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DEBATES and PROCEEDINGS

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Bill No. 127 – *The Mental Health Services Amendment Act, 2013*

Mr. Forbes: Thank you, Mr. Speaker. It's a pleasure to rise this afternoon and enter into this debate on Bill No. 127, *An Act to amend The Mental Health Services Act and to make a consequential amendment to The Health Information Protection Act*. And I think this is a very important, timely one. And of course we're very anxious to see much more work, much more leadership around the issues of mental health in this province. And we know that there is some work being done now in terms of consultation about the bigger picture. We are disappointed of course that it's taking so long for that to actually come to a head because obviously this needs attention as we speak.

And we'll go through this, but it is an important one, and of course it's important that we modernize the language and we modernize how the province responds and how the health regions respond and treat mental illness. It's an important thing to do. And of course the common sense parts we will support, but we have many questions, and of course those questions will come in due time. But I know many of our members will want to speak to this.

But I do want to get some points on the record because this is a pretty important area, as I said. The quality of mental health is one that is important to all of us, each and every one of us. We used to just generally focus on physical health, and now we're seeing more than ever the quality of mental health is so important. And it's one that we need to take seriously as we set our standards in a province like Saskatchewan, where we expect and demand the best health care service in Canada. In fact we have no reason to believe we can't have the best in the world.

But unfortunately what that means is that we have to be vigilant about making sure our legislation reflects those aspirations and we do it in a timely manner, and that we don't get caught in budgetary cycles or electoral cycles and that in fact delays and delays and delays while we know . . . [inaudible] . . . either family members or ourselves who deal with mental health illnesses. And so while it's important to see this in front of us today, I

think that we will have a lot to say about the whole area of mental health in the days and weeks and months ahead because it's very, very important.

So from what I understand, this shifts the power from the ministry to the regional health authorities, such as giving licences to approved homes, allowing resident psychiatrists who are already MDs [Doctor of Medicine] the ability to admit patients. and that can help improve the system. And the modernization of language: we can go from mental health centres instead of an in-patient facility. But at the end of the day, it's going to be about resources, isn't it? And that's what we've got to see next week in the budget. What kind of resources will there be in place for supporting those with mental illnesses so mental health can improve in Saskatchewan? So that will be what we're looking for.

And while it's important to have this bill before us, it's important that we have a strong mental health strategy in Saskatchewan. And we're concerned and we're hearing concern from families about the lack of immediate steps in that area, and we can go on at length. And I know that every family, I would think . . . I know our family and I know other families who have members who are suffering from mental illness and the challenges that brings. And it ranges from the ability or the inability to work, the inability to have strong relationships, caring relationships, and even to suicides. And that's an uncomfortable topic that we often find it difficult to talk about, but we need to be able to address the elephant in the room. And quite often it's about mental health.

And so today I am delighted to stand to say that we are very committed to seeing a strong mental health strategy in this province. And I think it's critically important that we have that. I think right from youth right to seniors and of course every age group has its own challenges, you know, whether you're talking about youth and, you know, the dynamics of friendships and group relationships, the ability of forming relationships, and also just coming to terms and understanding who we all are — those are very, very important challenges.

And so this is something that I think is an important topic, a very important topic. And I think that we are really keen to hear more from this government about its mental health strategy, and we are very keen to see that it is supported with resources and personnel and legislation that will really make Saskatchewan the province that we dream it can be, the one that is healthy and safe and supportive.

And so while I do have some specific things about this, I just want to make sure that we also recognize — and we talked a little bit about the consultation aspect of this — that I hope that this part did come out of some strong consultations with the stakeholders and with the public. We've not heard that necessarily, and I'll review the minister's comments here, but particularly with this that we have . . . that we do include the patients.

And I know this government has gone on at length and it's talked about its Patient First Review from a few years ago. I've not heard the minister talk about how that they've connected with the clients in this particular legislation. We'll hear more when their strategy is announced in the months ahead. But I think that, I know for example in my own riding, we have Crocus Co-op, a very supportive centre that works with people who

are facing mental health challenges. And it does such fantastic, fantastic work. But I think this is one that I'm wondering if they were consulted with, this area here.

But I just want to take a minute to talk about how important proper consultation is. And I think that we've seen over and over again the lack of proper consultation from this government, whether it be the clients, whether it be interested stakeholders, or whether it be the families, whether it be professionals. I'd be very curious to know.

And I have not seen the comments from the speaker about whether or not the Privacy Commissioner was consulted. And that is one that gravely concerns me because often he has very insightful comments about how do we ensure people's privacy is protected and yet services are provided in a timely and effective way? And that's really the crux of the issue before us when we talk about privacy in health care.

People need services immediately, but at the same time that there is this issue of privacy. And we've seen it at length. In fact we've seen concerns as simple as the issue around faxes, and regional health authorities or their agencies or private health care providers inappropriately using fax numbers that they aren't sure whether it's an accurate number to be faxing to. We've heard these stories in the media. For example, people's health records being faxed to schools when the schools are even saying, don't send us any more of this information. And for some reason their numbers still seem to be the numbers that these providers tend to use. And we've seen a situation a few years ago where health records were dumped into a dumpster in south Regina, and yet very little came of that.

So I speak of that because I am watching very carefully and I am very interested in this government's work around privacy. And whether it's health care, whether it's in labour, whether it's employment, whether it's in education, whether it's in government services, we have a lot of work to do ahead of us in making sure our privacy standards are the best in Canada, the best in Canada.

And that does not mean that we're closing the books completely. It means that people know how to keep records private. The right people need to know the information, not anybody else, but it's done in a very timely and effective way. And simple things like fax phone numbers are treated with a respect, and they're checked and kept current and not just dealt with in the old way of saying, well, it's just some information and people can live through it. No, that's not, that's absolutely, that's absolutely not good enough.

So I have not seen him reference the work of the Privacy Commissioner. I have not seen him reference the work of clients. I've not seen him reference the work of families, and maybe that'll come up in committee, but I think that it's very important that we actually have that information. And that's why you often think that the second reading speeches of ministers could be much fuller. Now we're not saying that they should be 20 minutes or 30 minutes or an hour longer. We would have maybe some problems with that because that doesn't give us enough time to talk about the bills at the time that we would like to talk because we have concerns. But just a few more minutes about some of the details we think are important, like who are they consulting with. Who are they consulting with?

I find it kind of ironic actually. Sometimes the folks opposite will make a big deal of who they've consulted with, and they will really get out there and really get out there and say, this is the list of who we've consulted with. Well somewhere in between is the right way of doing it. We don't need the names of 120 organizations during a second reading speech, but gee, maybe one or two or five. And have you talked to the Privacy Commissioner when we're talking about a bill like this; I think that's important to know.

So I want to take a minute and just review the minister's comment because it's always insightful to think about what he has said. And he talks about this. And this was a bill that was just introduced just before Christmas. In fact it was only a week ago, in fact exactly a week ago, that the minister stood with his second reading speech. And he talks about:

The intent of the amendments are to improve timely access to mental health services for vulnerable people, support integration of . . . health [services] and addictions services and information . . . [services], and resolve governance and administration issues affecting the ministry and health regions.

And of course that's a very laudable goal and one that I think is important for us to support.

So the intent is to provide timely access to mental health services for vulnerable people, and that's huge. That's huge. And we know that it's critical that in this . . . And so I hope that this legislation in fact enables them to provide better services, and that's what we're looking for. And it's not just words on a page or paragraphs in legislation, but actual access to mental health services for vulnerable people and the integration of mental health and addiction services and information sharing.

And clearly, as we've come to appreciate, the intensity of addiction services and addictions in our population is huge. And we often think of course of substance abuse, but we know of course gambling is a huge one particularly that's emerged in the last 10, 20 years and the impact it's had on families. This is a whole range of addiction services and that's very, very important.

So it'll be interesting to see how this legislation, how they plan to support this legislation with resources to make that come to life so that people can have the services and it will be integrated and it will be there for them. So I understand and appreciate the governance and administration issues, and of course that's the changeover from the regional health, from a provincial model to a regional health authority model in many regards. And so this'll be very, very important.

He talks specifically about, the Act will repeal:

. . . those sections of the Act dealing with confidentiality and release of information and substituting *The Health Information Protection Act*, allowing for better collaboration among areas of health services and other ministries while still protecting personal health information.

And so that's really key. That's really important that we hear that piece.

But again, what was the Privacy Commissioner's input on this? Is it a better idea? Is it not a good idea? We know for example, and I can speak from my own experience, when we've raised issues around the Workers' Compensation Board legislation that was recently introduced and passed a year ago, the Privacy Commissioner had concerns. They weren't really paid attention to. They were ignored. The same with the employment Act. He had concerns about that. He was not listened to. And that's unfortunate because, as an officer of the legislature and someone who specializes in this area, we are at our own risk when we produce legislation where we don't have the proper information.

I do want to say, you know, there was one example where this government did withdraw legislation on the advice of the Privacy Commissioner. That was when we were dealing with a few years ago the idea of super licences or super IDs [identification]. And it was at the last minute. The legislation was in front of us. And it was like a day like today where we were having second reading debates, and the government of the day realized it had gone too far, that the legislation had gone too far.

This is one that we'll be asking . . . Well unfortunately I guess we'll be asking the Acting Privacy Commissioner because there is no permanent head right now. We're going to be busy at work finding one, and I hope we find one as good as the last. But we need to find out what do they think about this. This is very, very important for us.

So it also talks about reducing the criteria for community treatment orders, which will allow for involuntary treatment in the community and increasing the period of time, the time period of CTOs, the community treatment order, to reduce barriers to treatment for very vulnerable clients. Hugely important, and I know there's many sides to this. We know families who are saddened by the tragedies of what happens when appropriate treatment is not available, cannot be available because of restrictions on legislation. So we hope this really works to resolve that issue and actually can make it better so that people can get help, that people can get the kind of care that they need.

It would be really interesting to know, again here is the consultation piece, who has the ministry talked to about the family groups, the clients? Because again, we can gain a lot from the perspective of clients in terms of what works, what doesn't work. How can we make the process flow, especially when we're trying to reduce the barriers? What is it that's not making things work?

But I do want to say that again this is where consultation is so important because this is a very sensitive, very sensitive area where we want to protect rights, and that's a very important issue, but at the same time we don't want to be hamstrung by rights that really aren't helpful to either the patient or the client or the family. Somewhere in between we have to find the middle ground that's respectful and that there's dignity but, at the same time, help can be there in a very quick and effective manner. So this is very, very important.

It talks about transferring the responsibility for licensing mental health approved homes from the ministry to the regional health authorities to align more closely to the day-to-day practice of using the facility design regulations under *The Regional Health Services Act*

instead of *The Mental Health Services Act* to designate facilities.

So that will be interesting, and again this is where we'll need the expertise of the folks from the ministry to help us understand what that may look like. But it's interesting: from moving the responsibility for licensing of approved homes from the ministry to the local health authority, what does that mean in terms of . . . How far does that responsibility go because we know at the end of the day we have . . . And we may end up with questions here in the House about certain health authorities that are not living up to that kind of standard and may be inconsistent across the province. And there's various reasons for that inconsistency, and sometimes it's just related to resources and it's related to the ability to have the appropriate staffing and people who can make those kind of decisions in an appropriate way.

We've seen the inconsistency with long-term care homes. We've had those questions come up in the House here. That's right across the map and yet the minister will hide behind that it says on the front page, they have standards. They have minimum standards, but we know that when it comes to the actual nuts and bolts there are no minimum standards. And they're letting themselves off the hook by saying, well we're doing this on an individual needs basis. And we understand that. You know from my background as a teacher, that's the best kind of teaching you can do, be it based on an educational . . . [inaudible] . . . individual standard.

But at the end of the day, you need to make sure there are some basic minimum standards right across the province. We have a province. There is a reason for a province. There is a reason for responsibility for health care is at the provincial level so that it can be done. And everyone knows that their tax dollars, the public money, is done for the common good for all of us, no matter where you live in this province, and so that there is some consistency across the province and there is some accountability. And this is the place for that accountability, in this legislature.

So I do get concerned when I do see . . . And it may be a really appropriate way of putting responsibility at the local level. But is this downloading responsibility so nobody will be accountable for, or there's no process for being accountable for the standards of licensing? And what does it mean when it goes off the rails? And it doesn't matter whether it's in a small town or large cities, there is a place where people can get an answer. And this is the place. And I tell you that we'll be watching very carefully about what this really, really means. So we have some concerns about that, and hopefully it's the right thing.

And again it gets back to the consulting. Who asked for this change? Was it the regional health authorities who asked for this change? Was it the parent groups or the family groups where the clients is saying, you know, the provincial people don't quite understand what's happening in our town, so we think the licensing should be done at a local level? I really need to . . . We'll be asking a lot of questions around that.

Transferring the power to appoint regional directors of mental health and chief psychiatrists from the ministry to regional health authorities to align with day-to-day

practice, again, it goes along with the licensing of the homes. Again the accountability aspect of it, this may be more effective. There may be savings. But it would be interesting to know what caused this change to come. Who asked for it? Why did they ask for it? What kind of an analysis of this?

I mean there are reasons why we have provincial authorities. And so we're concerned if there's a weakening of provincial responsibility or downloading the responsibilities onto organizations that may not have the capacity, who may not have the capacity to understand the, you know, the ability to appoint regional directors of mental health and chief psychiatrists. That might be just better left at the provincial level. We have questions about that. It may be the best way.

But again if it's downloading responsibilities . . . And I know this government is very interested in the whole concept of lean. And I'm not sure if I see the need when, you know, you have I assume only one regional director of mental health for each region, for each health authority, and chief psychiatrist. So you're only . . . For each region, there's two people.

And so you need to have a capacity to supervise these folks, to hold them accountable, and a process for them also to be able to get together. And I hope we're not creating silos across the province, that Regina will do one thing and Saskatoon will do another thing and Moose Jaw will do yet another thing. So how will this be handled? And how will this be a good thing?

I understand though the connection to the local area. It's hugely, hugely important. But I do have a problem with creating silos and that the expectation across the province is that there will be some consistency of care, some consistency of service delivery. And if that's not the case because we've broken down that provincial responsibility, how will we guarantee that? How will we guarantee that while at the same time keeping to the lean process? Now I don't know all the terms of lean, but I can't see how this can be as effective in some ways because you're creating many layers of bureaucracy.

So as I go through this, and I think that the minister does say and he points out that we are aware and the Assembly is aware that they're developing an inter-ministerial mental health and addictions action plan. He doesn't give a date for that. We don't know whether that will be before the end of this term. It's getting close, as we're into the second half. And clearly it won't be in this year's budget, so it would be in the last year's budget. And who knows whether it will actually make that.

That's disappointing. That's disappointing. We could have had an interim report. We could have had this report. You know, as I said the other day, I was talking about the lobbyist bill and how they took that on right away. Well I would have thought the mental health and addictions crisis that we're facing here in Saskatchewan was much more of an urgent nature than this bill here. But we do . . . If it's making good sense and we'll have the time to talk about that in committee, then we'll definitely, definitely have those questions.

So, Mr. Speaker, it talks about the current Act as 27 years old, and we have to keep up with modern practice. And I will take a minute here. And I just have this, and maybe this is a little bugaboo, but I do . . . It's one that drives me to the wall on this because here we have the word Sunday. Somehow I thought this government had got rid of the word Sunday because when we talked about *The Saskatchewan Employment Act*, the minister was bound and determined that we cannot talk about the word Sunday. There was no way we were going to see that word again because, as he was saying, he was anticipating that there would be constitutional challenges and that there would be problems. Well here when I look at the interpretation, it talks about "'business day' means a day other than a Saturday, Sunday or holiday." I don't know. That sounds like a definition that's at least 27 years old.

And I have some questions, and we'll ask the minister: how did the Minister of Health get to use Sunday in a bill, where his counterpart in Labour says you can't do that — you can't do that? Sounds like we've got the makings of a weekend here, you know.

And I have to say that I was really surprised but pleasantly surprised that we are retaining some of this. This is just a recognition of what practice is in business — that you actually have a business day, and you have a business week, and it is usually not Saturday, Sunday, or a holiday. Now I find it even passing strange that he feels quite adequate to say holiday, not a public holiday or a statutory holiday. You know, I'll have to look back in my notes from the employment Act. I don't know if they call them holidays anymore. But here we see this line, and I think we'll have to ask a little bit more about this.

It shows again the inconsistency of this government when it comes to drafting legislation. In Health they recognize the weekend, and they recognize that work will happen most likely during the five days, Monday to Friday, whereas for some reason, the Minister of Labour could not seem to come to a point where he could appreciate that schools work on a business week. Most of government works on a business week. Most of the workplace works on a work week, and there is such a thing as a weekend.

And so here you have here, in this legislation . . . And I don't know by highlighting this whether the government will now go back and take this out because clearly . . . Now I don't know what sections this is relevant to or what it's relevant to, but I find it interesting when they're talking about improving access to health care, particularly mental health care, that they talk about the week, the business week. So I just find this interesting when I glance through some of their things here.

So, Mr. Speaker, I know that we have a lot of work ahead of us, and I just again want to say how important this piece of legislation is and how important that we take the time to examine it fully and completely. As I've said, it's important to update and modernize the language in it.

It's important to get that balance of privacy. Again we'll be asking the minister, in terms of consultations, who did he consult with in terms of privacy? Did he avail himself of the officer, the privacy officer, and what were those comments? We haven't seen them. And particularly in this type of issue we know the Ministry of Health does not have a strong

record. As I've said, whether it's the fax phone number fiasco that we've seen or whether it was the dumpster fiasco that made the front page of the *Leader-Post* a few years ago, not a strong track record when it comes to privacy. And so did they consult with the Privacy Commissioner on this, and what did he have to say at the time, or what does the office have to say?

Important, though, important that we get the right balance between rights and services here because we know that it's a delicate balance, and we know families are constantly hopeful that their loved ones will get the services they can get as quickly as they possibly can, as quickly as they possibly can. But we need to do it in a respectful and a dignified way. It's so critical that that's the case, that it's not . . . people's rights are not trampled. I'm hoping that this is not the case here. I think that's really, really important.

We also want to ask those questions about downloading. When you download services, are you providing the capacity to deliver those services? Whether it's licensing or appointing chief psychiatrists or regional folks, it's very important that we get it done in the best way possible and that in fact you have better services, that you have better services, and the people who are in those positions have the resources that they really need to deliver their obligations. Again, as we've said over and over again, and from our perspective, it's important to have a provincial bar, a provincial standard of care that we know that we won't see an inconsistent level of care throughout the province that's based largely because of inconsistent resources or priorities. It's important that, especially when we come to mental health, that we do that the right way.

So, Mr. Speaker, I know there'll be members who want to be speaking about other topics here today, but I do want to especially underline — there are so many important parts to this I could emphasize — but we are anxiously awaiting the mental health and additions strategy from this government. We hope to see it soon. We hope that it's not delayed. And we actually hope that it can be put into place before the end of the term. We are concerned about I think the time it's taking to do that.

So with that, Mr. Speaker, I would like to move adjournment at this point now of Bill No. 127, *An Act to amend The Mental Health Services Act and to make a consequential amendment to The Health Information Protection Act*. I do so move.

