Appendix D Guide to Complete Form 4 Application by Physician for Involuntary Psychiatric Assessment and Form 21 Certificate of Incapacity

FORM 4: Application by Physician for Involuntary Psychiatric Assessment (Form #4 (triplicate)) which authorizes that an individual be taken to a psychiatric facility for an assessment by a psychiatrist.

- Triplicate Form 4 should be available at your clinic. If not, call Administrative Assistant for the WRHA Mental Health 204-940-2255.
- The Primary Care Provider completing Form 4 needs to be a Physician as per the Mental Health Act.
- The form needs to be filled out within 2 days of your assessment
- The form is good for 7 days. In other words, if the individual cannot be located for a week, the Provider would need to reissue Form 4
- Currently only Health Sciences Centre or St Boniface Hospital are designated to accept patients for involuntary psychiatric assessments. If they have been hospitalized at one of these hospitals previously, it makes sense to send them to that Emergency. Otherwise, the police will want to take them to the nearest Emergency.

1. Date of assessment, patient full name and place of residence
2. I am of the opinion that....

2.1 The person is suffering from a mental disorder, and because of the mental disorder, he or she is likely to:
   - Check all applicable boxes
   - Cause serious harm to himself or herself
     - This does not only apply to suicide risk, for example
     - Leaving appliances on (stove, kettle, potential fire hazards)
     - Distracted driving (due to impaired mental functioning)
     - Wandering
   - Cause serious harm to another person
     - This does not only apply to homicidal ideation or thoughts to cause physical harm to others, for example...
     - Consider their housing- leaving appliances repeatedly on in family dwelling, distracted driving due to impaired mental functioning
     - Are they responsible for the care of minor children or vulnerable adults whose safety may be impacted by the patient’s current mental state?

2.2 The person is
   - unwilling to undergo a voluntary psychiatric assessment (you must ask them directly)
   - not mentally competent to consent to a voluntary psychiatric assessment

3. The facts on which I base my opinion are:
   3.1 Those observed by me:
     - any information the patient has disclosed to you
     - any self-injurious behavior you have seen and / or treated
     - relevant history – is the current presentation consistent with another episode that required hospitalization? Include mental health diagnosis if known
3.2 Those communicated to me by others:
   - any relevant information provided by family / friends or other professionals – including
     but not limited to medication adherence

- Central Police Number is 204-986-6222. They will connect you with the appropriate District. If unsatisfied with the response time or response contact the Duty Inspector at 986-6033
- Any individual on a Form Four will be seen by the on call Psychiatry Team. Document clearly your reason for concern about safety or clinical deterioration. Send any mental health assessments with the police/individual. If you have concerns that the individual needs to be hospitalized, but might be sent home, ask for a phone call from the Psychiatry Team in the event of a decision not to admit.

**Important considerations:**

- ✓ In order to have the best patient outcomes, please include as much information as possible regarding your concerns. Feel free to include extra documentation accompany the Form to ensure the Psychiatry team assessing the patient has a clear picture of your concerns and can best fulfill the patient’s needs.
- ✓ Ensure you sign all the documents.
- ✓ Keep the Yellow copy of the Form for the chart.
- ✓ Contact Winnipeg Police Services once the Form is completed at 911 or 204-986-6222 (press 8 to reach the operator).
- ✓ Should you have any questions reading Form completion, please feel free to consult with Mobile Crisis Services at 204-940-1781.
- ✓ Include if the individual is under an Order of Committeeship or anyone else involved re: decision making. Provide the contact information for the Public Guardian Trustee Adult Services Administrator and person delegated who carries the Order of Committeeship (either a Community Mental Health Worker or Home Care Case Coordinator is assigned if the individual resides in Winnipeg).
- ✓ See Tips to Complete Form 4 Application by Physician for Involuntary Psychiatric Assessment
2 a) Cause serious harm to himself or herself

~ This does not only apply to suicide risk, for example
~ Leaving appliances on for example (stove, kettle, potential fire hazards)
~ Distracted driving (due to impaired mental functioning)
~ Wandering

**Cause serious harm to another person**

~ This does not only apply to suicidal homicidal ideation or thoughts to cause physical harm to others, for example
~ Consider their housing - leaving appliances repeatedly on in a family dwelling, distracted driving due to impaired mental functioning
~ Are they responsible for the care of minor children or vulnerable adults whose safety may be impacted by the patient’s current mental state?

2 b) unwilling to undergo a voluntary psychiatric assessment (you must ask them directly)

3. The facts on which I base my opinion are / Les faits sur lesquels repose mon opinion sont les suivants :

a) those observed by me / ceux que j’ai observé moi-même :

~ Any information the patient has disclosed to you
~ Any self - injurious behaviour you have seen or treated
~ Relevant history - is the current presentation consistent with another episode that required hospitalization? included mental health diagnosis if known

b) those communicated to me by others / ceux qui m’ont été communiqués par d’autres personnes :

~ Any relevant information provided by family / friends or other professionals - including but not limited to medication adherence

4. I have inquired carefully into the facts necessary to form my opinion / J’ai examiné soigneusement les faits qui m’ont permis de me former une opinion.

5. I HEREBY APPLY for an involuntary psychiatric assessment of the person / Par conséquent, JE DEMANDE PAR LES PRÉSENTES l’évaluation psychiatrique obligatoire de la personne.

Signed on / Signé le , at / à , Manitoba / au Manitoba.

(MD / Métier)

~ include any mental health assessments, or any pertinent information
FORM 21 – Certificate of Incapacity

- Triplicate Form 21 should be available at your clinic. If not, call Administrative Assistant for the WRHA Mental Health 204—940-2255.
- This form must be filled out by a physician, but does not need a Psychiatrist.
- The form 21 is an application for an “Order of Committeeship” which allows the public trustee to take over the management of an individual’s affairs (personal, medical, legal, and financial). It is a last resort, as many individuals have an enduring power of attorney, which allows a family member to take over in the event of the patient becoming incompetent. Also, often family members apply for an order of committeeship (court of Queens bench matter) to allow them to look after their loved one, which does not involve the public trustee.
- Be sure to document clearly why the individual cannot manage their affairs. An MMSE is not enough. The Chief Provincial Office needs to know how the cognitive or mental health impairment interferes. For an example, “they don’t know where they bank, and can’t do simple math.” If they have a mental health problem with impaired judgment and insight, you need to document how this interferes. Ex. “Individual continues to leave his money unattended in his room, which gets regularly stolen, due to chronic paranoid ideation about the conspiracy of banks.”
- The application needs to be accompanied by a social history. If the individual has a Community Mental Health Worker, they readily provide this for you.
- It also needs to be accompanied by DOB, Marital status, address, name and address of nearest relative, name of Community Mental Health Worker or Home Care Coordinator or similar support person, copy of existing Power Of Attorney if applicable and financial info if available.
- If there is family involved, a written and signed statement of support from them should come with the application. The public trustee charges 4 percent of money dispersed, so family members need to know this. They may opt to apply for committeeship themselves with this knowledge.
- If an individual regains competency, a Form 23 Physician’s Statement that Personal is no Longer Incapable of Managing Property or of Personal Care can be filled out to reverse the order.
- While a Physician is waiting for this form to be processed (can take 4-6 weeks), in the event of no available family member, the Physician can make decisions in the patient’s best interest.
- If transferring to Emergency Department of Crisis Response Services include if the individual is under an Order of Committeeship or anyone else involved re: decision making. Provide the contact information for the Public Guardian Trustee Adult Services Administrator and person delegated who carries the Order of Committeeship either a Community Mental Health Worker or Home Care Case Coordinator is assigned if the individual resides in Winnipeg.
- See Tips to Complete Form 21 Certificate of Incapacity as below:
**Section 4:**
The individual suffers from (diagnosis or provisional diagnosis and include any other information such as:
~ Confusion, Disorientation (any evidence or degree of impairment Mini Mental State Examination (MMSE), Montreal Cognitive Assessment (MOCHA) or Aid to Capacity Evaluation (ACE) with score and date performed
~ impaired insight, poor judgement
~ evidence of unrecognized personal care needs
~ evidence the individual does not recognize the safety risks of...
~ refusing offered supports (i.e., safety equipment, home care needs)
~ lack of knowledge in any of the following areas:
  * personal property
  * income (source / amount)
  * understanding of mechanism by which income is obtained (direct deposit versus withdrawal of cash, paid in person etc.)
  * ability to protect oneself of being taken advantage of, (i.e., can calculate amount of change due, refusal to disclose PIN

4. I am of the opinion that the person named above is incapable of managing his or her property or of personal care for the following reasons / Je suis d’avis que la personne susmentionnée est incapable de gérer ses biens ou de s’occuper de ses soins personnels:

The Chief Provincial Psychiatrist may require further information. This information is typically asked for in addition to the completed Form 21.
~ a detailed social history
~ date of Birth
~ present address (or ward name, if in hospital)
~ marital status (if married, spouse's name and address)
~ name and address of next of kin
~ name an phone number of Social worker
~ current copies of detailed clinical notes Consultation reports, MSE / MOCHA / ACE
~ copy of existing Power of Attorney
~ financial information, if available
~ signed consent from family (if obtained)
DOCUMENTATION:

- Once a clinic team member receives notification an individual has been placed under an Order of Committeeship (OOC) and has a Public Guardian Trustee Adult Service Administrator and a Delegated Case Manager who carries the Order of Committeeship (either a Community Mental Health Worker or Home Care Case Coordinator is assigned if the individual resides in Winnipeg).
  - Add Patient’s primary address as Case Manager Delegate
  - Secondary is the Patient’s Address to reflect the Delegated Case Manager

- The documentation of the OCC will be kept in the “Client Services” Band. Enter the Order of Committeeship (OOC - see Client Services) with any service/notification notes as applicable (i.e., If change in medical management / care plan / change of address or sent to hospital notify OCC by phone and fax).

See Screen Shots of documentation within the Client Services Band as below:

1. Select the symbol to open a new entry in the band

2. Populate the History Field using the drop down menu identifies the OCC group associated with client- Public Trustee, Home care or Community Mental Health Program.

3. Populate the Details Drop down menu to identify the specific OCC type from the grouping selected.

4. Update the Note: Add the applicable service/notification information and OCC contact information.

5. Identify the date this OCC began services with the client.

Final Results will appear as follows: