



A REASON TO HOPE. THE MEANS TO COPE.
MANITOBA SCHIZOPHRENIA SOCIETY
SOCIÉTÉ MANITOBAINE DE LA SCHIZOPHRÉNIE
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.

INVOLUNTARY MEDICAL EXAMINATION

There may be times when your loved one becomes so severely ill with a mental illness that you feel that an involuntary hospitalization may be necessary. This can be a difficult and overwhelming option for carers to consider (a “carer” is a “family member or friend who provides unpaid care to loved ones with a mental illness or other health challenges” – Ami Quebec). This guide will walk you through the process of applying for an *Application for an Order for Involuntary Medical Examination/Form 1* or Involuntary Assessment, which is the first step on the path to a possible involuntary hospitalization.

Please note: Only a psychiatrist can make the decision to hospitalize someone involuntarily. A carer may only start the process by requesting an Involuntary Assessment for their loved one.

WHO CAN APPLY?

Any Manitoban who has reason to believe their loved one has a mental illness and meets the criteria (outlined below) may present this information to a Justice of the Peace by filling out a **Form 1**, which is an **Application for an Order for Involuntary Medical Examination** at the Law Courts Building. You, as the carer, are able to give information to a judge about your loved one and the concerns you have for their safety and well-being, etc. If the Justice of the Peace decides there is enough evidence to support going forward with an Involuntary Assessment, they can give an order for your loved one to be taken to a hospital, by police, where a physician will carry out a medical and mental health evaluation. You don't need a lawyer to do this.

To view the Mental Health Act in its entirety, please visit:

<http://web2.gov.mb.ca/laws/statutes/ccsm/m110e.php>

WHAT ARE THE CRITERIA?

The criteria as written in the Mental Health Act section 11(1) are as follows:

Order for an involuntary medical examination

11.(1) After considering an application made under section 10* and the evidence of any witnesses, the justice may issue an order that the person named in it be examined involuntarily by a physician, if the justice believes on reasonable grounds that the person

- (a) Is apparently suffering from a mental disorder;
- (b) Because of the mental disorder, is likely to cause serious harm to himself or herself or to another person, or to suffer substantial mental or physical deterioration;
- (c) Needs a medical examination to determine whether he or she should undergo a psychiatric assessment; and
- (d) Refuses to be medically examined

(Please Note: Your loved one may meet one, some or all of the criteria.)

*** Section 10 refers to the process of obtaining an Application for an Order for Involuntary Medical Examination/Form 1, which is outlined below.**

What does this mean?

If your loved one is displaying highly concerning symptoms of mental illness and there is a strong possibility of harming themselves or someone else, or if your loved one is at a great risk of deteriorating further into distressing symptoms without hospitalization, Involuntary Assessment may be an option for you, as the carer, to pursue. Your loved one *needs to refuse or be in denial* that there is any need for assessment. The Justice of the Peace will ask about the last time you asked your loved one to seek help, and it needs to be clear that your loved one refused or is not competent to agree to a voluntary hospitalization.

WHAT ABOUT DENIAL?

Even though a person may be experiencing a severe manifestation of mental illness or having difficulty with “lack of insight” (known as “anosognosia”), the person should still be treated with dignity and with the values reflecting recovery focused approaches and practices.

WHERE DO I GO?

In Winnipeg you must apply in person. Application forms are available at the Law Courts Building, on 408 York Street from:

8:30am - 4:30pm Monday-Friday (York Street entrance)

3:00pm - 7:00pm Saturday, Sunday and holidays (security entrance on Kennedy Street)

Outside of Winnipeg you may apply at your local Provincial Court Office.

HOW DO I OBTAIN AN APPLICATION FORM AT THE LAW COURTS BUILDING?

1. Be prepared to go through a formal Security check (like at the airport) at the Entrance.
2. Once through security, you'll see an Information Counter to your immediate left. The person there will direct you to the correct area.
3. Ask for an Application for an **Order for Involuntary Medical Examination**, commonly called a **Form 1**.

Form 1 is not available to fill out online, however a copy can be found at the end of this article for you to review. Whoever fills out the form must present the form in person at the Law Courts Building. Please note: This copy cannot be reproduced from this document.

Review this so you can see the questions you will be expected to answer. If you choose to pursue the Involuntary Assessment, you can prepare your answers ahead of time and take them with you to the Law Courts building. If you do this, you will need to copy your answers onto the official form they provide for you.

You will see there is limited space to respond to each question, so it is important to be clear, concise and support the criteria mentioned above. You may ask for additional paper to explain your reasoning or give specific examples, but keep the answers short and to the point. Question four is very important. The person refuses to be medically examined: My reasons for so believing are? You **MUST** include information regarding the last time you asked your loved one if they needed help, and their response.

4. The clerk will send on the completed Form 1 to a Justice of the Peace (JP) immediately. There is always a JP present for this purpose, even on weekends and holidays. It can take anywhere from a few minutes to several hours for a decision to be made.
5. The Form 1 may be accepted or denied. If denied, the JP may or may not come out to speak with you to seek clarification.
6. If it is denied, it is often because there is not enough information/detail about your loved one on the Form. You may ask for help or clarification from the clerk. You may also ask to speak to the JP, however, it is up to his/her discretion as to whether they come forward to speak with you.
7. If it is accepted, you will be given an envelope containing the required documents. The envelope must be taken to the police station in the area in which your loved one lives. You hand the form in to the sergeant at the front desk. The police will pick up your loved one and take them to a facility where they can receive an Involuntary Assessment (while Form 1 is valid for 7 days, it is usually done within a fairly short period of time). The police will not disclose the identity of the person who has initiated the Involuntary Assessment process.
8. Information regarding the Involuntary Assessment application, including who initiated it, is available to your loved one at any time in the future by going down to the Law Courts Building and applying for the information in person.

HOW DOES THIS WORK IF YOUR LOVED ONE LIVES OUTSIDE OF WINNIPEG?

1. Form 1 is available through any local Provincial Court Office (PCO) during the day from Monday to Friday. Since JPs rotate through local PCOs there may or may not be a JP present to review the Form on any given day.
2. If there is no JP available, the court clerk will fax the Form to Winnipeg, and the approval or denial will be faxed back.
3. If approved, the court clerk will give you an envelope containing the necessary documents, and you take this to your local RCMP detachment, or, in remote areas, your local Peace Officer.
4. Outside of the regular office hours of the PCO you can come to Winnipeg and make the application as described in the previous section. If the Form is approved, you will be given an envelope with the required documents. The envelope must be taken back to the RCMP detachment responsible for the area in which your loved one lives. (The Winnipeg Police Service will not get involved).
5. Arranging this over very long distances is a challenge! The legislation states that if, for example, you live in Winnipeg and your loved one lives in a remote community in Northern Manitoba, you can make the application here and if it is approved, it is the responsibility of the **applicant** to get the envelope to the RCMP station in the area in which your loved one lives. Call the RCMP in the area your loved one lives in for information on the best way to do this.
6. The RCMP has 7 days to pick up your loved one and take them to a facility where they will receive an Involuntary Assessment.

WHAT HAPPENS AFTER A PERSON RECEIVES AN INVOLUNTARY ASSESSMENT?

1. The emergency room physician will examine your loved one and if the conditions are met, will fill out an Application for Involuntary Psychiatric Assessment/Form 4 and arrange for your loved one to be seen by a psychiatrist within 72 hours.

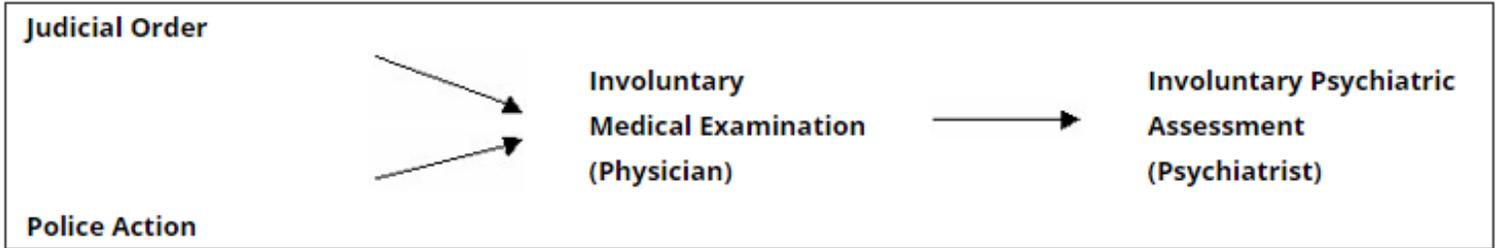
Please note: If the conditions for a Form 4 are not met, the ER physician can release your loved one without seeing a Psychiatrist.

2. After examining your loved one the psychiatrist will recommend one of three possible options; a voluntary admission, an involuntary admission or release. If your loved one is admitted it may not necessarily be to the hospital where the assessment has been made.
3. Unless directed by your loved one, the hospital is not obligated to notify you of his/her admission, due to privacy regulations.
4. If your loved one is admitted involuntarily they are then placed under a Form called the Involuntary Admission Certificate, which is valid for 21 days. A psychiatrist can renew this certificate every 3 months.

WHAT DOES AN INVOLUNTARY ASSESSMENT NOT DO?

Obtaining an Involuntary Assessment is not a guarantee that your loved one will be admitted to hospital. That decision is up to the ER physician and psychiatrist performing the mental health assessment.

Order of Events for an Involuntary Admission:



CARING FOR YOURSELF IS IMPORTANT!

As someone who is considering starting the process of Involuntary Assessment, or if you have gone through the process and are on the other side wondering how you care for yourself, you are not alone. The weeks, months, and sometimes years leading up to the crisis that leads to Involuntary Assessment are difficult and often traumatic for not only the person with lived experience, but also for the carers.

You have likely heard on an airplane that if the oxygen masks fall from the upper cabin, you are to put on your own mask before assisting others. Life is no different. In order to help your loved one, you need to be strong, and the only way of remaining emotionally strong is by caring for yourself. Engage in the things you love on a regular basis without guilt. Get enough sleep, listen to your favourite music, or simply watch a favourite movie or television show. Caring for yourself doesn't have to be complicated. Taking 10-15 minutes out of your day to do something that gives you peace and calm can help you cope with the incredible stress an Involuntary Assessment and possible subsequent hospitalization can create.

A RECOVERY FOCUSED APPROACH AND INVOLUNTARY ASSESSMENT AND TREATMENT

In situations where there is no less restrictive way to protect a person's health and safety, involuntary assessment and treatment may be necessary. In this situation a recovery-oriented approach works within and complements the legislative framework that is in place to protect the rights and safety of people in involuntary treatment. Even in situations where certain treatments or medications are not a person's own choice, interventions can still be provided from a recovery orientation, recognising that self-determination is a vital part of successful treatment and recovery. An important aspect of treatment in the involuntary setting is to support the person to regain their capacity to make informed decisions. Source can be found on page 19 of:

[https://www.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/\\$File/recovgde.pdf](https://www.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf)

This document presents an excellent understanding of recovery and recovery-oriented practices.

See also: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4780300/>

<https://pdfs.semanticscholar.org/3415/2c50ed5670a8f4ee17b624ad5322aa729126.pdf>

RESOURCES

Canadian Mental Health Association – Manitoba and Winnipeg

930 Portage Avenue

Winnipeg Manitoba R3G 0P8

Phone: (204)982-6100

Email: office@cmhawpg.mb.ca

Website: <https://mbwpg.cmha.ca/>

Manitoba Schizophrenia Society

Provincial Office

100 - 4 Fort Street

Winnipeg, Manitoba R3C 1C4

Phone: (204)786-1616

Email: info@mss.mb.ca

Website: <http://www.mss.mb.ca/>

Mood Disorders Association of Manitoba

Provincial Office – Winnipeg

100-4 Fort Street

Winnipeg, Manitoba R3C 1C4

Phone: (204)786-0987 or 1-800-263-1460

Email: info@mooddisordersmanitoba.ca

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

Anxiety Disorders Association of Manitoba

Head office – Winnipeg

100-4 Fort Street

Winnipeg, Manitoba R3C 1C4

Phone: (204)925-0600 or 1-800-805-8885

Email: adam@adam.mb.ca

Website: <http://www.adam.mb.ca/Winnipeg>

Crisis Stabilization Unit, Winnipeg

CSU Fact Sheet: <http://www.wrha.mb.ca/prog/mentalhealth/files/CSUFactSheet.pdf>

Phone: (204)940-3633 (24 hours a day, 7 days a week)

Crisis Response Centre, Winnipeg

Fact Sheet: <http://www.wrha.mb.ca/prog/mentalhealth/files/CRCbulletin2013NL7FIN.pdf>

Phone Mobile Crisis Service (204)940-1781 (24 hours a day, 7 days a week)

Mobile Crisis Services, Winnipeg

Phone: (204)940-1781

TTY: (204) 779-8902

Ages served: 18 years and up

Languages served: English, French

Website: <http://www.ementalhealth.ca/index.php?m=record&ID=11148>

Klinik Crisis Line

Phone: (204)786-8686

Toll Free: 1-888-322-3019

TTY: (204)784-4097

<http://klinik.mb.ca/crisis-support/>

Manitoba Suicide Line "Reason to Live"

Toll Free: 1-877-435-7170 (1-877-HELP170)

<http://reasontolive.ca>

Kids Help Phone (national line available to Manitoba Youth)

Toll Free: 1-800-668-6868

<https://kidshelpphone.ca/>

Klinik Sexual Assault Crisis Line

Phone: (204)786-8631

Toll Free: 1-888-292-7565

TTY: (204)784-4097

<http://klinik.mb.ca/in-person-counselling/sexual-assault-crisis-counselling/>

Manitoba Farm, Rural & Northern Support Services

Toll Free: 1-866-367-3276 (hours Mon-Fri 10 am to 9 pm)

Online Counselling: www.supportline.ca

First Nations and Inuit Hope for Wellness Help Line

Toll Free: 1-855-242-3310

Counselling available in English and French - upon request, in Cree, Ojibway, and Inuktitut

<https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/awareness-resources-hope-for-wellness.html>

CMHA Mental Health Resource Guide for Winnipeg

<https://mbwpg.cmha.ca/wp-content/uploads/2016/02/Mental-Health-Resource-Guide-for-Winnipeg-19th-Edition-2015-text-only-version-PDF.pdf>

Mental Health Education Resource Centre (MHERC) – Library, not a crisis line

100-4 Fort Street

Winnipeg, MB R3C 1C4

Phone: (204)942-6568 or 1-855-942-6568

Email: info@mhrc.mb.ca

Website: <http://mherc.mb.ca/>

HELPFUL ARTICLES

Articles by Dr. Xavier Amador can be found at: <http://dramador.com/the-leap-institute/> and <https://leapinstitute.org/home> .

Dr. Xavier Amador, Founder of the LEAP INSTITUTE and co-Founder of the LEAP FOUNDATION, is an internationally renowned clinical psychologist and leader in his field. His books, authoritative clinical research, worldwide speaking tours and extensive work in schizophrenia, bipolar and other disorders have been translated into 30 languages. Dr. Amador is the author of the International Best Seller, “I am Not Sick, I Don’t Need Help!” He is also a family caregiver of two close relatives with schizophrenia and another with bipolar disorder. Dr. Amador is also the Director of the LEAP® Institute which was founded to provide education and training on anosognosia, the problem of poor adherence and provide practical communication tools (LEAP® communication program) designed to build bridges and partnerships with persons who hold views of their illness and needs that are opposite to that of their loved ones, doctors, and sometimes even law enforcement.

Mental Health Act: <https://web2.gov.mb.ca/laws/statutes/ccsm/m110e.php>

Canadian Mental Health Association Winnipeg/Manitoba: <https://mbwpg.cmha.ca/wp-content/uploads/2016/03/The-Mental-Health-Act-brochure.pdf>

ACKNOWLEDGEMENTS

I would like to thank Margaret Elliott who was inspired to develop this explanation of an involuntary medical examination. Margaret did the research and created the initial draft. It was then handed over to Julia Hoepfner who has had many years of experience working within and outside the mental health system in Manitoba. She also arranged for a psychiatrist to proof read their work which resulted in this final document. The Manitoba Schizophrenia Society is grateful for their passionate dedication that families of those living with a mental illness deserve the best information available and that it should be accessible and understandable. We hope that this paper which “...will walk you through the process of applying for an *Application for an Order for Involuntary Medical Examination/Form 1* or Involuntary Assessment” will be of great value and assistance to you as many family members have felt deeply troubled and sad about being involved in involuntary assessments and involuntary commitments. Below you will find an article by Dr. Xavier Amador about rebuilding trust after feelings of betrayal associated with involuntary assessment and commitment.

Dr. Chris Summerville, D.Min., LL.D (Honourary), CPRRP

Executive Director

Manitoba Schizophrenia Society

100-4 Fort Street

Winnipeg, Manitoba R3C1C

1-204-786-161

www.mss.mb.ca



INVOLUNTARY COMMITMENT

Rebuilding trust after feelings of betrayal

Dr. Xavier Amador, PhD

There are few things in my professional and personal life that have been harder for me than being involved in involuntary commitments. I know from talking to my brother-who I worked to have hospitalized against his will often during the first years of his illness-and from many patients I have worked with, that the experience of being the one who was committed is far worse. Many mental health professionals and family members have felt deeply troubled and sad about taking part in such commitments. We often feel guilty, and the person we were trying to help feels deeply betrayed. Often, after such commitments, the relationships the person with schizophrenia needs the most are severed because of understandable resentment and fear. How, then, do we do this in a way that strengthens, rather than destroys, the relationship? How do we preserve or rebuild trust?

During my brother's first involuntary hospitalization, Henry refused to speak with me when I visited. I felt very guilty about what had happened and hoped that if I stayed long enough, Henry might agree to talk with me. Eventually, he did, and at the time I had the good sense to apologize. That apology was a vital first-step towards repairing the damage done.

The Value of an Apology

Over the past decade, I have conducted seminars with thousands of people-family members, mental health professionals, and consumer peer-support counselors-focusing on how to rebuild trust in such situations. Without trust, we have no way of helping the person who has poor insight to make healthy choices. Without trust, we often lose the ability to ever even talk to the person again.

Among the most important lessons learned is the value of an apology. An apology allows the other person to save face, it communicates humility on your part, and most important, it conveys respect. At some point during or after the commitment (inpatient or outpatient), begin looking for an opportunity to talk about what happened.

*"I am not recommending
that you apologize for what you
did, but rather for how it
made the person feel."*

There is no perfect script for what you should say in this conversation; it may be as simple as when I said to my brother, "I am so sorry, but I felt that I had to call the police. I couldn't have lived with myself if I didn't." Or, "I know you feel angry and betrayed, but I would have felt guilty and as if I had let you down if I didn't get you into the hospital. I'm sorry I felt that way because I know it hurt you." Acknowledge the feelings of betrayal while pointing out that you felt you had no choice but to follow your conscience.

You may balk at the notion of apologizing or even having to explain. After all, you were acting in the person's best interest. I am not recommending that you apologize for what you *did*, but rather for how it made the person *feel*. You and I would feel the same way if someone did something that upset us, and would appreciate the empathy and respect that is conveyed with an apology.

Regret

It is very natural to regret participating in "locking up" another person. It's not unlike the regret we feel whenever we impose a restriction on a child (e.g., when you say to a child, "Go to your room!"). The fact that it was done with the best of intentions doesn't mean that it was easy to do or that you are not sorry you felt you had to do it. Let the person know that you regret having had to do this and you wish you didn't feel you had to.

Don't speak in absolute truths like, "I had to do this; I had no other choice." Instead say, "I *felt* I had to do this, I *felt* I had no other choice." Emphasize that it was your values and concern (or love) that led you to do what you did, not that you were "right" to do it. After I learned to talk to my brother in this way, I would say: "I wish I didn't feel the way I do, I am so sorry that I pushed this on you. I know you don't agree with my view, but I hope you can forgive me. I only did this because I felt it was the right thing and because I love you."

By empathizing with and normalizing his experience of what I had done to him, I opened the door for Henry to be able to see an important truth: Regardless of who was right (him or me) about his being sick, I did what I did because/ felt it was the right thing to do and because I *cared* for him.

Fear

Explain what it is you were afraid would happen if you didn't have the person committed. Preface your fears by acknowledging that the two of you do not agree (e.g., "I know you weren't worried about ..."), then ask if he or she would like to hear what you were worried about as you explain your fears, it is important that you emphasize that they stem from the fact that you care about the person and not because you know better than him or her.

Explain why you took the actions you did. Remind the person of the event(s) that precipitated the commitment (e.g., expressing suicidal thoughts, threatening violence, and grave disability). Don't ask the person to agree; ask only that he or she understand and forgive you for following your conscience. I will never forget when my brother said to me: "I think you have been brainwashed by the psychiatrists, but I know you did this because you love me. I forgive you."

Do's and Don'ts

Here are some general Do's and Don'ts to help you to have a conversation that will aid in mending the relationship following an involuntary commitment:

DO

1. Acknowledge the person's feelings of betrayal.
2. Ask for forgiveness.
3. Explain why you felt you had to do what you did.
4. Be honest that you would do it again if you felt you had to.

DON'T

1. Deny his or her feelings of betrayal.
2. Expect to be forgiven right away.
3. Blame the person for what you felt you had to do.
4. Be misleading about what you would do in the future.

Understanding and forgiveness

What you are asking the person to do is to try and comprehend why you did what you did, how much you care, and how much his or her forgiveness means to you. Stand firmly on your convictions, but don't try to justify yourself or your decision. After all, you "won." Think of the power you wielded. This person was forced to take medicine and/or forced into a hospital against his or her will. Obviously other people (police, doctors, etc.) agreed with you. You don't need to rub it in. You are asking for understanding and forgiveness; that is all.

I wish I could end this column by saying that if you follow all the above steps you will always turn the person's feelings of betrayal into feelings of understanding and empathy for your predicament—ultimately, into feelings of trust. But that would be unrealistic. I can promise, however, that if you follow the advice given here, you will feel better about what you have done, reduce the degree of conflict in your relationship, and at the very least, begin to lay the foundation for rebuilding trust.

(Originally published at www.szdigest.com)



Form 1 — The Mental Health Act, c. M110 (section 10)

Application for an Order for Involuntary Medical Examination

Formule 1 — Loi sur la santé mentale (article 10, c. M110)

Requête en vue de l'obtention d'une ordonnance d'examen médical obligatoire

To a Justice in and for the Province of Manitoba / À un juge dans et pour la province du Manitoba :

I / Je soussigné(e), _____, of / de _____, (name of applicant / nom du requérant) (address / adresse) (phone number / numéro de téléphone)

apply for an order for the involuntary medical examination, by a physician in Manitoba, of / demande que soit rendue une ordonnance obligeant, à être examiné(e) par un médecin au Manitoba _____ (name / nom)

Date of birth / né(e) le _____ of / et résidant à (au) _____ (day, month, year / jour, mois, année) (address of person / adresse)

Family physician (if known) / Médecin de famille (s'il est connu) _____

Hospital where current clinical records held (if known) / Hôpital où sont gardés les dossiers médicaux actifs (s'il est connu) _____

My reasons for this application are as follows / Les motifs de ma requête sont les suivants :

1. The person named above is apparently suffering from a mental disorder because / La personne susmentionnée a, en apparence, des troubles mentaux étant donné que _____
2. Because of the mental disorder, the person is likely to cause serious harm to himself or herself or another person or to suffer substantial mental or physical deterioration because / En raison de ces troubles mentaux, la personne risque de s'infliger ou d'infliger à autrui un dommage grave ou de subir une détérioration mentale ou physique importante étant donné que _____
3. The person needs a medical examination to determine whether he or she should undergo a psychiatric assessment because / La personne a besoin d'un examen médical afin qu'on détermine si elle doit subir une évaluation psychiatrique étant donné que _____
4. The person refuses to be medically examined. My reasons for so believing are / La personne refuse de subir un examen médical. Les raisons qui me portent à croire cela sont : _____

SWORN/AFFIRMED BEFORE ME on / FAIT SOUS SERMENT OU AFFIRMÉ SOLENNELLEMENT DEVANT MOI le _____, at / à _____, Manitoba / au Manitoba. (day, month year / jour, mois, année)

(Justice for the Province of Manitoba / Juge de la province du Manitoba)

(Signature of Applicant / Signature du requérant)

An (check appropriate box) / cochez la case appropriée :

- Order for Involuntary Medical Examination issued on / Ordonnance d'examen médical obligatoire délivrée le
- Order for Involuntary Medical Examination not granted on / Requête en vue de l'obtention d'une ordonnance d'examen médical obligatoire rejetée le

_____, at / à _____, Manitoba / au Manitoba. (day, month year / jour, mois, année)

 Additional information attached / Renseignements supplémentaires ci-annexés