

***Detained: Rights of children and youth under the Mental Health Act***  
**RCY Annual Review Year 1** (based on evidence submitted February 2022)  
**February 10, 2023**

**Summary:** On January 19, 2021, B.C.'s Representative for Children and Youth Jennifer Charlesworth released her report *Detained: Rights of children and youth under the Mental Health Act (The Act)*. This report explored the system for involuntary detention of children and youth and centred the voices of youth who have experience with detention under the Act. The report highlighted concerns that government must act to better protect the interests of children and youth involuntarily detained under the *Mental Health Act* explore the long-term impacts of involuntary detention on young people and ensure youth are made aware of their rights while detained. In her report, the Representative made 14 key recommendations related to admission, rights and treatment to improve the system of involuntary mental health care recommendations.

In February 2022, the Ministry of Health (HLTH), Mental Health and Addictions (MMHA) and the Mental Health Review Board (MHRB) provided an annual update of progress towards the Representative's recommendations. HLTH and MMHA submitted a joint-action plan that focuses on efforts underway to build a comprehensive and seamless system of mental health and substance use services for children and youth and their expansion of the voluntary system of care. The Representative is encouraged to see the breadth of system change underway but is concerned to see no progress towards the urgent and immediate calls to reform the involuntary care system from both B.C.'s Office of the Ombudsperson and her office. The Representative and her team has met with HLTH and MMHA over the course of the last year, to better understand how efforts underway to improve care under the Act will have both the short and long term actions necessary to ensure the needs of detained children and youth are addressed. The MHRB submitted encouraging progress reports, demonstrating the most engaged response to the Representative's recommendations seen since the office began tracking recommendation implementation. With consultations complete and new policy and process underway, the office is confident that substantial progress will be made by the MHRB, if not complete, by the recommended implementation date.

**RCY Assessment Definitions:**

- **Complete** = All activities that directly support the implementation of the recommendation are complete
- **Substantial Progress** = Most of the activities that directly support the implementation of the recommendation are complete
- **Some Progress** = Some of the activities that directly support the implementation of the recommendation are complete
- **No Progress** = None of the activities that directly support the implementation of the recommendation are complete (pre-planning may be underway but there has been no progress in formal planning or implementation).

Recommendation	Ministry's Response	RCY Assessment
<p data-bbox="198 315 244 342">#1</p> <p data-bbox="279 274 943 805"><b>Recommendation #1:</b> That the Ministry of Mental Health and Addictions work with the Ministry of Health and the Ministry of Children and Family Development to conduct a review, after consulting with health authorities, First Nations, Métis Nation and urban Indigenous communities and leadership and other appropriate bodies, into the use of involuntary mental health care for children and youth to identify the conditions that are contributing to its increased use, and identify immediate opportunities to provide voluntary interventions or improve practices that would reduce involuntary admissions.</p> <p data-bbox="279 857 790 885">Review to be complete by Jan. 1, 2022.</p>	<p data-bbox="978 274 1540 302"><b>Year 1 Evidence – Received February 2022</b></p> <p data-bbox="978 358 1763 889">HLTH and MMHA have reported to the RCY that the emphasis of their work at this time is to improve and expand the voluntary system of care, with an aim to reduce the need for, or likelihood, of involuntary detainment. With that in mind, the action plan provided by the ministries aligns their response to Recommendation 1 with efforts underway to engage Indigenous communities in response to <i>In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care</i>, and the ongoing development, planning and implementation of <i>A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia</i> and the Children, Youth and Youth Adult Substance Use and Wellness Framework.</p> <p data-bbox="978 943 1723 1127">In addition to efforts towards system change, HLTH and MMHA plan to complete a review of involuntary care for children and youth with the aim of creating recommendations to improve practices and oversight where necessary beginning by March 31, 2023.</p>	<p data-bbox="1792 274 2045 302"><b>Year 1 Assessment</b></p> <p data-bbox="1792 318 1956 345"><b>No Progress</b></p> <p data-bbox="1792 399 2553 849">HLTH and MMHA have reported ongoing engagement with health authorities First Nations, Métis Nation and urban Indigenous communities and leadership and other appropriate bodies, related to the systemic change underway that is relevant to, but not directly related to the use of involuntary mental health care for children and youth and conditions that are contributing to its increased use (ie: engagements related to former Bill 22, Youth Stabilization Care). These engagements have reaffirmed the risk of trauma associated with detaining youth and the Representative is encouraged to see the decision was made not to proceed with the legislative amendment.</p> <p data-bbox="1792 902 2545 1086">At this time, no direct progress has been made towards this specific recommendation and implementation is now overdue. The Representative is concerned to see that the review she called for will not begin until March 31, 2023, 15 months after the review was to be complete.</p>

Recommendation		Ministry's Response	RCY Assessment
#2	<p><b>Recommendation #2:</b> That the Ministry of Health require health authorities to collect and report key information pertaining to children and youth admitted under the <i>Mental Health Act</i> in a way that is standardized across the province and reported regularly, including but not limited to:</p> <ul style="list-style-type: none"> <li>• identity factors (ethnicity, gender identity)</li> <li>• Indigeneity – First Nations, Métis and Inuit identity</li> <li>• standardized length of stay data across all hospital settings</li> <li>• admissions of children on a voluntary basis at the request of their parents</li> <li>• requests for, and outcomes of, second medical opinions</li> <li>• detailed seclusion and restraint data</li> <li>• data related to extended leave</li> <li>• outcomes related to quality of care, effectiveness and patient satisfaction.</li> </ul> <p>This work to be completed by June 1, 2022.</p>	<p><b>Year 1 Evidence – Received February 2022</b></p> <p>HLTH and MMHA have committed to develop a process to collect, monitor and report key information pertaining to children and youth admitted under the <i>Mental Health Act</i> in a way that is standardized across the province. At this time, HLTH and MMHA have not provided a detailed action plan for how they will approach this work and have indicated that it will not begin until March 31, 2023.</p>	<p><b>Year 1 Assessment</b></p> <p><b>No Progress</b></p> <p>The Representative is concerned to see the lack of response to this recommendation. Given the findings of <i>Detained</i> and the ministries' own engagements findings related to the former Bill 22, the trauma associated with detaining children and youth is established and immediate action to collect and report data related to detainment in a standardized way is essential.</p> <p>At this time, no progress has been made towards this specific recommendation and the Representative is concerned to see that the work towards it will not begin until March 31, 2023, 10 months after monitoring and reporting improvements were to be complete. The Representative notes progress towards data stewardship elsewhere in government, such as the proposed anti-rasimc data legislation, but notes that a robust data collection and monitoring strategy is required by HLTH to benefit from such enabling legislation.</p>

Recommendation		Ministry's Response	RCY Assessment
<b>#3</b>	<p><b>Recommendation #3:</b> That the Ministry of Health, in partnership with the Ministry of Mental Health and Addictions and the health authorities, review and reconcile s.20(a)(ii) of the <i>Mental Health Act</i> that permits the designated director to admit a child under 16 on a voluntary basis at the request of their parent or guardian with the mature minor doctrine.</p> <p>Review to be complete by Jan. 1, 2022.</p>	<b>Year 1 Evidence – Received February 2022</b>	<b>Year 1 Assessment</b>
		<p>HLTH and MMHA have committed to review the use of involuntary care for children and youth, with the aim of creating recommendations to improve practices and oversight where necessary. This work is scheduled to begin March 31, 2023 and will include the administration and analysis of Mental Health and Substance Use Patient Experience Surveys of youth in in-patient mental health services. From this work, improvements in processes and standards for treatment, services and supports for youth, specific to the <i>Mental Health Act</i> will be identified and actioned.</p>	<p><b>No Progress</b></p> <p>At this time, no direct progress has been made towards this specific recommendation and the review is now overdue. The Representative is concerned to see that the review she has called for will not begin until March 31, 2023, 15 months after the review was to be complete. The Representative will work with the ministries to review the evidence from <i>Detained</i> that speaks to the urgency of this recommendation and explore options to prioritize reconciling s.20(a)(ii) of the <i>Mental Health Act</i> ahead of the review.</p>

Recommendation	Ministry's Response	RCY Assessment
<p data-bbox="204 337 244 362"><b>#4</b></p> <p data-bbox="282 298 948 578"><b>Recommendation #4:</b> That the Ministry of Health, and the Ministry of Mental Health and Addictions actively engage and consult with First Nations, Métis Nation and urban Indigenous health bodies and leadership to develop a process to enable a child or youth to notify their community or Nation of their involuntary admission.</p> <p data-bbox="282 630 709 662">To be complete by Sept. 1, 2021.</p>	<p data-bbox="983 298 1540 331"><b>Year 1 Evidence – Received February 2022</b></p> <p data-bbox="983 380 1755 724">HLTH and MMHA are actively engaging health authorities, First Nations, Métis Nation, urban Indigenous communities and leadership, youth, families, and other bodies as appropriate to improve services and treatment for children and youth, in alignment with the recommendations of <i>In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care</i>. The purpose of this engagement is to support system improvements planning, implementation and monitoring.</p> <p data-bbox="983 808 1755 1227">HLTH and MMHA have also committed to review the use of involuntary care for children and youth, with the aim of creating recommendations to improve practices and oversight where necessary. This work is scheduled to begin March 31, 2023 and will include the administration and analysis of Mental Health and Substance Use Patient Experience Surveys of youth in in-patient mental health services. From this work, improvements in processes and standards for treatment, services and supports for youth, specific to the <i>Mental Health Act</i> will be identified and actioned.</p> <p data-bbox="983 1276 1755 1390">HLTH and MMHA, in partnership with the Attorney General have also committed to develop a new independent service to provides rights advice to patients who are involuntarily</p>	<p data-bbox="1790 298 2045 331"><b>Year 1 Assessment</b></p> <p data-bbox="1790 342 1956 375"><b>No Progress</b></p> <p data-bbox="1790 418 2542 1032">At this time, no direct progress has been made towards this specific recommendation and the Representative is concerned to see that youth still do not have a way to notify their community or Nation of their involuntary admission more than a year after the release of her report. Instead, HLTH and MMHA have submitted an action plan with six high-level actions to respond to all 11 of their <i>Detained</i> recommendations. Yet the ministries' current action plan does not speak to how these engagements will include consultation to develop a process to enable a child or youth to notify their community or Nation of their involuntary admission. While the Representative appreciates the focus of government on the transformational change required within the mental health system, the immediate needs and rights of children and youth must not be ignored.</p> <p data-bbox="1790 1081 2542 1390">It is unclear in the ministries' action planning how the work of the <i>In Plain Sight</i> engagements, the review of involuntary care and the work to develop a new, independent service to provide rights advice to patients, will come together to develop a process for youth to notify their communities. The Representative recommended that the notification processes be in place by September 1, 2021 and are now overdue.</p>

		admitted under the MHA, pursuant to a recommendation from the Ombudsperson.	
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Recommendation		Ministry's Response	RCY Assessment
#5	<p><b>Recommendation #5:</b> That the Attorney General in partnership with the Ministries of Health and Mental Health and Addictions, ensure that an independent body is notified every time a child or youth is detained under the <i>Mental Health Act</i> and that this body is mandated to provide rights advice and advocacy to children and youth.</p> <p>(BC Ombudsperson's recommendations 21 to 23 from March 2019 report Committed to Change: Protecting the Rights of Involuntary Patients under the <i>Mental Health Act</i> are applicable, have yet to be achieved and are now overdue. Recommendation 5 in this RCY report adds to the Committed to Change recommendations to bring specific focus to children and youth.)</p> <p>Independent body to be in place by Dec. 1, 2021.</p>	<b>Year 1 Evidence – Received February 2022</b>	<b>Year 1 Assessment</b>
		<p>HLTH and MMHA, in partnership with the Attorney General have committed to develop a new independent service to provides rights advice to patients who are involuntarily admitted under the MHA, pursuant to a recommendation from the Ombudsperson. The ministries have reported that work is underway.</p>	<p><b>No Progress</b></p> <p>At this time, ministries report that work is underway, but the Attorney General has not provided an action plan or timeline to date. The Representative has assessed their progress as still within the pre-planning stage as there has been no evidence of progress towards implementation despite her call for the independent body to be in place by December 1, 2021. This work is now overdue.</p>

Recommendation		Ministry's Response	RCY Assessment
		<b>Year 1 Evidence – Received February 2022</b>	<b>Year 1 Assessment</b>

<p><b>#6</b></p>	<p><b>Recommendation #6:</b> That the Ministry of Health in co-operation with the Ministry of Mental Health and Addictions and the health authorities assess the appropriateness and accessibility of the information currently provided to children and youth and develop new information using multiple formats and media to better support young people to understand what’s happening to them and what their rights and options are when detained under the <i>Mental Health Act</i>. Youth with lived expertise to be engaged to advise on the information that is most helpful and how best to make information available to children and youth.</p> <p>Information to be developed by Dec. 1, 2021.</p>	<p>HLTH and MMHA have committed to assess and improve information available to children and youth regarding treatment under the <i>Mental Health Act</i>. The ministries plan to begin this work September 1, 2023.</p>	<p><b>No Progress</b></p> <p>HLTH and MMHA have submitted an action plan with six high-level actions to respond to all 11 of their <i>Detained</i> recommendations. While the Representative appreciates the focus of government on the transformational change required within the mental health system, the immediate accessibility of their materials for children and youth must not be ignored. The ministries’ current action plan does not speak to steps they will take in their assessment or how youth with lived experience will be engaged. At this time, no progress has been made towards this specific recommendation and it is now overdue.</p> <p>The Representative is concerned to see that work to address this recommendation will not begin until 21 months after it was meant to be complete. Children and youth have a right to accessible materials that explain what is happening to them and what their rights and options are when detained under the <i>Mental Health Act</i>.</p>
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<p data-bbox="201 272 244 305"><b>#7</b></p> <p data-bbox="279 237 951 597"><b>Recommendation #7:</b> That the Ministry of Health work with the health authorities to develop a process to ensure that First Nations, Métis or Inuit children or youth who are either <i>Detained</i> under the <i>Mental Health Act</i> or are under 16 and admitted by their parent/legal guardian are offered services by hospital staff who assist Indigenous patients such as navigators, liaison nurses, nurse practitioners and Elders in residence.</p> <p data-bbox="279 651 951 719">Process to be developed and operational by Jan. 1, 2022.</p>	<p data-bbox="981 237 1766 269"><b>Year 1 Evidence – Received February 2022</b></p> <p data-bbox="981 321 1766 735">HLTH and MMHA have committed to review the use of involuntary care for children and youth, with the aim of creating recommendations to improve practices and oversight where necessary. This work is scheduled to begin March 31, 2023 and will include the administration and analysis of Mental Health and Substance Use Patient Experience Surveys of youth in in-patient mental health services. From this work, improvements in processes and standards for treatment, services and supports for youth, specific to the <i>Mental Health Act</i> will be identified and actioned.</p>	<p data-bbox="1795 237 2042 269"><b>Year 1 Assessment</b></p> <p data-bbox="1795 280 1956 313"><b>No Progress</b></p> <p data-bbox="1795 358 2553 854">At this time, no direct progress has been made towards this specific recommendation and the process is now overdue. Instead, HLTH and MMHA have submitted an action plan with six high-level actions to respond to all 11 of their <i>Detained</i> recommendations. While the Representative appreciates the focus of government on the transformational change required within the mental health system, the immediate needs and rights of children and youth to access culturally safe resources while detained must not be ignored. The Representative is concerned to see that the review meant to address this recommendation will not begin until March 31, 2023, 15 months after the review was to be complete.</p>



Recommendation	Ministry's Response	RCY Assessment
<p data-bbox="201 277 244 305"><b>#8</b></p> <p data-bbox="279 237 951 764"><b>Recommendation #8:</b> That the Ministry of Health and the Ministry of Mental Health and Addictions put forward amendments to the <i>Mental Health Act</i> after actively engaging and consulting with health authorities, First Nations, Métis Nation and urban Indigenous communities and leadership and other appropriate bodies, that will ensure children and youth who are detained under the <i>Mental Health Act</i> have the right to retain personal items that do not pose a risk to their safety or the safety of others and continue practices that support their physical, emotional, mental, spiritual and relational wellbeing and their sense of identity.</p> <p data-bbox="279 818 916 846">Amendments to be put forward by May 1, 2022.</p>	<p data-bbox="981 237 1542 264"><b>Year 1 Evidence – Received February 2022</b></p> <p data-bbox="981 321 1749 737">HLTH and MMHA have committed to review the use of involuntary care for children and youth, with the aim of creating recommendations to improve practices and oversight where necessary. This work is scheduled to begin March 31, 2023 and will include the administration and analysis of Mental Health and Substance Use Patient Experience Surveys of youth in in-patient mental health services. From this work, improvements in processes and standards for treatment, services and supports for youth, specific to the <i>Mental Health Act</i> will be identified and actioned.</p>	<p data-bbox="1795 237 2045 264"><b>Year 1 Assessment</b></p> <p data-bbox="1795 282 1956 310"><b>No Progress</b></p> <p data-bbox="1795 358 2556 857">At this time, no direct progress has been made towards this specific recommendation and the Representative is concerned to see that the review she has called for will not begin until March 31, 2023, 11 months after amendments were to be put forward to the <i>Mental Health Act</i>. Instead, HLTH and MMHA have submitted an action plan with six high-level actions to respond to all 11 of their <i>Detained</i> recommendations. While the Representative appreciates the focus of government on the transformational change required within the mental health system, the immediate needs and rights of children and youth to retain personal items that do not pose a risk must not be ignored.</p> <p data-bbox="1795 943 2537 1284">Given the findings of <i>Detained</i> and the ministries' own engagement findings related to the former Bill 22, the trauma associated with detaining children and youth is established. Immediate action to ensure youth have access to personal items that do not pose a risk to their safety or the safety of others is vital so that they may continue practices that support their physical, emotional, mental, spiritual and relational wellbeing and their sense of identity.</p>

Recommendation	Ministry's Response	RCY Assessment
<p data-bbox="201 277 244 305"><b>#9</b></p> <p data-bbox="279 237 935 724"><b>Recommendation #9:</b> That the Ministry of Health, the Ministry of Mental Health and Addictions and the First Nations Health Authority actively engage and consult with First Nations, Métis Nation and urban Indigenous leadership and communities to identify changes needed in order to ensure that First Nations, Métis, Inuit and urban Indigenous children and youth are provided with trauma-informed, culturally safe and attuned mental health services, including a diversity of treatment modalities specific to their unique culture, when detained under the <i>Mental Health Act</i>.</p> <p data-bbox="279 776 862 849">Changes to be identified by Sept 1, 2021 and implemented in full by Sept 1, 2022.</p>	<p data-bbox="981 237 1540 264"><b>Year 1 Evidence – Received February 2022</b></p> <p data-bbox="981 321 1749 735">HLTH and MMHA have committed to review the use of involuntary care for children and youth, with the aim of creating recommendations to improve practices and oversight where necessary. This work is scheduled to begin March 31, 2023 and will include the administration and analysis of Mental Health and Substance Use Patient Experience Surveys of youth in in-patient mental health services. From this work, improvements in processes and standards for treatment, services and supports for youth, specific to the <i>Mental Health Act</i> will be identified and actioned.</p>	<p data-bbox="1795 237 2045 264"><b>Year 1 Assessment</b></p> <p data-bbox="1795 280 1956 308"><b>No Progress</b></p> <p data-bbox="1795 362 2556 857">HLTH and MMHA have submitted an action plan with six high-level actions to respond to all 11 of their <i>Detained</i> recommendations. At this time, no direct progress has been made towards this specific recommendation and the Representative is concerned to see that the review proposed by ministries to identify changes necessary will not begin until March 31, 2023. The identification of changes needed to ensure that First Nations, Métis, Inuit and urban Indigenous children and youth are provided with trauma-informed, culturally safe and attuned mental health services, including a diversity of treatment modalities specific to their unique culture, when detained under the <i>Mental Health Act</i>, are now overdue.</p> <p data-bbox="1795 906 2556 1206">Given the findings of <i>Detained</i> and the ministries' own engagements findings related to former Bill 22, the trauma associated with detaining children and youth is well established. Immediate action is imperative to ensure that youth have trauma-informed, culturally safe and attuned mental health services, including a diversity of treatment modalities specific to their unique culture, when detained under the <i>Mental Health Act</i>.</p>

Recommendation	Ministry's Response	RCY Assessment
<p><b>#10</b> <b>Recommendation #10:</b> That the Ministry of Health, in partnership with the Ministry of Mental Health and Addictions and the health authorities, undertake a comprehensive review of practices for:</p> <ul style="list-style-type: none"> <li>a) children under 16 who have been “voluntarily” admitted, and take all necessary legal and administrative measures to ensure that “mature minor” capacity assessments are carried out where treatment is proposed, that the results of those assessments are recorded, and that physicians understand their duty to comply with the views of a mature minor regarding treatment, subject only to the order of a court</li> <li>b) children assessed as mature minors who have been involuntarily admitted and take all necessary legal and administrative measures to ensure that (i) despite the deemed consent provisions, the views of the young person are obtained, recorded, and carefully considered before treatment decisions are made, and (ii) treatment information is conveyed in a manner that children and youth may understand.</li> </ul> <p>Review to be complete by March 1, 2022.</p>	<p><b>Year 1 Evidence – Received February 2022</b></p> <p>HLTH and MMHA have committed to review the use of involuntary care for children and youth, with the aim of creating recommendations to improve practices and oversight where necessary. This work is scheduled to begin March 31, 2023 and will include the administration and analysis of Mental Health and Substance Use Patient Experience Surveys of youth in in-patient mental health services. From this work, improvements in processes and standards for treatment, services and supports for youth, specific to the <i>Mental Health Act</i> will be identified and actioned.</p>	<p><b>Year 1 Assessment</b></p> <p><b>No Progress</b></p> <p>HLTH and MMHA have submitted an action plan with six high-level actions to respond to all 11 of their <i>Detained</i> recommendations. At this time, no direct progress has been made towards this specific recommendation and the Representative is concerned to see that the review she has called for will not begin until March 31, 2023, 13 months after the review was to be complete.</p>

Recommendation		Ministry's Response	RCY Assessment
#11	<p><b>Recommendation #11:</b> That the Ministry of Health and the Ministry of Mental Health and Addictions put forward amendments to the <i>Mental Health Act</i> after actively engaging and consulting with health authorities, First Nations, Métis Nation and urban Indigenous communities and leadership and other appropriate bodies to ensure that, for children and youth who are detained under the <i>Mental Health Act</i>, isolation and restraint are:</p> <ul style="list-style-type: none"> <li>only used as a last resort when all other interventions have been exhausted, and</li> <li>only used in accordance with specific legislative or regulatory criteria including assessment, time limits, reviews, documentation and reporting requirements.</li> </ul> <p>Amendments to be put forward by May 1, 2022.</p>	<p><b>Year 1 Evidence – Received February 2022</b></p> <p>HLTH and MMHA are actively engaging health authorities, First Nations, Métis Nation, urban Indigenous communities and leadership, youth, families, and other bodies as appropriate to improve services and treatment for children and youth, in alignment with the recommendations of <i>In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care</i>. The purpose of this engagement is to support system improvements planning, implementation, and monitoring.</p> <p>HLTH and MMHA have also committed to review the use of involuntary care for children and youth, with the aim of creating recommendations to improve practices and oversight where necessary. This work is scheduled to begin March 31, 2023 and will include the administration and analysis of Mental Health and Substance Use Patient Experience Surveys of youth in in-patient mental health services. From this work, improvements in processes and standards for treatment, services and supports for youth, specific to the <i>Mental Health Act</i> will be identified and actioned.</p>	<p><b>Year 1 Assessment</b></p> <p><b>No Progress</b></p> <p>HLTH and MMHA have submitted an action plan with six high-level actions to respond to all 11 of their <i>Detained</i> recommendations. At this time, no direct progress has been made towards this specific recommendation and the Representative is concerned to see that the review she has called for will not begin until March 31, 2023, 11 months after amendments were to be put forward to the <i>Mental Health Act</i>.</p> <p>Despite the delay of the review, the Representative recognizes other work occurring within the ministries' pursuant to former <i>Mental Health Act</i> amendment, Bill 22, Youth Stabilization Care, and supports the ministries' findings that reaffirmed risk of trauma associated with holding youth against their will and the subsequent decision not to proceed with the legislation. The Representative is also pleased to see that Child Health BC has updated the Provincial Least Restraint Guideline for the use of emergency restraint specific to children and youth exhibiting unsafe behaviors related to a psychiatric or behavioral crisis. The Representative hopes that this work will offer some important background information and leading practice to expedite the ministries upcoming review of youth detained under the <i>Mental Health Act</i>.</p>

Recommendation		Ministry's Response	RCY Assessment
#12	<p><b>Recommendation #12:</b> That the Ministry of Health and the Ministry of Mental Health and Addictions conduct an evidence-informed and outcomes-based review of extended leave for children and youth who are <i>Detained</i> under the <i>Mental Health Act</i> to:</p> <ul style="list-style-type: none"> <li>• assess the effectiveness of extended leave as a mental health intervention for children and youth, and</li> <li>• if extended leave is determined to be effective, review the need for additional legislative or regulatory criteria and oversight mechanisms, and review the extent to which children and youth are aware of and exercise their rights on extended leave.</li> </ul> <p>Review to be complete by Jan. 1, 2022.</p>	<p><b>Year 1 Evidence – Received February 2022</b></p> <p>HLTH and MMHA have committed to review the use of involuntary care for children and youth, with the aim of creating recommendations to improve practices and oversight where necessary. This work is scheduled to begin March 31, 2023, and will include the administration and analysis of Mental Health and Substance Use Patient Experience Surveys of youth in in-patient mental health services. From this work, improvements in processes and standards for treatment, services and supports for youth, specific to the <i>Mental Health Act</i> will be identified and actioned.</p>	<p><b>Year 1 Assessment</b></p> <p><b>No Progress</b></p> <p>HLTH and MMHA have submitted an action plan with six high-level actions to respond to all 11 of their <i>Detained</i> recommendations. At this time, no direct progress has been made towards this specific recommendation and the Representative is concerned to see that the review she has called for will not begin until March 31, 2023, 15 months after the review was to be complete.</p>

Recommendation	Ministry's Response	RCY Assessment
<p data-bbox="201 272 263 305"><b>#13</b></p> <p data-bbox="282 235 954 852"><b>Recommendation #13:</b> That the Ministry of Health and the Ministry of Mental Health and Addictions put forward amendments to the <i>Mental Health Act</i> after actively engaging and consulting with health authorities, First Nations, Métis Nation and urban Indigenous communities and leadership and other appropriate bodies to create mandatory periodic Mental Health Review Board reviews for (i) involuntarily <i>Detained</i> children and youth, and (ii) children under 16 who are admitted at the request of their parents, to ensure that such reviews do not depend on the child's knowledge or ability to make such a request. Mandatory reviews should only be conducted with the consent of the child or youth or their representative.</p> <p data-bbox="282 901 913 933">Amendments to be put forward by May 1, 2022.</p>	<p data-bbox="981 235 1545 267"><b>Year 1 Evidence – Received February 2022</b></p> <p data-bbox="981 316 1760 389">MMHA and HLTH have not provided a progress report for Recommendation 13.</p>	<p data-bbox="1792 235 2056 267"><b>Year 1 Assessment</b></p> <p data-bbox="1792 276 1962 308"><b>No Progress</b></p> <p data-bbox="1792 357 2553 771">In January 2022, MMHA and HLTH reported that Recommendation 13 would be led by the Mental Health Review Board, however, the MHRB confirmed in September 2022, that as an independent office of the Ministry of the Attorney General, they are not properly situated to lead legislative amendments and therefore are unable to lead the response to this recommendation. The RCY re-engaged with MMHA and HLTH in response to this recommendation in November 2022, and at this time, no government office has taken responsibility for this recommendation.</p>

Recommendation		Ministry's Response	RCY Assessment
#14	<p><b>Recommendation #14:</b> That the Mental Health Review Board pilot a new Review Board hearing process for children and youth that centres the young person and is trauma-informed and culturally attuned after actively engaging and consulting with health authorities, First Nations, Métis Nation and urban Indigenous communities and leadership and other appropriate bodies.</p> <p>Pilot to be operational by Oct. 1, 2022.</p>	<p><b>Year 1 Evidence – Received February 2022</b></p>	<p><b>Year 1 Assessment</b></p>
		<p>The MHRB has developed a phased consultation plan to support the development of a new hearing process that centres the young person and is trauma-informed and culturally attuned.</p> <p>In Year 1, MHRB hired Project Coordinators to lead their response to Recommendation 14 and hired a contractor to complete consultations for Phase 1 &amp; 2, to inform the development of a new hearing process. Consultations took place September 2021 – October 2021 and included a review of the current process and lessons learned from <i>Detained</i>. The Consultation Report is now being reviewed with a Community Advisory Council with the goal of implementing a new Board hearing process for children and youth.</p>	<p><b>Some Progress</b></p> <p>The Representative is pleased to see a swift response to create a new process for children or youth detained under the <i>Mental Health Act</i>. Some progress has been made towards the implementation of a new pilot through the completion of community consultation with health authorities, First Nations, Métis Nation and urban Indigenous communities and leadership and other appropriate bodies. Once the findings of the consultation process are applied to new policy and practice resources, most of the activities that directly support the implementation of the recommendation will be complete and substantial progress towards the target Oct. 1, 2022 date will have been made.</p>