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Monday 7 December 2015

Lundi 7 décembre 2015

Speaker
Honourable Dave Levac

Clerk
Deborah Deller

Président
L'honorable Dave Levac

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 7 December 2015

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 7 décembre 2015

The House recessed from 1800 to 1845.

ORDERS OF THE DAY

MENTAL HEALTH STATUTE LAW AMENDMENT ACT, 2015

LOI DE 2015 MODIFIANT DES LOIS RELATIVES À LA SANTÉ MENTALE

Resuming the debate adjourned on December 7, 2015, on the motion for third reading of the following bill:

Bill 122, An Act to amend the Mental Health Act and the Health Care Consent Act, 1996 / Projet de loi 122, Loi visant à modifier la Loi sur la santé mentale et la Loi de 1996 sur le consentement aux soins de santé.

The Acting Speaker (Mr. Ted Arnott): When we last debated this bill, the member for Elgin–Middlesex–London had the floor. I recognize the member for Elgin–Middlesex–London to continue the debate.

Mr. Jeff Yurek: Thank you very much, Mr. Speaker. I'm going to wrap up what I was speaking to for the last 20 minutes before continuing on. It was a great dinner and I think I've got my energy back up, so we can finish off my debate.

I really just want to say, Mr. Speaker, that the government had a year to create this bill. They should have taken the time to meet with as many stakeholders as possible, but unfortunately they didn't decide to meet with those stakeholders until after the bill was tabled. Most of the stakeholders were met with after second reading, which was unfortunate because the stakeholders had a lot of input to this bill; they had a lot of amendments to make this bill stronger, more encompassing. Unfortunately, we didn't get to hear that enough during the committee and we didn't get to see it here in debate.

As I finish up my debate, I'm glad Bill 122 is going to pass—they're going to make their time frame. They're making changes to the Consent and Capacity Board, which concerns numerous stakeholders. They should have had the opportunity to allow nurse practitioners the ability to sign form 1s. Those opportunities were missed in this bill. Hopefully the government, going forward, will have the opportunity to bring forth a stronger Mental Health Act bill that will encompass what was said at the stakeholder committee delegations but also will incorporate what came forth from the select committee that this Legislature had a number of years back, which did contain a number of current cabinet ministers at that table.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Further debate?

M^me^ France Gélinas: It's a—how could I say this?—real disappointment to find myself here tonight. I've been in this House for eight years—for eight long years—and for 25 years of a career in health care before that, we knew that we needed to change the Mental Health Act. I was part of the Select Committee on Mental Health and Addictions. We toured the province for over 18 months. We stood united, with representatives from all three parties—five Liberals, three Conservatives and myself from the NDP—and we all agreed that the Mental Health Act had to change. But nothing happened—no follow-up.

Then we had this bill, Speaker. This bill is finally bringing the Mental Health Act to this House. It should be a reason for celebration. So many people have waited for such a long time to see this day finally happen, but do you know what really happened? This bill is here because the court told the Liberal government that the Mental Health Act, the way it is written right now, is not constitutional; it cannot continue. We have to change it. So because the court forced them to change it, they finally brought in Bill 122, the Mental Health Statute Law Amendment Act. But do you know what they did? They brought it in like a thief in the night. They never had any sort of consultation—don't get me wrong; people who follow mental health knew that the court had ordered them to change it. So we waited and waited to see: Are they going to appeal the decision? What are they going to do?

1850

It was in December of last year that this happened. By the time February rolled around, we all knew that they were not appealing, because the deadline for appeal was gone. Everybody expected that there were going to be consultations. What we got, Speaker, was complete silence. No one was consulted—not the people who had brought the case law before; not the people who supported Mr. P.S., who brought this mandatory change; nobody; not a peep; no one.

First reading comes: no member's statement, no ministerial statement—nothing. Second reading finally came, and it came with this huge deadline. You see, Speaker, it's because the court told us that we had until December 23 of this year, so this is in about two weeks and bit from now. Then, the part of the Mental Health Act that gives permission to health care workers to hold people against their wish in a mental health facility was going to be null and void. So for all of the people held on form—and

there are about 300 of them out there—the form was not going to be valid anymore. Believe you me, Speaker, there are some really smart people that are held on form. There are some people who follow what's going on in this House and there are some people that know exactly what's going on, and they know when December 23 is going to be and they know that they were going to be out the door, never to be seen again.

Second reading comes around, and then we have this huge pressure to meet the deadline. For once in eight years, we finally had an opportunity to stand in this House and talk about mental health, to talk about all of the ways that the government, as the steward of our health care system, could change things. This is 2015; the act was written decades ago. Mental health has changed drastically. We don't provide care to people needing mental health services anywhere near the way we did 10 years ago, never mind 20, 30 or 35 years ago. Things have changed, but not the Mental Health Act. The Mental Health Act is stuck in cement and holds everybody back because this is the act that governs what can and cannot happen within the mental health system.

Here we have this bill, this bill that is as small as could be to meet what the court has told us is not constitutional anymore, but you will see that they even missed that. The spirit of what the court has told us basically comes down to: If you're going to hold someone for more than six months on form, which is basically holding people in a mental health facility against their wish, then you have to give them fair hearings. Those hearings would take place every three months. In those hearings, if the Consent and Capacity Board—those are the people who make sure that people that are in a mental health facility for a long time, when they come and listen to them, they would be able to give directives, and those directives would have to be followed.

So—and I can speak from example from my riding—if you want your services in French, then you would go to the Consent and Capacity Board and say, "I've been held on form for six months. I haven't had any services in French for the whole six months that I've been here. I would like to be able to speak French every once in a while." You see, Speaker, most of the therapy that we do in mental health—sure, there's the pharmacology, the medication, but a lot of it is talk therapy. A lot of people in Ontario, in my riding and in Sudbury, would like to speak French. So this is an opportunity for the Consent and Capacity Board to not only make recommendations but also make sure that those are followed through, that if somebody wants to bring forward a change to their plan of care, if somebody wants to bring forward a change of institution, they would all be able to do that. But do you know what they did, Speaker? They kept this very, very narrow to fix the case that had been brought forward to the Legislature by the court, but the spirit of what the court wanted to say is that anybody who's held against their wish in a mental health institution or hospital in our province should be able to be heard. But that won't be the case, Speaker, because this will only apply to people who are held on form. Let me tell you, Speaker: There are lots of people in our mental health facilities who are not on form because they don't want to be on form, but they know very well that the minute they pass the threshold of the hospital front door, they are going to be on form, so they stay, but they don't want to have this form applied to them.

All of those people who are in our hospitals for more than six months but have chosen to stay there voluntarily—they won't have access. The court meant to include those people. They meant to give everybody who stayed in our hospitals for an extended period of time the opportunity to be heard; the opportunity to have their day with the Consent and Capacity Board; the opportunity for the Consent and Capacity Board to direct changes to their plans of care, to the levels of care that they stay in, to the services that are provided to them, whether it be a language interpreter, if somebody is deaf; whether it be French-language services, if somebody is French; whether it be a transfer to a different institution if this is something that both the patient and the Consent and Capacity Board—this should apply to people who really, if they pass the threshold of the front door, they will be on form. But no, the government took as narrow an interpretation of the court direction as possible, to the point, Speaker, that I am certain, and many, many other people are just as certain as me, that this bill will be unconstitutional and that we will not have moved an iota forward than where we were.

There are other parts of the bill that are really troublesome to me. You see, Speaker, I live in northern Ontario. We've had a tough time recruiting family physicians, primary care providers and—mind you, thanks to the Northern Ontario School of Medicine, it's becoming a little bit easier. But I still have in my riding 30,000 people who don't have access to a family physician or a nurse practitioner. But I do have three nurse practitioner-led clinics in my riding: one in Capreol, one in Lively and one in Alban. The people who are clients of the nurse practitioner-led clinics: Their primary care providers are nurse practitioners. They are not family physicians; they're nurse practitioners. This is who their primary care provider is. If somebody needs to have a psychiatric assessment through a form, this is the person who would best know them, who could best talk to them and make them understand that they need a psychiatric assessment. But for a reason unknown to me, in 2015, when this government is the one—and I've congratulated them multiple times for bringing in this new primary care model of nurse practitioner-led clinics, but yet they write a bill that would say that it would be a physician who can sign a form so that you have a psychiatric assessment. We're not asking the family physician or the nurse practitioner to do the assessment; we're just asking them to sign a piece of paper that will trigger the assessment.

1900

Those conversations are often very difficult. Usually you face somebody, if you're a care provider, if you're the nurse practitioner, who is in crisis, who doesn't think

that they are in crisis. You face somebody who doesn't really want to have a psychiatric assessment done and the nurse practitioner is about to sign a form. But because the government refused to change "primary care physicians" to "primary care nurse practitioners and family physicians," then you've made a very tense and difficult situation 10 times worse.

We had the head of the Nurse Practitioners' Association of Ontario come as a deputant. She gave us a horrendous example of what happens when a nurse practitioner who is the primary care provider for a patient who is in critical need of a psychiatric assessment cannot refer. By the time you track down a physician who agrees to sign the form—she ended up having to call the police. Her patient had barricaded herself in her apartment. The SWAT team rappelled down the side of the building to break down the door. Really, Speaker? In 2015, we don't see that nurse practitioners should be able to sign those forms? We will go through this rigmarole of calling in the police and escalating a situation that is already really bad for all involved. The patient in need of care certainly is not getting care; she's getting scared out of her mind.

The police officers are not psychiatrists. They are not nurses. They are not physicians. They are police officers. They don't want to be dealing with this; they want the health care system to be dealing with somebody in crisis.

But no, no, no; let's not put the nurse practitioners in there so that they would be able to sign the form. Let's make it that only physicians are able to do this. It doesn't matter that we have 26 nurse practitioner-led clinics in this province, that tens of thousands of people have nurse practitioners as their primary care providers. None of that matters. They were bound and determined to stay with this little wee change to the Mental Health Act and not touch anything else.

Between the time that second reading started and now, quite a few people came forward. They came forward as best they could in the limited time they had. For most of them, Speaker, it was us or a representative of the Conservative Party who phoned them and said, "Did you know that the Mental Health Act is open and is up for debate?"

The Liberals have done a very good job at making sure nobody knew, at making sure that we were not going to talk about mental health, because God forbid we help people with mental illness in this province. God forbid we take mental illness and we make it a priority for this province because we know that we can do better. We know that those people deserve better. None of that, Speaker; none of that. They did not do any consultation whatsoever.

As people started to come and as people started to do deputations, we realized how bad what we were trying to do was going to be. We realized how many loopholes that presently exist could be fixed.

The current bill as it was written: As I said, we tried to move a motion to change "family physicians" to "family physicians and nurse practitioners." It was not to be had, Speaker. Although nurse practitioners are often the most responsible providers in hospitals, in primary care, in long-term care and in many places where you come in contact with a patient with a mental illness, a patient who may need a form to get a psychiatric assessment—it was not to be had.

We then saw that the review by the Consent and Capacity Board was only going to be available every 12 months. But 12 months is a year. A year is a long time. Lots of things change in my life in a year. Well, lots of things change in a person who has a mental illness and is held on form in a hospital. So we tried to change that to three months, to go from, "You're only allowed to come back in front of the Consent and Capacity Board every 12 months" to "every three months."

Basically, we're dealing with the fundamental issues of liberties. How do we balance our liberties rights versus the right to be well? Because at the end of the day, we want everybody to get better. We want everyone to get care so that they get better, get discharged from hospital, transition into community support and then they transition into wellness again.

The Canadian Civil Liberties Association had implored the committee to ensure that these rights are available to individuals at their regular review. This is every three months. They go on to say, "If this committee chooses to delay such access to justice for the individual, an application for one remedy should not create a 12-month bar to applying for a different remedy. The bill requires a correction on this point."

Noa Mendelsohn Aviv told the committee on Monday that "a 12-month lag seems to me very long. It is an unacceptable restriction on access to justice." She went on to recommend that the standing committee allow individuals to make their case every three months at their regular review.

The Mental Health Legal Committee told us, the Legislature, "The proposed amendment in Bill 122 limits the frequency of applications to once every 12 months. From the perspective of the vulnerable person, restricting such application to once a year is not reasonable. A year is a long time to be detained against your wish in a hospital. Bill 122 creates a distinction between a meaningful Consent and Capacity Board hearing every 12 months and potentially what could become a meaningless one in the interim by taking away the opportunity for the patients to apply to the board. It also increases the prospect of long-term patients having to apply to court by way of habeas corpus to enforce a 5.1 order in the absence of a meaningful monitoring of its own order by the Consent and Capacity Board."

These problems could have been avoided by consulting with the mental health committee and by consulting with the civil liberties people, but none of that was done. They were first consulted on November 9. November 9, Speaker: That was six weeks before the deadline by the court and four weeks before this House was to rise. They felt like the government has been disrespectful to the experts in the mental health legal community, and they also go on the record to say that the bill risks being unconstitu-

tional. They want the government members of the committee to have to defend their actions. How can you do that without any consultation with the actual intervenor in the P.S. case prior to the introduction of that bill?

I wanted to put this on the record, Speaker, because you will hear it from many people who asked the exact same question: How could they have done this? How can the government bring forward a bill when there is such a huge pent-up demand from every corner of this province to make changes to the Mental Health Act? They will bring the Mental Health Act forward without talking to anyone at all: not a peep, not a consultation, not a phone call, not a tweet, not an email, not a Facebook message; nothing.

1910

So here we have a part of the bill that says that the patient will be allowed to ask for a change in the way that they are held against their wish, but they'll only be able to do this once every 12 months. They could ask for different things. It could very well be that the example I've given first is the example of somebody who would like to have services in French. It is a right for people in Ontario, when they receive health services, to receive them in French in designated areas of the province. Certainly my neck of the woods is a designated area of the province, but if they ask for services in French, then they wouldn't be allowed to ask for any other changes to their plan of care for 12 months. The other ask may have to do with going from North Bay to Sudbury because they have relatives in Sudbury and they have a circle of care, but no. If they've asked for one thing, Speaker—it doesn't matter if they get it or get it refused. If they've asked for one thing, one variance, they're not allowed to ask for any other variances. It doesn't matter if the two have nothing in common. I don't get that.

Who gets to wait for 12 months to ask for a change to their plan of care? It doesn't seem reasonable. I certainly brought this issue forward and asked, "Why 12 months?" Needless to say, there were no answers coming from the other side. They could not justify why they would keep sick people with mental illness away from being able to request a variance. If they've asked for one thing, they cannot get anything else for the next 12 months. This is the way this bill is written, and this is wrong, Speaker. They will have a hearing with the Consent and Capacity Board every three months, but it will be a very one-sided thing. The Consent and Capacity Board will be allowed to make changes, but the people who are being held, the patients for which the board is sitting, won't be able to ask.

I'd like more of a balance. The people who are held on form—they haven't done anything wrong. They are not criminal. We have not punishing them by holding them against their will. We're holding them against their will so we can provide treatment for them, so that we can help them get better, so that we can care for them. So if we are to be truthful to, "This is not a punishment but this is a way to get you better; this is a way to offer you care," then why won't we let them speak when the Consent and Capacity Board comes? It will come every three months, because the law says that you will be reviewed every three months, but you yourself won't be able to ask for a variance but once a year.

I don't get it, Speaker. I really don't get it. The people of Ontario are way past that. They understand that people with mental illness need a circle of care around them. They understand that we want those people in our communities; we want them to be able to live among us, learn from them, support them and let them support us. But how can we do this when finally we open a bill that would allow us to change things from where they were to where they should be, but nothing changes? It will be 12 months. A lot of things happen in 12 months.

We went on to talk about having consumers on those panels. Remember, Speaker, we talked about—it's the Consent and Capacity Board that makes those decisions. We had heard, when we had the deputation, that it is vital that the perspective of the patient be reflected on the Consent and Capacity Board. In Nova Scotia, their bill is called the Involuntary Psychiatric Treatment Act. It stipulates that members of the review board should be appointed from a group of candidates that have expressed interest in mental health issues and preferably are, or have been, consumers of mental health services. Language like this would certainly be welcome in Ontario. So you would have your Consent and Capacity Board, and sure, you need to have psychiatrists and you need to have people with knowledge of the law, and you need to have people who provide the care, but you could also have people with lived experience.

In Newfoundland and Labrador, it's called the Mental Health Care and Treatment Act. It specifies that preference be given to persons who are, or have been, consumers of mental health services when choosing members for their board.

This concept of having a Consent and Capacity Board is used pretty much in all of the provinces in Canada. They have different names, but they basically serve the same purpose. Other provinces have made changes to their mental health acts, the names that they carry, and they were able to bring in people with lived experience. That has been proven positive, Speaker. It has been proven positive to have somebody who has been there. Remember, we're not trying to punish those people; we are trying to help them. We are trying to care for them, to get them to be better. Why not have people who have been there before? They have lots to contribute.

The Mental Health Legal Committee recommends that Ontario adopts the language that has been adopted by the other two provinces, and so did the Canadian Civil Liberties Association and the Advocacy Centre for the Elderly.

The Advocacy Centre for the Elderly made lots of good points, and I will go back to this, but we have to realize that for a lot of people who are held on form we are talking about elderly Ontarians being overrepresented in the people who are held on form in our psychiatric hospitals.

We also tried to bring forward language—and it came from the Advocacy Centre for the Elderly. They had

looked at the proposed language in Bill 122 and said that it is unclear from this whether the intent is that a patient can be transferred over their objection if the Consent and Capacity Board finds that a transfer is in the patient's best interests or that the transfer is likely to improve the patient's condition or well-being.

What we think the bill should do is that, if there is going to be a transfer from one mental health facility to another one, sure, the Consent and Capacity Board would review it, but it would be a mutual agreement. That is, the patient wants to move, the Consent and Capacity Board thinks that it is a good idea for the patient to move, and both agree. But right now when we read the bill, it doesn't look like this. It looks like the Consent and Capacity Board will be able to unilaterally impose the moving of a patient against their wish. I think, and I agree, that what ACE is saying is that the way the bill is written right now, it could lead to confusion and unintended consequences.

The present transfer power in the Mental Health Act does not grant the Consent and Capacity Board the power to transfer a patient over his or her objection, but there is no indication that the government intends to make a drastic change to the Mental Health Act, which would permit a patient to be transferred in such a manner.

If you look at sections 11 and 12 of the bill, depending on how you read it, it seems to be that the government is considering whether or not a patient should be transferred, whether they agree to it or not. So we had put forward an amendment to clarify those sections.

Here, again, I want to say, Speaker, that the Advocacy Centre for the Elderly was first consulted on this bill on November 2, nearly a month and a half after the bill was tabled for first reading. So nobody was consulted while we were drafting this bill, nobody was consulted when the bill was tabled for first reading, and only after we contacted them did they become involved.

1920

All of these problems with the bill, the clarifications that need to be made, what is the intent of the bill—all of this would have been caught, Speaker, if the government had simply picked up the phone, talked to the experts in the field, and talked to the people who deal with the Consent and Capacity Board day in and day out. They would have been able to tell you some of the problems within the Mental Health Act. But none of that was done, which is a real shame.

We also tried to move another amendment. The Mental Health Legal Committee came for deputation. They told us that the Consent and Capacity Board needs the power to direct that a person be discharged into the community with support and the means of ensuring that all patients will have access to community living and appropriate mental health and other rehab resources, as needed. A lot of the language in the new bill seems to be one of those cut-and-paste affairs that come from people being paroled and come from the justice system. That doesn't work so well for mental health. Some of the language there makes sense in the legal system with a parolee, because you're talking about somebody who has been in jail, somebody who has been found guilty of doing something wrong, who has been punished for their crime and is now being rehabilitated. None of this applies to a person with mental illness. A person with mental illness never did anything wrong.

Unfortunately, we all know, Speaker, that if a person with mental illness does something wrong, it will make the front page of every paper and the stigma will grow and the discrimination against them. But the truth is that very few people with mental illness ever break the law. They are the victims way more often than they commit any offence. People living with a mental illness get discriminated against and often get violence done against them because they are sick, because they have an illness; but very few of them are able to defend themselves—very few of them—because it doesn't matter where they go, even within the health care system.

When we were on the Select Committee on Mental Health and Addictions—I see quite a few of my select committee members here tonight—we heard from our hospitals and we heard from our caregivers that people who present themselves with mental illness in the hospital often get discriminated against by the people who are there to give them care. They're often treated with disrespect by the health care professionals that they turn to for help. So to think that when violence is done against them, they will run out and seek protections for their rights—none of this happens. They are the victims, not the perpetrators, of violence in many, many cases. But it doesn't matter.

Parts of the bill are copy-and-paste from the justice system. One good thing I will tell you is that if a judge orders community support to be available to a parolee, this community support becomes available. But if the Consent and Capacity Board says that this person would be able to transition to the community with community resources, well, the community resources in mental health are slim—few and far between.

I can give you a case right now of a small boy; he's about 10 years old. His name is Niko, and his parents live in my riding. Niko has post-traumatic stress disorder from a horrifying trauma he lived as a young child. He was adopted by Canadian parents who tried as much as they could to help him. He's now in need of residential mental health treatment, but there is none of that available in northern Ontario. The only way to get residential mental health treatment for this young boy, who has so much violence inside of him, is to send him to a treatment facility in the south. If he was from Windsor or Oakville or Toronto, this child would have access, but, because he comes from northeastern Ontario, because he comes from in and around Sudbury, the only way for this child to get access is to go through the children's aid society.

Well, the children's aid society—we all know—exists because children are in need of protection. This child does not need protection, Speaker. This child is from a loving family; he has siblings; he has moms that love

him. He's not in danger—his family's not a danger to him. But the only way that a family from northeastern Ontario, from Sudbury, can get residential mental health care for their children, for their son, is to give him up to children's aid.

The one and only link that this child had to his mom, where he was actually able to make contact and get support, is going to be taken away from him because the supports in our community are not available because he happens to come from northeastern Ontario, from Sudbury, and we don't have residential mental health treatment—but they have it down south.

So what we were trying to do with this amendment is to try to give people who have been held on form a bit of reassurance that, if the Consent and Capacity Board says that you are able to transition to the community, they will guarantee that you will have the community support available to you, so that you have a successful transition to the community.

I'm sure that, for a lot of people—and we have hundreds of them in Ontario that are held on form—they could transfer to the community if the right resources were available. Some of them are not ready. I'm not a psychiatrist and I'm not going to second-guess their plan of care. They are people specializing in mental health and psychiatry who do this, but they also work within a system, a system where they know that, if they go to the community, they need a certain level of support. But they know the community support system enough to know that all we can offer them is a wait-list that is months long, services that are patchy at best, services that work some days and that don't the others—not exactly the type of support that can guarantee maximum chances of successful transition to the community.

So that was another amendment we brought forward. That was a copy-and-paste from the judicial system and the parole system that could have worked in the mental health system. It's basically that, if the Consent and Capacity Board said that you need that level of services in the community, then that level of services in the community would have been available to them. None of that passed. It got shot down, never to be heard of again.

We also tried a whole lot to talk about the voluntary stay. That was a crucial amendment: to protect the civil liberties of mental health patients and ensure that everyone held in excess of six months in a mental health facility has access to justice. The Advocacy Centre for the Elderly was very clear in proposing that the Consent and Capacity Board review of detention does not and will not apply to informal or voluntary patients. Nevertheless, they may be held in psychiatric facilities for extended periods of time, making these patients extremely vulnerable and their stay equally deserving of review.

1930

There are many patients who are not technically involuntarily detained under the Mental Health Act but they are kept in hospitals for extended periods of time. There are many patients who are technically voluntary, but are kept in hospital under the threat of being certified, under the threat of being formed. Here again, that impacts seniors disproportionately. These highly vulnerable informal or voluntary patients may be in hospital against their will, but they will have no mechanism to challenge the condition of their stay in the hospital.

If the involuntary detention provision of the Mental Health Act could not pass constitutional scrutiny by P.S. v. Ontario—this is the case that led us to have to change the Mental Health Act—the situation of patients who have no access to procedures to review their detention at all, as outlined above, will surely fall afoul of section 7 of the charter that guarantees our civil liberties.

I would submit to you, Speaker, that voluntary and informal patients are in the same situation as an involuntary patient who has been detained for over six months. These patients suffer from the same conditions of indeterminate detention which were found to violate the liberty interests of involuntary patients and drew censure from the Court of Appeal—and all without the possibility of any review.

Interjection.

M^me^ France Gélinas: I am told that I have to wrap up, but I don't get the chance to talk about mental illness very often at all, Speaker.

Interjections.

The Acting Speaker (Mr. Ted Arnott): The member for Nickel Belt has the floor, and I'd like to hear the rest of what she has to say.

M^me^ France Gélinas: Thank you, Speaker. It looks like you and I are the only two people interested in mental health tonight. This is a real shame. We have waited for a long time. A lot of people are listening tonight because they want this government to hear them. They want this government to realize that the Mental Health Act needs to be changed. It needs to be changed because it still will be unconstitutional. It needs to be changed because you never consulted with anybody before you wrote this piece of legislation.

It needs to be changed because the way you have it written now, it will require additional resources from our hospitals. I have calculated quickly about $20 million more with what they have put in that piece of legislation. Take $20 million out of care to put it into the function of the Consent and Capacity Board, you have a big impact on clients—and to refuse to accept amendments to protect all patients and ensure access to justice to all.

I am very grateful, Speaker, that you've given me this opportunity tonight to put a few thoughts on the Mental Health Act. I hope this act is brought forward again in a more consultative way so that we can look at the entirety of the act and bring it to the standard of 2015. The patients with mental illness, the people who have waited a long time, deserve nothing less.

The Acting Speaker (Mr. Ted Arnott): Questions or comments?

Further debate?

Mr. Hoskins has moved third reading of Bill 122, An Act to amend the Mental Health Act and Health Care Consent Act, 1996. Is it the pleasure of the House that the motion carry?

I heard a no.

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

All those opposed will please say "nay."

In my opinion, the ayes have it.

Call in the members. This will be a 30-minute bell.

I wish to inform the House that I have received a deferral notice from the chief government whip requesting that the vote on third reading of Bill 122 be deferred until tomorrow during the normal time for deferred votes after question period, pursuant to standing order 28(h).

Third reading vote deferred.

The Acting Speaker (Mr. Ted Arnott): Orders of the day.

Hon. Madeleine Meilleur: I move adjournment of the House.

The Acting Speaker (Mr. Ted Arnott): The Attorney General has moved adjournment of the House. 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 ayes have it.

This House stands adjourned until tomorrow at 9 a.m.

The House adjourned at 1936.

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Clerks-at-the-Table / Greffiers parlementaires: Todd Decker, Tonia Grannum, Trevor Day, William Short
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Fife, Catherine (NDP)	Kitchener–Waterloo	
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Forster, Cindy (NDP)	Welland	

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Gélinas, France (NDP)	Nickel Belt	
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Hardeman, Ernie (PC)	Oxford	
Harris, Michael (PC)	Kitchener–Conestoga	
Hatfield, Percy (NDP)	Windsor–Tecumseh	
Hillier, Randy (PC)	Lanark–Frontenac–Lennox and Addington	
Hoggarth, Ann (LIB)	Barrie	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Recognized Party / Chef de parti reconnu Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
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MacLeod, Lisa (PC)	Nepean–Carleton	
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Mangat, Amrit (LIB)	Mississauga–Brampton South / Mississauga–Brampton-Sud	
Mantha, Michael (NDP)	Algoma–Manitoulin	
Martins, Cristina (LIB)	Davenport	
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McGarry, Kathryn (LIB)	Cambridge	
McMahon, Eleanor (LIB)	Burlington	
McMeekin, Hon. / L'hon. Ted (LIB)	Ancaster–Dundas–Flamborough–Westdale	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
McNaughton, Monte (PC)	Lambton–Kent–Middlesex	
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Milczyn, Peter Z. (LIB)	Etobicoke–Lakeshore	

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Miller, Paul (NDP)	Hamilton East–Stoney Creek / Hamilton-Est–Stoney Creek	Third Deputy Chair of the Committee of the Whole House / Troisième vice-président du comité plénier de l'Assemblée législative
Moridi, Hon. / L'hon. Reza (LIB)	Richmond Hill	Minister of Research and Innovation / Ministre de la Recherche et de l'Innovation Minister of Training, Colleges and Universities / Ministre de la Formation et des Collèges et Universités
Munro, Julia (PC)	York–Simcoe	
Murray, Hon. / L'hon. Glen R. (LIB)	Toronto Centre / Toronto-Centre	Minister of the Environment and Climate Change / Ministre de l'Environnement et de l'Action en matière de changement climatique
Naidoo-Harris, Indira (LIB)	Halton	
Naqvi, Hon. / L'hon. Yasir (LIB)	Ottawa Centre / Ottawa-Centre	Minister of Community Safety and Correctional Services / Ministre de la Sécurité communautaire et des Services correctionnels Government House Leader / Leader parlementaire du gouvernement
Natyshak, Taras (NDP)	Essex	
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Orazietti, Hon. / L'hon. David (LIB)	Sault Ste. Marie	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Pettapiece, Randy (PC)	Perth–Wellington	
Potts, Arthur (LIB)	Beaches–East York	
Qaadri, Shafiq (LIB)	Etobicoke North / Etobicoke-Nord	
Rinaldi, Lou (LIB)	Northumberland–Quinte West	
Sandals, Hon. / L'hon. Liz (LIB)	Guelph	Minister of Education / Ministre de l'Éducation
Sattler, Peggy (NDP)	London West / London-Ouest	
Scott, Laurie (PC)	Haliburton–Kawartha Lakes–Brock	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Sergio, Hon. / L'hon. Mario (LIB)	York West / York-Ouest	Minister Responsible for Seniors Affairs Minister Without Portfolio / Ministre sans portefeuille
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Tabuns, Peter (NDP)	Toronto–Danforth	
Takhar, Harinder S. (LIB)	Mississauga–Erindale	
Taylor, Monique (NDP)	Hamilton Mountain	
Thibeault, Glenn (LIB)	Sudbury	
Thompson, Lisa M. (PC)	Huron–Bruce	
Vanthof, John (NDP)	Timiskaming–Cochrane	
Vernile, Daiene (LIB)	Kitchener Centre / Kitchener-Centre	
Walker, Bill (PC)	Bruce–Grey–Owen Sound	
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Wong, Soo (LIB)	Scarborough–Agincourt	
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Yurek, Jeff (PC)	Elgin–Middlesex–London	
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