

GPS Tracking Devices for Psychiatric Patients: A Human Rights Violation?



Amy Ogilvie left the East Coast Forensic Hospital on a day pass. She failed to return and the authorities asked the public to help in finding her. She was considered to be a danger both to herself and others. Eventually she was found without incident. However, a pass for Andre Denny ended tragically. He was out of the East Coast Forensic Hospital for a one hour pass when he took the life of Raymond Taavel.

As a result of these two incidents, the administration at East Coast Forensic Hospital wants to use GPS tracking devices on patients that leave the hospital on passes. They believe that with these devices, if people fail to return, they can track them down quickly and bring them back to the hospital. *(Continued on page 2)*

INSIDE THIS ISSUE

- 1 GPS Tracking Devices for Psychiatric Patients**
- 3 Kids Help Phone: Helping Kids Cope**
- 4 Against Our Will: Involuntary Commitment**

Health Minister Maureen MacDonald, Capital District Health, and the Schizophrenia Society of Nova Scotia are against this proposition. The Schizophrenia Society sent a letter to CBC news stating their position concerning this issue. Following are some of the points they make in this letter:

Despite what illness a person has or what situation a person is in, the purpose of a hospital is to treat their illness and the person with “respect, dignity, and self-determination, and [to] focus on the recovery of the individual.” Using a tracking device does not contribute anything towards recovery. The letter goes on to state, “This action discriminates against a population that is already thought to be less deserving and less entitled to full citizenship in this country, and may be in violation of the Canadian Charter of Rights and Freedoms.”

The Schizophrenia Society of Nova Scotia is truly concerned about the safety of both patients and the public but a tracking device only gives the location of the person and cannot control what the person does. The hospital should consider more carefully a patient’s psychological state, and whether they are well enough to go out on pass instead of using a GPS tracking device.

Before patients are released on pass, a risk assessment should be carried out.

-The Schizophrenia Society of Nova Scotia

Before patients are released on pass, a risk assessment should be carried out. The hospital should also be supporting patients to help them successfully move from hospital into the community and the necessary supports should be set up to continue their mental health treatment and help them successfully live in the community. This is not just for the sake of the patients but also for the family members as well.

GPS tracking devices risk making the patient feel like a criminal instead of a mental health consumer.

By Tony Legere

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Brian DuBreuil. “Lessons From London.” [CBC Nova Scotia](http://www.cbc.ca/ns/insidethenews/2012/05/lessons-from-london.html), 9 May 2012. 16 June 2012.

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GPS Tracking Device

INVOLUNTARY PSYCHIATRIC TREATMENT ACT

The *Involuntary Psychiatric Treatment Act* (IPTA) is meant to assist persons, who have a mental disorder or severe mental illness, and are a danger to themselves or others, or are at risk of becoming a danger to themselves or others, and need to be cared for in a safe and supervised environment (as an in-patient in a hospital) and are not able to make decisions about their care.

The IPTA does not apply to people who can make decisions for themselves (are ‘competent’).

-Family Law Nova Scotia

Kids Help Phone: Helping Kids Cope

Kids Help Phone is a free, confidential service that helps kids and youth deal with issues that may require professional help. According to their website, the most common issues are those dealing with mental health. As such, **Kids Help Phone** provides an essential mental health service to hundreds of thousands of children and teens in Canada.

Qualified counselors with both proper training and experience in social service, health and educational fields answer questions and provide information that can help children and youth receive the help they require. Since they have access to over 37,000 resources in Canada, they can provide addresses and contact information on local organizations that can further help.

Calls are never traced, but in case of emergencies **Kids Help Phone** will provide the caller with information on how to get immediate help and what to expect once they receive it. In case of abuse, they will let callers know their legal rights, how to contact the police and other legal services, and how to deal with the legal and child welfare systems. As with any professional help, trust and confidentiality is important. No information will be disclosed to any organization without the caller's permission and **Kids Help Phone** will personally assist in contacting help if the caller is unable to but needs help if the caller provides the required contact information beforehand.

As a free service, **Kids Help Phone** is supported by donations and fund-raising events. If anyone needs information, go to kidshelpphone.ca and click on the first section. Kids and children that need help can call 1-800-668-6868 or go on the website and click on the second or third section.

By Melinda Cadarette



What is Kids Help Phone?

Phone counselling
Web counselling
For ages 20 & under
Free, 24/7
Anonymous & Confidential
Non-judgemental



The KHP Promise

Anonymous means you don't have to tell us who you are.

Confidential means whatever you tell us is safe.

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Against Our Will: Involuntary Commitment

Involuntary psychiatric interventions are inherently dangerous and potentially harmful to their subjects, thus challenging the Hippocratic ethical principle of "first do no harm."

Peter Stasny, MD

Involuntary commitment is an emotionally laden and complex issue. It can be harmful to those confined and committed against their will. The process of commitment can be brutal, becoming a life and death struggle in the view of the person fighting confinement. This can have consequences for the success of treatment. "Coercive treatment arouses negative feelings in the patient, creates negative expectations about the outcome of treatment, and fails to result in a trusting relationship between the patient and the professionals" (Stastny, p. 25).

Sometimes the process of involuntary commitment goes wrong. In November of 2007, Howard Hyde's common-law spouse called the police to say that he was in the midst of a psychotic episode and had not been taking his medication for months when he allegedly assaulted her. When the police, responding to her call, tried to pick him up, Howard Hyde, a schizophrenic, was difficult to subdue so they tasered him. Thirty hours later he was dead.

This story demonstrates the bad side of involuntary commitment. What about the case where the person does not receive treatment, where the need for help was not recognized or where family and friends were not able to get help? In some of these situations, the person commits suicide leaving those closest filled with remorse. In this instance, involuntary commitment would seem to be lifesaving.

Involuntary commitment is a tough issue, painful no matter which path is chosen. People do not always recognize the fact they have a mental illness. The very illness itself often makes it impossible for them to see what is happening to them. They can be afraid especially of authority. This makes it necessary for involuntary commitment to proceed in the gentlest of ways with a minimum of force. The question is how to make sure someone who needs treatment gets it in the most humane way.

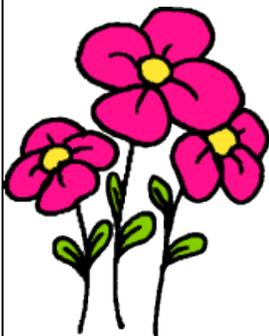
By Heather Frenette

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Don't use Tasers on mentally ill, Hyde inquiry hears.

<http://www.cbc.ca/news/canada/nova-scotia/story/2010/06/08/ns-hyde-taser-mentally-ill.html>

Involuntary Psychiatric Interventions: A Breach of the Hippocratic Oath? Peter Stasny. *Ethical Human Sciences and Services*, Vol. 2, No.1, 2000.



A Mental Health Perspective Mission Statement:

The purpose of this newsletter is to bring faith, hope and courage to members of the local mental health community of Kings County, Nova Scotia, as well as others who are involved with a mental, emotional or psychological condition.

Donations to support this newsletter and other important programs and services can be made To CMHA Kings County, Suite 3, 11 Opportunity Lane, Coldbrook, P.O. Box 894, Kentville, NS, B4N 4H8. (Cheque or money order will be accepted).

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