No. 66B

Nº 66B

ISSN 1180-2987

Legislative Assembly of Ontario

First Session, 37th Parliament

Assemblée législative de l'Ontario

Première session, 37e législature

Official Report of Debates (Hansard)

Journal des débats (Hansard)

Monday 5 June 2000

Lundi 5 juin 2000

Speaker
Honourable Gary Carr

Clerk
Claude L. DesRosiers

Président
L'honorable Gary Carr

Greffier
Claude L. DesRosiers

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

http://www.ontla.on.ca/

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 325-3708.

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 325-3708.

Copies of Hansard

Information regarding purchase of copies of Hansard may be obtained from Publications Ontario, Management Board Secretariat, 50 Grosvenor Street, Toronto, Ontario, M7A 1N8. Phone 416-326-5310, 326-5311 or toll-free 1-800-668-9938.

Exemplaires du Journal

Pour des exemplaires, veuillez prendre contact avec Publications Ontario, Secrétariat du Conseil de gestion, 50 rue Grosvenor, Toronto (Ontario) M7A 1N8. Par téléphone : 416-326-5310, 326-5311, ou sans frais : 1-800-668-9938.

Hansard Reporting and Interpretation Services
3330 Whitney Block, 99 Wellesley St W
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario

Service du Journal des débats et d'interprétation
3330 Édifice Whitney ; 99, rue Wellesley ouest
Toronto ON M7A 1A2
Téléphone, 416-325-7400 ; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 5 June 2000

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 5 juin 2000

The House met at 1845.

ORDERS OF THE DAY

BRIAN'S LAW (MENTAL HEALTH LEGISLATIVE REFORM), 2000

LOI BRIAN DE 2000 SUR LA RÉFORME LÉGISLATIVE CONCERNANT LA SANTÉ MENTALE

Mr Clark, on behalf of Mrs Witmer, moved second reading of the following bill:

Bill 68, An Act, in memory of Brian Smith, to amend the Mental Health Act and the Health Care Consent Act, 1996 / Projet de loi 68, Loi à la mémoire de Brian Smith modifiant la Loi sur la santé mentale et la Loi de 1996 sur le consentement aux soins de santé.

Mr Rick Bartolucci (Sudbury): On a point of order, Mr Speaker: Could we have unanimous consent on all sides of the House that half of our leadoff time will be deferred and the entire leadoff debate by the NDP will be deferred this evening.

The Acting Speaker (Mr Tony Martin): Agreed? Agreed.

Mr Brad Clark (Stoney Creek): In April of this year, the Minister of Health and Long-Term Care introduced Bill 68, also known as Brian's Law, An Act, in memory of Brian Smith, to amend the Mental Health Act and the Health Care Consent Act. Brian's Law has been heralded as a major step that provides the legislative framework for a continuum of care from institutional to community-based living.

I should note, before I continue, that I'm sharing my time with the members for Northumberland and Peterborough.

It's important, when we begin the debate on this legislation, and I want to make this point very clearly up front, that a member of the Liberal Party, Richard Patten, raised this issue of community treatment orders and amending the Mental Health Act a number of times—three times, to be exact: Bill 29 in 1997, Bill 78 in 1998 and Bill 111 in 1999.

It's important to begin with the intention behind the introduction of Brian's Law. In June 1998, the Mental Health Act and related legislation was placed under the government's review in response to the recommendations of MPP Dan Newman's report entitled 2000 and Beyond: Strengthening Ontario's Mental Health System. Included in Mr Newman's report were suggestions involving all components of the mental health system, including legislation and operating in an integrated and coordinated fashion in order to provide the best possible services to Ontarians who need them.

Mr Newman stated in his report, "Mental health reform should focus on an integrated approach to the delivery of services, while coordination within and between the two systems would provide a seamless mental health system."

A discussion paper entitled The Next Steps was drafted, and I held public consultations across the province to seek input. I met with over 300 people. We received over 100 written presentations.

I have to tell you that the consultations were very enlightening for me. We had numerous people who had very disparate viewpoints, from one end of the spectrum to the other. But at the end of the day, everyone was united in the fact that there needed to be change in the mental health system, that it needed to be improved and that there was much to be done that could improve the mental health system.

From this consultation, we made some minor adjustments to our discussion paper and we introduced Bill 68. Brian's Law reflects our government's strong commitment to balancing individual rights with public safety. We're endeavouring to do that by providing appropriate care and treatment to those who pose a danger to themselves or to others.

It's important for us to note that this bill has received significant public consultation prior to second reading debate. In a very unusual move, the House leaders chose to send Bill 68 to the standing committee on general government directly after first reading. This process enabled us an opportunity to review the legislation that had been proposed in a virtually non-partisan fashion. Further to that, we directed ministry legal staff to work with opposition parties on proposed amendments, and we hope to finalize the amendments prior to second reading clause-by-clause debate.

As a matter of fact, today, just before this evening's session, we handed the amendments back to the opposition parties. So we have worked the process right through, and we'll continue working on those amendments with them.

Considering all of that, I think it is fair to say that I would now urge swift approval of second reading of this proposed law, which sets a precedent in ensuring public

safety while ensuring access to mental health care and treatment.

I am proud to say that this government has a solid foundation of mental health reform initiatives in place, each aimed at ensuring a people-centred approach to the care of those with mental illness. Brian's Law incorporates our proposed changes to Ontario's mental health legislation and is a crucial component of a reformed mental health system. At the heart of those proposed amendments is this government's response to the voices of numerous coroners' juries, the pleas of families of the mentally ill, families of victims, and the comments of the police and mental health care professionals.

As the House is aware, Brian's Law is named after Brian Smith, the Ottawa sportscaster who was murdered in 1995 by a person suffering from paranoid schizophrenia. I would like to read into the record a couple of segments of an editorial that appeared in the Ottawa Citizen. I think it puts it into perspective for all those who are watching from home and for the House.

"Imagine the chill the morning after CJOH-TV sportscaster Brian Smith was shot by a deranged Jeffrey Arenburg in 1995. While thousands woke up in shock, there were at least a dozen others who were not surprised at all. They knew Arenburg had been dangerous for years....

"July 1990: Arenburg goes to a local courthouse in Nova Scotia demanding to be seen by a judge. He is taken to the South Shore Regional Hospital and complains that he is hearing his thoughts broadcast by television and radio. He is diagnosed with paranoid psychosis and released.

"May 1991: Arenburg is brought to the Royal Ottawa Hospital as a result of threats made against CHEZ 106 radio station. He is delusional, complaining of hearing voices. There's an indication that he feels determined to hurt somebody so that he might get in front of a judge. He is committed to the hospital, but appeals to a psychiatric review board. The board does not agree with Arenburg's psychiatrists that Arenburg is mentally ill and at risk of causing harm to others. The board does, however, find him incompetent to consent to treatment. Arenburg discharges himself from hospital against his doctor's advice. An ironic note is made in his clinical record: 'It is hoped that the review board revoking of his certificate will not endanger the community on account of his delusions.'

"October 1991: Arenburg breaks windows at the Nova Scotia courthouse. He is certified and transferred to hospital. He is diagnosed with paranoid schizophrenia. He is delusional and is noted to have considerable anger, with little insight into his problems. He is discharged less than a month later, against medical advice."

In 1994, again he is before the judges. This is the Ottawa Citizen:

"It's my belief that each one of the above instances represents a time when a combination of easier committal procedures and the availability of community treatment orders would have stopped Arenburg's tailspin. Brian would be alive and Arenburg would be living in peace in the community.

"In fact, Arenburg successfully refused treatment until two years after shooting Brian. It took a judge to order him treated. And when he was, it took just a few days for him to understand what he had done."

That in itself makes it pretty clear why the jury from the coroner's inquest recommended comprehensive review of the mental health legislation and the introduction of community treatment orders in Ontario.

Brian's Law amends the Mental Health Act and the Health Care Consent Act in order to help build a more comprehensive and integrated mental health system. It does this, for example, by expanding the current committal criteria in the Mental Health Act so as to allow the chronically mentally ill, their families and designated health professionals to intervene at an earlier stage in the committal process.

During the hearings, the Ontario Psychiatric Association stated, "The present Mental Health Act is unresponsive to human suffering until it gets to the point where the person or someone else is at risk for seriously bodily harm. For this reason, the OPA supports Brian's Law as it is a step forward in that it will allow people who have a known psychiatric history to receive care and treatment before the person's situation has deteriorated to the point of dangerousness."

We've also included in Brian's Law the introduction of community treatment orders. These orders are set in place for the seriously mentally ill in order to permit appropriate treatment in the community as a less restrictive alternative to hospitalization, as proposed by psychiatrists or a physician.

It's important to note that what we're trying to establish is a continuum of care for the mentally ill from the psychiatric facilities and institutions directly into the community. The CTO refers to subjects who have suffered from serious mental disorders and who have a history of repeated hospitalizations. It also refers to involuntary psychiatric patients who agree to treatment as a condition of their release from the institution into the community.

I have advocated during the consultations that this is basically a step-down, that it allows the psychiatrists the opportunity to place a patient who has been stabilized as a result of medication back into the community with a community treatment order and with a team of experts who will work with that patient, allowing for obligations and responsibilities for all parties involved in the community treatment order. A community treatment order may be issued by a physician with specific consideration of the individual, with the intention of delivering psychiatric treatment that is less restrictive than in a hospital or psychiatric facility.

We had many people appear before our hearings and even after first reading. In one particular case we had one parent who said the following about their child who was suffering from paranoid schizophrenia: "Because of the roadblocks built into the current Mental Health Act, these

members of our society are left to suffer, to die, to serve time for criminal activity that they are not even able to fully appreciate they have committed, to become homeless, and be reduced to 'side' shows for people who walk by them on the streets. I cannot find a cure for mental illness, but I can tell you that I am here to support any initiatives that will see these people receive treatment in a timely and efficient manner. I believe CTOs are a step forward in the right direction."

We have evidence from numerous psychiatrists and experts around the world, and one particular brief that I recall talks about victimization. We hear about people who have committed suicide as a result of their serious mental illness. We hear about people who are victimized, as this mother is talking about. Very clearly, a North Carolina study shows that community treatment orders do help to eliminate the victimization that many mentally ill people suffer as a direct result of their illness.

Bill 68 also allows for the removal of the requirement for police to observe disorderly conduct before acting to take a person into custody. Section 17 of the current Mental Health Act is repealed in order to remove the requirement that a police officer must personally observe disorderly conduct before they may intervene. In its place, we are allowing police officers to use "reasonable and probable grounds" that such conduct has occurred. Many times police have arrived on the scene after the fact and the mentally ill patient appears lucid, reasonable and rational, and yet moments before they were delusional. What are the police to do in that situation? We are simply implementing and catching up to the rest of Canada. At the present time, Ontario and Newfoundland are the only two jurisdictions left in Canada that still have the requirement to observe disorderly conduct. All of the rest of the jurisdictions have gone to "reasonable and probable grounds."

Again, the Schizophrenia Society of Ontario states: "The existing law limits hospitalization to those who are dangerous to themselves or to others. The new law permits intervention when a person is experiencing substantial mental or physical deterioration. That is, the old law fosters the stereotype that mental illness is linked to dangerousness. The new law counters the old stereotype by recognizing that people with serious mental illness are exposed to suffering and deterioration from which they can and should be spared."

Finally, another amendment is the removal of the term "imminent." Again, this shouldn't come as a surprise to this Legislature. The terminology "imminent" will be removed so that it stops causing confusion for the health care providers, for the psychiatrists, the doctors and physicians. In the past, it has been left to them to interpret the definition of the terminology, and numerous coroners' juries and inquests have made the request that that particular terminology be removed. I quote from Dr John W. Elias in support of this amendment. He states: "It would remove the term 'imminent and' with reference to 'serious physical impairment to the person' and provides for a broader definition of harm to include the situation where a person is 'likely to suffer substantial mental or physical deterioration or serious physical impairment.' I consider this a desirable change."

1900

Our government saw the need for these changes when we were elected in 1995, and we've worked hard to formulate the changes based on the advice of the very people who deal on a day-to-day basis with the consequences of those barriers, with the consequences of people who have been unable to get the care and treatment to which every human being is entitled.

It could be argued that a review of the mental health system in Ontario has been going on for more than a decade. In 1988, after a series of consultations, the province released the Graham report, Building Community Support for People. In 1993, the government of the day released a 10-year plan for mental health reform entitled Putting People First. In 1998, my predecessor released a report, 2000 and Beyond: Strengthening Ontario's Mental Health System. In March 1999, the province of Ontario released its implementation and operational plans: Delivery of Mental Health—Making it Happen. In March 2000, we released the Next Steps document, which led to the creation of Brian's Law. Interspersed in all of that were three private members' bills by Richard Patten, the member from Ottawa: Bills 29, 78 and 111.

Clearly, quick passage of Brian's Law conveys a clear message that the province of Ontario is responding to the heartfelt cries of those individuals caught in the maelstrom of the events involving the seriously mentally ill.

I was asked to conduct regional consultations with stakeholders, including family members, psychiatrists, patients rights' groups, mental health associations, counsellors and health care directors, to discuss the proposed parameters of the changes. During the stakeholder meetings in March of this year, we heard from almost 300 participants across the province. Since first reading, the committee has held seven hearings in Toronto, Hamilton and Ottawa to allow experts, professionals and survivors to present to us in detail their opinions and concerns. We have sought and received advice from mental health experts from around the world.

Perhaps the most moving endorsement of this legislation comes from Tony Antidormi and his wife Lori Triano-Antidormi, whose toddler Zachary was murdered by the family's neighbour. Complaints about the neighbour's erratic behaviour had been made on a number of occasions, but nothing could be done. She was suffering from paranoid schizophrenia, and her delusions led her to believe that Zachary was her own dead son. That in itself was a tragic story.

Right from the hearings we have the coroner, Dr Young, stating: "This neighbour had a 20-year history of chronic mental illness that had finally been diagnosed as paranoid schizophrenia, which is schizophrenia with paranoid delusions. She had been overtly threatening or violent for more than 10 years....

"The lady in this case would be quite overtly violent and bizarre. People would call police and when the police arrived, she would be quite calm and reasonable. Even though the police had corroborated disinterested third party evidence to suggest that this lady was dangerous and was mentally ill, they could not act under the existing legislation. That inquest produced 60 recommendations, of which 15 were to the Ministry of Health. Again the jury supported mandatory treatment of mentally ill people in the community" where circumstances warranted it.

The Antidormis said this: "Any changes that can be made to better protect the public are welcomed and supported by us and, frankly, long overdue. Many of the proposed changes are not new—sadly, they have been proposed by many coroners' juries. Perhaps if action such as you are taking now had been taken earlier, our beautiful Zachary might still be with us. In his memory and honour, we support your efforts and the proposed changes you are making."

Consultations did not end here. They continued with the series of stakeholder meetings I conducted before first reading and committee hearings after first reading. As I stated earlier, this Legislature took the unusual step of holding committee meetings after first reading. We heard presentations from experts in the field of mental health and from individuals and families whose lives have been touched by the mental health system.

I would like to take this opportunity and would be remiss if I didn't take this opportunity to thank all members of the committee, including the Chair, Mr Gilchrist, and especially the members representing the Liberal Party—Mr Richard Patten, Ms Lyn McLeod and Dr Marie Bountrogianni—and the New Democratic Party's Frances Lankin. I was heartened that we could work together in incorporating the views and opinions we heard into useful amendments. I cannot emphasize strongly enough how critical this legislation is to the reform of Ontario's mental health system.

I'd like to read into the record a section of an editorial that appeared in the Hamilton Spectator. It says it all: "The Ontario government deserves full marks for moving ahead to strike a better balance between public safety and the rights of people with serious mental illness. There is a compelling case for laws designed to ensure that psychiatric patients and others get the treatment they need. The measures proposed by Health Minister Elizabeth Witmer will be criticized in some quarters as unnecessary, even punitive, but we think the government is taking responsible action."

In the Kitchener-Waterloo Record: "This legislation isn't about locking up people and it isn't based on the stereotypes that once existed about mental illness. It is based on medical evidence, compassion and balance. That should be sufficient to encourage all parties in the Legislature to support it."

People suffering from mental illness can find it affects their ability to hold down a job, to manage the daily tasks in life that we come by so easily. Many end up homeless, with little or no support or treatment. We're proposing the necessary changes to Ontario's mental health legislation, legislation that has stood in the way of families, police and social workers for years.

I take great pride in being a member of a government that has had the courage to initiate and implement the necessary changes in our mental health system. Since 1995, our government has invested over $150 million in community mental health programs, with $52 million on top of that specifically for atypical drugs. Three brand new, atypical anti-psychotic drugs are now in the Ontario drug benefit program. It's a tremendous boost to the treatment of mental illness and it helps the doctors do their job, many times without the side effects that many drugs have.

Our government has been working hard to reform the province's mental health system to enable the provision of quality, accessible mental health services and treatment for Ontarians. Brian's Law is a crucial step in meeting the needs of those with mental illness and their families while ensuring public safety. From time to time you'll hear us talk about developing a balance between individual rights, the rights of the patients to treatment and the rights of society to a safe society. We have heard many people state during our consultations, "You can't do that," that individual rights are paramount, they are sacrosanct, that what we are proposing is actually unconstitutional.

I have to state that they are not quite correct. In a 1996 Supreme Court of Canada decision, Justice Cory offered a succinct and forceful statement of the balancing principle regarding rights: "It has frequently been said that rights do not exist in a vacuum, and that the rights of one individual or group are necessarily limited by the rights of another. The ability to exercise personal or group rights is necessarily limited by the rights of others."

In another Supreme Court decision, in 1991, Chief Justice Lamer made the following comment: "Parliament surely may balance individual rights against the interests of protecting society."

So when we're developing balance in this particular act, it is very clear that we are acting within our legislative authority. This bill's passage into law will serve to honour the memory of Brian Smith and Zachary Antidormi and other innocent victims and will contribute to the overall goal of ensuring mental health services for those who need them, while ensuring public safety for all Ontarians. The passage of Brian's Law will ensure that other families will not have to endure what Alana Kainz and Lori and Tony Antidormi have endured.

I'd like to read one more thing into the record if I may, from the Globe and Mail. Again, it was an editorial, May 1, 2000:

"If people are too sick to realize what they are doing, they are too sick to realize the implications of not being treated. You may not be able to force them to heal, but you can insist that freedom depends on following a healing course of action.

"What can't happen is that people who don't know where reality ends and dream begins are given both a right to be free and the freedom to commit acts that would otherwise incarcerate them.

"The law must be applied wisely, and the right to appeal must be intrinsic, but this is a step forward for the province and for the mentally ill among us."

1910

For Zachary and for Brian and for all of the innocent families and individuals who have experienced the terrible effects of serious mental illness, I urge swift approval of second reading of Brian's Law.

Mr Doug Galt (Northumberland): I certainly appreciate the opportunity to speak on Brian's Law. I think it's a very well-named act that we're debating and putting through. The official name, of course, is the mental health legislative reform bill.

Our good friend who just spoke talked about a balance. I think that is really what this bill is about, and I believe we're arriving there. Down the road when we look back in hindsight, it may not be quite as balanced as we would hope, but it is that balance of individuals having their rights and also those in the community, those in society having some rights of being protected. Certainly there have been examples where this has not worked out.

We've heard over and over again that with rights goes responsibility. In this instance you might say: "Whose responsibility? Is it the responsibility of the person who is mentally ill, is it the responsibility of the medical community or the judicial system or, in fact, is it the responsibility of society as a whole, such as ourselves debating this particular bill?"

Several acquaintances and friends of mine have some offspring who are schizophrenic, and I've heard some sad tales from them as they struggle to deal with this within their families, the taking of medication or not taking medication. This is the daily struggle that these families go through. Hopefully this particular bill will be of significant assistance to those people.

This bill is not only helping those who suffer from mental illness, but it ensures the safety of our communities. We've been taking a lot of steps as a government to ensure that our communities are indeed safe. As promised by this government, those people who pose a danger to themselves or to others should receive the treatment they need. The previous speaker made reference to it: If they don't understand right and wrong with their illness and what they're doing as far as injuring other people, are they going to understand the taking of the proper medication?

We understand that a lot of these medications have some difficult side effects, and I can follow why they may be uncomfortable taking some of this medication and being required to do so, but the alternative is not the answer either.

This bill shows that we are honouring our commitment, and as I say that, I reflect back to the news. I was listening to the radio as I was driving in to Toronto last evening. It was about the conference, the summit in Windsor. Lo and behold, here's our Liberal Prime Minister Chrétien saying how wonderful free trade is, that it's going to help the poor, it's going to help the needy. I'm thinking and reflecting back to the campaign in 1993 when one of their biggest positions, one of the most important planks in their platform, was to eliminate free trade. Guess what happened? There was no elimination of free trade; they broke a promise. Now he's bragging about how good it is, but he fought against it when it was being brought in.

As a matter of fact, if you go back in history, the Liberals stood for free trade back at the turn of the century and ever since, except they'd never bring it in. It happened to be a Conservative government that brought it in, and he was going to get rid of it. But did he? No, he did not get rid of it, and now, as a matter of fact, after the promise he made, he was in Windsor on the weekend, bragging about how great free trade is for Canada and what it will do for the poor, for the hungry, for the homeless. I thought that was, indeed, a bit of a revelation.

As you know, this bill was named after Brian Smith, who was shot and killed by a man suffering from severe mental illness. For years I had watched CTV and seen Brian Smith as a sports broadcaster out of Ottawa. I had the greatest respect for him, and for me personally, it was quite a shock when I heard of his unfortunate demise, and a needless one at that. As we understand it, this individual had been hearing strange voices he believed were being generated by the media, and unfortunately, Brian Smith just happened to be the innocent victim who came out of the station that evening as this individual was there, and Brian Smith was the one who received the bullet from him.

This bill is about preventing that from happening in the future. Just one Brian Smith is one too many to have happened. We're familiar here in the city of Toronto with attempts to push people on to subway tracks, and I can't recall whether they were mentally ill or not, but obviously, to me anyway, if somebody is trying to push someone else into the pathway of a subway, there must be something quite seriously wrong with them.

We, as a government, are committed to safer communities. Recently we brought in the Safe Streets Act. I know the opposition made fun of trying to stop squeegee kids, but that was a pretty dangerous activity those kids were involved in, along with interfering with traffic. We've brought in some 1,000 more police officers, more courts etc.

I look at the budget this year and see some of the many, many initiatives. Just to name a few, for example: the community policing partnerships program being increased to $35 million; setting up a specialized OPP team for computer crimes, and we're hearing about all kinds of those around the world recently; an OPP team to fight crimes targeted at senior citizens, and I'm sure everybody in this House has had a phone call from a senior concerned about some of the scams that go on with them; another specialized team of the OPP to look after the Ontario snow trails and waterways; also special-

ized police forces delegated to look after organized crime, and we hear of the motorcycle gangs and more of that occurring here in our province and moving in; a youth justice system pilot; a strict discipline model for community corrections; a permanent office for victims of crime; and also a further expenditure of some $10 million to expand the domestic violence court programs, more support for programs for women and children who have experienced domestic violence.

Those are just a few of the many actions that this government has taken to ensure that there are safer communities here in Ontario. This government is not going to sit idly by and let dangerous acts take place if we can possibly help it. We don't want people having to live in fear that something like the incident that happened with Brian Smith just might happen to them or to some of their family members.

That's why our government is introducing this bill, as part of our commitment to return safety to our communities as much as we possibly can. It is important to save lives and prevent these kinds of tragedies from occurring in the future. It's absolutely scary to think that could happen to any one of us as we step out of the Legislature, for example, here this evening. We want to make sure that those people who pose a danger to themselves and to others get the kind of treatment they really need and really should have.

Our government is certainly one that listens and consults. I hear from the other side of the House quite often that we're not listening and all the other political positions that they like to take. Just for a short moment I'll bring to your attention the extensive consultation this government has carried out.

I look, for example, at committee work in the last term that we were here, the 36th Parliament, when we spent some 798 hours and 14 minutes with all-party committees. I notice that the previous government, the 35th Parliament, which went five years while ours only went four—and you would be very familiar with the party in government at that time—spent only 645 hours. That's roughly 150 hours less. Then, of course, the 34th Parliament, being a Liberal government, spent 350 hours—349 hours and 45 minutes, to be exact. That's less than half what we spent in our first term.

1920

Similarly with the hours spent debating here in the Legislature, if you look at the first session, our government spent four hours and 50 minutes on second reading; the NDP government in the 35th Parliament, an hour and 28 minutes—that's a third of what our government was spending; and the Liberals in the 34th Parliament, slightly over an hour for each of the second readings. That was their average, just an hour. I hear complaints every once in awhile about time allocation motions after we've debated for three days and the opposition gets a little concerned. But that gives you some examples of the extensive listening and consultation of this government.

I can tell you that Brian's Law is one example of a law that was drafted after receiving extensive input from the public. There was a series of province-wide consultations that were conducted by my colleague the member for Stoney Creek that went on between March 30 and April 11. That was after the House started sitting again, and he was very stretched to cover all those activities. I understand that hundreds of people attended those hearings, those consultations. The input was gathered from families, from health providers and many others, and it certainly assisted in the designing of the legislation and has provided a valuable service. We indeed are listening to Ontarians.

The parties across the floor are constantly claiming that we're not listening, that it's just political rhetoric. But I have news for them, and I just read into the record some of the kinds of listening and the extensive consultation that's been carried out.

We're listening to Ontarians and responding to their concerns as we introduce the amendments to the Mental Health Act and to the Health Care Consent Act. We want to make sure that the people with serious mental illnesses get the care and treatment they need here in the province. Brian's Law is meant to do just that.

I believe, in reading this bill, that it provides a balanced solution. In politics, getting a balanced solution is very important and it's a very tough thing to do. It's not the easiest thing in the world to do. But this government has always done its best to make it clear that crimes will not be tolerated, whether it's in our communities or in our schools, and certainly we hear of more risks in the schools, which is one of the reasons that we're bringing in a code of conduct for our schools, to protect other students, to protect teachers and the public.

While the act of killing someone else cannot be tolerated, the serious mental illness that one suffers from can be treated and dealt with in order to prevent tragic consequences in the future. Whether it be a case where someone is threatening their own life or the lives of others, this needs to be dealt with accordingly.

Experts, health professionals, coroners and juries have all told us that better treatment and care is certainly needed, and a requirement for that is to make sure they do get the treatment and make sure they do get the care that is so important. I believe that this bill does respond to that. It will enable community treatment for people will serious mental illnesses, and it will expand the committal of psychiatric facilities.

We need to break down the barriers to community treatment and special care. As an MPP and member of this government, I've had to face the challenge of breaking down barriers and focusing on the barriers to economic growth and job creation in rural and small-town Ontario, which is slightly lagging behind the phenomenal growth and economic boom that's happening in Ontario. We want small-town Ontario to experience that same kind of growth.

The barriers we're speaking of here this evening and at this moment are the barriers that people with serious mental illnesses have faced and are facing every day. This bill is intended to remove these barriers and will

then help to prevent serious tragedies like the one that took place in Ottawa.

My friend who spoke just a little earlier, the parliamentary assistant, referred to "reasonable and probable grounds." That—to me, anyway—makes so much sense as to that being a point in time when the officials can move and make some decisions. Also, the removal of the word "imminent"—I think it's interesting when you look at legislation and see what a change in one word or even how it's spelled, how it's put in there and which tense, can change so much what's going to happen to an individual.

In conclusion, as I look at this whole bill and this whole act, those who suffer from a serious mental illness will now, as a result of this bill, once it's through this Legislature—provided it is passed—receive the most appropriate treatment possible that medical science is aware of today.

The man who killed Brian Smith was released into the community without sufficient treatment orders. I think that is the bottom line of where the problem was on that occasion. This bill changes that and takes important guidance from individuals and groups who know this issue well.

Bill 68, Brian's Law, is indeed one that will arrive at the kind of balance that I think the people of Ontario want, the balance of the rights of the individual with that mental illness along with the rights of society and the community where other people live. I very enthusiastically will be able to support Bill 68, Brian's Law.

I'll now turn the time over to my good friend and colleague from the great riding of Peterborough.

Mr R. Gary Stewart (Peterborough): Thank you to my colleague from the great riding of Northumberland.

I'm very pleased to speak to Bill 68, Brian's Law, all about mental health reform. How unfortunate that there has to be a tragedy, there has to be a death, before something happens, before mental health reform is initiated.

The late Brian Smith should not have died—killed at the hand of a person suffering from severe mental illness. Could this death have been prevented? Yes, if, over the last 15 or 20 years all governments had supported those in society who did have serious mental illness and those in society who were calling for reform. That reform has been called for for many, many years by those who were advocating change.

We all know those unfortunate people. They've been in our communities for years, with little support from not only the general population of our communities but governments of the past.

Our government is reacting to the situation. We're reacting to the recommendations of the inquest that has been held over the untimely death of Mr Smith. As well, a couple of years ago, we had a young lady who was in the prime of her life, a high school student, who was decapitated at Christmastime by somebody who had very serious mental illness and had been released a number of times and put back in hospital, but nothing really had been solved. That wasn't in our province. The death occurred in our province, but the person who had been in and out of hospital was not from our province but moved to Peterborough a couple of years ago.

The jury recommended—and this is the jury that looked into Brian Smith's untimely death—a comprehensive review of Ontario's mental health legislation and the introduction of a community-based treatment program to ensure that those with serious mental illness do not pose a danger to themselves nor to others. That, to me, is one of the keys. In this act, not only are we protecting the public but we are also protecting those who have serious mental illness. I believe that the communities deserve that type of support from this type of legislation.

1930

Brian's Law, introduced by this government, is reacting to recommendations by coroners' juries, mental health care professionals and, most importantly, the famlies of those who have sons or daughters or husbands or wives or mothers, whatever, afflicted with mental illness.

Our government has been accused of not consulting, of not listening to the real people who are affected. Two parliamentary assistants with the Ministry of Health over the last couple of years, Dan Newman and Brad Clark—Dan's report, as you've heard tonight, 2000 and Beyond. Both of those reports called for strengthening of Ontario's Mental Health Act. The consultation included doctors, nurses, emergency room attendants, police, mental health organizations and, above all, the families.

What concerns me more than anything else is that there are a great many activists in this country, in this province, who will be and have suggested up to now that they will be against this act. I suggest to you that we'd better listen to the families, the families who are involved on a day-to-day basis with those folks, with those siblings, with those family members who have mental illness, and listen to those people whom those folks who do have mental illness are dependent upon. That, I believe, is the most important thing we could do to make sure this legislation is approved, because they are the ones who are involved. They are the ones who are involved on a day-to-day basis, not somebody out there who says, "I don't like this legislation," or, "I don't think you should impose this on that particular person." Think about the Brian Smiths, think about the young girl in Peterborough, think about the families who have to cope on a day-to-day basis with a disease that is very severe, that totally turns their life inside out.

I've talked to many of these associations over the last five years, and I've walked in support of those with schizophrenia. I have walked on the various bike-a-thons and walk-a-thons to support the support groups for those who have family members with mental illness. Those are the people I believe have contributed immensely to this bill. They're the ones who have suggested what we should do and what we should put in this bill.

I suggest to you that if you haven't been there, don't criticize too much. Talk to those people who want change. Talk to those people who are concerned. Talk to

those people who don't have the necessary support but will have under this bill.

As I look at the type of investments our government has made over the last couple of years to support mental illness and mental health, I suggest it has been maybe not enough, but I can tell you it's a lot more than we ever had before.

When I first ran back in 1995, after being in municipal politics for a number of years and the last three of them as warden of Peterborough county, we were involved with a lot of these folks, and indeed I see them walking by my office now, people who are falling through the cracks and have fallen through the cracks for a number of years. I made the comment during those two election campaigns, and certainly the one of a year ago, that if there was anything I could support, it would be to try to make sure those folks didn't fall through the cracks any more.

One of the problems is that when you have somebody who has a severe mental health problem, you phone the police and they don't want them; you phone the hospitals and they don't want them; you phone the doctors and they don't want them; the psychiatrists, they don't want them; the families can't cope with them any more and they don't want them. So what do they do? They just wander around our communities, and eventually something will happen much like what happened in Ottawa with Brian Smith or, indeed, what happened in Peterborough with the young life that was taken.

Our government is committed to a public policy that will balance individual rights and public safety and the treatment and protection of individuals with mental illness. But there must also be recognition of the public's justifiable expectations to safety and security. As I mentioned a little earlier, this is not only about the public; this is about the individuals themselves. Mental health reform must meet—and I emphasis that—the needs of patients and, above all, their families.

One of the problems in regard to families is that many of the moms and dads are getting older, and they have the 30- and the 40- and 45-year-olds who have serious mental health illness and they are beside themselves on what they are going to do, how they can support them, how they can deal with them when they pass on. Will these people I talk about, who have fallen through the cracks, be protected in society, and, as well, will they be protected from themselves?

If you look at some of the things that are included in this bill, I believe it speaks very highly of what this bill says and what it will do. As we all know, it introduces amendments to the Mental Health Act to ensure that people with serious mental illness get the care and the treatment they need in a community-based mental health system. Some of those amendments include expanding the current committal criteria in the Mental Health Act. Yes, you will have people who suggest we shouldn't expand those criteria, but, I suggest to you again, think about those people, think about those families who want these criteria expanded, who made the suggestions that this should happen.

Also, it includes community treatment orders for people with serious mental illness to permit appropriate treatment in the community as a less-restrictive alternative to hospitalization as proposed by a psychiatrist or a physician. Surprise. Why would we not make sure that those various medications be given and taken by those who may not always have the capability of either remembering or having access to them? It also includes community treatment for involuntary psychiatric patients who consent to a treatment plan as a condition of their release from a psychiatric facility into the community. It also removes the requirement for police to observe disorderly conduct before acting to take a person into custody. Surprise. Maybe they should be taken into custody prior to things like what happened to Brian Smith.

1940

When you're looking at taking the medication, it's funny, many can take the medication, but the minute they start to feel better, they quit. "My problem is solved, so I don't have to take the medication any more." That's when problems begin to happen. I have a friend, who, when he does not take his medication for a period of time is a totally different person; certainly not with a serious mental illness, but he has an illness that is controlled by medication. He as well, when he feels better, decides that he's cured, as we all do sometimes—we're cured, and we don't have to take it any more.

Also, the committal criteria are being expanded to reflect a number of things, one of which is the need for treatment. Should that not be the way it is? I believe it should be. Should it not include a serious mental disorder? Why wouldn't it? It also includes a lack of mental capacity to make treatment decisions. That, I believe, is a major criterion we have to have in this bill, and we have to make sure that it happens, that there are those controls in place that make sure that those folks who have to take some type of medication do so. It also expands the availability of a substitute decision-maker willing to consent to treatment—a risk of serious harm if not treated. I suggest to you that all of those things are so very important if we are going to help—and I want to make sure that word is in the record—those who possibly because of serious mental illness cannot help themselves.

I know there will be those who are opposed to the community treatment orders. But again, the CTOs are for individuals who suffer from serious mental disorders and who have a history—let me emphasize, a history—of repeated hospitalizations and who meet the committal requirement under the Mental Health Act and involuntary psychiatric patients who agree to a treatment supervision plan as a condition of their release, as I mentioned before. This is why community treatment orders are in place—and why would they not be?—to make sure that these folks who are suffering problems do that.

The CTOs may be issued by a physician. Why wouldn't they be? The same as they would treat any other patient, they would issue the community treatment

orders. I believe they have the knowledge and the expertise and probably have been dealing with that patient for a number of years.

There are also safeguards for patients: a number of rights that will flow from the designation of a CTO, including a right of review by the Consent and Capacity Board with appeal to the courts each time a CTO is issued and a right to request additional reviews by the Consent and Capacity Board in the event of a material change. There again, there are safeguards in place to make sure that patient is well protected.

As I have said, I call some of these folks, with no disrespect, those who are falling through the cracks. I don't believe anybody in our society should fall through the cracks. I believe we all should have as much opportunity as possible. I believe Brian's bill is a bill that starts that process, as it moves along, where we will be able to protect some of those folks who are not able to protect themselves. We're going to care for them, we're going to help them and we're going to make sure they get the treatment, facilities and the help they need and that we can assist the families who have great concerns for these folks. We should listen to those families, listen to them and believe what they feel they should have, what they want and how the people should be treated.

I support this bill. I believe it is a start in helping those with serious mental illness.

The Acting Speaker: Comments and questions.

Mr Michael Bryant (St Paul's): The member from Peterborough was talking about those—and there are not many, but they are out there on the streets of Toronto; they are certainly in the riding I represent—who have fallen between the cracks, as he said. He's right. For whatever reason, legislative lacunae have developed whereby people who need the assistance of those who can help them right now are not getting that assistance. We know that's happening. We experience it all the time in this city.

There's somebody outside every day that I leave my house. I cross a parking lot on the way to the subway stop, and there's a man there. He's about my age. I'm not a physician, so I can't diagnose him. But he's there, he's by himself and he's talking to everybody around him, and nobody knows what he's talking about. The evidence of deterioration cannot be understated. Before I was elected and after I was elected, I made phone calls and I tried to get him help. I was told: "Look, the test right now is very rigid; it's old and it needs updating. Right now he will not be helped."

The purpose of this bill is to help people like this man. I agree with the member from Peterborough that there's an obligation on us as legislators to fulfill nothing less than a moral bond as a community to help those who cannot help themselves.

There are lots of matters on which I'm not going to agree with the member from Peterborough, but on this one I do agree that it is incumbent upon us to fulfill those bonds. We take the government's word and we will hold them to it to ensure that the resources are provided. But how could we not, when we all know that right now the laws as they stand are flawed, support an effort to in fact do that? I congratulate all those who have been pioneers in this issue. I know Richard Patten has certainly been one of them. I'll certainly be supporting this bill.

Mr Gilles Bisson (Timmins-James Bay): I'm going to weigh into this from a different perspective. I respect the comments that were made across the way, but I have to take exception when the member from across the way, Mr Stewart, talked about how doctors didn't want them, the mental health institutions didn't want them and the families didn't want them.

My sister is schizophrenic. I've had to deal with it as a family member. My brother, along with my parents and the rest of our family, have had to deal with my sister's illness. I hope you were not serious when you talked about families not wanting them. That is not the norm. We, as a loving family, have worked with our sister for a number of years. She's doing well now. She's living in a group home facility in Timmins, which was originally funded by our government. It is still being funded today, and I hope you will continue to do so.

The way she dealt with her illness was by having a family around her that was able to walk her through it and go through the tragedy with her. It's an illness that normally sets in when you're older, in your twenties. Louise, my sister, was a university grad, worked well, was working towards getting a translation degree, and she became ill. I really don't believe the orders you're putting before us in this bill would have done anything in Louise's case, because what we needed were the services in the community to help work with her. That's where I would like to see the emphasis put. I understand there are exceptions to the rule. We see that in Toronto probably more than anywhere else, where we have people who really do fall between the cracks because, for whatever reason, they don't have people around them. I take it that's part of the group we're trying to work with here.

I just want to speak out on behalf of families, because most of us, if not all, are desperately trying to find ways to work with our brothers and sisters or parents who may be suffering from a mental illness. What we really need is not a law to pick them off the streets, but quite frankly support services in the community to help them along when services are needed.

1950

Mrs Julia Munro (York North): Thank you for giving me the opportunity to speak very briefly on this bill. I think this bill is an extremely important one in the history of mental health services in this province, and I think so for a number of reasons. I will have the opportunity to speak further on this tomorrow, but I'd like to comment very briefly here this evening on the process that has brought this bill forward. It represents consultation that was done by the current Minister of the Environment, the Honourable Dan Newman, when he provided an opportunity to do public consultation quite some time ago on the whole issue of mental health. That was

then followed this year by the current parliamentary assistant, Brad Clark.

But what's most important about the consultation process we had with regard to this bill is the manner in which it has been done. The fact that we were able to go out and have public hearings after first reading is a clear departure from the norm. I want to express at this point the success that I believe these consultations have provided us with. We have heard from members of the community, both professional and personal family members, who have been able to bring to our committee hearings a variety of expertise and experience that has provided the committee with the opportunity to hear this expertise and look at this piece of legislation from that standpoint. It is clearly an important departure, one that has provided all of us on both sides of the House with a great deal of information.

I would just point out that in this legislation it does in fact suggest that there is a responsibility in making sure that the treatment is available in the community.

Mr Michael Gravelle (Thunder Bay-Superior North): Certainly this is a very important piece of legislation—I think everybody in this Legislature understands that—and it's very sensitive legislation. We have discussed it and debated it previously in the last Parliament. I know that Mr Patten, my colleague from Ottawa Centre, brought forward his private member's bill and was very careful to make sure that he was addressing the need to balance people's individual rights, which are extraordinarily important in our society, with the need to provide for treatment for those who truly need it.

I think it needs to be said, and I know it has been dealt with by the member for Stoney Creek—who I think we all appreciate has worked closely with my colleague from Ottawa Centre and our critic, and with the third party as well—to try to recognize that this needs to be dealt with in an extremely sensitive manner, because in order for this legislation to have an opportunity to work, the resources do need to be in place. Those resources can range from the fact that we may need to have more beds in our psychiatric system—and we, of course, have watched the reduction in the number of beds in our system over the last four years, which gives us great concern—as well as the need for supportive housing and transitional housing. This makes me think very directly of the needs that we have in our emergency shelter in Thunder Bay, Shelter House, which is threatened with closure right now; 75% of the people who are at Shelter House are people with very strong mental illness challenges. But there's no question that this is legislation that is being taken very seriously.

I have also worked with the Thunder Bay branch of the Schizophrenic Society of Ontario and with Helen Schumacher and her husband, the late Bob Schumacher, an extraordinary man who was very important to so many people in the mental health community. I want to pay tribute, if I may at this opportunity that I have now, to Helen, who has worked so very hard and sensitively, and certainly to the memory of Bob, who was an extraordinary individual, and I know this legislation would mean a great deal to him. I know they share the same sensitivity that this be done the correct way.

The Acting Speaker: A two-minute response, member for Stoney Creek.

Mr Clark: I want to thank the members for St Paul's, Timmins-James Bay, York North and Thunder Bay-Superior North for their comments and questions.

I came to this House on June 3, and I came to the House a bit of an idealist. I really did believe we could strive to develop the ways and means to develop good public policy in a non-partisan way. I didn't venture to guess at that time that this particular portfolio would be placed in my hands. I think we have an opportunity here in this House. I know there are concerns in the House—the member for Timmins-James Bay expressed some reservations and reticence—and there are concerns in the public. I think it behooves all of us in this House to understand the true implications of what we're trying to accomplish and try to make the bill the best it can be, try to make the legislation the best it can be. That's why I'm committed to working with the opposition members in terms of developing amendments that all of us can live with and moving them forward. It has been a very worthwhile process so far.

I'm reminded of a comment that was written in the Talmud in 30 BC. It has been paraphrased many times, but the gist of the expression is: "If not us, who? If not now, when?" I think that's where we are right now with mental health reform: If not us, who? If not now, when? I really do hear the concerns about resources. So the member for Timmins-James Bay understands it, I said in the consultations that I would be failing if we bring in legislation without dealing with the community supports. We need both. But before we can get down that road, we need to fix the legislation so we can build a continuum of care from the psychiatric facilities to the community. I encourage all parties to support the bill.

The Acting Speaker: Further debate?

Mr Richard Patten (Ottawa Centre): I must express being very happy to be here this evening to participate in the debate on this particular bill and that the government has seen fit to adopt some of the recommendations that have come forward.

I want to remind people that three successive times I've presented private member's bills—111, 79 and 29—in the last three sessions of government. This goes back originally to January 27, 1997. I recall that during the election of 1995, it was the group called at that time the Ontario Friends of Schizophrenics, now called the Schizophrenia Society of Ontario, that provided the original inspiration for those bills. With each one there were amendments and a progression, moving towards dealing with and recommending community treatment programs. While these bills didn't pass at the time, there was considerable discussion with the ministry, with the minister and with people in the community, of course, receiving and seeking legal counsel. There was a general progression, and I want to acknowledge the many families

and individuals in particular, associations and organizations that have been attempting to promote what I believe is the core rationale of this particular bill. What is really at the core is talking about treating a very small population within the general mentally ill population. I will elaborate on this as I go through, and I think many members will address this particular issue as well.

I also want to say that I have always maintained, and I believe we have that spirit today in the House related to this legislation, that this is a non-partisan issue, that this is something that goes beyond trying to seek points for one party or another, that we really need to respond to a general population who have family members in need and people who have needs that are not being met at the moment.

I'd also like to acknowledge the fair way in which the committee proceedings have been held, under the chairmanship of Steve Gilchrist. I think he has done very well. I want to acknowledge the minister's efforts and those of the parliamentary assistant from Stoney Creek. He has shown some skill in shepherding consultations in the community, as well as a real desire, a personal feeling of, "Let's try and do this together." I have great respect for that and I share his ethics and his intention on this.

2000

Those invited to present before the committee represented numerous organizations, experts, consumer-survivors and individuals. As well, it was the first time since the standing orders were changed that a bill went directly to committee after first reading, which is essentially not a debate, not a discussion, but an introduction of a bill into this House. I believe that will make a difference, because it offers the committee members an opportunity to receive and hear testimony and then gather their thoughts in light of the depositions and witnesses' points of view to then present their views here in the House. I will tell you that I have changed and added some things and learned some things from many of the groups that have presented to us during this particular phase. I'm hopeful that this may be a new way of operating and a more constructive way, because I believe it represents the kind of opportunity that will lead to better legislation, and hopefully every single MPP would wish to see that happen.

I hope this will continue. I do have a couple of concerns. We still haven't received the information from Hansard on our hearings yet. We haven't received from research some of the points we had requested. I just identify those as concerns, being hopeful that we can overcome these and make sure we've got the very best information available and opportunities for members to speak to the bill being conscious of representations that have been made to us. I do hope the government continues to honour its pledge of working together.

The government has fittingly, in my opinion, chosen to call this Brian's Law after Brian Smith, the much-admired Ottawa sportscaster, whom I knew very well on a personal basis. He was tragically deprived of life by the act of a man suffering from a severe, serious mental illness. As has been said already, that may have been prevented had we perhaps had this legislation in effect at that time.

I recall speaking at the inquest, and the changes being suggested as a result of that inquest are now very similar to the changes I had proposed in one of my bills and that are proposed here again in this legislation. I'd also like to acknowledge the courage of Alana Kainz, Brian's widow, who has spent much time studying, reading and lobbying for changes to the Mental Health Act in the wake of her incredible loss, as we can imagine.

Others who testified at the hearings, who also suffered loss of immediate family members, include of course Sheila Deighton, from the eastern Ontario area, and Lori Antidormi in losing Zachary, their son. There are numerous other examples that I will not get into.

Since this began, I've had feedback from many other individuals both for and against what are called community treatment orders. I've heard from family members who have told heart-wrenching stories about their adult children who desperately need treatment and are unable to access it because they characteristically are unable to recognize and accept their illness.

I have testified as a witness at two inquests, the Kovalsky-England and Brian Smith's, both of which recommended community treatment orders among their many recommendations.

I have so much to say but not enough time to say it in my speech this evening, so I will be addressing the amendments in the bill, not all of them, but dealing with the area of the community treatment orders. I have seven points that I would like to make.

The first point is the need for a preamble in the bill. The intent of having a preamble in the bill is to assure the public and those who have worries that we are talking about a very small, targeted group within the mental illness category of individuals, and it would serve that function. When I led off debate at second reading on Bill 78 in February 1997, I said the bill was based on the following principles: that persons who suffer from severe mental illness such as schizophrenia should have the right to access the medical treatment they require as early in the course of their illness as possible; that treatment should occur in the least restrictive environment possible; that treatment should be tailored to the needs of the individual; that there remains a need for involuntary hospitalization because of the reality of severe mental disorder; that everyone requiring treatment in the absence of their consent does not need to be detained in a hospital in order to receive such treatment.

I supported these principles then, obviously, and I support them again today. Our caucus has suggested a preamble for this bill. Indeed, with the non-partisan approach I referred to above, there has been an apparent agreement, subject to some rewording and some final approval by the committee, and I do hope that will happen.

I can't underscore enough the importance of this preamble, because it will clearly define the small group of persons to which the amendments in this bill are targeted:

the hard-to-serve severely mentally ill. While we heard this point throughout the hearings and while the literature on community treatment orders says this, there still remains confusion about exactly who this relatively small proportion of patient population is. A preamble would clarify that in legislation, particularly that CTOs are intended for individuals who cycle through repeated involuntary admissions—some might call it the revolving door syndrome in and out of hospitals—stabilization, release to the community, failure to take medication or follow a treatment plan, deterioration and readmission to hospital once the dangerousness threshold has been achieved.

Second, the definition of community treatment order: It is my view that the term "community treatment agreement" might better describe what we have. CTOs, community treatment orders, come from the United States of America. They are truly a court order. The "agreement" we are talking about that has been introduced here is really a consensual model that seeks agreement by the patient or a substitute decision-maker. I think "community treatment agreement" would alleviate the concern of those who are thinking of something in a far more judicial legal sense but see it more as a medical model of being able to treat someone who is in need of that treatment.

We also have proposed changes to the criteria for an order to narrow the threshold criteria to three previous involuntary admissions or a cumulative total of 60 days of involuntary stay in hospital over the immediately preceding two years, to make this more consistent with the legislation that exists in Saskatchewan. Their most recent reports show this is working. We proposed changing previous admissions to involuntary admissions, because we heard from those who felt it was important not to widen the net or penalize those—or some people feel they may be penalized—who seek treatment on a voluntary basis or who have sought voluntary treatment in the past.

I want to mention that some presenters did not believe that CTOs are necessary because of the leave-of-absence provision that exists in the present Mental Health Act, section 27 of the present act. However, this is not a feasible alternative. I'd like to quote Dr David Goldbloom, physician-in-chief of the Centre for Addiction and Mental Health in this regard:

"Section 27 of the Mental Health Act, which allows involuntary patients to be out of the hospital for up to three months, was not intended to provide community-based treatment and is predicated on the assumption that the patient will in fact return to hospital. A recent review board hearing at the centre did not uphold the use of section 27 for community-based treatment of a certified patient. It is clear that section 27 was not designed to be used as a mechanism to enforce community-based treatment, and should not, therefore, be upheld as a special alternative."

Third, the indicators of success of community treatment orders: Since Saskatchewan enabled CTOs in 1995, an average of 60 are issued per year for an initial duration of three months. Generally, persons subject to a CTO have one or two renewals. While no formal in-depth evaluation has been undertaken, however, strong evidence given by Dr John Elias at the committee hearings indicated that there are approximately 15 individuals on CTOs at any given time. This is not a massive number of individuals.

Do they work? Preliminary findings suggest—and I was just reviewing this research this afternoon—that indeed they do, that the majority of persons subject to CTOs in Saskatchewan actually continue to live in the community successfully with treatment.

2010

This particular survey, which was undertaken by Doctors O'Reilly, Keegan and Elias, reported:

"The longest continuous period for which a patient was the subject of a CTO was 24 months. However, only six psychiatrists reported having kept any patient on a CTO for longer than one year.

"Of the psychiatrists who had not used CTOs"—they surveyed all the psychiatrists in the province—"465 expected to use them in the future. Moreover, among psychiatrists who had used CTOs, 43% expected this use to increase. Thirty-seven percent of psychiatrists had identified patients in their practice who would be suitable for a CTO, but who had not been placed on an order" as of yet, and it goes on to describe some areas.

In summary, in terms of this particular study, CTOs are viewed by psychiatrists in Saskatchewan as a valuable legal tool in the treatment of patients with severe mental illnesses.

During the committee hearings a number of research studies were cited. Many were from the United States, where involuntary outpatient committal or outpatient committal is the most similar legislative mechanism to what we're talking about, but is not a legal program; it is a medical model.

Studies present the case both for and against. Some present both, as I've just said, and I'd like to reference the findings of two that particularly struck a chord for me.

A National Survey of the Use of Outpatient Commitment by E. Fuller Torrey, MD, and Robert J. Kaplan concluded, "Outpatient committal has been most comprehensively examined in North Carolina and their studies suggest that the role played by mental health professionals and mental health centres is critical to the success of outpatient committal programs."

Several studies of outpatient committal in the US show that they did result in fewer readmissions and fewer hospital days than control subjects. Particular benefit was shown with those with non-affective disorders, presumably schizophrenia, according to Dr Russel Fleming, who presented to the committee. But more important was the conclusion "that sustained outpatient commitment reduced hospital admission only when combined with a higher intensity of outpatient treatment."

Dr Julio Arboleda-Flórez—that's quite a name to pronounce—cited a particular study as he came before our

committee, and he asked, "Can involuntary outpatient commitment reduce hospital recidivism?"

The findings from a random trial with severely mentally ill individuals by Swartz and Swanson, also cited by others, were that, "Outpatient commitment can work to reduce hospital readmissions (by 57%) and total hospital days (20 fewer) when orders are sustained and combined with intensive treatment, particularly for individuals with psychotic disorders (72% fewer readmissions and 28 fewer days)."

This brings me to my next point: the need for effective mental health resources in the community. If there is one area in which there seemed to me to be overwhelming consensus, it was the importance of resources. I understand the government is putting resources in and much of that is going in by way of what are called ACT teams, assertive community treatment teams. The research has shown that they are effective. They've gone through the study phase and they are being applied. There are about 51 of them being applied in and around Ontario. The feeling is that we need to make sure that we have the resources; otherwise, this particular piece of legislation just will not work.

The treatment plan assumes frequent contact with the attending physicians, other health practitioners or persons involved in the person's care or treatment, the substitute decision-maker, if there is one, and the person who is the subject of the order.

Indeed, in the study cited above of findings from a random trial with severely mentally ill individuals, their analysis of effective outpatient services suggested regular and sustained levels of outpatient services averaging more than seven services per month.

The presentation from the Association of General Hospital Psychiatric Services underscored the need for the availability of community resources if the success of CTOs hinges on effective treatment. With most of the provincial psychiatric hospitals either closing or divesting, and the Ontario general hospitals which have psychiatric services picking up the slack, the association contends that emergency rooms have become the "pressure point" or "gate" to the community mental health system.

Some presenters indicated that a comprehensive list of services should be included in the legislation. My concern with that recommendation is that this could delay implementation efforts and there may be things left off the list, and if they're off the list then perhaps they're not available under the legislative format. What we need to do is assure access to a range of community-based mental health services across the province.

We also heard testimony from many underserviced areas where access in a timely way is not ensured. Dr Ian Musgrave spoke to the committee about assertive treatment teams and the role they could potentially play with CTOs since they are in many cases dealing with the same clientele. Currently there are approximately 50 ACT teams being developed across Ontario, and Dr Musgrave suggested that Ontario will most likely need a total of 150 over the next period of several years in order to provide effective support. We're not saying that all ACT teams need to be the basis for CTOs, but they do seem to be forming a basis for some common service networks that need to be strengthened with other agencies, groups and professionals.

The importance of evaluation: The Centre for Addiction and Mental Health, in its Best Advice paper, strongly recommends:

"CTO initiatives in Ontario have qualitative and quantitative evaluation components attached to them. Evaluation should extend beyond the standard measures of numbers of hospital admissions, days in hospital and medical compliance, to include quality-of-life improvements and client-family satisfaction measures. Parallel research into the effectiveness of alternatives such as conditional release and guardianship would be useful."

They further recommended:

"A sunset clause based on evaluation results should be incorporated into the legislation. In the event that CTOs are shown to be ineffective in achieving higher rates of treatment compliance, they should be discontinued. There should be an explicit time frame for making that decision."

Our party supports the spirit of that. The importance of evaluation and monitoring and looking at what we are doing, and the true, effective measures of success, need to be concurrent with the implementation of this program.

Concerns about civil liberties: During the hearings we heard concerns from a number of consumer-survivor groups and individuals about infringements of civil liberty. There was both mistrust and misunderstanding, particularly about CTOs. Some consumer-survivor groups critical of CTOs and of Bill 68 in my opinion are scaring people and leading people to believe that large numbers of persons will be forced into treatment against their will.

CTOs are not for everyone. In fact, they are intended for a very small percentage of the mentally ill population. I clarified this when I mentioned above the need to clarify this in a preamble, but it is worth repeating here. The Centre for Addiction and Mental Health concludes, "Only a small number of clients would be candidates for CTOs," and further, the position of the Ontario Medical Association subsection on psychiatry is that, "CTOs are a necessary tool to ensure appropriate treatment for a small group of patients only, namely the 'hard to treat' that lack capacity and who are likely to become a risk to themselves or others or are at imminent risk of serious physical impairment."

In summary, I agree with the assessment of the Centre for Addiction and Mental Health, which puts out a Best Advice paper on CTOs. In February of this year, the paper says: "In short, CTOs must not be seen as a panacea that will solve the problems of non-compliance on their own. Instead, the effectiveness of CTOs will be highly dependent on the availability of a range of other supports and services."

The safeguarding of rights: Let me start by saying that I am very aware of the charter protection of rights, such as the right to liberty, the right not to be detained arbitrarily and the right to security of the person. Limits on charter-protected rights must be clearly justifiable. But it is important to recognize that persons have the right to be treated by the mental health care system as well, especially if they are not capable of making that decision for themselves.

I believe that people have a right to be healthy. I believe that we have an obligation to seriously mentally ill persons to ensure that they have access to medical care when they need it. I believe that we need to support families in caring for their severely mentally ill loved ones. As Selina Volpatti, the immediate past president of the Schizophrenia Society of Ontario has so poignantly put it, "This is not a political issue; it is a health issue and an issue of saving lives." As Bridget Hough said during committee hearings: "They have had their right to refuse medication honoured for long enough. Now let them enjoy their right to treatment, their right to get better, their right to services, the financial and social supports they need and the opportunity to reclaim their lives."

2020

Our party is very cognizant of the need to safeguard the rights of mentally ill persons, particularly those who are being considered for community treatment orders. We have submitted that rights advisers should be certified to ensure that individuals receive accurate information from qualified persons and that they be well resourced.

We have registered concern about confidentiality of information regarding someone who is subject to a CTO. We have noted that persons dealing with the criminal system as opposed to the civil system appear to have more rights because they have the right to legal counsel. We are not suggesting that the mentally ill be routed through the criminal justice system and found it quite abhorrent when one witness testified: "The current mental health legislation failed to protect our family. It took a criminal offence to finally get the treatment our family needed." The criminalization of the mentally ill was brought up by numerous presenters; notably, the Schizophrenia Society of Ontario, Dr Al Eppel and Dr Russel Fleming.

Finally, I wish to address a sensitive issue, the relationship between mental illness and violence. You can appreciate why this is a sensitive issue. We heard testimony from some groups claiming that the mentally ill, for example, are no more violent than others. I don't disagree with that general statement, but it was basically left there. We also heard that there is a relationship that under certain circumstances the severely mentally ill are more violent than the population at large. Typically, the research shows that becoming violent can be directly related to behaviour of the small group of mentally ill people who go off their medication or are using other drugs, alcohol or have paranoid delusions. This combination points to the danger in leaving someone with paranoid schizophrenia untreated, who does not understand his or her illness.

Dr Julio Arboleda-Flórez presented testimony about the findings of the characteristics of patients that support the stereotype of mental illness and violence. He reported that only about 6% of those persons who are violent are the ones who cause most of the problem, and about 6% of those seriously mentally ill, those individuals who cause violence in mental institutions, belong to this particular group and are responsible for 50% of all the attacks and 50% of all the serious attacks.

He reported findings that 25% present fear-inducing behaviour during the two weeks before admission; 32% present such behaviour at the emergency ward and 13% attack emergency personnel; about 20% of admissions to acute psychiatric hospitals have committed violent assaults during the two weeks before admission, and 60% attack relatives, which go primarily unreported because a mother or father does not want to go to the police in order to get their son or daughter charged. So it's a very difficult thing.

I did want to address this, because while it is true in the general population, there is a small subgroup in which the risk of violence to themselves or to others has a factor of eight, nine or 10 times, and I felt that should be put on the record.

I've only got a few minutes left, so I'm going to move quickly to another section and suggest, in summary, on that statement that when you introduce substance abuse to those who suffer from certain mental illnesses, then the likelihood of violence becomes a very high consideration.

In summary, we support the major thrusts of the government's amendments to the Mental Health Act in Bill 68. Our party has some specific suggestions for amendments that would change the name of a community treatment order to a community treatment agreement. We think that would better reflect the reality of what the community treatment plan is. It would clarify exactly who CTOs are intended for, strengthen their rights provisions and seek greater protection from liability for persons who provide care in addition to treatment under the CTOs, among others. CTOs have received the most attention or are the most significant part, in my opinion, of the amendments to the act.

Our party believes that CTOs are key to addressing the problem with the severely, seriously mentally ill—that small population. We believe CTOs will reduce both the number of repeat hospitalizations and the total days stayed in hospital. CTOs will support the movement of patients from in-patient hospital beds to outpatient treatment and community living—not for everyone but for some in that category.

The CTOs will put a demand on services and resources, and their availability in the community—meaning resources—is key to successful implementation. Our party does not believe that Bill 68 represents coercive legislation or that CTOs give control to one person over the life of another.

Finally, I would like to quote Ian Chovil, in his deposition to the committee hearing. He said: "I would have no objection to a CTO if I became psychotic again. I wonder why I had to lose 10 years of my life to an untreated psychotic episode. I didn't know that I was ill. For me, a CTO law is like a law requiring you to use seatbelts. It is for your own protection whether you agree with it or not. CTOs will save lives. It is a law for people who consistently get into accidents without their medication."

I am going to stop there and simply say that the spirit of co-operation and non-partisanship that has taken place to date on the government side and with the opposition parties has been terrific. I will be happy to participate in that particular manner and spirit and so I believe will my colleagues in the Liberal Party.

The Acting Speaker (Mr Michael A. Brown): The member for Timmins-James Bay.

Mr Bisson: As I mentioned in one of the responses I had before, I come to the debate with a bit of personal experience. I don't pretend or purport to be an expert on this issue. I just bring the experience I've had dealing with a member of my family, my sister, who is schizophrenic, and who had to go through many bad times in order to get to the better times that she has today.

I am inclined initially not to support this legislation, and I'm speaking as a member at this point, not so much for the caucus. But in saying that, I understand some of the arguments that have been put forward by members of this assembly on both sides, including my own caucus, and some of the discussions I've had with various people in my community and the greater community of Ontario when it comes to this issue.

Before I start I want to say also that I appreciate that the parliamentary assistant is here for this debate and listening and paying close attention. That's something, quite frankly, I wish more parliamentary assistants and ministers would do. I think it helps in the debate and it also makes us feel as if what we're saying is being more seriously taken into consideration.

I want to come at it from this perspective. To a certain extent I guess we've come full circle in this province, and I would argue not only in Ontario but in most of the democratic world. There used to be a time when mental illness was something we knew very little about, and the only way we knew of to deal with problems of people with mental illness was basically to lock them up. Back in what they call the good old days, if you had a family member who was mentally ill from whatever disease it might be, people didn't understand it. We were afraid of it and we locked them up in institutions, never to be heard from again.

Society was shocked when the doors started to open to those institutions, when the media started to report, at the insistence of family members who had loved ones inside those institutions, the types of horror stories that were going on within the institutions, partly because the professionals of the day or lack of professionals of the day knew very little of mental illness. Some of the treatment these people got in institutions was quite inhumane and cruel. What we also learned was that a number of people were locked up in mental institutions who didn't need to be there.

This is not a partisan issue, I first of all want to say. This is not an NDP, Conservative or Liberal issue. This is an issue of all members and of great concern to us all. We learned that we needed to find some way to open the doors, so that we learned more about mental illness by putting it out in the open so that we as individuals within societies—professionals and laymen, survivors and people with mental illnesses—were able to see a little bit of the issue from both sides.

2030

That's when we started to recognize that we didn't quite have the answer to what to do, but we certainly found that locking up people wasn't the way. Slowly we started to try to find other responses. We started to recognize that possibly better institutions were the answer. So through the 1950s and 1960s the provincial governments across Canada tried to provide better care within institutions and provide greater human rights to individuals who were within institutions. Likewise, the professionals tried to learn more and made certain advances when it came to the treatment of mental illness, but a response still was an institutional one up until about the 1970s. We recognized up until that point that we knew very little about mental illnesses and we still had, "Well, we know we've got to lock them up but we don't quite know how to deal with it, so maybe we'll make their stay a little bit more pleasant," grosso modo the approach that provincial governments up until the mid-1970s were taking.

I would not argue for one second that it was because legislators of the day were mean or cruel or because they wanted to punish people with mental illnesses; it was because we didn't know a lot about them. The great stride I think was made when we finally opened the doors of mental institutions and we started to try to find ways to bring people into our communities so that we could put around people with mental illnesses certain supports, having family members as part of the care they need in order to deal in some cases with the mental illnesses or with the various diseases of mental illness. We started to learn about providing community support by way of assistive housing, by way of community services that were brought together by the Canadian Mental Health Association and others. We started to learn that a community approach was more or less the better way to go. It was still not perfect, we still didn't know a lot, and it was a growing experience for all, for those suffering with mental illnesses and certainly for those working within the sector, providing services for the families.

What happened was, as we sometimes tend to do in legislatures, we might have moved a little bit too fast when it came to opening the doors of those institutions, because by and large we depopulated those institutions so quickly that some of the people who needed to have more support in an institutional setting were basically dis-

charged from the institution and ended up in communities with no support at all, either because there were no family members around to care for them because they had been locked up for so long or because other circumstances put them in that category.

I feel somewhat—and this may not be fair, but this is what I feel—that to a certain extent the law we're debating tonight that we're trying to pass through this Legislature deals more with that group of individuals, those who are harder to serve, those who are without the kinds of family supports or the wherewithal to function within a community setting. So our reaction is that we're afraid. We don't know how to deal with these people. In some cases families don't know how to deal with these people. So we look at the state to come up with a solution, to provide some way of dealing with this because it's rather uncomfortable: "I don't want this person with a mental illness on my street corner. I see that man or woman and I wonder, are they a danger to themselves, are they a danger to me, are they a danger to my neighbour?" To a certain extent I feel that this law speaks to that probably more than it speaks to the other side of the issue: people with mental illnesses who have supports around them. That's what I really want to concentrate on this evening.

My experience, as limited as it is, in dealing with my own sister, Louise, who is schizophrenic and dealing with others I know in my community who suffer from various mental illnesses is that the better the supports are that we put around them, the better they do. My sister—I can tell you I feel this deeply—would not have been well served strictly by way of a community enforcement order or a community support order. Picking Louise up off the street and putting her into an institution or trying to force care on her I don't think would have worked. I recognize that I'm explaining that in a very extreme way, and if anybody gets up and says that's not the intent, I hear what you're saying. But understand what I'm getting at here, that what worked for Louise was a mother, my mother, who was tenacious, a father who was supportive and two brothers who were along for the ride in some cases because siblings tend to be the secondary providers of care; more often the job falls to the parents.

My mother—I give her great credit—worked quite hard and was quite frustrated about providing the kind of support my sister needed, to be able to deal with her mental illness. She quite frankly lobbied me when I was government to do exactly this. I resisted at the time because I was nervous about the issue of taking away individual rights on the basis of a mental illness. Again, there are extremes. There are those people for whom maybe there are good reasons why we need to do that, because they may be a danger to themselves or others, but in a lot of cases that's not the case and we misinterpret the person's diagnosis or we misinterpret the person's actions. That might be utilized to take away individual rights and that's what scared me.

The point I make is that what really worked for Louise was when it came to the point where she accepted that there was a system there, community support services through the Canadian Mental Health Association and through a family support network, that allowed her to deal with her illness. By providing, at times, institutional care—she was in and out of St Mary's mental health centre a number of times, now the mental health section of the Timmins and District Hospital—and also living in a residential program, she slowly started to come to the realization that she was ill. That's the problem normally with schizophrenia, that we don't accept we're ill. The minute we start to feel a little bit better we figure, "That was just a bad bout and I'll be OK now; I don't need to take my medication," and unfortunately they take a relapse.

What happened with my sister was that eventually at the insistence of my parents, at the insistence of the people around her who loved her and at the insistence of the community system that deals with it, she has now been well for the better part of three years. She is on medication, she will never completely recover, but Louise now lives in her own home along with another individual who suffers from a mental illness. It's a fourplex where there are basically three other apartments with people in similar situations who live two per apartment. The Canadian Mental Health Association comes in every day, checks to make sure everything is OK, keeps an eye out, and Louise is doing quite well. She's happy in her home. She's happy in her life. She accepts her illness, and really that's the step to, not so much recovery but the step to being able to deal with managing your illness. Until you recognize you are ill, it's pretty hard to accept treatment.

I guess that's the point I want to make in this debate. I think in some cases, and this is where I'm prepared to listen to debate, where there may not be a support group around a person with a mental illness and there's nobody around to be able to assist them and to help them through their illness and help them make decisions, there may be good argument to do what this legislation purports to do. But I worry, as I read the legislation as it's written now, that it might, I think, go too far. We may be in a situation where people like my sister and others I know may be interpreted as having behaviour that is within the realm of this legislation, which would allow people like my sister to have her rights taken away. My sister may be ill but she is still a human being, is still, as far as I'm concerned, able to make her own decisions, and we need to respect her rights. I worry that if we were to go with the present way this legislation is written, we may go a bit beyond the pale. So that's the first point I make.

There's been a suggestion by some, I know the critic for our party, along with Mr Patten who spoke earlier, that maybe we need to come to this, not so much from community treatment orders but agreements of some type. I think the connotation is different and I think that's a point that's important. If you sit down with the people with mental illness and try to work out a plan with them, they may be more willing to enter into that plan to deal

with their illness. If we try to force treatment on to them it will be a different thing.

I know that because I've had to commit my sister a couple of times. On a couple of bad bouts I had to sign, I think they're called "section 1s"—I always get the term wrong—where you go to the justice of the peace and say, "I fear that my sister"—or whoever it is—"is a danger to themselves or others," and I've had to sign that.

Mr Patten: Form 1.

Mr Bisson: "Form 1s," as they're called, thank you, I was calling them section 1s but I stand corrected.

It certainly froze the situation, I've got to give it that, because we were desperate in some cases, but really the big stride in Louise being able to deal with her illness was when we were able to basically work with her, and the medical community was able to work with her, in order to deal with understanding her situation and what she needed to do to manage it.

So, I worry. I think community treatment agreements might be a different way of being able to do that and I'd like to hear a little bit more on that.

The other issue is that we need to make sure there are professionals who truly understand mental illness who deal with these orders or agreements. I would not want the average GP, quite frankly, or somebody of authority within the legal system such as a police officer or a JP, making those kinds of decisions or withdrawing people's rights, to force treatment on them, if they don't know something about mental illness. One thing I've learned is that doctors are sometimes well meaning, but they don't have the type of training to be able to deal with understanding mental illnesses in a way that allows them to deal with it in a rational way when it comes to what kind of treatment to give.

Part of my sister's problem was—I'm not going to put all the blame on the psychiatrists—they really had a hard time coming to terms with her disease and being able to properly diagnose and understand what was the best treatment. It was fairly subjective, the way I saw it, where finally, I don't know if it was by chance or by luck, a good psychiatrist was able to deal with better understanding my sister's situation so that her medications were better at dealing with her condition.

2040

I worry that the way the legislation is written now it's a bit too broad about who could trigger this legislation as far as the CTOs, the community treatment orders, are concerned. So I would ask that at the very least we make sure that whoever has the ability to put in place the mechanism that works towards an agreement, or if we end up with CTOs, which I worry we might, we only allow those people who understand mental illnesses to trigger those. Don't allow me, as a provincial member of Parliament, or a JP or a family doctor to trigger something like this, because we don't know a lot about it. I think we should leave that with people who know more than us.

The second point I want to make, which is really important, and has been touched on by the parliamentary assistant and also by Mr Patten—I forget your riding; I'd be naming it if I knew—

Mr Patten: Ottawa Centre.

Mr Bisson: I knew it was in Ottawa; the member for Ottawa Centre—is the whole issue of providing support services within the community. That cannot be stressed enough. We see it in spades in downtown Toronto, where we do not have the type of support services we need to deal with people with mental illnesses in a way that's progressive, in a way that allows us to progressively deal with their diseases.

That's everything from housing to pensions so they have dollars so they can pay the bills, to having support people who will help them pay their bills—because in some cases they're not well enough to do that themselves, and I can tell you a number of stories about that—to support from people who are counsellors trained to work with the individuals, the whole gamut of services we need to provide to assist these individuals. I preface that also by saying it has to be done in a way that involves the family, because if the family is not involved, I don't think it's going to work as well; I know it's not going to work as well. We need to ensure that the families are triggered into this in some way or other. So I say to the government, to the parliamentary assistant and others, it's very important that we make sure the services are within the community to deal with them.

I would be remiss if I didn't say a few things about the survivors network, because in Timmins I worked quite extensively, and still do from time to time, with the Timmins Consumer Survivors Network. I want to bring to this debate some of the comments they've made to me, which is that they understand that in some cases we may need to take extraordinary action, but they worry, as I do, that if we go too far we will be infringing on individual rights. These are all survivors, so I have to take at face value what they're telling me. They're individual human beings like you and I; they have rights and they don't want to see their rights trampled on.

On the other side, also, I want to say that the Canadian Mental Health Association in our communities of Timmins, Kapuskasing, Hearst and James Bay does extraordinary work to find solutions about how to service and support people with mental illnesses. On their behalf I want to say, "Bring in the money." There is a lot that needs to be done and unfortunately there is not the amount of money they need. I signal yes, the former provincial government assisted by providing dollars. This provincial government has provided dollars as well, in addition to those that were there before. Those are steps in the right direction, but we really need to make sure that those organizations like the Canadian Mental Health Association are quite well supported when it comes to dollars.

I just want to close with a few words in French.

Je pense qu'il est important de reconnaître que les individus qui ont des maladies faisant affaire avec la condition mentale doivent avoir respectés leurs droits. On doit s'assurer, à la fin de la journée, de ne pas mette en

place une loi qui va mettre en place un mécanisme où une personne non qualifiée pourrait possiblement retirer les droits humains de la personne et la forcer de subir des traitements qui peuvent être « counterproductive ». Je dis directement aux membres du gouvernement que vous avez besoin d'être très sensibles à cette question, de vous assurer que, si on va dans la direction que vous proposez, premièrement les seules personnes qui pourront mettre en place ces ordonnances de traitement seront des personnes qualifiées, et non des personnes non qualifiées, et que ce sera seulement pour ceux qui ont vraiment besoin d'aide, qui n'ont pas des supports autour d'eux, qui n'ont pas de famille ou dont la situation est vraiment extraordinaire.

Deuxièmement, on doit regarder le système pour s'assurer que les dollars nécessaires sont là dans la communauté pour soutenir ces individus. Comme j'ai dit tout à l'heure, ma soeur Louise, qui a elle-même une condition où elle est schizophrène, a fait de bons progrès basés, je pense, premièrement sur ma mère et mon père, qui ont travaillé très fort avec Louise pour une dizaine ou une quinzaine d'années en essayant de trouver des traitements qui marchaient pour elle, et sur le fait d'avoir une famille autour d'elle et un système communautaire qui a reconnu qu'elle avait certains besoins auxquels on devait répondre : un logement où elle pouvait demeurer, et une pension pour pouvoir payer ses « bills ». On devait s'assurer que les services étaient là pour faire le « counselling » nécessaire afin de l'appuyer avec sa maladie. À la fin de la journée, c'est seulement en travaillant en communauté avec ces individus qu'on fera les progrès nécessaires pour combattre cette maladie, qui est un gros problème. Merci.

The Acting Speaker: Questions or comments?

Mr David Young (Willowdale): Mr Speaker, I'm subject to being corrected by others, but I think it was the view of all that we were going to skip questions and comments. No? All right. Well, then let me commence my remarks.

Interjection.

The Acting Speaker: There's some confusion. The minister wanted to make a two-minute response.

Mr Young: I apologize, Mr Speaker. Sorry.

The Acting Speaker: The Minister of Consumer and Commercial Relations.

Hon Robert W. Runciman (Minister of Consumer and Commercial Relations): I came into the House not expecting to make comments, but it's quite ironic. It must be six or seven years ago that the member for Timmins-James Bay—he's not paying attention at the moment, but we had a discussion surrounding this issue in question period, following a murder in my riding, on the grounds of the Brockville Psychiatric Hospital. He and I almost came to a physical confrontation. The House had to be adjourned. I apologize to the member. I did not realize the depth of his feeling. I did not realize there was a member of his family who suffered from a mental illness. Certainly I think he would appreciate the depth of my feeling. This was the end of a series of very serious events in my riding with individuals being released into the community who should not have been and who posed a very serious public safety risk.

I'm very proud of my government and this piece of legislation. I commend Mr Patten as well for his strong initiative in this area. I have to say that back in—I'm not sure when it was, 1986? I see Mr Conway in the House. I was, I think, the only member of the Legislature at the time to speak against an initiative brought forward during the NDP-Liberal accord. It was brought forward by Evelyn Gigantes, an Ottawa NDP member, to afford occupants of institutions in the province the right to refuse treatment. That was, in my view, a very serious error on the part of this House, which led to very serious problems across this province and a murder and an attempted murder in my own community. Certainly the people in the psychiatric community and the people involved in the operations of our institutions were very concerned about that change. I could go on for a while, but the time—

The Acting Speaker: Thank you.

Mr Patten: I'd be pleased to comment on the remarks made by the member for Timmins-James Bay. He provided a historical backdrop, certainly shared his personal experience in his family, and I can readily identify with that. I would like to assure him that the issues he has raised are extremely important. Most of them are being dealt with and have been brought forward, and some are going to be in the form of amendments.

2050

I heard a statistic the other day from one of the doctors who was reporting, saying we've moved from 10 years ago when there were 60,000 people in institutions, to where we now have 13,000. Did all of those people get better? No. We know a lot of them didn't. So we've got to backtrack and we have to make sure that community resources—not just for community treatment orders, but even more generally—are there to avoid that. I would assure him, in the study and the review of the literature, in every jurisdiction the numbers are extremely small. They are small numbers, less than 1% of the mentally ill. We are talking of those people who have lost a sense of capacity, who need temporarily to be confined to a situation for some treatment. It was very encouraging to read this afternoon the numbers from Saskatchewan. They're using an average of two; that means within six months most people are off. The propensity to continue with a community treatment order along the lines you had mentioned is exactly what's occurring. I take heart from that. That's recent data and recent research, and I think you might find some solace in that.

Again to the member, the implementation also: In Saskatchewan, they took two years before they implemented their program to make sure their community supports were in place. We may have to take care to look at an implementation phase as well.

The Acting Speaker: Questions and comments?

Mr Clark: Throughout the consultations, one of the things that kept coming up, and the member for Ottawa spoke to it, was that people were saying it's a myth that there's violence from the mentally ill. To be completely

fair to the people who were opposed to it, I think in earnest they really believed what they were saying, but there was a little bit of factual prestidigitation going on.

I raised the concern about suicides. I raised the concern about victimization of the mentally ill. Quite clearly, that was paramount in my mind and in many of the people who appeared before us. The evidence shows from numerous studies that community treatment orders can help to alleviate, to eliminate, a great deal of distress in the community in terms of suicide and victimization.

I'd like to read into the record right out of the hearings a statement made by Ruth Malloy: "Please let me emphasize that it is not the intent of the proposed amendments to take away any of the genuine rights and freedoms presently enjoyed by the mentally ill. The target population of CTOs would be that small proportion of the mentally ill who lack insight into their mental state, have a history of robust response to medication, repeated readmissions to hospital and a chronic history of treatment non-compliance. Others have no reason to fear loss of autonomy."

I don't think anyone could have said it any better than that. Ms Malloy said it very succinctly, very clearly. We recognize that there is a broad spectrum of mentally ill: there are the very seriously mentally ill, and then you have the mentally ill in terms of depressions and compulsive disorders that would never enter into a community treatment order. We're talking about the seriously mentally ill. I think if we have developed the legislation with the right advice in it, then we can balance individual rights against the right to a safe society.

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): I want to commend the member from Timmins-James Bay. I listened with great interest to his comments. I don't know that I agree with everything he said, but I was particularly struck by his personal testimony about his family experience. Most of us here have probably had some experience; I know I have had, and on the basis of that experience, I say to the House tonight I strongly support this bill.

I'm probably the only one here tonight who was there 23 years ago when we last renovated the Mental Health Act. My friend Runciman talks about the former member from Ottawa Centre, Ms Gigantes, and the Minister of Consumer Relations is absolutely right. You know what I remember, Bob, about that Bill 19 debate of 1978? The very sharp difference of opinion between Gigantes and Elie Martel. When I look back, we were naive with Bill 19, or at least I was naive. I commend the members of this committee who have done all the work, ably supported by people in the community. But when I go back to Bill 19 in 1978, quite frankly, I think we expected more than was reasonable. There were deep divisions of opinion between the legal and civil liberty community on the one hand and family members and caregivers on the other. In the intervening 22 or 23 years I know I have, if not changed my opinion, certainly shaded it substantially about the need for the kind of changes this legislation speaks to.

So I stand here tonight and strongly support the legislation, but I want to underscore something my friend Patten has said. If we're not prepared to make the investments in both community and institutional mental health supports, this will be all a nullity.

In 1978 we were busy closing down the Lakeshore Psychiatric Hospital, among other institutional places. We were throwing hundreds of people out into the community, and there simply weren't the resources. I think we've learned a lot since then, but I repeat, if we don't make those community and institutional investments, this is not going to work very well.

The Acting Speaker: The member for Timmins-James Bay in reply.

Mr Bisson: In reverse order, I guess, to the member from Renfrew, I hear what you're saying, but from the experience you had some 23 years ago, I think we should learn that we shouldn't rush into this. We should make sure to get it done right, through the committee process, and understand what the pros and cons are so we do make sure we do a good job of this, because if we don't do a good job we can end up making more damage. I think it's a very good point.

To the parliamentary assistant, I thank him for the comments. In regard to the amount of violence by the mentally ill, I'm not an expert, but if we look at the percentage of violence within the mentally ill community as compared to the non-mentally ill community, it's probably the same. But what ends up happening is that because we're intimidated by the mental illness, sometimes we see it as being more than it actually is and we interpret certain actions as being violent where maybe they're not. But I hear what you're saying.

To the member for Ottawa Centre, I totally agree. First, we're in agreement around community supports. On the other issue, the Saskatchewan model, I agree that we need to phase it in. We need to make sure the way we do this is that we don't kick in those orders or agreements, whatever they are, until such time that, by way of legislation or regulation, we have in place those support services before the orders or agreements are actually enacted. I think we should learn from the government of Saskatchewan; in that case, a New Democratic one.

To the member from Brockville, in the 24 seconds I have, this debate is showing that we know each other very little as members. I remember that incident well. We almost had fisticuffs in this House. I had forgotten that, but I didn't realize it was for that particular issue. Sometimes, when we get into these debates where we're actually trying to work together to find a solution, we learn more about each other, and I think in the end we all gain. Certainly the people of Ontario do.

The Acting Speaker: Further debate?

Mr Young: I am indeed proud to join this debate tonight. Let me pause to note that this is a debate different from any other I have been privileged to be part of since joining this Legislature just over a year ago. Frankly, it's the way I thought it would be when I ran for office. This is a practice, a precedent that I hope can be

replicated in the future with other issues. Certainly the level of dialogue, the amount of listening, the responsiveness, the reasonableness that has echoed through this chamber this evening from all sides, from all parties, is refreshing and certainly most appropriate given the serious nature of the subject matter we're dealing with this evening.

I will indeed be supporting this proposed legislation. I am proud of the fact that it is tabled in front of this Legislature. I am proud of the fact that it came about as a result of consultation and input from members of this Legislature, regardless of their party affiliation, and came about after significant consultation with members of the public.

It's a difficult area. When one deals with the removal of very basic, very individual civil rights, it's always difficult. We must balance somehow or other. It's an onerous job, but somehow or other this assembly must balance the removal or the limitation or the restriction of those rights with the safety of our communities.

For the right reasons, there have been attempts to do so in decades past that have not worked out quite as well as we would have hoped. I want to say at the outset, remembering just how serious this issue is, that if this doesn't work or if this needs modification or amendments or more money than is currently contemplated, then we have an obligation to once again open up this difficult and onerous issue, re-examine it and get it right, or as close to right as possible.

2100

I think there are two perspectives that must be considered as you approach this debate, and I don't say these in any particular order. I don't rank one ahead of another; I think they're of equal import. The first is the safety of our community, the safety of our neighbours, our friends, our relatives. If there was ever any doubt about just how serious that is, how important that is, that doubt disappeared in a millisecond following Minister Witmer's announcement in this Legislature last month when she tabled this bill.

A number of the members of this Legislature followed her out into the foyer, as I did and members of the media, where a conference of sorts took place. In attendance at that conference were a number of individuals who are still trying to come to grips with enormous personal tragedies in their lives. I say to you without any hesitation and without any embarrassment that I was moved to tears as I heard the testimony and the emotions pouring forth from these individuals who had lost loved ones because of the aberrant, the criminal—I use the word "criminal" and I'll come back to that—behaviour of individuals in this society who had challenges too great to handle by themselves.

I heard Brian Smith's widow say—she calls herself his widow so I will use that term—in a moment I'll never forget, that she now believes that the deathbed promise she made to her late husband has been kept, because something good has come from his tragic demise. You recall that Brian Smith, who was a well-known professional athlete and sportscaster, tragically had his life cut short by an individual who had the sorts of mental challenges that we're talking about this evening.

That happened on August 2, 1995. The individual in question who took Mr Smith's life had a history of this sort of behaviour and in fact a history of violent behaviour directed against members of the media. An inquest took place, and at the end of the inquest it was quite clear, after considering the jury's recommendations, that the system that was in place simply wasn't good enough. It wasn't there for Alana, it wasn't there for Brian, it wasn't there for our society, and changes were necessary. That was very moving.

It was also very moving to hear the Antidormis. I know the parliamentary assistant knows this story and I'm sure that others do as well. A young man by the name of Zach Antidormi lived on Hamilton Mountain and about three years ago, when he was out with a neighbour, I think he was in a wagon in his neighbourhood in a laneway, he was repeatedly stabbed, to his death, by an individual who had similar challenges. His life ended violently, tragically, abruptly, prematurely. I saw his parents, and as is the case whenever one loses a child, the scars are still there. The wounds are still open. They came forward, as did Alana Kainz, to talk about how they supported this legislation, to try to make some sense of the tragic losses they had experienced—different parts of the province, different years, victims of different ages, but they had that in common. We call this, of course, Brian's Law.

Before I get into the other category of people I believe this legislation is intended to assist and will assist, I'd like to talk a little bit about one aspect of this bill that, if we were to name amendments—and I know we don't do that—I suggest would most appropriately be named the Antidormi amendment.

It's section 17 of the proposed legislation. It's a provision that removes the word "observed," or "observation" in various forms, from the predecessor legislation. It's a provision that says that a police officer who has reasonable and probable grounds to believe that an individual is going to take part in disorderly conduct, for want of a better term, but that's the term that over the years has developed—it's a provision that allows that police officer to take action to prevent the sort of tragedies we've talked about this evening and I talked about a moment ago. It's a provision that hopefully will allow individuals like the one who took Zachary Antidormi's life to be removed before they can do that. In the predecessor legislation, the current law, the law that would continue if this amendment didn't pass, an officer must actually observe this sort of aberrant behaviour, this disorderly conduct, or must base their ultimate conclusion upon their observations. Of course, to actually observe takes an inordinate amount of time, good fortune—or bad fortune, as one may describe it—and really imposes an impediment of threshold that is difficult to get over.

I'm very pleased to support this legislation, and I want to specifically mention that this section should be con-

sidered henceforth, in my respectful opinion, when one considers Zachary Antidormi and vice versa, so some good will come from that terrible tragedy. That is my hope.

I spoke at the outset about the fact that there are others, two categories, two perspectives, that must be considered when assessing this legislation and when taking the bold step that we are, I hope, about to take of limiting or restricting the rights of individuals within this society. The other individuals are the very individuals whose rights will be limited, whose rights will be restricted, whose liberty, whose freedom, at least to a degree, will not exist in the manner and to the extent that we all expect an individual should have.

I found it interesting, hearing the perspective of the various speakers this evening. Everybody who stood up to date has talked about personal experiences. Unfortunately, I too come to this debate with personal experiences. I have a nephew who has suffered with some of these challenges for most of the past decade and a half and who has had more than his share of problems. I don't want to suggest that this legislation, when passed, if passed, is a panacea, a quick fix for him and for the others in this province, but I do want to say it's a step in the right direction. It's a step in the right direction because it will make it easier for that individual and for the other individuals we've talked about this evening, and for those we haven't referred to directly, to help themselves.

2110

As an example—and there are numerous ways of the system essentially kicking in and coming into play—once an individual is put in a position where they are to be assessed by a psychiatrist, they won't be released unless certain things have occurred. They won't be released unless there's an agreement between that health care professional in charge of the treatment and the individual challenged, or their surrogate where they don't have the capacity to make that decision—they won't be released until there's an agreement that they're going to follow a treatment plan in the community. Let there be no mistake, there must be checks and balances and resources available to make sure that they do indeed follow that treatment plan. It's essential that we have a mechanism in place so these individuals can help themselves.

I was in my constituency office last Friday, as I guess many of us were. I was visited by a representative of the schizophrenia society. I was visited by two family members who came with this advocate. They came because they had a concern that I wasn't going to support this legislation. I shared with them some of my own personal experiences, because we all draw on our own life experiences to try to make reasoned and appropriate decisions in this assembly. I shared with them some of those experiences and they understood that I would support this legislation. They want the legislation to pass.

Without mentioning names and revealing the identity of these individuals, let me tell you about their experiences of late with the current legislation, legislation that we say must be changed. They have a son. I should tell you I was visited by a mother and a brother of a young man who is challenged. They came to talk about what the last couple of years have been like. They talked about form 1 and they talked about form 2 and they talked about 72 hours. They talked about their frustrations about getting the brother, the son, treatment, getting him into the right facility only to see him take the medication in a supervised fashion and see him released.

Most recently, this young man who was the subject matter of our discussion was released and left with another patient, a young woman. Together they travelled across North America, wreaking havoc, causing damage not only to their families but also to property. As an aside, they talked about the fact that the family car is still out somewhere in British Columbia. They don't have the resources to reclaim it, to get it back. It's still there. Perhaps more important is the human cost, the anguish that this mother and this brother felt. In response to a question about how the individual in question was doing, they told me very clearly that he's doing well now because he's taking his medication. It really is that simple in some cases. In some cases, it is not.

It is of the utmost importance in my mind that we pass this legislation. It's equally important to me that resources be in place. Programs have been established to some degree. I've talked to the Minister of Health, and I know she appreciates that some expansion is clearly going to be necessary. It's essential that we continue to monitor to make sure that set of resources is in place. And it's very important that we come back to this issue, that we revisit it to make sure we did get it right. I don't think you're ever going to get a piece of legislation of this sort, this complicated, perfect.

In my closing moments, let me talk a little bit about the fact that there are some out there who oppose this legislation. They oppose it, in my view, for the right reasons. I happen to think they are wrong to try to stop this legislation from going forward but they are opposing it for the right reasons. In many instances they oppose it because of the experiences they have had in society, experiences they've had where they may have been held at a particular institution in the past because of inaccurate diagnoses. But I suggest to you that the occasions where that occurs are relatively—I want to emphasize relatively—small. They're tragic when they occur but relatively small, and the number of people who can be assisted with the passage of this legislation, and having the resources in place to back it up, is much larger. I talked at the outset about balancing, and it's yet another balancing act that we must consider when we deal with this very serious issue.

I also have heard from critics a concern about abuse or misuse by individuals, and particularly, on occasion, by the police. There should be no doubt we have modified and made it somewhat easier for a law enforcement officer to start the process rolling, to ensure that an assessment is conducted. There is no doubt we have done that. But I would refer you to a study that came out of the University of Toronto criminology department recently

that talked about the infinitesimal number of times that police officers have abused these privileges where they have existed in other jurisdictions. I say to you that in the vast majority of instances, police officers want the tools to help themselves, they want the tools to help families—because this is very much about families, as I've said on numerous occasions—and they want the tools to help the individuals who have these great challenges.

I have the utmost confidence that police officers, who will still, as is the case with many aspects of the law, be obliged to consider reasonable and probable grounds—it's not a hunch, it's not a whim; it's "reasonable and probable grounds." They will still be obliged to consider those words and what are thousands and thousands of cases over the years that have been decided by the courts of this land, and in fact have been decided throughout the Commonwealth, to interpret those words to protect the rights of individuals and at the same time ensure that the rights of society and the safety of society remain a priority.

I say yet again, I know this legislation isn't going to cure all the problems in this very complicated matter, but I do think it is a very significant and meaningful step in the right direction and I will be voting in favour of it.

Mr Mario Sergio (York West): I am delighted to take two minutes at this particular time of the day. It was a pleasure listening to the various members on both sides of the House. I am delighted to have heard the experience and the knowledge which they brought to the House, being mostly the members who are sitting on the committee. Of course it is evident that what we heard tonight shows the input they have received during the various hearings.

As various members, and especially the member from Renfrew, were saying, this goes back many years. This is an issue that has been dogging the various levels of government for many years, and I think it's about time that we get down to business and deal with this particular matter.

There are times when the government introduces legislation that is very hard to support. This is one of those occasions when we are saying, "Let's do it; it's about time." The needs are definitely there, and it's not only the client who is suffering; it's the family members as well. I would say, let's get on with it. Let's approve of something now when members on both sides of the House favour it, but I would say, let's attach the proper responsibility, the proper funding, and let's move on with it. I think we owe it to those people.

I know that some members form outside the GTA area, when they drive into the city, see some of those people and wonder why they are there. I think we need the support, we need that balance, and we need the funding. They deserve it. We owe it to them, so let's hope that this will see speedy approval and we can all be happy with it.

2120

Mr Bisson: I listened to the member opposite make his comments and I have taken much of what he says to heart.

I just want to say, however, in regard to section 5 of the act having to do with the power of the police to take somebody off the streets and require treatment, the wording of the legislation talks about a person who "is acting ... in a manner that in a normal person would be disorderly." I think we've got to be really careful about giving that kind of power to police officers. I don't think police officers, quite frankly, want to be put in that position. I look at my colleague across the way who served some time in the police force, and I can't believe he would want to be in the position of having to make those calls.

I just repeat what I said earlier in the debate, which is that I think all sides of the House recognize that we need to try to find some way to serve those people who don't have support services around them, family or whatever it might be, and to be able to free the situation and to provide treatment so that they are not a danger to themselves or others. But I don't want to put police officers in the position of having to make those kinds of calls on their own; pardon the pun. That's why our critic, Frances Lankin—who, by the way, would be here tonight doing her lead, but her mother, as most members of the assembly know, is quite ill, and she has been with her since Friday. Our prayers are with her and her mother, and hopefully things will get better. I know that she has some amendments, along with the Canadian Mental Health Association and the Liberal Party—I should say our amendments, along with the thinking of the Canadian Mental Health Association—to deal with that issue. Most police officers, as the member across the way knows, want to do their job, but they want to make sure they don't put themselves as police officers in a position that might lead them to do something that may take away an individual's rights. That's not where the police want to be, and I think we need to make sure that professionals, who understand this far more than all of us put together, are the ones who are guiding us in regard to who should or should not be affected by these orders.

Mr Garfield Dunlop (Simcoe North): It's a pleasure to rise here this evening and make a few comments on Bill 68, Brian's Law, particularly the comments made by my colleague from Willowdale, who very eloquently spoke on a number of the issues in Bill 68.

I want to thank our Minister of Health and Long-Term Care, the Honourable Elizabeth Witmer, for bringing this legislation forward. It's very timely and much needed. Also Mr Patten for all his comments, and our PA, Brad Clark, for all the work he's done on it as well, and before him, Dan Newman. I know that Mr Clark went around the province doing consultations before the legislation was even introduced. That was directly following his appointment as PA, and I understand how much work he did on that.

I think what's important about Bill C-68—Bill 68; I shouldn't have said C-68—is that when you get thinking about it, it affects a lot of people. First of all, when you look at the legislation, it's maybe not important directly to your family, but as you think about other relatives and friends, other people you meet throughout society, you understand how many people are in fact affected by mental health. We sat in the room in the general government meetings and listened to all the stakeholders, people from each end of the spectrum. We listened to all kinds of organizations, university professors, mental health associations. It was so interesting to hear the comments and then for one time to hear so many positive things from all the members in the House.

Again, I thank you for this opportunity and I'll be supporting this legislation.

Mr Gravelle: I want to compliment the member for Willowdale on his very sensitive remarks, which I think are reflective of all the debate that has taken place in the Legislature this evening. Everybody obviously takes this matter very seriously. There is a long history and there is clearly a need to have mental health reform brought before the Legislature, and I think the timing is right.

The member used the word "agreement" quite frequently in his remarks, in terms of the agreement that needs to be in place with the person who is having the treatment. I would hope the government would be amenable to potentially changing the wording from "community treatment orders" to "community treatment agreements." I think wording is terribly important.

The member for Willowdale also stated something that I think is important to state, which is that this is not going to be a panacea. I think that is very clear. For those who are very keen to see this legislation move forward, one of my concerns is that there has been a sense that this will make an enormous difference in a very short period of time, and as my colleague for Ottawa Centre pointed out, there may be the need for an implementation phase or transition before it goes fully into place. I also think some communities will not have the resources in place to even allow the process to go forward immediately, so that's an important element.

I also make reference to some of the concerns that are being expressed by those who are opposed to it, the psychiatric survivors for one. I think they are concerned that the legislation itself will be used to treat people who they do not believe need to have these community treatment orders. That is something that we need to be very, very careful about. We know that in the last three or four years, we've seen people with mental illness challenges being put in jail rather than being in psychiatric institutions or getting help. We want to avoid that happening.

Certainly the debate tonight has been one that is fairly rare in the Legislature, unfortunately, but one that has reflected real sensitivity on all parts.

Mr Young: I also want to take this opportunity to thank my colleagues from York West, Timmins-James Bay, Simcoe North and Thunder Bay-Superior North for their comments.

In the moment I have now to speak further about this bill, I thought I would focus on some of the safeguards that are in place for patients. Frankly, we can't spend enough time talking about those safeguards, because they are essential as we proceed forward to try to have balanced rights and try to ensure that individuals and the community are protected.

A number of rights would flow from the designation of a committal order or community treatment order, including: a right of review by the Consent and Capacity Board with appeal to the courts each time a CTO is issued; a right to request additional reviews by the Consent and Capacity Board in the event of a material change whenever that may occur; a right to request a reexamination by the issuing physician to determine if the CTO is still necessary for the person to live in the community; a right of review of findings of incapacity to consent to treatment; a provision for rights and advice, and an entitlement to counsel appointed by the board.

As we proceed forward, and we've talked this evening about amendments that might be necessary, I for one would suggest that we are open to further dialogue about what rights need be in place to protect individuals but also to ensure that our society remains a safe place for individuals and families to live and work in.

With that in mind, I'll take my seat and look forward to the next chapter in what is a complicated but important development in the history of this province.

The Acting Speaker: It being 9:30 of the clock, this House stands adjourned until 1:30 of the clock tomorrow afternoon.

The House adjourned at 2129.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenante-gouverneure: Hon / L'hon Hilary M. Weston
Speaker / Président: Hon / L'hon Gary Carr
Clerk / Greffier: Claude L. DesRosiers
Clerk Assistant / Greffière adjointe: Deborah Deller
Clerks at the Table / Greffiers parlementaires: Todd Decker, Lisa Freedman
Sergeant-at-Arms / Sergent d'armes: Dennis Clark

Constituency Circonscription	Member/Party Député(e) / Parti
Algoma-Manitoulin	Brown, Michael A. (L)
Barrie-Simcoe-Bradford	Tascona, Joseph N. (PC)
Beaches-East York	Lankin, Frances (ND)
Bramalea-Gore-Malton-Springdale	Gill, Raminder (PC)
Brampton Centre / -Centre	Spina, Joseph (PC)
Brampton West-Mississauga / Brampton-Ouest–Mississauga	**Clement, Hon / L'hon Tony** (PC) Minister of Municipal Affairs and Housing / ministre des Affaires municipales et du Logement
Brant	Levac, Dave (L)
Broadview-Greenwood	Churley, Marilyn (ND)
Bruce-Grey	Murdoch, Bill (PC)
Burlington	**Jackson, Hon / L'hon Cameron** (PC) Minister of Tourism / ministre du Tourisme
Cambridge	Martiniuk, Gerry (PC)
Carleton-Gloucester	Coburn, Brian (PC)
Chatham-Kent Essex	Hoy, Pat (L)
Davenport	Ruprecht, Tony (L)
Don Valley East / -Est	Caplan, David (L)
Don Valley West / -Ouest	**Turnbull, Hon / L'hon David** (PC) Minister of Transportation / ministre des Transports
Dufferin-Peel-Wellington-Grey	Tilson, David (PC)
Durham	O'Toole, John R. (PC)
Eglinton-Lawrence	Colle, Mike (L)
Elgin-Middlesex-London	Peters, Steve (L)
Erie-Lincoln	**Hudak, Hon / L'hon Tim** (PC) Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines
Essex	Crozier, Bruce (L)
Etobicoke Centre / -Centre	**Stockwell, Hon / L'hon Chris** (PC) Minister of Labour / ministre du Travail
Etobicoke North / -Nord	Hastings, John (PC)
Etobicoke-Lakeshore	Kells, Morley (PC)
Glengarry-Prescott-Russell	Lalonde, Jean-Marc (L)
Guelph-Wellington	Elliott, Brenda (PC)
Haldimand-Norfolk-Brant	Barrett, Toby (PC)
Haliburton-Victoria-Brock	**Hodgson, Hon / L'hon Chris** (PC) Chair of the Management Board of Cabinet / président du Conseil de gestion
Halton	Chudleigh, Ted (PC)
Hamilton East / -Est	Agostino, Dominic (L)
Hamilton Mountain	Bountrogianni, Marie (L)
Hamilton West / -Ouest	Christopherson, David (ND)
Hastings-Frontenac-Lennox and Addington	Dombrowsky, Leona (L)
Huron-Bruce	**Johns, Hon / L'hon Helen** (PC) Minister of Citizenship, Culture and Recreation, minister responsible for seniors and women / ministre des Affaires civiques, de la Culture et des Loisirs, ministre déléguée aux Affaires des personnes âgées et à la Condition féminine
Kenora-Rainy River	Hampton, Howard (ND) Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Kingston and the Islands / Kingston et les îles	Gerretsen, John (L)
Kitchener Centre / -Centre	Wettlaufer, Wayne (PC)
Kitchener-Waterloo	**Witmer, Hon / L'hon Elizabeth** (PC) Minister of Health and Long-Term Care / ministre de la Santé et des Soins de longue durée
Lambton-Kent-Middlesex	Beaubien, Marcel (PC)
Lanark-Carleton	**Sterling, Hon / L'hon Norman W.** (PC) Minister of Intergovernmental Affairs, government House leader / ministre des Affaires intergouvernementales, leader parlementaire du gouvernement
Leeds-Grenville	**Runciman, Hon / L'hon Robert W.** (PC) Minister of Consumer and Commercial Relations / ministre de la Consommation et du Commerce
London North Centre / London-Centre-Nord	**Cunningham, Hon / L'hon Dianne** (PC) Minister of Training, Colleges and Universities / ministre de la Formation et des Collèges et Universités
London West / -Ouest	Wood, Bob (PC)
London-Fanshawe	Mazzilli, Frank (PC)
Markham	**Tsubouchi, Hon / L'hon David H.** (PC) Solicitor General / solliciteur général
Mississauga Centre / -Centre	**Sampson, Hon / L'hon Rob** (PC) Minister of Correctional Services / ministre des Services correctionnels
Mississauga East / -Est	DeFaria, Carl (PC)
Mississauga South / -Sud	**Marland, Hon / L'hon Margaret** (PC) Minister without Portfolio (Children) / ministre sans portefeuille (Enfance)

Constituency Circonscription	Member/Party Député(e) / Parti
Mississauga West / -Ouest	**Snobelen, Hon / L'hon John** (PC) Minister of Natural Resources / ministre des Richesses naturelles
Nepean-Carleton	**Baird, Hon / L'hon John R.** (PC) Minister of Community and Social Services, minister responsible for francophone affairs / ministre des Services sociaux et communautaires, ministre délégué aux Affaires francophones
Niagara Centre / -Centre	Kormos, Peter (ND)
Niagara Falls	Maves, Bart (PC)
Nickel Belt	Martel, Shelley (ND)
Nipissing	**Harris, Hon / L'hon Michael D.** (PC) Premier and President of the Executive Council / premier ministre et président du Conseil exécutif
Northumberland	Galt, Doug (PC)
Oak Ridges	**Klees, Hon / L'hon Frank** (PC) Minister without Portfolio / ministre sans portefeuille
Oakville	**Carr, Hon / L'hon Gary** (PC) Speaker / Président
Oshawa	Ouellette, Jerry J. (PC)
Ottawa Centre / -Centre	Patten, Richard (L)
Ottawa South / -Sud	McGuinty, Dalton (L) Leader of the Opposition / chef de l'opposition
Ottawa West-Nepean / Ottawa-Ouest–Nepean	Guzzo, Garry J. (PC)
Ottawa-Vanier	Boyer, Claudette (L)
Oxford	**Hardeman, Hon / L'hon Ernie** (PC) Minister of Agriculture, Food and Rural Affairs / ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Parkdale-High Park	Kennedy, Gerard (L)
Parry Sound-Muskoka	**Eves, Hon / L'hon Ernie L.** (PC) Deputy Premier, Minister of Finance / vice-premier ministre, ministre des Finances
Perth-Middlesex	Johnson, Bert (PC)
Peterborough	Stewart, R. Gary (PC)
Pickering-Ajax-Uxbridge	**Ecker, Hon / L'hon Janet** (PC) Minister of Education / ministre de l'Éducation
Prince Edward-Hastings	Parsons, Ernie (L)
Renfrew-Nipissing- Pembroke	Conway, Sean G. (L)
Sarnia-Lambton	Di Cocco, Caroline (L)
Sault Ste Marie	Martin, Tony (ND)
Scarborough Centre / -Centre	Mushinski, Marilyn (PC)
Scarborough East / -Est	Gilchrist, Steve (PC)
Scarborough Southwest / -Sud-Ouest	**Newman, Hon / L'hon Dan** (PC) Minister of the Environment / ministre de l'Environnement
Scarborough-Agincourt	Phillips, Gerry (L)
Scarborough-Rouge River	Curling, Alvin (L)
Simcoe North / -Nord	Dunlop, Garfield (PC)
Simcoe-Grey	**Wilson, Hon / L'hon Jim** (PC) Minister of Energy, Science and Technology / ministre de l'Énergie, des Sciences et de la Technologie
St Catharines	Bradley, James J. (L)
St Paul's	Bryant, Michael (L)
Stoney Creek	Clark, Brad (PC)
Stormont-Dundas- Charlottenburgh	Cleary, John C. (L)
Sudbury	Bartolucci, Rick (L)
Thornhill	Molinari, Tina R. (PC)
Thunder Bay-Atikokan	McLeod, Lyn (L)
Thunder Bay- Superior North / -Nord	Gravelle, Michael (L)
Timiskaming-Cochrane	Ramsay, David (L)
Timmins-James Bay / Timmins-Baie James	Bisson, Gilles (ND)
Toronto Centre-Rosedale / Toronto-Centre–Rosedale	Smitherman, George (L)
Trinity-Spadina	Marchese, Rosario (ND)
Vaughan-King-Aurora	**Palladini, Hon / L'hon Al** (PC) Minister of Economic Development and Trade / ministre du Développement économique et du Commerce
Waterloo-Wellington	Arnott, Ted (PC)
Wentworth-Burlington	Vacant
Whitby-Ajax	**Flaherty, Hon / L'hon Jim** (PC) Attorney General, minister responsible for native affairs / procureur général, ministre délégué aux Affaires autochtones
Willowdale	Young, David (PC)
Windsor West / -Ouest	Pupatello, Sandra (L)
Windsor-St Clair	Duncan, Dwight (L)
York Centre / -Centre	Kwinter, Monte (L)
York North / -Nord	Munro, Julia (PC)
York South-Weston / York-Sud–Weston	Cordiano, Joseph (L)
York West / -Ouest	Sergio, Mario (L)

A list arranged by members' surnames and including all responsibilities of each member appears in the first and last issues of each session and on the first Monday of each month.

Une liste alphabétique des noms des députés, comprenant toutes les responsabilités de chaque député, figure dans les premier et dernier numéros de chaque session et le premier lundi de chaque mois.

CONTENTS

Monday 5 June 2000

SECOND READINGS

TABLE DES MATIÈRES

Lundi 5 juin 2000

DEUXIÈME LECTURE