



# Mental Health Review Board

ANNUAL REPORT

2024/2025

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## Message from the Chair

I am pleased to present the Annual Report of the British Columbia Mental Health Review Board (Board) for the fiscal year April 1, 2024 to March 31, 2025, submitted in accordance with s. 59.2 of the Administrative Tribunals Act.

This year has been one of significant transition and growth for the Board. With a change in Board leadership occurring at the end of the fiscal year, I have had the privilege of serving as Interim Chair during this important period. I anticipate that the incoming Chair will face challenges, particularly in navigating the evolving landscape of mental health law and service delivery. However, I am confident that our dedicated and talented staff will continue to provide the support and expertise needed to meet these challenges head-on.

The Board continues to fulfill its dual mandate: protecting the rights of patients and ensuring the safety of the public. This year, we saw a notable increase in the number of cases brought before the Board, in part due to the successful implementation of the Independent Rights Advice Service. This initiative has empowered more individuals to access their rights and seek review, reinforcing the government's commitment to procedural fairness and access to justice.

Despite financial pressures, our staff have undertaken efficiency reviews and implemented cost-saving measures that have allowed us to limit public spending without compromising service quality. Their professionalism and innovation reflect our core values:

- **Procedural Fairness**
- **Patient-Oriented Service Excellence**
- **Public Confidence and Accountability**
- **Access to Justice Innovation**

We remain guided by the Access to Justice Triple Aim, which informs our efforts to improve accessibility, user experience, and cost-efficiency for the most vulnerable members of our province.

I would like to extend my sincere thanks to our Board members and staff for their unwavering commitment to public service. Their work is vital, and it is a privilege to serve alongside them. I also wish to acknowledge the many organizations, health authorities, and community advocates whose collaboration strengthens our processes and outcomes.

Together, we continue to uphold the rights of patients and safeguard the public, ensuring that our work reflects the values and needs of British Columbians.



Joanna Nefs  
Interim Chair  
British Columbia Mental Health Review Board

## Mandate

The mandate of the Mental Health Review Board is to conduct review panel hearings under the *Mental Health Act* for patients admitted by physicians and detained involuntarily in provincial mental health facilities in a manner that is consistent with the principles of fundamental justice and s. 7 of the *Charter of Rights and Freedoms*. The Board has a duty to give patients fair, timely, and independent reviews of their loss of liberty.

### Procedural Fairness of Hearings

The Board is committed to conducting procedurally fair hearings. The Board will ensure that patients have a meaningful opportunity to be heard, and its decisions will be independent, reasonable, timely, and issued with clear and logical reasons.

### Patient-Oriented Service Excellence

The Board is committed to delivering services that are, at all times, accessible and in the best interests of patients. The Board's services will be fair, inclusive, and effective. At every stage of the process, the Board will be responsive, flexible, and sensitive to the needs of the vulnerable public who seek its services.

### Public Confidence and Accountability

The Board is committed to exhibiting the highest standards of public service, integrity, and professionalism. The Board will be a leader in administrative justice that reflects best practices across Canada. It will be accountable and transparent. It will be financially responsible and balance the budget.

### Access to Justice and Innovation

The Board is committed to improving access to justice in British Columbia. The Board will strive to develop new efficiencies and innovative solutions in delivering its services. The Board will continually improve how it delivers services to ensure that it is fulfilling its legislative mandate.

## Board Operations

If someone is struggling with their mental health and needs hospital care, they can choose to go voluntarily. But sometimes, a person may not be able or willing to get help on their own. In those cases, the *Mental Health Act* allows doctors to admit someone to a designated provincial mental health facility without their consent, this is called involuntary admission. To be admitted involuntarily, two separate doctors must agree that the person meets the criteria for certification.

A person who is admitted without their consent has the right to challenge the doctors' decision. They can do this by applying to the Mental Health Review Board for a hearing, or by going to court to ask a judge to review their case. Many people don't have the resources to go to court, so the Review Board offers a free and more accessible way to review the decision.

After admission, patients should be told about their right to a hearing and the ability for them to speak to an independent rights advisor. A patient can apply for a hearing and ask for free legal help or an advocate. Once the application is received, the Board will schedule a hearing within the legal time limit. The hearing is held by a panel of three independent members: a doctor, a lawyer (usually the chair), and a community member who is not a doctor or lawyer.

The panel uses the same legal standards as the doctors who made the original decision. They decide if the person still meets all four criteria for involuntary admission (found in section 22 of the [Mental Health Act](#)). If the person does not meet all four criteria, they must be discharged. If they do meet all four criteria, they continue to be treated involuntarily.

Hearings are usually held at the hospital or clinic where the person is receiving care. Most hearings happen by videoconference, but in-person hearings can be arranged if needed.

The Board Chair sets up the panels and appoints members. All members are chosen by the Attorney General. The Board's staff help with everything from receiving applications to organizing hearings. They work with patients, doctors, facilities, and legal representatives to make sure the process runs smoothly. The Board staff are a dynamic team who find solutions for problems that arise at every stage of the process.

### Performance Standards

The Board's case management system helps establish and monitor a set of key performance measures that objectively quantify and demonstrate to the public how well the Board is fulfilling its mandate. The Board's focus is on ensuring the procedural fairness of hearings and the highest standards of adjudicative integrity.

Performance standards keep the Board focused on providing the public with fair, effective, and timely services. Having standards means that the Board knows when and where it needs to improve. Some of the performance measures are set by legislation, while others reflect the Board's commitment to the public.

Performance measures for the Board regarding scheduling hearings, rendering decisions, and providing written reasons are established by section 25 of the *Mental Health Act*, and are as follows:

1. The hearing shall commence within 14 or 28 days after the day the Board receives the application, unless the patient requests a postponement.
2. The review panel must issue a determination no later than 48 hours after the hearing is completed.
3. The review panel must issue reasons for its determination no later than 14 days after the determination has been issued.

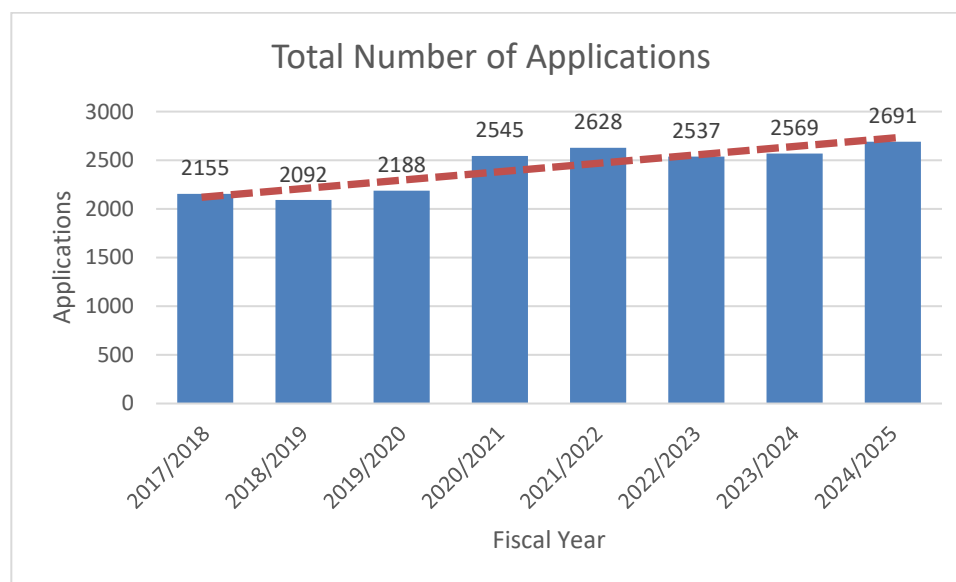
Hearings are conducted at more than 220 venues throughout the province which include hospitals, community clinics, and elderly care centers.

The Board reports on a fiscal year basis which is consistent practice across the administrative justice sector.

The Board continues to maintain strong relationships with stakeholders including the Mental Health Law Program, the Ministry of Health, Health Authorities across the province, and the Ministry of the Attorney General. These relationships ensure the Board's ability to explore innovative ways to improve its services, to find solutions to ongoing concerns, and to ensure the highest quality of adjudication.

## Applications

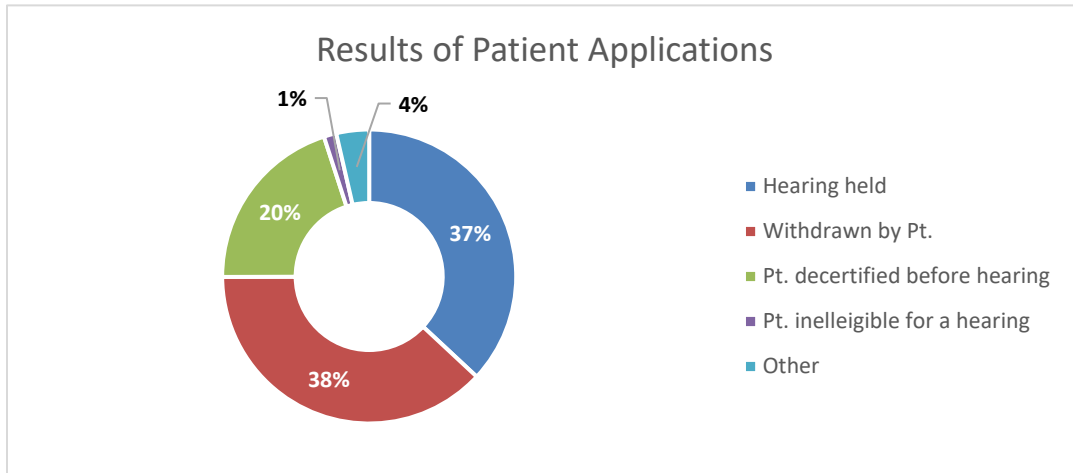
The Board has no control over the number of applications it receives in any given year. In this fiscal year, the Board received a total of 2691 applications. This represents a 5% increase from the previous fiscal year, and a 23% increase from five years ago. The overall trendline is towards an increasing volume of applications, and the Board expects its caseload to continually increase in future years. We hypothesize that this trend will persist as the population of BC continues to rise and voluntary mental health services remain challenging to access for many BC residents. In addition, the newly created provincial Independent Rights Advice Service will, we anticipate, continue to increase patients' understandings of their right to a hearing under the *Mental Health Act* and therefore also contribute to an increase in the number of applications for Board hearings,



In terms of geographic regions, the majority of the applications are from the Vancouver Coastal Health Authority (36%) and Fraser Health Authority (26%). As compared to the previous fiscal year, Fraser region held the largest increase in applications (from 615 in 2023/2024 to 708 in 2024/2025).

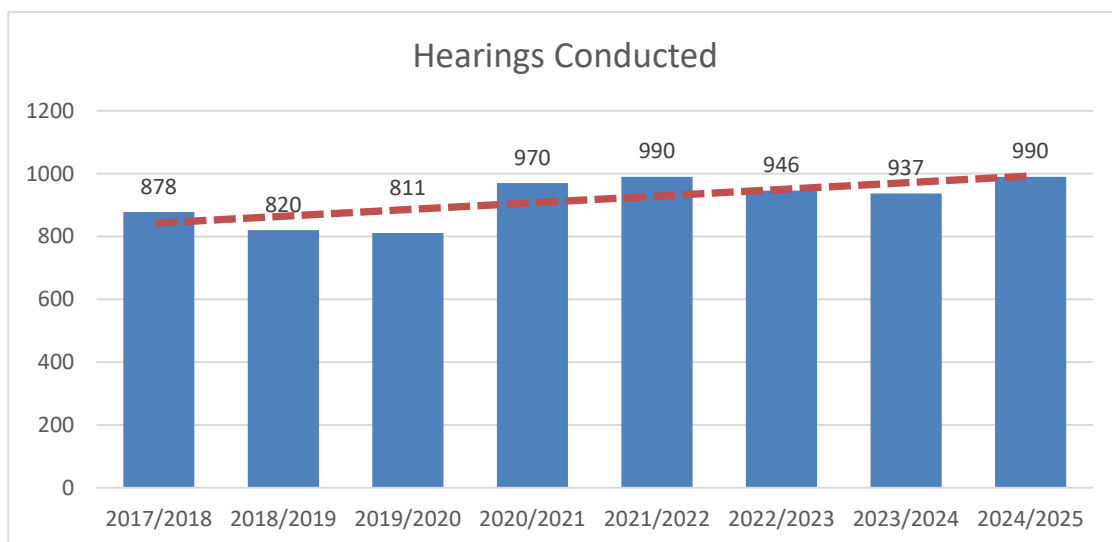
Under the *Mental Health Act*, patients are entitled to a hearing before the Board within 14 days or 28 days of certification, depending on the length of certification. The majority of applications (58%) require the Board to schedule a hearing within 14 days.

Not all applications proceed to a hearing. Of the 2691 applications received this fiscal year: 1023 (38%) were withdrawn by the patient; 540 applications (20%) were cancelled because the patient was decertified prior to a hearing; 37 applications (1%) were for patients who were ineligible for a hearing at the time of their application; and 97 applications (4%) were cancelled for other reasons, usually because the patient did not attend their scheduled hearing.



## Hearings

Each application received by the Board can result in more than one hearing being scheduled. Hearings can be postponed multiple times for many reasons, and, on occasion, the hearing can take place months after the application is received. Hearings are considered adjourned when the hearing has already been started and evidence has been heard. In the case of an adjournment, a hearing is rescheduled with the same participants and panel members. This fiscal year, 990 hearings were conducted.

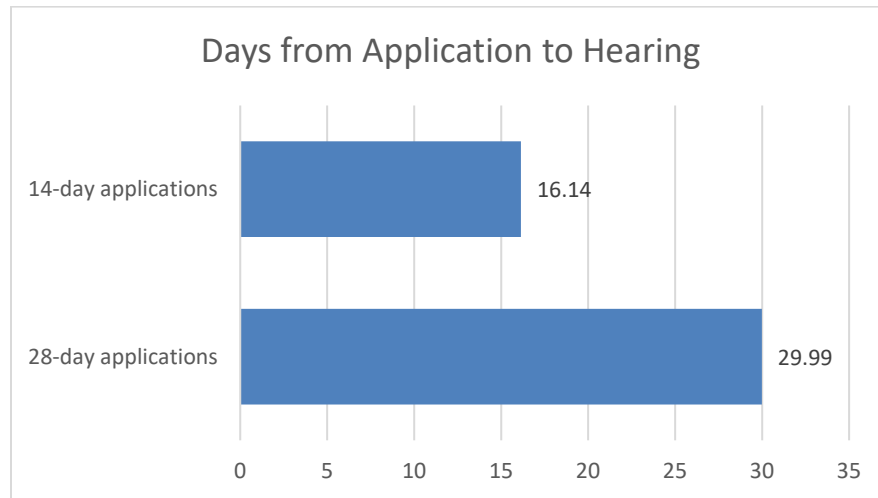


The number of hearings conducted in 2024/2025 represents a 5.5% increase over the prior year and an increase of 4.5% over the 2022/2023 fiscal.

### Scheduling Timelines for Hearings

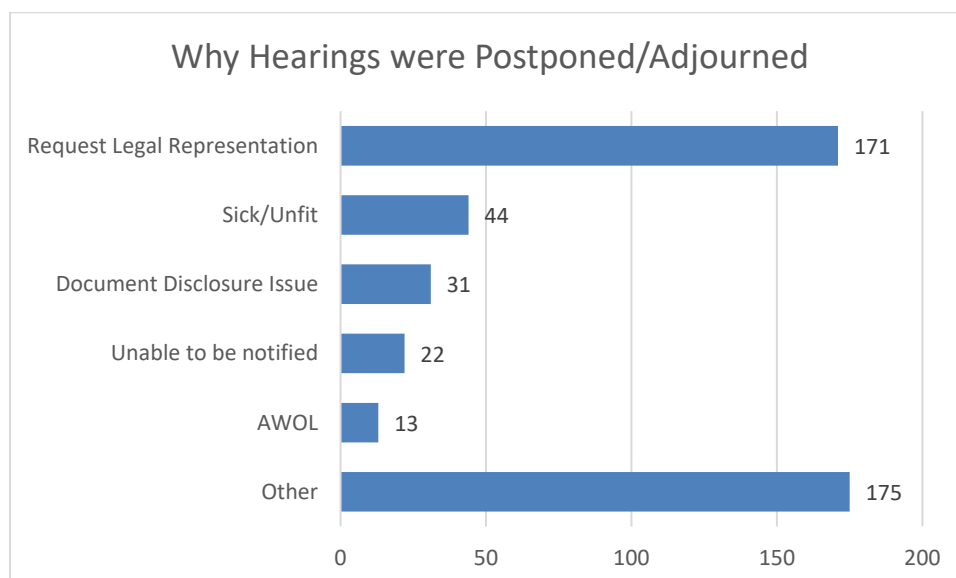
Patients who were entitled to hearings within 14 days on average received their hearing within 16.14 days. Patients who were entitled to a hearing within 28 days on average received their hearing within 29.99 days.

14-day and 28-day application hearings that did not take place within their deadline were usually due to postponements or adjournments for patients to obtain representation.



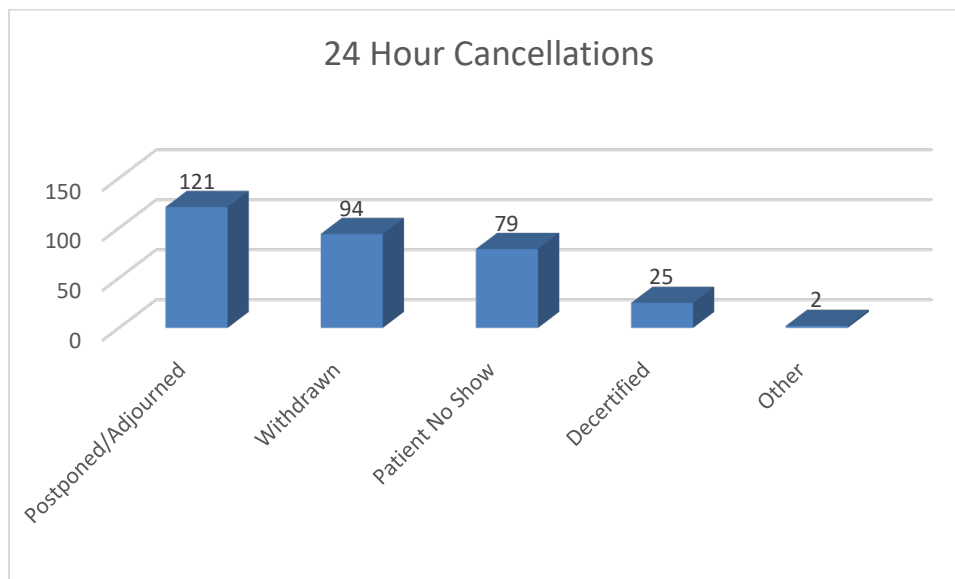
### Postponements of Hearings

From a procedural fairness perspective, the Board is concerned with any process that delays a patient's access to justice. From an operational perspective, cancellations or postponements are costly in cancellation fees and staff time. The Board is working with stakeholders to explore solutions to reduce the number of cancellations and thus enhance access to justice for the patient. This fiscal year, 456 hearings were postponed or adjourned. Of those, 170 hearings were postponed so that patients could obtain legal representation; 43 hearings were postponed as patients were too medically or psychiatrically unwell to proceed; 28 hearings were postponed for document disclosure issues; 22 hearings were postponed because patients were unable to be notified of their hearings; and 13 hearings were postponed when patients were absent without leave. Hearings were postponed for other, non-disclosed reasons in 180 cases as the Board does not require patients to provide reasons for requesting a postponement in cases where they provide at least 48 hours' notice prior to the hearing.



### Cancellations within 24 Hours

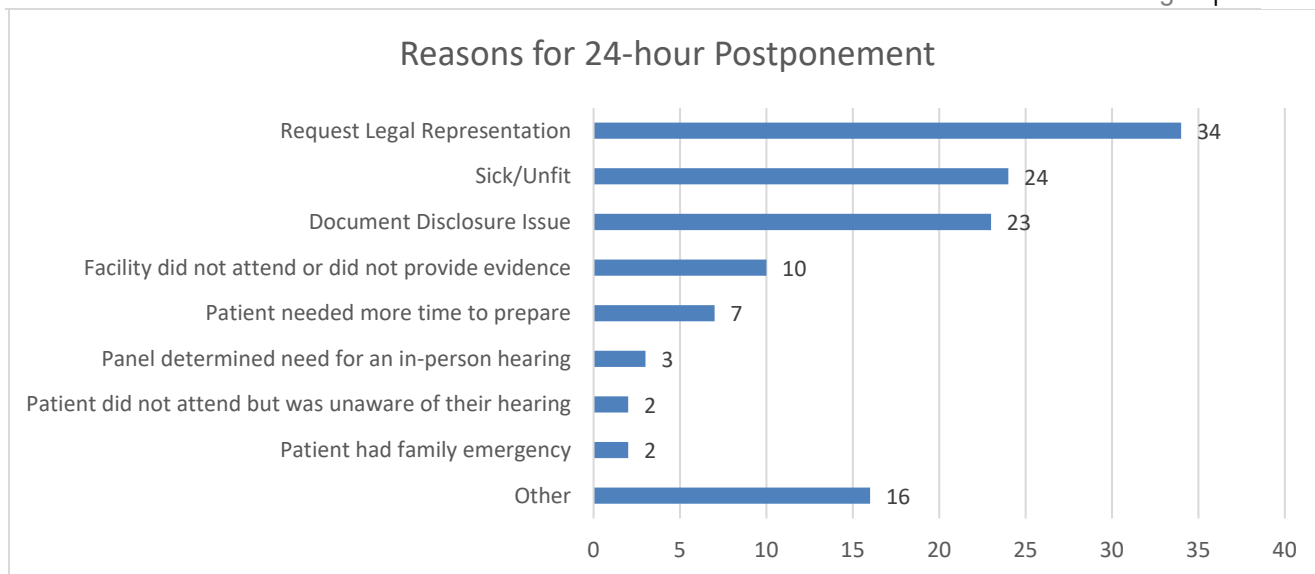
Hearings that are cancelled within 24 hours of the scheduled hearing incur costly cancellation fees. This fiscal year, 321 hearings were cancelled within 24 hours of the scheduled hearing. Of those cancelled hearings, 121 were due to postponement/adjournments, 94 were due to a patient withdrawing their application, 79 were due to a patient not attending, and 25 were due to a patient being decertified.



The number of hearings cancelled within 24 hours in 2024/2025 represents a 16.2% increase over the prior year's number of 277 and an increase of 11.8% over the 2022/2023 fiscal (288).

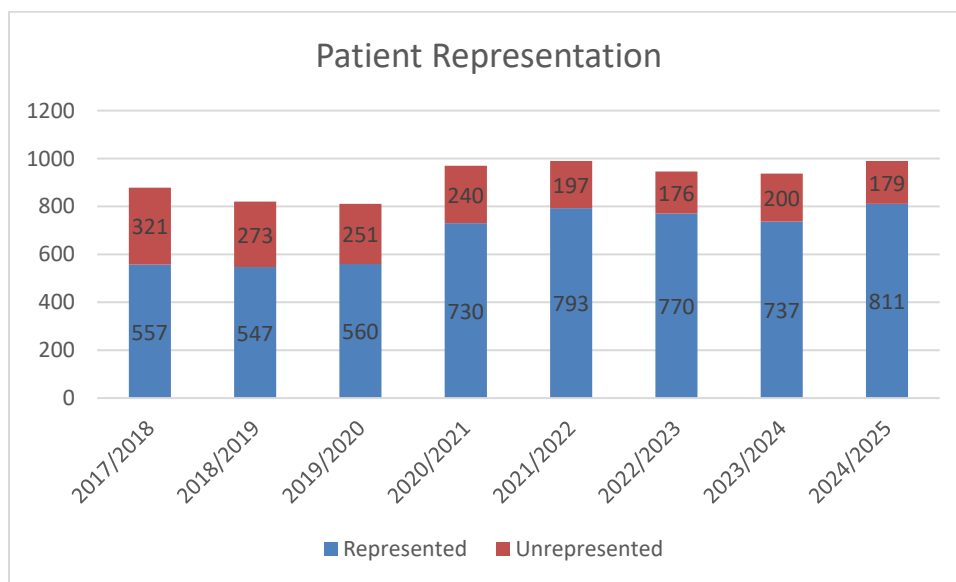
### Postponements within 24 Hours

Considering cases where there was a postponement within 24 hours of the scheduled hearing, 79% of the time the postponement request came at the hearing. The most common reason for a postponement request was that the patient wanted more time to connect with legal representation. This occurred in 28% of late postponements. Other avoidable postponement causes were late document disclosure (19% of late postponements), and non-attendance by the other party (8% of postponements). Together these three postponement causes accounted for 55% of all late postponements. The MHRB is working on approaches to minimize the frequency of these avoidable postponements through board member education, increased stakeholder information sessions and liaising with the Ministry of Health to update the accessibility of statutory forms.



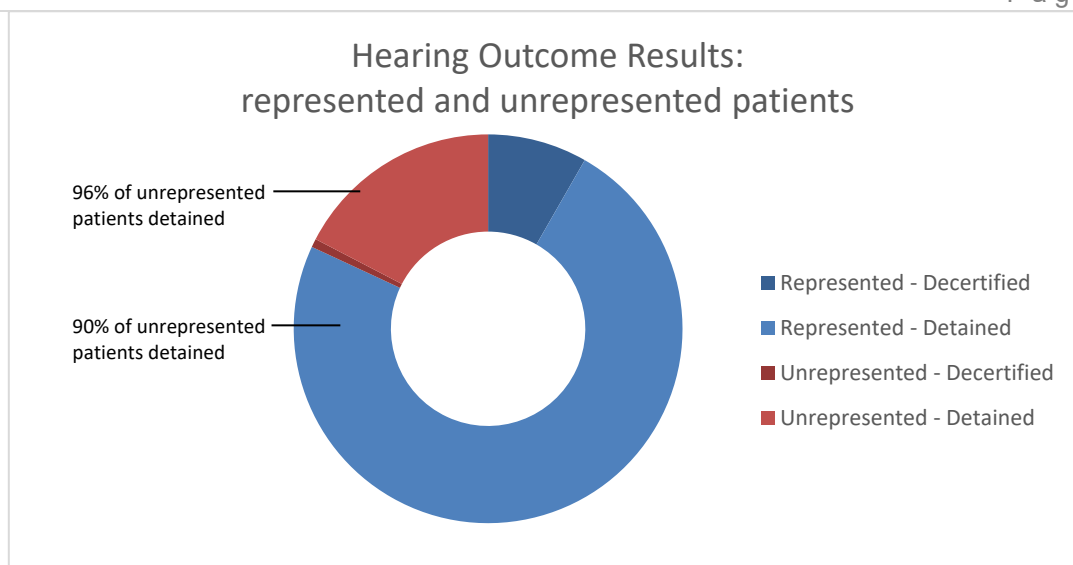
### Patient Representation

Of the 990 hearings conducted, 811 patients were represented by a legal advocate or legal counsel at a hearing. 805 of these patients were represented through the Mental Health Law Program (MHL) which is operated by the Community Legal Assistance Society. Six patients were represented by privately hired counsel. Patients were self-represented or represented by a non-legal advocate, such as a family member or friend, in 178 hearings. The Board continues to work with the Ministry of the Attorney General and the MHL to ensure that barriers are reduced to accessing legal representation and access to justice.



### Hearing Outcomes

Of the hearings that proceeded to a review panel for determination, patients were detained (i.e. their certification was upheld) in 901 cases (91% of the time) and decertified in 89 cases (9% of the time). Patients represented by a legal advocate or legal counsel were detained in 729 cases (90%) and decertified in 82 cases (10%). Unrepresented patients were detained in 172 cases (96%) and decertified in 7 cases (4%).



### Decision Timelines

The statutory timeline under the *Mental Health Act* for issuance of written reasons for a panel's determination is 14 days after the hearing. This fiscal year, the average issuance time for the 990 reasons issued by panels was approximately 6 days.

### Reasons Analysis Project

This year the MHRB engaged in an analysis of a representative number of its hearing reasons. Of the 990 written reasons issued in the 2024/2025 fiscal year a randomly selected and statistically representative number (649, 70%) were included in this project for analysis.

We recognize the limitations of this approach to analysis: the data reflects whether the reasons mention a particular item or feature, not whether that feature existed. There may be times when a factor was present in but the Panel Chair writing the reasons did not choose to include mention of it. Nonetheless, the following information gives a more detailed picture of the ways that the involuntarily detained patients in BC who request review of their detention may interact with issues such as addictions, violence, use of police involvement, protection of the community, and protection of patient and their rights.

**Addiction:** A patient's active or recent substance misuse was mentioned in 368/649 reasons (57%), indicating that a majority of individuals requesting review of their involuntary detention are substance users. It is possible that a majority of MHRB patients are struggling with issues of drug and/or alcohol addiction.

**Violence:** Cases that involved either recent or historical violence accounted for 65% of all cases analyzed. In 232/649 reasons (36%), Panel Chairs mentioned that the patient assaulted, threatened, or otherwise harmed someone immediately before or during their detention. Panel chairs mentioned historical violence, conducted by the patient, in 341/649 reasons (53%).

**Police Involvement:** Police were involved in 312/341 (92%) of cases that involved violence. Overall, police were involved in the detention of 432/649 (67%) of the cases analyzed. This indicates that police officers are involved in a majority of cases involving involuntarily detained individuals.

**Protection of the Community:** For those cases where the Board confirmed the patient's involuntary

detention, in 68% of cases the reasons noted that detention was necessary for the protection of others. This indicates that the work of the MHRB may have significant implications for public safety.

**Protection of the Patient and Their Rights:** The Reasons Analysis Project found that the criteria for involuntary detention were not met in 60/649 (9%) of cases analyzed. The most common finding in those 45/60 (75%) of cases was that the patient was suitable to be admitted as a voluntary patient and involuntary detention was not necessary. In 27/60 (45%) cases the Board found that involuntary detention was not necessary to prevent the patient's deterioration or for the protection of the patient or others. In 8% of cases the Board found that the patient was not a person with a mental disorder which requires treatment through a designated facility. These findings indicate that the Board has a vital role to play in protecting patients' rights in the BC mental health care system.

For those cases where the Board confirmed the patient's involuntary detention, in 95% of cases the reasons noted that detention was necessary to prevent the patient's mental health deterioration. In 45% of cases, detention was necessary to prevent the deterioration of the patient's physical health. In 79% of cases the detention was necessary for the patient's own protection. These findings indicate that MHRB plays an important role in the protection of the physical and mental safety of involuntarily detained patients in BC.

## Mandatory Reviews

Section 25(1.1) of the *Mental Health Act* requires a mandatory review of the treatment records for all patients who are on extended leave for 12 or more consecutive months when no hearing has been requested or held during this time. The mandatory review process is meant to safeguard against long-term detention for patients on extended leave. The Board Chair must order a hearing where there is a reasonable likelihood that a patient would be discharged following a hearing.

The mandatory review process depends on cooperation with Health Authorities. The Health Authorities must monitor the length of patient certification and frequency of their requests for review panel hearings. Twice a year, the Board asks the Health Authorities to provide a list of patients who have been on extended leave for 12 months or more. The Board reviews the patient lists to determine which patients may be entitled to a mandatory review of their medical file.

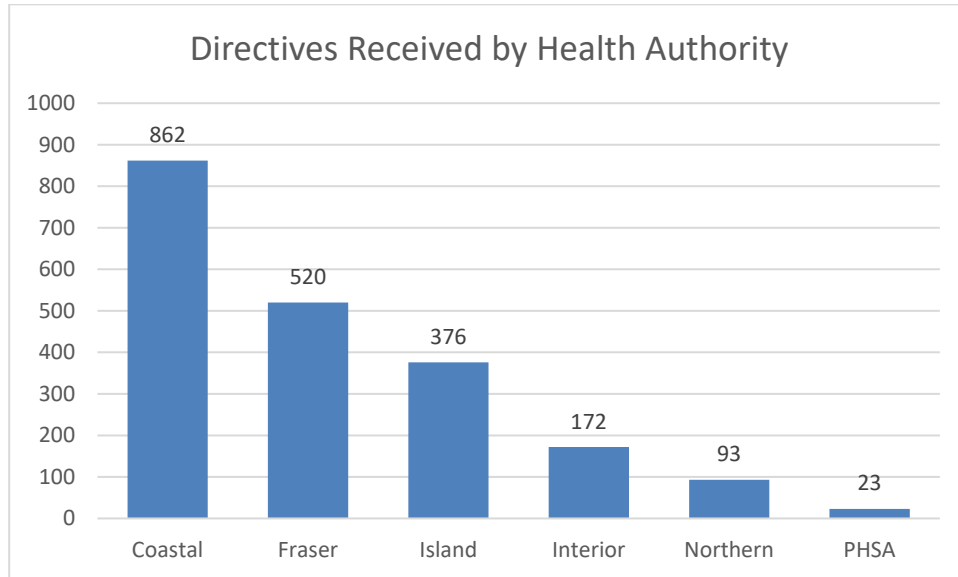
Facilities must give written notice to the Board of any patient who has been on leave or transferred to an approved home under Section 37 or 38 of the *Mental Health Act* for 12 or more consecutive months and a review panel hearing has not been requested or held within that period by way of the Extended Leave Review Panel Hearing Directive ("**Directive**"). The Directive must be received one month before the patient reaches 12 consecutive months of extended leave. Another Directive must be submitted to the Board after every 12 months a patient continues to be on extended leave and has not had or requested a hearing.

The Directive allows patients to provide their guidance to the Board on whether they wish to proceed with a mandatory review of their treatment records, or to waive the right to have the records reviewed. The Directive also serves as a reminder to facilities to advise patients of their rights. The Directive provides the patient with three options:

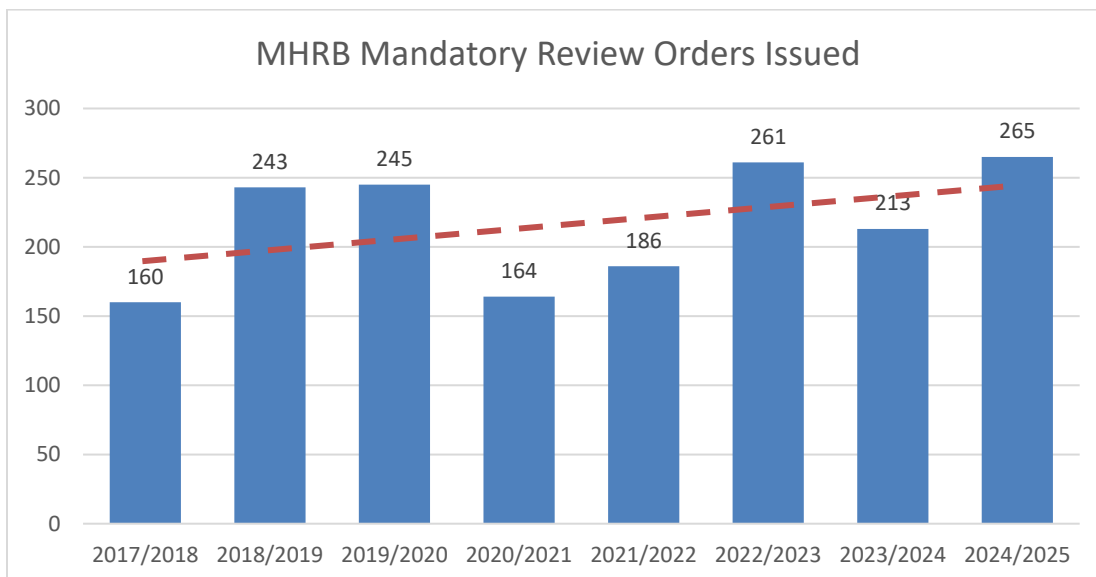
- request to have their file reviewed,
- waive their right to have their file reviewed, or
- request a review panel hearing

Facilities must provide treatment records when requested by the Board. The Board asks for treatment records when a patient does not fill out the Directive, or a patient fills out the Directive and wants their file reviewed. The Board Chair assesses the treatment records to determine whether there is a reasonable likelihood that the patient would be discharged following a hearing. When there is a reasonable likelihood of success, the Board Chair must order a hearing ("**Mandatory Review Order**").

This fiscal year, the Board received 2046 Directives from the Health Authorities, primarily from the Vancouver Coastal, Fraser, and Island Health authorities. Of the 2046 Directives received, 1579 patients waived their right to a file review. 164 patients requested a hearing, and 218 patients requested a file review. A file review was also conducted on the remaining 85 patients who did not expressly waive their statutory right to a review (i.e. did not make a selection on the Directive). The Board observed an increase in the total number of Directives as well as the number of Directives requesting a file review.



There were 265 Mandatory Review Orders issued by the Board, 41 of which ordered a hearing. 4 of those cases proceeded to a hearing. 16 patients were decertified after the order was issued, and 21 patients elected not to proceed to a hearing.



## Financial Disclosure

The Board is accountable for all expenditures and is committed to ensuring that public resources are utilized in the most responsible and cost-effective way.

Hearings are generally conducted virtually; however, the Board considers in-person requests from applicants on a case-by-case accommodation basis. Children and youth applicants are provided with the option of an in-person or virtual hearing.

The Board has been impacted by annual fee increases for the members, costs for training and orientation of new members as well as the increasing number of applications, most notably during this fiscal. Five years of information is provided along with additional detailed breakdowns to illustrate the financial landscape that the Board operates in.

The following information is provided:

- **Fiscal 2024/2025 Overview:** This section shows the summary of costs for all Board activities by financial category for 2024/2025. Five years of financial information by category is also provided for comparative purposes.
- **Cost per application:** This section shows the total cost per application, which is calculated as the total of all Board expenses, divided by the total number of applications received by the Board. A five-year comparative is provided.
- **Review Panel costs:** This section shows a five-year comparative of review panel costs by cost category. It also includes the total cost per review panel, which is calculated as the total cost of review panels, divided by the number of review panels arranged. A further breakdown of costs by review panel type (hearings conducted and those cancelled within 24 hours), is provided.

### Fiscal 2024/2025 Overview

DESCRIPTION	EXPENSES	BUDGET	VARIANCE
<b>Salaries</b>	\$ 763,494	\$ 641,000	\$ (122,494)
<b>Employee Benefits</b>	193,506	163,000	(30,506)
<b>Review Panel Costs</b>	2,399,044	2,000,000	(399,044)
<b>Travel</b>	3,171	-	(3,171)
<b>Operating Contracts</b>	4,783	20,000	15,217
<b>Information Services</b>	71,217	65,000	(6,217)
<b>Office and Business</b>	2,643	5,000	2,357
<b>Total Expenses</b>	<b>\$ 3,437,858</b>	<b>\$ 2,894,000</b>	<b>\$ (543,858)</b>
<b>Additional Budget Allocation</b>	\$ -	\$ 373,200	\$ 373,200
<b>Internal recovery</b>	(182,979)	-	182,979
<b>TOTAL</b>	<b>\$ 3,254,879</b>	<b>\$ 3,267,200</b>	<b>\$ 12,321</b>

Fiscal Overview – 5-year comparative

DESCRIPTION	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
<b>Budget</b>	<b>\$ 2,348,000</b>	<b>\$ 2,498,000</b>	<b>\$ 2,498,000</b>	<b>\$ 2,829,000</b>	<b>\$ 2,894,000</b>
<b>Additional Budget Allocation</b>	-	-	-	300,000	373,200
<b>Total Budget</b>	<b>\$ 2,348,000</b>	<b>\$ 2,498,000</b>	<b>\$ 2,498,000</b>	<b>\$ 3,129,000</b>	<b>\$ 3,267,200</b>

EXPENSES					
<b>Salaries</b>	\$ 463,167	\$ 503,993	\$ 558,746	\$ 653,969	\$ 763,494
<b>Employee Benefits</b>	117,515	127,090	147,998	165,946	193,506
<b>Review Panel Costs</b>	1,829,696	2,043,535	2,006,842	2,154,206	2,399,044
<b>Travel</b>	-	-	807	653	3,171
<b>Operating Contracts</b>	-	29,673	-	10,588	4,783
<b>Information Services</b>	74,831	69,236	73,086	70,382	71,217
<b>Office and Business</b>	4,320	4,572	8,104	2,038	2,643

<b>Total Expenses</b>	<b>\$ 2,489,529</b>	<b>\$ 2,778,099</b>	<b>\$ 2,795,583</b>	<b>\$ 3,057,782</b>	<b>\$ 3,437,858</b>
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<b>Internal recovery</b>	-	-	-	-	(182,979)
<b>Net</b>	<b>\$ (141,529)</b>	<b>\$ (280,099)</b>	<b>\$ (297,583)</b>	<b>\$ 71,218</b>	<b>\$ 12,321</b>

The Total Expenses for 2024/2025 represents a 12.4% increase over the prior year, and an increase of 23.0% over the 2022/2023 total expenses.

**Cost Per Application**

The cost per application encompasses all areas of expenditures from the early stage of receiving the application to post hearing administration. In determining the cost per application, the Board's total expenditures for the year are used, including all areas of operations and staffing. The total of all costs is divided by the total number of applications received.

Cost per Application details – 5-year comparative

Fiscal Year	Total Applications	Total Cost	Cost Per Application
<b>2024/2025</b>	2,691	\$ 3,437,858	\$ 1,278
<b>2023/2024</b>	2,569	\$ 3,057,782	\$ 1,190
<b>2022/2023</b>	2,537	\$ 2,795,583	\$ 1,102
<b>2021/2022</b>	2,628	\$ 2,778,099	\$ 1,057
<b>2020/2021</b>	2,545	\$ 2,489,529	\$ 978

The cost per application for 2024/2025 represents a 7.3% increase over the prior year, and an increase of 15.9% over the 2022/2023 cost per application.

## Review Panel Costs

The Board pays its members to conduct hearings, including hearings that are cancelled, withdrawn, or postponed within 24 hours of the scheduled hearing. This cancellation policy reflects best practice across the sector. While the Board has little control over cancellations, it continues to improve practices to reduce the number of cancellations and postponements in the 24 hours prior to hearing.

The cost per review panel calculation includes all expenditures directly related to conducting a hearing, including member and case presenter fees, travel costs, judicial reviews, and interpreting services.

<b>Review Panel Costs</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>2022/2023</b>	<b>2023/2024</b>	<b>2024/2025</b>
Member Fees	\$ 1,346,742	\$ 1,417,466	\$ 1,429,082	\$ 1,506,878	\$ 1,689,981
Case Presenter Fees	477,029	523,977	531,337	579,587	608,106
Members Travel	18	0	710	1,990	1,075
Judicial Reviews	0	89,884	34,244	60,750	91,975
Interpreters	5,907	12,207	11,469	5,001	7,907
<b>Total Review Panel Costs</b>	<b>\$ 1,829,696</b>	<b>\$ 2,043,534</b>	<b>\$ 2,006,842</b>	<b>\$ 2,154,206</b>	<b>\$ 2,399,044</b>

The 2024/2025 total review panel costs represent an 11.4% increase over the prior year, and an increase of 19.5% over the 2022/2023 review panel costs.

## Cost Per Review Panel – Combined costs of hearings conducted and cancelled within 24 hours

The following table shows the cost per review panel, which includes hearings conducted and hearings cancelled within 24 hours. The cost measure is calculated as the total cost of review panels, divided by the number of review panels arranged.

<b>Cost per Review Panel</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>2022/2023</b>	<b>2023/2024</b>	<b>2024/2025</b>
Hearings Conducted	970	990	946	937	990
24 Hour cancellations	208	282	288	277	321
<b>Total number of Review Panels</b>	<b>1,178</b>	<b>1,272</b>	<b>1,234</b>	<b>1,214</b>	<b>1,311</b>
<b>Total Review Panel Costs</b>	<b>\$1,829,696</b>	<b>\$2,043,534</b>	<b>\$2,006,842</b>	<b>\$2,154,206</b>	<b>\$2,399,044</b>
<b>Total Cost per Review Panel</b>	<b>\$1,553.22</b>	<b>\$1,606.55</b>	<b>\$1,626.29</b>	<b>\$1,774.47</b>	<b>\$1,829.93</b>

The 2024/2025 total cost per review panel amount represents a 3.1% increase over the prior year, and an increase of 12.5% over the 2022/2023 cost per review panel.

Cost breakdown by Review Panel Type

<b>Cost details by Review Panel Type</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>2022/2023</b>	<b>2023/2024</b>	<b>2024/2025</b>
<b>Hearings conducted</b>	\$1,506,626	\$1,590,486	\$1,538,470	\$1,662,678	\$1,811,635
<b>24 Hour cancellations</b>	\$323,070	\$453,048	\$468,372	\$491,528	\$587,409
<b>Total Review Panel Costs</b>	<b>\$1,829,696</b>	<b>\$2,043,534</b>	<b>\$2,006,842</b>	<b>\$2,154,206</b>	<b>\$2,399,044</b>

The 2024/2025 cost of hearings conducted represents an 9.0% increase over the prior year, and an increase of 17.8% over the 2022/2023 cost of hearings conducted. The cost of 24-hour cancellations increased by 19.5% over the prior year and by 25.4% over the 2022/2023 cost of 24-hour cancellations.

New external influence on applications

During 2024/2025, the Independent Rights Advice Service (IRAS) provided an increasing variety of supports to patients who are detained and experiencing involuntary treatment under the Mental Health Act. One of the services includes meetings with patients and providing support with MHRB review panel applications. While these meetings may not result in a formal MHRB application; the number of meetings tracked by IRAS, is an important factor to monitor for the activity's potential influence on the number of MHRB applications.

In 2024/2025, IRAS reported 155 review panel hearing assistance meetings. If all these meetings resulted in MHRB applications, this would represent 5.8% of MHRB total applications, which is calculated as 155 divided by 2,691 MHRB applications.

## Our Team

### Board Members

Board members are independent decision-makers. They are dedicated and highly qualified and have a variety of professional backgrounds with expertise in mental health. Members and staff work closely together to ensure that timely, fair, and professional services are rendered. The Board is committed to diversity and is working to promote the diversity of the Board membership. In terms of gender diversity, the Board is balanced.

At the end of this fiscal year, the Board had 64 members, including the Chair. The members live in various locations throughout the province and include 22 legal members, 21 medical members, and 20 community members. All members are appointed in accordance with the *Mental Health Act* and the *Administrative Tribunals Act*.

A recent survey of MHRB Members indicated that there was a mix of members who had lengthy experience with the Board, and newer Board members, with about one third having served the Board for six to ten years. Overall, most Board members (81%) were satisfied or very satisfied with their experience of serving on the Board.

Almost all Board members work on a per diem basis. These members provide the MHRB administration staff with their availability. If too few Board members make themselves available for hearings, the MHRB is unable to fulfil its statutory mandate to complete hearings within the legislated timelines. In the survey Board members were asked what factors impact their willingness to make themselves available for hearings. Most Board members (64%) indicated that the current level of remuneration impacts their willingness to provide availability for Board hearings.

### Staff

The Board's staff are a vital and integral part of the team and the operation of the Board:

#### **Manager of Finance and Operations**

Andrea Nash (partial year)

Joanne Brocklebank (partial year)

#### **Board Staff**

Johanna Barbosa

Mathieu Danis

Shannon Drummond

Julie Hofmann (partial year)

Jacqueline Nash (partial year, return from educational leave)

Kelsey O'Neill (partial year)

Vanessa Starkey

Charlotte Richardson

Laura Weninger (partial year)

Danyka Wadley (partial year)

# Organizational Chart

