



CAUTION! Are there concerns about the POA's ability to fulfill their role? (Their capacity to act as a POA? Understanding of POA role? Conflict between multiple POAs?) Are there Indigenous, cultural, linguistic or ethnic considerations requiring additional community supports?

Form 2 FAQ (10)
Form 1 Info (21)

The value of using screening and assessment tools for abuse and neglect of older adults (including tools to assess caregivers) is controversial. Assessment and screening tools hold potential benefits for preventing and addressing abuse and neglect of older adults, but they also have the potential to cause unintentional harm (RNAO Best Practice Guidelines: Preventing and Addressing Abuse and Neglect of Older Adults, 2014, p29)

All clinicians are aware of red flags for elder abuse and use screening tools as indicated.

Team secretaries will notify most responsible clinician as soon as elder abuse is identified, ensuring confirmation that the clinician has received the message before the end of the day. Confirmation could be verbal, phone or email. If the clinician has not confirmed receipt by the end of the day, a message is to be left with the team manager on the day the concern was discovered.

Central Access Clinicians to use Zarit screener (4 questions) and P.I.E.C.E.S. RISKS assessment. Zarit screener scores of 8 or higher indicate severe/high caregiver burden. (Stagg& Larner, 2015)

Case Manager Initial Assessment to include Indicators of Abuse (IOA), to be completed after the initial assessment based on information gathered. Scores of 16 or higher on IOA are highly suggestive of abuse (RNAO Best Practice Guidelines: Preventing and Addressing Abuse and Neglect of Older Adults, 2014, p109).

Elder Abuse General Screening Resources:

- BASE: Brief Abuse Screen for the Elderly
- EASI: Elder Abuse Suspicion Index

Consider using one or more of the above resources to help understand the situation.

Reach out to other health care professionals, community support services for more information.

Questions to Consider:

- Who is being abused?
- Are there other person(s) at risk of abuse?
- Are there indicators the person of concern needs support? (see list of caregiver assessment resources)
- Are the people involved physically, emotionally, psychologically and financially safe in their current environment?

Remember:

Imminent risk to self or others is the threshold required to act against a capable person's stated wishes.

From the Supreme Court of Canada "...any hurt or injury, whether physical or psychological, that interferes in a substantial way with the physical or psychological integrity, health or well-being of the complainant" (A Practical Guide to Mental Health and the Law in Ontario, Revised Edition 2016, Ontario Hospital Association, page 48)

If you have reasonable grounds to suspect that a child is or may be in need of protection, you must report it to a Children's Aid Society.

[Ontario Association of Children's Aid Societies - Duty to Report](#)

[Ontario Association of Children's Aid Societies - Dispelling the Myths about Sharing Information with Children's Aid Societies](#)

Under Section 125 of the Child, Youth and Family Services Act, every person who has reasonable grounds to suspect that a child is or may be in need of protection must promptly report the suspicion and the information upon which it is based to a Children's Aid Society.

A child is defined as youth up to 18 years of age. (Reporting for 16 and 17 year olds is not mandatory, but you are encouraged to contact your local Children's Aid Society if you have concerns about a youth.)

Supporting Documents:

[Decision-Making Framework \(coto.org\)](#) from the College of Occupational Therapists of Ontario

-[Ethics \(cno.org\)](#) College of Nurses of Ontario Ethics

-[Ontario College of Social Workers and Social Service Workers Ethical Decision Making Tool](#)

-Ethics – Consent and Capacity Considerations

*****Concerns regarding elder abuse should always be brought to the inter-professional team through the team's regular forms for discussing clinical cases.*****

Roles and Resources

SMHO Case Manager – initial assessment and cognitive testing, liaising with other team members and community resources

SMHO Occupational Therapist – functional assessment related to reason for referral to SMHBSS, liaising with other team members and community resources

SMHO Social Worker – in-depth investigation into abuse and options with client

SMHO Psychologist – neuropsychological testing, counselling

SMHO Manager – Ensures all Policies and Procedures followed, facilitates engagement with other supports within Providence Care and in the community

SMHO Secretary – Provide administrative support to teams and team members

SMHO Geriatric Psychiatrist – Provide specialized geriatric psychiatry assessment, consultation and follow up, working closely with SMHO case managers and other team members

Psychogeriatric Resource Consultants offer consultation, education, capacity development and network building in their regions.

Mobile Response Teams provide timely and knowledgeable support to residents living in long term care homes who are presenting with or at risk for responsive behaviours that may be associated with dementia, late onset complex mental health needs, substance use and/or neurological conditions. They assist with assessment, behavioural care planning and transitional support to meet specific resident needs.

Home and Community Care Support Services Care Coordinator – care coordination for LHIN HCC services, liaise with other community services, authorize short term equipment rentals

Home and Community Care Support Services Social Worker – general counselling, bereavement, emotional crisis, abuse, advocacy & mediation, palliative/supportive care, caregiver stress/burnout, intergenerational or family conflict.

Home and Community Care Support Services Occupational Therapist – general functional assessment, assistance with mobility devices and funding, major home renovations for accessibility

Home and Community Care Support Services Palliative Pain and Symptom Management provides health care providers with access to consultation, education, mentorship, and referral resources.

Dual Diagnosis Consultation Outreach Team through Providence Care's Regional Specialty Community Mental Health Services provides assessment, consultation, recommendations and time-limited treatment for individuals over the age of 16 who have a dual diagnosis – a diagnosed intellectual disability, an IQ at or below the 2nd percentile, as well as poor adaptive functioning with a suspected or diagnosed mental illness and/or behavioural disorder.

Addictions and Mental Health Services are community based agencies providing a range of client-centred mental health and addictions services to people 16 and older. The addictions program assists individuals and their families in their efforts to reduce the harmful effects of problematic substance use and/or gambling. The mental health program provides services and supports to individuals affected by severe and persistent mental illness.

Family Physician/Primary Care is the first point of contact between a patient and the health care system, which includes illness prevention, health promotion, diagnosis, treatment, rehabilitation and counselling. Care coordination is a core function of primary care. [Ontario Primary Care Council - Framework for Primary Care in Ontario](#)

Community Support Services provide a variety of services which support people to live independently and safely in their own homes. Services include adult day programs, congregate dining, foot care, friendly visiting, home making, meal delivery, personal emergency response systems, respite, seniors assistance services, social and recreational programming, supportive housing, telephone reassurance and security checks and transportation.

Private Support Services offer specific services identified and paid for by a client. Services vary across regions.

Paramedicine in the Community Program is designed to end hallway health care and provide additional care for seniors. The Paramedicine for Long Term Care program provides care for seniors in their home before admission into long term care.

Probation and Parole – Parole is a conditional release from a correctional institution, allowing an offender to serve the remainder of their sentence in the community under supervision of a probation and parole officer. The Ontario Parole Board is responsible for parole decisions of offenders serving a sentence of two years less one day, The Parole Board of Canada is responsible for prison sentences of two years or more. If the board grants an offender parole, they set the conditions for release. Parole may be revoked if the offender doesn't comply with the conditions. If parole is revoked, the offender serves the remaining portion of their sentence in custody. Probation is ordered by the courts and allows the offender to serve their sentence in the community, subject to conditions prescribed in a probation order.

[Ontario Probation and Parole Office Locations](#)

Victim Services provide confidential services that provide immediate emotional and practical support to victims of crime

[Victim Services Hastings Prince Edward Lennox & Addington](#)

[Victim Services Kingston and Frontenac](#)

[Victim Services Peterborough Northumberland](#)

Victim/Witness Assistance Program provides support to victims of crime. This program is offered in all 54 court districts by the Ministry of the Attorney General. To find the nearest office, call the Victim Support Line at 1-888-579-2888

[Victim Services Ontario](#)

[Victim Witness Assistance Program](#)

Adult Protective Service Workers work directly with adults who have a developmental disability who are living on their own in the community to assist them in strengthening their capacity to manage and acquire the skills necessary for daily living.

Ontario Public Guardian and Trustee makes financial decisions for adults who have been found mentally incapable, holds funds in trust for minors and plaintiffs and defendants involved in a lawsuit, administers estates when no one else is available to do so, protects the public's interest in charities and dissolved corporations, and provides other services to protect the financial, legal, and personal care of mentally incapable Ontarians. They function in accordance with the Public Guardian and Trustee Act and other laws, including the Substitute Decisions Act 1992. [Ontario Public Guardian and Trustee](#)

Local Police Force - Concerns about suspected or actual abuse should be reported to the police for investigation. A person reporting abuse may remain anonymous, however, it is often useful for the police to have a contact number in case they require some clarifying information. The police will determine whether or not to investigate a report based on many different factors. Investigations include gathering all relevant evidence and interviewing all potential witnesses. Police can lay Criminal Code charges if they have reasonable grounds to believe a crime has been committed. Additional support can be provided by the Victim Crisis Assistance and Referral Services (VCARS) and/or the Victim/Witness Assistance Program (VWAP). Many police departments have officers who specialize in seniors issues, including elder abuse.

Capacity Assessors perform capacity assessments to determine if someone is capable of managing their property, or if they are capable of granting or revoking a Power of Attorney. A capacity assessment may also be part of the process in determining guardian for personal care.

Local Hospice Services - Hospice palliative care is a philosophy of care that aims to relieve suffering and improve the quality of life for persons living with, or dying from, advanced illness or are bereaved. At-home palliative care can be arranged through Home and Community Care Support Services.

Capacity is the ability to understand and appreciate information about a situation and the available choices. Capacity is not static and can change over time. A person can be incapable of some decisions but capable of making other decisions.

Your first resource should be your inter-professional team: case managers, geriatric psychiatrist, occupational therapist, social worker and/or psychologist. Are there other things the team can be doing to determine the person's capacity?

Consider careful documentation of the person's insight, judgment, sequencing/follow through on tasks provided during SMHBSS contacts. Consider how SMHBSS documentation could support a formal capacity assessment at a later date. Refer to Elder Abuse Charting Tool in EMHware to ensure an objective and thorough record.

*****There are differences in who can assess capacity in different situations*****

Who can assess capacity for personal care?

- The regulated health care professional having the discussion is responsible for assessing capacity for decisions related to personal care.
- Home and community care – Long Term Care placement decisions
- Psychiatrists (letters of opinion)
- Physicians (letters of opinion)
- Consent and Capacity Board – Independent government review panel that holds hearings to determine whether a person meets the criteria for incapacity to treatment and/or involuntary hospitalization
- Lawyers can assess threshold to appoint POA for personal care

Who can assess capacity for property?

- Capacity assessors (assess a person's ability to manage their own property, threshold to appoint and/or re-appoint POA, make some personal care decisions).
- Psychiatrists (letters of opinion)
- Physicians (letters of opinion)
- Lawyers can assess threshold to appoint POA for property

Resources:

- ACE: Aid to Capacity Evaluation
- NICE Tool on Consent and Capacity
- [Consent and Capacity Board](#)
- [Capacity Assessment Office](#)
- [Office of the Public Guardian and Trustee](#)
- Making Substitute Health Care Decisions Ontario Public Guardian and Trustee
- <https://www.olderadultnestegg.com/for-professionals/>
- [Financial Assessment Resources – Older Adult Nest Egg](#)

Every conversation about suspected elder abuse will be different. Consult with your inter-professional team to determine who might be the best person to broach this topic with the client.

[Ontario Public Guardian and Trustee Guardian Investigations Unit](#) (416-327-6348) can start an investigation, order a capacity assessment and subpoena relevant records to determine a person's capacity.

Engaging in conversation about Elder Abuse may increase the person's risks related to abuse.

Resources to Help Start the Conversation:

[Let's Talk About Elder Abuse](#)

Supporting Resources:

Safety Planning Toolkit

In Hands – Ethical Decision Making Framework

Elder Abuse Assessment and Intervention Guide – NICE

Defining and Measuring Elder Abuse

Internal Team resources: Case Managers, Geriatric Psychiatrists, Social Work, Occupational Therapist, Psychologist

Providence Care Centre resources:

Ethics resources

[Providence Care Quality and Risk Management Office](#)

Privacy officer

[Providence Care Professional Practice](#)

CALC Resources:

Financial Exploitation Resource

Path to Justice – Scams

Path to Justice – Financial Abuse

Path to Justice – Canadian Anti-Fraud Centre

Resource for Health Care Professionals on Financial Abuse

External community resources – See General Resources Section on pages 18 and 19 for further ideas

Follow-Up Intervention Strategies for Consenting Clients/POA

Consider the following options as tolerated by the client:

- Discuss intervention options
- Develop a safety plan (See Elder Abuse Ontario's Safety Planning Toolkit in Elder Abuse resource binder)
- Provide coaching on when/how to call 911 or crisis services
- Police wellness check
- Offer counselling services for senior and/or POA and/or caregiver
- Link caregiver with support programs
- Arrange appointment with family physician/family health team/geriatric assessment services
- Discuss options for protecting finances
- Provide housing options
- Provide information on legal support and advocacy
- Follow-up with senior/POA on regular basis

Support Senior with Resources – Contact Information in General Resource section at end of this document.

- Hospital/emergency services
- Home Care support services
- Police non-emergency number
- Crisis bed placement/shelter
- Victim's Services
- Local Alzheimer Society
- Mental Health Services/Mobile Crisis Response Team (All OPP in our area have these teams)
- Ontario Network of Sexual Assault/Domestic Violence Treatment Centres
- Legal Services
- Service Canada (Pensions)
- Ontario Public Guardian and Trustee (If the POA has questions about being a POA)

If client is incapable, POA is declining help and imminent safety risks or harm to the senior exist, call Police, Police Mobile Crisis Units, or office of the Public Guardian and Trustee.

Consider engaging primary care or other already established positive relationship with a care provider and/or trusted person.

Consider Form 1 or Form 2 as options (see links on side bar of process map.)

A **Form 2 (Order for Examination)** under the Mental Health Act of Ontario is an order for an assessment by a physician. It is based on sworn statements from family or other people who know the person well. Once a Form 2 is complete, it allows police to bring the person to the hospital for an assessment, which usually happens in the hospital emergency room.
A Form 2 can be used when a person may be a danger to themselves, to others, or are not able to care for themselves due to a mental disorder.



Step-by-Step Instructions for completing and acting on a Form 2:

How to get a Form 2 Under the Mental Health Act of Ontario In the South East Ontario Area – Providence Care Handout ([LINK HERE](#))

[Form 2 Navigation](#) – 1 page schematic handout from CMHA on how to initiate a Form 2

[Steps to Justice - What can I do if a loved one's mental health is getting dangerous?](#)

[Link to printable PDF of Form 2](#)

If the person still has some capacity but needs help, less intrusive options should always be considered.

Some examples are:

- Trusteeship e.g. Ontario Disability Support Program, Old Age Security/Canada Pension Plan, private pension
- Bank Power of Attorney (NOTE: for banking purposes only, replaces any other POA (property) that may have been signed)
- Direct deposit and/or payments
- Informal assistance to pay bills, deposit/withdraw funds, shop for groceries
- Joint bank account(s)
- Adding a person's name to their bills or lease

A person may also grant Continuing Power of Attorney for Property (CPOAP) through this [Online Fillable POA kit](#)

Other potentially helpful approaches:

- Referral to social work for assistance with their specific situation
- Referral to occupational therapy for assessment of financial skills
- Lawyer/legal aid clinic
- Ontario Public Guardian and Trustee

NICE tools:

- Preventing and Intervening in Situations of Financial Abuse (Ontario Edition)
- Understanding the Legal Dimensions of Financial Literacy: Power of Attorney

CALC tools:

- Financial Exploitation resource
- Identifying financial abuse by POA
- Path to Justice POA

Questions to consider:

- Does the client want to appoint a POA? Can you provide education on role of POA, importance of POA. Do they know they can appoint someone?
- Do they have family members who can assist them in having a POA appointed?
- Do they have the threshold to appoint a POA?
- Do they have funds for a lawyer? Is a Community Legal Clinic an option?
- Is the Attorney General POA kit an option?



The **Health Care Consent Act (HCCA)** provides rules with respect to consent to treatment that are applied consistently throughout the province of Ontario. It provides the means to facilitate the admission, treatment and compelled assistance required by persons who lack the capacity to make such decisions for themselves.

The HCCA governs three types of health decisions:

- decisions about treatment;
- decisions about admission to a care facility (i.e. long term care home); and
- decisions about personal assistance services received in a long term care home.

Consent must be obtained from a capable person or the incapable person's substitute decision maker before treatment is provided, before admission to a care facility is done (unless under emergency exception), or before personal assistance services are rendered.

Health care providers proposing a treatment must decide whether the patient is mentally capable to consent to the proposed treatment. The health practitioner is deemed to be the "expert" in determining capacity as defined by the HCCA in respect to treatment within his or her own area of practice and expertise.

The definition of capacity in the HCCA is a legal definition, and is not based on a diagnosis, health condition, disease, mental illness or age.

Capacity is not static, a person may be capable at one time and incapable at another (or vice versa). Health practitioners should not make assumptions about capacity based on previous assessments, and one health practitioner may disagree with an assessment of capacity done by another health practitioner.

Substitute Decision Maker Hierarchy

1. Court ordered Guardian of the Person with authority to consent to treatment
2. Attorney or Attorneys named in a Power of attorney for Personal Care with authority for treatment (This is different than the attorney appointed in a Power of Attorney for Property)
3. Representative (appointed by the Consent and Capacity Board after an application is made to the CCB)
4. Spouse or partner (these terms have specific definitions)
5. Parent with Right of custody or Children's Aid Society
6. Parent with right of access
7. Brothers and sisters
8. Any other relative (related by blood, marriage or adoption)
9. Public Guardian and Trustee

When making decisions that fall under the HCCA, SDMs are obligated to comply with the principles for substitute decision-making laid out in that act. This means that SDMs must make decisions in accordance with the incapable person's previous capable wishes, or, if there are no known previous capable wishes applicable to the decision, in accordance with the incapable person's best interests. These obligations should be explained to SDMs clearly, as early as possible in the course of case management. If clinicians have concerns that an SDM is not making a decision in accordance with the principles of substitute decision-making, the team should consider whether it may be appropriate to apply to the Consent and Capacity Board for a review of that decision.

If equally ranked SDMs cannot agree on a decision, the health practitioner must turn to the PGT for the decision, the PGT is required to act and cannot decline to act.

The PGT does not choose between sides, rather they make the decision instead. If mediation is not successful in helping the SDMs achieve consensus, health care practitioners must contact the Treatment Decisions Unit of the Public Guardian and Trustee at 416-314-2788

[Speak Up Ontario - Information on Substitute Decision Makers](#)

The NICE Tool on Capacity and Consent is a pocket guide to help guide obtaining consent under the HCCA.

[Health Care Consent Act 1996](#)

Information from this section was obtained from [Speak Up Ontario Consent Resource Guide](#)

The **Substitute Decisions Act (SDA)** governs what may happen when someone is not mentally able to make certain kinds of decisions. The SDA covers financial (property) management decisions and decisions about personal care, which include health care, food, housing and safety.

The SDA is the law that allows people, while capable, to designate someone they trust to make personal care or financial decisions for them if they become unable to make these decisions themselves. They do this using a legal document called a Power of Attorney.

The SDA also provides a process for appointing a guardian, which can occur when a mentally incapable person has not named an attorney and there are circumstances making appointing a guardian necessary.

The Office of the Public Guardian and Trustee (OPGT) administers the SDA. The OPGT investigates reports of serious abuse or neglect of incapable people, and keeps a register of guardians of property and personal care.

The SDA is one of two laws that work together to provide methods to arrange substitute decision making for those who are incapable of making decisions themselves. The Health Care Consent Act covers decisions about treatment, admission to long term care facilities and personal assistance services to people in long term care.

The SDA sets out how substitute decisions may be made for a person who is incapable of making personal care decisions. Personal care includes:

- health care
- food
- living arrangements or housing
- clothing
- hygiene
- safety

Resources:

[Substitute Decisions Act](#)

A Guide to the Substitute Decisions Act OPGT

A client may have a Power of Attorney for Property, a Bank POA, Do It Yourself POA kits, or other forms of documentation that give authority for someone to act on their behalf. It is important to read the actual POA and not rely on self-report/self-identification, as you must act in accordance to the instructions in the POA document.

Resources:
Power of Attorney Resource for Power of Attorneys (CALC)
Path to Justice Power of Attorneys (CALC)

Consider obtaining POA (property) if team is assisting client with financial matters (income support, financial abuse, scams, income disruption because of illness, relocation, long term care applications and assistance with post-LTC finances of spouse in community) .
[\(Providence Care's POA policy and procedure are pending, they are based on the Need to Know principle\)](#)



15

If a person has a Power of Attorney, it is important that you read the document to understand the specific instructions laid out in this document. You may wish to take a copy of the POA for future reference.

If someone does not have a Power of Attorney for Personal Care and the issue in question is related to LTCH placement or a treatment decision, the Health Care Consent Act and Substitute Decisions Act provide guidance and options.

- [Health Care Consent Act 1996](#)
- [Substitute Decisions Act](#)
- [Substitute Decision Maker Hierarchy](#)

If someone does not have a Power of Attorney for Personal Care and the issue in question is something other than LTCH placement or treatment, consider whether they have the ability to appoint someone as their POA.

- Resources to help a person choose a POA:**
- Path to Justice Power of Attorneys (CALC)
 - Power of Attorney resources for Power of Attorneys (CALC)

Consider Community Legal Clinics and/or the Ministry of the Attorney General POA kit ([POA kit forms](#)) and POA and Living Wills Questions and Answers ([POA Q&A](#)) as options. CLEO also has an excellent online guided pathway to creating a POA which is available at their links below.

[Speak Up Ontario](#)

[CLEO POA Personal Care](#)

[CLEO POA Property](#)

POA Property and Joint Bank Account Document

Ontario Public Guardian and Trustee POA Q and A's English 2016

Consider whether the person is capable of appointing a Power of Attorney, as this threshold is lower than that used to determine capacity to make decisions. The document "General Information About POA Options" by the Government of Ontario has helpful information.

Questions to consider:

- Does the client want to appoint a POA? Can you provide education on role of POA, importance of POA. Do they know they can appoint someone?
- Do they have family members who can assist them in having a POA appointed?
- Do they have the threshold to appoint a POA?
- Do they have funds for a lawyer? Is a Community Legal Clinic an option?
- Is the Attorney General POA kit an option?

Remember, the Substitute Decisions Act and Health Care Consent Act may be helpful with issues of personal care.

The SDA sets out how substitute decisions may be made for a person who is incapable of making personal care decisions. Personal care includes:

health care	clothing
food	hygiene
living arrangements or housing	safety

Consider calling OPGT when there is no POA for personal care or Substitute Decision Maker and client is vulnerable.

OPGT will work with you to gather information to help determine the next steps in the least intrusive way. Call early! If you're not sure, call them and speak anonymously about the situation and obtain their recommendations.

The treatment decision unit at OPGT can help in situations where the POA is not willing or able to act.

- Is the POA willing to resign? Is someone else willing to act?
- Are there conditions in the POA preventing the POA from acting?
- Is a capacity assessment required? Does the POA need education around their role?
- Are there questions about the POA's capacity to act in their role?
- Are there conflicting interests between jointly appointed POAs?

The OPGT investigative unit is a last-resort. All other options will be explored first.

19

19

19

General Resources

[Advocacy Centre for the Elderly](#)

[Legal Clinics List – Legal Aid Ontario](#)

[Advocacy Centre for the Elderly - Helpful Publications](#)

[Canadian Network for the Prevention of Elder Abuse - Ontario Resources](#)

[Ontario Capacity Assessors Office](#)

[Central Eastern Ontario Translation and Interpretation Services](#): translation and interpretation services for over 125 languages, serves Lindsay to Brockville.

[College of Physicians and Surgeons of Ontario - Mandatory and Permissive Reporting](#)

[Community Advocacy & Legal Centre \(CALC - Belleville\)](#) Serving HPE, Southern Lennox & Addington Counties and Tyendinaga Mohawk Territory

[CALC - Seniors Issues Resource Page](#)

[Community Legal Education Ontario – CLEO](#)

[CLEO - Elder Abuse Resources](#)

[CLEO - When does elder abuse have to be reported?](#)

[CLEO Elder Abuse Legal Rights Resources](#)

[ConnexOntario](#) – Provides free and confidential health services and information for people experiencing problems with alcohol and drugs mental illness or gambling by connecting them with services in their area.

[Consent and Capacity Board - Ontario](#)

[Elder Abuse Prevention Ontario](#)

[Find a legal aid clinic](#)

[How a Power of Attorney Works](#)

Immigration Services:

[Quinte Immigration Services](#)

[Quinte Immigration Services - Kingston Branch](#)

[Leeds & Grenville Immigration](#)

[It's Not Right - How to identify and help older adults at risk of elder abuse](#)

[Let's Talk about Elder Abuse - Caregiving Matters](#)

[Long Term Care ACTION Line](#)

[Mohawks of the Bay of Quinte](#)

[Office of the Public Guardian and Trustee](#)

[Government of Ontario - Information on Elder Abuse](#)

[Ontario Human Rights Commission - Elder Abuse and Neglect](#)

[Ontario Provincial Police Seniors Assistance Program](#)

[Queen's Elder Law Clinic](#)

Seniors INFOline – 1-888-910-1999

[Resolve Counselling Service Canada - Elder Abuse/Violence](#)

General Resources Continued

[Retirement Homes Regulatory Authority](#)

[South East Healthline - Abuse and Neglect](#)

[Seniors Safety Line](#) 1-866-299-1011

[Service Ontario](#)

1-800-267-8097

[Victim Services Ontario](#)

Victim Support Line – 1-888-579-2888

Programs are offered in all 54 Ontario court districts.

Victim Services offer immediate, 24/7 support to victims of crime and tragic circumstances. They also offer the Victim Quick Response Program which offers \$1000 for private counselling, with payment going directly to the therapist. Victims have 10-12 months to use the program. [Getting help for people experiencing violence](#)

[Victim Services Hastings, Prince Edward, Lennox & Addington](#)

[Victim Services Kingston](#)

[Victim Services Lanark County](#)

[Victim Services Leeds & Grenville](#)

[Victim Services Peterborough Northumberland](#)

OPP Community Mobile Crisis Units (Thanks to A/D/S/Sgt Susan Norris MacInnis for this information)

Quinte West/Central Hastings/Bancroft/Prince Edward County – Funding in place and hope to be up and running April 2021

Leeds – Contact officer is Eric Cranton

Grenville – Cst. Dave Holmes is partnered with Shawna Marshall from Brockville Mental Health Centre

Napanee –Shelly Hagerman is a mental health worker who assists officers with mental health calls shagerman@amhs-kfla.ca cell 613-329-6498

Frontenac – Mental Health Worker Tiffany Martin works out of Harrington OPP office

Belleville Police

Mobile Crisis Support Team

– non emergency requiring police presence 613-962-3456

-General Inquiries – 613-966-0882

Brockville Police

Non-emergency number 613-342-0127

Mobile Crisis Team is accessed through the L&G crisis line: 613-345-4600 or 1-866-281-2911

Gananoque Police

Mobile Crisis Team is accessed through the L&G crisis line: 613-345-4600 or 1-866-281-2911

Kingston Police D/Sgt Carla Stacey #242 613-549-4660 ext. 6242

MCERT Rapid Response Team – Police and Addictions and Mental Health ride and respond together. They link people to resources, safe bed and connect with health care workers.

COAST (Crisis Outreach And Support Team) – detective from victim services connects with ACT and Addictions and Mental Health Services partnership. Address more challenging and long term situations. Work being done in 2022 to develop a wider network including KGH, PCH (inpatient and community services), other Kingston community services.

Smiths Falls Police (information from Community Services Officer Aaron Tompkins 613-430-9121 cell)

Mobile Crisis Response Team: officer with SFPS and either a mental health nurse or social worker. 613-283-0357 ext 1243 They use the inter-RAI BMHS and Health IM which includes the inter-RAI questions.

A Form 1 is an application by a physician for psychiatric assessment, to determine whether that person needs to be admitted for further care in a psychiatric facility, as an involuntary or voluntary patient, or if they should be discharged. The statutory authority for a Form 1 is found in section 15 of the Mental Health Act. The physician who completes the application does not need to be a psychiatrist; however, the physician must have personally examined the person with the seven days prior to completing the Form. The examination is not something that can be delegated. In addition to their own observations, physicians are entitled to rely on the reports of others about the person, but must distinguish between the two and document accordingly. There is no requirements for the examination to take place in a hospital, it can take place in any environment e.g. community, a physician's office, a clinic, an emergency room or remotely (e.g. through Ontario Telemedicine Network).

Box A and Box B Criteria and Effective Date

There are two sets of criteria for a Form 1 which are set out in the MHA. These are often referred to as "Box A" and "Box B" as this is how they are reproduced on the Form 1 document.

"Box A" is known as the "serious harm test" and is derived from the language of subsection 15(1) of the MHA.

"Box B" provides the authority to involuntarily admit incapable persons who have suffered from recurrent mental disorders that have responded to treatment in the past.

Subsection 15(1.1) of the MHA is the statutory basis for the Box B criteria.

A Form 1 takes effect on the date that it is signed by the physician. To sign a Form 1, the physician must have examined the person who is the subject of the application within the last seven days.

Once signed, the Form 1 is effective for seven days and provides authority to transfer the individual to a psychiatric facility where they may be detained, restrained, observed and examined for no more than 72 hours.

[Link to Form 1](#)

[Form 1 Frequently Asked Questions](#)

Animal Abuse Resources

1-833-9ANIMAL
(1-833-926-4625)

[Ontario Animal Welfare](#)

If you report an animal that is in distress, being abused or neglected:

1. The Ontario Animal Protection Call Centre will file an incident ticket and connect you with the appropriate local contact.
2. Based on the location and nature of the incident, the call centre may flag the ticket for further investigation with the appropriate authorities, such as a provincial inspector or the local police.
3. After the appropriate authority reviews the incident ticket, they may investigate on-site or involve other authorities as needed. Authorities may contact you directly if they need more information.

If the animal is at imminent risk of harm, you should call 911.

There is no duty to report animal abuse for health care professionals; however,