EVENING SITTING

COMMITTEE OF THE WHOLE

Bill No. 87 — An Act to amend The Mental Health Services Act

Clause 1

Hon. Mr. Calvert: — Thank you, Mr. Chairman. Indeed I was informing the members of the committee and particularly the member who is asking the questions at this point about the responsibilities of the minister under the current Mental Health Services Act. He seems to have some concern about the responsibility vested in the minister and so I was, just before the supper break, providing the information for the member.

He should know that this information is available to him in the full text of the Act, not the amendments, but in full text of the current Act. I believe, Mr. Chairman, I had reached point (d), or the fourth point of the responsibilities which are described as to the minister, and I will continue to finish the section of the Act which is applicable hoping that this will satisfy the member.

Point (e), or the fifth point, Mr. Chairman, again, quoting from the Act:

> . . . the minister may:
>
> (e) operate facilities, alone or in conjunction with persons whose objectives include the preservation or restoration of mental health;
>
> (f) in the operation of mental health programs, employ psychiatrists, psychiatric nurses, psychologists, social workers, other therapists and any other personnel that he considers necessary, on any terms and conditions that he considers appropriate;

And:

> (g) appoint consultants and committees and authorize them to conduct inquiries and make recommendations to him concerning the provision of mental health services.

And I hope that helps the member to understand that the minister does have responsibilities under the legislation. Those responsibilities are appropriate and I would suspect that neither he nor any other member of this House would suggest that the minister should not have these responsibilities which are described in the Act.

Mr. D'Autremont: — Thank you, Mr. Chairman. Well, Mr. Minister, we're happy that you're prepared to accept your responsibilities, because I think the appointment of these designated people is something we need to continue to work with. We will come back to that, Mr. Minister, but in the meantime I'm prepared to let one of my colleagues ask you a few questions.

Mr. Swenson: — Thank you, Mr. Chairman. Mr. Minister, I specifically would like you to answer some questions pertaining to Valley View. How does the Act pertain to Valley View and the residents that are there at present, and also the fact that various institutions around the province are downsizing or being closed that currently house people who have mental illness or disorders which have meant that they were mandated into an institution. How will this specifically affect Valley View and the various resources around it?

Hon. Mr. Calvert: — Mr. Chairman, I want to inform the member that this Act and the amendments have very, very, little impact on Valley View. I know in the course of discussion earlier today, I indicated that there were one or two, perhaps, residents of Valley View who are resident there as a result of the Criminal Code. But that will be a very small number, one or two residents. No other residents at Valley View are there as a result of detention under this Act and so these changes will have very, very little, minimal if any, impact on Valley View.

Mr. Swenson: — Would the consolidations that are occurring in the mental health field though, in the province of Saskatchewan, predicate that Valley View would be the type of centre that would expect to receive people from other areas? Say if Souris Valley is down, if the Saskatchewan Hospital in North Battleford is down, those type of things, would Valley View then be the logical location for consolidation, for instance of individuals that could be affected by this Act?

Hon. Mr. Calvert: — No. In fact in terms of the Act here, again there's little or no impact on Valley View. I think the member is aware that Valley View is not funded by the Department of Health but is community services through Social Services. The institute that may have some impact as a result of this legislation will be the Saskatchewan Hospital in North Battleford, where in fact, some extra money has now been provided for a forensics unit and so on. There may be some implication there but not for Valley View.

Mr. Swenson: — Mr. Minister, I notice in the Bill where it talks about prescribed treatment of individuals by a physician and this would be according to court order. Could you give me an indication of what type of treatment that we're talking about. Could you give me a range of the things that, for someone who has been declared criminally wrong but not capable of understanding the . . . what would be the prescribed treatment that would be put in place?

Hon. Mr. Calvert: — Mr. Chairman, I wonder if the member could clarify for us the section that he's referring to. I hunch that he's referring to treatment orders under the community treatment order process as opposed to the long-term detention. We'll be glad

to try and respond if we can just get some clarity.

Mr. Swenson: — I can't pick a particular section out, but I know in reading the Bill earlier, Mr. Minister, it talked about long-term treatment of that type of individual and I'm just wondering what kind of treatment. There's been various things used over history, and I'm wondering what is in place today.

If there are two residents at Valley View that would fit this requirement, they're obviously long-term residents, and they would be going through a treatment regime. I'd like to know what that is.

Hon. Mr. Calvert: — In response to the member's question . . . and this is not too specific because I think what we're talking about here would be the whole range of treatment that could be available to an individual depending on his or her own assessed needs. So you know, the range of treatment will go from the very intensive acute medical kinds of treatments to occupational therapies, physical therapies, recreational therapies. So there's a broad range of treatment that will be offered depending on the assessment of the individual's particular need.

Mr. Swenson: — Mr. Minister, is electro-shock treatment part of the regime in the province of Saskatchewan any more as far as individuals in this category? I understand at one time that it was. Is that still a prescribed treatment?

Hon. Mr. Calvert: — Mr. Chairman, in answer to the member's question, the answer is yes, there will be yet examples of situations where electroconvulsive therapies are used. I'm informed that the use of that therapy is much, much less today than it was in the past.

Today when that therapy is used, it will be used only at the consent of the patient if the patient is able to provide that consent. If the patient is not able to provide that consent and it is still prescribed by the medical advice, then there are some very specific and special rules contained in regulation before it can be used. I think the bottom line is that yes, it is still used but much less frequently than it used to be.

Mr. Swenson: — Mr. Minister, have lobotomies ever been used in the province of Saskatchewan in the treatment of mentally ill people or people who had violent tendencies, particularly those pertaining to this type of individual, been used in the province of Saskatchewan?

Hon. Mr. Calvert: — I'm informed, Mr. Chairman, Mr. Member, that in fact at one time in this province many years ago the procedure may have been used. It is considered completely outdated and the best that we can guess that it's at least 30 or 40 years since there has been that therapy used.

Mr. Swenson: — So what you're saying, Mr. Minister, is that the last time would probably be about . . . prior to 1960 would be the type of range that we're talking about?

Hon. Mr. Calvert: — I guess our best guess is it would be prior to 1960 would be correct.

Mr. Swenson: — Mr. Minister, are you aware, or anyone in your department aware, that an order was given for a lobotomy on an individual at Valley View some time in the early 1980s? Are you aware of that?

Hon. Mr. Calvert: — We do not have knowledge of such an order having been given. It may be possible in that the officials here tonight of course are from the Department of Health and Valley View is administered through the Department of Social Services. But those who are here tonight have no knowledge — I have no knowledge — of an order having been given in the 1980s.

Mr. Swenson: — Would you or your department be able to find out if either through the Department of Health, or the Department of Social Services, that such an order was contemplated on a patient at Valley View Centre.

Hon. Mr. Calvert: — We could certainly endeavour to find that out.

Mr. Swenson: — Mr. Minister, I am told that a former official of the Department of Social Services, who is currently a . . . in fact a deputy minister in your government, gave such an order in the early 1980s, contrary to what was accepted opinion.

And, Mr. Minister, I would like you to find that out for me. And I won't mention the individual's name. But if that was the case, I would find that very peculiar seeing as this procedure was discontinued sometime prior to 1960. And I would . . . I would worry, Mr. Minister, that if that were the case then the powers granted under this Act would bother me somewhat, given that that individual — as recent as the early 1980s — was prepared to order a procedure like that on an individual who was in the care of the province of Saskatchewan.

(1915)

So I'm going to ask you, Mr. Minister, to find that out for me, and to tell me that this Act and its predecessor would not allow that procedure to happen to anyone that was a resident at Valley View or anyone else in the province of Saskatchewan.

Hon. Mr. Calvert: — Mr. Chairman, it would be helpful, I think, in trying to track this information, if in confidence the member wants to share perhaps the client's name or other information that he may have; we will endeavour to track it.

I want to say to the member that with the amendments that are before us, in the Bill before us, there is no extension to the range of treatment or powers of treatment from what we have had under the current Mental Health Services Act. But with the specific issue that the member raises, if he could provide us maybe a little more specific information on a confidential

basis, we'll certainly track it.

Mr. Swenson: — Mr. Minister, what I guess I'm asking you is that, given the power here of officials to detain, to treat, to incarcerate individuals, that this procedure would not be allowed under any circumstances by anyone in your department or Department of Social Services or anyone connected with persons detained under this Act. Is that possible, Mr. Minister?

Hon. Mr. Calvert: — The Act currently prohibits that kind of procedure to an involuntary patient. I will refer you to section 25(5) of the current Mental Health Services Act — and this is not being changed or amended in any way — which reads:

> In no case shall a physician or any other person administer psychosurgery or experimental treatment to an involuntary patient.

So that is prescribed in the Act now; that is the law in our province.

And I think I'm accurate in what you said earlier, that this was a contemplated — if in fact what happened in the early 1980's happened as had been suggested to you — it was contemplated and wasn't conducted. It was contemplated.

In any event, the Act as it stands today prohibits it, clearly prohibits it.

Mr. Swenson: — Mr. Minister, you said involuntary. As I read through the Act, relatives and persons with the power of attorney have the ability to commit an individual to treatment. And correct me if I'm wrong, that people who are in a power of attorney or a power of authority over individuals, could those individuals have such a procedure or order entertained by physicians or officials in dealing with an individual like this?

Hon. Mr. Calvert: — Again, I refer to the Act where in fact the beginning of section 25 indicates there can be treatments prescribed with the consent of a patient's nearest relative, if in fact the patient is not competent to agree to consent.

However, it is our best understanding that such a procedure would require much, much more than simply the consent of a near relative, that this would involve extensive consultations with a variety people in the medical community. And in fact given that we are now in the 1990s, it is in our view highly, highly unlikely that the procedure would be authorized.

Mr. Swenson: — In the best guess of your officials, Mr. Minister, would they also conclude that that was probably the case for the last 15 or 20 years, that this type of decision would only be arrived at through a committee of doctors, for instance, or in the case of a violent individual who had committed a violent crime against someone in society, that the early 1980s probably would have had the same rules applicable as the early 1990s?

Hon. Mr. Calvert: — I think the member recognizes we're into a kind of a realm of speculation here and it's difficult to speculate back a decade or back three decades.

Our best information is that the procedure simply has not been conducted in Saskatchewan for over 30 years. Our assessment of today and the assessment of our Justice officials today in 1992-1993, is that no physician would likely engage in this practice without a court order or something to that effect.

Now we can't be absolutely sure of views that were held in the early '80s, but the best information that we have is that the procedure simply has not taken place in the province for many years. And so I think we're into the realm of speculation. It's hard to be therefore very specific.

Mr. Swenson: — I would appreciate, Mr. Minister — I'm sure there are people both within your Department of Justice that have been around 10, 12 years — that you research that for me and see if the same rules that apply today as you bring these revisions to the Act in place would be in place in the early 1980s.

Mr. Minister, if such a thing were to occur in this period of time, would ministerial order be required? Do you know?

Hon. Mr. Calvert: — No, not currently or in the past has the minister ever had a role in these medical decisions.

Mr. Swenson: — It would be a hypothetically . . . for instance a family member and a physician and a consulting physician could come to a conclusion. They would then approach the institutional staff or approach someone in the department responsible for the individual, and it could be arranged that way rather than having to go through either a minister's office or a court of law for instance.

Hon. Mr. Calvert: — I think in terms of the current circumstance and the kind of treatments that are available today, we can't conceive of the procedure being even contemplated now by the medical profession. If by some outside chance it were contemplated, it is not something that would ever come to the attention of a minister for a decision-making purpose.

Mr. Swenson: — My information, and this may help you in your quest, Mr. Minister, is that the particular order was stopped by ministerial order, that the procedure did not go ahead by ministerial order. And the reason I raise this with you, Mr. Minister, is because this was raised with me by individuals who have worked at Valley View. And I don't think I need to qualify whether that is in the past or the present or anything else because that's immaterial to the argument, but that the knowledge was fairly generally widely held.

And I thought it would be appropriate during

discussion of a Bill which deals with the placement of mentally ill people who have created criminal acts or acts of violence, was the appropriate place to raise it with you. Because I think if there is any shred of truth in the accusation, and that current employees of the province of Saskatchewan who are in positions of authority were involved in something like that, I think it would be incumbent upon the public to know about it and judge accordingly.

So what I'm going to ask you, Mr. Minister, is that you give me the background, if you can find any, the assessment of what the rules were in place between, say, 1980 and 1983, and what the view of people at that time was in the Department of Health and the Department of Social Services vis-a-vis lobotomies, whether given with the consensual agreement of relatives or not.

And I know that's a fairly tall order, Mr. Minister, and if you wish to review *Hansard*, that's fine by me, but my requests, I think, are reasonable given the potential here that I think people who are both related to and have some concern about mentally ill people in the province of Saskatchewan would want to have answered.

So, Mr. Minister, I'll leave it at that and you can come back to me with the information and I hope it would be as expeditious as possible.

Hon. Mr. Calvert: — Mr. Chairman, we'll do just that. We will review the *Hansard* record and try and track this as best we can. And again I invite the member, if he has some further information that would make the tracking a little easier, we'd be glad to get it on a confidential basis.

Mr. Muirhead: — Thank you, Mr. Chairman. Mr. Minister, I've went through the Bill as best as I could and tried to understand exactly what it's all about. I see some points but I'd like to . . . and I ask a lot of ministers this same question when they bring a Bill to this Assembly. I'd like you to explain in your own words, not the words of your officials or the words of your caucus or cabinet, what is the reason for this Bill coming to this Assembly?

Hon. Mr. Calvert: — As I indicated, Mr. Chairman, to other members of the opposition caucus earlier this day, there are three fundamental reasons for the Bill. Number one, there has been a change in the Criminal Code where up until now individuals, by provisions in the Criminal Code, could be detained indefinitely if those individuals were detained for the situation where they were unfit to stand trial or not criminally responsible for their actions as a result of a mental disorder. They could be housed, detained, in psychiatric care for an indefinite period of time. Criminal Code provisions have changed and so that there now is a cap on the number of years that an individual can be detained in this regard.

(1930)

It is my view and our view, that a limited number of these individuals who may find themselves being released into the community as a result of the change in the Criminal Code are still . . . do still present danger either to the community at large, to others, or to themselves. And therefore, in a very limited number of cases a long-term detention order should be available to maintain these individuals under care both for the protection of the community generally and in some cases for their own protection. That's one of the initiatives, the first major initiative of the legislation before us.

The second is the initiative to provide a process, which we've described fully this afternoon, of community treatment orders where individuals who have had a history of living in the community, but perhaps failing to adhere to the regime of medication and their prescriptions, find themselves then in difficulty with family and workers, and very often with the law, will find themselves then back into an in-patient treatment facility where their medications are regularized and so on, and then returned back to the community. This for some individuals becomes something like a revolving door. The community treatment order will allow care-givers to provide those medications, will order the medications to be taken, while the individual is living in the community. And so the individual in this case will be required to take their medications and on a regular basis have an appointment with their doctor, their psychiatrist.

Now in both of these cases the legislation lays out very, very strict and specific criteria before either a long-term detention order can be made, or a community treatment order can be made, and at some length we've discussed that earlier this day.

The third provision of the Bill are relatively minor amendments to the language of the legislation to make it more adaptable to the reform process which is happening across the province in the formation of district boards.

Mr. Muirhead: — Thank you, Mr. Minister. I'm sorry if I wasn't in . . . wasn't here and didn't hear that, your response to that before, if that's been asked before. Anyway, I thank you.

Just a question on the part about the Criminal Code being changed and the length of stay. Is there a certain condition that mentally ill people would have to be in, that you could give a permanent . . . is it . . . is there . . . sometimes make a permanent stay for hospital care or are these always on an ongoing basis to be reviewed? What is the procedure there?

Hon. Mr. Calvert: — The member should know that the maximum length of a long-term detention order is one year. And so there is the constant review process. If after the course of the year, there may be a change in the mental or medical condition, then the status of the individual would be reviewed.

If there has not been a change and it is indicated that the individual should still be detained, then the process would have to be gone through again. The

maximum long-term detention under this legislation is a year. And so the member can be assured there is an ongoing review process.

Mr. Muirhead: — Thank you, Mr. Minister. Like, I'll take you back when we didn't handle the mentally ill as well as we do today. I recall back as a young man, in the home we had, in the hospital in Weyburn where I know that there was no way that they were . . . they were handled the best we could at that time. But there was sometimes people were committed and they were just there for almost for ever, and they pretty near couldn't even get out.

But in this case here now — and I understand reading the Bill about the one year, but I'm just a little interested in how we handle this — we know that when people go in, there's some people that do go, especially with age and other problems and Alzheimer's disease and these things, when their mind goes completely and there's just no other . . . and they can't be handled in nursing homes and regular hospitals. You're saying that even these people, the worst there is of this type of illness, that if they're . . . no matter how bad you are, and probably the doctors know that they're not going to improve but they're still reviewed every year? And would there be a provision for them to always stay there, for ever? For the rest of their life or whatever? Can they always stay in that hospital for care if they don't improve? Is that provision still there?

Hon. Mr. Calvert: — I think in all cases, with every individual, our health care system, broadly defined, and indeed social safety nets, endeavour to provide the appropriate care for each and every individual according to their need.

Now The Mental Health Services Act that we're now debating is very specific. The clauses we're now debating are very specific, focused on those few individuals who are being held in our in-patient psychiatric centres or in other detention centres — number one, when we're talking about the Criminal Code, those who are there because they have been declared unfit to stand trial or not criminally responsible. In the case of individuals who may suffer from Alzheimer's or other physical or mental conditions, their treatments will be provided, not likely through mental health, but perhaps through continuing care.

But the point is, each individual circumstance will demand its own treatment. And that's what our system, of course, tries to provide.

Mr. Muirhead: — So, Mr. Minister, you're saying in this Bill here, there's no change in any of that. That's still all staying the same. There's no changes to the time or care; that's the same as it was before. You're not changing that then.

Hon. Mr. Calvert: — Yes, that's correct. The kinds of care remain the same as we know today. We are making this change to deal with the change in the Criminal Code and we are introducing the new concept of community treatment orders which is new, which we believe will assist people to remain living in the community rather than going through the revolving-door process of the in-patient treatment.

Mr. Muirhead: — Mr. Minister, I'm quite familiar with several people that . . . individuals that have been in mental hospitals for . . . like I'm talking about 15, 20 years and they must be not improving . . . (inaudible) . . . Those people still get that check-over for that one year. They're all subject to that one year, and then they just go on on a yearly basis, or . . . I guess the point I'm trying to make, is there some people that have . . . Like we have an individual I'm thinking now is at Valley View at Moose Jaw, and he went in there as a young man — 14 or 15 — and it's about 20 years ago and there's no change. Are those people still looked at on a yearly basis and decisions made?

Hon. Mr. Calvert: — Mr. Chairman, in the case of the vast majority of residents, for instance at Valley View, those residents will be there voluntarily. They're not there as a result of an order under a Mental Health Services Act. I'm confident that every resident in Valley View and the other regional centres and so on receive medical assessment on an ongoing basis.

But I think we need to clarify that these individuals are not there under order of The Mental Health Services Act. We're talking here about people who will be ordered for long-term detention. The Act in this case provides an annual review of the order.

But there will be many people in our institutions that are there at their family's placement — in essence, voluntarily — and have made their home there for many years.

Mr. Muirhead: — I understand, we all understand the difference of . . . you're saying voluntarily is when maybe . . . the family maybe voluntarily placed somebody there. That's what you mean by voluntarily, Mr. Minister? Because in most cases the individual that's in this long-term wouldn't be of sound mind to put themselves there. You were saying voluntarily when the family places them there. Is that what you're saying?

Hon. Mr. Calvert: — Yes. In essence that's what I'm saying. I know that the member will be aware that over the last number of years there have been efforts to provide community-living opportunities for people that may have formerly lived in the institutional setting but now have opportunity to live in the community. Those who will be living in the more institutional setting now will be I think those who require that kind of care.

Mr. Muirhead: — Well I hope this is in order, but I just haven't seen any other Bill or even estimates, that we could ask these type of questions. Because it's not a subject, Mr. Minister, you know, that we really like to get into talking about. It's a real serious illness and thank God that in today's world we accept people that are mentally ill as just another disease as if heart ailment or whatever. We at least accept it. Years ago it

wasn't that way and I lived in that era and I'm glad it's changed.

So I'm going to ask a few questions about the mental patients and I hope it's in order. It doesn't show up in the Bill but it's the only place I could see to ask some of these questions if you don't mind. I'd just like to know how many individuals that have a mental disease that are in these type of special hospitals, and the total in Saskatchewan. How many do we have in the province of Saskatchewan?

Hon. Mr. Calvert: — We're having a little difficulty in definition of terms here, in that I'm sure the member will recognize there are those who will suffer from mental illnesses who will be . . . those mental illnesses may be very short term in their life. They may be caused by one factor or another but it may be short-term mental illness. There may be longer-term mental illnesses, and then there will be those who have some mental disabilities that may last a lifetime, that we have in the past, I think, described as the mentally retarded and so on.

In trying to define precise numbers for the member therefore, it's a little difficult in terms of the mental health services branch. This branch of the department tends to deal with those that have specific psychological and mental illnesses as opposed to those who may be housed, for instance, in a Valley View Centre in Moose Jaw. So I'm wondering if the member could just refine his question a little and we will try and provide the specific numbers if we can get perhaps a little more, a little clearer definition of the information the member requests.

Mr. Muirhead: — Thank you, Mr. Minister. What I'm getting at is not when someone just goes into a local hospital or just admitted by any doctor just for temporary treatment. I mean approximately how many in the province of Saskatchewan would be . . . have to be in a special care for mental treatment, whether it's short term or long term. And then I want to get at how many beds do we have in Saskatchewan to take care of these type of people. That's the two questions that I want to ask.

(1945)

Hon. Mr. Calvert: — I hope this information is helpful to the member. Of a population of a million people, in the course of a year about 100,000, or one in ten Saskatchewan residents will, broadly defined, broadly defined, receive mental health services.

Of that, 20,000 patients will become mental health out-patients, specific out-patients of mental health clinics and treatments. Of the 20,000, 3,500, thereabouts — these are approximate figures, I hope the member understands — 3,500 will receive in-patient treatment.

Now I think this is an important figure for the member and for all members of the committee. The average length of stay for in-patient treatment in Saskatchewan is 23 days. Now that will mean on an average day in Saskatchewan there will be 425 — thereabouts — individuals receiving in-patient care. Now of that 425, 172 are resident at the Saskatchewan Hospital in North Battleford. The remainder will be in-patient in our other facilities around the province.

And I think what is important to note here is that the 172 represent fundamentally our long-term mental health patients and they are housed in Saskatchewan Hospital, North Battleford. And that, in comparison to other Canadian provinces and jurisdictions, is a very low number, a very low number, which indicates that we have developed in Saskatchewan a broad base of community services for those requiring mental health care. That'll be the kind of things we have happening now in our group homes and approved homes and so on. So on average on a daily basis in Saskatchewan, we'll have about 425 people receiving in-patient care.

Mr. Muirhead: — Did I hear you right, Mr. Minister, 425 per day in the full province of in-patient care?

Now at North Battleford how many total can they handle there? What's the total beds there?

Hon. Mr. Calvert: — It would be 185, 186, and we currently have 172.

Mr. Muirhead: — The question I would ask, Mr. Minister, if the long-term filled up these beds, 185 beds or whatever, they filled up in North Battleford, where would they go from there? We're talking about more or less the long-term here. Where do they go from there if every bed was full? Or does that ever happen? Is it happening now that that 185 beds can't handle it?

Hon. Mr. Calvert: — In fact yes, the beds at North Battleford seem to be meeting our need. North Battleford should not be seen as sort of the last stop on a journey, on a human journey. In fact, there will be some who will have longer-term stays — yes — and be at North Battleford, but there may still be for them — and this has happened — opportunities in the community or opportunities for more appropriate care closer to their own community and so some will in fact leave Battleford to find residence in some other situation.

But our assessment today is that the number of beds in Battleford is in fact meeting the need.

Mr. Muirhead: — So what you're saying, Mr. Minister, the 185 beds is sufficient and has been and looks in the future like it will be able to handle the long care. I guess my question was that, is there facilities to handle these same type of people, the long-care people, in Regina or Saskatoon or other hospitals? Is there a facility if you have to have it?

Like just say, for instance, all of a sudden you got . . . you only have to have another 10. There's 172 there. You only need another 12 people that came in, and you couldn't move enough out, where would they go? Is there the same facility, the same kind of care?

Hon. Mr. Calvert: — I want to assure the member that in the real emergent situation or the real emergency that he wants to deal with, we do have our regional centres around the province.

But we want to make the point that we are endeavouring, I think, and I'm sure that members would support this, of a movement away from the notion of sort of ghettoization of people that have mental illness into a more continuum of care and a more integration of all of our health care facilities. And so we know now that in some of our special care institutions, for example, there are special programs being offered for Alzheimer's, for instance.

And so we're wanting to try and escape the notion of ghettoization but rather move toward integration of people in the system where the need exists. However, where the need exists because of behaviour or other indications for the very intensive mental health treatment, we do have North Battleford, and if it was an emergency situation, we have our other regional centres around the province.

Mr. Muirhead: — What do you mean by the regional areas? Which hospitals are those? I mean, which . . . do you mean Saskatoon or Regina or other areas?

Hon. Mr. Calvert: — The designated regional centres exist in Saskatoon, Regina, Moose Jaw, Swift Current, Weyburn, Yorkton, North Battleford, and Prince Albert.

Mr. Muirhead: — Thank you, Mr. Minister. That's quite surprising figures. I don't think the public realize that, the figures you gave me there about the 3,500, the 100,000, the 20,000, the 3,500 in-patients with only an average length of 23 days. That means there's a lot of short-term illness.

Another question I'd like to ask you. Do you have a breakdown . . . if you'd just give me approximately. I don't expect your officials to be able to answer this right to the right, exact number because that would be impossible, but do you have an approximate idea how many mentally ill place themselves there on their own? I mean, just themselves — not by family, just go in there and put themselves in and ask for treatment.

Hon. Mr. Calvert: — The member will be pleasantly surprised, I think, that the officials have some — just at the top of their heads — some relatively specific numbers here. I indicated that we would have 3,500 patients over the course of a year. Now that would represent 4,500 admissions. Some patients will be admitted more than once in the course of a year.

So total number of actual admissions will be 4,500. Of that 4,500, 87 per cent are voluntary admissions and 13 per cent therefore involuntary.

Mr. Muirhead: — Thank you, Mr. Minister. I appreciate your officials . . . I don't know why I'm even asking these questions but they were just on my mind. I appreciate your officials having these here. I don't know why, I think I said, I'm not even sure why I'm asking these questions. They're just on my mind and I never had a chance to ask them before.

And what about the numbers. The last one I want . . . the last question I want to ask on this, Mr. Minister, is the numbers in the province that are placed there by . . . that's not voluntary, like through the Criminal Code, that are just put in there by the law and they can't get out. They're left there until they're released by law.

Hon. Mr. Calvert: — Again, Mr. Chairman, we discussed these numbers this afternoon. Those who are there as a result of Criminal Code — that is either unfit to stand trial or not criminally responsible — the total number in our province is 25 being held in various institutions.

Mr. Muirhead: — Thank you. I'm sorry, that question was asked before. Mr. Minister, is there . . . the question I'd like to ask now: the funding to look after all the mental patients we have in the province and to make sure we have good care for these people, is there any cut-back at all on funding? Did the budget cut back on any funding whatsoever to this . . . to look after our mentally ill?

Hon. Mr. Calvert: — I'm sorry the member wasn't here this afternoon. Yes. In fact, there has been a small decrease in funding this year, globally for mental health services, a 2 per cent reduction in funding. That 2 per cent, of course, is a smaller reduction in funding than other areas of government have received, given that we understand the need for these services. And we are doing our level best to try and find that 2 per cent in administrative reductions rather than program, actual program reductions. But there has been a decrease of 2 per cent in this budget year.

Mr. Muirhead: — Well that's the question I wanted to get at, Mr. Minister. If there's 2 per cent or 3 per cent, or whatever it is, is the care . . . is there any cut-backs in the nursing for these people, or equipment, or space, or would you say beds? Is there any cut-backs whatsoever that the fundings affect?

Like these beds we're talking about throughout the province that will take in the mentally ill, is there any cut-backs whatsoever that came from the budget this spring.

Hon. Mr. Calvert: — The member will, I'm sure, be interested to know that in last year's budget . . . he will remember that for mental health services was a 3 per cent increase last year. And so some new initiatives, given that increase last year, there were some new initiatives particularly in rural mental health services.

So last year there was a 3 per cent increase, this year a 2 per cent decrease. The decrease has had some effect in Weyburn where we have reduced the number of beds in Weyburn actually to meet demand. And that will, I think, have had some effect on staff there.

(2000)

We have reduced two psychiatrists and now offset

that with fee for service through MCIC (Medical Care Insurance Commission) and have taken substantial amounts of money from the central office. And that has achieved our funding and in fact we've been able to redirect some of the funding to make sure that those new initiatives that were started last year can continue.

Mr. Muirhead: — Well, Mr. Minister, you just admitted that there has been some . . . I don't care whether you had 3 per cent last year or 6 per cent increase or whatever, there's still been a decrease. And you said there's been some cut-back in staff. Why is there any? Why would you ever even think of, when dealing with mentally ill people, even having a dollars cut-back? When costs are going up it must cost more so it must be more than a . . . there must be more, Mr. Minister, than 2 per cent decrease because costs are rising. So there has to be maybe a lot of care or else people are working longer hours for the same money. I don't know what you're doing, but why is there any care whatsoever, why any cut-backs . . . a dollars and . . . even one dollar? Why is there any money at all less to look after our mentally ill people? Why is there even one penny?

Hon. Mr. Calvert: — I want to make several points, Mr. Chairman, in response to the member's question. He will understand, I'm sure, that it's not simply through the mental health services division that all mental health needs in our province are met. There's a whole variety of programs that are not funded by mental health that will have benefit to mental health of Saskatchewan people, whether it be through the programs offered in base hospitals, to community NGOs (non-governmental organizations) and so on. So the whole package is not defined by the budget for mental health services department. That's point number one.

Point number two is that we have in this budget year tried as best we could to keep the reduction as minimal as we could in this area of our budget. And as I said earlier, we're doing our level best and I think have been relatively successful in trying to find those cost reductions in administration and so on and not to affect actual program delivery to people. And in fact we've been able to redirect some money to be sure that the initiatives that were started last year can continue.

Point number three. I'm not sure we want to define our services totally in terms of budgetary dollars. I think you and I can both recognize that we need to find ways to provide new and better services for the same, if not less money, given our current circumstance. And we think, for instance, that the community treatment order that we're debating in this legislation can provide some cost saving while providing a better service to Saskatchewan people.

Point number four, and I reminded one of your colleagues earlier this afternoon of this point, of course we would not be desiring to reduce budgets in health care, education, social services, or any other area of government, but I think the member is fully aware of the fiscal situation of our province and we've had to make some very, very tough budget decisions.

And again I repeat, the concern about being able to provide monies for these very valuable things, I wish it was more on the member's mind when they were in government, and spending money very quickly, as much as it's on the mind now.

Mr. Muirhead: — Well, Mr. Minister, that's exactly what I wanted you to say, because I knew you were going to come up with that. You just couldn't resist it.

I need a page. Page, please. Would you take this to the minister? He's seen it before. But we're going to ask him if he can read.

How many times do you ministers have to hear . . . you have to hear the story. And look at that and show your officials that — the $3.5 billion debt we took over from you people in 1982.

Every minister that gets to their feet to speak, whether it be estimates or a Bill or question period, cannot get it off their mind about the deficit the Tories left you. When you know right well that that's the figures admitted.

And you can sit there and you can look at them and you can smile. But it took me four hours to get that facts and truth out of the minister of Finance a year ago on appropriation Bill. And he admitted $3.5 billion.

Our figures say close to $5 billion. You take $3.5 billion in 1982 funds and you put in 1993 funds and you've got your total deficit.

And if you don't understand, if you don't understand it, Mr. Minister, I'll explain it to you why. I'm going to explain it to every minister that gets on their feet from now till we go to the polls again because I don't think you hear good. You don't understand good.

If I buy some property in this province of Saskatchewan, and I pay cash for it, and I find out after I've got it, there's $100,000 debt against it or whatever, or you can use the example that a farmer's got a piece of land and he's got a 100 . . . or a piece of property, it can even be a businessman with property — he's got $100,000 debt, but has operating money over here. His operating money doesn't quite balance the budget, so every year he has to maybe add another 10,000 to that deficit until he finally balances his operating budget.

And there's where you've misled the people of Saskatchewan. Every one of you have misled. That you tell people you're going to balance the budget in four years. You're going to do it. And people say, well if the Premier can balance the budget in four years, power to him. And I say that too.

But they seem . . . He's misrepresenting by thinking the 15 billion is going to go away. That 15 billion is going to keep on going. The 3.5 billion you left us — it will be $20 billion by the time we go to the polls again.

Mark my words. When we go to the polls, there'll be a $20 billion deficit in this province. And where did we inherit it from? We inherited it from you people.

And you've got to quit stopping. And if you don't want this lesson every time, don't get sucked in, Mr. Minister, like you did tonight for saying that. Because I did hear you say this very same thing to the member from Rosthern this afternoon. But I thought I'd get you to say it to me, and I'm going to give you a little lesson.

If you ministers and your Bills, your estimates, question period, don't want to hear this story about the $3.5 billion, then don't keep saying that we have to have some cut-backs on the mentally ill because of the Tories. It's because of you people.

Now tell me, Mr. Minister, why would you even think . . . you're sitting there, the minister. I wish the television camera was on him so the people in Moose Jaw could see the minister there laughing. He's sitting there grinning and laughing as if it's . . . that it's just a . . . He's trying to think of something that he can say to come back to try to offset that the minister of Finance didn't say $3.5 billion.

He's used the Consolidated Fund, the operating fund; he's used the Crown fund. All . . . every growth debt, he's used it all, $3.5 billion. He's used it all, and it's there and you can't get away from it. So I want you to please quit talking about cutting back because of the Tory deficit.

I want you, Mr. Minister, to tell me . . . tell me, Mr. Minister, why you even thought of touching health care whatsoever in your cut-backs. Cut back on some place else. Quit building highways. Quit doing anything. You could give your money to farmers. You've just shut her right off, and you've had almost . . . The only people you haven't hurt in this province is the group of people you haven't met yet. You've hurt everybody. You've cut back and cut back.

Now, Mr. Minister, why are you, even for 2 per cent — and don't stand up here and tell me, Mr. Minister, ah, we're just cutting back and we're going . . . You're so smooth and you're so nice and you're so quiet, and you stand up there so nice and you say, we're just going to trim the administration a little bit, just trim administration and we'll be able to carry on with the same care. But on the same breath you said there's two doctors gone; there's some nurses gone. For goodness' sakes, stand up here and say why the nurses . . . how many people were laid off in Weyburn.

We know what's happened. You had petitions from that area. So don't say that this isn't going to affect the mentally ill, because it is. But tell us why you'd even cut back $1 for the mentally ill in this province.

Hon. Mr. Calvert: — Mr. Chairman, I believe sometime ago the member indicated that he was sending over some material to check to see if I could read. Well, I want to assure members of the committee, in fact I can read, and I'm going to quote from the material that the member sent over. And I want all members to pay good and close attention to this.

I have a quote on the material that the member sent over.

> Mr. Minister, I'm not a finance man; you know that. I was never a minister of Finance. I never would be and I never had the capabilities of being one.

Now that's a quote from the member from Arm River. Well he's proven it again. He's proven it again. He doesn't have the capabilities of finance, because every time he gets up in this House and goes into his little spiel about the financial situation of the province, he knows that he's right off the mark.

Now I will quote, I will quote the material that he sends over. It's a quote from the former minister of Finance indicating that in 1982," . . . the Crown corporation debt was $3.397 billion."

There is no disagreement about that — publicly documented. Everyone in the province knew it; widely reported; everyone understood it and knew it. No news here.

What the member from Arm River fails to point out in his comments tonight regularly in this House, was that in the Consolidated Fund in the province of Saskatchewan in 1982 when he and his friends came to government, there was $139 million cash, cash money in the bank.

Now maybe the member from Wilkie disagrees with that. Maybe he can stand up and tell us that there wasn't $139 million cash in the bank when those people came to government.

Now, Mr. Speaker, that's verified by a report submitted to this legislature by the hon. Bob . . . now the member from Wilkie is wanting to ask some questions. He'll have lots of time later tonight.

A hundred and thirty-nine million dollars cash money in the bank. And what did they do with that $139 million? They ran it . . . they ran a deficit every year they were government — a deficit every year they were government — so they put us in debt in the Consolidated Fund upwards of $9 billion.

Now when they were busy squandering the Consolidated Fund, they were also heaping up the debt on the Crown corporations. While they were heaping up the debt on the Crown corporations, they were signing us into loan guarantees and deals all over the continent that we're living with today.

Now, Mr. Speaker, it is widely recognized . . . Mr. Chairman, widely recognized across our province, widely recognized across the nation, indeed, widely recognized across the continent that in terms of financial management, this Tory government in Saskatchewan in the 1980s is likely the worst on record anywhere.

Now they ran the debt up in this province at the rate of a billion dollars a year. What are we paying in interest payments this year? What's the payment this year? — $800 million; $800 million interest payment on the debt that you people ran up in this province. And then he wonders why we need expenditure reductions. We've got an interest payment of $800 million. That's half the whole budget for the Department of Health. That's almost the total budget for the Department of Education. It's more than we spend on Social Services, more than we spend on Agriculture — $800 million paying interest on the debt that you people ran up.

And then they have the gall to come into this House and say, well why are you cutting? You shouldn't cut. And then he says, you shouldn't cut mental health services. The same government, member of the same government, in 1986-1987 took 100 positions — 100 positions — out of mental health services in this province, and he's got the gall to come in here and say, why are you cutting 2 per cent? Now I am going to say to him, I'm going to say it nicely because I intend to say it nicely: we don't like taking this 2 per cent. We've tried to minimize the reduction to mental health services and we are trying to find it in administration.

(2015)

Some Hon. Members: Hear, hear!

Mr. Muirhead: — Mr. Minister, I guess seeing this got to be a wide, varying debate here tonight — we're into finances — but we might as well just finish it a little bit. I think you and I both learned that you can read and I can read but neither one of us are capable of being the Minister of Finance. I've been a farmer, you've been a preacher, and we've never had any training whatsoever on financing. And that's nothing against us as individuals, nothing against your credibility as a preacher and mine as a farmer.

But I want to continue reading where . . . You read what you wanted to read so I'm going to continue reading because you brought in the figure of $139 million that wasn't there. It's not mentioned in here. Let's read what he says about the $139 million. I can't say his name in here, but the hon. minister of Finance — that's the Deputy Premier today — he states this:

> Now, Mr. Chairman, on the Consolidated Fund (this is what you were talking about), which is the government side, taxpayer supported debt, do you know what it was, Mr. Chairman? A hundred and ninety million dollars.

In the hole. That's not 139 million to the good so maybe I can read better than you, Mr. Minister. Maybe I can read that.

That's the things that you won't read. You always want to read in here what you want to read. Read the whole story. I ask you, I invite you. I only took one page out of *Hansard*, but that's four hours to get these figures out of him. And so all I'm saying, and all I brought it up for is I'm asking you, Minister, to get off this here . . . because you just said tonight, you just said, Mr. Minister, oh we admit there was 3.9 . . . 3.3 . . . $3.397 billion. Is that the same figure you used at election time, in 1991 election? That these here Tories took us from a zero to 15 billion. That's an absolute falsehood and you know it, Mr. Minister. That's the point I'm trying to make.

Three point . . . let's use your figure of 3.397 billion. Then you add the 190 million, as where the minister comes out and says very clearly:

> All told, when you consider the sinking funds which are provided . . . the gross debt for the province of Saskatchewan in 1982 was $3.5 billion.

So for goodness' sake, let me say that because it's a fact. It's me saying what your minister says.

Anyway, how many nurses totally were laid off in the Weyburn hospital?

Hon. Mr. Calvert: — Mr. Chairman, I want to be clear that the member understands we're not here talking about the Souris Valley Centre in Weyburn. We're talking about the mental health clinic in Weyburn, not Souris Valley. Okay? At the Weyburn situation there were in fact eight person-years reduced. It in fact affects nine people because there was a job share.

Now the reduction there was because of the drop in demand for the beds. Now had the fiscal resources been available to us, the staff we would have wanted to redeploy in community services. That luxury is not permitted to us because of the budget. But in fact the reduction is a reduction in response to a lower demand for the beds. The specific response to your question is eight person-years.

Mr. Muirhead: — Thank you, Mr. Minister. Yes, I'm pleased to hear that figure that it's not . . . I thought maybe it was higher than that and that's permissible. But I don't like to see . . . I guess you can see that I'm quite upset about having any cut-back whatsoever in mental care.

Anybody else that gets sick in the province — I'm not saying that it isn't serious to have a cut-back — but at least if they may be able to look for themselves and care for themselves and go out of province for help if they have to or whatever, but the mentally ill they have to be taken care of instantly. When they're committed or whatever, they put themselves in or their family put, there's no such a thing that I can see of ever cutting back. You can't have a waiting-list.

I guess what I'm saying, there's certain illness you cannot have a waiting-list on. If somebody has a stroke in Regina or Saskatchewan tonight, there's no such a thing as a waiting-list. You've got to have help . . . or a heart attack or a serious accident. And I consider, Mr. Minister, the mentally ill to be in that category. If somebody has just, just goes like that and they have to have help, there has to be help.

And I don't like to see any cut-backs and I'm not going to ask any more questions, Mr. Minister, but I want to leave this comment with you that I don't like to . . . you can see I don't like you to be talking about this big deficit we left you. You can understand what I'm saying and I mean that sincerely, because you didn't leave a zero deficit and then of course you shouldn't have any cut-backs on serious things like mentally ill when this government can find an extra $800,000 for the Deputy Premier to do I don't know what with. And we're going to find out when it comes to his estimates and this is not up to you, Mr. Minister, to get involved in this.

I just want to . . . I did have some questions. Most of our time was on very constructive questions. We got waylaid there by getting into the budget, you and I. And I just want to thank your officials for having so many of those answers that I asked for and I thank you, Mr. Minister, also. And now somebody else is going to ask you some questions.

Mr. Britton: — Thank you, Mr. Chairman. Mr. Minister, I have a few questions I'd like to ask you and it's going back to what you were calling the community treatment order. And my colleague from Rosetown, I think, developed with you and your officials the protection for the patient in the community treatment program and that's fair and it's good and it's very necessary and I accept that.

However I would like to visit with you in regards to the other side of the equation and that is in the protection of the families and relatives in the cases where you have a patient taking community treatment and where the family or relatives, friends, whatever, do not agree with the assessment of the psychiatrist that's treating that person. Can you outline to me what protection or what responsibility the attending psychiatrist would have in a case where you were giving a community treatment to a mentally disturbed person and where you had documented evidence that there was a disagreement between psychiatrists and social workers and stuff and something untoward happened. In that circumstance, what responsibility would your department have or your treating doctors have in that case?

Hon. Mr. Calvert: — Mr. Chairman, I'm having a little difficulty. I'm not sure I grasp entirely the member's . . . the totality of the member's question. I think I hear him asking about how the family interest is protected if in fact the family of the individual is not in agreement with the prescribed community treatment order.

In that situation — and it could arise, Mr. Chair — there are the review panels that currently exist. And of course, each individual who would be involved with the community treatment order will have an official representative, an advocate. There is always the process of appeal to the review panels. And those appeals can be launched by family members and would certainly involve family members if they so desired it.

Beyond that, if the review panel appeal is not successful, then individuals have the opportunity to appeal then to the Court of Queen's Bench.

And so again, I say to the member, there are those appeal processes built into the system that would be available for family members should they not be in agreement with the community treatment order as prescribed by the medical profession.

Mr. Britton: — Thank you, Mr. Minister. The problem we have, and I have this . . . This is a problem that has been brought to my attention by one of my constituents, and that is where this person is being treated at home. He has issued threats against the family — death threats. The attending psychiatrist says don't worry, he's all right. He has limited mental capacity, but if nobody bothers him, he'll be fine. The only time he's going to give you any trouble is if he becomes annoyed.

Now the son is the one that the particular person seems to be annoyed at, and he went to the appeal. He had a second opinion from another doctor who don't agree with the first doctor, and yet the first doctor says . . . won't accept another opinion.

So here these people are and what I'm asking you . . . And now you're talking about going to court. Well these people don't have the money to go to court. And at the same time your department don't seem to want to listen to the concerns of the family. The wife is so terrified she left the home. So what I'm asking you is, is there another way for these people to get redress?

Hon. Mr. Calvert: — Ms. Chairperson, I want to say to the member: I don't want to get into a discussion here on the floor of the legislature of a specific situation. I don't think he does either. There may be some opportunity for us later on a more confidential basis to discuss the actual situation to which he refers. And so it's a little hard to make specific comment if we're not going to talk about the specific situation, and I don't think we should here.

But let me say that The Mental Health Services Act is very descriptive in its parameters and what can or can't be done under The Mental Health Services Act. And again, as the debate has unfolded today, I'm sure we're all anxious that that be maintained. There may be an option in the circumstance that you describe where there may be protections or remedies offered under The Dependent Adults Act, a different piece of legislation and some different processes there. But I don't think I can comment any more specifically without knowing the very specifics of the situation to which the member refers.

(2030)

Mr. Britton: — Thank you, Mr. Minister. I want to ask you why we shouldn't talk about it on the floor of the House. These people have tried everything else and they can't get any recognition. They can't get anything from the mental health people. So there isn't any other

forum that they can go. As I told you, they don't have the money to fight this to the Supreme Court of Canada, which to me is a very simplistic answer — if you don't like what you get, take it to the courts. Well, Mr. Minister, that don't happen all the time. This person's psychiatrist is at least 50 miles away, and maybe 100 — depends on which one they send out to him. So it isn't as simplistic as you'd like to make it.

I have another question for you. When you are administering drugs to a person in the community, or you're being administered drugs, who monitors whether that person gets the drugs or takes the drugs? Who monitors that and passes the information up to where the doctor lives?

Hon. Mr. Calvert: — On the first point, I disagree with the member. If he thinks that this is the forum where we should have wide-ranging or detailed discussions about individuals in our province and their family situations and their mental health situations, I totally disagree. Now I have not had any communication from that member, or, to my knowledge, neither has the Minister of Health. I could be mistaken about this specific situation. If he wants to provide that information on a confidential basis, we're more than happy to receive it and see if there's some assistance we can provide.

But I totally disagree that here on the floor of the public legislature we would begin to discuss someone's medical condition, or a family situation, or mental health situation. So I want to make that very clear.

The member asked in terms of a situation where a community treatment order has been ordered and put in place, who is to monitor the administration of the medication and ensure that in fact the medication is being done. With each community treatment order there will be someone named who is responsible for that role. It may be the attending physician. It may be someone else. But there will be someone named who has responsibility to do just that.

Mr. Britton: — Thank you, Mr. Minister. I'm not too concerned about whether you agree with me or not. That is simply . . . doesn't bother me one little bit. And I would suggest to you, Mr. Minister, you've got a short memory. You don't remember . . . I didn't bring anyone's name to this floor of the House, but when you were in opposition, your people did. So I would suggest that you take a little trip back on memory lane and think about how you performed and how you acted when you were on this side of the House.

I would like to take you back to the Bill itself, Mr. Minister. And it was to do with a little of . . . my colleague from Souris-Cannington was working with you on. And that is where you say that you're going to have a director. I just can't pick it up right away, but . . . Yes there it is. Yes, regional director — that's what I was looking for. You're going to have a regional director. Could I ask you, sir, what is the qualifications of that person who you say will acknowledge or not that district director?

Hon. Mr. Calvert: — Mr. Chairman, these are of course I think general criteria that we would be looking for in that kind of person. It would be someone with some fairly advanced managerial and administrative kinds of skills.

It would be someone who would have knowledge of the Act and the implementation and operations of the Act. It would be someone who would need knowledge in terms of mental health services and mental health treatments, that sort of thing.

It would generally, although not I guess necessarily, but I think it would generally be someone who's had some service background in the mental health area. And I'm sure we would want someone who would be competent and capable of recruiting other good and competent people.

Mr. Britton: — Thank you, Mr. Minister, that's quite a far-ranging criteria. Could you tell me what level you would expect that person to have in mental health training? I'm sure I agree that he'd have to — he or she — would have to have those qualifications.

But what I'm interested in is what level would be acceptable and what level would not be. This is what I'm getting at, because we could have a lot of qualified people who could manage, who are fiscally responsible kind of people, but didn't know very much about mental health. This is what I'd like to find out: what level, in your mind, this person would have to have.

Hon. Mr. Calvert: — If the member's asking for sort of educational criteria, maybe the best way we can describe it, is to describe the kind of backgrounds and criteria that exist among our current regional directors across the province. And it's quite a range.

We have some who come from . . . with a psychiatric nursing background; some who come with social services background. We have one, or some, that have in fact a Ph.D. doctorate in psychology. We have someone who may have a bachelor's degree in social work.

There's not a specific Ph.D. or master's level or bachelor degree that's prescribed here. What is prescribed is a competent individual with the proper background and experience and skills for the job.

Mr. Britton: — I gather from that you don't have a criteria in your mind. It doesn't have to be a psychiatrist. It could be a psychiatric nurse. It could be . . . But I can't quite figure where a social worker would come into this equation. Social workers are indeed professional people and do a very good job in their place, but I would wonder how they would qualify in a mental health situation?

Hon. Mr. Calvert: — Mr. Chairman, I think the member has . . . will have reviewed some of the advertised positions that from time to

time, when he was in government, were advertised — from time to time are advertised now. And very often he will see that these positions will have a requirement for some post-secondary education, perhaps a post-graduate education.

But he will also know that very often the request for applications would be extended to those who have experience in the field or related fields.

And I'm surprised that the member would stand in this House tonight and suggest that somehow people who are involved in social work wouldn't perhaps have skills in mental health. In fact there are many of our social workers in the province who are very skilled, very skilled in dealing with mental illness. I won't name some, but I know some personally. So I want to assure the member that there are indeed social workers in our province who have real and practised skills in the mental health field.

Mr. Britton: — Well, Mr. Minister, I'm certainly not going to argue that. What I'm trying to get at I guess is — and it appears that you don't have . . . you haven't set a criteria here. You say here that you will appoint, as a minister, or you will get a director, but you don't seem to have thought it out in your mind or in the Bill what qualifications this person must have. And that's all I'm asking. What level, what is the least . . . Now you can tell me that a social worker is qualified. All right, I'm not saying they can't be. But what I'm trying to find out is what level, what is the level that you are going to ask for in that job description?

Hon. Mr. Calvert: — Ms. Chairperson, we are going to ask for the right mix of skills, ability, education, and experience to meet the needs of the position. We have been employing regional directors in this province for many years. They've been hired for many years. They don't all fit one educational mould or one employment or experience mould but each have been employed because of their combination of competencies that make them the right person for the job, and that will continue.

If the member has some suggestion, perhaps he could be a little more positive in his questioning tonight. I take it he thinks there ought to be some very specific criteria. He thinks there ought to be for instance a Ph.D. or a masters in something or other. Well help the discussion, Mr. Member. Help the discussion and tell us what you think these very specific criteria ought to be. Our view is that you set out the description of the position and then look for the right combination of education and experience to undertake the task.

Mr. Britton: — Well thank you, Mr. Minister, for the offer but you're changing the Bill. You're the people that's bringing it forward and I was just curious to see had you given any thought. Had you decided that this person had to be a psychiatrist or not? That's all I asked.

Now you went all over the map telling me that this person may have, should have, might have, could have. Well to me that wasn't an answer. And I don't think you have an answer. I don't think you even thought about it, that's the problem.

Now I would like to just go to another question, Mr. Minister. It says, under existing provision, it says: "The minister shall appoint for each region a regional director . . ." And then down in existing provision 7 it says: "The minister shall designate a person for each facility . . ." Is that the same person?

Hon. Mr. Calvert: — I want to just refresh the member's mind and knowledge of what is in fact happening with this piece of legislation in this regard. We are simply making the change so that regional directors may or may not be direct employees of the Department of Health. So in the circumstance of a district formation and some shift of responsibilities to that district, in that eventuality the individual involved here that will be designated may be in fact be an employee of the district rather than the department directly.

This has no effect — zero effect, Mr. Member — zero effect on the qualifications question.

Mr. Britton: — Thank you, but that isn't what I asked you. We had gone into the qualification thing and you didn't have an answer there so I left it. And I went to what is in paragraph 6, you say existing provision. And it says there:

> 7(1) The minister shall appoint for each region a regional director to be responsible for the administration of all services (and so on) . . .

Okay? Now down here in 7 under the heading, existing provision 8(1):

> The minister shall designate a person for each facility to be the person responsible for the administration . . .

Now all I asked you, sir, was: is that the same person?

(2045)

Hon. Mr. Calvert: — Mr. Chairperson, not likely. The answer would be, not likely. There is an eventuality, I guess, it could be the same person, but that, I think, would be unlikely. The regional director would not likely appoint him or herself as the director of a facility.

Now there could be a circumstance — I don't want to say never — but there could be a circumstance where it would be the same person, but that would be highly unlikely.

Mr. Britton: — Thank you, Mr. Minister. You obviously didn't read the two paragraphs. It says, "the minister shall appoint," in both instances.

Now I agree that the director wouldn't appoint himself I don't suppose, but what I'm asking you . . . It says the minister — that would be yourself, sir, — shall appoint a director. And in both paragraphs it says the same.

Now I'm asking: would that be the same person that you're appointing? That's all.

Hon. Mr. Calvert: — Mr. Chairperson, I thought we were debating the amendments, not the current Act. All right, I'll read it for the member. In 6(1), I believe that's where he begins to refer to, the current Act begins by saying, "The minister shall appoint an Executive Director . . . Correct?

Under the new provision:

> (1) The minister shall appoint an employee of the department as director of mental health services and prescribe his or her duties . . .
>
> (2) The minister may authorize the director to delegate to other officers of the department any power given to the director by this Act and the regulations.

Are we on the same section?

8(1), proposed amendment:

> (1) The regional director may designate a person for each facility that is located in the region to be the person responsible for the administration of this Act in the facility.

So the amendment would have the regional director appointing/designating a person for each facility responsible for the legislation. Not the minister.

Mr. Britton: — Thank you, Mr. Minister. That's all for just now. I'll maybe come back a little later.

In the meantime, thank you very much for your help. My colleague wants to ask you a few questions.

Mr. Goohsen: — Thank you, Madam Chairman. Nice to see some fresh new faces in the chairman's chair. I want to congratulate you on being there.

Some Hon. Members: Hear, hear!

Mr. Goohsen: — Mr. Minister, I had looked at this Bill rather briefly and quickly some time back and thought that it seemed to be a rather easy sort of a Bill to accept and to look through and to face reality; I thought it probably wouldn't take long for us to get through it and to allow it to become law.

Unfortunately, it becomes more complicated when you sort out some of the sort of obvious things that hit your mind. A peaceful man of the cloth handling a Bill would give one the impression that it's probably being properly done. And in all fairness, I think we're very fortunate to have you handling this kind of a Bill and putting your feelings and thoughts into it, because obviously when we're dealing with problems to do with health, and especially with the mentally ill, no matter at what level, it requires not just good law, but compassion and understanding as well. And I'm sure that you can bring that not just to the Bill, but to the interpretation of what happens as a result of the Bill.

Unfortunately, as we've gone through this, the simplicity for me has disappeared. And I find it now appearing to be a somewhat complicated matter to understand, and so I guess what I'm saying is that the longer we've gone on with this and the more I've listened, the more confused I've become as to just exactly how people are really going to be affected.

I've got several little points to make — nothing prolonged in any area. So I'll be jumping along as we go from one area to the other because I've sort of picked up some problems in my thinking of what's been happening here.

You talked about the incentive of community treatments for some of the folks, and I think that's a good concept. I think you probably have a good idea here that folks that need to take medication have to be kept on it on a regular basis.

I have personally seen an example where an individual required some medication in order to stabilize his life patterns, and when he didn't take his proper medication, of course the results were very negative. If there has or had been, as this programs suggests, a way that someone would have checked each day to make sure that that medication had been taken, he wouldn't have slipped into those regressive periods in life. It wasn't deliberate or planned, it was just that sometimes he'd forget. So I think you've got a good idea here.

I'm wondering about a few things that could be done though when you suggest there sort of is a need to go to a doctor or someone like that. We suddenly find ourselves looking at a very high-cost professional being involved in what basically amounts to not much more than sort of a day care centre sort of observation. And I'm wondering if we have to go to the length of having this sort of program put into the hands of that high a professional person.

Couldn't we, for example, have someone like the druggist in the store who administers medicine, maybe have their assistant watch this person. That just comes to mind because I happen to have some feelings about druggists doing a good job in their profession. So maybe I'll let you comment on that, if we can sort of save some money by doing this on a less high level.

Hon. Mr. Calvert: — I thank the member for his question and his obvious interest and concern about this legislation and I think the whole field of mental health services. I want to reassure and remind the member that in the case of a community treatment order there will very often be a designated case manager appointed in the order and that would be a caseworker to work with the client or the patient, the individual involved. And that case manager, caseworker, certainly need not be a doctor.

Now we also want to emphasize that it's simply not stability in terms of medication that is required. While that's an important ingredient in the community

treatment, we're also seeking to build stability in the workplace, stability in the home, all of which contribute to stability for the individual, and that caseworker would be working along on all of these fronts to try and provide that stability in a coordination of services.

Now there will be a requirement that there be some scheduled appointments with an attending psychiatrist, attending physician. And we think that is important, simply for the ongoing mental health of the individual, that there is an ongoing involvement. But on a more frequent if not daily basis, it would be a caseworker who is primarily involved with the individual.

Mr. Goohsen: — I guess that raises some questions, Madam Chairman, as to just exactly who we're dealing with when you talk about these case-loads, Mr. Minister. First of all, you say by order. I guess my first question is: who would always be giving this order? Are we dealing with a specific group of criminally insane people here or is this an order that comes from someone in the mental institution where we would be dealing with any level of mental disorder, all ranges of mental disorder, or are we talking about a specific target group like the criminally insane?

The other question that people will ask me when they're thinking about this is: would all people who are under this order necessarily require psychiatric treatment on a continuing basis, or would they be able to go in for three-month check-ups or six-month check-ups?

Now the individual I was talking to you about a few minutes ago didn't really have the kind of mental disorder that required constant counselling. He needed simply to stay on that lower-than-stress level through his medication. And by doing that, as long as it was consistent, he only really needed to check in with the doctor every three months or every six months. Now are we talking about a whole different class of people here?

Hon. Mr. Calvert: — Ms. Chairperson, the answer is yes. We are not here talking about with . . . in the area of the community treatment order, we are not talking about those individuals who are affected by Criminal Code provisions. They are the subject of the other part of the legislation dealing with long-term detention.

We are here talking about a certain number of people who are defined in fact in the Act in some relatively specific criteria in section 24, described as community treatment order. I just might run through some of this with the member so it's clear that we are talking about not someone subject to Criminal Code provisions, but rather a person who is described by legislation as:

> (i) the person is suffering from a mental disorder for which he or she is in need of treatment or care and supervision in the community and that the treatment and care can be provided in the community;
>
> (ii) (this person) during the immediate preceding two year period, the person:
>
> (A) has been detained in an in-patient facility for a total of 60 days or longer;
> (B) has been detained in an in-patient facility on three or more separate occasions; or
> (C) has previously been the subject of a community treatment order;

And further:

> (iii) if the person does not receive treatment or care and supervision while residing in the community, the person is likely to cause harm to himself or herself or to others, or to suffer substantial mental or physical deterioration, as a result of the mental disorder;

And:

> (iv) the services that the person requires in order to reside in the community so that the person will not be likely to cause harm to himself or herself or to others, or to suffer substantial mental or physical deterioration:
>
> (A) exist in the community;
> (B) are available to the person; and
> (C) will be provided to the person;

And I don't know if I need to read it all, but I think the member can understand that it's a very strict set of criteria that is set out here in the Act defining who are those who would be subject to a community treatment order.

But I want to re-emphasize to the member's question, it's not those who are involved through the Criminal Code system or the criminal justice system.

Mr. Goohsen: — Thank you for that explanation, Minister. I think it is important that we have the public understand that this Bill sort of does deal with two different levels, or two different directions, of needs within the area of mental health.

We are dealing with ordinary folks sort of who are only more or less a hazard to themself in one section, and I guess we're dealing with the criminally insane in the other section; and there's a real big distinction there, of difference in terms of what the general public perceives as being important in how we deal with these matters.

I'm wondering, now we've talked about making significant changes to the way that we're going to handle a lot of folks in our society, and some of it sounds really good in principle, in that we are going to now try to do these things on a local basis and have the community involved and try to keep folks on an even keel in their own communities and try to get them into work and jobs and those kinds of things, and make

them have a productive and, I guess, a real life. And that's great.

But with all these kind of changes, the taxpayer probably is starting to think in terms, how much is this going to cost me? So have you done some estimations of what the changes in your programs will cost the taxpayer in the long run, or have you actually identified that you can make real money savings for the taxpayer? Which way will it go and what kind of dollars are we talking about?

Hon. Mr. Calvert: — Mr. Chairperson, I have to admit, as we go through this day I am able to rise more quickly with the answers having answered the same question now I think four times to four different members.

As I have said, I believe, on three other occasions during the course of this day and questioning about this Bill: point number one, the efforts being undertaken by this Bill are not primarily financial in their intention; it's not primarily a piece of legislation that will either expend dollars or, on the other hand, save substantial dollars. We believe the motivation for this legislation is for the care of Saskatchewan people.

(2100)

However, in terms of long-term detention, there should be . . . in the long-term detention portion of the Bill there should be no cost implications at all. If people are now being detained on a long term and that long-term care is still required, there is therefore no change.

In terms of the community treatment order, if by the community treatment order individuals are enabled to live in the community setting rather than finding themselves back through the doors of the in-patient facility, there may well be some cost saving — understanding that the in-patient facility will be a more expensive situation than someone who is living in the community.

Now because we have set some new criteria and some very strict criteria, there may be some small increase in costs for, for instance, extra responsibilities for the official representatives, some extra review panel hearings, and so on. We estimate that those new costs would range somewhere between 13,000 and $15,000 total for the province over the course of a year.

Mr. Goohsen: — Madam Chairperson, Minister, I'll have to apologize to you, being the fine gentleman that you are, because I did hear the answer earlier today and I was just checking to see if your answers are going to be consistent. And I have to give you an A in this category because you are consistent yet and we're glad to see that because the taxpayers have a way of wondering if politicians are consistent in their answers and truthfully being honest with the costs of what things are going to be. And so I just wanted to play that little trick of putting you to the test, and I'm happy that you've passed it so far.

You were referring to a list a minute ago of criteria under which people qualify for certain programs, and I have to admit that when I went through it I wondered if most of the politicians around our world might not somehow qualify. And I hope that's seen as humour by the folks out in the rest of the world, but I'm afraid that we all become very dangerously close to qualifying to the needs of these Bills at some points in our lives and today might be an example of that.

I wondered if a person who was incarcerated as a result of a criminal action related to a mental disorder, if that person were sort of kept incarcerated and then was deemed, I suppose, by whoever — I'm not sure of the right word — or observed to be or decided to be well enough to go, and if that person decided that in their minds they weren't fit to be in society, can a person like that request to stay in custody or request to stay incarcerated in whatever facility, and be obliged . . . or must they leave once they are determined to be well?

Hon. Mr. Calvert: — Ms. Chairperson, to the member opposite, he too is passing most of the tests that I'm applying here. He seems to be asking many of the same questions, although I give him full marks on this one. I think this is a new and unique question that we haven't had today yet.

If I understand the member's question, it is this. I believe he is asking of that situation where an individual who may now be receiving in-patient treatment, if it is the opinion then of the care-givers that this person is ready to re-enter community life, and that person then says that he or she does not feel ready, would he be or she be obliged to leave.

In that circumstance I'm sure that the health care professionals involved, and others, would want to work with a great deal of compassion and understanding to try and understand why that individual did not feel ready to re-enter a community life. It may be appropriate at that point that there be some interim steps taken. I don't think it would be a situation where someone would be dramatically or Draconianly pushed out into the community. A good deal of sensitivity, I know, is used by professionals in the field.

On the other side of that equation, many people do present themselves to a psychiatrist or to other mental health care-givers requesting treatment and they are, for the most part, then welcomed and provided with what treatments are appropriate.

Mr. Goohsen: — Thank you, Minister. I guess the reason I thought of this question was because of the fellow over in California who was a serial killer and whose right to ask for parole had arrived and he himself had said no, I don't want to be paroled; I don't want to go into society because I know if I go out of this institution I will kill again; I won't be able to control myself; I just know that. And they, of course, decided to keep him in jail and I'm quite happy they did.

And of course, in the terms of someone who is suffering from a mental problem in our circumstance who has that same inner feeling, I'm hoping that the system is capable of keeping that kind of a person out of trouble if they know themselves that they just can't stay. Because I think it's a kind of a predestined sort of prophecy, I guess, or pre-arrived-at prophecy, that he's going to kill again. He's going to talk himself into it just to prove that he was right. So you can't dare let him out because he's going to say, I'll go kill somebody now because I want to prove that I was right; they should have kept me. So I hope that you will put that into the context of delivering the meaning of your Bill so that officials will have that opportunity to make that decision. That when some people feel that they can't possibly cope with society, that in fact you don't allow them to go out into society and force them, sort of, to make a terrible error and hurt somebody else.

So with that, I want to just comment, Minister, about the fact that you've indicated that there are some financial cut-backs involved in your programs and your plans. And while I see some really positive opportunities in the way you're delivering this Bill and the circumstances around it for saving money, I also worry as my colleagues did earlier — and I want to say this in my words so that it is reflected to the community that we are all concerned — we must be very careful not to fight the deficit on the backs of the sick, and most particularly on the sick that can't fend for themselves or argue their own point.

I can justify charging people who have money for drugs that they need, or whatever, as you folks have done. And I can live with that. But there are some areas of illness that simply cannot be left to the payment of the individuals or it won't happen. Society must accept the responsibility, and you as minister, I hope will understand that and assure the general public that you're going to do that.

I have one little question I want to ask that's not related to that. And I have a concern that we may not have enough professionals in our province to handle some of these things. And my simple question would be: do we have enough psychiatrists in our province and in our system to be able to cope with the mental health problems of our population?

Hon. Mr. Calvert: — Madam Chairperson, again, I appreciate what is I think obvious concern that the member has for mental health services. In regard to the provision of psychiatric services and psychiatrists in our province, while we may have a somewhat lower than average per thousand provision of psychiatrists in Saskatchewan, we do have without question the best geographic provision of psychiatric services and the services of psychiatrists through clinics and so on and their placement in the province. Recruitment of psychiatrists is a perennial difficulty. As the member will know it's not a new difficulty; it's a difficulty we've faced. But we do have a significant number of psychiatrists in the province and we're very pleased about the kind of geographic placement of those services and their ability to service all areas of our province.

I do want to say as well we don't want to focus simply on one discipline in mental health, that the provision of health care, mental health care services, is multi-disciplinary. It's not simply psychiatrists, but there are many other care-givers providing services to those with mental illness.

Mr. Devine: — I thank the Chair for that. Mr. Minister, I understand that the modifications, amendments to this Bill are a result of changes to the Criminal Code. Could you briefly describe for me — and I have a couple or three questions on section 24.1 where the officer in charge of a facility can apply for a Saskatchewan order to detention of that person for a period not to exceed one year, an extra year of detention — why that's necessary to comply with the change in the Criminal Code? If you would . . . page 3, halfway down, why that's absolutely necessary. That's the first question.

Secondly, what the recourse is of the individual, the patient or whoever in terms of, if they find it particularly unfair to be detained for another year, what recourse do they have? Or do they have additional recourses because we're modifying this because of the change in the Criminal Code? Do they have additional power to protect themselves?

And three, are you totally comfortable with the fact that the people making this decision, the officer in charge, understands the consequence of adding this enormous power to detain another individual for that period of time? Have you had anything that would help you or convince you that they totally understand the impact of this on people's lives?

Hon. Mr. Calvert: — Madam Chairperson, to the member from Estevan, we believe the change in the Criminal Code does in fact necessitate change in our own mental health legislation. With the situation with the change to the Criminal Code, what in fact can happen as a result of the change is that an individual who is now held in an in-patient facility and is being held there because he or she was declared not criminally responsible because of a mental disorder, may in fact still present a real danger to the community, to others, or to him or herself if released as a result of the federal legislation.

(2115)

Again I emphasize to the committee that in the context of Saskatchewan this is a very, very limited number of people, a very, very limited number of people. But even in the case of one or two individuals, should that one or two individuals find themselves in the community as a result of the change at the Criminal Code level, this could present a serious problem to others or to themselves.

So we feel that the change is necessary, and I think and I would hope all members would agree. However, we also recognize that we are extending therefore powers

under this Act to detain individuals, and those powers must be very, very carefully monitored and provided and so on. And therefore the criteria, as set out in the legislation, it's very strict and the long-term detention order can only be for a period of one year at a time and no longer. I've read earlier into the record the various criteria and then I would remind the member from Estevan of the opportunities that will exist for someone who has been placed under a long-term detention order to appeal.

The review of the long-term order — and I'll just read from the documents here — the review of a long-term detention order may be submitted to the Court of Queen's Bench. And also I would point out again that these long-term orders are not ordered by the head of the institution. They are ordered by the courts, by the Court of Queen's Bench. The institutional head will make the application based on medical evidence and so on, but they are ordered by the court. An application for review may be submitted to the Court of Queen's Bench by any one of: the person who is actually being detained; his or her nearest relative; the officer in charge of the facility on medical evidence that things have changed; the person's official representative which again is likely a legal representative; or any other person that has sufficient interest. There are no limits on applications for review of the decision. And on receiving the application, the court is instructed to conduct that review, at which time the court may either affirm or rescind the restriction order.

Now a new provision that has not existed to date but now exists is that for those who simply cannot afford the court procedures we will fund the application. There would be funding available.

Mr. Devine: — Well, Mr. Minister, why did you pick a period of a year and what triggers . . . There would be a saw-off, I suppose, if somebody was in an institution and due to changes in the Criminal Code they might be released. They may or may not. Why did you decide well it will be nothing or a year?

I could retain them for another year or we can apply to have them for another year. Are they on the margin? Well some you could say fine, let them go. Some we would say no, it's a whole year. And that year's very important because if you're a patient and you are forced to stay another year, obviously it's very, very serious because you're restricted and it may be unfairly, and that will be a second line of questions which you attempted to address.

But why did you pick that period? Why couldn't you stagger it, why couldn't you move it up, why couldn't you say well, we'll look at it quarterly. There can be a review in a matter of months. I mean if the intention of the legislation, the amendment here, is to be a back-up defence mechanism for society, does it have to be a year? Could it be a combination of time periods or review that kept the public feeling all right but also let the patient know or person that was in the institution know that gosh, I'm going to have to try to fight this for a year and it is unfair.

Let's take the side of the patient for a moment and say, maybe it is really unfair. It's a long time, and as you know, going to court takes a long time and it's expensive. And we can get into some of those questions, but why did you pick the year as a time period?

Hon. Mr. Calvert: — I think, Ms. Chairperson, if the member would carefully consider the legislation he would understand that in fact it is for a period not to exceed one year — one year is the maximum. It could be in fact be a long-term detention for something less than a year — a month, two months, six months — whatever I think is judged as appropriate by those who would be making the decision at the time.

The legislation indicates that it's not to exceed one year. And again, no matter what the definition of the time frame, the appeal process, the review process, can be launched at any time and there's no limit on the number of times that it can be launched.

Mr. Devine: — Is there any indication how long the appeal process would take if the recommendation is that we'll keep the patient in for a month? How long is the appeal process if we're going to make it for six months or we're going to make it for a year? Is there any correlation or is there any comfort that you can give a patient that the appeal process . . . I mean any additional comfort that you can give the patient.

Hon. Mr. Calvert: — The advice that I have, Ms. Chairperson, is that it would likely be a three-day process to get it to the court; at most, a five-day process.

Mr. Devine: — As a result of the Criminal Code changes, somebody expects, or the director of an institution expects, that an individual might be released, what will trigger that manager's decision to apply for this? What will trigger that manager's decision to say no, I think we should just hold this off for a week or a month or six months? What will be the criteria used by the manager of the institution to trigger this decision that we will keep this person in the institution for a longer reason?

Hon. Mr. Calvert: — Again, I will just read into the record the criteria, as they are set out. Again I remind the members of the committee that an individual needs to meet all five of the criteria, not just one of the above, but all five together.

And they are: a person must be suffering from a mental disorder for which he or she needs treatment, or care and supervision, which can only be provided in a psychiatric in-patient facility; a person, as a result of the mental disorder, be unable to fully understand and to make an informed decision regarding treatment or care and supervision; number three, a person, as a result of the mental disorder, will be likely to cause bodily harm to self or to others; number four, a person who has been detained for 60 or more consecutive days immediately prior to an application; and point number five, suffer from a severely disabling,

continuing mental disorder that is likely to persist for more than 21 days.

So on the basis of those five criteria, the administrative head of the institution would review those five criteria. And if that individual met all five, then could submit an application for a further long-term detention.

It doesn't mean that the application would be awarded, but that the application would be made, along with corresponding medical evidence, to the Court of Queen's Bench and then the Bench would have to decide.

Mr. Devine: — That's fair enough. Those five conditions may be evident and that's why the individual is there.

What would cause the manager to say, given those five, I would pick that the individual should stay one more week, or one more month, or six months. What kinds of variations in those would be left to the judgement of the individual manager? How would they make the decision that say no, the Criminal Code has said this person could be released; I think it's okay. Or no, I think the individual should stay 10 more days, or should stay up to a whole year. What kinds of things can health care officials expect to see in terms of comforting criteria from any of the offices of government or the law that would make sure that people are being treated honestly, fairly, in terms of this additional incarceration?

Hon. Mr. Calvert: — Ms. Chairperson, in the current circumstance, detentions can be extended by a review process that would happen with two psychiatrists reviewing the patient every 21 days. What we're endeavouring here to do is to provide a different mechanism for those very, very small numbers of people who are now occupying in-patient facilities because of the Criminal Code provisions — unfit to stand trial, or not criminally responsible for their actions. So these criteria are set out.

And at some point, of course, we need to trust the professional judgement of the health care provider, the administrative head of the facility. At some point you need to trust that person's professional judgement who works with these individuals more or less on a daily basis.

Now in making the application therefore, this individual, the administrative head, takes his or her best case to the court. But ultimately the judge decides based on all of the evidence. And there certainly would be opportunity in that setting because the individual will have an official representative, will have legal representation. The individual may have other family or interested people who would be part of the process who may bring their points of view. But I think in terms of making that initial application, there is a point at which you need to trust the professional judgement of the on-site care-giver, in this case the administrative head.

Mr. Devine: — Well that's fair enough. But you see, Mr. Minister, we're giving that professional the power to request to keep an individual another year.

Now all we're want to know, and patients and family members of patients want to know, is that given this increased power, we would really like to know how you're going to exercise that power. We understand the five basic criteria of why you might be there to start with, but when you start making decisions that you're going to keep them a little longer and a little longer and a little longer — maybe this long or maybe six months or maybe up to a year — we would kind of like to know what criteria you're going to base that on because the patient does not have increased power.

But clearly somebody has increased capacity to put them in an institution or keep them there longer. So, you're right, you have to trust the judgement of the people that are working as professionals there. But you have handed them, with this Bill, the capacity — an enormous capacity — over another person's life.

Are you saying to me that there is nothing new that you are going to provide these people, these managers, no new criteria, no new mechanisms, no new appeals, no new anything other than you have the power, if you want to call six months, you've got it and we'll leave it up to you. I mean everything's the same except they have the power to keep them there for another year or power to recommend that they're there for another year. Everything is the same except the power of the individual director is certainly increased and then the judgement is all theirs. Is that what you're saying?

Hon. Mr. Calvert: — No, no. I want the member to keep in mind that no new power to detain is vested in the administrative head of the facility. No new power is vested there. The power that has placed that individual — if we're talking to people that are in that institution as a result of the Criminal Code provisions — the power that has placed that individual in the institution is the power of the courts.

In this case, what is happening will be the ability for the administrative head of the institution to make application. This administrative head has no power to insist the detention beyond, and therefore the decision again is being made by the courts based on evidence, medical evidence, testimony and other criteria that the court would have before it.

Now the administrative head is someone who will have competency, we hope, in the field of mental health and mental treatment and mental illness and would not lightly make an application for a long-term detention be it for a month more or six months or a year more, unless I'm sure that person felt there were very good grounds, that in fact all of the criteria, including the criteria which says that the person continues to require treatment or care which can only be provided in the institution . . . The administrator doesn't have the power to institute the long-term order, only now has the opportunity to make application to the courts.

(2130)

Mr. Devine: — I understand that, Mr. Minister. The officer in charge has a new-found power to apply to the courts that he didn't have before. That's what the amendment is. The amendment here on section 24.1 is a new-found power to apply. And if you have a new-found power to apply to keep people in an institution, then the public would like to know how are you going to treat those new-found powers to apply to have people to stay in the institution. And why will you judge it for a week or six weeks or six months or take them in there for another year?

Now you have provided nothing, no new qualifications for those officers, no new criteria for those officers, nothing new for the officers except the increased power to apply to keep people in for another year. Now fair enough if you're comfortable with that. I would think people would like to know that you have given that more thought and your officials have given it more thought; that if you have the capacity to do this, to apply, likely be successful, the individual has no more power, same power as they always had, they just have to defend themselves and they can be . . . the manager or the officer can apply and apply and apply.

I just would like to know, if you're saying there's no new criteria, it's the same as it is; we'll just trust their judgement but they have power to keep people . . . apply to keep people in for another year. Fair enough.

But then at least it's on the record — there are no new criteria or no additional safeguards on the discretion of these officers in charge when they have this new power to apply to keep somebody in for another year.

Hon. Mr. Calvert: — I think the member from Estevan is exaggerating what he perceives to be a difficulty here. Now recall, if we're talking about those who are now in an in-patient facility as a result of the Criminal Code before the change, these individuals were there for an indefinite period because of judgement of professionals that that kind of care, and judgement of the courts, that that kind of care is required in this case.

Now because of the change at the Criminal Code level, there is an opportunity for these individuals to be reintroduced to the communities without the mechanisms to prevent that. There are, in a very limited number of cases, situations where I think it would be the common judgement of all that in fact it would present a danger to the community, to others, and indeed to the individual to be released back into the community.

So what have we done? We have in fact set up five — not zero, but five — new, very specific criteria before any application can be made. And it's not a situation where you just need to meet one of the criteria, you need to meet all five. And I think the member will recognize that these are very stringent criteria.

Now even having met — in the judgement of the care-giver on site, the administrative head, in the judgement of that person — all of these five very specific criteria have been met, it is still not within the power of that individual to extend the detention. That must then be presented to the court with medical evidence to back up the application and must meet then the judgement and test of the courts. Now if the member is suggesting that the courts are not competent to do this, then perhaps he can suggest another mechanism by which it should be done. I hope he would agree that there needs to be a mechanism.

We are not providing to individuals, new powers; we are providing a new opportunity. With that new opportunity, there are five very specific, very demanding criteria that must be met, and those criteria must be taken to a court of law and proven in that court of law with the appropriate medical evidence.

So we feel the safeguards are here in the legislation that the member seems to be concerned about.

Mr. Devine: — Well, Mr. Minister, I mean these are always difficult cases, but I have a letter before me where obviously a person does not like the treatment that they are receiving. This individual is forced to take injections, is not happy with it, and suffers because of it.

If we assume that people who have been in treatment centres are the kinds of people that we could repair and they could improve . . . Assume for a moment that an individual was about to be released, and under your legislation the officer in charge — as a result of changes to the Criminal Code the man could be released — the officer says no, I think we're going to keep this person in for another year. You can imagine the fear and the worry and distress that would happen to an individual who was under psychiatric care, if they found out that their officer in charge, who they know is going to either threaten them with or could apply to have them stay in for another year.

Now under current conditions, the officer in charge could not apply to have them change and stay in another year, but under your Bill, they can. So this is a new-found authority.

I believe that the people are going to be fearful of this new-found authority and could be, unless you can provide some comfort that the officers in charge will be as careful and as compassionate as absolutely possible.

So I guess what I'm saying here tonight, you have provided us with no new suggestions or evidence that you have thought through this enough to provide the kind of protection for people's rights; protection under the charter of rights; protection to individuals who are about to be released and then could be incarcerated for another year on the request of an officer, which they couldn't do without this legislation evidently.

So again I guess I just want you to confirm that there's . . . All we have here is the new-found powers for somebody to apply to have a patient stay in an institution for up to another year. No new justifications; no new qualifications; no new mechanisms to protect the individual that is the patient. It's just a Bill that says, well on the discretion of this officer, they can apply to keep them in there for another year.

And if that's the case, I will tell you, from the letters that I have received, people that are and have been mentally ill who see this Bill could have some pretty serious concerns about how it could be implemented.

Hon. Mr. Calvert: — Well if the member for Estevan has more letters than the one that has been provided to us, I'd be glad to have him provide them and we can try and find responses. I committed this afternoon we would endeavour to track and research the situation regarding the letter he is referring to now. I understand the member is raising a concern and fair enough, fair enough. The situation again is this: what is being offered to administrative heads of institutions is an opportunity. But before that opportunity can be exercised there are five very specific and very strenuous criteria that have been put in place, all of which must be met, all of which then is taken only as an application to the court.

Now I understand the member may have concerns but he may have not been in the House earlier or may not have seen the list of organizations and individuals that have been consulted in the preparation of this legislation. It is an extremely impressive list, totalling I think in number 35, of consumer groups, associations, caring and help groups, and individuals with long experience in the mental health field who have been consulted and feel confident that this Bill reflects the appropriate balance between the individual right and the broader rights of the community.

Therefore with that kind of consultation we feel confident that in fact what is prescribed in legislation is here the appropriate thing to be done.

Mr. Devine: — Well your assurances, Mr. Minister, are fair enough at face value. But you have new powers here and nothing new to protect the individual and no new criteria for the officer in charge. So we'll just put that on the record: no new protection for the individual; new powers for the officer but no new criteria on how you use the new-found powers, because the officer can apply to have individuals incarcerated for up to an additional 12 months. And I see nothing, and you have provided me nothing tonight, or anybody else that's watching television here that there are any new powers at all, or any new criteria for the powers, or any protection for individuals.

Put another way: in terms of individual rights and the charter of rights, are you absolutely comfortable that you are not running the risk of infringing on or taking away or diminishing the rights of an individual that is in an institution that will now be faced with this new-found power by the agent or the officer who's in charge of the institution?

Hon. Mr. Calvert: — Ms. Chairperson, if the member now is concerned that there may be some constitutional difficulty, I want to assure him that in the preparation of this legislation the constitutional branch, Department of Justice, was very, very fully consulted and involved. And our best legal advice indicates that there's not a difficulty, a constitutional difficulty here.

Again, I remind the member from Estevan, we are providing here an opportunity to make application, an opportunity based on five very specific and stringent criteria that are new. I remind him again — if it takes 15 times reminding I'll do it 15 times — I remind him again, the decision to impose a further long-term detention order is a decision that will be made by a Queen's Bench judge. Now if it is the suggestion of the member that somehow judges sit on the bench and just approve any application that comes before them, I don't think that's the case.

He and I both know that the members of the judiciary take their responsibilities very seriously, and I am more than confident that in this case if an application is made, that the Queen's Bench Court will look very carefully, very carefully at the evidence, medical and otherwise, that will be there for the basis of the application. So I would hope that his fears in this regard are therefore relieved.

Mr. Devine: — Mr. Minister, my concern is not with the judicial system. My concern is with you and your colleagues. I have had you and people like you in this legislature tell me that you are going to protect the legal rights of farmers, for example. And it's the farthest thing from their imagination.

You've taken away their rights. You say no, no. The courts are fine. You've even denied them access to the courts. Frankly, this letter that I have, or other letters that come in from people across the province, and you're going to be getting from co-op members, is that they don't trust you on how you deal with legal matters. It's no reflection on the courts. It's what you do in here.

You have denied the right of appeal to farmers to even take you on in court. You removed that here completely, and they aren't in an institution. They are supposedly free men and free women who live in the province of Saskatchewan, and you've denied them their rights. Now in terms of a contract that is done between the Government of Saskatchewan, the Government of Canada, and farmers of Saskatchewan, you just run roughshod right over it and pass laws and change the institution where we speak tonight so that in fact there is no rights. You can't blame the court at all.

You're doing the same thing to co-op members. Contract was signed between Federated Co-op, the provincial government, and the federal government

and it's a done deal, and you say, no, we are going to change that. And you say, well don't you trust the courts? It's got nothing to do with the courts. It's what you are doing. People aren't going to trust you.

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You've taken away their hospitals; you've taken away their nursing homes; you've taken away their highways; you take away the bus service; you've taken away their health care; and you say, well appeal to the courts. Go, go take us to court. They don't trust you. It's not the courts. You are using your large majority to run roughshod over people. Even when the people have a plebiscite and say, I don't want you to fund abortions, you say, no, I'll fund them. You don't even listen to the plebiscite. You don't listen to democracy. You don't listen to the people.

So this isn't about the courts, it's about your judgement. People don't trust what you're doing. And particularly if you are incarcerated in an institution and you are giving people more power to keep you there, they're going to say, man it's tough enough on the farm; it's tough enough being a co-op member; it's tough enough being a senior; it's tough enough keeping rural towns and villages alive, let alone if you were incarcerated and have the NDP (New Democratic Party) giving people more powers to keep you there.

So don't palm this off on the courts. We're asking you: are you protecting individual rights? If you're protecting individual rights like you're protecting farmers' rights, and co-ops' rights, and seniors' rights, and taxpayers' rights, then there's no confidence that you're protecting anybody. You may be covering your proverbial backside but . . .

Mr. Minister, I don't need any lectures from you on protecting people, protecting farmers, protecting co-op people, protecting seniors, protecting anybody else. And you've got some other Bills in here where you're going to take away rights for those . . . for the mentally handicapped. You're going to take the rights away for those that need treatment. And you'll say, well take it to the courts; sue me.

Well, Mr. Minister, you've . . . You have not increased the confidence of the public in Saskatchewan as a result of your new-found powers that you have. In fact you've abused the powers. So I will just reiterate what I've learned here tonight, Mr. Minister. You have given new powers to officers in charge of people who are in institutions. And you have no new protections for the individuals that are there, no new criteria for the officers that are going to use these powers, and you say, trust me.

Well, Mr. Minister, I'll tell you tonight that an awful lot of people will not trust you, don't trust your judgement. And certainly you have told us nothing here tonight that would convince me that we should have any confidence at all in the legislative amendments that you've tabled here.

Hon. Mr. Calvert: — Mr. Chairman, we've had a relatively thorough discussion, I must say, of the amendments here — a very thorough discussion of the amendments all afternoon and all evening. I would suggest that from most members opposite the questioning has been helpful. On occasion perhaps we've wandered.

But only one member of this Assembly, only one member of this Assembly consistently comes into these discussions and makes a mockery of the discussions. And that's the member from Estevan, the former premier, who will take a Bill like this and will lead us into every variety of political rhetoric that you'd ever want to hear. And then of course it's typical of the member from Estevan, that having launched into this flight of rhetoric, then proceeds to leave the Chamber.

Mr. D'Autremont: — Point of order.

The Chair: — What is the member's point of order?

Mr. D'Autremont: — Mr. Chairman, I believe it's the rules of this House that a member is not to indicate whether or not another member is present or not present in this House.

The Chair: — Order. I think I did hear the minister or the Associate Minister of Health refer to the absence of a member and I ask him to retract that and I find the point of order well taken.

Hon. Mr. Calvert: — Mr. Chairman, I'm happy to retract that reference. Just let me say this, Mr. Chairman, in conclusion, because there's no use in responding to any points that the member may have made, now. But let me in response just say that it is somewhat making a mockery of the process when we're having a relatively detailed discussion about a piece of legislation and the member from Estevan consistently, consistently, time after time, will launch into a long flight of political rhetoric. I'm not sure if it has something to do with his bid for a federal nomination for the Conservative Party or what it's about, but I just make this passing observation.

Now unlike the member from Estevan, I must say his colleagues have tended throughout the day to bring a variety, I think, of appropriate questions to the Bill. I think we've had some relatively good discussion; if it has been repetitive fine, fair enough, but relatively good discussion. And now I look forward to some other questions that may be more pointed to the Bill.

Mr. D'Autremont: — Thank you, Mr. Chairman. Well perhaps the member from . . . Associate Minister of Health doesn't appreciate the comments by my colleague but those comments, Mr. Chairman, are very pertinent because he was reflecting what a good number of the people in this province feel when it comes to items being brought forward by the government opposite.

I'd like to ask the minister some questions about one of the clauses in here dealing with provisions under the

Criminal Code. How many people within the province, Mr. Minister, would be affected by these provisions? How many people are being detained under the Criminal Code conditions that would be affected by this Bill?

Hon. Mr. Calvert: — Mr. Chairman, I think I'll ask for a ruling from the Chair. I believe I've answered this question in the course of the day, this very specific question now three times. Mr. Chairman, is there a ruling that the Chair would make about repetition in questioning?

The Chair: — Order, order. Order. The associate minister makes a valid point and that is that members are asking questions which are apparent to the Chair which were asked previously during the day. And members should be mindful of the fact that, you know, questions can be asked, but they should respect the fact that the committee has business to do and that it is not helpful to the committee to have members ask questions that have been previously asked because the answers to those questions might also be obtained from *Hansard*.

And therefore the minister makes a good point, and without ruling on any specific question I would simply encourage members to consult with their colleagues. If there are questions which have not been asked, to ask those. If they want clarification on questions which were previously asked, that's fair enough, but should not repeat the questions which have been asked before and to try to elicit new material in their questioning.

An Hon. Member: — Point of order.

The Chair: — What is the point of order?

Mr. Neudorf: — Mr. Chairman, I'm not quite sure how to interpret your remarks as a ruling or what, because the minister . . .

The Chair: — Order. I've made my ruling, and it . . . I've made my comments, and I sense that the member for Rosthern is now questioning what it is that the Chair has had to say in response to the query that was raised by the Associate Minister of Finance. The Chair does not look kindly upon any member questioning the comments of the Chair.

The committee reported progress.

The Assembly adjourned at 9:57 p.m.