NATIONAL ASSEMBLY OF QUÉBEC

SECOND SESSION FORTY-THIRD LEGISLATURE

Bill 23

An Act mainly to provide better support to persons whose mental state could present a risk for their own safety or that of others

Introduction

Introduced by
Madam Sonia Bélanger
Minister Responsible for Social Services

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EXPLANATORY NOTES

The main purpose of this bill is to amend the Act respecting the protection of persons whose mental state presents a danger to themselves or to others.

The bill revises the intervention criteria for the transportation of a person to a health and social services institution against their will or for their placement under confinement by a physician or specialized nurse practitioner, in particular by replacing the criterion of "grave and immediate danger" by that of "situation where there is a danger" for the person or for others.

The bill modifies the types of confinement possible and specifies the terms and time limits for temporary confinement.

The bill specifies the requirements that a person must meet to act as a member of a crisis intervention unit and sets out the obligation for Santé Québec to see to the development of training concerning the role and responsibilities of such a member.

The bill provides for the putting in place of mechanisms for consultation and concerted action between the actors concerned, in particular for coordination of their actions with regard to persons presenting an altered mental state who are in a situation where their health or safety or the safety of others is compromised. It specifies the responsibilities of the resource persons who collaborate for that purpose within the scope of a concerted action process.

The bill sets out the obligation for the Minister Responsible for Social Services to enter into, with certain persons or bodies, a Québec-wide framework agreement concerning the protection of persons presenting an altered mental state. It specifies, among other things, the minimum content of that agreement, such as the guiding principles that are to guide the actions taken with regard to those persons and the creation of committees to establish national and regional governance regarding their protection.

The bill enables persons of full age living with a mental disorder to consent or not, by means of advance psychiatric directives, to the care that could be required by their mental state in the event they are temporarily incapable of giving consent to care due to their mental disorder. It prescribes the rules applicable to those directives and specifies that the latter are binding on health professionals. Furthermore, the bill provides for the establishment, by the Minister Responsible for Social Services, of the register of advance psychiatric directives and allows the Minister to entrust its management to a body.

The bill broadens the scope of the procedure that health and social services institutions must adopt with regard to confinement of persons in order to also cover the taking in charge of persons brought to those institutions against their will. It adds measures to be included in the procedure, in particular as concerns the understanding and exercise of the rights and remedies of such persons, their safe discharge from the institution's facilities and the involvement of their close relations.

The bill creates a new division of the Administrative Tribunal of Québec and confers on it exclusive jurisdiction to hear applications for authorization of care that is required by a person's state of health and applications for confinement in a health and social services institution. It also sets out the procedural rules related to those applications.

The bill amends the Act respecting legal aid and the provision of certain other legal services so that legal aid is granted free of charge to every person for legal services provided as regards authorization of care that is required by their state of health or confinement in an institution.

The bill amends the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations to include a prescription period of three years for penal proceedings.

The bill introduces, in the Act respecting the governance of the health and social services system, the obligation for Santé Québec to ensure that members of its personnel hold an attestation establishing that no impediment exists where, in the exercise of their functions in a child and youth protection centre or a rehabilitation centre, they are regularly in contact with children in vulnerable situations. It introduces a similar obligation for Santé Québec institutions concerning the use of the services of an intermediate resource or a family-type resource offering lodging to children in vulnerable situations. The bill empowers the Government to prescribe, by

regulation, measures to supplement those obligations, in particular to determine what constitutes an impediment as well as the rules or terms applicable to the verification process.

Lastly, the bill contains certain transitional and final provisions.

LEGISLATION AMENDED BY THIS BILL:

– Civil Code of Québec;

– Act respecting legal aid and the provision of certain other legal services (chapter A-14);

– Code of Civil Procedure (chapter C-25.01);

– Act respecting the governance of the health and social services system (chapter G-1.021);

– Act respecting administrative justice (chapter J-3);

– Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3);

– Act to protect persons with regard to activities involving firearms (chapter P-38.0001);

– Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001);

– Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2).

REGULATIONS AMENDED BY THIS BILL:

– Regulation respecting legal aid (chapter A-14, r. 2);

– Regulation respecting the procedure of the Administrative Tribunal of Québec (chapter J-3, r. 3.01);

– Tariff of judicial fees in civil matters (chapter T-16, r. 10).

Bill 23

AN ACT MAINLY TO PROVIDE BETTER SUPPORT TO PERSONS WHOSE MENTAL STATE COULD PRESENT A RISK FOR THEIR OWN SAFETY OR THAT OF OTHERS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

ACT RESPECTING THE PROTECTION OF PERSONS WHOSE MENTAL STATE PRESENTS A DANGER TO THEMSELVES OR TO OTHERS

1. The title of the Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001) is replaced by the following title:

"Act respecting the protection of persons presenting an altered mental state".

2. The Act is amended by replacing the portion before Chapter I by the following:

"AS, under the Charter of human rights and freedoms (chapter C-12), every person has a right to personal inviolability and freedom and to their dignity;

"AS Québec recognizes the importance of fighting stigmatization related to mental disorders;

"AS every intervention with a person presenting an altered mental state must be carried out in the person's interest and be intended to preserve their health, facilitate their recovery and protect their safety and that of others;

"AS it is necessary to give preference to consensual and preventive interventions with a person presenting an altered mental state in order to foster respect of their autonomy and prevent the deterioration of their mental state;

"AS taking coercive measures against a person presenting an altered mental state, such as placing the person under confinement or taking them to a health and social services institution against their will, must remain exceptional;

"AS concerted action and collaboration between the actors who may intervene with persons presenting an altered mental state are essential to protect the health and safety of those persons and the safety of others;

“THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

“**CHAPTER 0.1**

“PURPOSE

“**1.** The purpose of this Act is to protect the health and safety of persons presenting an altered mental state who are in a situation where there is a danger to themselves or to others. Its provisions complement those of the Civil Code that concern confinement of such persons by a health and social services institution as well as psychiatric assessment to determine the necessity of such confinement.

The Act provides for the putting in place of mechanisms for consultation and concerted action between the actors concerned with respect to the protection of the health and safety of persons presenting an altered mental state.

Lastly, the Act allows persons of full age who are living with a mental disorder to formulate advance psychiatric directives related to the care that could be required by their mental state in the event that they are temporarily incapable of giving consent to care due to such a disorder.”

3. Section 2 of the Act is amended

(1) by inserting “or following a request by a physician or specialized nurse practitioner” after “court decision” in the first paragraph;

(2) by replacing “undergoing” in the second paragraph by “required to submit to”.

4. Section 4 of the Act is amended by inserting “by a court” after “has been required”.

5. The heading of Division I of Chapter II of the Act is amended by replacing “PREVENTIVE CONFINEMENT AND TEMPORARY” by “TEMPORARY”.

6. Section 6 of the Act is amended by replacing “preventive confinement or temporary confinement for psychiatric examination” by “temporary confinement”.

7. Section 7 of the Act is amended

(1) by replacing “place a person under preventive confinement for not more than 72 hours in a facility maintained by the institution, without the authorization of the court and prior to psychiatric examination, if he is of the opinion that the mental state of the person presents a grave and immediate danger to himself or to others” in the first paragraph by “without the authorization of the court and without a psychiatric examination having been carried out, place a person

presenting an altered mental state under temporary confinement in a facility maintained by the institution for not more than 48 hours, if the physician is of the opinion that the person is in a situation where there is a danger to himself or to others and a court order under article 27 of the Civil Code could not, in the circumstances, be obtained in due time";

(2) by inserting the following paragraph after the first paragraph:

"For the purposes of the first paragraph, "situation where there is a danger" means a situation where the health or safety of the person or the safety of others is compromised due to the following conditions being met:

(1) the person is causing or has caused serious harm to his physical integrity or to that of others or, due to his behaviour, there is a reasonably foreseeable risk of him causing such harm or experiencing a significant deterioration of his mental state;

(2) the facts observed by the physician or specialized nurse practitioner or brought to their attention enable them to reasonably establish that such harm, risk of harm or deterioration is related, in whole or in part, to the person's altered mental state; and

(3) placing the person under temporary confinement is necessary to prevent, as applicable, the harm from worsening, the risk of harm from materializing or the deterioration from occurring.";

(3) by replacing "the physician or nurse must inform" in the second paragraph by "that professional must inform";

(4) by replacing the third paragraph by the following paragraphs:

"A physician practising in the institution where the person is placed under confinement may request that the person undergo a psychiatric assessment without his consent and without the authorization of the court. A specialized nurse practitioner practising for such an institution may also take such action.

On the expiry of the 48-hour period after the person is taken in charge by the institution, he must be released, unless he has undergone a first psychiatric examination concluding that confinement is necessary."

8. Section 8 of the Act is amended

(1) by replacing the first paragraph by the following paragraphs:

"A peace officer may, without the authorization of the court, take a person presenting an altered mental state to an institution described in section 6 against his will, at the request of a member of a crisis intervention unit who considers that the person is in a situation where there is a danger to himself or to others.

For the purposes of the first paragraph, "situation where there is a danger" means a situation where the health or safety of the person or the safety of others is compromised due to the following conditions being met:

(1) the person is causing or has caused serious harm to his physical integrity or to that of others or, due to his behaviour, there is a reasonably foreseeable risk of him causing such harm;

(2) the facts observed by the member referred to in the first paragraph or brought to his attention enable him to reasonably establish that such harm or risk of harm is related, in whole or in part, to the person's altered mental state;

(3) it is necessary to take the person to an institution described in section 6 to prevent, as applicable, the harm from worsening or the risk of harm from materializing; and

(4) no other measure could, in the circumstances, be taken in due time.

A peace officer may also, without the authorization of the court, take a person who has formulated advance psychiatric directives in accordance with Chapter II.3 to an institution described in section 6, at the request of a member of a crisis intervention unit or a health or social services professional ensuring follow-up of the care or services the person receives in relation to the mental disorder he lives with who considers that the following conditions are met:

(1) the person is incapable of giving consent to care due to his mental disorder;

(2) the person has, in the directives, given consent to be taken to an institution described in section 6 if, due to that mental disorder, he is temporarily incapable of giving consent to care; and

(3) the measure is necessary to provide the person with the care he previously consented to in his directives.";

(2) by replacing "preventive" in the second paragraph by "temporary";

(3) by replacing the third paragraph by the following paragraph:

"In this Act, "member of a crisis intervention unit" means a person who has received the training provided for in section 23.1 and is in one of the following situations:

(1) the person is employed by Santé Québec and is assigned to functions related to crisis intervention services referred to in paragraph 1 of section 4 of the Act respecting the governance of the health and social services system (chapter G-1.021);

(2) the person is employed by an institution governed by Part IV.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or by the Act respecting health services and social services for Cree Native persons (chapter S-5) and is assigned to functions related to services comparable to those provided for in paragraph 1 of section 4 of the Act respecting the governance of the health and social services system; or

(3) the person is employed by a group having entered into an agreement with Santé Québec or with an institution described in subparagraph 2 concerning the provision of crisis intervention services or comparable services on behalf of Santé Québec or such an institution and is assigned to the exercise of functions related to those services."

9. Section 9 of the Act is amended by replacing "that is equipped with the necessary facilities for receiving and treating mentally ill persons," by "and equipped with the necessary facilities".

10. The Act is amended by inserting the following chapters after section 13:

"**CHAPTER II.1**

"CONSULTATION AND CONCERTED ACTION MECHANISMS

"**DIVISION I**

"GENERAL PROVISION

"**13.1.** The Minister must see to the complementarity and efficiency of the actions that may be taken with regard to persons presenting an altered mental state, in particular when they are in a situation where their health or safety or the safety of others is compromised. To that end, the Minister must support the collaboration of the actors concerned.

For that purpose, the Minister must ensure the deployment and operation, in each health region, of mechanisms for consultation and concerted action between the actors concerned, including by entering into the Québec-wide framework agreement referred to in section 13.9. Such mechanisms must facilitate the sharing and pooling of knowledge and expertise in relation to the protection of the persons referred to in the first paragraph and take into account the specific realities of the region concerned. One of the mechanisms must be aimed at carrying out concerted action processes in accordance with this Act.

"**DIVISION II**

"CONCERTED ACTION PROCESS

"**13.2.** A concerted action process is a mechanism that enables concerted action between designated resource persons and that can lead to coordination of their actions with regard to a person presenting an altered mental state who is in a situation where his health or safety or the safety of others is compromised.

For the purposes of this Act, a designated resource person is a person who has been appointed to act in that capacity by one of the following persons or bodies:

(1) Santé Québec or an institution governed by Part IV.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or by the Act respecting health services and social services for Cree Native persons (chapter S-5);

(2) a police force or the competent authority in respect of that police force;

(3) the Minister of Public Security;

(4) the Public Curator;

(5) the Commission des droits de la personne et des droits de la jeunesse;

(6) the Director of Criminal and Penal Prosecutions; or

(7) a group having entered into an agreement with Santé Québec or with an institution referred to in subparagraph 1 concerning the provision of crisis intervention services referred to in paragraph 1 of section 4 of the Act respecting the governance of the health and social services system (chapter G-1.021) or comparable services on behalf of Santé Québec or such an institution, where authorized to do so under such an agreement.

The Minister may, by agreement, entrust a person or body not referred to in the second paragraph with responsibility for appointing a person to act as a designated resource person.

A person or body referred to in the second or third paragraph must appoint and maintain a sufficient number of persons, chosen from among their personnel members, to act as designated resource persons. Those resource persons must have training or experience relevant to the exercise of that role, including sufficient knowledge of the specific realities of persons living with a mental disorder.

"**13.3.** Only a designated resource person may initiate or collaborate in a concerted action process. Such a process must be conducted between at least two resource persons designated by different persons or bodies. It must also be conducted in a manner that favours carrying out interventions and making decisions that are adapted to the needs of the person who is the subject of the process, taking into account his wishes and seeing to the protection of his health and safety and the safety of others.

"**13.4.** A designated resource person may initiate a concerted action process with respect to a person where the following conditions are met:

(1) the facts observed by the designated resource person or brought to his attention give him reasonable cause to believe that

(*a*) the person concerned is presenting an altered mental state;

(*b*) the situation the person is in and where his health or safety or the safety of others is compromised is related, in whole or in part, to the person's altered mental state; and

(*c*) the process could be beneficial to protect the person's health or safety or the safety of others; and

(2) the person's consent to the initiation of the process and, if applicable, his consent to the communication, within the scope of the process, of personal information concerning him between the designated resource persons have been obtained.

A designated resource person may initiate a process even if the person concerned is or has been the subject of one of the measures set out in section 7 or 8. However, the designated resource person must not initiate such a process if he has reasonable cause to believe, on the basis of the information at his disposal, that the application of one of those measures would be more appropriate considering the situation the person is in, in which case the designated resource person must communicate with a member of a crisis intervention unit.

"**13.5.** Only the personal information that is necessary for concerted action between the designated resource persons and for coordination of their actions may be communicated between them within the scope of a concerted action process.

"**13.6.** A designated resource person who intends to initiate a concerted action process must ensure that any consent under subparagraph 2 of the first paragraph of section 13.4 is given in a free and informed manner. For that purpose, the designated resource person must, among other things, make sure that the consent does not result from external pressure and that the person has received the following information:

(1) the type of designated resource persons who could be called on to collaborate with him within the scope of the process;

(2) the reasons giving cause to believe that the process could, in the circumstances, be beneficial to protect the person's health or safety or the safety of others, including the facts supporting those reasons;

(3) the nature of the steps that may be taken by the designated resource persons within the scope of the process;

(4) the fact that only the personal information that is necessary for concerted action between the designated resource persons and for coordination of their actions may be communicated between them;

(5) the help and services in the field of health and social services that the person could benefit from to protect his health or safety or the safety of others or that his close relations could benefit from; and

(6) the fact that restrictive measures could nevertheless be taken concerning the person, during or at the end of the process, in order to protect his health or safety or the safety of others.

"**13.7.** Despite subparagraph 2 of the first paragraph of section 13.4, a designated resource person may, without the consent of a person, when the latter is in a situation where his health or safety or the safety of others is compromised and to the extent that the other conditions set out in this section are met, initiate a concerted action process with regard to the person in the following cases:

(1) the facts observed by the designated resource person or brought to his attention give him reasonable cause to believe that the person has a limited capacity to assess the repercussions on his health or safety or the safety of others of the situation he is in and that there is a reasonably foreseeable risk of the person's mental state deteriorating or of the situation worsening; or

(2) the facts observed by the designated resource person or brought to his attention give him reasonable cause to believe that the person is reluctant to solicit services that could help him, in particular due to distrust regarding such services, and that the anticipated benefits for the person following the initiation of the process clearly outweigh the reasonably foreseeable risk of his mental state deteriorating or of the situation he is in worsening if the process is not initiated.

A process referred to in the first paragraph may, without the consent of the person, involve communication of personal information concerning him between the designated resource persons who are collaborating in the process. The provisions of section 13.5 apply.

No judicial proceedings may be brought against a designated resource person for an act performed in good faith under this section.

"**13.8.** A designated resource person who initiated a concerted action process must, when the process ends, inform all other designated resource persons having collaborated in the process of the nature of the measures chosen with a view to remedying the situation the person concerned by the process was in and where his health or safety or the safety of others was compromised as well as to preventing the situation from recurring. The designated resource person must also inform them of any measure that was mentioned in the context of the process and that could be the subject of more specific follow-up, according to the wishes of the person concerned by the process, with a view

to responding more adequately to the person's needs, such as the development of a crisis plan or the formulation of advance psychiatric directives in accordance with chapter II.3.

"**CHAPTER II.2**

"QUÉBEC-WIDE FRAMEWORK AGREEMENT CONCERNING THE PROTECTION OF PERSONS PRESENTING AN ALTERED MENTAL STATE

"**13.9.** The Minister must enter into a Québec-wide framework agreement concerning the protection of persons presenting an altered mental state with the Minister of Justice, the Minister of Public Security, the Commission des droits de la personne et des droits de la jeunesse, the Public Curator, the Director of Criminal and Penal Prosecutions, Santé Québec, the Nunavik Regional Board of Health and Social Services, the Cree Board of Health and Social Services of James Bay and any person or body the Minister considers useful.

The Québec-wide framework agreement must set out, among other things,

(1) the guiding principles that are to guide the actions taken with regard to persons presenting an altered mental state;

(2) the terms and limits relating to the role and collaboration of designated resource persons that are applicable within the scope of consultation and concerted action mechanisms referred to in the second paragraph of section 13.1;

(3) the creation of committees to establish national and regional governance regarding the protection of persons presenting an altered mental state; and

(4) the obligation of the parties to see to the development and updating of tools for supporting interventions regarding such persons, and to include in those tools elements relating to the help their close relations could benefit from, where such a tool so allows.

"**13.10.** An institution governed by Part IV.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2), a police force or the competent authority in respect of it, and a group referred to in subparagraph 7 of the second paragraph of section 13.2 must collaborate in the implementation of the Québec-wide framework.

“**CHAPTER II.3**

“ADVANCE PSYCHIATRIC DIRECTIVES

“**DIVISION I**

“GENERAL PROVISIONS

“**13.11.** A person of full age who is capable of giving consent to care and is living with a mental disorder that could temporarily lead to an incapacity to give consent to care may, by means of advance psychiatric directives, indicate whether or not he consents to care that could be required by his mental state in the event that he is incapable of giving consent to such care due to his mental disorder.

The person may also, by means of such directives, indicate whether he consents to a peace officer taking him, without the authorization of the court, to an institution described in section 6 to receive the care to which he consented in his directives, in the event that he is temporarily incapable of giving consent to care due to the mental disorder he lives with, in accordance with the third paragraph of section 8.

“**13.12.** The person must, in a free and informed manner, formulate the advance psychiatric directives for himself and record them on the form prescribed by Santé Québec. The form must be dated and signed by the person.

If the person cannot date and sign the form because he cannot write or is physically incapable of doing so, a third person may do so in the person’s presence.

The third person must not be a minor or a person of full age incapable of giving consent. In addition, a health or social services professional or health or social services resource person who has ties with the person concerned due to the care or services the person receives from the professional or resource person may not act as a third person.

“**13.13.** A person formulating advance psychiatric directives must be assisted by a health professional.

With the assistance of the professional, the person must describe, in the directives, the signs and symptoms related to the mental disorder he lives with that may constitute an indication of his incapacity to give consent to care or of the imminence of such an incapacity. The professional must ensure that those signs and symptoms are medically recognized as being signs and symptoms that can be related to that mental disorder.

“**13.14.** The health professional providing assistance to the person must

(1) make sure that the person is of full age and capable of giving consent to care;

(2) make sure that the person lives with a mental disorder which could temporarily lead to an incapacity to give consent to care and for which the person has received a diagnosis;

(3) verify that the person's advance psychiatric directives are formulated in accordance with section 13.12, in particular

(*a*) by making sure that the directives are being formulated in a free and informed manner, in particular by ascertaining that they are not being made as a result of external pressure and that the person has clearly understood their effects;

(*b*) by discussing the directives with the professionals or resource persons referred to in the third paragraph of section 13.12; and

(*c*) by discussing the directives with the person's close relations or with anyone else the person identifies, if the person consents to it;

(4) make sure that the person has had the opportunity to discuss the directives with the persons he wished to contact, if applicable;

(5) inform the person of the possibility of refusing to allow the directives to be recorded in the register established in accordance with section 13.29 and of the possible effects of such a refusal; and

(6) inform the person of the possibility of revoking or modifying the directives and of the applicable terms and conditions for the revocation or modification.

The professional must be sure to provide the information required under subparagraphs 5 and 6 of the first paragraph in a manner that is clear and accessible to the person.

"**13.15.** The person may designate in the advance psychiatric directives a trusted third person to whom he entrusts the following responsibilities:

(1) notify a health or social services professional ensuring follow-up of the care or services the person receives in relation to the mental disorder he lives with where the trusted third person believes that the person is exhibiting the signs and symptoms related to that disorder and described in the directives;

(2) if unable to notify a professional referred to in subparagraph 1, call on a member of a crisis intervention unit where the trusted third person believes that the person is exhibiting such signs and symptoms; and

(3) notify of the existence of the directives any health or social services professional from whom the person receives, when incapable of giving consent to care, care or services in relation to the mental disorder he lives with, or remind such a professional of their existence.

The person may also designate in the directives a second trusted third person who replaces the first trusted third person if the latter dies, is prevented from acting, in particular due to his incapacity, or refuses or neglects to fulfil his responsibilities.

The third paragraph of section 13.12 applies to the trusted third person.

"**13.16.** After the form has been signed by the person formulating the advance psychiatric directives or, if applicable, by the third person referred to in the second paragraph of section 13.12, the health professional providing assistance to the person must date and countersign the form to attest compliance with the provisions of sections 13.13 and 13.14.

A trusted third person who consents to being designated must date and sign the form.

"**13.17.** For the advance psychiatric directives to be valid, the person must declare, in the presence of a witness and by means of the form referred to in section 13.12, that the form contains the person's directives, without having to disclose the contents.

The witness must date and countersign the form.

The third paragraph of section 13.12 applies to the witness. In addition, the witness cannot be designated as a trusted third party in the directives.

"**13.18.** All signatories of the advance psychiatric directives form must be in each other's presence when they sign it. A signatory may, however, be present remotely where the technological means used for that purpose allows all signatories to be identified, heard and seen in real time.

"**13.19.** The advance psychiatric directives must be filed in the person's record by the health professional providing assistance to the person. The health professional must also file them in the register referred to in section 13.29, unless the person refuses.

"**13.20.** Advance psychiatric directives may be revoked at any time by the person who formulated them by means of the form prescribed by Santé Québec. The second and third paragraphs of section 13.12 apply to the revocation form for such directives, with the necessary modifications.

A person who wishes to revoke his directives must be assisted by a health professional. After the form has been signed, the health professional must date and countersign the form to attest that the person is capable of giving consent to care. The health professional must make sure that the directives are removed, as soon as possible, from the register referred to in section 13.29 and that the trusted third person is informed that they have been revoked, if applicable.

However, the directives may be modified only by the formulation of new directives in accordance with the provisions of this division. The new directives replace any previous ones. The health professional who assisted the person for the purposes of the new directives must make sure that the previous directives are removed from the register as soon as possible, if applicable. If the modifications lead to the removal of a trusted third person, the health professional must inform that third person.

"**13.21.** A professional or a resource person referred to in the third paragraph of section 13.12 who notes, with regard to a person who formulated advance psychiatric directives, a change related to the person's state of health or psychosocial situation that could affect the directives must, where the person is capable of giving consent to care, verify with the person whether the wishes expressed in the directives still correspond to the person's wishes.

"**13.22.** A health or social services professional or a member of a crisis intervention unit from whom a person receives care or services in relation to the mental disorder he lives with must, when the professional or member becomes aware that the person is incapable of consenting to care due to that disorder, consult the register referred to in section 13.29.

If the register contains advance psychiatric directives formulated by the person, the health professional or member must consult them and file them in the person's record, unless the directives are already in the record. Furthermore, the professional or member must ensure that every trusted third person designated in the directives has been notified of the onset of the person's incapacity and of the implementation of the directives, if applicable.

The professional or member must also inform, if applicable, a health or social services professional ensuring follow-up of the care or social services in relation to the mental disorder the person lives with of the existence of the directives and their implementation.

"**13.23.** A health or social services professional or a member of a crisis intervention unit who, in accordance with section 13.15, is notified by a trusted third party that a person is exhibiting the signs and symptoms described in the advance psychiatric directives must use the means at his disposal to determine whether the person is, or is becoming, incapable of consenting to care, or whether his health or safety is compromised, and must take any action the professional or member considers appropriate in the circumstances.

"**13.24.** Where a person is incapable of giving consent to care, the wishes relating to care that are clearly expressed in advance psychiatric directives filed in the person's record or in the register referred to in section 13.29 carry, for all health professionals having access to the record or register, the same weight as wishes expressed by a person capable of giving consent to care.

"**13.25.** If the person expresses, or shows by means of signs and symptoms resulting from the mental disorder he lives with, refusal or resistance with regard to receiving the care he previously consented to in his advance psychiatric directives, the health professional must, based on the information at his disposal and according to his clinical judgment, rule out the possibility of a categorical refusal to receive that care. The professional must record his findings in writing, including the signs and symptoms observed, if applicable, and the conclusions of the assessment.

"**13.26.** If a person incapable of giving consent to care categorically refuses to receive the care he previously consented to in advance psychiatric directives, article 16 of the Civil Code, requiring the authorization of the court, applies.

"**13.27.** The court may, on the application of the mandatary, tutor, trusted third person, or any person who shows a special interest in the person who formulated advance psychiatric directives, order that the wishes relating to care expressed in those directives be respected.

The court may, in addition, make any other order it considers appropriate in the circumstances.

"**13.28.** Wishes relating to care expressed in a person's protection mandate do not constitute advance psychiatric directives within the meaning of this Act and remain subject to articles 2166 and following of the Civil Code.

In case of inconsistency between those wishes and the wishes contained in advance psychiatric directives, the latter prevail.

"**DIVISION II**

"REGISTER OF ADVANCE PSYCHIATRIC DIRECTIVES

"**13.29.** The Minister must establish and maintain a register of advance psychiatric directives.

The Minister may manage the register or entrust its management to a body that is subject to the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1). In the latter case, the Minister must enter into a written agreement with that manager.

"**13.30.** The Minister must prescribe, by regulation, how the register is to be accessed and operated, including who may record advance medical directives in the register and who may consult it."

11. Section 14 of the Act is amended by replacing "and psychiatric assessment" in the first paragraph by "for psychiatric assessment".

12. Section 15 of the Act is amended by adding the following sentence at the end: "The institution must also inform him of the services and resources available to support him in understanding and exercising his rights and remedies as well as of the assistance measures to help him benefit from those services and resources."

13. Section 16 of the Act is replaced by the following sections:

"**16.** Any institution that places a person under temporary confinement following the decision of a physician or specialized nurse practitioner or a judgment referred to in section 9 must, at the time the person is placed under confinement and after each psychiatric examination report required by section 10, if applicable, give him a document that contains, in particular and in addition to the information provided for in sections 15 and 17, the following information:

(1) the date and time the person is taken in charge by the institution or the date of the court decision ordering that the person be placed under confinement as well as the date of the report for each psychiatric examination the person has undergone;

(2) the obligation to undergo the psychiatric examinations referred to in article 28 of the Civil Code or section 10 of this Act;

(3) his right to refuse any other examination, care or treatment and, in such a case, the obligation for the institution and the health professional concerned to respect that decision, except if the other examinations, care or treatments were ordered by the court or in the case of an emergency or of hygiene care;

(4) his right to be released, without delay, if a psychiatric examination report has not been produced within time limits prescribed by the Civil Code or by this Act;

(5) his right to be transferred, if applicable, to another institution, in accordance with section 11;

(6) his right to contest before the Administrative Tribunal of Québec, as applicable, being placed under confinement, the confinement being continued or any other decision made concerning him under this Act, as well as the procedure for doing so; and

(7) any other information determined by the Minister.

The institution must transmit a copy of the document referred to in the first paragraph to the person qualified to give consent to the person's confinement. If there is no qualified person, the institution must make reasonable efforts to transmit the information contained in the document to a person who shows a special interest in the person under confinement."

14. Section 19 of the Act is amended, in the first paragraph,

(1) by replacing "preventive" in subparagraph 1 by "temporary";

(2) by inserting "psychiatric" before "examinations" in subparagraph 2.

15. Section 21 of the Act is amended by replacing the first paragraph by the following paragraphs:

"Any interested person may contest before the Administrative Tribunal of Québec a temporary confinement decided by a physician or specialized nurse practitioner, the continuance of a confinement or any other decision made under this Act. A letter to the Tribunal from the person under confinement setting out the subject and grounds of the contestation constitutes a motion within the meaning of section 110 of the Act respecting administrative justice (chapter J-3).

Where the contestation concerns the continuance of a confinement, a psychiatric examination report that is contemporaneous to the day of the hearing must be filed with the Tribunal by the institution. For that purpose, the person under confinement must undergo, where applicable, a psychiatric examination."

16. The Act is amended by inserting the following sections after section 23:

"**23.1.** Santé Québec must see to the development of training concerning the role and responsibilities of members of a crisis intervention unit. The training must concern, among other things, the knowledge and skills necessary to exercise the functions of such members, including the knowledge and skills that are to enable them to offer quality support to persons presenting an altered mental state and ensure relevant assistance to those persons and their close relations. It must also enable them to adopt and use the tools developed for the exercise of their functions.

"**23.2.** The Minister may determine the policy directions that are to guide Santé Québec or institutions, as applicable, in the exercise of the responsibilities assigned to them by this Act, including those related to the form provided for in section 13.12."

17. The schedule to the Act is repealed.

CIVIL CODE OF QUÉBEC

18. Article 11 of the Civil Code of Québec is amended by replacing "advance medical directives under the Act respecting end-of-life care (chapter S-32.0001)" in the second paragraph by "advance medical or psychiatric directives under the law".

19. Article 15 of the Code is amended by inserting "or psychiatric" after "medical".

20. Article 27 of the Code is amended

(1) in the first paragraph,

(*a*) by striking out "on the application of a physician or an interested person and";

(*b*) by replacing "provisoirement" and "pour y subir une" in the French text by "temporairement" and "en vue d'une", respectively;

(2) by replacing the second paragraph by the following paragraph:

"If the danger meets the criteria set out in the Act respecting the protection of persons presenting an altered mental state (chapter P-38.001) and the authorization of the court cannot be obtained in due time, the person may be placed under temporary confinement as provided for by that Act."

21. Article 28 of the Code is amended

(1) in the first paragraph,

(*a*) by replacing "Where the court orders that a person be placed under confinement for a" and "24 hours after the person" by "Where a person is placed under temporary confinement and must undergo a" and "48 hours after the person", respectively;

(*b*) by striking out "or, if the person was already under preventive confinement, within 24 hours of the court order";

(2) in the second paragraph,

(*a*) by replacing "96" by "72";

(*b*) by striking out "or, if the person was already under preventive confinement, within 48 hours of the court order";

(3) in the third paragraph,

(*a*) by replacing "48" by "96";

(*b*) by inserting the following sentence at the end: "However, if that period ends on a Saturday or a holiday, the authorization of the court is impossible to obtain and the termination of the confinement would present a danger, the confinement may be extended until the expiry of the following working day."

22. Article 2166.1 of the Code is amended, in the first paragraph,

(1) by striking out "medical" before "care";

(2) by inserting "or psychiatric" after "advance medical".

ACT RESPECTING LEGAL AID AND THE PROVISION OF CERTAIN OTHER LEGAL SERVICES

23. The Act respecting legal aid and the provision of certain other legal services (chapter A-14) is amended by inserting the following section after section 4.0.1:

"**4.0.2.** Legal aid shall be granted free of charge in first instance to every person, regardless of the person's financial eligibility, for the legal services offered as regards an authorization of care that is required by the person's state of health or confinement in a health or social services institution."

CODE OF CIVIL PROCEDURE

24. Article 38 of the Code of Civil Procedure (chapter C-25.01) is repealed.

25. Article 361 of the Code is amended by striking out "or ordering confinement for or after a psychiatric assessment" in the second paragraph.

26. The heading of Division I of Chapter II of Title I of Book V of the Code is amended by striking out "AND CONFINEMENT IN INSTITUTION".

27. Article 395 of the Code is amended by replacing "the provision of care to a minor or to a" by "care that is not required by the state of health of a minor or of a".

28. Articles 396 and 397 of the Code are repealed.

ACT RESPECTING THE GOVERNANCE OF THE HEALTH AND SOCIAL SERVICES SYSTEM

29. Section 4 of the Act respecting the governance of the health and social services system (chapter G-1.021) is amended by inserting ", including crisis intervention services focused on psychosocial intervention aimed at de-escalating a crisis being experienced by a person, stabilizing their condition and providing, to them and their close relations, all assistance required given the situation" at the end of paragraph 1.

30. The Act is amended by inserting the following chapter after section 70:

"**CHAPTER IV**

"INVESTIGATION ESTABLISHING THAT NO IMPEDIMENT EXISTS FOR PERSONNEL

"**70.1.** Santé Québec must ensure that a member of its personnel who, in the exercise of their functions in a child and youth protection centre or a rehabilitation centre, is regularly in contact with children in vulnerable

situations holds, at all times, a valid attestation establishing that no impediment exists.

The Government may, by regulation,

(1) define what constitutes an impediment;

(2) establish the terms and conditions a person must comply with to hold an attestation establishing that no impediment exists;

(3) determine rules or terms applicable to the process for investigations establishing that no impediment exists, in particular as concerns persons carrying out a role or responsibilities within the context of the investigation process, and as concerns the documents and information that must be communicated by them or by the person being investigated;

(4) prescribe the creation and the operating rules of an impediment examination committee whose function is to give its opinion as to whether or not an impediment exists; and

(5) determine the maximum fees payable to a police force to carry out an investigation establishing that no impediment exists.

For the purposes of this Act, "children in vulnerable situations" means children in respect of whom a director of youth protection intervenes under the Youth Protection Act (chapter P-34.1) and those who are the subject of a custody or supervision measure under the Youth Criminal Justice Act (S.C. 2002, c. 1).

"**70.2.** Every Québec police force is required to conduct the investigations establishing that no impediment exists applied for under this Act.

The verifications carried out by the police force must concern any sexual misconduct, failure to provide necessities of life, criminal operation of a motor vehicle, violent behaviour, criminal negligence, fraud, theft, arson and drug-or narcotic-related offence. However, they are to exclude any criminal offence, other than the offences listed in Schedule 2 to the Criminal Records Act (R.S.C. 1985, c. C-47), for which the person has obtained a pardon.

"**70.3.** Despite section 6, this chapter applies to the territories referred to in sections 530.1 and 530.89 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) and to the territory of the Cree Board of Health and Social Services of James Bay established under the Act respecting health services and social services for Cree Native persons (chapter S-5), with the necessary modifications."

31. Section 394 of the Act is amended by replacing the first and second paragraphs by the following paragraphs:

"Any institution referred to in section 6 or 9 of the Act respecting the protection of persons presenting an altered mental state (chapter P-38.001) must adopt a procedure regarding the placement of persons under confinement in its facilities and the taking in charge of persons brought to the institution against their will by an authorized person. The procedure must be in keeping with the orientations determined by the Minister and be made known to the personnel assigned to performing tasks within the institution and the persons practising in a centre it operates as well as to the users concerned and their close relations.

The procedure must, among other things, provide that the following information and documents are to be entered or filed in the user's record:

(1) the duration, including the start and end dates, of any confinement, as well as the time in the case of temporary confinement;

(2) a description of the reasons that warrant placing the user under confinement, continuing the confinement or not, or lifting the confinement, as well as those that warrant the absence of temporary confinement;

(3) a reproduction of the psychiatric examination reports, of the applications for confinement in the facilities of the institution presented to the court by Santé Québec, if it is a public institution, or by the private institution and of any judgment ordering confinement;

(4) if a psychiatric assessment was carried out without the user being placed under temporary confinement, a note attesting that the user's consent to undergo the assessment was obtained or, if the user was placed under temporary confinement, a note attesting that the user's consent to undergo the assessment was obtained or attesting the user's refusal to undergo the assessment;

(5) the date on which the information required under section 15 of the Act respecting the protection of persons presenting an altered mental state was transmitted to the user; and

(6) if measures from among those provided for in the third paragraph of this section were applied, a note detailing those measures.

In addition, the procedure must, among other things, include measures

(1) to accompany the user to enable them to benefit from the services and resources available to support them in understanding and exercising their rights and remedies;

(2) to inform the user of the benefits that could result from the involvement of a close relation in the care and services the user receives, in particular when

it is possible for health and social services professionals providing care and services to the user to communicate with one of the latter's close relations;

(3) to evaluate the information and assistance needs of the user's close relations, including in connection with the support they provide to the user, as well as the possible measures to meet such needs; and

(4) to ensure the safe discharge of the user and to prevent placement under confinement from recurring, specifying the actions the institution must take for that purpose, including the following actions:

(*a*) assessing the user's psychosocial needs;

(*b*) estimating the risk of suicide or homicide, or any other risk of the user's health or safety or the safety of others being compromised, that may persist after the user's discharge;

(*c*) directing the user toward services or resources adapted to meet their needs and facilitate their recovery; and

(*d*) determining safety measures adapted to the user's situation that are applicable after the user's discharge and that take into account the actions referred to in subparagraphs *a* to *c* that have been taken."

32. The Act is amended by inserting the following division after section 554:

"**DIVISION IV**

"INVESTIGATION ESTABLISHING THAT NO IMPEDIMENT EXISTS

"**554.1.** A Santé Québec institution must, to use the services of an intermediate resource offering lodging to children in vulnerable situations, ensure that the following persons, as applicable, hold, at all times, a valid attestation establishing that no impediment exists:

(1) the natural person who operates the resource and any other person of full age who assists or replaces them;

(2) a shareholder, director or officer of the resource;

(3) a person of full age who works within the resource;

(4) a person of full age living in the resource; and

(5) a trainee or a volunteer who is of full age and who is regularly present in the resource.

"**554.2.** A Santé Québec institution must, to use the services of a family-type resource offering lodging to children in vulnerable situations, ensure that the resource and the following persons, as applicable, hold, at all times, a valid attestation establishing that no impediment exists:

(1) a person of full age living in the principal residence of the resource;

(2) a trainee or a volunteer who is of full age and who is regularly present in that residence; and

(3) any other person of full age who assists or replaces the resource.

"**554.3.** For the purposes of sections 554.1 and 554.2, the Government may, by regulation,

(1) define what constitutes an impediment;

(2) establish the terms and conditions a person must comply with to hold an attestation establishing that no impediment exists;

(3) determine rules or terms applicable to the process for investigations establishing that no impediment exists, in particular as concerns persons carrying out a role or responsibilities within the context of the investigation process, and as concerns the documents and information that must be communicated by them or by the person being investigated;

(4) prescribe the creation and the operating rules of an impediment examination committee whose function is to give its opinion as to whether or not an impediment exists;

(5) determine the maximum fees payable to a police force to carry out an investigation establishing that no impediment exists; and

(6) identify the provisions of a regulation made under this section whose violation constitutes an offence and renders the offender liable to the fine provided for in section 814.1.

"**554.4.** Section 70.2 applies to the investigation establishing that no impediment exists provided for in this division.

"**554.5.** Despite section 6, this division applies to the territories referred to in sections 530.1 and 530.89 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) and to the territory of the Cree Board of Health and Social Services of James Bay established under the Act respecting health services and social services for Cree Native persons (chapter S-5), with the necessary modifications."

33. The Act is amended by inserting the following section after section 814:

"**814.1.** Anyone who contravenes a provision of a regulation whose violation constitutes an offence under paragraph 6 of section 554.3 is liable to a fine of $500 to $5,000 in the case of a natural person or $1,500 to $15,000 in any other case."

ACT RESPECTING ADMINISTRATIVE JUSTICE

34. Section 14 of the Act respecting administrative justice (chapter J-3) is amended by inserting "and in respect of certain applications relating to the integrity of the person" at the end of the second paragraph.

35. Section 17 of the Act is amended

(1) by replacing "four" by "five";

(2) by adding the following at the end:

"— the integrity of the person division."

36. Section 18 of the Act is amended by striking out "of protection of persons whose mental state presents a danger to themselves or to others,".

37. Sections 19, 22, 22.1 and 23 of the Act are repealed.

38. The Act is amended by inserting the following division after section 37:

"**DIVISION V**

"INTEGRITY OF THE PERSON DIVISION

"**37.1.** The integrity of the person division is charged with making determinations in respect of applications for authorization of care and for confinement in a health or social services institution that are referred to in paragraph 1 of Schedule V and in respect of proceedings referred to in paragraph 2 of that Schedule pertaining to the temporary confinement or continued confinement of, or a decision made concerning, a person under confinement under the Act respecting the protection of persons presenting an altered mental state (chapter P-38.001).

"**37.2.** Moreover, the integrity of the person division is designated as a Review Board within the meaning of sections 672.38 and following of the Criminal Code (R.S.C. 1985, c. C-46) to make or review dispositions concerning any accused in respect of whom a verdict of not criminally responsible by reason of mental disorder has been rendered or who has been found unfit to stand trial, namely, the cases referred to in paragraph 3 of Schedule V to this Act.

In exercising that function, the integrity of the person division shall act in accordance with the provisions of the Criminal Code.

The powers and duties conferred on the chairperson of a Review Board shall be exercised by the vice-president responsible for the division or by another member of the division designated by the Government.

"**37.3.** Applications for authorization of care and for confinement in an institution and proceedings pertaining to temporary confinement under section 21 of the Act respecting the protection of persons presenting an altered mental state (chapter P-38.001) shall be heard and determined by a single member who shall be an advocate or notary.

Other proceedings under section 21 of that Act shall be heard and determined by a panel of three members composed of

(1) an advocate or a notary;

(2) a psychiatrist, a nurse practitioner specialized in mental health or a psychologist; and

(3) a social worker or a psychoeducator.

The president of the Tribunal, the vice-president responsible for the division or any member designated by either of them shall favour having one and the same member or panel, as the case may be, take charge of such applications and such proceedings concerning the same person."

39. Section 40 of the Act is amended

(1) by replacing "10" by "six";

(2) by striking out ", including at least four psychiatrists".

40. Section 89 of the Act is amended

(1) in the first paragraph,

(*a*) by inserting "designated by law or" after "only a person";

(*b*) by inserting "or the integrity of the person division" after "social affairs division";

(2) in the second paragraph,

(*a*) by replacing "authorized to examine" by "who has had access to";

(*b*) by inserting the following after the first sentence: "An exception shall be made to that rule where, in the case of a record of the integrity of the person division, the Tribunal or the law so authorizes or where the communication of

information contained therein is necessary for the application of a law. In all cases,";

(3) by adding the following paragraph at the end:

"The Minister of Justice may access such a record of the integrity of the person division if it concerns an application referred to in paragraph 1 of Schedule V and if access is necessary for research, reform or procedure evaluation purposes."

41. Section 90 of the Act is amended by inserting "and of the integrity of the person division and shall delete or redact the passages that would allow them to be identified" after "social affairs division" in the second paragraph.

42. The Act is amended by inserting the following section after section 100:

"**100.1.** The Tribunal shall favour the use of technological means. It may, even on its own initiative, order that such means be used by the parties.

The Tribunal may also, if it considers it necessary or at the request of a party, require a person to appear in person at a hearing, conference or examination."

43. Section 103 of the Act is amended

(1) by inserting "of an application for authorization of care or for confinement in an institution or" after "seized";

(2) by adding the following paragraph at the end:

"Moreover, the Tribunal may order representation, even on its own initiative, if it considers it necessary to safeguard the rights and interests of a minor or those of a person of full age not represented by a tutor or a mandatary and considered incapable by the Tribunal."

44. Section 109 of the Act is amended by inserting "and the integrity of the person division" after "social affairs division" in the second paragraph.

45. Section 110 of the Act is amended by inserting "or if it is brought under section 21 of the Act respecting the protection of persons presenting an altered mental state (chapter P-38.001)" after "social affairs division" in the first paragraph.

46. The Act is amended by inserting the following sections after section 111:

"**111.1.** An application to obtain authorization for care that is required by the state of health of a minor or of a person of full age incapable of giving consent cannot be heard less than five days after the motion is notified to the

interested persons, including the person having parental authority, the tutor or the mandatary designated by the person of full age at the time that person was capable of giving consent or, if the person of full age is not so represented, by a person who could consent to care for him. If there are no such persons, the motion and exhibits are notified to the Public Curator. Those persons may consult or copy the Tribunal record.

"**111.2.** An application concerning a person's confinement in a health or social services institution for or after a psychiatric assessment cannot be heard less than two days after the motion is notified, in the case of a minor, to the person having parental authority and the tutor and, in the case of a person of full age, to the tutor or mandatary or, if the person is not so represented, to a member of his family, to the person who has custody of him or to a person who shows a special interest in him. Those persons may consult or copy the Tribunal record.

Exceptionally, the Tribunal may, if it considers that notification of the motion would be harmful to the health or safety of the person concerned or of another person, or in an urgent situation, exempt the motion from notification."

47. Section 113 of the Act is amended by adding the following paragraph at the end:

"However, in the case of an application for confinement in an institution or for a safeguard order made in connection with an application for authorization of care, a copy of the motion filed at the secretariat of the Tribunal must be notified by the applicant to the other parties and to the persons indicated by law. It shall be accompanied by a notice stating the purpose, date, time and place of the hearing and by a copy of the exhibits in support of the motion or a list of the exhibits indicating that they are accessible on request, unless they are confidential. The proof of notification and the exhibits shall be filed at the secretariat of the Tribunal."

48. Section 115 of the Act is replaced by the following section:

"**115.** The Tribunal may, on its own initiative or on an application, dismiss a motion or other written proceeding that it considers abusive or subject it to certain conditions.

Regardless of intent, the abuse of procedure may result from a motion or other written proceeding that is clearly unfounded, frivolous or intended to delay, or in conduct that is vexatious or quarrelsome. It may also result from a use of procedure that is excessive or unreasonable or so as to cause prejudice to another person or from an attempt to defeat the ends of justice, particularly if it operates to restrict another person's freedom of expression in public debate.

If an abuse of procedure results from a party's vexatious conduct or quarrelsomeness, the Tribunal may also prohibit the party from instituting a motion or presenting a written proceeding in a case of which it is already seized, except with the prior authorization of the president or any other member

designated by the latter and subject to the conditions determined by the president or any other member designated by the latter."

49. Section 119 of the Act is amended by inserting the following paragraph after paragraph 4:

"(4.1) an application under article 16, 27 or 30 of the Civil Code, section 13.27 of the Act respecting the protection of persons presenting an altered mental state or section 61 of the Act respecting end-of-life care (chapter S-32.0001), to obtain an authorization of care or concerning confinement in an institution;".

50. Section 129 of the Act is amended by adding "Except in the cases provided for in the second paragraph of section 113," at the beginning.

51. The Act is amended by inserting the following section after section 129:

"**129.1.** In the context of an application for authorization of care or for confinement in an institution, the hearings of the Tribunal shall be held *in camera* despite section 23 of the Charter of human rights and freedoms (chapter C-12). The Tribunal may, however, in the interests of justice, order that a hearing be public."

52. Section 130 of the Act is replaced by the following section:

"**130.** Advocates, notaries, their articling students, and journalists who show proof of their status may attend a hearing held *in camera*; if the hearing concerns the integrity of a person, anyone the person considers capable of assisting or reassuring the person, as well as any other person the Tribunal considers capable of doing so, may also attend. However, if circumstances so require, the Tribunal may refuse the presence of such persons to prevent serious prejudice to a person whose interests may be affected by the application or by the proceeding.

Persons whose presence is, in the Tribunal's opinion, required in the interests of justice may also attend.

Unless authorized to do so by law or by the Tribunal, no person attending the hearing may disclose information that would allow the persons concerned to be identified."

53. The Act is amended by inserting the following section after section 154:

"**154.1.** A decision pertaining to an application for authorization of care may be reviewed if the applicant or any interested person is able to present new facts sufficient to result in the varying of the decision."

54. The Act is amended by inserting the following sections after section 156:

"**156.1.** A decision ordering a person's confinement for or after a psychiatric assessment is executory immediately. A judge of the Court of Québec may, however, suspend execution of the decision.

The decision is notified to every person to whom the application was notified. It may be executed by a peace officer.

"**156.2.** A decision authorizing care or ordering confinement in an institution expires if not acted upon within three months or within any other time limit specified by the Tribunal."

55. Section 159 of the Act is amended by adding the following paragraph at the end:

"Decisions rendered by the Tribunal on an application for authorization of care or for confinement in an institution may be appealed as of right before the Court of Québec."

56. Section 160 of the Act is replaced by the following section:

"**160.** An appeal is brought by filing a notice of appeal in the office of the Court of Québec of the place where the property is situated or, in matters regarding authorization of care or confinement in an institution, according to the rules set out in article 44 of the Code of Civil Procedure (chapter C-25.01), accompanied by a copy of the decision and of the documents of the contestation, if they are not reproduced in the decision. The application for leave to appeal, where required, shall be attached to the notice of appeal.

The notice of appeal shall be filed within 30 days of the decision. However, the time limit is five days where the appeal concerns a decision authorizing care or ordering a person's confinement for or after a psychiatric assessment. Those time limits are peremptory; they may be extended only if the party establishes that he was unable to act."

57. Section 161 of the Act is amended

(1) by replacing "An application for leave to appeal," by "A notice of appeal, including, if applicable, an application for leave to appeal";

(2) by replacing "Québec. The application" by "Québec before the expiry of the time limit for appeal. It";

(3) by adding the following sentence at the end: "It shall also be notified, before the expiry of that time limit, to persons with an interest in the appeal as intervenors or impleaded parties and to the secretary of the Tribunal."

58. Section 163 of the Act is amended by inserting "or where provided for by law" after "ordered" in the third paragraph.

59. Sections 2 and 2.1 of Schedule I to the Act are repealed.

60. The Act is amended by inserting the following schedule at the end:

"SCHEDULE V

"INTEGRITY OF THE PERSON DIVISION

The integrity of the person division hears and determines

(1) applications under article 16, 27 or 30 of the Civil Code, section 13.27 of the Act respecting the protection of persons presenting an altered mental state (chapter P-38.001) or section 61 of the Act respecting end-of-life care (chapter S-32.0001);

(2) proceedings under section 21 of the Act respecting the protection of persons presenting an altered mental state;

(3) cases submitted to a Review Board under sections 672.38 and following of the Criminal Code (R.S.C. 1985, c. C-46)."

ACT TO COMBAT MALTREATMENT OF SENIORS AND OTHER PERSONS OF FULL AGE IN VULNERABLE SITUATIONS

61. The Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3) is amended by inserting the following section before section 38:

"**37.1.** Penal proceedings for an offence under a provision of this Act are prescribed three years after the date on which the offence was committed."

ACT TO PROTECT PERSONS WITH REGARD TO ACTIVITIES INVOLVING FIREARMS

62. Section 11 of the Act to protect persons with regard to activities involving firearms (chapter P-38.0001) is amended

(1) by replacing "The clerk of the Court of Québec must inform the chief firearms officer immediately of an application referred to in article 396 of the Code of Civil Procedure (chapter C-25.01) relating" and "court" in the first paragraph by "The secretary of the Administrative Tribunal of Québec must inform the chief firearms officer immediately of any application for confinement in an institution based on article 27 or 30 of the Civil Code that relates" and "Tribunal", respectively;

(2) in the second paragraph,

(*a*) by replacing "an application referred to in article 396 of the Code of Civil Procedure" and "court" by "such an application" and "Tribunal", respectively;

(*b*) by replacing both occurrences of "clerk" by "secretary".

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES FOR THE INUIT AND NASKAPI

63. Section 118.2 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) is amended by replacing the first and second paragraphs by the following paragraphs:

"Any institution referred to in section 6 or 9 of the Act respecting the protection of persons presenting an altered mental state (chapter P-38.001) must adopt a procedure regarding the placement of persons under confinement in its facilities and the taking in charge of persons brought to the institution against their will by an authorized person. The procedure must be in keeping with the orientations determined by the Minister and be made known to the personnel assigned to performing tasks within the institution and the persons practising in a centre it operates as well as to the users concerned and their close relations.

The procedure must, among other things, provide that the following information and documents are to be entered or filed in the user's record:

(1) the duration, including the start and end dates, of any confinement, as well as the time in the case of temporary confinement;

(2) a description of the reasons that warrant placing the user under confinement, continuing the confinement or not, or lifting the confinement, as well as those that warrant the absence of temporary confinement;

(3) a reproduction of the psychiatric examination reports, of the applications for confinement in the facilities of the institution presented to the court by the institution and of any judgment ordering confinement;

(4) if a psychiatric assessment was carried out without the user being placed under temporary confinement, a note attesting that the user's consent to undergo the assessment was obtained or, if the user was placed under temporary confinement, a note attesting that the user's consent to undergo the assessment was obtained or attesting the user's refusal to undergo the assessment;

(5) the date on which the information required under section 15 of the Act respecting the protection of persons presenting an altered mental state was transmitted to the user; and

(6) if measures among those provided for in the third paragraph of this section were applied, a note detailing those measures.

In addition, the procedure must, among other things, include measures

(1) to accompany the user to enable them to benefit from the services and resources available to support them in understanding and exercising their rights and remedies;

(2) to inform the user of the benefits that could result from the involvement of a close relation in the care and services the user receives, in particular when it is possible for health and social services professionals providing care and services to the user to communicate with one of the latter's close relations;

(3) to evaluate the information and assistance needs of the user's close relations, including in connection with the support they provide to the user, as well as the possible measures to meet such needs; and

(4) to ensure the safe discharge of the user and to prevent placement under confinement from recurring, specifying the actions the institution must take for that purpose, including the following actions:

(*a*) assessing the user's psychosocial needs;

(*b*) estimating the risk of suicide or homicide, or any other risk of the user's health or safety or the safety of others being compromised, that may persist after the user's discharge;

(*c*) directing the user toward services or resources adapted to meet their needs and facilitate their recovery; and

(*d*) determining safety measures adapted to the user's situation that are applicable after the user's discharge and that take into account the actions referred to in subparagraphs *a* to *c* that have been taken."

REGULATION RESPECTING LEGAL AID

64. Section 36 of the Regulation respecting legal aid (chapter A-14, r. 2) is amended by adding "Except where section 4.0.1 or 4.0.2 of the Act respecting legal aid and the provision of certain other legal services (chapter A-14) applies," at the beginning of the first paragraph.

REGULATION RESPECTING THE PROCEDURE OF THE ADMINISTRATIVE TRIBUNAL OF QUÉBEC

65. Section 1 of the Regulation respecting the procedure of the Administrative Tribunal of Québec (chapter J-3, r. 3.01) is amended by replacing "social affairs" in the first paragraph by "integrity of the person".

66. The Regulation is amended by inserting the following section after section 6:

"**6.1.** In a case of emergency, an application to obtain an authorization of care or concerning a person's confinement in an institution may be heard, even on a holiday, by the on-call member, advocate or notary, designated by the president of the Tribunal."

67. Section 20 of the Regulation is replaced by the following section:

"**20.** In the context of a proceeding under section 21 of the Act respecting the protection of persons presenting an altered mental state (chapter P-38.001), the institution in which the person has been placed under confinement must provide to the Tribunal, as soon as possible before the hearing, a copy of every psychiatric examination report subsequent to the placement under confinement, including a report that is contemporaneous to the day of the hearing."

TARIFF OF JUDICIAL FEES IN CIVIL MATTERS

68. Section 16 of the Tariff of judicial fees in civil matters (chapter T-16, r. 10) is amended by striking out the second paragraph.

TRANSITIONAL AND FINAL PROVISIONS

69. The preventive or temporary confinement of a person in a health and social services institution under section 27 of the Civil Code that is in progress on the date of coming into force of section 20 of this Act is governed by the Act in force on the day preceding that date.

70. Applications for authorization of care and for confinement in an institution that were filed with the office of the Superior Court or the Court of Québec before the date of coming into force of section 38 of this Act continue before the court already seized of them and remain governed by the Act in force on the day preceding that date.

71. Persons declared apt for appointment as members of the Administrative Tribunal of Québec for the social affairs division as psychiatrists, social workers or psychologists before the date of coming into force of section 38 of this Act are deemed to have been declared apt for appointment as members of the Tribunal also for the integrity of the person division in the same capacity until the expiry of the validity period of their declaration of aptitude.

72. The first regulation made under section 70.1 or 554.3 of the Act respecting the governance of the health and social services system (chapter G-1.021), enacted respectively by sections 30 and 32 of this Act, may have a shorter publication period than that required under section 11 of the Regulations Act (chapter R-18.1), but not shorter than 20 days. Furthermore, such a regulation is not subject to the requirement of section 17 of that Act as regards its date of coming into force.

73. Unless the context indicates otherwise, in any Act, regulation or document, a reference to the Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001) is a reference to the Act respecting the protection of persons presenting an altered mental state (chapter P-38.001).

74. The provisions of this Act come into force on the date or dates set by the Government, except

(1) those of sections 30, 32 and 33, which come into force on the date or dates determined by the Government, which may vary, for members of the personnel of a child and youth protection centre or a rehabilitation centre, according to their job titles or the date on which they took up employment in the centre and, for an intermediate resource or family-type resource, according to the date on which an agreement referred to in section 538 or 552 of the Act respecting the governance of the health and social services system (chapter G-1.021) was entered into or renewed; and

(2) those of section 64 insofar as they concern section 4.0.1 of the Act respecting legal aid and the provision of certain other legal services (chapter A-14), which come into force on (*insert the date of assent to this Act*).