UNTANGLING THE COMPLEXITY – THE NEED FOR REFORM	
Issues around involuntary treatment and privacy are not easily addressed and there are likely more questions than there are answers. So, to get things started, we would welcome your thoughts regarding our efforts going forward centred on the following:	
Best practices	***Relevant legislation: Personal Health Information Protection Act (PHIPA), Health Care Consent Act*** ▪ *Publishing best practices and guidelines for how capacity should be evaluated in Ontario and ensure relevant legislation is accessible and understood* ▪ *Providing direction and interpretation of existing legislation clarifying that the collection of personal health information in relation to involuntary status determinations under the Mental Health Act does not violate PHIPA.* ▪ *Legislative changes to the Health Care Consent Act, Treatment Pending Appeal to provide for the timely processing of Ontario Consent and Capacity Board decisions under appeal*
Making Informed Decisions – Involuntary Status Determination	***Relevant legislation: Mental Health Act*** ▪ *Providing for clarity and assurances to health care providers involved in Form 1 determination - a physician may collect personal health information from individuals who are not health information custodians, including family members of the person, without consent of the person. Such collection is not in conflict with the Personal Health Information Protection Act, 2004."* ▪ *Improving Form 2 process and communications between and among parties involved to ensure that the correct information is shared with police officers who are presented with the Form 2, as well as attending physicians making determinations about involuntary status during the examination.*
Lack of Autonomy	***Relevant legislation: Mental Health Act*** ▪ *A broader definition of "Harm to oneself and others" to include psychiatric deterioration and inability to meet basic survival needs.* ▪ *Acknowledging persons with addictions and/or mental health conditions often lack autonomy – for example, anosognosia causes many people with mental illness to refuse treatment as does the inability of persons with SUD to understand that their substance use is problematic.* ▪ *Medical and legal standing for anosognosia with respect to SMI patients. This may include measurements of cognitive status that include evaluation of functions such as judgement and reasoning*
Circle of Care	***Relevant legislation: Personal Health Information Protection Act*** ▪ *Formally involving caregivers in the "Circle of Care" designated as allied caregivers and informal health information custodians; particularly with respect to informing forms 1 and 2 determinations as well as Consent and Capacity Board decisions including the timely processing of decisions under appeal*