



British Columbia

MENTAL HEALTH REVIEW BOARD

Effective Date: 2020/01/31

Title: Practice Direction – Case Presenters

This Practice Direction describes the procedures that must be followed by facilities and case presenters appearing before a review panel to ensure a fair and timely hearing.

Summary:

A case presenter is a representative of a facility and a participant at a review panel hearing. A case presenter presents the facility's case for the patient's continued detention under the *Mental Health Act [Act]*.

A case presenter may give evidence at a hearing and must be knowledgeable of the patient's history and current functioning, including relevant medical records and case note. There is a difference in the evidence between facts and opinions. Facts may include what you observe about a patient. An opinion is an inference from the observed facts. Only medical experts can give medical opinion evidence. This is why case presentations should be conducted by a patient's treating physician. However, in exceptional circumstances, the facility may assign another individual to be the case presenter, such as a case manager, nurse, mental health clinician or social worker. The facility may also assign co-presenters. Who the case presenter is may impact what kind of evidence the facility is allowed to present at a hearing.

Guiding Principles:

The Mental Health Review Board [Board] honours the obligations and is guided by the principles contained in the *United Nations Convention on the Rights of Persons with Disabilities* and the values contained in the *Charter of Rights and Freedoms*.

Direction:

A case presenter must attend every review panel hearing

The facility must ensure that a case presenter attends the hearing to present the facility's case for the patient's continued detention.

For case presenters who are physicians:

- You must attend the hearing to present the case note and give evidence in support of your medical opinion for continued detention.
- A physician presenter with other patient care obligations may leave the hearing:
 - when given permission by the panel; or
 - when a hearing lasts longer than two hours and a co-presenter is present for the remainder of the hearing.
- Where the physician presenter is no longer physically present in the hearing room, the physician must be available to respond to questions by telephone or by returning to the hearing room.

For case presenters who are not physicians:

- You must attend the hearing to present the facility's case for continued detention.
- The case presenter must be familiar with the case note and bring the patient's file to the hearing. More information about case notes can be found in the Practice Direction – Guidelines for Preparing a Case Note.

A case presenter must be prepared for the hearing

A case presenter must attend the hearing at the scheduled time. If a case presenter is no longer available to attend a hearing, the facility must assign a new case presenter.

Case presenters may communicate with a self-represented patient, but may not communicate with a patient who is represented, about issues related to the hearing. Communication regarding the hearing of a represented patient must be directed to the representative. **No one should pressure a patient to cancel or change the date of the hearing.**

The Board will schedule a hearing in consultation with participants. However, when a participant does not respond to the Board's request in a timely manner, the Board may schedule a hearing without consultation.

Sample Template for Case Presentation

A case presenter must explain why a patient should continue to be detained under the *Act*.

1. Read the two Form 4 Medical Certificates relating to this involuntary admission and the latest Form 6 Renewal Certificate, if any.
2. Provide details regarding date and circumstances of the patient's most recent admission; and relevant previous admissions.
3. Provide information about what the patient's mental disorder is, including symptoms.
4. Explain how the disorder impairs the patient's ability to react appropriately to their environment or to associate with others.
5. Explain why the patient requires psychiatric treatment in or through a facility.
6. Explain how the patient would deteriorate mentally or physically if not cared for, supervised or controlled in or through a facility.
7. Explain how care in or through a facility would serve to protect the patient or others.
8. Explain why the patient is not suitable to be a voluntary patient.
9. Indicate what the treatment plan is for the patient, including whether it has been discussed with the patient.
10. Point to what evidence supports any or all of the above explanations.

**Diana Juricevic
Chair, Mental Health Review Board**