

INSERT SHEET – MENTAL HEALTH SUPERVISION CONDITIONS

ACCUSED: _____ **FILE NO:** _____

REPORTING TO: **BAIL SUPERVISOR** **CASE MANAGER** **PROBATION OFFICER**
 YOUTH PROBATION OFFICER **CONDITIONAL SENTENCE SUPERVISOR**

—	<p>MH1 Maintain Mental Health</p>	<p>You should take reasonable steps to maintain yourself in such a condition that your mental health issues will not likely cause you to conduct yourself in a manner harmful to yourself or to anyone else.</p>
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—	<p>MH2 Participate in Assessment</p>	<p>You must participate in any assessments and attend any counselling or treatment programs for the purpose of assessing and treating your mental health issues, as directed by your Bail Supervisor / Probation Officer / Conditional Sentence Supervisor / Case Manager / Youth Probation Officer. You are not, however, required to submit to any form of medical treatment or medication to which you do not consent.</p>
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—	<p>MH3 Attend Assessment Facility</p>	<p>You must attend for assessment and treatment at any facility associated with the treatment of mental health issues, or with any physician, psychologist, psychiatrist or mental health professional as and when directed by your Bail Supervisor / Probation Officer / Conditional Sentence Supervisor / Case Manager / Youth Probation Officer. You are not, however, required to submit to any form of medical treatment or medication to which you do not consent.</p>
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—	<p>MH4 Report Facility Refusal</p>	<p>If you refuse or fail to go to a facility associated with the treatment of mental health issues, physician, psychologist, psychiatrist, or any other mental health professional, as directed by your Bail Supervisor / Probation Officer / Conditional Sentence Supervisor / Case Manager / Youth Probation Officer, or you do not remain under the care of a facility associated with the treatment of mental health issues, physician, psychologist, psychiatrist, or any other mental health professional involved in your mental health treatment, you shall promptly report that choice to your Bail Supervisor / Probation Officer / Conditional Sentence Supervisor / Case Manager / Youth Probation Officer</p>
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—	<p>MH5 Report Treatment Refusal</p>	<p>If you do not consent to a form of medical treatment or medication recommended or prescribed for you at a facility associated with the treatment of mental health issues; or by a physician, psychologist, psychiatrist, or mental health professional involved in your mental health treatment, you shall promptly report that choice to your Bail Supervisor / Probation Officer / Conditional Sentence Supervisor / Case Manager / Youth Probation Officer.</p>
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—	<p>MH6 Provide Consent to Supervisor</p>	<p>You must consent to have a representative of a facility associated with the treatment of mental health issues, physician, psychologist, psychiatrist, or any other mental health professional involved in your mental health treatment, to provide information regarding your treatment, including any medication that has been prescribed, to your Bail Supervisor / Probation Officer / Conditional Sentence Supervisor / Case Manager / Youth Probation Officer,</p>
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—	<p>MH7 Provide copy to Treatment Facility</p>	<p>You must provide a representative of a facility associated with the treatment of mental health issues, physician, psychologist, psychiatrist, or any other mental health professional involved in your mental health treatment, with a copy of this <input type="checkbox"/> Bail Order <input type="checkbox"/> Probation Order <input type="checkbox"/> Conditional Sentence Order <input type="checkbox"/> other: _____, as well as the name, address, and telephone number of your Bail Supervisor / Probation Officer / Conditional Sentence Supervisor / Case Manager / Youth Probation Officer.</p>
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—	<p>MH8 Provide Consent to Inform Supervisor</p>	<p>You must instruct a representative of a facility associated with the treatment of mental health issues, physician, psychologist, psychiatrist, or any other mental health professional involved in your mental health treatment, that if you fail to take any medical treatment, take medication as prescribed, or keep any appointments for medical purposes, they may so inform your Bail Supervisor / Probation Officer / Conditional Sentence Supervisor / Case Manager / Youth Probation Officer.</p>
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DATED THIS _____ DAY OF _____ 20____, BEFORE JUDGE/JUSTICE _____

SEE ATTACHED: _____

CLERK OF THE COURT