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Journal des débats (Hansard)

Tuesday 6 June 2000

Mardi 6 juin 2000

Speaker
Honourable Gary Carr

Clerk
Claude L. DesRosiers

Président
L'honorable Gary Carr

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 6 June 2000

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 6 juin 2000

The House met at 1330.
Prayers.

MEMBERS' STATEMENTS

COMMUNITY FAIRS

Mr John C. Cleary (Stormont-Dundas-Charlottenburgh): Today I would like to take the opportunity to highlight some of the local community fairs held in my riding. Each summer, several communities host their friends, neighbours and visitors to a showcase of local talent, delicious cuisine and a festive community atmosphere.

Summer wouldn't be the same without the excitement created by our local fairs. If you can remember when you were a child and you visited the local fair, you enjoyed the goodies, the rides and the displays. These fairs are a great opportunity to witness the community spirit at its best.

In my riding, the fair season kicks off with the Iroquois Summer Festival, July 14 to 16, followed by the Avonmore Fair, July 21 to 23. August 11 to 13 is an especially busy weekend, with both Williamstown Fair, the oldest continuous running fair in Ontario, and the Winchester Dairyfest. August 17 is the weekend of the South Mountain Fair, followed by the other fair in that community, the Chesterville Fair, August 25 to 27. Finally, the summer fair season finishes with the Stormont County Fair held in Newington, September 1 to 4.

These fairs are a great opportunity to see what the community has to offer, and I invite all members of the Legislature to join us.

ANNIVERSARY OF D-DAY

Mr Raminder Gill (Bramalea-Gore-Malton-Springdale): Today is June 6, the 56th anniversary of the D-Day landing in Normandy. On this day in 1944, the men of the Canadian 3rd Division, shoulder to shoulder with two British and two American divisions, assaulted the walls of Hitler's Fortress Europe at a place called Juno Beach. Many were only 17 or 18 years old. Others had been in Britain since 1939 and were having trouble remembering Canada, the country they proudly served.

Ontario sent the Queen's Own Rifles, a proud Toronto regiment with a long history, plus London's First Hussars tank regiment. They fought alongside boys from New Brunswick, Regina and Winnipeg. The Nazi opposition was so fierce that it would take a month to achieve the objectives set for the first day's advance. We should be amazed at the fortitude and resilience of our troops, a tradition carried on through Holland, Korea, and dozens of United Nations missions to the present day.

All Canadians should be proud and humbled by the heroes of Normandy. Their example reminds us that freedom must be defended or it will be lost. The Canadians of 1944 understood that each citizen bears that heavy responsibility.

Today, on this 56th anniversary of D-Day, we salute their accomplishment and mourn the 5,479 Canadian troops who died in the battle for Normandy. The veterans and the dead of Normandy have our utmost gratitude.

IMMIGRANTS

Mr Tony Ruprecht (Davenport): In Ontario we have a tremendous advantage because literally thousands of educated immigrants arrive here, but unfortunately this government is doing nothing to welcome these immigrants or help them integrate their skills into Ontario's economy. For example, in 1997 the Harris government closed all Ontario welcome houses; in 1998 they cut funding for international languages.

Today Dalton McGuinty and the Liberals have made a commitment. Our commitment is that we will try to do whatever we can to help immigrants find jobs. We will do whatever we can to welcome them to Ontario to contribute to the economy. We will do whatever we can so that they can enter their professional lives fully.

We're now getting phone calls since we made that commitment, and immigrants are telling us that they're forced to be taxi drivers, pizza delivery people and restaurant cleaners, because they cannot enter their professions. They're being promised, outside our embassies, that when they come to Canada they can enter professional life. When they come here they find it's a different ballgame.

Today we're asking the Harris government to open the door and to open their eyes to this iniquitous situation. Immigrants deserve, especially when they have education, to enter professional lives.

AMYOTROPHIC LATERAL SCLEROSIS

Mr David Tilson (Dufferin-Peel-Wellington-Grey): In my community, amyotrophic lateral sclerosis volun-

teers will be selling cornflowers this Saturday and hosting a barbecue at the Orangeville Mall. This past weekend, walks for ALS in Alliston and Smiths Falls raised almost $20,000. When an ALS volunteer approaches you this weekend, please make a generous donation to the ALS Society so that the dream of finding a cure soon becomes a reality.

Imagine not being able to walk, write, smile, talk, eat and eventually even breathe on your own, and yet your mind and senses remain unaffected. This is what having ALS is like for over 3,000 Canadians who suffer from this disease.

It can strike anyone and results in complete paralysis and death, generally within two to three years of diagnosis. Two to three Canadians die every day from ALS, which is also known as Lou Gehrig's disease. A number of years ago, my own father succumbed to this disease. As a result, I personally know the pain a person with ALS and their family go through as they deal with ALS. Although promising research studies are being conducted, there is still no known cure.

Across Ontario, and in fact Canada, June is ALS Awareness Month. Throughout the month, volunteers will be canvassing in malls and public areas to raise funds to fight this devastating disease. All funds raised will be spent on ALS scientific research. If you can, buy a cornflower for ALS.

PELEE ISLAND

Mr Bruce Crozier (Essex): After a 36-day ferry strike that virtually crippled its tourist industry, the Pelee community is ready to bounce back and eager to make up for lost time.

Pelee Island is well known for its abundant wildlife and stunning natural scenery. Birders from around the world come to visit what some have dubbed the warbler capital of North America because of the spectacular songbird migration.

Vineyards on the island produce award-winning wines recognized for their quality nationally and abroad.

Accommodations are many and varied, ranging from campgrounds for those who like to rough it to cottages fully equipped with all the amenities, and from bed-and-breakfasts to hotels, motels and inns. As you can see, Pelee Island has something to offer for everyone.

Pelee Island was the winner of the 1999 Attractions Ontario Outdoor Award, and with good reason. It offers a wonderful and wide-ranging outdoor experience with all the comforts of home and it's in our own backyard.

To the people, businesses and workers of Pelee Island, thank you for your perseverance, patience, understanding and support during the service interruption. The people of Pelee Island are a hardy group, and now Pelee Island is back in business and waiting to welcome you.

1340

CAMPING

Mr Gilles Bisson (Timmins-James Bay): I want to bring to the attention of this Legislature probably one of the stupidest things I've seen this government do in the last six years. Can you imagine that this government has decided, by way of policies of the Ministry of Natural Resources, to limit camping with camper-trailers and tents to 21 days cumulative on crown land in northern Ontario? There's lots of land in northern Ontario, as we well know, and the government doesn't need to put a policy that basically says if I own a trailer I can only camp on crown land for 21 days. All this policy is doing, quite frankly, is trying to force people off of crown land and into paid parks. I think this policy is wrong and it's going completely in the wrong direction.

Let me tell you what happened this last week. An agent of the Ministry of Natural Resources went to notify a camper that they had exceeded the 21-day limit. The camper agreed that they had done so and said, "I will move my trailer on Monday." What ended up happening? To make sure that the trailer had been properly marked, the MNR staff grabbed a spray bomb and painted the bumper of the trailer by way of marking it to be evicted from the crown land. This is nuts.

First of all, I call on the government to compensate those people who have had their trailers painted, and second, I call on this government to use a bit of common sense and allow people to camp on crown land. There's lots of it out there. I'm sure we can come up with a balanced policy.

LEADER OF THE OPPOSITION

Mr Garfield Dunlop (Simcoe North): From time to time, we in public life need to remind ourselves what the term "public" means. Oxford describes it as "open to or shared by all the people" and "provided by or concerning local or central government." The Leader of the Opposition showed that he does not understand the meaning of the word "public" when his personal staff prevented my assistant from observing a round table discussion he held with local mayors in my riding on May 26. Mr McGuinty's personal staff ejected my representative from the event, even though Mr McGuinty's itinerary clearly indicated that the media were welcome. If anything that was said at the round table could be reported by the media to the public at large, what did Mr McGuinty have to fear from those same remarks being reported to an MPP? Do I sense a lack of courage?

I wrote to Mr McGuinty last week, asking him to apologize for barring my staff member from the session. But as the Orillia Packet and Times reported last Friday, he and his office continue to stonewall and are unrepentant.

The latest development merely confirms my impression of the incident, and the way Mr McGuinty's spin

doctors staged the round table. They attempted to create the illusion of a public forum. During his visit, he told each group what they wanted to hear and he promised them everything: tax and spend, tax and spend, tax and spend. Some things never ever change around here.

Hon Frank Klees (Minister without Portfolio): On a point of order, Mr Speaker: I would ask for unanimous consent to allow the Leader of the Opposition to give his apologies to the member now.

The Speaker (Hon Gary Carr): Unanimous consent? I heard a no.

ONTARIO DISABILITY SUPPORT PROGRAM

Mrs Marie Bountrogianni (Hamilton Mountain): One of my constituents, Ms Kim Clemens, recently came to my office with a valid concern regarding the education of her two eldest sons. Ms Clemens is a single mother of four sons and is a recipient under the Ontario disability support plan. Ms Clemens has instilled a very staunch work ethic in her children, and for this reason her two eldest sons are working their way through university. They're hard-working, dedicated students who are trying to make a better life for themselves.

Both of Ms Clemens's eldest sons are currently living with their mother and, due to their ages, are not being covered under ODSP benefits, but a percentage of their income is being calculated as family income and, due to this fact, their mother's cheque has been drastically reduced. It seems contradictory that a government encourages students to attempt to be more self-sufficient when it comes to the funding of their education and then penalizes those students who are attempting to work their way through school.

I call on the Minister of Community and Social Services to look into this matter and to help those students who are trying to help themselves. It should be possible to exempt work earnings in the same amount if a student can prove that they are attending a recognized post-secondary institution. I would call on the minister to make these changes before the next school term commences in September 2000. It is in the best interests of both the students and the government to rectify the problem and allow these students to obtain their education without making their disabled parents suffer.

It is within the power of the government to change this injustice. I call upon the minister and the government to help those who are trying to help themselves.

ROTARY CHESHIRE HOMES

Mr David Young (Willowdale): What would you do if you could neither see nor hear? This is a startling and in many respects incomprehensible question for most of us. It is a stark reality for 3,000 Canadians who are deaf and blind and living in our communities.

Deaf-blindness is a unique disability that incorporates the dual sensory loss of both vision and hearing. Persons with this disability experience extreme isolation and the inability to access information that we take for granted.

Those living with deaf-blindness interact with the world through an intervener, a professional who acts as their eyes and who acts as their ears.

The Rotary Cheshire Home for persons with deaf-blindness in my riding of Willowdale is a unique non-profit housing project in Toronto. This home provides barrier-free housing for 16 individuals who are deaf-blind and provides intervener services to establish and increase the tenants' integration into the community and their self-sufficiency.

Now in their eighth year of operation, the Rotary Cheshire Homes are considered to be a worldwide model of excellence in the provision of housing and intervener services for people who are deaf-blind.

We are honoured to have with us today in the members' gallery some of the tenants and staff of this superb facility. We have with us Joyce Thompson, who is the executive director; Nancy Longo, intervener services manager; Cindy Babineau, housing manager; Carrie Newcombe, intervener; Catherine Dominie, deaf-blind tenant; Doreen Duffney, deaf-blind tenant; and Michael McHenry. Michael is a deaf-blind person who lives in the community and is very active both in the Rotary Cheshire house and beyond.

Notwithstanding the miraculous work of the interveners at Rotary Cheshire and elsewhere, there remains a great deal more to be done.

Today I would like to announce my intention to introduce a private member's bill which would proclaim the month of June Deaf-Blind Awareness Month in honour of these people.

VISITORS

Mr Michael Bryant (St Paul's): On a point of order, Mr Speaker: We have in the west gallery a former reeve and mayor of Esquimalt, in his day the youngest mayor in Canada. He has the dubious distinction of being the father of the member for St Paul's. I introduce to the House Ray Bryant.

The Speaker (Hon Gary Carr): That is not a point of order but we appreciate when family members visit. Often the House is better behaved when we have family members here.

While we are introducing our guests, we also are pleased to inform all the members that we have visitors from the United States who are participants in the Mid-Western Legislative Exchange. With us today we have Senator Bob Cupp from Ohio, Senator Leigh Herington from Ohio, Senator John Hottinger from Minnesota, Senator JoAnn Johnson from Iowa and Ilene Grossman from the Council of State Governments.

Please join me in welcoming our special guests.

INTRODUCTION OF BILLS

PREMIER AND CABINET ACCOUNTABILITY ACT, 2000

LOI DE 2000 SUR LA RESPONSABILITÉ DU PREMIER MINISTRE ET DU CONSEIL DES MINISTRES

Mr Smitherman moved first reading of the following bill:

Bill 85, An Act to restore the tradition of Legislative accountability for the Premier and Cabinet / Projet de loi 85, Loi visant à restaurer la tradition en matière de responsabilité législative du premier ministre et du Conseil des ministres.

The Speaker (Hon Gary Carr): Is it the pleasure of the House that the motion carry?

All those in favour of the motion will please say "aye."

All those opposed will please say "nay."

In my opinion, the nays have it.

Call in the members; this will be a five-minute bell.

The division bells rang from 1349 to 1354.

The Speaker: All those in favour of the motion will please rise one at a time.

Ayes

Agostino, Dominic	Crozier, Bruce	McLeod, Lyn
Baird, John R.	Cunningham, Dianne	Munro, Julia
Bartolucci, Rick	Curling, Alvin	Newman, Dan
Beaubien, Marcel	Di Cocco, Caroline	O'Toole, John
Bisson, Gilles	Dombrowsky, Leona	Ouellette, Jerry J.
Bountrogianni, Marie	Duncan, Dwight	Parsons, Ernie
Boyer, Claudette	Ecker, Janet	Patten, Richard
Bradley, James J.	Eves, Ernie L.	Peters, Steve
Brown, Michael A.	Gilchrist, Steve	Phillips, Gerry
Bryant, Michael	Gravelle, Michael	Pupatello, Sandra
Caplan, David	Hoy, Pat	Ramsay, David
Christopherson, David	Hudak, Tim	Ruprecht, Tony
Chudleigh, Ted	Kwinter, Monte	Smitherman, George
Churley, Marilyn	Lalonde, Jean-Marc	Stockwell, Chris
Cleary, John C.	Lankin, Frances	Tilson, David
Clement, Tony	Levac, David	Wilson, Jim
Coburn, Brian	Martel, Shelley	Wood, Bob
Conway, Sean G.	Mazzilli, Frank	
Cordiano, Joseph	McGuinty, Dalton	

Interjections.

The Speaker: Order. All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

Nays

Dunlop, Garfield	Kells, Morley	Tascona, Joseph N.
Gill, Raminder	Runciman, Robert W.	Turnbull, David
Hardeman, Ernie	Spina, Joseph	Young, David
Hodgson, Chris	Stewart, R. Gary	

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 55; the nays are 11.

The Speaker: I declare the motion carried.

Mr Gilles Bisson (Timmins-James Bay): On a point of order, Mr Speaker: I think there was a bit of confusion, obviously, as we went through this vote. I do believe the member for Dufferin-Peel voted twice: once on one side and once on the other, if you can check.

The Speaker: I thank the member for that.

Interjections.

The Speaker: Order, so I can clarify it for the member. The member did stand twice. Just so they know, he was recorded as voting aye. Because he did stand for the aye vote, he was recorded as voting aye, the first time he voted. But I thank the member for pointing that out.

Hon Frank Klees (Minister without Portfolio): On a point of order, Mr Speaker: There was in fact some confusion in this place, and I'll tell you why. There was absolutely no notice given about the contents of this bill. In future—

The Speaker: That's not a point of order. I thank the member.

Interjections.

The Speaker: Order. It's not a point of order.

The member for a short statement on the bill is where we are at, I believe.

Mr George Smitherman (Toronto Centre-Rosedale): I'm not sure why there's such an uproar. It's rather an innocuous bill. It adds a new section, 3.1, to the Executive Council Act. Under the new section, if at the end of a session of the Legislature a minister of the crown, including the Premier, has not attended 60% of the oral question periods held during the session, $100 must be deducted from the minister's salary for each occasion by which his or her attendance fell short of 60%.

1400

ORAL QUESTIONS

WATER QUALITY

Mr Dalton McGuinty (Leader of the Opposition): My question today, in the continuing absence of the Premier, is to the Minister of the Environment.

Interjections.

The Speaker (Hon Gary Carr): Member, take a seat. Stop the clock.

Interjections.

The Speaker: Order. I thank the government members. Thank you very much for your help.

Members can't continue to do this. The standing orders are very clear where you cannot speak about the attendance here. What will happen when you do that, and I remind all members, is this afternoon when some member is not here, we'll have the other side do the same thing and it never ends. I would ask all members' co-operation in this. The leader of the official opposition knows that's not supposed to be done, and I would ask

him to take that into consideration in the future. We have—

Interjections.

The Speaker: Order. The member for Windsor West, the member for Hamilton East, and the minister with responsibility for seniors, come to order, please.

Interjections.

The Speaker: Members will know we have an hour for question period. We've had our fun on a couple of bills; it's now time to get down to business. The leader of the official opposition.

Mr McGuinty: My question is to the Minister of the Environment. Minister, can you now assure us, the people of the province of Ontario, can you guarantee us unequivocally, that everywhere in our province today our water is safe to drink?

Hon Dan Newman (Minister of the Environment): As I've indicated, Ontario's drinking water is 99.98% meeting the health objectives of the Ontario Drinking Water Objectives. I can tell you that that is the number in this province.

Mr McGuinty: I will take that answer to mean no, you cannot provide us with that assurance and you cannot provide us with that guarantee. Why is it then that your government is still spending its time, in light of that fact, trying to clean up your image instead of trying to clean up our water? Because yesterday and this morning, that's exactly what your Premier spent his time doing. This is what the headline says:

"Walkerton Won't End My Career: Harris

"I plan to be around for several elections."

Minister, here's a message from me through you to your boss on behalf of the people of Ontario: It's not about Mike Harris. It's not about his career. It's not about how many elections he plans to run in.

Interjections.

The Speaker: The member will take a seat. Order. I've said on a number of occasions I need to hear the questions. We started off with yelling and screaming, which means I'm going to have to start warning people right off the bat. We can't continue when I can't hear the questions being asked with all sides hooting and hollering. I would appreciate your co-operation. Sorry for the interruption to the leader of the official opposition.

Mr McGuinty: To repeat, Minister, it's not about Mike Harris. It's not about his career. It's not about how many damned elections he plans to run in in the future. It's about life and death. People in this province, like people everywhere, need water to live. There is some water in this province that killed people. That's the issue.

I'm asking you on behalf of those people in that community and I'm asking on behalf of the people throughout Ontario, why is it that your guy, your boss, is spending time on some kind of a public image rehabilitation exercise when he should be focusing on cleaning up our water?

Hon Mr Newman: I can tell you that the Premier of this province and myself as the environment minister place the environment in the highest priority of this government. It's important that our water be protected in our province, not only our drinking water—

Interjections.

The Speaker: Member, take his seat. Members will come to order. The member for Windsor West, this is her last warning. She was shouting across. We can't have it. You were the one that was shouting across. You've got a last warning.

Now the member for Windsor-St Clair on a point of order.

Mr Dwight Duncan (Windsor-St Clair): Mr Speaker, the member for Windsor West has not said anything.

The Speaker: With all due respect to the member, I am the one who is charged with keeping control in here, and there were situations where people were yelling. Quite frankly, I say to the member, I could have warned her at the beginning of this for her shouting across at that period of time. It's my decision to look at and warn people, and I'm going to warn people, and I'm going to name them. As I said before, it doesn't matter to me if we've got five members in here or 55 members, my duty is to maintain control. We are obviously starting off on a very, very controversial issue again. As I said to the members before, I have one responsibility: That responsibility is to maintain order in here and I will do that, even if it means all the members are asked to leave.

The Minister of the Environment, I believe, is where we were.

Hon Mr Newman: In response to the Leader of the Opposition's statement, we do place a high priority on water in this province, we do place a high priority on the air we breathe, and we do place a high priority on the land. In fact, with respect to Walkerton, I can tell you that the government of Ontario has opened an office in Walkerton to assist the people of Walkerton. There has been $100,000 in seed money to date to help the people of Walkerton. The office is there, it's part of the resource centre that's been set up by the municipality, and people from Walkerton are able to go there and have their questions answered. I know there are representatives there from many ministries, and the Ministry of the Environment is included in those ministries, to answer the questions on behalf of the people.

Mr McGuinty: Minister, I want to come back to the issue at hand—and by the way, we know where you place the environment when it comes to a priority here in Ontario. You cut the budget by more than 40%. You let go one third of the staff. You stopped testing for E coli in Ontario. That's what you think of the budget. That's what you think of the safety of our water. Tell me again: What kind of perverse thinking, what kind of perverse motivation dictates that your Premier, your boss, in the face of seven deaths, something unprecedented in the history of this province, chose to make as his priority—

Interjections.

The Speaker: Member, take his seat. The minister—please come to order. It works for both sides, with the

yelling and screaming on both sides. Sorry for the interruption to the leader of the official opposition.

Mr McGuinty: Speaker, I've got to tell you that when you stand up and interrupt me like that, it is very, very disconcerting. I would prefer—

Interjections.

Mr McGuinty: I would prefer to put up with the heckling so that I can continue my question to the minister.

Minister, tell me, why is it that your boss, the Premier, in the face of this unprecedented calamity when it comes to the safety of our water in Ontario, is out there running a PR spin? Why is he not acting in the interests of all Ontarians but especially in the interests of the people of Walkerton, assuming his responsibility, not cleaning up his image but instead cleaning up our water?

Hon Mr Newman: It's quite unbelievable hearing that statement from the Leader of the Opposition. He makes simply outrageous statements to say that E coli is not tested in this province. He may be referring to the drinking water surveillance program, where water tests are done two to six times per year, and E coli being tested in that. Municipalities and public utilities in this province test always for E coli. That's what they do, and to hear the Leader of the Opposition say it's not proves that he just doesn't get it. He talks about our Premier. Our Premier is showing strong leadership in this issue, as he has on all issues. He's shown far more leadership than the Leader of the Opposition has.

1410

The Speaker: New question, leader of the official opposition.

Mr McGuinty: I'm going to do something that I'm sure the Premier won't do in the weeks ahead: I'm going to stick with the environment minister.

Minister, I'm going to give you a chance now to show us all what you are truly made of. The minister's PR campaign involves blaming everybody but himself. At first he blamed the NDP, the previous government. Then he trotted out the old human error theory. Now he's blaming Walkerton itself. Your Premier said, "Too many communities, including Walkerton, let critical systems slide while they spent money on projects such as new community centres."

Minister, Walkerton built its community centre 30 years ago. Show me that you've got the courage, you've got the guts, you've got the gumption here today to reject your Premier's pathetic attempt to blame others instead of accepting responsibility for himself and his government.

Hon Mr Newman: No one is blaming anyone. I think we've got to be very clear about that. The member opposite ought to know that there are several investigations underway with respect to the tragic situation in Walkerton. There's the OPP investigation, there's the investigation from the Ministry of the Environment through the investigations and enforcement branch and there's the independent coroner's inquest, as well as the inquiry that's been called. Everyone wants to get to the bottom of this. Everyone wants answers. The people of Walkerton want answers; the people of Ontario want answers.

Mr McGuinty: The first step towards recovery is to admit and take responsibility. That's what this is all about. We're never going to get to the bottom of this unless you own up to your contribution to this mess. Your Premier, your government, stuck municipalities with a $1-billion bill. You downloaded everything from roads and bridges to social housing, ambulances and public transit. And you downloaded water testing. You told municipalities that was now their responsibility. They had to come up with the money; they had to find a private sector firm to do that testing for them. Then you fired the provincial inspectors.

Your boss, the Premier, yesterday had the gall to foist blame for the Walkerton tragedy on to our municipalities. He has not only downloaded responsibility for a variety of services, now he wants to download responsibility for the Walkerton tragedy on to our municipal partners. On behalf of all those municipalities, I say to you, Minister, will you today stand up in this House and apologize to those people working so hard in our municipalities, trying to withstand all of the stuff that you're downloading on to them on a regular basis?

Hon Mr Newman: I will not apologize for putting safe drinking water as a priority for the people of Ontario. Quite frankly, I think everyone in Ontario who serves in government, whether it be at the municipal level, the provincial level or the federal level, ought to put safe drinking water as their number one priority. It should go ahead of community centres, it should go ahead of arenas and it should go ahead of libraries, because the health and safety of the people of Ontario is far too important.

Mr McGuinty: I'm not sure I've seen any minister at any time in this Legislature display more nerve than this minister who just told us that he stands for safe drinking water in Ontario. On his watch so far, seven Ontarians have died. That's the bottom line. This is life and death. At some point in time, somebody over there is going to have to stand up and take some responsibility for what's happening when it comes to our drinking water in Ontario.

People in Walkerton are looking to you today for some help. We put forward an emergency safe water plan. We begged you to come up with some compensation. You put forward a measly, paltry, insulting, pathetic $100,000. That works out to less than $20 for every resident in the community of Walkerton.

Minister, will you now understand that this kind of PR, this kind of spin, is not in the interests of the people of Walkerton? It's not in the interests of the people of Ontario. What they want you to do is to begin to take responsibility for your contribution to this problem and to start acting in a responsible way to clean up their water.

Hon Mr Newman: This government has always acted in a responsible manner. In fact, when I hear the Leader of the Opposition, he's already reached his conclusions. He's already come to his conclusions from his investi-

gation. But the important thing is, there are four investigations underway in this province right now to get to the bottom of the matter in Walkerton. As I mentioned, there's the Ministry of the Environment investigation, the OPP investigation, the coroner's inquest and of course the public inquiry.

We have been there for the people of Walkerton. We've opened an office in Walkerton so that people can come forward who may have questions that they want answers to, who may require some sort of financial assistance, who have been affected as a result of this tragedy. That $100,000 is the beginning. That's money we've put up so that the people of Walkerton can have some access to start to rebuild their lives.

The Speaker: New question.

Ms Marilyn Churley (Broadview-Greenwood): To the Minister of the Environment: People are shocked that your Premier and now your House leader have once again stooped to blaming municipalities for the Walkerton crisis.

Let me set the record straight here on the provincial water protection fund you keep talking about. As you know, it doesn't even allow a municipality to get money until after they've had a consistent failure to meet water quality objectives. In fact, municipalities have already, through the Federation of Canadian Municipalities, been asking for a federal infrastructure program because yours is not good enough. If your government thinks that municipalities should spend more money on water and sewer projects, put money into a dedicated fund for sewer and water projects so municipalities don't have to make choices between safe water and community centres.

Minister, will you reverse your decision to cancel this program? Will you allow municipalities funding before people get sick, and will you restore proper funding levels to this program?

Hon Mr Newman: I think it's important to look at the facts in this issue. The provincial water protection fund was a $200-million fund that was set up in this province. Originally, the fund was to be over three years so that municipalities had an opportunity to access that money to make improvements to their water treatment facilities or to their sewage treatment facilities in the province.

What this government did was to accelerate that money so that it was made available to municipalities over a two-year period because it was a priority. We said, "Let's get that money to municipalities in a more expeditious manner." In fact, since 1994-95 in this province over 2.5 billion in infrastructure program dollars have come through the municipal level of government, the provincial level of government and the federal level of government, because all three levels of government realized that safe drinking water is a priority for the people of Ontario.

Ms Churley: Minister, I am trying to point out to you, and you don't seem to be getting it, that your government is planning to completely get rid of that program next year. Furthermore, you made the criteria so tight that many municipalities couldn't apply because they couldn't meet your strict criteria. You must commit to keeping that fund going.

Yesterday my leader asked you to send in emergency personnel to help with the door-to-door inspections so that people won't have to wait eight weeks or more to turn on the taps. Today we were shocked to learn that Ottawa made a direct offer to your government to send in personnel and you turned them down. This is absolutely unbelievable. People are going to have to wait eight weeks because there aren't enough personnel to do inspections door to door. We've called on you to bring in experts from across the country, if necessary. You had an offer from the federal government and you turned them down. What in the world is going on here? Will you explain to the people of Walkerton why you turned down an offer for extra help that could enable them to turn on their taps more quickly?

Hon Mr Newman: It is unbelievable, because it's not true. In fact the federal government was there on the scene. They had epidemiologists in Walkerton. I believe the federal government also had other representatives there in the beginning, from Health and Welfare Canada, to inspect water. This would have been approximately two weeks ago. We did not turn down any help from anyone in regard to the situation in Walkerton.

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Ms Churley: Then, Minister, I hope you're saying that you will take up our suggestion to bring in experts from across the country, if necessary, and that you will indeed bring in this offer from the federal government for help.

Minister, you weren't there but I was at a press conference today. A number of environmental experts came to talk about the need for safe drinking water legislation. They also said that your proposed regulations would not prevent another Walkerton. A key feature would be legislated regular testing for municipal water systems, with results made public immediately, which is something we've been calling for. What you're doing is telling citizens to go to a Web site to look at three-year-old data on a list that doesn't even include most communities. I will be introducing such a law and I will look forward to your support, but citizens need this testing information today. I ask you again—I've been asking you for over a week—will you release that information today?

Hon Mr Newman: There are results from the drinking water surveillance program on the ministry Web site. I've indicated that to the member opposite. She says they're 1997 data. Well, they are 1997 data. Last week the opposition parties were talking about the CEC report and seemed to quote from that, and that was based on 1997 data. It seemed then that it was fine to quote from 1997 data, but not in this case. I'm not sure exactly where they're coming from on this one.

It's important to note that the proposed regulations I spoke about a week ago Monday are still being drafted. I said they'd be ready within two weeks. We're now at about the eight-day mark. We have a few more days to

go. Ministry staff are still fine-tuning and refining the regulations I intend to bring forward, and I will work very quickly to ensure that receives passage in cabinet.

MEDICAL OFFICERS OF HEALTH

Ms Frances Lankin (Beaches-East York): My question is to the Minister of Health. In the wake of the tragedy at Walkerton there certainly have been a number of heroes—family members caring for ill loved ones; neighbours taking care of each other—and I think for most Ontarians one name stands out as a hero in this tragedy. That's the medical officer of health, Dr Murray McQuigge. Without Dr McQuigge, more people would have died; the tragedy that is would have been exponential in its reach. I think it's as horrifyingly simple as that.

Minister, under your watch there are seven regions in this province that have no full-time medical officer of health. In fact, four of them have no medical officer of health at all. For the past two to three years people in areas like Oxford, Lambton, Kent-Chatham, Elgin-St Thomas, Haldimand-Norfolk and Huron must have been at risk, and they have to be at risk, because without a medical officer of health there is no one to report to when an incident like this comes forward and there's no one to take action.

I know you're aware of this. I know your ministry has been aware of it. But, Minister, there's a law that says municipalities must have a medical officer of health. What are you doing to enforce that law?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): I would certainly agree; we need to congratulate Dr McQuigge on the leadership he has undertaken. As the member probably also knows, the chief medical officer of health for the province of Ontario, Dr D'Cunha, has been working very closely with Dr McQuigge and others in the community in order to ensure that the support and the resources are provided to the Walkerton community. As she probably also knows, we have indicated that whatever human resources and financial resources need to be made available will occur. In fact, we did make available to Walkerton another medical officer of health to assist in order to ensure that there was appropriate support and leadership.

I would also say to the member that we do know that throughout the communities in Ontario there is a need for medical officers of health, and all the appropriate steps are being taken in order to ensure that each community in this province does have a medical officer of health.

Ms Lankin: What do you mean, "All the steps are being taken"? For two to three years, 643,000 people have lived without a full-time medical officer of health. In some of those regions they're sharing medical officers. They've decided to do that because they are cash-strapped and they say because this was downloaded on them they're cutting corners and this is how they're going forward.

The law says there must be a medical officer of health. The president of the Association of Local Public Health Agencies has said clearly that sharing a medical officer of health is like having a babysitter instead of a parent. You need to have someone there on the job. Four of those regions have no one at all. They're all around the Walkerton area; they're all in the area of the most intensive agricultural farming; they're all in an area at risk of this kind of contamination of their groundwater and other public health issues.

Minister, there's a law. There is nothing to do to "try" to get the municipalities to hire; there's simply a matter of you doing your job to enforce the law. Will you commit today to take emergency measures and put a full-time medical officer of health in every region of this province to protect the health of all of our citizens?

Hon Mrs Witmer: We have already taken those steps. As the member knows as well, we have not downloaded the delivery of public health services in this province. Local municipalities have always had the responsibility. Yes, I can assure the member that those steps have already been taken.

AIR AND WATER QUALITY

Mr Dalton McGuinty (Leader of the Opposition): I'd like to return to the Minister of the Environment. Let's take a look at some of the facts here when it comes to what our air and our water are doing to Ontarians today. Child asthma rates in Ontario are going through the roof as a result of breathing air that is making our kids sick. Every year, 1,800 people in Ontario die from air pollution. Every year, 25,000 people in Ontario die from cancer. Ontario's cancer rate is rising by about 3% every year. If you don't think, by the way, Minister, that those are environmental issues, then you don't deserve to even visit the environment minister's office, let alone be the minister.

Our air and our water are killing Ontarians. In the meantime, the funding for your ministry is at its lowest level since 1971. At the time of the last budget, when the Premier came and knocked on your door and said, "I need $4 billion in tax cuts for corporations; I need to take some more money from your ministry," you rolled over. You said, "Take whatever you need."

I'm asking you now to tell me in a way that I can understand, in a way that all Ontarians can understand, why is it that you pretend that the Ministry of the Environment is a real priority for you and your government?

Hon Dan Newman (Minister of the Environment): Environment is indeed a priority for this government and a priority for me as the Minister of the Environment. We take air quality, water quality and the quality of our land very seriously in the ministry. I can tell you that with respect to air quality there are many positive measures this government has brought forward, such as the Drive Clean program, which is bringing—

Interjections.

Hon Mr Newman: Members opposite laugh about the Drive Clean program and fail to acknowledge the positive effect it has had on the environment with respect to reducing air emissions from vehicles in our province. They're in denial about that.

They fail to recognize that I placed a moratorium on the sale of all coal-fired generation plants in this province. They fail to acknowledge that we have an anti-smog action plan involving over 50 partners, all working together in industry, in government and through other agencies as well to ensure that we're reducing smog levels in our province.

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Mr McGuinty: I guess I'd better offer my humblest and most sincere apologies to this minister. What we really should be doing then, given the wonderful accomplishments of this government when it comes to the Ministry of the Environment, is awarding them with some kind of certificate for all they've done for Ontarians.

Let's come back to the facts, which are staring you in the face: 1,800 Ontarians are dying every year as a result of breathing bad air that is making them sick. Our emergency wards are being overcrowded by parents who are bringing their kids in suffering from asthma as a result of breathing bad air that is making them sick. Twenty-five thousand Ontarians die every year from cancer. Our cancer rates are going up by 3%. And to top it all off, just a few weeks ago, seven people died in our province as a result of drinking bad water that killed them.

So tell me again now why you and your government should be recognized for their outstanding achievements when it comes to environmental issues in our province.

Hon Mr Newman: Once again I say to the member that this government takes the protection of the environment very seriously. We've brought forward many programs, as I mentioned: the anti-smog action plan; the Drive Clean program; in fact, a new regulation that requires all generators of electricity in Ontario to not only monitor but publicly report their emission levels. This hasn't been done in this province. It's a positive step forward.

The member asks about our government. In June 1999, the people of Ontario rejected your environmental policies, they didn't reject this government's.

WALKERTON TRAGEDY

Mrs Julia Munro (York North): My question is to the Minister of Education. The tragedy that has occurred in Walkerton has been felt across the province. The hearts of my constituents and my own heart go out to the people in the community. I understand that schools in Walkerton are also affected by the situation. I have read that the students from Walkerton will be completing their school year in neighbouring communities. What is this government doing to assist these students to complete their school year?

Hon Janet Ecker (Minister of Education): There's no question that the schools in the Walkerton area have indeed been very affected by the tragedy that has occurred in that community. The staff of the board and the teachers have done an excellent job of ensuring that the curriculum, the teaching, the courses for these students will continue, that their year will not be jeopardized, because this board had put some good plans in place and is continuing to do that. I and my staff have been in touch with the board to make sure we are assisting them in whatever way we can. We'll be providing additional monies to them. For one step, $300,000 will be going to the boards to assist them in some of the additional costs they are incurring. I am very pleased to say that they have taken very good steps to ensure (1) the children are safe and (2) their education will continue for this year.

Interjections.

Mrs Munro: I am glad to see that this government is providing assistance to school boards as they work to make alternative arrangements for their students. I send my best wishes to the students of Walkerton for their academic success. How will the funding that was announced today help the school board meet those needs?

Hon Mrs Ecker: I find it interesting, in light of what the Leader of the Opposition said earlier, that they would scoff at steps taken to help the schools and the school boards in this community to help make sure that students continue their education and are indeed safe. The additional resources that we are putting forward—as I say, we have been in contact with the boards. Our staff are meeting. If there are additional steps we can take to help them—we are going to help pay the expenses for holding the classes in other facilities and in other communities, transportation costs. In some cases there have been extra tutorials, remediation help, counselling help for the students; also making sure there are adequate supplies and other activities. So there are a number of additional expenses the board has incurred, and we are working with them to ensure their education can continue and they have the resources available to make sure that occurs.

MINISTRY OF THE ENVIRONMENT

Mr James J. Bradley (St Catharines): I have a question for the Minister of the Environment. Minister, here is what your ministry staff are saying about your ministry today. Doug McDougall, an investigations officer with the ministry in Timmins, says:

"'Since the cuts'"—that's your over 30% cut in staff and 40% cut in budget—"'everybody's been walking around like zombies' ... .

"'We'll never get over it. The whole ministry is in shambles. All you can do is shake your head,' he said, referring to the 900 jobs cut ... ."

"Ambitious civil servants have been told to avoid the environment ministry at all costs. 'It's the kiss of death for your career,' said a senior civil servant in another ministry.

"Mr McDougall said workers, most of whom initially came to the ministry because they felt passionate about the environment, are beleaguered not only because many of their colleagues have been shown the door, but also because the cuts have run so deep that they feel they can no longer do their jobs ... .

"Because sweeping changes were implemented so quickly, many long-time employees worried that the government had not put the appropriate checks and balances in place to ensure that environmental disasters didn't happen.

"'There was a collective shudder through the ministry. It was like: "Oh my God. Do [the Tories] have any idea what they're doing?"' said a former investigator who lost his job during the cuts ... ."

All kinds of ministry employees are now saying these things, but there's a cold chill coming over the ministry and that chill is the threat of job loss and of demotion and of lack of promotion if they dare speak out and inform the people of this province what's going on.

Minister, will you guarantee unequivocally to this House today that a witch hunt is not on in your ministry and that you will allow your ministry employees to say to the media and to the public whatever they deem appropriate in the interests of the people of this province?

Hon Dan Newman (Minister of the Environment): The quote that the member opposite raises is not a view that I share and I know it's not a view that the majority of employees in the Ministry of the Environment share. In fact, as I travel the province—and I've had an opportunity to meet many employees of the Ministry of the Environment—I find them to be very committed and very dedicated to the protection of the environment in this province.

I saw that commitment and dedication first hand in Scarborough at the U.S.E. Hickson fire, when ministry staff were there on the scene and throughout the entire incident, and I want to commend them for that. Also in the ministry offices across the province, I can tell you that the employees are very professional, they're very dedicated and they too are committed to the protection of the environment in this province, just as I am.

Mr Bradley: I didn't get an answer. If you look at the chronology in Walkerton, there are a lot of people who could tell us a lot about what happened there and other places but may feel intimidated to do so.

Let me read to you what the Ombudsman said in her report:

"As Ombudsman, I have witnessed the development of what I can only describe as an atmosphere of fear among public servants, where senior officials are afraid to question the wisdom of the government's approach for fear of reprisal or loss of reappointment. As a result, many of the values upon which the public service has historically relied, including the obligation to 'speak truth to power' even when the truth is unwelcome, have been seriously undermined. I have also observed a not unrelated trend as some senior officials become unwilling to admit their inability to deliver adequate service. Instead they offer reassurances that despite evidence to the contrary, all is well, things are getting better, and improvement is just around the corner."

We have ministry employees and we have the independent Ombudsman of this province both saying that your ministry's hands are tied, that your employees can no longer speak the truth. Will you assure the House—which you didn't do in response to my first question—and the people of this province that you will not put a cover over the ministry and that you will not prohibit the loyal civil servants in the Ministry of the Environment and other ministries from speaking out about the problems that exist in your ministry and others and the dangers to the public in this province?

Hon Mr Newman: I again remind the member that there are four investigations underway with respect to Walkerton. There's the Ministry of the Environment's investigation through the investigations and enforcement branch, there's the public inquiry that has been called, there's the independent OPP investigation that's underway, and of course there is the coroner's inquest.

I can tell you that a week ago Monday in my press conference, I clearly stated that all Ministry of the Environment staff must fully co-operate with any investigation whether it be the public inquiry, the OPP investigation, the coroner's inquest or through the investigations and enforcement branch of the Ministry of the Environment.

The people in the ministry are working very hard to protect the water, air and land on behalf of the people of Ontario.

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HYDRO RATES

Mr Bart Maves (Niagara Falls): My question is to the Minister of Energy, Science and Technology. Minister, as you know, in my riding of Niagara Falls the hydroelectric industry is part and parcel of our history. Many companies came to the Niagara riding back in the early 1900s because of low hydro rates and many people in my municipality have come to count on low hydro rates.

The deregulation of the electricity industry in this province was intended to bring in some competition and ultimately reduce hydro rates. However, I have heard that some municipal utilities in Ontario have filed electricity rate applications with the OEB which request rate hikes. My constituents are concerned that this will mean increases to electricity rates. Can you comment on the situation, Minister?

Hon Jim Wilson (Minister of Energy, Science and Technology): I thank my colleague from Niagara Falls for the question.

It is disappointing that some municipalities in the province have asked for more than a 100% increase in their distribution rates in the electricity sector. That's the rate that they charge to get the power to people's homes on the wires that are on poles or buried in the ground in front of your homes and businesses.

The Energy Competition Act of 1998 allowed municipalities to earn a greater rate of return. The act makes it clear, as does the white paper that preceded it, that municipalities are to earn that rate of return; in other words, find the efficiencies. If you want a greater rate of return on your distribution business than you've received in the past, find that through efficiencies. As we say, "Squeeze efficiencies, don't squeeze customers."

Municipalities in this province are free to double or triple property taxes, but they don't do that, so I ask them, why are they doubling and tripling their taxes on the wires in the electricity sector? It's morally wrong and we're not going to tolerate it.

Mr Maves: Minister, it's reassuring to hear that you're on this case and that your interest is to protect consumers. You've outlined what municipal utilities should do to keep rates down for their customers, but what is our own company, Ontario Hydro Services, doing to ensure rates are low?

Hon Mr Wilson: They are leading by example. I, as the shareholders' Minister of Energy on behalf of the people of Ontario, told our own company, Ontario Hydro Services Corp, now called Hydro One, that it has to squeeze efficiencies and not squeeze customers. It therefore has issued two press releases over the last three months indicating that it will not be raising its distribution rates, it will not be raising its transmission rates, that it hasn't had an increase in about six years and it won't for several more years. It's finding efficiencies. As you know, we just had a pension buyout of employees. They're finding efficiencies and earning a good rate of return for the shareholder by squeezing efficiencies.

I also want to commend Whitby Hydro, which had a press conference two weeks ago to indicate that it's going to do what the government is asking. They're not going to rob from Peter to pay Paul; they're not going to rob the electricity system to pad their municipal budgets just prior to a municipal election. They are holding the line on rates, as is Thunder Bay. Thunder Bay has come together in a consortium of about nine utilities. They're holding the rates too. I congratulate those utilities and I congratulate Hydro One for doing a good job and thinking of the customers first.

ENVIRONMENTAL PROTECTION

Ms Marilyn Churley (Broadview-Greenwood): My question is to the Minister of the Environment. When you stand up in this House and say that you and your government take environmental protection in this province seriously, I want you to know that nobody takes you seriously. Your government just cut another $16 million out of the budget, when we're rolling in money, when you've given another $8 billion away in tax breaks and tax cuts. You have deregulated every statute within the Ministry of the Environment. You call environmental protection "red tape." By next year you want to get rid of 50% of regulations, calling them red tape. Minister, when are you going to listen to everybody across Ontario who is telling you that you are not protecting the environment? On the contrary, you have become the minister against the environment.

We've heard shocking news today that employees at the Ministry of the Environment have had a gag order put on them, that they're being intimidated, that there's a witch hunt going on. Are you going to guarantee us today that that witch hunt will be taken off and you'll allow those employees to speak publicly about what's going on in the Ministry of the Environment?

Hon Dan Newman (Minister of the Environment): If you look at the budget figures for this past year, there is $8 million that we are no longer funding for the Y2K program. There is $2 million in one-time relocation costs that are not being funded this year because we don't need to spend money on that. There has been $1 million in salary awards for our employees within the ministry that won't be in the budget for this year. We've accelerated funding on many programs. Several programs that were to come to an end or were one-time funding projects will cease to be because they've run their course.

But I say to the member opposite, there are the four investigations underway. There is the investigation through the Ministry of the Environment's investigations and enforcement branch. There is the public inquiry. There's also the independent OPP investigation, as well as the coroner's inquest. Ministry staff are going to fully co-operate. If any of those officials or any of those authorities have any questions for them, I know that Ministry of the Environment staff will be there to answer those questions.

Ms Churley: Minister, when are you going to get it? You just did it again. I put to you, as everybody across the province has now put to you, that you don't have enough resources in your ministry to protect the environment. It is as simple as that.

I'm asking two things of you here, and I want direct answers. First of all, I want to know that ministry staff will be able to go forward to the inquiry in an open and honest way and not fear for their jobs. I want a guarantee of that in the terms of reference. The second thing I want you to commit to today is to admit that there are not enough resources in your budget and that you will go to the cabinet table and speak to Ernie Eves, speak to your Premier, and demand that the $100 million that was taken out of your budget over the past five years be put back in immediately. Will you do that today?

Hon Mr Newman: I always give direct answers. The member opposite may disagree with my answers, but I give direct answers and I think she knows that. I mentioned the four investigations that are underway, that if any ministry staff are asked questions, they will fully co-operate, whether it be the public inquiry, the OPP investigation, the coroner's inquest or the Ministry of the Environment investigation through the investigations and—

Ms Churley: What about the money, the resources? Cut out the bullshit.

The Speaker (Hon Gary Carr): Will the member take his seat. Even though the member is way down at the other end, I heard that and I would ask her to withdraw that word. We can't have language like that in the chamber.

Ms Churley: Withdrawn.

The Speaker: Sorry for the interruption. Minister.

Hon Mr Newman: As I've indicated, I would expect ministry staff to fully co-operate with any investigation. Whether it be the public inquiry, the OPP, the coroner's inquest or the ministry's investigations through the investigations and enforcement branch, I would expect all ministry employees to fully co-operate, as I believe all government employees and officials ought to.

WATER QUALITY

Mr Dalton McGuinty (Leader of the Opposition): My question is to the Minister of the Environment. There's a question that I know weighs heavily on the minds of Ontarians. They want to know this: Can you guarantee us that what happened at Walkerton cannot now happen in any other community in Ontario that draws its water from a public system?

Hon Dan Newman (Minister of the Environment): What I can say is that the new regulation that is being brought forward, which gives the force of law to several procedures and objectives that were in place in this province, would be there to protect the people of Ontario. If it brings clarity to the situation by having it in a regulation so that everyone who is involved with water facilities in this province, whether they be the actual owner-operator of the facility, medical officers of health, ministry employees or labs doing the testing, I think it's important that all procedures be followed. What this new regulation will do is bring clarity to it.

1450

Mr McGuinty: I want the public to take careful note of this minister's answer to my question. I want to repeat the question for him again: Can you guarantee us that what happened at Walkerton cannot today happen in any other community in Ontario that draws its water from the public system? The minister did not answer that question with the only answer that is acceptable to Ontarians, which would have been a yes. What that means is we've got to ask ourselves now, where is the emergency response plan? I say this in the presence of the Minister of Finance: Where is the additional funding that should be flowing into the ministry right away? Where is the plan to increase our staffing complement? Where are all those kinds of things that have to be done in order to rectify the situation and provide assurance to the people of Ontario?

Once more, on behalf of the people of Ontario, Minister, my question is: Can you guarantee us that what happened in Walkerton cannot today happen in any other community in Ontario that draws its water from the public system?

Hon Mr Newman: I can pledge this guarantee: that we will do everything humanly possible to ensure that tragedies such as the one that happened in Walkerton never again happen in this province. The quality of drinking water in this province—99.8% of drinking water in this province meets the health-related objectives of the Ontario Drinking Water Objectives. That is why the new regulation that will be coming forward will require that each and every certificate of approval for water facilities in this province be reviewed by the end of this year. Certificates of approval will be approved every three years after that on an ongoing basis so we can ensure that the people of Ontario have the safest drinking water possible.

LONG-TERM CARE

Mr Garfield Dunlop (Simcoe North): My question is for the Minister of Health and Long-Term Care. Minister, I know that our government has made aggressive reforms to long-term care in Ontario. Your April 1998 announcement to develop 20,000 new beds and to rebuild the 15,835 existing beds is unprecedented in Ontario's history and means a $1.2-billion investment for long-term care in Ontario. I am also aware that this unprecedented investment was due primarily to the fact that not one new bed was built in this province in the 10 years prior to our election in 1995.

I know that this will mean more than 350 new long-term-care beds and the rebuilding of almost 500 existing beds in Simcoe county, which I know our community will most definitely benefit from. I am very pleased that in my riding of Simcoe North, we are about to open 100 rebuilt beds at Hillcrest Village in Midland in late August and another 112 new long-term-care beds at Leacock Point in Orillia. They will open early next winter.

Minister, I understand that yesterday you made yet another important investment into Ontario's long-term-care sector. Could you take the time to expand on yesterday's announcement for the members of this House today?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): As a result of conversations that we've had with the long-term-care stakeholders and the long-term-care associations, we announced yesterday that, retroactive to April 1, 2000, our government is now allowing the long-term-care facility operators to retain 100% of the preferred accommodation revenues. This will mean there is an additional $47 million available in new funding to ensure high quality continuing care for the residents in those facilities, and there are approximately 57,000 residents. This funding will be directed to accommodation services, such as improved dietary, laundry, housekeeping and other general maintenance services. Also, this will help to expedite the building of the 20,000 beds and renovating the 16,000 others.

Mr Dunlop: I know that Ontarians are all relieved that this government is continuing to move forward to address the growing needs of our aging population, those

needs that were not addressed by previous governments. This $47 million being made available to long-term-care facilities in Ontario will surely further our government's commitment to ensuring that the needs of our aging population will continue to be met in the future. I wonder, Minister, have you got any reaction from the long-term-care associations on this important announcement and what it will mean for Ontario's long-term-care sector?

Hon Mrs Witmer: Yes. Since coming to office, our government certainly has recognized the needs of our rapidly growing aging population, and we recognized that there had been no beds built in the province for over 10 years prior to our 1998 announcement of 20,000 new beds. I can tell you, working co-operatively with the stakeholders and the people in the province of Ontario, we have done everything we can in order to ensure that the beds are going to be available.

Certainly the reaction from the associations has been very positive. I would just quote from Vida Vaitonis, executive director of the Ontario Long Term Care Association, where she commends the government for our "ongoing reinvestment in the LTC sector," and the fact that they look forward to continuing to work with us "on our mutual goal to provide the best possible care and services to the current and future residents of long-term care."

Mr Speaker, let me assure you and all members of the House that it is our government's intention to do everything we can to ensure we have the appropriate services for our growing and our older population.

WALKERTON TRAGEDY

Mr Dalton McGuinty (Leader of the Opposition): I want to return to the Minister of the Environment. We are very, very concerned about your inability to provide the assurance—the precise assurance—that the people of Ontario are looking for. If we examine the chronology of events that took place at Walkerton, at one point in time information regarding contaminated water was directed to your ministry and your officials sat on that information. They did not notify public officials at Walkerton, either at the municipal level or in terms of the health authorities. Can you tell us today, can you assure us today, can you in fact guarantee us today that at no time in the future could that ever take place again, and tell us specifically what you have done to ensure that will never happen again?

Hon Dan Newman (Minister of the Environment): The leader of the official opposition would know that there are investigations underway and I cannot comment on anything in particular. There is the investigation through the Ministry of the Environment's investigations and enforcement branch. There is also the public inquiry that's underway, there is the investigation by the Ontario Provincial Police, and there is the coroner's inquest. All of these investigations are obviously going to look at all matters pertaining to Walkerton, whether it be activities from the Ministry of the Environment, anything to do with the local municipality, the public utilities, the role of the medical officer of health. All of these issues are going to be looked at in a way to get at the bottom of it because, after all, we all want answers. That's what the people of Walkerton want and that's what the people of Ontario want.

Mr McGuinty: This response is no less than absolutely terrifying. This minister is telling us that apparently he has to wait for the outcome of a variety of inquiries and inquests. But on his watch as Minister of the Environment, as minister for safe and clean drinking water in Ontario, there is nothing he can do; there are no lessons that he can draw from this particular example; there are no directives that could be sent to his own officials inside his own ministry. This is completely unacceptable, and on behalf of the people of Ontario, Minister, I'm asking you to step aside. Let's get somebody over there who's prepared to get to the bottom of this inside their own ministry, take responsibility and make our water safe.

Hon Mr Newman: This isn't the first time the leader of the official opposition has put words in my mouth and put words in the mouth of other members on this side of the House. Obviously there are measures in place to ensure nothing like this ever happens again in this province. There are many unanswered questions, and that's what we want answers to.

What we do know is that testing was done, and we do know that the results were reported but were not as broadly shared as they ought to have been. Why were the lab results not shared as procedures required? Why were there delays in notification? Clearly there was a breakdown in communications that seems to have occurred. Errors in judgment appear to have played a role, perhaps at many levels of government.

We need to get to the bottom of it. We need to find out what happened. That's why there are the four investigations underway: through the Ministry of the Environment's investigations and enforcement branch, also through the public inquiry, also through the Ontario Provincial Police investigation, as well as the coroner's inquest.

1500

REGISTRAR GENERAL

Mr Frank Mazzilli (London-Fanshawe): My question is for the Minister of Consumer and Commercial Relations. Ontarians depend on essential services every day that are provided—

Interjections.

The Speaker (Hon Gary Carr): Order. The member for Hamilton East, come to order, please. Sorry for the interruption; the member for London-Fanshawe.

Mr Mazzilli: Obviously the Liberals do not care about my constituents, but I certainly care about my constituents.

My question is for the Minister of Consumer and Commercial Relations. Ontarians depend on services every day and prioritizing of those services. The federal Liberals have cut health care; our military is aging. Under your ministry, you provide many services. Can you explain to my constituents what they are and how efficient they are?

Hon Robert W. Runciman (Minister of Consumer and Commercial Relations): I want to thank the member for London-Fanshawe for the question. The Office of the Registrar General registers all vital events such as births, deaths and marriages that occur in the province of Ontario. In addition to registering these events, the office also provides proof in the form of certificates and certified copies of registration. Proof of registration, particularly of birth, is required to access the basic entitlements of any society, including health care, education and out-of-province travel documentation.

As you can see from the number of public services that require vital statistic information from the registrar general's office, the need to obtain service when, where and how a client wishes to access this is extremely important.

PETITIONS

PROSTATE CANCER

Mr Rick Bartolucci (Sudbury): I have a petition to the Legislature of Ontario.

"Whereas prostate cancer is one of the leading causes of fatal cancer in Ontario;

"Whereas prostate cancer is the second leading cause of fatal cancers for males;

"Whereas early detection is one of the best tools for being victorious in our battle against cancer;

"Whereas the early detection blood test known as PSA (prostate specific antigen) is one of the most effective tests at diagnosing early prostate cancer;" and whereas the Minister of Health's inaction is literally causing men to die needlessly;

"Therefore, be it resolved that we, the undersigned, petition the Ontario Legislature to encourage the Ministry of Health and the minister to have this test added to the list of services covered by OHIP, and that this be done immediately in order for us to save lives and beat prostate cancer."

Of course, I affix my signature to it as I am in complete agreement.

OAK RIDGES MORAINE

Mr John O'Toole (Durham): I present a petition on behalf of my constituents in the riding of Durham, specifically from Gwen Meraw, Jean Brock, Mary Tippins and a number of other important and valued constituents.

A petition to the Legislative Assembly of Ontario:

"Whereas the Oak Ridges moraine is a glacial ridge running across the top of Toronto including Caledon, King, Aurora, East Gwillimbury, Whitchurch Stouffville, Uxbridge, Pickering, Scugog, Whitby, Oshawa and Clarington; and

"Whereas the Oak Ridges moraine is the headwater for about 35 rivers and streams flowing south to Lake Ontario and north to Lake Simcoe; and

"Whereas the drinking water for millions of GTA residents, the wetlands, wildlife and natural areas will suffer irreparable damage if industrial, commercial and/or residential development is permitted without protective planning for preservation;

"We, the undersigned, respectfully petition the Legislative Assembly of Ontario as follows:

"That the government of Ontario will:

"Do everything in its power to ensure the Oak Ridges moraine remains zoned as agricultural and rural;

"Work with the Ontario Municipal Board to ensure conservation of the Oak Ridges moraine;

"Provide a policy statement to enshrine its position."

I am pleased to support and sign this petition.

EDUCATION LEGISLATION

Mrs Lyn McLeod (Thunder Bay-Atikokan): I have a petition to the Legislative Assembly of Ontario.

"Whereas Bill 74 diminishes quality education for students in this province by ensuring teachers will be responsible for more students each day and will therefore have less time for each student;

"Whereas Bill 74 attacks the very heart of local democracy and accountability by creating a system of informers and absolute powers for the Minister of Education;

"Whereas Bill 74 cuts not only the heart out of education but also the spirit by making teachers perform voluntary activities on threat of termination;

"Whereas Bill 74 is an unprecedented attack on the collective bargaining rights of Ontario teachers;

"Whereas Bill 74 turns over all control over education in this province to one person, the Minister of Education;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"We call on the government to hold public hearings on Bill 74 immediately."

This petition has been signed literally by dozens and dozens and dozens of concerned Ontarians in my riding. I affix my signature in full agreement with their concerns.

OCCUPATIONAL HEALTH AND SAFETY

Mr David Christopherson (Hamilton West): I continue to receive petitions organized by Cecil Mackasey and Rick Roberts of CAW Local 222 and forwarded to me by Cathy Walker, the national health and safety director for the CAW. The petition reads as follows:

"To the Legislative Assembly of Ontario:

"Whereas this year 130,000 Canadians will contract cancer and there are at minimum 17 funerals every day for Canadian workers who died from cancer caused by workplace exposure to cancer-causing substances known as carcinogens; and

"Whereas the World Health Organization estimates that 80% of all cancers have environmental causes and the International Labour Organization estimates that one million workers globally have cancer because of exposure at work to carcinogens; and

"Whereas most cancers can be beaten if government had the political will to make industry replace toxic substances with non-toxic substances; and

"Whereas very few health organizations study the link between occupations and cancer, even though more study of this link is an important step to defeating this dreadful disease;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That it become a legal requirement that occupational history be recorded on a standard form when a patient presents at a physician for diagnosis or treatment of cancer and that the diagnosis and occupational history be forwarded to a central cancer registry for analysis as to the link between cancer and occupation."

I add my name as I'm in agreement with these petitioners.

EDUCATION LEGISLATION

Mr John C. Cleary (Stormont-Dundas-Charlottenburgh): I have a petition to the Legislative Assembly of Ontario:

"Whereas Bill 74 diminishes quality education for students in the province by ensuring teachers will be responsible for more students each day and will therefore have less time for each student;

"Whereas Bill 74 attacks the very heart of local democracy and accountability by creating a system of informers and absolute powers for the Minister of Education;

"Whereas Bill 74 cuts not only the heart out of education but also the spirit by making teachers perform voluntary activities on threat of termination;

"Whereas Bill 74 is an unprecedented attack on the collective bargaining rights of Ontario teachers;

"Whereas Bill 74 turns over all control over education in this province to one person, the Minister of Education;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"We call on the government to hold public hearings on Bill 74 immediately."

I've also signed this petition in complete agreement.

LORD'S PRAYER

Mr John O'Toole (Durham): It's always my pleasure to present a petition on behalf of my constituents in the riding of Durham. This is just one of many.

"To the Legislative Assembly of Ontario:

"Whereas the Lord's Prayer, also called Our Father, has always been used to open the proceedings of municipal chambers and the Ontario Legislative Assembly since the beginning of Upper Canada in the 18th century; and

"Whereas such use of the Lord's Prayer is part of Ontario's long-standing heritage and tradition that continues to play a significant role in contemporary Ontario life;

"Whereas the Lord's Prayer is a most meaningful expression of the religious convictions of many Ontario citizens;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the Parliament of Ontario maintain the use of the Lord's Prayer in its proceedings in accordance with its long-standing, established custom and do all in its power to maintain use of this prayer in municipal chambers in Ontario."

I'm pleased to support and sign this petition on behalf of my constituents in Durham.

1510

NORTHERN HEALTH TRAVEL GRANT

Mr Michael A. Brown (Algoma-Manitoulin): I again have thousands of signatures on petitions from all across the riding of Algoma-Manitoulin.

"To the Legislative Assembly of Ontario:

"Whereas the northern health travel grant was introduced in 1987 in recognition of the fact that northern Ontario residents are often forced to receive treatment outside their own communities because of the lack of available services; and

"Whereas the Ontario government acknowledged that the costs associated with that travel should not be fully borne by those residents and therefore that financial support should be provided by the Ontario government through the travel grant program; and

"Whereas travel, accommodation and other costs have escalated sharply since the program was first put in place, particularly in the area of air travel; and

"Whereas the Ontario government has provided funds so that southern Ontario patients needing care at the Northwestern Ontario Cancer Centre have all their expenses paid while receiving treatment in the north, which creates a double standard for health care delivery in the province; and

"Whereas northern Ontario residents should not receive a different level of health care nor be discriminated against because of their geographical locations;

"Therefore, we, the undersigned citizens of Ontario, petition the Ontario Legislature to acknowledge the unfairness and inadequacy of the northern health travel grant program and commit to a review of the program with a goal of providing 100% funding of the travel costs for residents needing care outside their communities until such time as that care is available in our communities."

I agree, and I sign this petition on behalf of those thousands of signatories.

LORD'S PRAYER

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): I'm very pleased today to be able to present a petition to the Legislative Assembly of Ontario, which reads as follows:

"Whereas the prayer, Our Father, also called the Lord's Prayer, has always been used to open the proceedings of municipal chambers and the Ontario Legislative Assembly since the beginning of Upper Canada under Lieutenant Governor John Graves Simcoe in the 18th century; and

"Whereas such use of the Lord's Prayer is part of Ontario's long-standing heritage and a tradition that continues to play a significant role in contemporary Ontario life;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the Parliament of Ontario maintain the use of the Lord's Prayer in its proceedings, in accordance with its long-standing established custom."

I support the petition and affix my signature.

MUNICIPAL RESTRUCTURING

Mr Michael Gravelle (Thunder Bay-Superior North): There are many people in Beardmore, Longlac, Nakina and Leduc township who are very unhappy about the amalgamation of Greenstone. I have petitions here from the township of Nakina.

"Whereas the corporation of the township of Nakina is an incorporated municipality; and

"Whereas the corporation of the township of Nakina has continued to operate as a community in its own right since 1923; and

"Whereas amalgamation with other distant communities could prove to be detrimental to the individualistic lifestyle associated with living in the township of Nakina; and

"Whereas the economic justification for the creation of Greenstone no longer exists, and its creation may result in a loss of local services and an increased tax burden on the residents of Nakina; and

"Whereas the residents of the township of Nakina would like to continue to be the municipality known as the corporation of the township of Nakina;

"We, the undersigned, petition the Legislative Assembly to ensure that the corporation of the township of Nakina continues to be a separate municipality in the province of Ontario."

Virtually everyone in the community of Nakina has signed these petitions, and I'm proud to add my name.

KARLA HOMOLKA

Mr John O'Toole (Durham): Mr Speaker, you may have noticed that earlier today I was sort of thwarted from making a statement or question, so I'm making up for it. A petition to the Legislative Assembly of Ontario:

"Whereas Karla Homolka and Paul Bernardo were responsible for terrorizing entire communities in southern Ontario; and

"Whereas the Ontario government of the day made a deal with the devil with Karla Homolka resulting in a sentence that does not truly make her pay for her crimes; and

"Whereas our communities have not yet fully recovered from the trauma and sadness caused by Karla Homolka; and

"Whereas Karla Homolka believes that she should be entitled to passes to leave prison with an escort; and

"Whereas the people of Ontario believe that criminals should be forced to serve sentences that reflect the seriousness of their crimes;

"Therefore we, the undersigned, respectfully petition the Legislative Assembly of Ontario as follows:

"That the government of Ontario will:

"Do everything within its power to ensure that Karla Homolka serves her full sentence;

"Continue to reform parole and make it more difficult for serious offenders to return to our streets;

"Fight the federal government's plan to release up to 1,600 more convicted criminals on to Ontario streets; and

"Ensure that the Ontario government's sex offender registry is functioning as quickly as possible."

I present this on behalf of Marilyn Mushinski, MPP for Scarborough Centre, in her absence.

DELAYED START OF SCHOOL

Mr Pat Hoy (Chatham-Kent Essex): "To the Legislative Assembly of Ontario:

"Whereas for 1998 and 1999, a delayed start program, developed by community councils with input from students, had been accepted and successfully implemented for the schools of Glendale High School, Norwich District High School, and East Elgin Secondary School; and

"Whereas to this date there has not been resolve to this issue for September 2000, we hereby petition the Legislative Assembly to provide leadership and resolve for this very important local issue;

"Whereas this plan has, for two years, proved itself to be irrefutably beneficial to the students of these schools and developed with their best interests in mind;

"With the full support of all parties concerned, we, the undersigned students of the schools who will be affected by this decision, support the continuation of the late-start program as it has existed."

It's signed by a number of residents from Tillsonburg and Otterville, and I affix my signature to it.

LORD'S PRAYER

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): I'm very pleased to present a petition to the Legislative Assembly of Ontario, which reads as follows:

"Whereas the prayer, Our Father, also called the Lord's Prayer, has always been used to open the proceedings of municipal chambers and the Ontario Legislative Assembly since the beginning of Upper Canada under Lieutenant Governor John Graves Simcoe in the 18th century; and

"Whereas such use of the Lord's Prayer is part of Ontario's long-standing heritage and a tradition that continues to play a significant role in contemporary Ontario life;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the Parliament of Ontario maintain the use of the Lord's Prayer in its proceedings, in accordance with its long-standing established custom."

I support the petition and affix my signature.

EDUCATION LEGISLATION

Mr Jean-Marc Lalonde (Glengarry-Prescott-Russell): I have a petition from teachers and members of town council:

"To the Legislative Assembly of Ontario:

"Whereas Bill 74 attacks the very heart of local democracy and accountability by creating a system of informers and absolute power for the Minister of Education;

"Whereas Bill 74 cuts not only the heart out of education but also the spirit by making teachers perform voluntary activities on threat of termination;

"Whereas Bill 74 is an unprecedented attack on the collective bargaining rights of Ontario's teachers;

"Whereas Bill 74 attacks our human rights by demanding teachers be available seven days a week, 24 hours a day, 365 days a year to do assigned duties; and

"Whereas Bill 74 turns over all control over education in this province to one person, the Minister of Education;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"We call on the government to hold public hearings on Bill 74 throughout the province immediately."

I affix my signature on this petition.

ORDERS OF THE DAY

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

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

Resuming the debate adjourned on June 5, 2000, on the motion for second reading of 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.

The Acting Speaker (Mr Tony Martin): To resume the debate on Bill 68, the member from Thunder Bay-Atikokan.

Mrs Lyn McLeod (Thunder Bay-Atikokan): I'm pleased to have an opportunity to participate in this debate on Bill 68, An Act, in memory of Brian Smith, to amend the Mental Health Act and the Health Care Consent Act.

I expect I will be voting in support of this bill on second reading. I'll be doing so in recognition of the anguish of families who have had a sense of being helpless in being able to get treatment for loved ones who are unable to act on their own behalf. I'll be doing so in respect of the work of my colleague Mr Richard Patten, who has brought forward two private member's bills out of concern for this issue.

Interjection.

Mrs McLeod: The member opposite corrects me—three private member's bills in respect of his concern for this issue. And I will be doing so also in response to the recommendations of at least six inquests into deaths of people that involved mental illness among those who were not receiving treatment. I believe, however, that it's important to note that these inquests are not all into homicides. They also involve suicide within mental health facilities, death as a result of restraint within mental health facilities and death as a result of conflict with the law. Regardless of the reason for the death, the issues addressed in this legislation have been a focus of concern in these inquests. Five of the inquests have dealt with confusion around the term "imminent danger"; four have addressed the potential benefits of community treatment orders.

1520

I want to note a concern with the relative speed with which this has proceeded, although given the standard of speed we are observing with Bill 74, which is currently before the House, it's hard to speak about this bill as having been rushed through. But I do want to recognize that the first consultation was for two weeks, by invitation only, and that we have had relatively little time for public hearings. The notice was one which made presenters somewhat rushed in their presentations. Never-

theless, we have had extensive public hearings in terms of presentations that have been made on all sides of the issue—people supportive of the bill and people with very real concerns about the bill.

There is a different process being followed here, and I want to acknowledge that, because I think it sets an important precedent. The precedent is not only that we have had public hearings, but that we've had those public hearings prior to second reading of the bill, so that as we approach this second reading debate we have had the benefit of the input of all those presentations on all sides of the issues that are contained in this legislation. I trust that as a result of that new process there will be a genuine willingness to look at amendments to this bill that will reflect the concerns that have been presented to the committee.

I have to say that my greatest concern about the legislation, and I will address in the time I have some of my specific concerns with the bill, is that this legislation is coming forward in the context of the total inadequacy of mental health resources that are available to those needing help. I believe it is legitimate to question, as many have, why this bill is coming forward when those supports are not in place. The Schizophrenia Society of Ontario, which is very supportive of the bill, suggested the reason the bill is coming first is that it will provide a basis for holding government accountable to provide those services and supports that are needed to make the legislation effective in actually improving treatment for those with mental illness. Selina Volpatti of the Schizophrenia Society of Ontario said: "The legislation must come first and that gives us a basis to advocate on behalf of our relatives for the services that really should be there."

Because that is the intent of those who are the strongest supporters of this bill, that it become a basis for holding government accountable to provide the supports, we've proposed that there be an amendment, that the parts of the bill that deal with community treatment should not be proclaimed until there is a clear implementation plan to put those community supports in place.

It seems to me there should be little surprise that we've heard skepticism during the committee hearings about the commitment of government, and I would say any government, to put a truly integrated, comprehensive system for treating mental illness in place, because this issue of mental health reform has been studied and discussed for years. There have been so many studies, there have been so many good intentions outlined over recent years—I go back to 1988 when a Liberal government brought forward the Graham report and outlined its plan to move towards an integrated mental health system. We could go to 1993, when the New Democrats came out with a 10-year plan, Putting People First, with an emphasis on enabling people with mental health problems to remain within the community. We then go to the 2000 and Beyond study that was brought forward by the then parliamentary assistant, Mr Newman, in 1998 on the progress of reform but with some very important recommendations. I want to note them.

The recommendations of this government's report on strengthening Ontario's mental health system said, "The government must demonstrate its commitment to mental health reform by creating an integrated and coordinated system of mental health services in Toronto," that the government "should ensure dedicated funding for the mental health system," that they "should immediately establish a program design team to be responsible for developing a province-wide implementation strategy"—important, necessary recommendations.

One of the last recommendations, in fact the last recommendation, was that "government begin a review of the Mental Health Act." Unfortunately the only recommendation that has been acted on is that last one, which is why we have before us the changes to the Mental Health Act.

Making it Happen was a 1999 implementation strategy from the Ministry of Health with an outline of what a truly well-resourced mental health system would look like. We have the ministry's strategic plan, we have the HSRC's direction on mental health, we have Michael Bay's public education program on the current Mental Health Act, but the bottom line is that we are now seven years into a governmental commitment to mental health reform and we're five years into this government's term. We've had time enough not only to bring in legislation but also to make significant improvements to mental health supports that are available in communities.

What have we actually seen in terms of proposals for change? We have the recommendations of the Health Services Restructuring Commission that six of nine psychiatric hospitals in this province will close, with 1,135 beds to be lost.

We've had some funding for ACT teams, which are an important part of implementing the community programs, but according to Dr Musgrave, the psychiatrist who assists the ministry in the development of the community treatment and ACTT program, we only have one-third of the number of ACT teams that are needed.

The issue of homelessness has not been addressed. There are estimates of 5,000 homeless or under-housed individuals with mental illness in Toronto. Niagara region will need almost 1,000 places by 2007. The Royal Ottawa Hospital spoke to the fact that in Ottawa the emergency shelters are overcrowded but they have no choice but to take in the homeless, many of whom are suffering with mental illness, and give them a mattress on the floor. It is a tragedy that these individuals are not receiving the treatment that they need, but it is not enough, I suggest, to provide treatment in the absence of a place to live.

The No Force Coalition spoke very passionately to this issue when they said the Mental Health Act functions adequately to protect people who become very ill, yet it is no substitute for the care and support some people need on an ongoing basis, and that includes competent and caring community-based mental health care, decent

housing, mental and emotional health supports and enough money to live on.

We know that there is a housing initiative put forward by the current government, $45 million over three years. We know that in year one that was to bring 1,000 units to Hamilton, Toronto and Ottawa. It is a start, but given what the committee heard about the need, it is clearly not enough.

We heard during the committee hearings about the lack of community supports. We heard that in Ottawa there's a two-and-a-half-year wait for case management services. Although the goal of the government is to move to 60% of the funding for mental health being focused on community programs, in Ottawa 80% of the funding is still on the institutional side.

We heard that in Niagara they are short of case managers and that there is no 24-hour crisis care.

We heard about the shortage of psychiatrists in many parts of the province, including my own home community of Thunder Bay.

During the course of the committee hearings, we had the benefit of receiving the atlas report, the study on access to mental health services in the province, and it said that 50% to 75% of people who could benefit from mental health services do not even seek help.

During the course of our committee hearings we heard about the lack of funding for mental health. The Ontario Federation of Community Mental Health and Addiction Programs tells us that the base budgets of 335 agencies have not increased in 10 years and that there were budget cuts twice in that period. The community mental health and addiction program says that funding is one fifth of what is needed.

There was a 1991 study that said $600 million was needed for mental health. Only $150 million has been invested. The Toronto Star suggested that $30 million of that is a shift of addiction services from ComSoc into health, so it's not new money, and that supportive housing is another chunk moved into health.

In June 1999, we saw that the CMHA said that of the $60 million that was announced that previous April, only $26 million was actually annual funding and the rest is one-time transitional and capital. The CMHA tells us that $325 million is needed in community care just to deal with the transition from institutional care to the community. We know that the Minister of Health—and I acknowledge not only her presence in the Legislature today but the fact that she's made a commitment that there will be no closures of psychiatric hospital beds until the community supports are in place.

But the question that derives from that is, at what level of support in the community? The implementation teams to make the transition from the psychiatric hospitals that are to close to community care are just now being put in place. They've been told to begin divestment and to provide advice "within the limits of the ministry restructuring resources." We know the Health Services Restructuring Commission has said that you need $63 million to $87 million just to replace the beds that will be closed. But the ministry and the public accounts committee said their estimate was that it would be $48 million, already half of what the government's own commission said was needed. The ministry has said it's not a cost-saving exercise to close psychiatric hospital beds, but it's already short-changing the replacement costs.

And unbelievably, as we have before us significant changes to the Mental Health Act and significant concerns among many people who provide services to those with mental illness that there are not sufficient community supports and treatment options in place, there was absolutely no new money in this year's budget to support mental health.

1530

I have concerns because I look at last year's auditor's report where the auditor noted the lack of progress towards the goals of mental health care reform. He said that research projects that are supposed to determine the costs of community care compared to institutional care are just beginning to tell us what dollars are needed. The auditor said the ministry should define acceptable levels of care and establish performance benchmarks and outcome measures.

I acknowledge there are levels of care outlined in Ministry of Health documents describing the needs, but with no delivery benchmarks and no standards of care, absolutely nothing by which the government's performance in providing care can be measured. I believe it's essential that there be benchmarks, accountability standards, to which this government can be held before the changes to the Mental Health Act are made. So we have proposed amendments to the act to require that standards of care be part of any community treatment plan.

The purpose of this bill is to broaden the criteria by which treatment can be provided involuntarily. Let's recognize the fact that this is about involuntary commitment. The intention is to address the needs of a very small group of people who cannot access treatment either in hospital or in the community because of their illness. Currently, you have to be in a state of imminent danger to yourself or to others before care can be imposed through involuntary commitment to hospital.

The legislation attempts to move the grounds for getting people into treatment from dangerousness into a concern for care. I believe that's one of the strengths of this legislation. It does this in two ways. It does it by broadening the grounds for involuntary commitment to hospital, and there are concerns around that and it's one of the significant issues that has to be addressed. I think that issue gets somewhat lost because we pay so much attention to something which is a new concept to Ontario, the other way of having involuntary treatment, and that is through a community treatment order.

The purpose of that CTO, to use the term, is to provide support and treatment for people with mental illness who are caught in what is often called the revolving door syndrome: people who have been hospitalized and responded well to treatment but who can't sustain that treatment on their release from hospital. The purpose of the CTO is to

get these individuals into care so that you can prevent deterioration and restore ability to function, to return to life, as many individuals said to our committee.

I believe, as I'm sure my colleague has pointed out in his participation in this debate, that they shouldn't be called community treatment orders; they should be called agreements. The legislation does recognize that there must be consent to a community treatment plan, whether of the individual or of the substitute decision-maker. It's important to recognize that this bill is not—and I don't believe it is intended to be on the part of the government in presenting it—about imposing treatment on people who are capable of making decisions and who refuse to be treated.

There are many concerns—and I want to acknowledge those—about imposing coercive care in any circumstance at all. But I do want to set that aside for a moment and recognize that, for me at least, an even greater concern is that under legislation the community treatment plans can only be provided—and certainly they can only work—if there is adequate treatment and support available in the community.

The Royal Ottawa Hospital said to our committee that the proposed legislative reform will be ineffective if patients are not adequately treated and monitored. It's equally true that the broadened criteria for admission to hospital can only be put into effect if there are beds. The Ontario Medical Association believes that community treatment orders will relieve the need for beds. Some studies—and I want to acknowledge this—of the effectiveness of community treatment orders indicate that there can be a reduction in hospitalization, and that obviously is the goal of the community treatment organization, to keep people out of hospital. However, the community hospital psychiatrists believe that the broadened criteria for commitment are going to significantly increase pressures that they can't meet now. The Ontario Hospital Association shares that concern. The CMHA is concerned as well that there won't be an adequate number of mental health beds when the restructuring and the closure of the psychiatric hospital takes place.

I have a personal concern coming from northwestern Ontario, because I live in a region where the psychiatric hospital is scheduled to close. I'm aware of the plans that are in place right now, and I see no plan to provide a type of bed in the entire region of northwestern Ontario that will be suitable for the admission of somebody who cannot be supported in the community and who needs a longer-term stay in a hospital bed. In northwestern Ontario we will have a forensic unit for those who are involved in the criminal justice system; we will have long-term psychogeriatric beds that, even if they are intended to be for long-term non-senior population, are going to be contained in what is a chronic hospital, primarily serving the needs of seniors; and we will have acute beds in our acute care hospital. None of those, I am told, are really suitable for a three- to five-month stay, which may be necessary for those who need treatment in a hospital facility.

I am particularly concerned if this legislation, because it comes first, should be used as an excuse to do nothing more on mental health reform. I would be extremely concerned if the government were to say: "We've done mental health. We don't need to look at it any longer." But I do also believe that this legislation could be a means of showing where the gaps are, and if it's used in that way, it could represent a significant advance in a focus on real mental health reform.

Dr Julio Arboleda-Flórez, who is head of psychiatry at Queen's University, said that the very passage of this legislation will provide an obligation on the government. I believe it's an obligation that this House must hold the government to. If there's a certain irony in the legislation, it's because in providing for community treatment plans, the legislation could actually be largely unused, if it's used properly. It could be unused because positive supports are already available in the community. If the positive support, the proactive outreach to those with mental illness, is in place, we're not likely to need involuntary admission and CTOs as often, and that would be a positive reason to see this legislation relatively unused.

But this legislation may also be unused because there is not community support for community treatment orders. We repeat, in the legislation it's very clear that you cannot provide a community treatment plan unless the support is available in the community. If this legislation is unused because there aren't community supports, that's a very negative reason. We've seen that in other jurisdictions community treatment orders are indeed used very sparingly. In New Brunswick, for example, there were 63 in three years.

I believe there is a need to have a review built in, that at the end of two years—and we've proposed amendments in this regard—we need to have a review of the use of the community treatment orders; we also need to know why they have either been used or why they have been unused, so we'll be able to determine whether community treatment orders are not being put in place because in fact there are not community supports in place. We'll want to have a review of the effectiveness of the use of community treatment orders: Have they indeed been able to provide the support people need? Have they indeed been able to reduce the necessity of hospitalization?

I would also argue very strongly that the review of this legislation in two years' time consider the effect of this legislation on the wait times for people who are not under community treatment orders to access care. Because there is a great deal of concern, given the inadequacy of our resources for mental health, for providing treatment for those with mental illness, that people are going to be bumped in order to provide priority care to those who are on an involuntary commitment order.

I have a number of concerns about the details of the bill, and I'm sure my colleagues are going to speak to those as well, so I'm not going to deal at length with them. We have proposed amendments to make changes

in the definition of "mental disorder," which in the current instance has not been proposed to change from the current act and which continues to be very broad. We would very strongly recommend that the legislation be amended with the definition proposed by the Ontario Medical Association and supported as well by the Ontario Hospital Association and the Ontario Psychiatric Association. The amendment would then change the definition of mental disorder to mean, "a disorder of thought, perception, feelings or behaviour that seriously impairs a person's judgment, capacity to recognize reality, ability to associate with others, or ability to meet the ordinary demands of life in respect of which treatment is advisable."

Given the fact that this current legislation deals with people who clearly have serious mental illness, we believe that amendment and that change in definition is needed.

We also believe, and we've proposed a preamble to do this, that there needs to be a clear definition of the target population that can be helped by community treatment order. We have proposed as well a number of amendments to deal with some of the unanswered questions about the use of community treatment orders. For example, one of the concerns for a great many presenters to the committee was that because this is involuntary commitment, whether to hospital or to community treatment, the use of force may be a real concern. Even though a consent is required, there was a concern that the consent by a substitute decision-maker out of concern for the well-being of their loved one could be to the use of force to require compliance with, for example, taking medication.

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We've been assured that there is no intention here to enforce compliance with community treatment orders through the use of force, but there was some disagreement in the testimony about what might be needed for compliance, and real questions about how you enforce compliance without the use of force. The images for people presenting to the committee of the use of force were very real and very frightening: the images of people being physically restrained while medications are being administered, the images of people being forced up against a wall to require them to comply. Again, we're assured that is not the intent of this legislation, but to reassure people who are genuinely concerned about this, there should be an amendment in this legislation that prohibits the use of physical or chemical restraints in any community setting.

I also want to note that the clearest consequence for non-compliance with a community treatment order would be the threat of readmission. Clearly that's coercive, and I recognize that. I also think we can't assume that you can admit a patient for non-compliance, because there is going to be a shortage of beds. Dr Russel Fleming, the psychiatrist-in-chief at Mental Health Centre Penetanguishene, made the point that in-patient programs are already routinely over capacity.

The most compelling evidence of the way that compliance would be enforced and why a community treatment order would be important to an individual, in my view, came from Selina Volpatti of the Schizophrenia Society of Ontario. I want to quote what she said, because she spoke to the essence of why this legislation can be supported, even with the concerns we have. She said: "I see the community treatment order working in such a way as if that person—let's say when he's just released from hospital, he's going to report to his team once every three days, and if he doesn't report, they're going to have to look for him and make sure that he has taken his medication. If not, he is going to be brought back into hospital. But when he's brought back in that way, he is not going to have deteriorated to the degree he would have deteriorated if he'd been left out in the street for 30 days or 60 days."

If that's the compelling reason to support the legislation, I also want to acknowledge the concerns that were expressed to our committee about the lack of trust. From the psychiatric survivors group in Ottawa: "Community treatment orders will undo a lot of trust that's been built up over the years between patients and their caregivers, be that ACT team members or case managers. Trust is a large issue for people who feel vulnerable."

From the St Michael's Hospital mental health service, again in Ottawa: "We are gravely concerned that this legislation will compromise the patient-physician relationship and make it a coercive one as opposed to one based on mutual trust and care. The population this legislation is attempting to address is of the most ill and marginalized of all. This legislation, as we see it, will only further drive these people away from receiving the care that they require."

It would be a tragedy if that was the outcome of this legislation and we can only trust that in its implementation it is used properly and as intended and that we provide safeguards to ensure that it's used properly and as intended so we don't have that further erosion of trust.

I want to recognize that the criteria that have been put in place in the legislation for community treatment orders are stringent, as they must be, and I won't take the time to read them into the record; I'm sure that's been done already during the debate. I want to acknowledge, and I think this is an issue that has to be dealt with through amendment, that the stringency of the criteria raises some questions about the onus, the liability, of the people who are responsible for implementing this legislation, whether it's the physician who has to have assurance that supports are in place to provide the treatment ordered, whether it's the person responsible for releasing someone who might indeed be dangerous to self or others. That was certainly a concern for hospitals and there is a very real concern about protection of the family and the substitute decision-maker for liability.

I want to express my concern about the danger, if this legislation is all there is, that the only available treatment could be medication, that the community treatment plan could end up being only about medication. It's not what

the legislation says it should be, but in the absence of community supports, if it becomes only about medication, then this bill ends up being solely about the enforcing of taking of medication.

I want to again quote the Ottawa psychiatric survivors group, who said: "It is not true that if people 'just took their medications' all would be well. Pills will not cure poverty, dysfunctional families, homelessness or loneliness. At best they should be only one part of a treatment plan, at worst, they can be devastating."

They make the case very strongly and very passionately for why there must be comprehensive community mental health support for this legislation to be effective.

Time is passing when you have half an hour to speak to a bill as extensive as this and I'm therefore not going to spend time on section 17, although it is a concern, about the change in the way in which police officers will have grounds for apprehension, other than to recognize that while I support the notion of reasonable and probable grounds, because I understand why it's been a problem that you're not always able to observe somebody in the bizarre behaviour that would warrant concern, that kind of discretion has to be exercised very, very carefully. We have in our amendments proposed greater safeguards to prevent the misuse of involuntary apprehension and admission through greater access to rights advice.

I also note my ongoing concern about the fact that when it says the police can take people to an appropriate place to see a physician, there often is not an appropriate place, which is why so many people are being picked up off the streets and put in jail, whether overnight or for longer. That is not an appropriate place. I think that we criminalize the mentally ill by putting them in jail when there's no place else to take them, but I recognize that we also criminalize them when we allow someone to deteriorate to a point where a crime is committed or a family is forced to lay charges to get a loved one into care. I do believe that, used properly, this legislation can be a step towards providing support for people in the health system rather than in the justice system.

In the three minutes left I want to touch on the history of deinstitutionalization in this province and why I think it's the reason there is an understandable skepticism about how well and how properly this legislation will be used. It was back in the late 1970s when we last had a major deinstitutionalization of people who were in psychiatric facilities and who, it was felt, could be better cared for in the community. Or maybe it was a cost containment—that they could be cared for in a less costly way in the community. But many of the people who were deinstitutionalized in the late 1970s are still on our streets; they're homeless and they're without treatment.

In 1977 there was a debate on changes to the act to allow more involuntary committal. We had the same concerns expressed then, the same call for a shift to community supports that are still not in place today. So no wonder there are concerns. No wonder there's a lack of trust. No wonder there is a fear that this legislation, instead of being a positive step forward, could be a way of masking continued inaction.

There's also a very considerable concern expressed that this bill will add to the stigma of mental illness by emphasizing the dangerousness of the mentally ill. I wish I had more time to address the fact that, as we've seen in so many presentations, the truth is that those with mental illness are a greater danger to themselves than they are to others, that suicide is more frequent than homicide, and the fact that this bill will not eliminate violence. But this bill, through community treatment orders and through the broad criteria for involuntary admission, does have the potential to help a small number of people, but only—again, as the research on Kendra's law in New York state had demonstrated—if community supports are in place. In fact, in New York they suggest that it's the community supports and treatment options that have made the difference and not the community treatment orders themselves.

I want to again recognize, in my last minute, that this legislation addresses 5% of the population with mental illness, that there is another 95% who need treatment, who need support in the community, who aren't always able to get that treatment and support. It's absolutely crucial that the mental health reform process not be solely about this bill, which is about 5% of the population, and that we continue to meet the needs of the other 95% of those who have serious mental illness. This bill can only be a beginning.

I want to conclude in my last 30 seconds with a statement that was made by the International Association of Psychosocial Rehabilitation Services, in which they say:

"The inadequate funding and fragmentation of a comprehensive community mental health system is revealed every time a person with a mental illness commits suicide, dies in a police shooting, is a victim of crime, ends up in jail because treatment is not available, or, in those rare circumstances, commits a crime. This agenda"—providing integrated, comprehensive mental health treatment and support—"will be more difficult to attain than the passage of involuntary outpatient commitment laws."

But we can accept no less in this province.

The Acting Speaker: Comments and questions?

Mr Brad Clark (Stoney Creek): I want to thank the member for Thunder Bay-Atikokan for her comments in the debate and for participating in the committee hearings. It was very helpful to have her there. She raised a couple of issues—and I just wanted to refer back to Hansard—and they're valid issues. We've heard a number of people state that the violence is not as heavy as some people would believe.

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We sometimes get mixed messages from different parties. We had one person come in from the Schizophrenia Society of Ontario and talk about schizophrenia:

"We are talking about a matter of life and death. The danger to others is discussed in the media so often, and that's very real. We represent thousands of families across this province with sufferers who have schizophrenia, and there are very few families that will tell you

that schizophrenia is not associated with violence, because it is. That's a very hard fact for families to contend with, but there are very few families I have spoken to across the province, and indeed across the country, who do not tell me that untreated schizophrenia leads to violence in most cases."

Then another person from the schizophrenia society spoke of suicide: "Most often they are a danger to themselves, not others. Ten per cent commit suicide."

When we were developing this bill, we tried really hard to recognize that we're not dealing with strictly a violence issue. We're trying to deal with a number of issues that the mentally ill suffer from: victimization, suicide and violence. We're trying to do it in a very balanced way so that we have an opportunity to provide a continuum of care from the psychiatric facility to the community but also have that opportunity to protect society and protect the patient's right to treatment and protect the patient's rights. We are in fact trying to develop a balance in this.

Just briefly, so that people understand it, we are working with the opposition parties on the amendments that have been put forward, and so far we have agreement on 16 amendments that we'll be dealing with over the coming days.

Mr Ernie Parsons (Prince Edward-Hastings): I am pleased to respond to the comments made by the members for Ottawa Centre and for Thunder Bay-Atikokan.

What I've heard very clearly out of it is that what comes next is the real question. Will the resources be in place? Certainly in rural Ontario that's an ongoing problem. The resources that people in large cities have access to for mental health services don't exist now. The question is, how will we deal with the bill once it's put in place and how will we deal with working with clients in the community? The track record of this government has not been enviable. I think Dr Duncan Sinclair with the Health Services Restructuring Commission noted that.

It isn't often that one would refer to a bank or a gas company as an example of how things should be done, but I would suggest that at least with the banks that have closed branches and are doing service in the community, first, they put in place the automatic bank machines. Once the people were able to access that service, then they were able to close the facilities.

We have a record of closing psychiatric facilities in Ontario. I'm not saying that's a bad thing, but we need to have led, and need to aggressively continue to lead, with putting in place alternate services for the people in the community, and for too much of rural Ontario that simply doesn't exist. In too many cases the service is being provided by a police officer sitting all night with an individual in a hospital waiting room, rather than giving true service.

The challenge that faces this government and this province is that what sounds good on paper—it does and I'm pleased with this bill—must actually be implemented out in the community so that our fellow citizens who are in need and count on us for support have that support provided.

Ms Frances Lankin (Beaches-East York): I appreciate the opportunity to respond to the member's presentation. As always, she brings a sensitivity to viewing these very difficult issues. I'll have an opportunity to speak at length later to the bill and some of my concerns, but I want to particularly pick up on the comments Mrs McLeod made about the level of resourcing, both in our community-based resources and in our facility-based resources, and the implications of this bill with respect to that.

The hearings gave very contradictory advice to the committee on a number of issues. The work I have been able to do in talking to people, for example, heads of psychiatric departments of a number of general hospitals, and in looking at studies in the United States—I have some that I'll cite later—indicates that the section of the bill which broadens the involuntary committal criteria is likely to have a dramatic impact on the number of people who come into the system.

I have to tell you that the implications for our system right now are great. We do not have sufficient bed resources for psychiatric patients as we speak, and we certainly don't have the community resources in place to take up the slack. I think the concerns that Mrs McLeod raises are very valid ones, and ones that the government must address. We have a heard a figure of $600 million in community-based resources that are required to meet the current needs, not to meet the additional needs through community treatment orders that we're putting in place.

We know the Health Services Restructuring Commission has scaled back on the number of beds that we have based on numbers before broadening of involuntary committal criteria. I really worry that unless we hear from this government explicit plans for the resource commitment, this will be a PR bill addressing public safety concerns but not with a lot of meaning in terms of implementing it in the community.

The Acting Speaker: Questions and comments? Two-minute response, member for Ottawa Centre?

Mr Richard Patten (Ottawa Centre): I'm pleased to respond to members who have spoken today. I kicked off last night. Of course, some people weren't here at the time. I would concur with my colleague from Thunder Bay-Atikokan. She made a convincing argument and I think it's been made many times in many different ways, and that is of course the resources. This cannot work, is not able to work, and indeed the very articles of the legislation itself suggest it cannot be done unless community resources are there. That's number one for the use of a community treatment order or community treatment agreement.

But I think it has opened up the whole issue of resources for a mental health system, and that mental health system of course is much stronger, is much needed for anyone who needs treatment, not just this fairly small grouping of individuals who are in a particularly danger-

ous situation perhaps to themselves. The evidence shows that that truly is the direction.

My colleague talked about the worry about enforcement. I'm confident that the safeguards in the bill are quite stringent. Some witnesses before us, professionals, suggested that they were the most stringent criteria they were aware of in any jurisdiction that permitted community treatment orders. The other great area of safeguard is that when we start talking about community treatment programs or agreements, we're talking about a team of people from a variety of backgrounds: professional social workers, professional nurses, professional doctors, psychiatrists and psychologists. That team together provides a tremendous amount of concern for an individual and therefore it would flag things that were of any particular detriment to a single individual.

The Acting Speaker: Further debate?

Hon Elizabeth Witmer (Minister of Health and Long-Term Care): Today I rise to speak to Bill 68, a very key part of our government's plan to reform and improve mental health care and treatment in Ontario in order that we can have a truly integrated and coordinated mental health system in this province.

Before I speak to Brian's Law, I think it's important just to review with the members here today that provincial spending on mental health services has increased in this province by 19% since 1994-95. Last year we were spending $2.497 billion. That is an increase of 19%.

It's also important to keep in mind that the funding has been shifting from the institutions to the community. Whereas the ratio was 75% hospital funding and 25% community, in 1999-2000 the ratio was 60% hospital and 40% community. As we continue to move forward, we can see that at the present time, community-based funding has actually increased by 95% since 1995.

We have undertaken many initiatives in order to ensure that we can improve the integration of the system and provide the appropriate community support. In that respect, we have directed that 51 assertive community treatment teams be established throughout the province. We have enhanced court diversion, psychogeriatric outreach, case management and crisis support services. We've also set aside $45 million to provide housing support and mental health care support and services for homeless individuals. We've also set aside money to reach socially isolated people with serious mental illness problems. We certainly have undertaken to make a very significant investment in order to ensure the appropriate community services are there. As I say, we have increased community support by 95% since 1994-95.

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In April of this year, I was very pleased to introduce Brian's Law. It is a very important piece of legislation that will ensure better treatment for people with serious mental illness as well as safer communities across our province.

Brian's Law reflects our commitment to balancing individual needs with public safety. We will achieve that balance by providing appropriate care to those who pose either a danger to themselves or to others. Brian's Law incorporates our proposed changes to Ontario's mental health legislation. It is a crucial component of our reformed mental health system, remembering that we began our reforms in 1998.

These changes take the form of amendments to the Mental Health Act and the Health Care Consent Act. The changes will enable community treatment orders for those with serious mental illness.

Brian's Law is the culmination of more than 18 months of work, work that began with province-wide consultations, led by the Honourable Dan Newman. I would like to thank Mr Newman for all of his hard work. It was his consultations that were the basis for a series of recommendations that are fundamental to improving the coordination, the responsiveness and the accessibility of mental health services throughout Ontario. One of those recommendations was that our government review the provincial mental health legislation to ensure that it supports the creation of an integrated and coordinated system of community-based mental health services.

More recently there were consultations that continued with a series of stakeholder meetings conducted by Brad Clark, my parliamentary assistant and the member of provincial Parliament for Stoney Creek. We appreciate the work he has done. We have also sought and received advice from mental health experts from around the world. I'd also like to express my appreciation to my staff, particularly Lori Turik for the tremendous work she has undertaken.

The bill that is being debated in this House today is the product of advice and input we have received from many people on all sides of the House and throughout this province during our very extensive consultation process. To date, we have heard from over 300 individuals and groups from across the province. After the bill's introduction, we took steps to hold public hearings before second reading to get even more input. Public committee hearings were held in Toronto, Hamilton and Ottawa, to allow the experts, the professionals and the survivors to present to us in detail.

I would like to thank all the people who have participated in this process. I think there has been a very sincere commitment to ensure that this legislation will be the very best we can ensure it to be, that it will protect public safety, but also ensure that there is the appropriate care and treatment provided for those who suffer from serious mental illness.

Our government has been working very hard to reform our mental health system in order that we can provide the quality, accessible services and treatments that are required, and that includes legislation that would support this comprehensive and integrated system of community-based mental health services.

As Mr Clark expressed so well yesterday in this House, our government is listening. We will continue to listen and we will continue to respond to the recommendations. So far, we have heard from the coroner's jurors, from the mental health professionals and from people

who have had first-hand experience in the mental health system, people who describe themselves as survivors. We have also responded to families: families of people with serious mental illness and families of the victims of unfortunate but preventable actions resulting from untreated mental illness.

In particular, we have introduced this bill to respond to people like Alana Kainz and Lori and Tony Antidormi. Their lives and the lives of the people closest to them have been forever changed by the loss of their loved ones. Brian's Law is intended to help reduce the risk that others will suffer their tragic loss. Brian's Law could allow health professionals and families to save lives through the appropriate and timely intervention and treatment of mental illness.

I would like to express my admiration and my respect for Alana, Lori and Tony and their families, who were in this House to witness the introduction of this important legislation. They made a very difficult decision, and that was to share their lives with the people of this province. As a result they have participated in real change that I believe will make this province a safer and a better place for all of us.

Let me conclude by again expressing my appreciation to my parliamentary assistant, Brad Clark, and to all members of the committee from all sides of the House. I think, as Mr Clark has indicated, we are very carefully considering the amendments that have been put forward, not only by the opposition parties but also by the people who have made representation during the public debate. I want to sincerely thank all those individuals. We certainly want to ensure that this bill is the very best it can be.

In closing, I would strongly urge all members of this House to continue to work towards the quick passage of second reading of this bill in order that we can move forward and have the mental health system in this province that will respond to the needs of those who require it.

The Acting Speaker: You didn't ask to split the time when you got up to speak, so if you would ask for unanimous consent now I will put it to the House and I'm sure it will be granted.

Hon Mrs Witmer: I would ask for unanimous consent to split the time.

The Acting Speaker: Unanimous consent to split the time? Agreed.

Mrs Julia Munro (York North): I certainly appreciate the opportunity today to speak to Bill 68, Brian's Law. I think that many of the members who have already spoken have indicated what a unique experience it has been throughout this process. The minister has referred to the leadership shown by the former parliamentary assistant, the Honourable Dan Newman, and the leadership shown by the current parliamentary assistant, Brad Clark.

I also had the unique opportunity to be part of the public hearing process, where it was decided that we would go out and have public hearings after first reading. I want to express the sentiment we certainly heard among those at the public hearings, and that was the question of recognizing how important it was to be able to go out and hear the community. As a member of that committee, we heard a great many making submissions and we heard a great deal of comment that I think is important, to recognize how important this particular piece of legislation is for Ontarians.

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I'd like to comment first of all about the professional voices we heard in our public hearings and the kind of information they were able to provide to us as a committee. One of the important ones that I think probably summarized the intent behind this bill came from the Royal Ottawa Hospital. In their submission indicating their support, they talked about the fact that it embodied some core principles, "that the amended Mental Health Act represents an ethical response from a humane and caring society; that the citizens of this province have the right to mental health assessments and treatments" and "that the establishment of community treatment orders will allow persons with mental illness to avoid hospitalization, and be cared for in the community." I think that final comment is a hallmark of this particular piece of legislation.

One of the other expert witnesses we heard was Professor Arboleda-Flórez, from Queen's University. One of the comments he made that I felt was particularly important centred around something he described as "rehabilitative inertia." To the rest of us I think it means the revolving door, the inability of the current situation to provide for people with mental illness, and his support then for this piece of legislation, which in fact would provide members of that community with a community treatment and a way in which that would be done to better meet their needs.

A third expert witness we had was Dr John Elias. He also made reference to the importance of this piece of legislation. He suggested:

"With recent advances in the provision of mental health (and particularly psychiatric) services, it is possible to provide most treatment in the community. Community treatment orders should be seen as an option, a 'tool' which makes it possible to provide compulsory (involuntary) treatment in the community in the least intrusive setting."

This kind of comment coming from the professional, expert community has given this committee, and certainly speaking for myself, an understanding of just how important this piece of legislation is.

We also heard from many of the people who have either suffered mental illness themselves or with family members. One that I regarded as particularly poignant was that of Sheila Deighton. In her submission she talked about the fact that in her family, in order for there to be treatment, it took a criminal offence. That was certainly something we heard from many presenters. I see this as an opportunity that we have with this legislation to deal with mental illness in the way in which it should be dealt with; that is, with concern and care and not, as has happened too frequently, that it takes a criminal offence to get treatment.

Leonard Wall, from the Ottawa-Carleton chapter of the Schizophrenia Society, talked about the numbers of people we're talking about in relation to a community treatment order. He suggested that "This province has in excess of 200,000 people who are severely mentally ill; of this total, it is anticipated that some 400 to 500, or one quarter of 1% of this population, could be eligible for a community treatment order."

Individuals who have suffered provided us with again another insight. Ian Chovil referred in I think a very clear way to what it means from his perspective to have a community treatment order. He said:

"For me a community treatment order law is like a law requiring you to use seatbelts. It's for your own protection whether you agree to it or not. Community treatment orders will save lives. It is a law for people who consistently get into accidents without their medication."

He adds how "impressed" he is "with the research that has gone into Brian's Law," and I think that the kind of expertise that we had at this session of public hearings demonstrates the kind of care that has been taken by people in providing for this piece of legislation.

In terms of personal presentations, probably Alana Kainz's is one that stands out for many of us who were there when she made this presentation. I'd like to provide the members of the House today with a couple of comments that she made that I think clarify the situation for many of us. She said, "The bill nicely balances the right for individuals to make their own informed decisions, with the right of all people to be mentally well and with the right of those in the community to be safe."

I think her presentation probably captures the sentiment that many of us have in working on this particular piece of legislation. There are two issues that remain, I feel, outside this legislation. One is certainly implicit, and that is the need to provide education through an implementation process. I know there is an understanding in the legislation that certainly would provide that opportunity. The other one is the issue of accountability. We all recognize how important it is for people to be accountable for any programs that they are delivering. It is my hope that this piece of legislation, which obviously I will be supporting, will then bring with it the level of accountability and the evaluation of this initiative.

My concluding remarks are simply to suggest that everyone from the chief coroner of Ontario to the victims of mental illness was able to come before us. They demonstrated to us that they had a very specific role in bringing this legislation forward. It was certainly an honour to be a part of this and recognize how important this initiative is to provide the people of this province with legislation that will ensure a safer and more caring community for those with mental illness.

The Acting Speaker: Comments or questions?

Mrs McLeod: As I indicated in my earlier comments on the bill, I sincerely hope the member for York North is correct in saying that this will be a way of providing more extensive, more comprehensive treatment for all those who suffer from mental illness.

I do want to stress the fact that the legislation itself only deals with about 5% of the population of those who have mental illness. I want to stress that by coming back to a letter that was written to Mr Clark, the parliamentary assistant, by Dr Ian Musgrave, who's a psychiatric consultant to the assertive community treatment program. He says that it's his personal opinion that "The vast majority of individuals who might otherwise meet criteria for a community treatment order provision can be eminently helped to achieve a life of sustained community tenure and dignity by virtue of being offered comprehensive community-based treatment, rehabilitation support services without need of being subject to a community treatment order."

I really feel the need to keep reiterating the fact that the goals of mental health reform should be to provide those comprehensive supports so that we don't need recourse, at least not often, to the use of any kind of coercive, involuntary commitment. It is, as Dr Musgrave recognizes, only for that small percentage of people who, because of their illness, because of the way in which they respond to treatment, assuming they've had the treatment and their inability to respond in a sustained way, can benefit from the involuntary or need the involuntary commitment. As Dr Musgrave would like to suggest, "There's a small but nonetheless important number of individuals who would only best be served by changes to the Mental Health Act to include a community treatment order provision." These are the people that this legislation focuses on—those people who can only be served through taking these steps of involuntary commitment, either to treatment in the community or, if absolutely essential, to residential care.

As I've said in my remarks, I trust that we won't be implementing mental health reform changes focused only on the 5%.

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Ms Lankin: I'm pleased to have an opportunity to respond to both members but I would like to particularly direct my remarks to the Minister of Health. I listened carefully as she spoke about the extensive consultation and work that had gone into this and the collaborative approach to try and come up with the best bill, striking the right balance. I want to underscore those words because I will suggest, with all due respect, that the bill does not yet strike the right balance. We heard much during those hearings from people, family members, those who have suffered from mental illness or who continue to, as well as professionals who have agreed on a broad range of things, even though there is a polarity of opinion with respect to the controversial aspect of broadening criteria for involuntary commitment and the regime of community treatment orders.

A couple of things that most everyone who was asked agreed to, and that I'm hoping the minister will take seriously, are recommendations I've put forward for the creation of a mental health advocate's office, something akin to the office of child advocate in the Ministry of Community and Social Services. That is an office that

looks systemically at our system, that looks at the total integrated system, where the gaps are, the service needs that are not being met, particularly in light of provisions within the community treatment orders section that says these orders can only be put in place when the services are there in the community to meet those needs.

If this is to be more than forced chemical imprisonment in a community, which some psychiatric survivors have alleged, there need to be the community supports to work with families and the individuals to ensure that their right to treatment is actually met.

I also believe it is important that we have a list of services, a basket of services, that are defined in the legislation that must be available in all communities. These sorts of moves to give real meaning to community mental health reform would strike that kind of balance that is necessary.

Mr John O'Toole (Durham): It's my pleasure to respond to both the Minister of Health and the member for York North. The important emphasis I believe is balancing the rights of public safety and individual rights. As the member for York North has mentioned, it's an ethically responsible response, if you will, to a very difficult challenge. The important thing here, if you look at Bill 68, which was introduced by the minister on April 25, is it's attempting to look after public safety and individual rights.

If you look at the explanation notes in the bill, they say, "proposes amendments to the Mental Health Act that would allow persons needing psychiatric treatment to live outside of a psychiatric facility under a community treatment order." That's the important breakthrough here: They can still maintain the dignity and support of a family in the community, to live in the community instead of an institution.

"The criteria that must be met before a physician may issue a community treatment order are set out in section 14 of the bill. Community treatment orders may only be issued for persons who, during the three-year period prior to the order, were patients in a psychiatric facility on two or more separate occasions or for a cumulative period of 30 days." So it's not some kind of arbitrary decision that's being made in an insensitive way.

What the member for York North mentioned in the public response is that we have a duty, as all governments do, to regard the greater good of the greater number, the public safety issue. The call has been to find some rights or assurance or support.

The minister, earlier in her remarks, talked about the 51 assertive community treatment actions that have been taken and other supportive measures the government's taking to strengthen the rights of communities and the individuals who live with mental illness.

Mrs Marie Bountrogianni (Hamilton Mountain): I'd like to congratulate my colleague from Thunder Bay-Atikokan for an excellent synopsis of a very complex issue, and my colleague from Ottawa Centre for his commitment to this process. I will be talking more about this bill in the debate in the next couple of hours. I look forward to it. I do want to say, though, that the presentations were moving. In fact, one colleague from across the floor and I left in tears after one presentation.

My only regret is that I can't turn the clock back. In my former profession I could have used another tool in my toolbox to try and get some of the kids I worked with who were over 18—they legally may not have been kids but were kids in many different ways—to actually adhere to their medication, their counselling sessions. This will give clinicians, when properly implemented, with the proper amendments, with the proper resources out in the community, another tool to help their patients and their clients.

I also want to congratulate the families who have been tireless in their advocacy for changes to the mental health legislation. The stress level among these families is enormous. Research has shown that family members of the mentally ill and disabled are at higher risk for all sorts of diseases and early death, and for them to add on to their stressful life this mission of changing legislation is something to be admired. I congratulate them here today and look forward to doing so in more detail later and honouring their commitment by talking about their families, with their permission, during my debate.

I would also like to say that the process, although I was not at all the hearings, was an honourable one. All members on all sides of the House truly want to work together to make this an excellent piece of legislation, and I commend all my colleagues for that.

The Acting Speaker: Response? The member for York North.

Mrs Munro: My thanks to the members from Thunder Bay, Beaches-East York, Durham and Hamilton Mountain for their comments.

The question that has been raised in terms of the balance that must be achieved—the member for Durham, as others, talked about it—is something this piece of legislation tries to do. There are certainly areas we have heard of that people have raised some concerns about: the question of balancing community safety and individual rights. I'm reminded of a comment, though, that came from a deputant who referred to this as providing the freedom of care as opposed to the freedom of neglect and isolation; and recognition of the fact that so many people do need the rights advisers, do need all of those supports in place, but, as the member from Hamilton Mountain has suggested, they also need to have a wider variety of tools. That is precisely what this is designed to do.

Something else that was mentioned, I believe by the member for Thunder Bay-Atikokan, is the need for community supports. I think it's important to recognize that in the legislation one of the criteria for introducing a community treatment order is that those supports are there in the community. So there is an onus of responsibility, and the minister's references to the 51 ACT teams, as well as a number of other initiatives, speak to that issue.

The Acting Speaker: Further debate?

Mr Parsons: Speaker, I will be dividing my time with the member for Hamilton Mountain on this.

In my one year in the House, this bill is different from any other bill that has come before us. We've heard the government side speak with some pride about the consultation process that has taken place, and I think they should be proud of it. It has been a very open process and I would suggest should be a model for all the bills that have come before the House. I'm sure it was an oversight on the part of the minister to refer to the groundwork that was done on this by the member for Ottawa Centre, who for some five years worked and put together proposals for it, and how pleased we are on this side to see those proposals adopted.

I would suggest that I would like to see the same energies go into a bill dealing with those of our citizens who are required to use a wheelchair or are hearing-impaired or have vision difficulties. They equally need our support and our assistance, and they have not seen done for them what should be done.

I'm sure there's no family in Ontario that has not been touched in some ways by people with mental illness, by a family member. My wife and I are no different from any other family. However, after the election, I got a much bigger sense of the challenge that faces this province: families coming into my office saying they need help for a loved one, absolutely desperately looking for help, trying to do the right thing in trying to help one they loved dearly but who needed help and was not capable of making decisions for themselves, as one would have liked.

1630

I've had police officers tell me that in my community at times the mental health services consisted of their taking an individual and sitting in the waiting room of the emergency ward in the hospital for, sometimes, the entire night. That's not a help for anyone; the individual is off the street and out of danger to themselves, but it wasn't helpful for them.

A major shock for me, when coming to Toronto last June, was the number of individuals I saw sleeping on the streets, or sleeping in alleys, or sleeping in bus shelters. These are not people who are too lazy to work; these are individuals who need our help and assistance. I believe this bill will go a long way in doing that, because as we've heard so often, we need to be concerned about individuals whom society may treat as being a danger to society—and that I believe is true in some cases—but in far too many cases are a danger to themselves. We have that obligation as a citizen and as a human, to help them.

I certainly am going to support this legislation, but I support it with some reservations. I support it because the bill is a compromise between safety—protection from danger for the individual and society—and the loss of individual rights. The legislation, as it's presented, I'm comfortable with. In my mind, the key lies in the implementation of it, because too often I have seen this government use a different yardstick when delivering service for the well-to-do and for others. If you're wealthy and healthy in this province, then the best government is no government, a government that uses the Red Tape Commission to get rid of rules that would affect you in any way, a government that prides itself in not wanting even to be involved in taxing you—minimum taxes. If you have money, this government doesn't want to be involved with you.

But I think there is the risk that this bill is dealing with a group that is measured by a different yardstick, that is not wealthy, is not healthy but in fact may be best defined as vulnerable. And for people in Ontario who are vulnerable this government wants to be an in-your-face government. It wants to control every aspect of your life. It says, "If you do not have anything, you shouldn't have anything," and we see liens put on the homes of people who have had an unfortunate incident in their life and have been on a workfare program for a year. This government wants to tell people who are on workfare exactly where they will work and when. It wants to tell them that they are going to have uniforms, that they are going to have to be drug-tested or whatever. We see different yardsticks used for different citizens, and from that point of view, I am concerned that we not use a different yardstick for our most vulnerable citizens.

There have been some amendments brought forward, and I certainly have to commit that my support is contingent on these amendments coming forward. We've had the member for Ottawa Centre already refer to them as he put them forward, but the one that particularly struck me is that the initial approach of community treatment orders again presents the big government, Big Brother concept. I certainly support the word "agreements" rather than "orders" in the legislation.

An advocacy office: All too many of these people need a voice and they need someone to speak for them, and there must be an advocacy office established. A bill of rights: Who can order treatment? And for the family that's involved, some liability protection for the family or for the people who are in the position of making the decision, the substitute decision-maker. I believe that families genuinely try to do what they believe is the right thing. What may appear to be the right thing to a family may not look that way to neighbours, may not look that way to the individual or close family member they're trying to help. I have no hesitation in saying that families try to make the decision that is in the best interests of their loved ones, but I believe there needs to be protection for them, to reduce or eliminate their liability for trying to do the right thing. When a treatment order or a treatment agreement is in place, there is a tremendous responsibility on the part of this government to make it work.

Talking as a member from an Ontario riding that is predominantly rural—our largest city has about 37,000 or 40,000 people—the critical shortage of beds for people who need treatment has always been the case. In fact, the lack of professionals in small-town rural Ontario is a continuing crisis. I'm in my 24th year on the board of directors of the children's aid society. Many of the children in our care need counselling, need support for mental needs, and it doesn't exist or it exists in such limited numbers as

to be absolutely frustrating for the children who need to begin treatment, need to begin healing right away and instead go on long waiting lists.

The housing waiting list for all communities is desperate. In certain parts of my riding it simply doesn't exist. In desperation one day, we contacted Toronto to see if there was social housing available. The response was that there's a waiting list of 55,000 ahead of my constituent, who was prepared to move anywhere to get some housing and get some support. A waiting list of 55,000 means that in effect it will never be available to her whatsoever in the foreseeable future.

I have had the opportunity over the past year to interact with various groups that are involved in providing mental health supports. I think one of the challenges facing all communities is the loneliness that exists for some of its citizens. As a society, we can easily be afraid of people who have a mental illness. We're not afraid if someone has a broken leg, we're not afraid of someone who's visually impaired, but it's very easy to be afraid of someone who has a mental disability, when we shouldn't be. I'm not a professional in that field, but I suspect we worsen the condition when we avoid them.

I had the opportunity to visit and in fact spent much of a day and lunch at a home in Belleville called Club Freedom, a drop-in centre for people who have schizophrenia. In fact, it's open to any range of people with mental challenges. It was an opportunity for them to interact. I went there not knowing what to expect and had an absolutely delightful time, and it's my intention to revisit.

I believe we need to recognize that along with hospital beds and professionals, we need supports, that they're not simply getting treatment for half an hour a day, but we're helping them to live a full and complete life.

I compliment everyone from all parties who has been involved in this. I believe this is a good piece of legislation that I am convinced will help my family member and I'm convinced will help so many others in Ontario.

Mrs Bountrogianni: I'd like to thank my colleague and congratulate him for his remarks. I know from personal conversations with him that he has helped many families in the last 20 years, and has been exposed to mental illness with his foster care involvement as well. I congratulate him for his personal commitment.

As I said earlier, I'd like to also congratulate the other members from Thunder Bay-Atikokan, Ottawa Centre, Stoney Creek and Beaches-East York, the members who were there consistently. I was at a few of the hearings and I was startled by the extreme reactions from the presenters. On the one hand, you would have stark fear from groups representing the mentally disordered that they would be discriminated against. On the other hand, you had families, mostly of schizophrenics, who were afraid this law wouldn't pass. There were all sorts of research studies and some of them seemed to me, as a former researcher, contradictory. That analysis had to be done by that committee. I congratulate the committee because the amendments reflect an understanding of the issue, as well as of the solution to those contradictions.

We have to be vigilant with our amendments to ensure that this discrimination does not occur. I concur with my colleague that discrimination only worsens the situation and, from a very pathological point of view, increases the pathology, increases the paranoia, and the cycle continues.

1640

I would also like to reiterate the need for resources. I was listening carefully to the minister earlier. I'm not going to question the increases—perhaps there were increases—but there are also increases in that population, because we have got very good at diagnosing mental illness in the last two decades. Our problem before was that we didn't diagnose and most of them ended up either homeless—some still do, obviously—or in jail, instead of getting the treatment they deserve.

I want to focus on one part of this bill and that is on the word "imminent." Some groups wanted us to put that word back in so that a police officer or a physician would have to see the imminent threat. I would say it would be a mistake to put that word back in because in this field—it's not an exact science; it's not like other parts of medicine—behaviour is very inconsistent. As we know from the case studies that brought us to this point, the Antidormi case and the Brian case, quite often illness can subside and for a time seem like it's non-existent, and quite often that occurs right after a violent attempt or attack.

I would like to give an example that is why I said earlier I would really like to turn the clock back. Some of my former patients may have had a chance. One young man, Mark, although he was 18 and considered an adult, was still in school. He was very suicidal, was on medication, was undiagnosed for years and years and finally got diagnosed. One day the guidance counsellor called my office, in my former profession as a psychologist for a school board, and said: "He's threatening to take these pills. He's waving these pills." I would say that's a pretty imminent threat; lots of witnesses around. I said, "Call the police and also call his doctor." His doctor said: "There is nothing I can do. Take him to emergency."

We've been there before with kids from the school system and I'll tell you it is the most frustrating experience to take a student, or anyone for that matter, to emergency, whom you know, had there not been a witness or another human being nearby, would not be breathing, and then we'd have to wait in the waiting room for five or six hours.

To make a long story short, this was October. I remember that because it was the O.J. sentencing that day and we sat there with the patient for five hours looking at the O.J. sentencing. He was seen of course by a nurse, as is procedure, then by a physician, and then by a psychiatrist. By the time he told his story the third time, there was no emotion left. It was as if we were talking here today. The psychiatrist said: "There's nothing wrong with this kid. Take him back to the guidance counsellor.

He just needs some problem-solving techniques." It was the guidance counsellor who made the first call, by the way, and was terrified that this—to make a long story short, he went home. By the way, his mother didn't come because she had had it at this point with years and years of this kind of behaviour from her son. She didn't even come to the emergency. This young man was alone, really alone. In January he really tried and he almost made it and he was in hospital for weeks. It was only then that we became more vigilant as a community about his medication.

I can name hundreds of these examples. In our school board alone, we do 1,000 diagnoses a year. In the years I was there, that was 10,000 diagnoses. Five per cent of those were more of the mentally disordered rather than the learning disordered. You can imagine how many kids we see, whose families, by the way, also tend to have this history; those families don't have protection.

I have to also say that resources—I appreciate the minister's announcement and the minister's referring to the increase in resources—have to start early. Whether this government did the cuts to education, whether the amalgamation of school boards caused the cuts to special education, I can tell you there have been cuts. In my board we had classes for the behavioural disordered and our research showed that those were the most effective classes. Once those kids spent a few years one-to-one with teachers and with therapists, their prognosis for high school and beyond was much better than those, believe it or not, who were integrated. That went sort of against the grain, but that is what our research found. They needed that one-to-one.

Another case study was of Dean Voukelatos. He is now 33, but he was diagnosed 12 years ago with schizophrenia. Time doesn't permit me to go on and on about what his family has gone through, but this young man was a grade A student, had his own business while attending university and getting A marks, had 150 people working for him before he was diagnosed, and then ended up basically hiding in alleyways and his mother chasing him in alleyways. The system failed him over and over again because as an adult he had the right to say no to help.

This legislation won't solve all of Dean's problems, particularly if there aren't the resources out there, but it will give his family and his physician one more tool to attempt to help him to take his medication, because according to his family, when he's on medication he's fine. He's an intelligent young man, though, and he knows how to manipulate the system. I can tell you from my experience, patients know how to manipulate the system. "Mentally disordered" is not equivalent to "unintelligent." Their paranoia at times forces them to do that and that's their reality, whether it's true or not to us, and their reality is what counts.

I also want to read a small section from the nurses' association written submission: "Despite all of the planning that has gone into reform of the mental health system, the absence of a mandated basket of services with established service standards is a significant and glaring omission." The nurses' association, by the way, supports this bill but points to the need for resources.

"This basket of services should include not only those programs and services referred to in policy documents but improved and expanded mental health promotion, mental illness prevention and early intervention services, together with ancillary and other related services such as housing," which was mentioned earlier, "employment, education and income security. It is the combination of treatment and community and social services that will successfully maintain individuals in community settings."

One of the frustrations in being a psychologist in the school board was we could diagnose a learning disability but when there weren't the resources to help a learning disabled student, when there weren't the resources to help the behaviourally disordered students, we were almost setting the kids up for disappointment. I hope this doesn't occur here, that we have this tool for setting up this population that sees this almost as a panacea for their kids and for their family members and then we disappoint them. This law will be an exercise in futility if we don't have the appropriate resources. We will be setting up families with expectations that we will not be able to meet, and that, in my view, is a bigger crime than not having this law.

The responsibility is huge and it's heavy on our shoulders. The amendments are a first step towards meeting that responsibility and we all need to be vigilant to make sure they're implemented properly.

Another set of resources, the Dawn Patrol I mentioned two days ago in my member's statement, is being reduced. These are services for kids and youth with problems, some psychiatric, some in trouble with the law. Prevention is key. Let us not ignore the other aspects of mental health which include prevention by focusing only on Brian's Law. But I support the law.

The Acting Speaker (Mr Michael A. Brown): Questions and comments?

Mr Clark: I'd like to read into the record a mother's statement about her daughter:

"My daughter once tried not taking medication. She eventually withdrew to her room, where she fantasized herself to be held prisoner by aliens, who were sending vibrations from outer space. She could have starved to death had she been living alone."

I assume it's hard for anyone in this House to understand, to even try to empathize or sympathize with someone who starts to hear voices. It's not a fantasy world for them. It's real; it's really happening; they're hearing it. I think this bill goes a long way to help us help those seriously mentally ill people, and I think that's why all parties in this House have worked so hard together to put aside differences to try to develop a really good bill, because they understand the true magnitude of the problem and what we're trying to accomplish.

1650

The number of people who have called me and spoken to me about suicides, acts of violence in their home, desperate to get their son or daughter to come home—they've run away; they're not taking their medicine. There's nothing they can do. There's nowhere they can turn. I've got to tell you, that was the hardest thing for me to hear, being a legislator, knowing there was nothing I could do under the law to help these people, because the law was flawed. We couldn't do anything. That's why I really strongly support this bill and I encourage all members in the House to work with us to develop the best piece of legislation we can possibly develop.

Mr John C. Cleary (Stormont-Dundas-Charlottenburgh): First of all I would like to thank the members for Prince Edward-Hastings and Hamilton Mountain for their well-thought-through speeches. I know that this bill, of which I'm very supportive, is a step in the right direction that will assist patients and clients. I know that we've had some very sad incidents in our part of Ontario, people not taking their medication who set fires, and I've had many of my constituents come into the office with family members, trying to hurry up this legislation. I know they thank all the members who worked so very hard to bring us to what we have today. I know that maybe it doesn't do everything, but it's a step in the right direction. All the parties and different members have worked together. I think this is a very serious issue and it's one thing that I like to see us united on and all in support of this legislation. There's been really sad incidents where it ended up that some of us had to go to funerals of people who didn't take their medication.

I am pleased to be here to support it and I hope it gets early passage because it's long overdue. I once again thank all the members who worked so very hard on this legislation. I hope it becomes law very shortly.

Mr Patten: I would like to point out two things that I think are significant here: One is that we have two members who have been involved personally, professionally, one way or another, in dealing with some members of the mentally ill community. The member for Prince Edward-Hastings, who sat on the board of the children's aid society for over 24 years, is a foster parent with, I don't know, 10, 12, 14 children in his home, a person obviously concerned about the health of youngsters. I thought his expression, "When you're wealthy and you're healthy you don't feel you need too much government"—but of course most people are not and that's where we have a responsibility.

The member for Hamilton Mountain, in her professional background as a doctor of psychology, and working in the school system as a counsellor with some of our young people, in the examples that she illustrated today, shows us that among ourselves, as legislators, we have some personal experiences, and most who have spoken to the issue indeed have identified that fact. Positioning this piece of legislation is not the be-all and end-all. It's not a panacea. Everyone's saying that we need the resources etc. But one thing that the member for Hamilton Mountain did point out, and I personally have seen in my family and in my community and in my professional life as well, is the tremendous loss not only of life but of talent, of opportunities. I know young men and women who are still not able to function appropriately. We have to provide the very best of care. And you know what? We have the expertise to do so. It's a matter of political will to provide those particular resources in the full scale of things in the widest possible area.

The Acting Speaker: Reply, the member for Hamilton Mountain.

Mrs Bountrogianni: I would like to add that we've had the expertise for decades and it's almost a shame that there hasn't been the political will to implement it. I don't want to colour or be negative today because I think this is a good first step, but this won't solve a lot of the problems. This will give us one more tool to attempt to assist the mentally disordered. It may prevent some violent tragedies. As a professional, I see it more in preventing suicide than in actually preventing violence. Violent attacks are much less predictable than suicide. We can predict depression and attempts at suicide much more readily than violent attacks.

If you look at the research, there are a lot of people who threaten to attack who don't—most don't, in fact—so there isn't any correlation or there's very little precursor to know, except another violent attack. If we're fortunate and it's not a fatal one and we can go from there, that's great, but a lot of the time these situations include situations where that's the one and only time someone has attacked and they're actually very successful in inducing death, which is the tragedy.

However, any step in the right direction is something that I would support, and if this will prevent some of the suicides out there, particularly in our young adult population, where it's growing, we do need to support it.

In the few seconds I have left, I would like to commend and give my congratulations to the families who tirelessly advocate for their children and their loved ones in a very complicated mental health system in Ontario.

The Acting Speaker: Further debate? The member for Beaches-East York. This is a leadoff speech.

Ms Lankin: I want to begin my comments on this bill, perhaps uncharacteristically for this place, by offering my sincere thanks and commendation for the work of the parliamentary assistant, the member for Stoney Creek, as he has worked to guide us and our committee through the first stages of dealing with this bill. There has been a genuine attempt on his part, I think, to acknowledge the complexity of what we're dealing with, acknowledge the breadth of public opinion that has been brought before the committee and the genuine interest on the part of members of the opposition and members of his own caucus in doing good work as legislators and working to build the best possible piece of legislation that we can. I appreciate the manner in which he has done that, and the co-operation, and look forward to that continuing as we move through second reading and dealing with amendments in committee clause-by-clause. I want to indicate

to him that, largely as a matter of the goodwill that has been built up through this process, I will be supporting this bill on second reading in principle, moving it to committee.

I have, however, on many occasions through the committee put on the record a number of areas of significant concern that I have with the wording, the structure of the bill, striking the right balance, and I will be seeking support for amendments to address those areas of concern. My support at third reading will be contingent on what unfolds during that process and how much ground we are able to cover in meeting what I think are some very significant areas of public policy concerns that need to be addressed in the amendments to the bill.

I speak to this bill today wearing a number of hats. Yes, I am the health critic for the New Democratic Party caucus, so I bring a critic's perspective to this work.

Secondly, I am also a former Minister of Health of this province and did much work in commencing, under our government, the review of mental health reform leading to the report that was made public under my successor minister, Ruth Grier. Putting People First looked at the need to shift our resources and to enhance in a dramatic way the resources that were available to individuals with mental illness and to their families, the supports that were necessary to help them receive the treatment they needed.

1700

Thirdly, I'm an ordinary citizen. I'm a person with a life who has had experiences. I think one of the things that is most astounding about this area of work in terms of mental health is how virtually everyone can tell you, within the realm of their life and their experience, their family or close friends and acquaintances, how the experiences of those with mental illness have had an impact on them.

I will apologize to everyone, because I'm darn sure I'm not going to be very articulate and well prepared today. I usually attempt to be well prepared, if not articulate. But the last week I have spent doing virtually around-the-clock care in hospital with my mother, who just experienced a bout of what they're calling intense acute delirium—most extraordinary. I had many times, while sitting there with her, an opportunity to reflect on some of the life experiences I've heard from family members who have come forward and who have met with me and who have helped try to educate me to understand the problems that they and their loved ones have faced with getting help from the system—that complete sense of helplessness when you can't reach that person you love, when there's no light of recognition in their eyes, when there's no place in which you can have a conversation that is coherent, where sometimes the words you're hearing aren't even English words that the person is speaking; that sense of understanding when the light comes on a little bit and you realize the person knows they've been somewhere else and that it's very frightening and that there's a loss of sense of control they're experiencing; and again, your complete inability to fix that problem.

To think of that in terms of family members who go through that on a recurring basis, over and over again, the highs, the lows, the bringing people back, through treatment and through medication, to a point of stability, only to see that cycle start again; to think of what that must do, the heavy hearts that so many people carry through these experiences, is profoundly moving and speaks with such an urgency to us as legislators to try and do something to fix that problem.

I also have had an experience in my life with an individual who was suffering from a bipolar disorder who was a significant threat to my life and my family's lives at that time. It was a tragic incident in which that individual ended up dead at the end of that incident. It's a horrific experience to have gone through. But again the family of that individual, who just the day before had been before a justice of the peace trying to get the forms filled out to get that person committed to a hospital to get the help they needed; the person's resistance to taking medication that would have brought stability to their life—all of that leading to this tragedy. It speaks out with such an incredible urgency again for us as not just legislators but governors, because not everything can be fixed by law—but as governors to do the right thing, to understand the complexity of needs and to put the right resources in place to meet those needs.

I have to tell you, though, it is also very compelling to listen to people who have been patients of our psychiatric system, people who have lived with and are living with mental disorders, some of whom call themselves psychiatric survivors. Before our committee we heard from a number of people, some who explained that they choose those words carefully. They take that name of "survivor" to indicate that from their experience, they feel that they had to fight and struggle to survive what the system was doing to them—not to survive their illness, but to survive the nature of the treatment and the problems in getting the help they needed at that time.

I have to admit that this, for me, is probably one of the more difficult pieces of legislation I have ever dealt with in the 10 years I have been a member of the Legislative Assembly. I have felt an emotional ping-pong at times, going through these legislative hearings and hearing from people the very large divide, the great divide that exists between some people who have been advocating for changes to the involuntary committal criteria and for a regime to be instituted, such as a community treatment order regime, and those who fear, and who have legitimate reasons to fear, an abuse of power.

There's no doubt, we have to admit, that this bill does give more power into the system to help those we are describing as the most seriously mentally ill, those whose illness in and of itself leads to an inability to comprehend their own illness, a lack of insight into their own illness and a need for outside resources to step in and to help that individual. But in creating a law to address that small population, the concerns of those who have lived through and have given us very clearly some examples of quite horrific abuses in the past—their fear that this will be

applied to them in an indiscriminate way is a legitimate fear. We can't dismiss it and brush it away.

I was reading the Hansard from last night's opening remarks in this debate, and I have to tell you, one of the members who spoke last night, not the leadoff speeches for the parties but later on—I was so offended reading the remarks. There was a suggestion that—

Hon Robert W. Runciman (Minister of Consumer and Commercial Relations): Name names.

Ms Lankin: Well, it was a member of your caucus, and I'm not going to name names at this point in time.

There was a suggestion that those who disagreed with this legislation were activists and shouldn't be listened to, that we should listen to the families of those with mental illness—and I agree that we should—but that the others who are out there, who've got nothing to do with this system, they're just activists. I was so enraged reading that. The sense that anyone who has a criticism can be dismissed hearkens back to the days of the Premier talking about special interest groups and kind of dismissing special interest groups. People who have lived with mental illness, who have been through the system, are an incredible resource for us to understand what happens to people who are caught up in that system, who are released from hospital without the resources there, who can't find housing, who can't find jobs that understand and will accommodate for the nature of their illness, who find themselves in a cycle of life that drives them back into their mental illnesses. That's an incredibly important thing to listen to. To listen to their fear, to understand that their fear is born of experience and not just of their illness, is incumbent upon us, and to dismiss them in such a cavalier way as activists I found quite extraordinary.

There are also polarities of views within the profession. If you talk to psychiatrists and facility-based psychiatrists and then talk to people in community mental health, like the community mental health association—black and white, the points of view they bring forward. Let's at least acknowledge among ourselves that we are attempting to craft legislation in an arena in which there has been not a lot of success in bringing together the views of the parties out there. Would that we could bring everybody in a room and knock some heads and say, "OK, let's get down to where we can agree," because one of the things I'm always struck by is how much agreement there actually is on 90% of what needs to happen in mental health reform and in ensuring that there are adequate facility-based and community-based resources of the broadest and most integrated kind to help the persons with mental illness. There is a tremendous amount of agreement, but the differences divide that community, and the politics of those divisions, the small-p politics of those divisions, are quite vicious. It's a very difficult course to steer, and also then very difficult for legislators to come to a conclusion with best advice, because the advice is very contradictory. As I said, black is white and white is black if you listen to some of the comments with respect to—

Interjection.

Ms Lankin: I'm sorry. Could you repeat that?

Hon Mr Runciman: That's why you never came to a conclusion about community health reform.

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Ms Lankin: The Minister of Consumer and Commercial Relations just indicated I've never come to a conclusion about community health reform, which I think is actually both inadequate and beneath him in terms of a shot at me. I'm not sure where that stems from. It's something that in fact I did a considerable amount of work on and brought forward in terms of Putting People First, a comprehensive approach to what had to happen in mental health reform. If he's speaking with respect to the aspect of community treatment orders, then I continue to have a problem with respect to a regime that is going to bring about the potential of abuse of people it is not designed to address. That's what I would like to get to: to talk about how we make this legislation work in the way in which the government and particularly the parliamentary assistant have indicated they believes it should.

One other preliminary comment I will make is that when I speak about a balance being struck, I speak about a balance between public safety and adequate and appropriate and compassionate treatment, not about a balance between public safety and individual rights. That's been alluded to by members of the government somehow as the characterization of the balance that some critics of the bill have brought forward. Yes, I think all of us as legislators in Ontario must always be consumed with the need to ensure that civil libertarian rights are guaranteed, that basic human rights are guaranteed. I heard nothing from any of the presenters, the people who are the strongest advocates of this bill, like members of the schizophrenia association, that contradicts that desire to ensure that all basic rights are respected. In fact, in their presentations they went out of their way to stress that. I think that's a red herring and a false debate to bring forward.

But the debate between public safety and an appropriate mental health system I think is an issue of balance. It's interesting. The members of the government who have been part of the committee speak to this bill in a very different way than the members who have not taken part or had the opportunity to listen to the breadth of presentations that we have heard. The words that come from the other members, whether they are from some kind of briefing notes or the initial announcements and public relations documents that accompanied the introduction of this bill, are often around public safety. It's one of the things that people who have experienced mental illness and lived through that system who came before us objected to most strenuously: the characterization, the stigmatization that is happening through those kinds of comments and that casting of a public safety agenda on this bill, the way in which it pigeon-holes persons with mental illnesses as dangerous people.

There is a population within those who have mental illness who are a significant danger, most often to themselves, secondarily some who are a significant danger to others. We know, in particular, from the work that has

been done prior to this bill by many of us during the time we listened to presenters, that those who suffer from psychopathic illnesses and those who suffer most particularly from acute paranoid schizophrenia are people who will experience some kind of violence in their lives. Many of them will be the victims of violence, whether at the hands of others who misunderstand their disease, who are afraid of them or who are prejudiced against them; many at their own hands in terms of suicide, and you've heard other members speak to the statistics there; some at the hands of law enforcement, again because of the situation as they present themselves and a lack of adequate support and resources and training for our law enforcement officers to meet those kinds of situations; and some who will be a danger to others, as is noted in the naming of this law.

There are many other people's names which could be added to the title of this law, not to mention the Antidormis, who lost their son Zachary, and who wonder at the name of the law where they're not included. What about Edmond Yu? What about the number of people who have leapt from the bridge at the Bloor viaduct? What about the people who have tried to get treatment and whom the system has failed? There could be a more balanced approach. What I will try to do in the amendments I speak to is talk about trying to strike that kind of balance.

A number of people who have spoken—the parliamentary assistant and the lead speakers for the official opposition—have talked about the very small population that would be appropriate candidates for community treatment orders. It is so important to stress this again, because when I listen to other members speak—I listened to a member just a few minutes ago who spoke about being struck by the number of homeless people in Toronto and a number of those who of course we know are suffering from mental illness and about how this bill's going to help them. Well, those aren't the people who will be addressed by this bill. Many others in this House have, I think, misunderstood the intent. But it does speak to the reason many people out there are concerned about how this bill will be interpreted. I specifically want to take up some of the suggestions that have been made during the hearings that we need to accomplish in one way or another a clinical narrowing of the application of this bill and the provisions within the bill.

One attempt may be through the preamble. We managed at the end of the first part of our hearings to include a preamble, which all of us agree is not the final wording. Procedurally, we needed to get it in there, because later it would be out of order to introduce a preamble. The preamble is an opportunity to scope the bill in some way, to give those who will eventually interpret the legislation an understanding of the intent of the legislators. That may be one way.

There may also be a way through amending the definition of mental disorder. It's a difficult thing to take on. There are pros and cons that have been pointed out by legislative counsel working with the ministry and others who have presented. If we rely on other jurisdictions so much for support for many of the provisions of this bill, like community treatment orders and broadening the involuntary committal criteria, then perhaps we can also look to other jurisdictions in terms of their definition of mental disorders and mental illness.

I think you will find that Ontario's is one of the least wordy, most vague and widest open in terms of how it is presented, allowing those in the field to, I guess, use their best judgment. Given that we are taking new steps to introduce new provisions, it may be time to look at a redefinition of mental disorder and mental illness. In fact, many of us have referred to the Saskatchewan wording. The Ontario Medical Association made recommendations that we take a look at that wording. I would hope the ministry will seriously consider that.

There are a number of aspects of this bill, but there are two key aspects I want to address and then two or three more minor areas that I want to put on the record some concerns with. The two key thrusts of this bill are, first of all, the broadening of criteria for involuntary committal into a psychiatric facility, and then the establishment of community treatment orders being the second area.

If I can begin with the broadening of committal criteria, many people will know that one of the amendments is to eliminate the word "imminent" from the language that a physician or a justice of the peace must consider when issuing an order to take someone to a hospital for a psychiatric assessment. The experience of families has shown us that the legislation, as it was interpreted at least, presented real barriers in getting help for people when they needed help.

If you look at what the words actually were, if you look at the court's interpretation of those words—"imminent," for example, has been interpreted as meaning up to about a three-month period—there's nothing in the wording of the law that in and of itself presented a barrier, but there was everything in the way in which it was interpreted. Despite efforts to go out and educate people, people respond to the clarity of what they see, and the word "imminent" has a meaning perhaps in law with lawyers and courts and has a different meaning for you and I when we're talking to each other. We surely must do the best we can as legislators to give laws the clearest and plainest language so they are most understandable by all. The removal of the word "imminent" is entirely understandable in the context of people's experience.

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Having said that, having no time reference at all is equally open to interpretation and equally open to bad interpretation as the interpretation of the word "imminent" was. The very fact of removing it is going to be interpreted by some people out there as suggesting there is now no time frame within which the impending changes in a person's physical and mental state need be considered, and it might lead to consideration only of past experiences.

It has been suggested that one way around this is to actually give some clarity. If the courts have interpreted in the past that a reasonable period of time, looking to the future, is about three months, why don't we say that? I'm not hung up on the length of time here. Let's talk seriously about who the target population is, how the disease pathology works and how we want to be able to step in in a timely fashion. But it would be wrong to replace badly interpreted laws with laws equally open to bad interpretation, so let's get clear. My suggestion is that we remove the word "imminent" but that we specify what we're talking about in terms of time frame.

Similarly, there are some words in sections of the tests—and they're repeated whether you're talking about a physician or a justice of the peace—that talk about "substantial" physical or mental deterioration. They talk about suffering from a disease "the same as" or "similar to." Again, I find some of these words very imprecise in terms of legislative drafting, in terms of saying what we mean and meaning what we say. I would seek advice from the parliamentary assistant with respect to this.

If we are to attempt to strike the right balance and to assure people who are not intended to be covered by this legislation that this broadening is not going to bring a whole group of new people into the regime of involuntary committals who aren't intended to be there, that the changes are intended to make it easier for those who eventually have ended up in psych facilities, and we know they need that help, for them to make it, then let's take a look at the wording there and see if there's something more precise that we can bring forward.

I want to raise a particular concern about the section dealing with a justice of the peace. The amendments here mirror the amendments that are being put in place for a physician being able to fill out a form 1 and order a psychiatric assessment. My concern about it is that we are now asking justices of the peace to make a determination about whether an individual has a disease that responds positively to treatment, whether they are likely to suffer a substantial physical or mental deterioration, whether they are suffering from the same disease they've had in the past or one that is similar to it. A justice of the peace is not competent to make that decision. Those are medical terms and medical assessments, and it is the wrong test to put before a justice of the peace. I fear that families who go there to try and make their case are going to find an even greater barrier than they've had in the past with the inclusion of those kinds of tests, not to mention whether the College of Physicians and Surgeons is going to be agreeable to a justice of the peace making those kinds of determinations, which are medical determinations. The case before a justice of the peace should be evidentiary-based. The changes that are being made to the sections in terms of people's behaviour in the removal of the word "imminent," those changes are changes that will make it much easier for families to present their case. But this other second set of criteria I think is entirely inappropriate, and I raise that as a concern for consideration.

There are a couple of minor things I'll just mention. There is language in the form 1 section for a physician who is issuing an order for a person to be apprehended to be taken for assessment. In the criteria, it refers to where in the opinion of the physician the individual is "apparently incapable" of consenting to treatment. Doctors must make decisions every day about whether the patients they are offering to treat at that point in time are giving informed consent. It is part of the patient-doctor process. If there is a lack of capacity, the doctor must seek substitute decision approval. There can be no other level or grey area of apparent incapacity and so I seek to have that word "apparent" removed. Everywhere else in the legislation, for example, once the assessment is done, if a person is being involuntarily committed the wording's very clear: The person has been found incapable. It must be consistent. Having pointed this out to the ministry, I think they're in agreement. They were unable to explain why that word "apparent" had been put in there and they agree that it is not a legal standard, "apparently incapable." You either are or you aren't.

I also want to make a side comment about issues affecting policing resources. One of the things we know has happened in the past—the language that a police officer must see and observe the behaviour which would lead them to believe they could take a person for a psychiatric assessment is being changed to the police having reasonable and probable grounds. I have spoken with a number of police forces who have indicated that they don't have any comment on the change in the law in itself—it's up to public policy and to the legislators—but they have asked us to please understand and acknowledge that there will be a need for increased policing resources, particularly given the problems at the receiving end when you go into a hospital, whether it be a psychiatric hospital or the emergency room of a general hospital, with the huge problems of delays in getting attention, treatment and admission into the hospital and the requirement for the police officer to remain with the individual. There are potentially very significant resource implications. That is not a reason not to proceed; it is a reason, though, to acknowledge that this is an issue and to address it through increasing the resources where the need becomes apparent for that.

I do want to address this issue of hospital-based resources, though, because by broadening the involuntary committal criteria we will see an increase in the number of people who are brought forward and who meet therefore the criteria to be committed. I don't know where those people are going to go. I've spoken with the heads of psychiatric departments of a number of general hospitals who tell me now that they are not executing form 3s, they are not committing people who meet the criteria already, because there are no beds available.

We've just had a whole exercise with the hospital restructuring commission, who have done their number crunching based on the law as it was before our making these changes to broaden the committal criteria. If the idea by these changes, as expressed by the government, is

to make it easier for people to meet the criteria and therefore be admitted and therefore get the help they need, the help has to be there. Surely we need to ask the commission or some successor organization in some part of the ministry, given that the commission's been disbanded, to go back and to revisit those numbers because we have dramatically changed the material situation in which the hospitals will be operating.

I put this to a number of witnesses who came forward, and I have to tell you there were conflicting responses. The Ontario Medical Association said: "Oh, no, there won't be a problem. In fact, we will use fewer hospital psych beds, because more people will be out on community treatment orders. We'll be able to move them out and they won't be taking up the beds." Yet all the way through these hearings everybody else said, "No, it's only a very small population that will be appropriate for community treatment orders, who will meet those criteria."

I'm at a loss to put those two things together in terms of what will happen, but that's what the OMA said. A number of other presenters came forward, including the association of hospital psychiatrists, and said quite the opposite. They said we need to understand that while they weren't disagreeing with the changes, there are implications, and if we are to meet the demand we will create by these changes we must add psychiatric beds to the hospital system.

One of those psychiatrists sent me a copy of a study. I just have the summary of it here, but the study is back in my office. It was done in the United States and it looked at the consequences of changing the committal criteria in Washington state in 1979. There, they broadened the commitment criteria from "dangerousness," and that's that sense of imminence that we're removing, to "grave disability," meaning someone who is in need of treatment because otherwise they would mentally deteriorate. It parallels what we are doing here in Ontario.

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The study examined data for two years before the change was implemented and two years after it was introduced. The study showed a massive increase in admissions. In year one there was a 45.2% statewide increase in involuntary committals to state hospitals. In the next year it shot up to a 91% increase. So they almost doubled the hospital bed population—the number of admissions, I should say, to be more accurate; the number of admissions, involuntary committals.

Surely this supports the contention that at the very least the ministry must take steps to go back and look at the work that was done by the hospital restructuring commission before we continue to close psychiatric hospitals, which is going on in the province right now, and before we see some of the general-hospital-based bed closures that have been suggested. We need to go back and look at that because I guess the end result will be amazing emergency rooms and a lot of horror stories that I don't think the government intends or wants to be a by-product of this change in the legislation.

I want to talk now about community treatment orders. I should indicate for the record that there are a number of other technical amendments I'll be putting forward, but in the time I have here I want to hit the larger public policy issues.

We heard very clearly from one of the experts who came who was involved in the drafting of the legislation in Saskatchewan, Dr Elias. He was actually quite surprised at the wording of our community treatment order section, that a person didn't have to be found incapable before being placed under a community treatment order regime. It is an interesting context that the government has set up with respect to this. They call it consent-based, but if you read through the provisions, there is very little room for anyone to actually consent. It can be consented to on their behalf by a substitute decision-maker, and that's appropriate, but it's not consent by the individual.

Again, if we're talking about this very small part of the population who are the most seriously ill, who because of their illness lack insight into their illness and an ability to make good decisions for themselves with respect to their health care, then how can we say they're capable of consenting to this?

They can give prior capable consent, prior capable wishes, under the Health Care Consent Act. There is something that has been nicknamed through the courts the Ulysses clause. If I have recurring illnesses and during a period of wellness indicate that if I start to decline again and I refuse to take my medication and a number of things happen, this is what I want done, that I want this kind of intervention—for example, the community treatment order structure—that can be abided by and can be evidence for a substitute decision-maker and a doctor to proceed. You don't need a community treatment order law for that; that could happen. But the reality is that's not happening a lot. People don't understand that a lot.

What I'm addressing here is the reality that the people we are talking about are not people who are going to be capable of giving consent. Therefore, the safeguards that are in there need to be very clear. I want to mention a number of them.

There's a preamble to the CTO section that talks about it being less restrictive. It shouldn't be in the preamble, it should be part of the criteria. The real concept here is that this is an alternative and a better alternative to hospitalization. It's a preventive intervention. It's a way of trying to keep a person maintained healthily in their community. If an individual seeks to challenge aspects of the community treatment order, one of the aspects they have to challenge is whether or not this is less restrictive for them.

Given the number of people who came forward who made very impassioned speeches about the nature of the chemical treatment of disease and the effect and impact of that, and the choices they wanted to make in their life—a choice as to whether to remain institutionalized free of that drug and seek other forms of treatment, or whether to have that drug in the community, is not one

that they would be able to make because the community treatment order structure does not allow for that, but they should be able to challenge. So that criterion of less restrictiveness should be actually in the CTO criteria.

The concept of a minimum basket of services that are available in every region of the province, and standards for those, and standards for community treatment orders, I think is a huge gap in this legislation. I want to refer members to a piece of legislation that was enacted I think around 1993 or 1994. It was the Long-Term Care Act. It's legislation that has never been proclaimed and implemented; instead the current government came forward with a different piece of legislation that created a different model of delivering those services. But the other legislation, which is still sitting on the books, has a provision in it with respect to long-term-care services. That's a minimum basket of services that must be available in all regions of the province, because one of the things we know is that what you might find here in urban Toronto in terms of what's available is very different than what you might find if you go to my colleague's community in Sudbury or if you go to some rural communities. We've heard about the awful lack of services in the far north. We must strive to reach a point where there is agreement about a minimum basket of services and we must strive to ensure that they're available in all communities; otherwise we will see the inaction and reality of these community treatment orders unimplementable in parts of the province.

One of the criteria in this section of the law is that it can only be implemented if the services, the resources, are available. It's very necessary that we seek to address this and that we bring some standards, and that we understand that a community treatment order has to be an integrated, holistic approach. I think the worst thing, and this has been commented on by the health critic from the official opposition, would be if this simply became an order for forced medication, if that was the only element of it. Certainly medical treatment must be a key part of it, but there are other social and community supports that need to be understood to help that person, and that's got to be addressed in the legislation.

One element of that is that there must be no forced chemical or physical restraint. These are standards of basic human rights that we have over the years seen challenged in the courts and established in court cases, and we must make it clear that our legislation does not seek to do that. We are hoping to help people maintain themselves in the community, not to find a less expensive way of restraining individuals.

The issue of who can order a community treatment order is one that remains problematic for me. Through the discussions I've had with the minister, I think they have agreed that the concept of just any physician writing a CTO, based on their opinion that the individual would meet the criteria to be sent for a psychiatric assessment—and I want to stress the difference. The law currently doesn't state the criterion that would allow a person to be involuntarily committed—it's the first step of that—and they don't even have to fill out those forms; they just simply have to be of the opinion the person meets that criterion. I think the ministry agrees that that's problematic and that there have to be physicians with some special training, with some understanding of mental disorders, that we need to put in place the supports and the resources and the education.

One of the requests I made of the ministry was for some background information in terms of what kind of education program they intended to put in place to help families and to help patients, as well as professionals in the field, understand how this law would work, and certainly outreach and education to physicians is going to be a key part of this. But I remain troubled by the fact that the criterion, as it stands now, is simply a physician who believes a person meets the criteria to be ordered for an assessment. I think if we're saying that this is a less restrictive alternative to involuntary committal, we have to know that the person at least meets the involuntary committal criteria. I've put that forward to the ministry and I know they're taking a look at that and we'll see what their response is on that.

The other thing that needs to be built into the legislation—if we don't do it, it will happen through the courts, I assure you—is if an individual is not happy about a community treatment order or the elements, the nature, the content of the order, an opportunity to seek a second independent medical psychiatric opinion with respect to that. This has become in fact the common law in the United States, where community treatment order regimes are in place through court cases like Rennie v. Klein, refined by Youngbird v. Romeo and a number of others, that have led in certain jurisdictions like California to having a consent decree that provides for independent psychiatric assessment.

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There's even a precedent in Ontario, and that deals with involuntary commitment and treatment orders in hospitals where someone disagrees. For a doctor to proceed, there has to be both a medical and an administrative review, and that means an independent psychiatrist, someone who is independent of that facility.

I would suggest that this bill, by virtue of court cases, can come in a much more organized way if we look at building that into the legislation. One of the reasons it is important for an ability to get a second opinion with respect to the content of the plan is that there are different opinions out there with respect to appropriate medications—what type is appropriate, what's the newest on the market. I should mention that a number of family members have raised the concern that a lot of the best and most effective drugs are not covered by the Ontario drug plan, and that's something we have got to do something about, to ensure that people have access to the best medication. People might want to be able to seek an opinion with respect to what medication is most appropriate for them and we need to have that check and balance in there. That's something we are taking a look at.

I want to move to the last large area and then, in the remaining time, highlight two or three small areas of amendments that I'll be proposing. The last large area I want to talk about is the establishment of an office of mental health advocate. I want to be really clear that I am not talking about patients' advocacy. There is a Psychiatric Patient Advocate Office that exists in Ontario. There are rights advisers. That is an issue that will have to be addressed in the content of the legislation—providing people with the right to access rights advice around community treatment orders. There are not certified rights advisers in all communities. There isn't even a process for certifying rights advisers because they used to always exist within the hospital system. We need to address that.

I'm not talking about individual advocacy. I am talking about systemic advocacy. Here, I want to tell you that there was agreement right across the board from people who presented, of whom I requested this. The schizophrenia association supported this, the community mental health associations supported this, psychiatrists' groups, doctors' groups. There were numerous individuals and organizations that supported this concept. The idea, if I can draw a parallel, is that currently in Ontario legislation there is an office of the child advocate, someone who looks at systemic issues. Perhaps an even better parallel would be to look at what is being introduced in British Columbia. They introduced the office first and got it working and now they're creating the legislation to support it.

It would be someone who looks at the mental health system overall, someone who produces a report to the minister, to the ministry, to the Legislative Assembly in the vein of someone like the Environmental Commissioner or the Ombudsman or the Provincial Auditor, who points out what is working well in the system and what is in need of additional attention from government and the system, who looks at how these different provisions are working with each other, the different aspects of the system, facility, community-based, being integrated, and makes systemic reform recommendations.

I believe this is absolutely critical. We have had—how many?—20-plus years of attempting mental health reform bit by bit in this province. There is no overall watchdog, no one to gauge the success or failure of various government announcements and initiatives. There is no one to keep the pressure on.

It's a pretty lonely place, as an individual with mental illness or as a family member trying to advocate for them, to try and get someone in the system to listen, to try and get someone to understand the problems you have making your way through the system to get the help you need for yourself or your loved one. I recommend strongly that this office be established. In addition to the ongoing systemic review, one of the very specific tasks I think we should charge them with is a review of the success of the implementation of community treatment orders.

For example, where the legislation says a CTO can't be put in place if the resources aren't available in the community, we should have a report of every time that happens, of when a physician and a family seek to have this done only to find uncooperative or unavailable resources, and they fail to be able to put together a community treatment order. It should be triggered for us, as legislators, to know that we have a resource problem that is making this legislation unsuccessful in meeting the needs of families and of individuals out there.

We need to look at the effectiveness. Is this having an impact on reduced hospitalizations? I can tell you that we were presented with such conflicting research results during the course of the public hearings. In fact, it was very interesting that one of the professional presenters from a US institute, the Bazelon Center, actually went through all of the research data and said to us that most of it was not very scientifically based in terms of the research methods that were used and that only two extensive, thorough and controlled studies were done. The results of those were quite interesting. In both cases, there were limited success stories about CTOs. What they found is that where they had intensive resources put in place for individuals in the control group without CTOs and for those in the CTO group, the results were virtually the same. It was the intensive resources that made the difference. That's across a broad population.

I think what we've heard in testimony and what family members, particularly in the schizophrenia association, have told us is that those few people it did help are likely people who are suffering from the same type of disease as their family members who require that extra little bit. If we can make it work for those people, then we are doing something good, but we need to understand that for the vast majority it's the intensive resources, which are not in place in Ontario today.

The estimate we heard during the hearings is that—while the minister has announced the $150 million, we can dissect that and there's a little bit of smoke and mirrors in there—the need is $600 million in terms of resources that must be put in place. I think that's a specific job for a review. I'd like to see a sunset clause that has that review come back to the Legislature in, say, five years, where we can gauge the effectiveness and where we can ensure that if there is a need for amendments, if there is a need for change, that it is back on the legislative agenda.

Again, people who have advocated for these kinds of changes in the laws will tell you how long it has taken to get to this point to have this legislation before this House, and it will not be easy to get it back again, but an automatic sunset review clause that triggers it coming back and ensures that it will be dealt with might be a very helpful provision to have.

There are three other areas I want to briefly mention. The legislation, as it's currently set out, requires that all information be shared with all parties who are going to be involved in a community treatment order. We are talking about health information here. There are health privacy rules that govern, for example, hospitals and hospital employees and doctors' offices. Those rules are

not in place in community mental health. They may have their own ethics and rules that they put in place, but there's no legislative framework for it. It is very problematic to have a piece of legislation compelling sharing of private health information outside the realm of legislative protection of that. I believe the ministry has agreed this is problematic. Until there is comprehensive health privacy legislation in this province, I believe the solution will be to have an explicit clause added to this legislation that indicates that anyone involved in a community treatment order must respect the privacy provisions. So I think we can address that concern.

There are also amendments in this bill to the Health Care Consent Act, a couple of which I find quite problematic. They allow for a physician or for a care facility—and it's particularly the care facility that I'm concerned about—to go before the review board to seek to overturn an individual's prior capable wishes. In the past, it was a family member, the substitute decision-maker, who needed to do that. "Care facility" in the legislation, if you read through, includes a wide range of facilities out there, including the non-regulated rest and retirement homes sector.

We have heard tremendously horrific stories from that sector about abuse in treatment of geriatric patients, of individuals who really belong in a long-term-care facility of some sort, but who have no access to that and have ended up in an unregulated rest and retirement home. Some of them are very good. Some of them are entirely unscrupulous. We should not, in legislation, be giving power to the heads of those care facilities to seek to overturn prior capable wishes without a family member being there and being front and forward in seeking that. So there are some concerns I have about those changes.

Lastly, I want to address the issue of the public guardian's office. There will be increased demand on the public guardian's office as a result of this legislation that must be acknowledged in terms of resources. They're happy to perform the role, but it must be acknowledged. The one area that I think we must be explicit about, though, is that currently the guardian's office does have the authority to take on responsibility, power of attorney for personal care for an individual. But they don't do it as a matter of routine. In fact, until quite recently, as a matter of routine, they rejected that, they refused to do that.

If an individual does not have a supportive relationship, let's say, where there is an obvious substitute decision-maker whom they are happy with, and/or they don't have anybody at all, there has to be someone whom they can invest the power of attorney for personal care with, to whom they can express their prior capable wishes, who can follow through on that. An individual must have an alternative and a choice with respect to this. If there are no obvious choices in their life that fall under the list of people under the Substitute Decisions Act, then they must be able to go to the public guardian's office and the public guardian's office must not be able to reject that request. Again, that can't be implemented without putting the resources in place for the office. I recognize that. I acknowledge that. I'm sure they're shuddering to think about what would happen if the resources weren't put in place. It's an issue we will need to address.

In wrapping up, as I have indicated, there are a number of other smaller amendments I will be putting forward. I hope we will be able to continue in the very collaborative way the committee has been working. I hope, for the sake of getting good legislation, but I hope most for the sake of those whose hopes are pinned on the passage of this legislation, that we are actually able to put in place something that will work for them.

The biggest heartbreak would be for family members. I see one who is here who has been at virtually every day of the hearings. She was there more than I was. I missed a couple. She's from my own community of East York. I've had the opportunity to hear a little bit about her experience with her son. I've communicated by e-mail with her daughter, who lives in New York. It would be such a heartbreak if we were to pass this legislation—which you have so much hope in putting in place the right protections and help for your son—only for it to fail because we didn't take the time or we didn't pay enough attention to the details to get it right. I hope that's what we are able to do.

We have embarked upon an innovative process of taking this to hearings after first reading. I've indicated that I will support it in principle, with reservations, on second reading vote. Depending on what we're able to do through the period of clause-by-clause and the amendments that we seek to put forward, we'll see where we end up at third reading. I hope the tone the parliamentary assistant has set will be continued.

There is some fear and some rumour that the long hand of the backroom folks in the Premier's office has stepped in at this point in time and is starting to yank control away. I hope that's not the case, because we've actually done some good work together thus far as legislators in seeking to understand the problem and seeking to understand the intent of the government's bill and seeking to understand the desires of people in the community, even those with polarized views about what would be best to make this legislation work.

That's what we're going to try to do as we move through committee hearings. I commit to my colleagues to continue to work in that manner to try to achieve that. I commit to those who will be most affected by this legislation, those who have lived with mental illness, who are living with mental illness and the family members, to do the very best we can to bring about a law that will work for all those affected and that will strike the right balance between public safety and the right to caring, compassionate and effective treatment.

The Acting Speaker: It being 6 of the clock, this House stands adjourned until 6:45 of the clock this evening.

The House adjourned at 1755.

Evening meeting reported in volume B.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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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
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Scarborough-Rouge River	Curling, Alvin (L)
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Thunder Bay-Atikokan	McLeod, Lyn (L)
Thunder Bay-Superior North / -Nord	Gravelle, Michael (L)
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Windsor-St Clair	Duncan, Dwight (L)
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York North / -Nord	Munro, Julia (PC)
York South-Weston / York-Sud–Weston	Cordiano, Joseph (L)
York West / -Ouest	Sergio, Mario (L)

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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.

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