
- Physicians conducting physical examinations may be male or female, and youth are not assured of a same-gendered physician in any of the facilities surveyed, although the Hospital for Sick Children does try to provide female physicians for physical examinations of female patients.
- All three youth forensic settings require that a same gender chaperone be present for a physical examination; only five of the nine general adolescent psychiatric facilities have such a requirement.
- In all settings, youth must provide consent to a physical examination, and retain the right to decline any component of the examination.
- At most adolescent facilities, including the two youth forensic facilities outside BC, breast and pelvic/genital examination is only conducted where clinically indicated, at the discretion of the examining physician, and subject to the youth's consent. Breast examination is routinely offered at only two settings (IAU and the Hospital for Sick Children in Toronto).

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D. Recommendations from Management Investigation of Alleged Misconduct

As noted in the background to this report, in addition to the concerns raised that gave rise to this review, there was an allegation of inappropriate conduct on the part of a male physician conducting medical examinations at the IAU. This prompted both internal and external investigations into that allegation. Those investigations found no evidence of inappropriate behaviour or misconduct on the part of the physician. The internal management investigation did, however, provide an opportunity to review and improve upon procedures in carrying out medical examinations, including measures to improve the comfort of youth undergoing an assessment, including physical examination. The final report of that investigation included a number of recommendations to strengthen and improve procedures regarding:

- Improvements to procedures for admission and orientation of youth, and obtaining informed consent from youth;
- Addressing the timing of physical examinations to ensure adequate time for youth to settle in to the IAU prior to the examination, and conducting the examination over more than one session where appropriate;
- Clarifying the identification/professional designation of chaperones and other unit personnel;
- Addressing privacy issues, including draping during physical examinations and improving the size and comfort of gowns worn during examinations;
- Improving physical examination procedures and related documentation;
- Clarifying the rationale for and benefits of breast and pelvic examinations, including adoption of BC Cancer Agency guidelines; and,
- Improving general comfort measures for youth undergoing a physical examination.

Many of these recommendations have already been implemented, and others are in progress. An "Action Plan" for responding to these recommendations, including timelines, is included in Appendix F.

IV. Summary

The IAU is a specialized forensic psychiatric hospital facility providing court-ordered assessment and treatment services to a high-risk adolescent population. The mental health and medical staff who provide services at the IAU are committed to providing a high level of psychiatric, psychological, and nursing care to the youth admitted to the facility. Information arising from this review, as well as recommendations arising from the investigation into alleged misconduct by a physician at the IAU, provided a valuable opportunity to further review and

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improve practice and ensure that the IAU continues to provide a high quality of care.

Legal advice confirms that it is within the scope of authority of an assessment ordered under section 34 of the *Youth Criminal Justice Act* to conduct a full medical examination, as long as the examination is conducted with the youth's valid informed consent.

Legal advice also confirms that adolescents who are remanded to the IAU for a court ordered assessment can give valid consent to a medical examination and specific components of that examination, as long as there are appropriate procedures and safeguards in place. This legal opinion is supported by the evidence that, over a two-and-a-half year period, approximately one quarter of the female youth admitted to the IAU declined the option of a physical examination, and of the female youth who consented to an examination, the vast majority declined specific breast and pelvic examinations.

A review of the literature and of practice in other adolescent in-patient psychiatric settings supports the clinical practice of conducting a medical assessment of youth at the IAU, both as part of a comprehensive psychiatric assessment, and as part of providing appropriate health care to a vulnerable, at risk population in a health care setting. Practice at most adolescent facilities, however, is that breast and pelvic/genital examinations are only offered where clinically indicated, at the discretion of the examining physician.

As noted above, procedures and clinical practices at the IAU are being enhanced in response to the recommendations of the recent Management Investigation. As well, in light of information obtained through this review of clinical practices, the IAU has revised practice with respect to breast and pelvic examinations to be more consistent with the majority of other facilities surveyed, i.e. such examinations are now routinely offered whenever clinically indicated, as determined by the examining physician.

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Appendix A: Legal Authority

In examining the general practice at the Inpatient Assessment Unit, Youth Forensic Psychiatric Services and the alleged complaint, the issue of consent to treatment by young persons at IAU and the legal authority for conducting examinations at IAU were reviewed.

A. Are physical examinations within the scope of s. 34 YCJA's authority?

"Section 34 of the *Youth Criminal Justice Act* (YCJA) reads (in part) as follows (emphasis added):

Medical or
psychological
assessment

34. (1) A youth justice court may, at any stage of proceedings against a young person, by order require that the young person be assessed by a qualified person who is required to report the results in writing to the court,

(a) with the consent of the young person and the prosecutor; or

(b) on its own motion or on application of the young person or the prosecutor, if the court believes a medical, psychological or psychiatric report in respect of the young person is necessary for a purpose mentioned in paragraphs (2)(a) to (g) and

(i) the court has reasonable grounds to believe that the young person may be suffering from a physical or mental illness or disorder, a psychological disorder, an emotional disturbance, a learning disability or a mental disability,

(ii) the young person's history indicates a pattern of repeated findings of guilt under this Act or the *Young Offenders Act*, chapter Y-1 of the Revised Statutes of Canada, 1985, or

(iii) the young person is alleged to have committed a serious violent offence.

Purpose of
assessment

(2) A youth justice court may make an order under subsection (1) in respect of a young person for the purpose of

(a) considering an application under section 33 (release from or detention in custody);

(b) making its decision on an application heard under section 71 (hearing — adult sentences);

(c) making or reviewing a youth sentence;

(d) considering an application under subsection 104(1) (continuation of custody);

(e) setting conditions under subsection 105(1) (conditional supervision);

(f) making an order under subsection 109(2) (conditional supervision); or

(g) authorizing disclosure under subsection 127(1) (information about a young person).

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This section clearly contemplates both psychological and physical examinations of young people who have come before the courts. The Act is silent regarding any limits upon the nature of those examinations. Although judges and commentators often refer to s. 34 assessments in shorthand as "psychiatric assessments" and in the majority of cases these assessments are in fact of a purely psychiatric/psychological nature, nonetheless, the text of s. 34 mandates no such limitation and in fact expressly permits medical examinations.

Section 34(1) permits medical or psychological assessments in two circumstances: First, where the young person and the prosecutor have both consented to the assessment (ss. 34 (1) (a)); or second, where the court believes the assessment in respect of the young person is necessary for one or more of the purposes set out in subsection 34 (2) (a) – (g) (see above). In other words, an assessment may not be conducted simply at the discretion of the physician. Also, an assessment without consent upon intake to a facility such as the IAU without an otherwise listed justification is not one of the section's listed purposes.

A breast or pelvic examination would be within the scope of authority of YCJA s. 34, if it is conducted with the patient's valid informed consent or is conducted without consent for one of the purposes listed in s. 34(2)."

B. Can valid informed consent be provided by a young person at the YFPS IAU?

To be valid, consent must be:

- *given voluntarily;*
- *given by a patient who has capacity;*
- *specific as to the treatment and the provider; and*
- *informed.¹⁸*

i. Voluntariness

In the context of consent, voluntariness refers to a patient's right to make treatment decisions free of any undue influence. A patient's freedom to decide can be impinged upon by internal factors arising from the patient or the patient's

¹⁸ Though the elements of consent were originally formulated in the common law, in British Columbia they have been adopted statutorily in the *Health Care (Consent) and Care Facility (Admission) Act*, R.S.B.C. 1996, c. 181. NB, however, that pursuant to s. 2 of the *Health Care (Consent) and Care Facility (Admission) Act*, that Act does not apply to young people detained at the IAU; these individuals fall within the auspices of the *B.C. Mental Health Act* s. 30 (see below).

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condition or by external factors. External factors include the ability of others to exert control over a patient by force, coercion or manipulation.

The IAU is a form of detention center. The environment of a detention facility may arguably erode decision making capacity, extra care must be taken when seeking to obtain informed consent to a medical intervention.

ii. Capacity

In British Columbia, s. 17 of the Infants Act, R.S.B.C. 1996 c. 223, governs consent of infants¹⁹ to medical treatment:

Consent of infant to medical treatment **17 (1)** In this section:

"health care" means anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health related purpose, and includes a course of health care;

"health care provider" includes a person licensed, certified or registered in British Columbia to provide health care.

(2) Subject to subsection (3), an infant may consent to health care whether or not that health care would, in the absence of consent, constitute a trespass to the infant's person, and if an infant provides that consent, the consent is effective and it is not necessary to obtain a consent to the health care from the infant's parent or guardian.

(3) A request for or consent, agreement or acquiescence to health care by an infant does not constitute consent to the health care for the purposes of subsection (2) unless the health care provider providing the health care

(a) has explained to the infant and has been satisfied that the infant understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care, and

(b) has made reasonable efforts to determine and has concluded that the health care is in the infant's best interests.

Thus, subject to s. 17(3) and any other considerations that negative this presumption, a young person in British Columbia can provide valid consent to health care.

iii. Specificity

¹⁹ The B.C. *Infants Act* makes no reference to or definition in respect of the age limit of an "infant." Before its amendment in 1992, when the age reference was removed, the Act defined an infant as someone who was 16 years of age or under.

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In order for consent to be deemed valid, the particulars of what treatment or medical intervention is proposed must be indicated and, where possible, the name of the individual who is going to carry out specific procedures.

iv. Informed

Valid consent must be informed consent; that is, the consent must be obtained following the practitioner providing sufficient disclosure in respect of all the information that a reasonable person in the particular patient's circumstances would want to know before choosing to accept or reject the treatment. The kind of information necessarily disclosed is case and circumstance specific and includes:

- *a description of the treatment;*
- *the benefits of the treatment and the likelihood of achieving such benefits;*
- *whether the treatment is necessary or elective;*
- *the urgency of the treatment;*
- *the risks during the treatment and the likelihood of each materializing;*
- *alternative available treatments and related risks;*
- *the consequences of refusing treatment;*
- *the inevitable adverse consequences of receiving the treatment;*
- *the recommendation of the physician as to whether or not the treatment should be given; and*
- *any information that the patient specifically requests."*

Given the provision of - and adherence to - appropriate sensitivities, safeguards and procedures, young persons at the IAU can provide valid consent to medical treatment.

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Appendix B: Inpatient Medical Exams

In-Patient Medical Exams

Youth are admitted to the In-patient Assessment Unit (IAU) for a variety of reasons. These include Sec. 34 predisposition reports, assessment for a release on a bail review, fitness to stand trial, and Not Criminally Responsible due to a Mental Disorder. Youth who become seriously mentally ill while in custody and are certified under the Mental Health Act are transferred to the IAU for acute treatment and stabilization. Youth who are under a Review Board order and have deteriorated are brought into IAU for acute treatment and stabilization.

It is standard psychiatric practice that all individuals undergoing a psychiatric assessment will also have a physical examination, either as part of the referral or upon admission to the facility. Because youth admitted to the IAU are referred by the court and not a family physician or community mental health professional, Youth Forensic Psychiatric Services (YFPS) policies and standards require a physical examination for all youth admitted to the IAU.

Physical illnesses can have psychiatric or psychological manifestations and psychiatric or psychological illnesses can have physical manifestations. Some psychiatric diagnoses are suggested by physical signs and symptoms and some physical illnesses are suggested by psychiatric/psychological signs and symptoms.

Some examples are:

- Hyper/Hypothyroid- anxiety/ depression/psychosis
- Cardiac dys-rhythmias- anxiety/panic attacks
- Hepatic Illness-fatigue/depression/psychosis
- Head Injuries- confusion/attention deficit disorder/personality change/psychosis
- Sexual Abuse
- Physical Abuse
- Metabolic-primary disorder or secondary to medications
- Substance Abuse Sequelae
- Somatization- Disorder or as expression of depression
- Obsessive Compulsive Disorder- Skin lesions, hair loss
- Eating Disorders
- Sexually Transmitted Diseases
- Alcohol Related Neurodevelopmental Disorders
- Neurodevelopmental Disorders
- Genetic Disorders
- Parasites- lice scabies others

Given the above, a physical exam provides important information for the assessment for the court, and also provides an opportunity to youth to access a Family Physician. As

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well, youth admitted to the IAU may be being actively treated for medical conditions – such youth require ongoing medical supervision and care by a Family Physician.

Physical Examination

Youth being admitted to IAU typically come from a deprived socio-economic background. A significant proportion describe themselves as living on the street even though they may “officially” reside at home, with foster parents or in a group home. Many of the youth seen in IAU have a lifestyle (either voluntarily or involuntarily) that put them at high risk for many serious physical illnesses or injury. This includes drug use, unprotected sexual activity, prostitution, violent crime-both as victims and victimizers and other thrill-seeking activities. For many youth being seen by a Family Physician at IAU represents one the few opportunities to access medical care and follow-up. Any investigations initiated or completed in IAU are forwarded to any other identified medical caregivers ensuring the maximum degree of continuity of care.

Our routine assessment includes reviewing the youth’s vaccination status. This is particularly relevant with respect to Hepatitis as the youth are at high risk for contracting these viruses. At the present time we are reviewing the indications for using the HPV (human papilloma virus) vaccine. HPV causes genital warts and is strongly associated with cervical cancer. The youth seen at IAU are at very high risk to acquire this infection. It is not uncommon for youth to be treated for genital warts while at IAU. A significant number of youth seen at IAU have active STD’s and require treatment to protect themselves and their partners.

Breast Exam

Youth admitted to IAU are offered a breast exam as part of the standard physical assessment. Stage of sexual development is an important aspect of the evaluation of an adolescent. Delayed puberty or precocious puberty can be markers of serious underlying disorders. Abnormalities of breast development can also be a marker for genetic syndromes that may play a role in the youth’s presentation. Recognition of genetic syndromes will lead to appropriate medical intervention and counseling with respect to the implications of the specific syndrome.

Many youth admitted to IAU have some form of body modification such as tattoos, piercings, branding or scarification. These all have health implications and require assessment by a physician. Youth who engage in self mutilation can do so in a highly symbolic fashion that may include breasts or genitalia (see below). Acute injuries will require assessment and treatment.

Many youth have a background of abuse and/or exploitation evidence may be observed in symbolic areas such as breasts.

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Genitalia

Youth admitted to IAU are offered an external genitalia exam (females are offered a pelvic exam) as part of the standard physical assessment. In the case of females if a pelvic exam has been done recently and there are no intervening risk factors the pelvic exam will be deferred by the physician.

External genital exam is an important component of a full physical assessment. A number of acute physical problems such as herpes infections, genital warts and other infectious lesions can be detected visually. When this is the case appropriate investigations and treatment can follow.

In males some physical problems such as undescended testes can be found. This is a medical condition that requires intervention.

Establishing the stage of sexual development requires examination of the external genitalia. Some psychiatric conditions such as anorexia nervosa can result in the loss of secondary sexual characteristics.

When a pelvic exam is indicated it is offered to the female residents. Due to the nature of pelvic exams and considering the life-experiences of many of the young woman we see every female is told that they can have the examination done in the custody centre by a female physician if one is not available at IAU

Note: All aspects of the physical examination are strictly voluntary. The youth can decline any or all components of the examination offered to them

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Appendix C: IAU Statistics – Medical Assessment of Female Youth

For the purpose of understanding how many female adolescents have accepted the offer to have a medical examination at IAU, the information presented below is an overview of 54 female adolescent medical files. All 54 females were admitted for an Inpatient Assessment between January 1, 2005 and June 28, 2007.

Out of the 54 female adolescents (100%):

- 41 female adolescents (75.9%) - accepted the offer of physical examination
 - 10 female adolescents - accepted the offer of breast examination
 - 5 female adolescents - accepted the offer of pelvic examination
- 13 female adolescents (24.1%) - declined the offer of the physical examination

What does this mean?

In examining the common trends between the level of medical services that are being accepted and utilized by the female population at IAU, it appears that close to 76% of the adolescents have accepted and received medical assessment and treatment services while residing at IAU. The rationale for majority of clients who declined indicated that:

- The client may have a recent medical examination; therefore there was no need to repeat the procedure.
- The client preferred to be seen by her family GP and declined the offer.
- The client preferred to be seen by a female physician at the custody centre.
- The client was not comfortable to provide consent to the procedure.
- The client was uncooperative to the medical interview and refused to be assessed.

It will also be helpful to understand what are the age groups of the female adolescent who usually consents to the medical services that are being offered at IAU? The findings below are illustrated under three age-group categories:

IAU	Age 13 -15	Age 16-17	Age 18-19
41 Physical Exams	100%	100%	82.4%
10 Accepted Breast Exams	23.1%	20.0%	23.5%
5 Accepted Pelvic Exams	0.0%	13.3%	17.6%

The clinical practice at IAU is to offer a comprehensive physical assessment, not all of adolescents received a complete physical exam. Interestingly, in terms of breast exams, the findings indicated an average of 22% of the adolescents (n=10) consented to the exams and with only an extremely small proportion of adolescent (n=5) consented to pelvic exams for the age groups of 16-17 and 18-19. The findings provide clear evidence that all of the physical examination is strictly voluntary and adolescents can decline any or all of the components of the examination that were offered to them. Ultimately, despite that the adolescent was ordered by the Youth Court to complete the Sec 34 assessment, adolescent at the IAU have the right to accept, decline or withdraw their consent for the medical assessments.

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Appendix D: Cross Jurisdictional Review of Clinical Practices

Methodology:

Telephone interviews and secondary research from official websites were utilized to gather information. One of the challenges in gathering information was that many of the agencies do not have specific written policies, standards, or practice guidelines that are specific to conducting physical examinations of the adolescent population.

Below is an overview of the agencies which contacted and provided information:

	Adolescent Forensic Psychiatric Inpatient Facilities (Section 34 YCJA Assessment)	Court Ordered Admissions	Referral Based Admission
1	Alberta Hospital Edmonton, Turningpoint Program, Alberta	√	n/a
2	Phillippe-Pinel Institute, Adolescent Unit, Montreal, Quebec	√	n/a
	General Adolescent Psychiatric Inpatient Facilities	Admission cleared by Emergency	Referral Based Admission²⁰
1	BC Children's Hospital, Adolescent Psychiatry Inpatient Unit, Vancouver, BC	√	√
2	Maples Adolescent Treatment Centre, Burnaby, BC	n/a	√
3	Surrey Memorial Hospital, Adolescent Psychiatric Unit, Surrey, BC	√	√
4	Queen Alexandra Centre for Children's Health, Victoria, BC	n/a	√
5	Kelowna General Hospital, Adolescent Psychiatry Unit, Kelowna, BC	√	√
6	Prince George Regional Hospital, Adolescent Psychiatric Unit, Prince George, BC	√	√
7	Hotel-Dieu Hospital, Child & Adolescent Psychiatry, Kingston, Ontario	√	√
8	The Hospital for Sick Children, Adolescent Medicine, Toronto, Ontario	√	√
9	Janeway Children's Health & Rehabilitation Centre, St. John's, Newfoundland	√	√

Findings:

Physical examination is usually referred as a systematic head to toe assessment. Breast and pelvic examination are sometimes offered to the adolescents, depending on the medical history, medical needs and clinical judgment of physicians. For some agencies, breast and pelvic examinations are either referred onto another physician or have a different resource to conduct the exam.

²⁰ i.e. Admission is subject to a referral from the youth's community medical practitioner, and a physical examination/medical history will have already been conducted.

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Findings indicated that all of the forensic inpatient units share the common practices in having a staff chaperone (who is in the same gender as the youth) to accompany the youths in all physical examinations. Physicians attending to the forensic settings are on rotational bases and due to limited resources; they may not always match the gender of the youths. As a common practice, a female staff chaperone will accompany the female youth and the male physician. There are unique cases where the youth will request to see the physician alone. Nevertheless, within the forensic psychiatric setting, the general practice is to provide a same gender staff chaperone to accompany the youth in all physical examinations regardless of whether the physical examination is conducted by a female or a male physician.

1. Alberta

Alberta Hospital Edmonton, Turningpoint Program, Capital Health Regional Mental Health Program, Northern Alberta Forensic Psychiatry Services.
P.O. Box 307, 17480 Fort Road, Edmonton, AB T5J 2J7
Web site: <http://www.capitalhealth.ca>

Turningpoint Program is the designated inpatient assessment and treatment program in Alberta for adolescents who have come into conflict with the law and are believed to have a psychiatric illness or behavioral disorders.

The inpatient program consists of 18 beds in a secure hospital facility. Services include psychiatric assessment services for youths under remand; and intensive psychodynamic and psychoeducational therapy in a therapeutic milieu for adolescents sentenced to custodial care. Services are mandated under the Youth Criminal Justice Act and Criminal Code to provide:

- Court ordered assessments (2- 3 beds)
- Treatment for Unfit and NCR youth
- Treatment for youth in custodial care under the YCJA
- Incarcerated youth requiring treatment under the MHA

Of note, a majority of the remand assessments are completed at the Edmonton Young Offender Centre (EYOC), except for those deemed to require in-hospital assessment.

Youths who are admitted to the unit receive a physical examination and all physical exams are accompanied by a staff chaperone (mostly a nurse) that is in the same gender as the youth.

Physicians (male and female) are scheduled on a rotational basis and resources to access physicians are limited and dependant on their availabilities. A comprehensive, routine head to toe physical examination is provided. Breast and pelvic examinations are not routinely done as each physician uses their clinical judgment and therefore, their

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practices may vary from case to case. Further in-depth examinations and treatment will be conducted upon receiving informed consent from the youth.

All involuntary youths and court ordered youths admitted to the hospital will complete a general admission consent form (under the Mental Health Act). Consent to the complete physical, breast and pelvic examinations are obtained from verbal consent. It is a general practice to have chaperones (usually nurses) to accompany the youth throughout the physical examination procedure.

2. British Columbia

Maples Adolescent Treatment Centre (MATC), Ministry of Children and Family Development

Address: 3405 Willingdon Avenue, Burnaby, BC V5G 3H4

Website: <http://www.mcf.gov.bc.ca/maples>

The Maples Adolescent Treatment Centre is one part of the provincial Child and Youth Mental Health service network that provides an array of direct residential and community services for youth and their families.

The Maples is designated under the Mental Health Act as a provincial mental health facility. Through its programs and services it supports communities in caring for and treating troubled 12 to 17 year-old youth with significant psychiatric and behavioural difficulties.

As part of the admission procedure, a physical examination is conducted within 48 hours following admission by a physician. The Youth is not in the examination room alone with the GP unless this was requested by the youth and there is no perceived risk. A MATC staff (usually a nurse), accompanies the youth to the physical examination. Every effort is made to ensure this staff is the same sex as the youth.

Each exam typically takes about 45 minutes. The GP takes a history on medical, family history, medications, allergies, smoking, alcohol and drug use, and any relevant sexual history or current complaints.

Pelvic/genital examinations and breast examinations are not routine on admission, but the GP advises the youth these are available. If there is a need for these examinations and the youth consents, a follow-up appointment is set for this purpose. MATC currently has a female GP.

Consent: There is a Standard Consent Form that is reviewed and discussed by the admitting social worker. The consent form is signed by the youth and or parent/guardian. In addition to this initial consent, during the course of the examination, the GP further advises the youth of the nature and purpose of any procedure and tests. The youth has a right to refuse medical treatment and may refuse to participate at any point in the medical examination."

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BC Children's Hospital (BCCH)
Adolescent Psychiatry Inpatient Unit (APU)
Box 119 - 4500 Oak Street, Vancouver, BC V6H 3N1
Website: <http://www.bcchildrens.ca>

The Adolescent Psychiatry Inpatient Unit provides assessment and brief treatment to teenagers (12 through 17) who experience serious psychiatric symptoms such as psychosis, mood disorders, suicidal behaviour, or anxiety states. The unit takes patients by referral only. The unit has 10 beds and the program runs seven days per week. Length of stay varies between a few days to several weeks.

The program is supported by multidisciplinary team comprising nurses, youth and family counsellors, social workers, psychologists, occupational therapists, teachers, psychiatrists and other disciplines as needed. The assessment process requires the active participation of adolescents and their families.

All admission to the psychiatric units is mandated under the Mental Health Act. With the Infant Act, the hospital encourages youths to be involved in their treatment and to participate in decision making.

As part of the hospital admission procedure, each youth receives a physical examination within 24 hours of admission (the policy is under revision). The hospital has male and female pediatricians who conduct physical examinations. However, due to limited resources, sometimes a male pediatrician will be seeing a female youth. A staff chaperone (who is the same gender as the youth) will attend with the youth and assist the physical examination.

The pediatricians at the inpatient units do not conduct mammary or pelvic exam. If needed, a referral will be made to the Health Clinic to conduct a more in-depth examination. At present, the Health Clinic is all staffed by female nurses and a female physician.

In terms of "Consent to physical, breast and pelvic examinations", the hospital does not require a youth to sign a written consent; youth gives verbal consent and has the right to decline.

The Adolescent Psychiatry Inpatient Unit provide an in-depth evaluation rather than an initial psychiatric opinion, referrals must come from the psychiatric care provider (in the community) who has assessed the patient and who will assume responsibility for his or her care upon discharge. The program is not suitable for adolescents whose primary problems are severe behaviour disorders, substance abuse or eating disorders.

Surrey Memorial Hospital (SMH), Adolescent Psychiatric Unit, Fraser Health
Authority
Address: 13750 - 96th Avenue, Surrey, BC V3V 1Z2

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Website: <http://www.fraserhealth.ca>

Adolescent Psychiatric Unit (APU) is a 10-bed psychiatric unit serving youths between 12 and 18 years of age who live in Delta, Langley, Surrey and White Rock. The unit provides assessment, stabilization and initial treatment. Access to this unit is through the SMH emergency department, local community hospitals, mental health professionals or community psychiatrists.

Comprehensive physical examination is not part of an admission procedure at APU. All adolescents who are admitted to the unit are medically cleared from the emergency departments or from the community referral sources. In the event that a youth requires medical attention, nurses will contact the hospitalist to address the medical concerns. If a youth requires a comprehensive physical, breast or pelvic examinations, referrals will be made to the Youth Clinic.

Surrey Memorial Hospital - Outpatient Youth Clinic

The Surrey Memorial Hospital Youth Clinic is a multidisciplinary clinic that provides service to all youth from the ages of 12 to 21. The clinic provides:

- Birth control and education
- STD examinations, education, and treatment
- Free pregnancy testing, non-judgemental decision making, counselling, referrals, and follow-up
- Early prenatal care
- HIV/AIDS information, education, testing, and support
- Hepatitis B vaccinations

Nurses provide STD screening to both male and female youths and conduct the majority of the physical examinations. The GP conducts breast, pelvic and STD exams. Informed verbal consent is obtained from the youth for the physical exam. A separate written consent is obtained for HIV blood test and other STD testing. The Youth Clinic is currently staffed by female nurses and female GPs. A male youth will be assessed by a female GP. For personal privacy and comfort, many youths (both male and female population) may request to see the GP individually, and no chaperone is required.

Queen Alexandra Centre for Children's Health (Ledger House), Child Youth & Family Mental Health Services

Address: 2400 Arbutus Road, Victoria, BC V8N 1V7

Web site: <http://www.viha.ca>

The centre has three residential units provide psychiatric assessment and mental health treatment services to the youths between 13 to 19 years old. Nurses are responsible for conducting routine physical head to toe assessment, including the baseline collection of vitals, height & weight, and physical features. Any in-depth physical examinations such

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as breast or pelvic examinations are referred out to the local clinics or back to the youth's family GP. All blood work and urinalysis are completed at local medical labs.

Kelowna General Hospital, Adolescent Psychiatric Unit
2268 Pandosy Street, Kelowna, BC V1Y 1T2
Web site: <http://www.interiorhealth.ca>

The Adolescent Psychiatry Unit is a 8 bed unit with an average stay of 21 to 28 days, serving youth 12 to 17 years of age.

The program provides assessment and treatment planning for youths with serious psychiatric symptoms. Admission to the unit is by referral only through the Ministry of Children & Family Development (Child & Youth Mental Health), psychiatrists and Interior Health Mental Health & Addiction Services.

Youths who are referred to the program must have completed a recent psychiatric assessments are medically cleared. Therefore, based on the admission criteria, it is not part of the admission routine to conduct a comprehensive physical examination on the unit. If there is a need to address any medical concerns, the youths will be referred onto the consulting physician for any genitalia examination.

Prince George Regional Hospital, Adolescent Psychiatric Unit
1475 Edmonton Street, Prince George, BC V2M 1S2
Web site: <http://www.northernhealth.ca>

The Adolescent Psychiatric Unit at Prince George is a 6 bed psychiatric medical unit that provides assessment and treatment services to male and female youths. The average stay of each youth ranges from 4 to 6 weeks. Upon the admission of the youth, the client will be seen by the admitting psychiatrist and a nurse. And within 48 to 72 hours, the youth will be seen by the physician to conduct a physical examination. The extent of the physical examination is individually based and a nurse chaperone will accompany the youth to see the physician. The unit has female and male physician to conduct physical exams and with special circumstances, efforts will be made to provide a female physician to a female clients.

Admission to the inpatient psychiatric unit is from community referrals and for these cases, there will be comprehensive pre-admission collateral information and these youths are medically cleared. Therefore it is unlikely that the youth will require a full physical examination after their arrival to the unit.

Other admissions are transfers from the local emergency department. Since it is a clinical protocol that all youths being transferred onto the psychiatric unit must be medically cleared, in majority of the cases, a full physical may not be required at the unit level.

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3. Ontario

Hotel-Dieu Hospital, Child and Adolescent Psychiatry
Address: 166 Brock Street, Kingston, ON K7L 5G2
Website: <http://www.hoteldieu.com>

Affiliated with the Kingston General Hospital, the Child and Adolescent Division presently based at (HDH), provides comprehensive psychiatric services to children and adolescents suffering severe psychiatric mental health services, up to their 18th birthday. The inpatient program is designated to serve of adolescents with psychiatric disorder.

The Inpatient Adolescent Psychiatry Unit is an 8-bed unit; provide services to male and female youths. The focus of the service is to provide psychiatric assessment and emergency treatment services. Youths usually stay between 2 to 3 weeks. Admission to the unit is based on community referrals and emergency department referrals.

Each youth is assessed by the Unit Psychiatrists and the Psychiatry Resident conducts physical examination within the first twenty-four hours of unit admission. The physical examination is a general "head to toe" assessment. Routine blood work and urinalysis is upon the clinical discretion of each case.

Breast and pelvic examination is not part of the routine admission physical examination. If there is a need for an in-depth gynecological examination such as breast or pelvic exam, the unit will consult with the hospitalist and will refer the youth for further assessment and treatment.

To terms of consent, there is no specific written consent to the physical exam. Informed verbal consent is given. The hospital has written consent form for voluntary and involuntary admissions. A nurse usually accompanies the youth to the physical examination. If a female youth is being examined by a female physician, a nurse chaperone may not be required.

The Hospital for Sick Children, Adolescent Medicine
Address: 555 University Avenue, Toronto, Ontario M5G 1X8
Website: <http://www.sickkids.ca>

The Division of Adolescent Medicine programs provide:

- Inpatient consultation throughout the hospital on adolescent issues
- Inpatient care of medically unstable eating disordered patients
- Outpatient, multidisciplinary treatment of teens with eating disorders
- Health care and health information/education to high-risk adolescents and their infants

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- outpatient assessment, treatment and management of youth who are either using drugs and/or alcohol or who are affected by someone in their family who is using substances
- Telephone consultations with community physicians regarding adolescents
- Outpatient consultation for teens with chronic illness or disability, multiple high dilemmas or those in custodial facilities

Youths who are admitted to the Hospital for Sick Children receive physical examinations. Examinations can be conducted either by the Emergency Room Physician or by the Staff Psychiatrist on the Inpatient Unit. The physician is rarely alone with the adolescents, as it is the general practice is to have a nurse accompany the adolescent at physical examination. The consent for the physical examination is part of the general consent that they agree to upon admission to the hospital.

On admission, the responsible physician must complete a plan of care, including an admission history / physical examination within 24 hours of admission. The physical assessments are part of the admission routine. The Adolescent Medicine programs have female psychiatrists providing services to children and youths. Currently, there is no male psychiatrist on the team.

The hospital has an Eating Disorder Program that is comprised of both an Adolescent Medicine Team and a Psychiatry Team. Children and youths are kept under the Adolescent Medicine Unit until they are medically stable before they are transferred to Psychiatry.

The hospital also has comprehensive practice guidelines for Examination of Genitalia in Children and the guideline is being practiced within all clinical programs that provide care to adolescents and children.

Quebec

Philippe-Pinel Institute, Adolescent Unit, Universite de Montreal

Address: 10905, boul. Henry-Bourassa Est, Montreal, Quebec H1C 1H1

Website: <http://www.pinel.qc.ca>

The Adolescent Unit is a 15 bed, maximum security unit that provides assessment and treatment services to male adolescents only. The assessment period is 30 days and in many cases, the assessment team will request for a court extension for another 30 days to provide sufficient time for a trial treatment. The unit has a multidisciplinary model with psychiatrists, psychologists, nurses and educators.

Admission to the Inpatient Unit is done by the nurse on duty, then seen by the admitting psychiatrist and followed by an educator. Physical examination is conducted within 48 hours by a GP. The physical exam procedure is accompanied by a nurse and the consent to the examination procedure is given by verbal consent.

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4. Newfoundland & Labrador

Janeway Children's Health and Rehabilitation Centre

Address: 300 Prince Phillip Drive, St. John's, Newfoundland A1B 3V6

Website: <http://www.easternhealth.ca>

"There are no written policies about exams except that every patient has to have a physical exam recorded on the chart within 24 hours of admission. Our written advice to our Residents is to have a nurse accompany them during examinations of patients (the Residents to do the physical). I would not think our residents or staff would do a pelvic or breast exam on a patient. We can easily consult our adolescent gynecologist to conduct such exams and that would be the prudent thing to do." (Professor of Child & Adolescent Psychiatry, Memorial University)

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Appendix E: Action Plan for Recommendations Arising

Item	Action	Responsible	Due
Clear, documentary evidence of clients providing their informed consent for medical examinations	'Consent for Medical Examination and Treatment' to be included in the existing <i>Orientation to Assessment Process and Limits to Confidentiality</i> document. Oral Consent will continue to be obtained for every aspect of the medical examination and documented in the Progress Notes.	Program Manager, IAU	2008 04 30
Client education	The <i>Resident Rules</i> booklet to be amended to include additional information that will be provided to the client about the physical examination.	Program Manager, IAU	2008 04 30
To document agency standards and practice guidelines	Amend YFPS P&P to address IAU clients' physical examination to be initiated within 72 hours, or as is practicable (articulate the IAU practice that allows for a protracted medical examination process, as may be needed)	Clinical Director and Assistant Director	2008 03 31
Ensure that all members of the health care team are well informed and are prepared to respond to questions about the clients' physical exams	Medical and nursing staff to provide in-service 'breast health' and 'pelvic health' education to nursing and allied health care personnel to ensure continuity of client communications and patient education	Clinical Director and Program Manager, IAU	2008 05 31
Ensure that all IAU personnel identify who they are to the client	Develop a staff identification model for the unit (post IAU staff pictures and roles on notice board for residents)	Program Manager	2008 04 30
Promote continuity between the staff member that orients and chaperones the client during the exam	Nurse In Charge to continue to facilitate client needs with staff shift assignments and adjustments	Nurses In Charge	2008 03 31
Draping and ensuring clients' personal privacy	For clients of a larger body size, larger gowns should be sourced and provided to those clients for use at the time of their physical examination	Program Manager	2008 04 30
Ensure contemporaneous and complete documentation of assessment and treatment services provided	Shift from the current Narrative Charting to SOAP Charting model	Clinical Director and Program Manager, IAU	SOAP is Currently In Place
Ensure up to date clinical practice	Medical staff to review current BCCA screening guidelines within the context of IAU medical examination protocols, taking into account the special needs of the youth	Clinical Director and Medical Staff	BCCA Screening Guidelines In Place
Review and update client comfort measures and practices, as indicated	Procedures have been adjusted. Client changing in own bedroom prior to physical. Gloves are used as required. Hands are warmed as required. The examination room is warm and comfortable. The gender of examining physician is determined on client, request when possible	Program Manager and Clinical Director, IAU	Currently in Place

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