

The Assembly met at 2 p.m.

Prayers

ROUTINE PROCEEDINGS

READING AND RECEIVING PETITIONS

Clerk: — According to order, the following petitions have been reviewed and pursuant to rule 11(7) they are hereby read and received:

Of citizens of the province humbly praying that your Hon. Assembly may be pleased to cause the government to order SaskPower to facilitate the production of non-utility generated power in areas of increased demand.

INTRODUCTION OF GUESTS

Mr. Solomon: — Thank you, Mr. Speaker. It's my pleasure this afternoon to introduce to you and through you to my colleagues in the Assembly 27 grade 8 students from St. Angela School in the constituency of Regina North West. They are seated in the west gallery, Mr. Speaker. They are accompanied by their teachers Dolores Wagner-Owens and Nat Diiorio.

It's with a great deal of pleasure that I welcome them here this afternoon and I look forward to meeting with them after question period to discuss various questions and concerns they may have with respect to the Assembly and to the government in general.

Mr. Speaker, I ask all members to join with me in welcoming this terrific group of students from my constituency.

Hon. Members: Hear, hear!

Hon. Mrs. Teichrob: — Thank you, Mr. Speaker. It's my honour and privilege on behalf of my colleague, the member from Elphinstone, to introduce to you and through you to the Assembly 26 students seated in your gallery, Mr. Speaker, in grade 6 and 7 from Herchmer community school in Regina.

They are accompanied by their teachers Cindy Moore, Elaine Nystrom, and Rick Cardinal; and their chaperon is one of the parents, Yvette Stonechild. And I'd like the members to join me in welcoming them to the gallery today.

Hon. Members: Hear, hear!

Mr. Kluz: — Thank you, Mr. Speaker. It gives me great pleasure to introduce to you and through you to all members of the Assembly, 46 grade 4 students from the Wadena Elementary School. For many years the grade 4 class from Wadena has been coming to see the proceedings here in the legislature and I'm glad they're back here today.

After question period I will be meeting with them. They are accompanied by teachers, Mr. Desmond

Stone, Mrs. Denise Nelson, and chaperons Brian Stasuik, Earl Christianson, Bonny Vellacott, Patti Flanders, and Kathy Hrynchyshyn. The bus driver is Robert Hilbig. And I would ask all members of the Assembly to greet them here today.

Hon. Members: Hear, hear!

ORAL QUESTIONS

Electoral Boundaries Legislation

Mr. Swenson: — Thank you, Mr. Speaker. Mr. Speaker, my question is to the Premier today. Mr. Premier, my question is about the response which I received from your Minister of Justice to the electoral boundaries proposal put forward by my caucus. And I must say, Mr. Premier, that I was extremely disappointed with the response that I received from your government yesterday.

I think, Mr. Premier, this proved to one and all that the invitations to the opposition for cooperation with you are simply that, they are talk and nothing else. In fact, Mr. Premier, our caucus is very reluctant to be cooperative these days given what you intend on doing to cooperatives in the province of Saskatchewan tomorrow.

Mr. Premier, the letter your minister sent me failed to respond to the basic request we were making of you. We were not asking you to accept our proposal. We were simply asking that you give the commission the freedom to evaluate our proposal and any others that may come forward.

Mr. Premier, why would you and your Minister of Justice be afraid to do that? If the proposal you are putting forward really is the best one available, why are you afraid to let an independent commission make that determination? Why is that, sir?

Some Hon. Members: Hear, hear!

Hon. Mr. Shillington: — Thank you very much. The response of which the member complains deals with the problem which your proposal has. Basically the Minister of Justice pointed out that there is no cost saving and there may be some very real concerns about whether or not at the end of the day we preserve the principle of one person, one vote.

The proposal which you put forward does not solve any problems and it seems to create some new ones.

Mr. Swenson: — Thank you, Mr. Speaker. Mr. Speaker, my question is to the Premier. Mr. Premier, despite the talk of cooperation, your entire letter was dedicated to condemning the proposal put forward by my caucus. Mr. Premier, I'm confident that I could find just as much fault with the proposal that your government has put forward in the Bill.

The point is, Mr. Premier, is that you and I, two people with political self-interest in this province and in this

process, should not be the ones making the decisions. That decision should be left to an independent, politically neutral body if this process is to have the integrity that we all want.

And that is why I've suggested to you two possible actions, Mr. Premier. Number one, to amend the Bill to remove all constraints and preconditions from the commission; or, number two, refer the Bill to the Standing Committee on Privileges and Elections which I'm sure Mr. Speaker, if no one else, is familiar with.

Mr. Premier, since the minister failed to respond to either one of these requests in his letter, I'm forced to ask you again today: will you remove all political influence from this process by taking one of these two options? Would you do that, sir?

Some Hon. Members: Hear, hear!

Hon. Mr. Shillington: — For anyone who has spent any time in this province, to hear members opposite talk about removing political influence from the process of drawing boundaries is a very, very strange thing.

Members opposite, when they were in office — the member from Estevan as premier, the member from Thunder Creek as a member of the treasury benches — you participated in a process which was rank with politics.

This process that we have suggested removes politics from the process of drawing the boundaries. That is . . . and that is the whole reason behind the way it's been structured. I can't believe members have any other interest in having this referred to a legislative committee but to inject politics back into the process. What other earthly reason could there be to refer this to the committee except that you want political considerations once again to govern.

We say to members opposite, politics and self-interest are being set aside and we are trying to draw this in a fashion which is as fair as possible. All of that was pointed out fully in the response which you got.

Some Hon. Members: Hear, hear!

Mr. Swenson: — Thank you, Mr. Speaker. Mr. Speaker, those obviously aren't the facts, and that's why the Premier should take a personal interest in this agenda item. Mr. Premier, in the letter your minister states: we are reluctant to formally tie the hands of the commission in the way in which you have suggested.

Mr. Premier, we are not the ones trying to tie the hands of the commission. We are not even suggesting that you impose our proposal on the commission. All we are saying is give the commission the right to decide. Let them evaluate our proposal. Let them evaluate your proposal. If the Liberal leader can find enough original thought to come up with a proposal of her own, let them evaluate that proposal.

Mr. Premier, let them decide. I'm asking you, as you suggested in your own letter, to untie the hands of the commission. Mr. Premier, would you do that? Would you untie their hands?

Some Hon. Members: Hear, hear!

Hon. Mr. Shillington: — What I think is patently obvious to all fair-minded people is what the official opposition fears is a fair-minded, impartial review of the constituency boundaries, because you have been the benefactors in the past of a highly abusive system. That's what you fear, is fairness, because this province hasn't seen it over the last decade. That's what we've introduced. I can't help it if you don't want a fair system, but that's what you got.

Some Hon. Members: Hear, hear!

Mr. Swenson: — Thank you, Mr. Speaker. Mr. Speaker, the minister talks about fairness. This is a government which today has a difficulty between telling . . . between cooperation and coercion. This is a government that unilaterally took away 60,000 farm families' contracts. This is a government that says, now cooperate, with 240,000 co-op members, as they proceed to break a legal contract and tax their dividends.

And now you cooperate with the opposition, Mr. Premier, by saying that your boundary legislation is the only way to go. Why don't you learn the meaning of cooperation, Mr. Premier, and let the Electoral Boundaries Commission decide which proposal best serves the needs of Saskatchewan voters. Why don't you do that, sir?

Some Hon. Members: Hear, hear!

Hon. Mr. Shillington: — Members opposite, whether in opposition or in government, have never been able to tell the difference between their own self-interest and public interest. And that's what you've confused in this case. You have confused your own self-interest and the public interest. The public are interested in a fair and impartial system. And that's what you have.

If members opposite wish to raise these kinds of questions, there'll be ample opportunity to do it in Committee of the Whole. The referral of this matter to a committee can only serve one of two purposes, probably the both: (a) it stalls the day when we have fair and impartial boundaries — something you don't want to see; or (b) it gives you additional opportunity to inject your own self-interest and partisan politics in an area which deserves neither.

Some Hon. Members: Hear, hear!

Mr. Swenson: — Thank you, Mr. Speaker. Mr. Speaker, the minister's words ring absolutely hollow. I say that you want to tie the hands of the commission, Mr. Premier, because it appears from the evidence that there is a political exercise on your behalf. In fact according to the member from Moose Jaw Palliser, the map is already drawn — your House Leader . . . or

your caucus chairman, Mr. Premier.

In Saturday's Moose Jaw paper, in a column entitled: Moose Jaw will have at least two seats, that member said, and I quote: "... it's certain Moose Jaw will continue with at least two seats." It's certain, Mr. Premier.

The member knows how the boundaries are going to be drawn and the commission hasn't even been appointed yet, Mr. Premier. Will you admit that the real reason you won't allow a truly independent commission is because it will interfere with your political agenda, Mr. Premier, not the voters of this province.

Will you admit, as the member from Moose Jaw Palliser has done in the newspaper, that your restrictive legislation means that the map has already been drawn in the Premier of Saskatchewan's office. Will you do that sir?

Some Hon. Members: Hear, hear!

Hon. Mr. Shillington: — The member from Moose Jaw Palliser was using a little logic — something I'd highly recommend to the Leader of the Opposition — on this matter.

Some Hon. Members: Hear, hear!

Hon. Mr. Shillington: — I say to the Leader of the Opposition, those comments are scurrilous and full well you know it. No map has been drawn, and you do the eventual members of this commission a great disservice by suggesting that's happening. Your comments are scurrilous, and they really don't deserve a dignified comment.

Some Hon. Members: Hear, hear!

Mr. Swenson: — Thank you, Mr. Speaker. Mr. Speaker, if the minister's words did not ring hollow, then the two suggestions made to amend the Bill to remove all constraints and preconditions would be acceptable, or to refer the Bill to the standing committee of this House, made up of all members, Mr. Speaker, neither of which should scare the Premier or his minister. But evidently those two things scare the daylights out of them, Mr. Speaker.

I think it's incumbent upon the Premier of Saskatchewan, before his majority rams this Bill through this legislature, that the public be given a say in this and that you truly do have a commission with no preconceived instructions, Mr. Premier. And then the voter will trust you. Will you do that, sir?

Some Hon. Members: Hear, hear!

Hon. Mr. Shillington: — Mr. Speaker, this government took office under the most adverse conditions bequeathed to us by your government. We are prepared at the end of the day to put our mandate to a fair test on boundaries impartially drawn, something the government opposite always refused to

do. We are prepared to do that.

Apparently you aren't even prepared now to accept boundaries impartially drawn; you insist on injecting self-interest and partisan politics into the area. The member opposite well knows that if you want to . . .

The Speaker: — Order, order. Order. Order. I'm not interfering with the minister's answer, but I do like to hear it and I think all other members should give him the opportunity to answer the question, not carry on debates across the floor while the minister is trying to answer. So I ask the minister to wrap up his answer, and please give him an opportunity.

Hon. Mr. Shillington: — The member opposite well knows that you have full opportunity in Committee of the Whole, the broadest possible opportunity to ask questions, raise points. The only motivation you might have to refer it to yet another committee is to avoid the evil day of a fair and impartially drawn set of boundaries. That's what you're trying to avoid.

Some Hon. Members: Hear, hear!

Co-op Upgrader Review

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Speaker, my question is to the Premier. Mr. Premier, yesterday you said you couldn't negotiate with FCL (Federated Co-operatives Ltd.) because they wouldn't call you. You waited by the phone all day and nobody called me.

Mr. Premier, if you were in grade 9 and having a fight with your girlfriend, maybe that would be acceptable, but I don't think it's acceptable for the Premier of the province.

Mr. Premier, will you pick up the phone, call FCL, remove the threats, tell them you're not going to legislate, tell them you're not going to expropriate, you're going to negotiate. Set aside your tax and take-over agenda and get to work negotiating a settlement. Will you do that for us today, Mr. Premier?

Some Hon. Members: Hear, hear!

Hon. Mr. Penner: — Thank you, Mr. Speaker. We have in the past and we will again today and will again in the future, if this question is asked, give the commitment that we are ready to negotiate with Federated Co-op any time, anywhere, as soon as they're ready to sit down and negotiate with us.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Minister, that's awful strange. The Premier says that they won't call you. You won't call them. We're at some kind of a deadlock here.

Why don't you and your government take the initiative, call FCL, sit down and negotiate with them? Work out a settlement that's acceptable to all of Saskatchewan. Mr. Minister, will you give that

commitment to us today that you will at least take the time to call them and try and set up negotiations?

Some Hon. Members: Hear, hear!

Hon. Mr. Penner: — Thank you, Mr. Speaker. It may be of interest to the members opposite to know that the three meetings that we have had with Federated Co-op, with FCL, have all been initiated by me — every one of those meetings. FCL has not initiated one meeting.

We have had two meetings in Saskatoon in their offices and we've had one meeting in my office. They were all initiated by us. FCL has taken absolutely no initiative to negotiate any of these issues.

I will repeat again for the member opposite: we are willing to sit down and negotiate with them on the basis of the Estey report any time they are ready. I will go there this afternoon. We'll have them over here this afternoon if they're ready to go. We'll negotiate through the night, through the weekend if necessary. But it has to be on the basis of the Estey Commission report and they will have to initiate the negotiations.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Minister, what you have here is a political agenda because FCL didn't support you in the '86 election. That's what the problem is here. You people have a political agenda to fulfil. You, the Premier of this province, and Mr. Ching have a political agenda; they want revenge on FCL. That's the question that I think is holding up the negotiations.

If you are so sincere in your claim that you're willing to negotiate, will you remove the threat of legislation? Will you do that, Mr. Minister? Remove the threat of legislation rather than holding that over the negotiations.

Some Hon. Members: Hear, hear!

Hon. Mr. Penner: — Mr. Speaker, the member asks me if we will remove the threat of legislation. It is no threat at all. What we are trying to do here is to rectify a very bad deal made by the previous government. Some of the members are sitting in opposition right now. That's what we're trying to do, is to change the deal so that it is going to be beneficial to the taxpayers of Saskatchewan.

The way the deal was structured by the members opposite and by the member of Estevan as premier was detrimental to every taxpayer in this province. Judge Estey has reported that this deal is on the verge of a breakdown; it's on the edge; it's in financial trouble. If that happens, every taxpayer in Saskatchewan is going to have to cough up \$360 of the 360 million. And only you, only the members opposite, could make a deal like that which would force the Saskatchewan taxpayers to kick in money and in the end own nothing.

Mr. Speaker, we're willing to talk to those people. I don't see any willingness on their part, except in the media they say that they're willing to talk to us. Let them give us a call, and we'll be at either in their office or in my office negotiating in a matter of hours.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Minister, I just want to point out for you your government's blatant hypocrisy on the handling of this matter. Do you remember last year when your partners were wanting to renegotiate the Husky upgrader agreement? You said no, you can't do that; a deal's a deal. You yourself, Mr. Minister, said and I quote: not only are we under no obligation to put any further money in, but there are no grounds for penalizing Saskatchewan. Our position is secure; we have lived up to our obligation.

So in your own words, if it's a deal that you people like, it's fine. If it's a deal that you don't like, you'll change it.

Mr. Minister, you are holding a threat over FCL in these negotiations and you and everybody else in this province knows that that's correct. Mr. Minister, the only way you're going to settle this agreement is remove the threat from FCL and sit down and negotiate. We're asking you, Mr. Minister: do that for the people of Saskatchewan.

Some Hon. Members: Hear, hear!

Hon. Mr. Penner: — Thank you, Mr. Speaker. I would like to correct the member opposite on one of the statements that he made regarding the Bi-Provincial. He was correct in one instance, and that is that we honoured every commitment that was made by this government, and even by the previous government, to Bi-Provincial.

We made no effort to try and break a deal. We simply said the commitment was honoured. We did that. We said we would not contribute to the cost overruns and that was not part of the original deal, Mr. Speaker. So we met our commitment to Bi-Provincial.

And we've also met our commitments with Federated Co-op. But we're also going to meet our commitments to the taxpayers of Saskatchewan. And the commitment to the taxpayers of Saskatchewan is that we are going to protect their interests, which is quite contrary to what the members opposite believe.

The members opposite believe that we should expose the taxpayers of Saskatchewan to greater liability. We don't believe that. We think that we should protect their interests in order so that we can continue to have a decent province to live in.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Minister, you are prepared to break contracts when it suits you. You've broken them before. You broke them with the

farmers of Saskatchewan. Now you're prepared to break them with 240,000 co-op members in this province.

You're prepared to tax members' dividends if necessary. You're prepared to bring in legislation to confiscate the upgrader from FCL, if that's what you feel is necessary. Are there any things in this agreement that you feel you won't do if necessary?

The people of Saskatchewan I think believe that this government should be sitting down and negotiating with FCL. I think the people of Saskatchewan want you to remove the threat of legislation, Mr. Minister.

Mr. Minister, I think the agenda is set. You want to confiscate this upgrader from FCL and you're going to go about it in any way possible. Mr. Minister, will you confirm for us today that your political agenda is at risk here; the real reason you want to attack FCL is because of that political agenda.

Some Hon. Members: Hear, hear!

Hon. Mr. Penner: — Thank you, Mr. Speaker. I gather from the member opposite's question is that we should do nothing — that we should simply leave it alone, let it go into bankruptcy, and then write the cheque for \$360 million. And also ask the federal government to write a cheque for \$275 million, which also falls partially on the taxpayers of Saskatchewan.

I take it that the member opposite says: do nothing, just leave it alone and it will die on its own, and we'll simply write the cheque and Federated is going to have an upgrader that we've paid for.

If that's what the member opposite is saying, then we don't agree. We disagree. We think that we have an obligation to do something to rectify a situation that you created, the members opposite created. You knew that this was a bad deal right from the beginning. You knew that it was not beneficial to the taxpayers of Saskatchewan. You made statements to the people of Saskatchewan that were not accurate as to the amount of oil that would be used, the amount of royalties that would come to this province. You're making statements in this House now that are not accurate regarding dividends about the Co-op.

These are all things that have to be changed and have to be rectified. This government is determined to protect the taxpayers of Saskatchewan. We're not like you were. We're not going to expose them to greater risk. We're going to protect them and we're going to build a better province as a result of it.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Speaker, my question is to the Premier. Mr. Premier, the only reason you are pursuing this vindictive tax and take-over agenda is to hide the fact that you have no plan for the economy of Saskatchewan; no plan for job creation; no plan for economic development; no plan to lower the record number of people on social

assistance; no plan to help farmers or small businessmen or business people all over this province. And you're making the situation worse by scaring off businesses by breaking contracts all over this province.

Mr. Premier, will you listen to the people at FCL? Will you listen to the business community? Will you listen to the thousands of Saskatchewan people who are looking to you for help? Mr. Premier, will you put an end to your tax and take-over policies that your government has? Will you do that, Mr. Premier?

Hon. Mr. Penner: — Thank you, Mr. Speaker. The member opposite continues to talk about economic development at the same time as he talks about FCL and the upgrader. My colleague, the Minister of Economic Diversification, has laid out very clearly the economic plans for Saskatchewan. These plans have been accepted by all people in Saskatchewan. The news reports and the business people are telling us that we are right on on these plans and we should continue with these plans. If only we could get the members opposite to stop preaching their message of gloom and doom and join with us in rebuilding Saskatchewan. Like for instance . . .

The Speaker: — Order, order. There's just too much interference with the minister's answers and I think that's unacceptable.

Hon. Mr. Penner: — I would say to the members opposite, Mr. Speaker, that maybe they should take a look at what their federal counterparts in Ottawa are saying about Saskatchewan's legislation to rectify the problem with NewGrade.

The minister responsible for NewGrade, Mr. McKnight, is quoted as saying that this is exactly what Saskatchewan should be doing, that we should rectify the problem, that we should fix this up. And he says that we're perfectly within our rights to do this and that he supports the fact that we are cleaning up a mess that you people left for the New Democratic government in 1991.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Minister, you know that that's not correct. What Mr. McKnight said was that it was within your jurisdiction to do this. That's what he said. He didn't say it was right. He didn't say it was okay to break contracts in this province. He didn't say it was all right to rewrite the history of this province. He didn't say anything about you having the moral authority to go ahead with this kind of negotiating strategy and threatening FCL.

What he said was it was within your jurisdiction. He didn't say anything about any of the stuff you talk about. Mr. Minister, the Husky upgrader deal was good enough for you because it suited you. Now the FCL agreement isn't good enough for you because it doesn't suit you and your political agenda. And you know that that's the case, Mr. Minister.

Mr. Minister, the people of this province and FCL, all they're asking is remove the threat of legislation, cut that out, stop that threatening FCL. Sit down with them and negotiate. Pick up the phone and give them a call.

Some Hon. Members: Hear, hear!

The Speaker: — Order . . . was the question? Order. We have about a half a dozen members who want to answer. Let the minister answer.

Hon. Mr. Penner: — Mr. Speaker, I detect that there was no question, but if there was a question I did answer it earlier, saying that we are willing to sit down and negotiate with FCL any time, anywhere; we're prepared to sit down and do that.

Some Hon. Members: Hear, hear!

Hon. Mr. Lingenfelter: — Mr. Speaker, by leave I would like to introduce a guest.

Leave granted.

INTRODUCTION OF GUESTS

Hon. Mr. Lingenfelter: — Mr. Speaker, I'd like to introduce to you and to members of the Assembly, a guest seated in your gallery, Mr. Gerry Kristianson, who is attending the House today representing the brewers' association of western Canada, I believe, and I believe Gerry's the executive director. He was here in the province doing work for his association. I understand a number of the members met with him last night. And I want all members to welcome him here today, and hope you enjoy your trip to Saskatchewan.

Hon. Members: Hear, hear!

ORDERS OF THE DAY

GOVERNMENT ORDERS

COMMITTEE OF THE WHOLE

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

The Chair: — I would ask the Associate Minister of Health to please introduce the officials who have joined us this afternoon.

Hon. Mr. Calvert: — Thank you, Mr. Chairman. With us today are Lorraine Hill to my right, deputy minister of Health. To my left, Mr. John Labatt, executive director, mental health services branch. And just seated behind me, Mr. Gerald Tegart from the Department of Justice.

And we look forward to Mr. John Elias, who is the executive director of the Saskatoon mental health region and a special adviser on this legislation, to be joining us a little later.

Clause 1

Mr. Neudorf: — Thank you very much, Mr. Chairman. We have a few questions that we want to ask in relation to this Act. And I will say at the outset that we do have some concerns. In fact, Mr. Chairman, we have some fairly basic concerns about this Act.

I know that the minister is fond of saying that The Mental Health Act of years gone by has been a good Act, that it has served the residents of Saskatchewan well. And in fact I believe, Mr. Chairman, that the Associate Minister went so far as to say that this Act was a model that was used throughout Canada, certainly used by other provinces in Canada, as to how to treat and respond to mental illnesses in certain individuals.

Mr. Minister, one of the gravest concerns I believe that we have is the implications that this Bill, this amendment, might have to something that seems to be very near and dear to the hearts of members opposite, and that is the individual rights and the individual freedoms that we supposedly enjoy in Saskatchewan.

Although, Mr. Chairman, I think that that statement is also in jeopardy by some of the Acts that the people of this province have witnessed over the last couple of weeks, and other Acts that are certainly not . . . could not be construed as being democratic at all.

And so, Mr. Minister, we want to pursue those concerns today. And precisely I noticed that in one of the comments that you made on previous occasions, that you had in fact consulted rather thoroughly with many groups — 35 or whatever groups and organizations — as to the concerns and input that some of these organizations, and individuals I'm assuming, might have had about this Act.

Now, Mr. Minister, I would appreciate it if you could have sent over to me a list of those organizations and the individuals with whom you have met, or the minister have met, or your officials have met with. And also, Mr. Minister, in addition to that, I would appreciate if you could outline for us not just those organizations that agreed with the ultimate form that this Bill is taking, but those organizations that disagreed and the reasons why they disagreed. Could you do that for me, Mr. Minister?

Hon. Mr. Calvert: — Mr. Chairman, I'm more than happy to provide to the member the total list of organizations and individuals who were consulted and with whom discussions were held surrounding this important piece of legislation.

By my count I think they are 35 in number representing health groups, consumers, departments of government, and so on. I'll ask one of the pages if they would bring the list over to you. And in some ways remarkably, I would say, a general consensus was achieved with all of the above listed on the sheet that you're now receiving.

If there was some concern, it came perhaps from the Schizophrenia Society who would have preferred, I think, if my understanding is correct, would have preferred that in fact the community treatment orders which are described in the legislation might have been a little more broadly based or in fact have gone further.

But what I think is remarkable is that there has been general consensus among all of those, this long list of individuals and groups who were consulted and discussions were held with.

Mr. Neudorf: — Mr. Minister, could you square that statement away with the statement that you made in your second-reading speech when you simply say, while there was not unanimous agreement, there was unanimous agreement in most matters. And you just finished saying now, twice, that there was agreement in all matters. Now there's a discrepancy here. Could you clarify that?

Hon. Mr. Calvert: — Mr. Chairman, in fact I think I tried to describe that here in my brief comment regarding the Schizophrenia Society, who, my understanding is, would have seen the community treatment order which is part of this legislation as having been broader in scope or having gone a little further. That is the area of lack of consensus, if I may say that. But even at that, the Schizophrenia Society is supportive of the legislation.

Mr. Neudorf: — So there's no one of these groups involved that has any pre-concern at all about the Act, other than what you're telling me right now.

Hon. Mr. Calvert: — Mr. Chairman, my understanding is that certainly there was debate in the process of the formation of this Bill. Certainly there were concerns, concerns over individual rights and so on as opposed to the broader rights of the community.

It's not suggested here that this Bill would meet everyone's perfect wish for a mental health Act, but it is the — broadly accepted of all of these on the sheet — the consensus that this is the appropriate way to move at this time.

Mr. Neudorf: — Well, Mr. Minister, I think you would agree that there are some elements within this Bill that are abhorrent to the democratic process. We have individuals here that you are claiming that in the best interests of that individual you are willing to restrict — not only restrict, you are willing to take away the rights and the freedoms of choice of that individual because you know better. It's that Big Brother mentality that I'm concerned about.

That is a concern: when you have to equate that delicate balance between the rights and freedoms of the individuals and the rights and the freedoms of the larger society.

Now you're telling me that because we have professionals that say this individual is in danger of himself or is endangering others, therefore even

though he has done no wrong, he has committed no crime, he may be to whatever degree functional in our society, and yet the time has come, you are saying, that this individual is now going to become an involuntary patient. We're going to strip him of his rights because we know what's better for him. And so therefore we are prepared to inject him with needles and whatever medicating drugs he may object to because that in the long run is going to be in his best interests. Is that what you're saying, Mr. Minister, and is that what you're prepared to do?

(1445)

Hon. Mr. Calvert: — Mr. Chairman, I think if we're going to have a profitable discussion this afternoon around this piece of legislation, I would like the member to clarify which portion of the legislation he is directing his comments to. Are his comments directed primarily to the issue of community treatment orders, or are they directed primarily to those who are now being held under Criminal Code provisions but because of the capping of the provisions under the Criminal Code, there will be a change. If the member could clarify that, I think then we could engage in a little more productive discussion.

Mr. Neudorf: — Well, Mr. Minister, I'm talking about both, but since you want to take them separately at the time, let's talk about the elimination from the Criminal Code of the rights of these individuals to be incarcerated for an indefinite period of time. Is that what you're referring to? So let's take that issue first and explain that for me.

Hon. Mr. Calvert: — Well, Mr. Chairman, I think the member is aware there has been a change to the Criminal Code of Canada, where people who are being . . . where people are being held now indefinitely under the grounds of being unfit to stand trial because of mental disorder.

Now the fact of the matter is the Criminal Code has . . . those provisions have been changed so that the indefinite period has been capped. That now would permit a situation where those individuals would be free. It is our view that some of those — a very, very small number of those — may yet present a danger to either themselves or the community, and therefore this legislation is being enacted to provide a mechanism where they may continue to be held.

I'm not sure if it's the member's position that those — and again I say it's a very small number of individuals — is it the member's position that they should then be freed to return to the community?

Mr. Neudorf: — What I'm concerned about, Mr. Minister, and I think what the people of this province are concerned about: number one, the safety of the individual; the safety of the community. That is not in question. But what I want to know is how far are you prepared to go? What stringent standards are you going to follow? What are the safeguards for the right of the individual to ensure that none of those rights are

going to be trodden upon, whether it is by some overly zealous professional or by some family members or whatever the case may happen to be. That is the concern that we're expressing and we want you to address that.

Now I know that you've got some fancy words in your second-reading speech where you say that we recognize that as being a problem. But I'm asking you, Mr. Minister: what are the safeguards to make sure that there is no way that a system where . . . And you have to admit, Mr. Minister, it's quite a thing for you to say that you're going to be able to give some individual the right and the authority to constrain another individual and inject him with a needle, inject him with drugs against his personal will.

That is what we're concerned about here, and I think that is a very legitimate concern. And I want to know, and I'm sure that the people want to know the process that you have put in place that is going to ensure that that system will not be abused by anyone. That's the assurances that I'm looking for.

Hon. Mr. Calvert: — Mr. Chairman, I think the member's point is well taken, and obviously all members — and I'm sure all citizens — will be concerned about the issue that he raises, and that is why in the legislation is very carefully prescribed the criteria. And here I want to again remind the member that we're talking in this case of those who could be placed under long-term detention as a result of the change in the Criminal Code.

And, Mr. Chairman, for a person to be placed under long-term detention there are five criteria, and all of the five must be met. And so I'm going to just read for the member's information the five criteria, again underlining that all five must be met before a long-term detention order is in place.

Number one, the 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. Point number two, as a result of the mental disorder, be unable to fully understand and to make an informed decision regarding treatment or care and supervision. Point number three, as a result of the mental disorder be likely to cause bodily harm to self or to others. Point number four, have 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, Mr. Chairman, we feel that these five criteria, all of which must be met, in fact are very stringent criteria.

Mr. Neudorf: — Mr. Minister, could you outline for me who will be making those assessments, what individuals. Not only in terms of the professionals involved, but what would the role of family members be involved?

I'll give you an example. There may be an individual

who in the estimation of the professionals — and I'll let you address that part — are saying yes, he needs some special kind of drugs or special kind of treatment. And then on the other hand, members of the family may be saying, well that's our brother or that's our son or that's my daughter; no way are you going to do that to them.

Could you illustrate for me, if there is that contentious . . . if it becomes a contentious issue, what recourse, what pattern, what program, or what outline of procedures have you got to address those particular kinds of situations that I'm describing?

Hon. Mr. Calvert: — Now again, Mr. Chairman, I want to be clear with the member. We're here talking, not about the situation of a community treatment order, but the situation of long-term detention. So point number one, we are talking here about individuals who have already been detained for a period of more than 60 days.

For that to have happened under the current circumstance, that individual will already have been assessed by, not one, but two psychiatrists for the original detention to have happened. For that original detention to have happened there would have been an appeal to the review panel.

Now given then the five criteria which I outlined, an application then can be made for the longer-term detention. That application will be made by the officer in charge of the in-patient facility. It will list the criteria along with any of the pertinent medical evidence. That then is delivered to the Court of Queen's Bench, and the Court of Queen's Bench then conducts the hearing, considers the medical and other evidence, and ultimately would make its order.

Mr. Neudorf: — Mr. Minister, I want to ask you two questions dealing with numbers. How many of these so-called involuntary patients are there in institutions in Saskatchewan now?

Hon. Mr. Calvert: — Mr. Chairman, in response to the member's question, about 12 per cent of all admissions to in-patient facilities will be involuntary admissions. They're under detention orders. About 12 per cent.

On any given day in the course of a year across the province there may be approximately 425 patients in facilities. So if we take 12 per cent of the 425, we're looking at between 40 and 45 people will be detained in our facilities.

But again to focus on the issue addressed by the legislation, of that 40 to 45, currently there are about 25 individuals in the province who are now being detained under Criminal Code provisions. About half of those are being housed in North Battleford.

Mr. Neudorf: — Well thank you. That was very helpful because you answered a lot of my subsequent questions. So to make sure that I understand what you're saying, is that the 425 patients, 12 per cent of

those are involuntary, but they're not all involuntary in the sense that they are because of the changes in the Criminal Code. Is that correct?

Hon. Mr. Calvert: — Yes, that's correct.

Mr. Neudorf: — All right. Now where are those that are being involuntarily restrained? In what facilities? Because they are under the Criminal Code, they are potentially dangerous to themselves and/or society. Where would those people be kept?

You mentioned that a lot of them were in the North Battleford facility. Are you saying now that all of the . . . I don't know; I'm not quite sure. Correct me if I'm wrong. Are we talking about the criminally insane in this case? Is that a terminology that would be appropriate? And if so, are those the ones that are being contained in North Battleford?

Hon. Mr. Calvert: — Mr. Chairman, the information that I have: of the 25, approximately half of that number will be held in North Battleford, the Saskatchewan Hospital; seven held in the Regional Psychiatric Centre in Saskatoon, the federal facility in Saskatoon; there may be one or two in the Valley View Centre in Moose Jaw; and there may be one to three in the penitentiary in Prince Albert.

I think it is worthy of note though that of this number, only three or four of this number might be affected by the change in the Criminal Code, the capping provision of the Criminal Code.

Mr. Neudorf: — Mr. Minister, I notice that some of these individuals are in the Valley View in Moose Jaw, and some are in the penitentiary in Prince Albert. Now that's a vast, vast spectrum I would suggest to you, of mentally problemed people. Could you illustrate for me what type of people would be in Moose Jaw as opposed to those that would be housed in Prince Albert penitentiary?

Hon. Mr. Calvert: — There are two fundamental categories here by which these individuals will be defined. There are those who will be declared unfit to stand trial because of inability to comprehend the charges and select counsel and that sort of thing. There will be the other criteria of people who will be described as not criminally responsible for their actions because of mental disorder.

Their placement in various facilities will depend primarily on their status and the risk that they might present to themselves or others. And so there will be an assessment done on the individual; obviously the higher risk individual in the more secure institution, the lower risk individual in the less secure.

Mr. Neudorf: — What I gathered from that answer is that you're either in Valley View or you're in P.A. (Prince Albert) depending on the risk. I don't think that's completely what you mean, Mr. Minister. Is that right?

The Chair: — Why is the member for Pelly on his feet?

Mr. Harper: — I would ask leave for the introduction of a guest, Mr. Chairman.

Leave granted.

(1500)

INTRODUCTION OF GUESTS

Mr. Harper: — Thank you, Mr. Chairman. Mr. Chairman, it gives me a great deal of pleasure to introduce to you and through you to all the members of the House here a long-time friend of mine and a constituent from the city of Yorkton, who is seated up in the west gallery right now, Mr. Speaker, and who is down here to Regina today on some business and has taken some time out of his busy schedule to take in the proceedings of the House. I would like the whole Assembly to offer a very warm welcome to Mr. Nick Kozmeniuk.

Hon. Members: Hear, hear!

COMMITTEE OF THE WHOLE

Bill No. 87 (continued)

Clause 1

Hon. Mr. Calvert: — Mr. Chairman, the member is correct. There are two sides to the equation. One would be the risk that individual presents either to him or herself or to others in the community. On the other side of the equation is what will be the appropriate treatment for that individual.

And so it's both sides of the coin and assessments will be made where the most appropriate treatment might be available, or on the other hand, where the best protection is available.

Mr. Neudorf: — Mr. Minister, are there any of these types of individuals in Weyburn?

Hon. Mr. Calvert: — To our knowledge the answer is no, not in Weyburn.

Mr. Neudorf: — So far, Mr. Minister, we've been talking almost exclusively — although the inference has been made that we're not talking only about criminal court cases here — but we've been talking about the institutionalized individuals. I want to turn a little bit of my attention now to patients . . . well, let me ask you this: are there any involuntary patients in the community right now as opposed to in institutions?

Hon. Mr. Calvert: — The answer, Mr. Chairman, is no, there is no provision currently in legislation. The only provision that exists will be to detain people in registered psychiatric in-patient facilities.

Mr. Neudorf: — Well I guess that surprises me a little bit, that answer, Mr. Minister. Maybe it's because some may not fully comprehend what we're talking about here, but I do know that — and I know that

we're not supposed to talk about sections — but there is a section right at the beginning of the Bill that is talking about the definition is broadened to include a psychiatrist who issues a community treatment order.

Now it would seem to me that if you're going to have — and I'm switching gears a little bit and getting into the community aspect of it — it would seem to me that if there are going to be community treatment orders being given, an order is an order; it's not something that . . . And so I'm assuming from that that we are talking about involuntary patients.

But your telling me that there are, in other words, no community treatment orders that have been given. Because if there are, then obviously your first answer to me was not correct.

Hon. Mr. Calvert: — Mr. Chairman, the legislation before us proposes to provide a system called community treatment orders. This would not provide for detention within the community, but would provide for the application of medication . . . insistence on medication within the community. It's not specifically detention as we know detention commonly in an institution. That provision does not exist. That is the provision that is before us in this legislation.

Mr. Neudorf: — Thank you, Mr. Minister. Well then obviously if you have put this provision into the Bill, there must be a reason for having done that. So you must have identified a need for such a provision. And having said that, then I want you to give me your estimation of the numbers of people that will be affected through this new provision within the coming year.

Hon. Mr. Calvert: — Mr. Chairman, I think what experience in the field has shown is that there are a small group of people who will suffer from long-term mental disorders and who will require medication to successfully live in the community. Their ability to maintain their life in the community has been shown to fail because of their failure to take those required medications. And experience again has shown that they will end up therefore suffering needlessly; it very often causes suffering and distress for their own families and care-givers.

Very often they will come into contact with the law, and very often we will find these individuals being detained in the in-patient facility to get their medication regularized and under control and so on before they're back living in the community. And what happens is sort of what's described as a kind of a revolving door as this process has gone on and on.

We believe that the community treatment order will make it possible then to identify these individuals and therefore administer the medication in the community and therefore allow them to maintain life in the community.

When we're talking about the numbers — and again there are some very strict criteria surrounding the

community treatment orders — our best estimate that across the province there might be about 40 people, 40 people in total, who would be subject to . . . or meet the criteria for the community treatment order.

Mr. Neudorf: — Mr. Minister, as an example, where would the Regina Mental Health Clinic fall into the scheme of things of what we're talking about so far? Is that a facility or is that a community base? What is that?

Hon. Mr. Calvert: — Mr. Chair, the member raised the example of the Regina Mental Health Clinic, and this will be like other mental health clinics across the province. And it is our view they will have an important role to play, have an important role to play, and will continue to have perhaps a more important role to play.

I want to be clear with the member that the Regina health clinic is not an in-patient treatment facility; it is an out-patient treatment facility.

There are psychiatrists who work through the centre. And those individuals, those psychiatrists, would be very likely involved in doing assessments and so on that could eventually see the order of a community treatment order, just as today they're involved in doing assessments that might lead to detention.

Also through the community health clinics, we anticipate there certainly will be caseworkers who will be working with the clients. If it's leading to a community treatment order, it will be through that clinic where much of their service may be provided.

What we see happening here, therefore, is that it will provide more ability, be less intrusive in fact on the client, where now the situation usually gets to the point where it requires in-patient detention — the issuance of an order and then in-patient detention.

What we're hoping is to move that process back a little so that when the need exists, the caseworker can be there, a psychiatrist can be there, medications can be prescribed, and the individual may continue to live within the community.

Mr. Neudorf: — Mr. Minister, could you indicate to the House how the Regina Mental Health Clinic is funded, where they get their funding from.

Hon. Mr. Calvert: — The Regina Mental Health Clinic is funded by the province. It's funded through the Department of Health, through the mental health division, and the employees there will be employees of the Department of Health. But the clinic itself also links with other community-based organizations and other professionals located in the community.

But I think in specific answer to your question, it's funded by government, by the department through mental health funding.

Mr. Neudorf: — Thank you, Mr. Minister. And obviously, I'm glad to see that you have a number of

officials with you that can supply you with the answers because what I'm getting at now is what kind of cost implications is this Bill going to have to the taxpayers of the province.

And we may as well, since we've started on the Regina health . . . mental health clinic, take that as an example. Could you give me the amounts of money that the Regina Mental Health Clinic would receive from the province, from the Department of Health, in a given year? And also the case-load? And if possible, would you break it down for me so that we have a number per case-load what it would cost on the average then?

Hon. Mr. Calvert: — Mr. Chairman, the member asks about increased costs that may result from the legislation. First of all in terms of the long-term detention, there will be no change in cost in there, given that these individuals are now being detained in the long term if they were to continue to be detained. So the cost is just straight, no change.

In terms of community treatment orders, in fact we may see some reduction in actual costs because we're hoping that a community treatment order will allow individuals to remain in the community to receive their medication, and therefore not get into the revolving door of entry into the in-patient facility, which is of course more expensive.

Because we have set some pretty strict criteria on the community treatment order and so on, there may be additional services required in that regard. Our best estimate there would be something between 13 and \$15,000 on an annual basis, to meet those costs.

I do have the budgeted figure for the Regina Mental Health Clinic and Regina Child and Youth Services. For the Regina Clinic, the budgeted amount for this year is \$2,203,420; and for Regina Child and Youth, \$1,358,810. And I'm sorry, we don't have the case-load numbers here but we can certainly provide those for you.

Mr. Neudorf: — I'd appreciate that if you could send that to me at some later time then, Mr. Minister. How does that . . . that's what you budget for this year; now give me an indication of where we're going by giving me what the budget was last year. Could you do that?

Mr. Minister, while you're doing that, check up on that cost that you gave me. You said 13 to \$15,000 per year. Is that per case, or is that the total that we're talking about?

Hon. Mr. Calvert: — Let me try and clear that again for you. That 13 to \$15,000 is the total cost we anticipate for all situations. And that would provide for new and additional services by the official representatives. There may be some increase because of the community treatment orders for the review panel hearings. There may be some financial assistance needed to be provided to people of limited income to . . . if they want to appeal to the Court of Queen's Bench. Our estimate is 13 to \$15,000 total

for the year.

In terms of the Regina services, you ask for the difference in funding. In '92-93, the budget for the Regina Clinic was 2,296,750, so there is some decrease in this budget year. The budget for Regina Child and Youth in '92-93 was 1,333,640, so this year there's a small budget increase. Overall budgetary reductions to mental health services totally were 2 per cent this year.

(1515)

Mr. Neudorf: — So, Mr. Minister, going down from 200 . . . 2.296 million to 2.203 million is basically a \$93,000 decrease to the Regina Mental Health Clinic. What impact are they indicating to you that that is going to have upon their ability to deliver the program as it was last year, never mind the anticipated increase because of the new amended Bill that we're talking about? How will they cope with that?

Hon. Mr. Calvert: — I think as the member is well aware, because of some . . . the financial situation of the province, we've been required to reduce expenditures in a variety of service areas.

In regards to funding to mental health, I would want to note that reductions here have been kept . . . we have tried to keep them at an absolute minimum. Certainly other areas of government expenditure have had larger reductions in funding. We've tried to keep the reduction of mental health at a very, very minimal level. As minimal as we could.

We have tried also — and I think this is very important — in the city of Regina and in other communities across the province, we have tried to stabilize and to hold the line on funding for the non-government organizations that are providing services to clients in the mental health field because of the important role they play.

In terms of the broader 2 per cent reduction in funding, we're making every effort to find that in administrative savings rather than in the reduction of any programming.

And finally, further to the funding question, we are working with MCIC (Medical Care Insurance Commission) to look at some alternate payment mechanisms to the psychiatrists who may be involved, that they may be funded through payments through MCIC rather than through direct grants from mental health.

Mr. Neudorf: — Well that was a nice answer, Mr. Minister, but you didn't really answer my question. And I'll just repeat that question and maybe we can hit the question head on this time. How is the Regina Mental Health Clinic coping with a 2 per cent decrease in their budget? And again we're just using this one as an example of the impact that it's going to have across the province. I'm not asking for a long litany of excuses why you're finding it fiscally tough. These folks now are going to have less money to

spend. How are they going to cope?

Hon. Mr. Calvert: — I hope what the member is getting at in his question is a concern about the ability to provide services, essentially. Now he will express concern about reductions in funding here, and that's his job, but I might say he might have considered some of this when he in government was spending the money at a rapid rate.

An Hon. Member: — Don't get political or we could be here a long time.

Hon. Mr. Calvert: — Well we can be here a long time, if the member wants to be here a long time. But he might have considered some of this when they were spending money at the rapid rate. Now we're forced to reduce.

How are we going to then provide the services? That's the question. With more limited resources, how can we provide the best services we can provide and try and maintain the services. We're doing that through some of the things which I tried to describe.

Because we want to see health services and mental services particularly in this case, holistically, within the community, we are looking at the partnerships which do exist. And so there are partnerships between for instance the Regina Mental Health Clinic and the various other institutions in Regina, the hospital sector and so on. There are clearly partnerships between the mental health clinic and the non-government organizations that are active and serving clients in Regina.

And so again I say, what we're endeavouring to do is to stabilize funding to that non-governmental organization side, work closely with them, and in the broader funding reductions across the department, direct funded, we're endeavouring to find that money as best we can through administrative reductions rather than in service cut-backs and program delivery.

Mr. Neudorf: — Well, Mr. Minister, let's be very clear on one thing here. I don't need you getting up and lecturing me about the past. I asked you a very concerned question about how the people were going to cope with less funding. So don't you get up and start lecturing me about the past. You are the very same guys who ran and got . . . And the only reason you're sitting in that seat right now is because of falsehoods you were spreading during the election time. You knew very well what the financial situation in this province was. You knew.

And the Premier said, there's \$14.2 billion deficit. And in spite of that, you and your colleagues were out in the hustings, saying vote for us because we'll spend more on health; we'll spend more on education. And now this is what the people of the province are experiencing.

Don't get up in a sanctimonious way and start lecturing me about money. The reason, the only reason you're sitting in that seat as a toy minister is

because you hoodwinked the people and told them, elect us and you'll have a finer life. So don't ever get into that mode, or yes, Mr. Minister, you will be there for a long time.

I was seriously doing my job as a critic and being as non-political as I could be about it until you started throwing darts. And that situation works both ways. Now if we want to get into political discourses, that's what we can do. But I do not think, Mr. Minister, in all seriousness, that that is going to give this Bill the send-off that it needs.

I indicated at the outset that we did not have any particular objections to the intent of the Bill. We recognize that something must be done. But what I am trying to endeavour to do is first of all to find out if you know what you're doing. And if you do know what you're doing, are the interests . . . is that balance between the rights of the individual and the rights of society, is that being met in an honest and compassionate and an acceptable way?

Now you've given me some assurance this afternoon already that indeed we may be heading in that direction. And so then the next section of my questioning was to find out how cost effective is it going to be. Are these new ventures that you're embarking upon going to have an impact on the budget?

My next, which I consider to be a logical question, was, you said there was going to be a reduction of 2 per cent. All right. That's fair enough if that has to be the fiscal restraints under which you're operating. My question then was: how is the Regina Mental Health Clinic going to react and how will they be able to cope? That was my only question, because that is a sincere question on my part. Because from how you answer that, I will extrapolate and say, well what's going to happen to the Regina Mental Health Clinic will probably happen across the province. That's the direction where I'm heading. And I don't want to get off on these political binges, so don't initiate them. I did not initiate them.

An Hon. Member: — Settle down, Bill.

Mr. Neudorf: — I will try to settle down, Mr. Member from Humboldt, but not if I'm egged on. I can be easily persuaded to do otherwise.

So to get back onto our narrow track, Mr. Minister, in one of your previous answers to me, in one of your previous answers you indicated to me that you had done a fair amount of research before you drafted this legislation, that you were together with 35 organizations that agreed to most of the points, and that on some of the points you agreed to disagree.

Part of the research that you had done indicated — and I'm back on the second half of this Bill now — that there was a need for some community-oriented services to be provided, that that's what your research indicated.

Would you indicate to me and to the House then, Mr. Minister, how many individuals were identified through that research as being in need of some community-based, community-oriented services?

Hon. Mr. Calvert: — Mr. Chairman, if the member is asking about those who may need some compulsion to take their medicine and therefore be subject to the community treatment order proposed in the legislation, again I repeat the number that I provided to him earlier in committee, the number . . . our best estimate would be, province-wide, about 40 people.

Mr. Neudorf: — These are new individuals then, Mr. Minister, that were not being given any kind of service before? These are the ones now that are going to . . . that may have been getting and taking periodic medication since they were not being forced to take the medication.

So what is the implication now of the extra expense that would be incurred with this enforced medication?

Hon. Mr. Calvert: — I want to be clear with the member, Mr. Chairman, that the 40 individuals we may be talking about, or thereabouts, are now certainly receiving services in the community. They will have caseworkers; they may be seeing psychiatrists; they may be involved in various programs. They are now receiving services.

What this legislation would intend for them is that there could be for them a process of a community treatment order where their medication could be prescribed and ordered while they remain in the community, rather than going through the revolving door of coming back into the in-patient facility to be stabilized, having their medication reordered and so on, and then placed back in the community.

So I want to be clear with the member that these individuals are now receiving treatment. We're hoping in fact to reduce the intensity of that treatment through the community treatment order, keeping those individuals in the community.

Mr. Neudorf: — Mr. Minister, are we talking about involuntary patients here?

Hon. Mr. Calvert: — I think some of this will be semantics, Mr. Chair, but I do want to try and be accurate. We would not use the word involuntary treatment. Involuntary will tend to indicate actual detention, actual detention in a physical facility, the actual loss of liberty.

In terms of community treatment orders, they are more I think better described as a requirement — a requirement, one, to submit to medication; number two, to attend to a physician, or in this case a psychiatrist. And so it is a requirement that would be placed on an individual, but the term involuntary is more traditionally or typically used for those who would be detained actually in a physical facility.

Mr. Neudorf: — Well you're quite right, Mr. Minister. I view that entirely as semantics. I don't know if you're trying to guilt-edge it or sugar-coat it or whatever, but I would suggest to you that it amounts to the same thing.

So what you're saying then is that you're expecting the individuals concerned to voluntarily submit to the requirements? Is that what you're saying, that it will be a voluntary, or will it still be an involuntary submission to a requirement? I mean what are we talking about here?

Hon. Mr. Calvert: — The member is somewhat correct. I mean in fact this is not a voluntary situation we're talking about here. These are community treatment orders that will require two things: that regimes of medication be adhered to and that the individual attend to a physician's, psychiatrist's . . . appointments with a psychiatrist.

But what is not implied here are other restrictions to one's liberty — employment, choice of place to live, activities, and so on. So it's a much narrower kind of order than the detention orders that we now know of where people are taken and placed in a facility.

Now again I would remind the member, and he'll know this from reading the legislation, that there are very stringent criteria that must be met before a community treatment order can be placed on any individual.

Mr. Neudorf: — Mr. Minister, how does this happen? Do the white coats come into your home, or do you voluntarily go to a clinic to involuntarily meet the requirements that have been by court order imposed upon you?

Hon. Mr. Calvert: — I want to reassure the member that there are not going to be white coats running around the province entering peoples' homes and so on, the picture he's trying to paint here.

The situation that is, is that most of these individuals will now be living at home with family or in group homes with care-givers. This will provide authority to the care-giver to administer the appropriate medications. There will be responsibility that we hope the individual understands and feels to receive the medication and, when required, to attend to the physician, the psychiatrist.

Now in the situation where there is noncompliance, then the attending psychiatrist would then have the opportunity and option, as exists now, to have the individual detained through an order and brought back into an in-patient treatment.

It is our hope that the community treatment order will be seen as something that will influence the individuals involved, to assist them in following their medication and the regime of that medication and will also give authority to care-givers to provide the medications.

(1530)

Mr. Neudorf: — Mr. Minister, let's — and this is not just hypothetical — let's take a situation where in the best interests of a patient, as far as the determination of the psychiatrists and whatever doctors you want to have making an assessment on that individual, it is determined that in order to suppress whatever undesirable characteristics and traits this person may have, that he should be medicated.

Now what if — and I think it's happening out there — what if the individual himself and members of the family say no, we know this individual, he poses no threat, we've lived with him for 25 years already, and now this legislation and this encumbrance is going to be placed upon him? What would happen in the case where there's a split of opinions along that line?

Hon. Mr. Calvert: — Mr. Chairman, I want to reassure the member and all members, of some of the process here that would need to be followed. And I think he will understand that there are lots of options within the process for family and friends and others that he spoke of to raise concern.

There are, as he will know, in the Act very explicit criteria before a community treatment order can be applied for or ordered. There are a number of quality assurance procedures. There is an obligatory visit by an official representative — an official representative being someone independent — to the family. This is usually, I think, my understanding is that an official representative is usually a member of the legal profession, independent, who would therefore be available to represent the individual.

There are the appeal review panels and there are always appeals available to the review panels. And in that process of appeal, family members or others may be present and make their appeal. Even if there is not an appeal raised by an individual or family members or so on, there are mandatory and automatic review and appeal by the review panels. And ultimately any decision even of the review panel can then be appealed to the Court of Queen's Bench.

And so we're confident there are lots of opportunities here, both for assurance of quality — the criteria are clearly stated — and there are lots of opportunities for appeal through the process.

Mr. Neudorf: — I'll just give you an opportunity, Mr. Minister, to put your thoughts on the record here about . . . so far we've been talking in the abstract. We've been talking about some individual over there. And it was brought home to me a little bit more forcefully actually this week when we received a letter, and I have a copy of the letter here. It did not come to me; it came to the member from Estevan. But we received this letter from an 83-year-old gentleman from Debden. And I won't use his name here but I could send you a copy of the letter, if you want to review it.

But this gentleman in his letter complains and claims that he is being forcibly subjected to monthly injections, and he asks us to see to it that these

injections stop. And he wrote this letter himself, so I mean we're not talking about someone who is incapable of . . . well he has a knowledge of reading and writing and so on, so he's obviously fairly mentally astute. It would appear from his letter, Mr. Minister, that he is an involuntary patient living in the community. And the content of the letter would also reveal that he may have at the same time some mental difficulties.

But I'd like you to just make a general comment on the practice of forcibly subjecting people to these mind-altering medications. In general, Mr. Minister, I'd like you to comment.

Hon. Mr. Calvert: — Mr. Chairman, I will ask the member for a copy of that letter, if he would be so gracious as to provide it. Because it is something we will want to very thoroughly investigate.

To my knowledge, Mr. Speaker . . . To our knowledge, there is not a process now where someone can be involuntarily subjected to any kind of medication or injection while in the community.

Mr. Chairman, all I can say is that I would appreciate a copy of the letter. And I commit to the members that we will investigate the situation and the concern as raised by the individual.

Mr. Neudorf: — Yes, I can do that, Mr. Minister.

Mr. Toth: — Thank you, Mr. Chairman. Mr. Minister, a little earlier on you mentioned . . . I think you gave a list of some of the treatment facilities across the province where patients can receive mental health treatment — North Battleford, Weyburn. We've got a Regina community clinic. Are there any other clinics in the province? I don't remember if I heard all the list that you gave out.

Hon. Mr. Calvert: — Mr. Chairman, generally we have . . . The province is divided into eight regions — mental health regions. Each of those regions will have its own mental health community, community-based clinic. Each will have a designated psychiatric in-patient facility.

And then in addition, we have the Saskatchewan Hospital in North Battleford which serves as the provincial long-term care.

If the member would like, we could provide the total list by name of each of the facilities. If the member would like that.

Mr. Toth: — Well, Mr. Minister, what I was coming to is I'm just recalling back, I think it's about five, six years ago there was . . . I believe in Yorkton there was a clinic opened. Is that original clinic a wing on the Yorkton hospital?

Is there . . . Unless I'm mistaken on that, we opened a wing on the hospital. And I thought it had something to do with mental health services or treatment of patients at the time. And I'm just wondering if that's

one of the regional centres for . . . Is that in-patient or out-patient treatment of mental health?

Hon. Mr. Calvert: — Yes. My understanding is that there is a wing of the Yorkton hospital; it is designated as a mental health clinic. And there is in-patient services there and out-patient services offered to the community.

Mr. Toth: — How many patients would this wing accommodate? How many patients would be handled at any one time? And today, how many patients are there in the Yorkton wing of the mental health?

Hon. Mr. Calvert: — Mr. Chairman, the information I have is that it is a 24-bed facility, and the demand for those beds falls well within the . . . like the 24 beds adequately, certainly adequately meets the demand that we know is there in the Yorkton area.

Mr. Toth: — Mr. Minister, in light of the reductions that have been coming forward in funding to health care services, the facility in Yorkton, where do they sit today? Can you give us an indication of whether their services have been cut back due to funding cut-backs or restrictions, or are they basically maintaining their own, Mr. Minister?

And I'm wondering, Mr. Minister, you mention there are 24 beds and you indicate that the 24 beds accommodate the need up in that area. I wonder if, Mr. Minister, you could also indicate how many of those . . . how many patients are serviced through in the in-patient services and how many patients are serviced through out-patient services?

(1545)

Hon. Mr. Calvert: — Mr. Chairman, again we didn't bring with us, in anticipation of the legislation discussion, the utilization numbers, but we will get those for the member in response to his question.

I can report that last year's budgeted amount for Yorkton was \$3,028,610. This year the budgeted amount is 2,905,410, and so there is a reduction in this year's budget. I'll repeat the number: \$2,905,410. So there is a reduction in this year's budget. The member will want to note however that monies, there has been a reduction in terms of the number of beds available. Again I repeat the beds available are adequate to the demand. And some of the monies that have been taken from this in-patient service have in fact been redirected to some community-based services.

And so we're confident that in fact the broader range of programs and services are available if not enhanced through some of the movement of money.

Mr. Toth: — Thank you, Mr. Minister. Mr. Minister, when you talk about community-based services, are we talking of access to mental health services in smaller communities in the inner regions and with, say, in a region like Yorkton or the Regina Mental

Health Clinic area then being the in-patient? And do we have, if you will, psychiatrists going to communities outside of these major centres to indeed meet with patients? Or how does that program fall into place and how does it work?

Hon. Mr. Calvert: — I thank the member for his question because I think he will recognize that in Saskatchewan in some ways we're leading in Canada in the provision of mental health services in rural parts of our province.

We take, I think, some pride in Saskatchewan in saying that in terms of psychiatric services we have a generally broad distribution of psychiatric services geographically across the province — a distribution of psychiatric services that to our knowledge just doesn't happen in other provincial jurisdictions across Canada. So we're very proud of that.

And in the effort to provide mental health services for individuals who may be living in rural Saskatchewan, rather than always having the individual having to come to the more major centres for services, we're developing a process in trying to direct funding in that direction where we can in fact contract on behalf of an individual in rural Saskatchewan, contract with a care-giver in rural Saskatchewan to meet that specific need. So where we couldn't afford perhaps a permanent care-giver in an area, we're endeavouring to contract with care-givers to provide for the need of individuals as they exist in rural Saskatchewan.

So we feel we're coming some way. There's more way to go. But in some ways, I think, in Saskatchewan we can be very proud of the services that we're now being able to provide across Saskatchewan.

Mr. Toth: — Mr. Minister, when you talk about care-givers, are we talking specifically about strictly just psychiatrists, or people who have that ability, or are there other individuals that are being trained to maybe administer some of the drugs, or even, say, do some of the counselling with individuals who come forward for mental health services with concerns and problems they're facing?

Hon. Mr. Calvert: — In response to the member's question, when it comes of course to the provision of medication and the administration of medication, that will be a medical person — doctor or a nurse. And so it must be. But there are certainly other services and opportunities to provide care that exist.

So, for instance, we may in fact be contracting with other individuals — parents, and so on — who have had some experience or have some ability. They may not have formal training, but have demonstrated certain ability and compassion and so on to act as care-givers in the community.

As we move toward district formation and we look toward the formation of health and wellness centres in our communities, we can see the provision of more a broader range of services using a broader range of people in this kind of regard so that we can meet the

needs of individuals more closely to where they live.

We're also anxious to work with and assist the development of the kind of self-help and mutual-aid models that will assist and also to work with community-based groups who may be willing to assist and provide care for the mentally ill.

So there's a broad range of things that are happening and we think some new and exciting things that will happen in the future.

Mr. Toth: — Well thank you, Mr. Minister. Mr. Minister, you indicated that some of the services are administered through the local physician, working with a local physician or a local doctor in a community. As you're aware, we have a recent announcement regarding facilities across this province and there were some 52 facilities affected across the province of Saskatchewan.

When we're looking at providing services, would it be possible, Mr. Minister, for some of these facilities, these smaller hospitals that are going to be closed, of turning them into clinics whereby you could have access to your doctor? You could have access through, say, having your psychiatrist coming there and the local public health nurse.

Is that an area that could be explored and looked at in order to continue to at least maintain an area of health services and support to these local communities? Is that something that is a possibility?

Hon. Mr. Calvert: — Mr. Chairman, the answer is absolutely. Absolutely. We fully expect that our health districts after they're formed, they'll be looking at just the kind of models that the member raises here this afternoon so we can have the provision, in a clinic format, in a wellness centre format, of that multi-disciplinary kind of approach, provision of services in the local community. So the answer is yes, absolutely, that's the very kind of thing we anticipate will be happening.

Mr. Toth: — Mr. Minister, I'm just wondering, over the past number of years and maybe even just in the last little while, I'm wondering have we seen a significant increase or decrease in the need for mental health services? It seems to me that the public in general . . . even the pressures of just getting on with life, the pressures that the public are facing when we look at the availability or lack of jobs in our communities or even in the province, or even in our health care districts right now with the jobs that are on the line — and I believe SUN (Saskatchewan Union of Nurses) has indicated that they'll have some counselling available.

But it would seem to me that there must be . . . And it's not just that. It's a business community and the whole environment of the lack of finances that are available — the farming community. I'm just wondering what the possibilities are or where we are today — whether we're seeing an increase in the demand for mental health services, or over the past number of years

whether or not there's maybe been an increase at this time.

Hon. Mr. Calvert: — Mr. Chairman, I think the member makes some very good points in his question. There's no doubt about it, we live in a time and an age when the stress on individuals, stress on households and so on, is high for a whole variety of reasons — the pace of change, the economy, and so on. And it is clear that as a result of some of that stress and so on, there are new demands for services, mental health services and so on.

Where I think we need to focus our efforts, while maintaining the good — if I may describe it as acute care for mental health needs — we also need to be striving, I think, as a community to be looking towards as much prevention and preventative measures as we can develop; and to be looking at, where we can, earlier intervention.

And so to come back again to the legislation that we're reviewing, one of the goals through the community treatment order is an earlier intervention to assist those from getting into that revolving door of being institutionalized, but to have some of that earlier intervention.

Mr. Toth: — Mr. Minister, when we look at the need for mental health services, I'm sure there must be . . . and if you look at the breakdown, the age breakdown, where are we seeing the greatest need right now? Can you give me any numbers based on, say, would it be in the teen years? Are we seeing an increase in the teen years, and how many? And, say, your middle-agers and then your seniors, where's the greatest need? And if you would, I wonder if you could just give us an idea of where not only the greatest need is but the breakdown by age group regarding the need.

Hon. Mr. Calvert: — It is, Mr. Chairman, not age specific. In fact it crosses all age groups.

I had the very interesting experience this morning, I can share with the member, of visiting the seniors' education department here through the University of Regina, and met with a number of seniors there who described some of the stress on the seniors these days and how they're finding some real creative means to deal with some of that through educational opportunities. So it's certainly not one or other group in our society, but I think it crosses all age groups and I think all fashions of life in our province.

Mr. Toth: — Mr. Minister, some monetary questions. I'm wondering, what is the current cost of caring for involuntary patients; and I wonder if you could separate out the numbers of those in institutions and those in the community.

(1600)

Hon. Mr. Calvert: — Mr. Chairman, we didn't anticipate through the discussion of the legislation, sort of the detailed financial questions. We'll be more than happy to provide that detailed information that

the member asks for to him later if that's all right with him.

Mr. Toth: — Thank you, Mr. Minister. It would seem to us that it would be appropriate. We'd kind of like to know what the financial impact may be on communities because of some of the changes and what the Bill is doing as well. There's a number of different areas that the Bill covers and maybe if . . . certainly if you can raise them with us or bring them forward through a letter, we'd be certainly happy to receive them.

What I'm wondering as well, and while we've got that question out there and some of these costs — I believe my colleague raised a few too — maybe we can give you a few other questions that you can take note of if you don't have the answer right handy.

I'm wondering, is part of the intention of the Bill to reduce costs by shunting more people into the community for monthly visits rather than . . . or by individuals or care-givers, say, at the local level rather than through the institutions.

Hon. Mr. Calvert: — I want to be clear, Mr. Chairman, with the member and with all members that the goal here is not fundamentally a cost-cutting or money-saving operation. The goal here is to provide what we feel is more appropriate and better treatment.

I think I indicated earlier to the member from Rosthern, there may be some anticipated savings if in fact someone is not being brought into an in-patient facility. But if that individual is able to maintain life in the community, there will be some cost savings there we anticipate. I'm not sure it's possible at this point to actually document that.

We anticipate there will be a small increase, 13 to \$15,000 on an annual basis, to provide for perhaps an increased role for official representatives or more frequent review panel hearings. But in essence that's a very small cost increase.

But I want to emphasize again that the goal here is not primarily one to save money. The goal primarily here is to provide what we think will be better care.

Mr. Toth: — Thank you, Mr. Minister. As you indicated, Mr. Minister, you anticipate some, I think around \$13,000 maybe, and a greater cost, and that seems minute or small in light of the broad picture of mental health services. But I'm not going to get into an argument whether that is enough or whether we're anticipating high enough.

But it would seem to me, Mr. Minister, that there were some complexities to this Bill and I have to admit I don't understand it totally and fully as well. But there are a number of references to people who have committed criminal offences.

And I'm wondering, does this Bill allow someone who has committed a serious criminal offence to be released into the community in any way, shape, or

form? Is there anything in the Bill that addresses, say, people who . . . there's a treatment through penal institutions or individuals who may be in a federal penitentiary or the provincial correctional centre that would be, say, having some mental problems. And if there's a request by a psychiatrist that this patient continue . . . or person to stay their term — they've served their sentence but a psychiatrist or a medical professional would feel that they could be of harm to society — is there anything in the Bill that would allow for the continued institutionalization of, say, this individual?

Hon. Mr. Calvert: — Mr. Chairman, this is precisely what the Bill does allow. I will say again to the member that the Criminal Code of Canada has undergone a change, a change from the current situation where some individuals who may be detained because they were not criminally responsible for their actions because of mental disorder, a certain change now in the Criminal Code which caps the number of years that individuals can be held, would now permit some of those individuals to be released into the community. A very small number of them, and again I repeat it would be a very small number in our provincial context, we feel may yet present a danger to the society or to the community, to others or to themselves.

Therefore this legislation will provide the ability for those individuals to continue to be detained in the long term. So what the member asks is, will this enable that? Yes, that is precisely what is being accomplished as part of this legislation.

Mr. Toth: — So what you're saying then if a person in a penal institution is under treatment and, say, medical professionals would feel that possibly the person may be unstable, even if they would have served their sentence they could still give . . . I guess what they would do is sign a certificate that would suggest that they continue to receive treatment whether it's in the penal institution or whether they be transferred to a mental institution for further treatment. Is that how it would work? And I'm wondering, Mr. Minister, how that would affect the rights of that individual.

Hon. Mr. Calvert: — Mr. Chairman, I want to be very clear that the only individuals that are being addressed by this legislation will be individuals who are now being held either . . . and most often in a psychiatric facility, an in-patient facility, not in the jail system, although there may be one or two held in the penitentiary. Primarily these will be individuals who are held in psychiatric institutions with long-term detention orders because they were described as unfit to stand trial or not criminally responsible for that which they were accused of because of a mental disorder. This Bill does not . . . this piece of legislation has nothing to do with others who may be detained by the Criminal Code provisions in other regards. It's only those affected by those two categories.

What this legislation enables us to do therefore is, if because of the change now at the federal Criminal

Code level that the long-term detention for these individuals can be capped, they may in fact then be released into the community, this then provides options that that long-term detention may be extended. But it's only for those who have been declared unfit to stand trial or not criminally responsible for their actions. It does not apply to others who may be described and affected or jailed or held by the Criminal Code.

Mr. Toth: — So what you're saying then, that medical professionals have the ability, if someone's in an institution, what you're saying, a mental institution, to reassess a person's character or their abilities and request that they continue to be held in that institution. I guess the question comes up whether we're suggesting we're taking away their ability to have the freedom of choice. Like who's involved in that decision then? Is it just the medical profession? Is there communication with, let's say family or friends at all regarding a person continuing to receive treatment?

Hon. Mr. Calvert: — Well, Mr. Chairman, I'll review, for the member from Moosomin as I did for the member for Rosthern, the various criteria that are described here.

There are five criteria which must be met by the individual, and it's not a matter of meeting one of them — you have to meet all five before there even can be an application for long-term detention. And they are, and I will read them again: the 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.

The person must, 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, the person, as a result of the mental disorder, be likely to cause bodily harm to self or to others. Point number four, have been detained, the person must have been detained for 60 or more consecutive days immediately prior to an application for a long-term detention order. And point number five, must suffer from a severely disabling, continuing mental disorder that is likely to persist for more than 21 days.

Now if an individual meets all five of those criteria, then the officer in charge of the facility where that person is now being held would then submit an application for a long-term detention order. With that application would have to come all the pertinent medical evidence, and that application would be made to the Court of Queen's Bench.

The notice of that application is served on the person who is subject of the application. It is also provided to the person's nearest relative and that person's official representative, who is the advocate for that person, and that's usually a legal representative. The Court of Queen's Bench would then conduct a hearing. It would consider all the medical or other evidence before any application would be made. So that is the

process.

The Chair: — Why is the member on his feet?

Mr. Martens: — Mr. Speaker, I'd like to have leave to introduce some guests.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Martens: — Thank you, Mr. Speaker . . . or Mr. Chairman. I gave you an elevation there, sir.

I'd like to introduce to the members of the Assembly, guests of mine. They're seated in the Speaker's gallery. They come from the school of Wymark. They're grade 8 students; there's 15 of them. They are here today together with their teacher, Mrs. Dawn Rogowski, and their chaperon, Bill Heinrichs. And I'd like to have the members of the Assembly join with me in welcoming them here to the Assembly today.

Hon. Members: Hear, hear!

COMMITTEE OF THE WHOLE

Bill No. 87 (continued)

Clause 1

Mr. Toth: — Thank you, Mr. Chairman. Getting back to some further questions, Mr. Minister. Mr. Minister, we have some concerns about the procedures for these community treatment orders. And the way we read it is a doctor fills out a certificate, and as long as he has another doctor backing him up, any citizen becomes subject to forcible treatment.

Now while such provisions have always existed in one form or another, at least the old Lieutenant Governor's pleasure orders required cabinet itself to take responsibility for using force to subject someone to various psychiatric treatments. Has that changed in this Bill, or was cabinet involved before? Is this strictly a medical decision?

Hon. Mr. Calvert: — Mr. Chairman, I think the member . . . there is some confusion I think. The former Lieutenant Governor warrants that he talks about, they were a provision of the Criminal Code. They have been struck down I think by charter provisions. And there have now been other changes to the Criminal Code. But they were a Criminal Code provision.

What we're talking about here would be provincially legislated and mandated through mental health community treatment orders. And simply the order would provide that individuals who have met all the various criteria and that have had the order applied by the courts, would then be required to take their medication in the community and on prescribed occasions visit their physician, the psychiatrist.

Mr. Toth: — Does the doctor have the authority to enforce these provisions or make sure the patient is taking their medication? Or who has the authority at that time? I would think it probably is the doctor. But is the doctor then . . . this Bill giving the medical professional the ability to make sure and make certain that a patient is indeed taking their treatment?

(1615)

Hon. Mr. Calvert: — Yes, yes. It would be the medical person — the psychiatrist, the doctor — who would ultimately be knowledgeable and responsible. And ultimately, if the order was not being adhered to, ultimately a detention order could again be applied for and issued.

The legislation will provide for care-givers the authority to provide the medication. But it would be the medical professional who would assess if the medication is being taken as it should be.

Mr. Toth: — Well, Mr. Minister, it would seem to me that there's a lot of onus being put on the care-giver or the physician in this case, doctor, whoever the care-giver is.

I'm wondering if a family member or family members would feel that maybe their family member or the patient is receiving too much medication or not . . . might feel that maybe they shouldn't be on medication. I think this argument can arise where individuals may feel that part of the problems a person is facing is because of the type of medication they're on or the fact that they're on too much medication. What happens if family members would intervene and demand that the doctor cut back the medication? What process do family members have in the following through or appealing or demanding changes?

Hon. Mr. Calvert: — Mr. Chairman, to the member, we would hope, and I'm sure he would hope too, that families in that situation would have direct communication with the attending physician, the attending psychiatrist or doctor, and would discuss their concerns in that regard.

If after those discussions and their best advice and so on, it was not . . . there wasn't some mutual agreement or so on, there is the process that I described earlier this afternoon of the review panels and appeals to the review panels. And failing that, there will be prescribed automatic mandatory reviews by the review panels for every individual. And failing that, if a family still is concerned, there is appeal of the review panel decisions all the way to the Court of Queen's Bench. So there are many opportunities and avenues for appeal.

Mr. Toth: — One thing, just for clarification, when we're talking about . . . I believe there's something in the Bill that talks about a three-month, an order for three months — and I'm just taking from some notes I have here. Is there something that says that a person must undergo treatment for three months before . . .

just what I'm trying to get at, is there a specific time that treatment is undertaken before anyone can question or maybe review a person's case to see whether or not they're receiving the appropriate treatment before anyone else can intervene and demand that a different form of treatment be given?

Hon. Mr. Calvert: — The time frame for a community treatment order, the time frame for the validity of the community treatment is three months — you'll find that section 24.5 — or whatever the order is specified, whichever is the lesser of the two. So three months would be the maximum.

Mr. Toth: — For a person who's receiving voluntary or involuntary treatment, or both?

Hon. Mr. Calvert: — In the case of a community treatment order, it is the required treatment.

Mr. Toth: — Now I understand, Mr. Minister, that there are provisions in this Bill to allow appeals of certain kinds of orders, specifically detentions. And is it not a similar balance possible for orders by doctors? For example, I understand there may be an emergency situation where a person poses an immediate danger to themselves or others, in which case the person must be subjected to treatment, which would be an unfortunate fact I think we face at times.

But however, it's not clear that the appeal of someone subject to a doctor's order will have a hearing before the three months is up that the Bill imposes. Should not the law err on the side of the subject of such orders be requiring that a hearing must occur as soon as possible to determine the merits of the case and provide the person due process?

Hon. Mr. Calvert: — Just to reassure the member, if an appeal is launched against a community treatment order, that appeal must be heard within three days. So there's no situation where a person would have launched an appeal and would have to wait out the three-month community treatment order before it's heard. It must be heard within three days of its launching.

Mr. Toth: — Mr. Minister, in bringing forward the Bill and some of the discussions took place, I think you indicated you had talked to some 35 different groups or organizations across the province regarding the Bill. I'm wondering if you consulted with any bar associations regarding this legislation, or the legal community?

Hon. Mr. Calvert: — Yes, we consulted with the legal advice through the Department of Justice and also through constitutional law. And the advice that we received was that indeed we're on very safe legal ground here with the Bill.

Mr. Toth: — Did you take the time to consult with any bar associations outside of government regarding their viewpoints on the Bill and the proposed amendments to the Bill?

Hon. Mr. Calvert: — No, Mr. Chairman, we did not pay for any outside legal opinions. We used the internal government legal services.

Mr. Toth: — It would seem to me, Mr. Minister, when we're looking at . . . And I'm sure, as I raised the other day when you brought forward second reading, one of the major concerns is the fact of individual freedoms and the threat to those freedoms. And certainly it may not be a lot of people that will be affected or will even question the Bill or be forced into a position where they're wondering whether or not their individual freedoms would have been infringed upon.

And in light of the number of the discussions that have taken place to date on other issues and that have been before this Legislative Assembly, it seems to me that when you get into the legal community certainly the legal counsel and in the Department of Justice and right within government would have a viewpoint, and certainly their viewpoint is probably well represented.

But any time something goes before the courts, there are a number of areas where viewpoints can be changed or we could have different interpretations. And so it would appear to me that it would have been probable or possible to at least check with someone on the outside just to see what's an individual law group body outside of the legislation or legislature would have commenting . . . would have made their comments on the Bill as well — if it would fit within the rights and freedoms and the constitutionality of the legislation.

Hon. Mr. Calvert: — Mr. Chairman, there will be I think occasions when government will seek outside legal opinion. But the process, I think as the member knows, is that if a department like the Department of Health will understandably refer its legislative proposals to the Department of Justice and for the good legal advice that exists within the Department of Justice, it would be I think the Department of Justice's mandate, looking at a piece of legislation, to determine whether broader legal consultation is necessary.

Now legal consultation here, this is not like other interest groups. This is very specific information that you request and we request from the Department of Justice to look at this piece of legislation, as all pieces of legislation, to check its legal validity and constitutionality and so on. That was done and we're very satisfied with the advice that we received.

Mr. Toth: — Thank you, Mr. Minister. Mr. Minister, did you consult with any patients' rights organizations? If so, who were they and when did the consultations happen? What was the substance of their representations?

Hon. Mr. Calvert: — Mr. Chairman, I provided . . . I hope the member . . . maybe he didn't receive a copy. We can send a copy over. If one of the pages would provide a copy to the member. We provided a copy of all the various groups, and he will recognize some of them immediately as client groups and self-help

groups — the Crocus Co-op in Saskatoon, By Ourselves in Regina. The Canadian Mental Health Association, of course, involves consumers; the Schizophrenia Society will include consumers.

Now what is not attached here are the dates. If the member wants dates, times, and places, I guess we could try and provide that. But here's the list that he asks for.

Mr. Toth: — Well, Mr. Minister, maybe you could just give us a framework of time in which these consultations took place regarding the discussion and putting forward the . . . rather than trying to put forward specific dates regarding meeting with every group, Mr. Minister.

Hon. Mr. Calvert: — The member should note now that that the consultation process actually began in the month of September 1991. And there were general and broad consultations throughout the period September 1991 to September 1992. A major consultation took place with all of these groups invited in September, on the 22nd of September 1992 — a large, one-day event that brought together many of these players, all of whom were invited. Since that time there has been ongoing discussions with a variety of the self-help groups and others.

And in addition to this process, as the member will know, there is a mental health advisory committee that advises the Department of Health. A subcommittee of that council has been working with this legislation and has been supportive of all the amendments being brought forward.

Mr. Toth: — Mr. Minister, in the explanatory notes you justify part of the Bill by saying it's required to facilitate health system reform, and I think you've raised that on two or three occasions this afternoon as well, and reorganization of the department. I'm wondering if you would just take a minute to explain both those things: first, how this Bill is, quote, required to facilitate health system reform; and secondly, how it is required to facilitate reorganization of the department.

Hon. Mr. Calvert: — It's relatively . . . I think very specific to the member's question — I know we've talked about how mental health services may be more broadly delivered in future and so on — there are some amendments in the legislation that are much more specific. The current legislation is rather prescriptive in terms of its description of employees of the mental health division, the executive director, and regional director, and so on.

As we evolve services and evolve our system of health care, there may in fact be some of these individuals who would be employed by district boards rather than directly by the Department of Health. And so this small administrative change — essentially administrative change to the language of the legislation — to allow that flexibility in the future.

Mr. D'Autremont: — Thank you, Mr. Chairman. Mr.

Minister, a couple of questions dealing with the appointments of the employees of the department to the regional directorships, etc. I'm just wondering: why is it left here to the minister to make those appointments? You're putting in place, under Bill 3, new district health boards. What effects will they have on these facilities and institutions? Will they be included as part of the district health boards once they come into place?

(1630)

Hon. Mr. Calvert: — Mr. Chairman, I'm not sure I'm clear precisely on the member's question. I believe he may be asking about the integration of mental health services with the district health model and is that going to happen. That indeed may be a longer-term goal. It will not happen immediately. We may evolve and devolve services to the district board provision. I know there is some discussion happening in Saskatoon right now.

But it's certainly not something that will happen immediately on formation of the district boards before the 17th of August this year. It's something we may be well working towards. And therefore the legislation is here being amended to provide that flexibility that may be necessary in months and years to come.

Mr. D'Autremont: — Well if that takes place, Mr. Minister, that the district health boards do have some powers over these facilities, will they also have the power to appoint the directors of those facilities . . . (inaudible) . . . care. It says: "The regional director may designate a person for each facility . . ."

That regional director has been appointed by the minister. But if the district health boards are to have some responsibilities within this area, they should also have the responsibilities of appointing the people who are running these facilities.

Hon. Mr. Calvert: — Mr. Chairman, I want to assure the member that if in the case that, which is the case now with some of our district boards where they are providing in-patient services, it is mandated that they are charged with hiring and providing administration and so on for those services — and that would be the case in the situation of mental health services or a facility — that would be the case.

Now there still may be the case where the department, here represented by the minister, may designate a regional director. But with the district board model, yes, the district boards will be mandated and empowered to do their hiring.

Mr. D'Autremont: — Well, Mr. Minister, under this piece of legislation, from what I can read in it, that is not included as part of it, that the regional health boards will have the power to hire the administrators within those facilities that they will become responsible for under this Act. Will they be given that opportunity?

Hon. Mr. Calvert: — I think, if the member notes, the

operative word here is designate — designate to any person.

Now someone needs to be responsible to the legislation, whether it be through the district board model or through the current department model. There is responsibility to the legislation. The minister here is designating the responsibility. That may not be the matter of hiring individuals, but it's designating to an office the responsibility for the administration of the Act in that particular region.

Mr. D'Autremont: — So you're saying then, Mr. Minister, that this clause does not designate an individual to fulfil that duty, but rather that the minister shall designate an office, a position that will then be filled by someone to carry that out.

Hon. Mr. Calvert: — It may well be the designation of a person, but the person may have been hired by the district board. So in essence you're correct. It's the designation of an office; a person may fill that office. But it's the designation of authority for the administration of the Act in the region.

Mr. D'Autremont: — Well, Mr. Minister, it's somewhat confusing then the way it's written because when you think of the term "person", you think of as an individual. You could have written the Act then to designate an office or a position that would be put in place then by the minister and somebody else would appoint . . . or would put the individual into play.

Perhaps that needs to be given some consideration, Mr. Minister, in making some changes to this to allow that to take place, that the regional health boards, once they come into play, once they have some authority over these facilities, that it's clear and designated that they can indeed appoint a person to that position rather than the minister appointing the person as is spelled out in the Bill. Would it be possible to do that?

Hon. Mr. Calvert: — I want to assure the member there's really nothing new here in this regard. So currently, for instance — here's a for instance that I'm given — we may have a psychiatrist who is now employed by a large base hospital. That large base hospital will have done the hiring of that psychiatrist. That individual can be designated by the minister to fulfil responsibilities under the Act. So it's the designation of a person to fulfil the responsibilities. And that happens now and that will continue to happen.

Mr. D'Autremont: — Well that seems to be the opposite of what you said here about two or three answers ago, that the regional health boards would be allowed to appoint that person and then the minister, under this legislation, would accept that appointment or make that designation. What I'm asking is: would it be possible for you to set out a position with the qualifications, the guidelines, the authorities, that that position would have, and then that the regional health board — once they gain authority over the facility — to make the appointments into there within those

criteria?

Hon. Mr. Calvert: — I think there's some confusion. We're not suggesting here that the minister is the person who would be doing the employment, who would be hiring, choosing the individuals. What the minister needs to have power to do is to designate individuals to have responsibility for the Act.

And we have now the situation of cooperation between the Department of Health and third-party hospitals, for instance, who do their own hiring. We anticipate there will be that kind of cooperation between the department and the district boards in terms of their hiring and then, where necessary, the minister needs to designate an individual for responsibilities under legislation. So it'll be a process of cooperation, same as now.

Mr. D'Autremont: — Well when you're dealing with third-party hospitals, do you appoint a position, say, that the director of the hospital is the person charged with administering the Act? Or do you say that person A is appointed to administer the Act for that third-party hospital? Which way does it work?

Hon. Mr. Calvert: — The situation . . . There are sort of two levels of responsibility. The district board will have responsibility for the provision of services. Department of Health, represented through the minister, through the Crown, has responsibility for the province, standards, and legislation. Therefore for the minister to maintain that responsibility, it then is the minister's responsibility to designate within the district that person that will be responsible.

And so up until now, and we anticipate this will continue, the designation is of a person, rather than a blanket description of a position. It is a designation of a person. And we anticipate that that would continue under the district model.

Mr. D'Autremont: — Well, Mr. Minister, that's not what you had said earlier. You said that the district health boards would be allowed to suggest a person and that you would appoint them for such. Now when you talk of the regional directors, that's your position to appoint those. But then you turn around and give those people the authority to turn around and appoint, as it reads right here: ". . . may designate a person for each facility that is located in the region . . ."

So I'm asking you, when it comes to the regional health boards, as they may be brought into the regional health boards, why not allow them to designate that person within that facility rather than the minister taking that authority, which is different than what is happening when it comes to appointing, say, the CEOs (chief executive officer) of those regional health districts?

Hon. Mr. Calvert: — I think the member's all confused about the difference between designation, appointments, or the hiring process. Now let's just take the current circumstance of an institution. A hospital may hire a psychiatrist, correct? Under a new

district model, the district model may hire a psychiatrist. Now the minister's had nothing to do with the hiring process here. We're not choosing the person. The person is chosen.

In the current circumstance, that psychiatrist may be named the chief psychiatrist in the institution. The minister currently under the existing legislation may, shall, designate a psychiatrist for each mental health centre. Now if the minister's confident that this particular individual is the right person for that then that person will be designated. Now the minister's had nothing to do with the hiring of that person; that person has been hired by the local hospital.

Under the new model, under the district model, the district may be the body that does the interviewing and the hiring process, but at some point the minister needs to designate some person to serve the purposes of the legislation. Now is that clear to the member? Good.

Mr. D'Autremont: — Yes indeed, that is clear, Mr. Minister. But that's where the problem comes in in your statement, is that: if you believe he is the right person. The facility that hired him felt he was the right person, but now you have to make a determination whether you believe him to be the right person.

And I'm suggesting that if the regional health board made a determination in hiring this person that he was the right person for the job, then it should be an automatic that the position holds the authority from your designation. And that's where the problem lies, Mr. Minister.

Hon. Mr. Calvert: — Now, and here again where I think the member needs to understand, there are two responsibilities. The district board has responsibility, will have responsibility for the provision of services. Correct? They will then make their choices of personnel, staffing, administration, and so on as best as they see fit for the provision of services in their district.

The department, represented by the minister, has responsibilities. That will be for the responsibility of ensuring standard services across the province, quality services and so on, and responsibility for the various pieces of legislation that govern health care in our province.

For the minister to maintain that responsibility, which I hope the member agrees is an appropriate responsibility, for the minister then to maintain that responsibility requires that the minister have this power to designate within the region.

Mr. D'Autremont: — Well, Mr. Minister, when your regional director appoints the designated person in each facility and you don't happen to agree with the person that's been chosen by the local facility or the regional health board as the person for that facility, and you appoint somebody else then because you haven't agreed with their appointment, their hiring practice, who becomes responsible for that person?

Who pays their salary? Who looks after that office?

(1645)

Hon. Mr. Calvert: — I think the member is creating paper tigers here. This has never been a problem in the past, ever. There has been good cooperation and it's just never been a problem. And no one anticipates it being a problem in the future. I don't know if we're trying to fill time or what, but it is just a paper tiger that the member's creating here.

So I'd be very confident in assuring him that the process of good cooperation and discussion that has gone on in the past will go on in the future under the new district model. And the districts and the Department of Health represented by the minister will make these appropriate designations, and no one anticipates a problem.

Mr. D'Autremont: — Well, Mr. Minister, if in your words these are just paper tigers, then perhaps you would be willing to change this legislation somewhat and allow the person hired by the facility to actually hold the position that you feel is the part that you should be designating.

If you say that there has never been a problem, if there is no problem, then there should be no problem in accepting the person that this facility has hired. And you should be able to say so in the legislation then. If that isn't the case, then why does it have to be that you can say, we don't approve of this particular individual that you hired to fulfil this position?

Hon. Mr. Calvert: — Well I think the member needs to be I think clear with the House. Is it his position that the minister should abdicate this responsibility? Is it the position of the member that the Department of Health should not have this general, overall responsibility for the administration of the legislation? Because that's what I think he is arguing. He is saying that the minister should not have the power to designate or to appoint. If that power does not exist then obviously the minister is then abdicating the responsibility for the legislation.

Now I guess if that's the member's position, then he ought to state it, and we could debate that. Our view is and the position of government is and has been — this is for sure nothing new — that the minister has responsibility for the administration of the legislation. To ensure that that responsibility is met, the minister has the power therefore to designate those individuals who will be responsible.

Mr. D'Autremont: — Well, Mr. Minister, that is what your piece of legislation, Bill 3, has done, according to the Minister of Health, not yourself as associate minister. That she is no longer responsible for health delivery within the regional health boards. That is the responsibility of the regional health boards, not of the minister, and so she can't answer any questions dealing with delivery within the regional health boards because it's no longer her responsibility.

You're saying under this Act that regional health boards will be given some responsibilities for the facilities within their region but that you will continue to be responsible for the appointment of the person designated within that facility to administer this Act, which may indeed be the person that the facility hired to hold that position or it might be somebody else if you don't approve of that person.

And you're saying, well it's never happened before. Well under Bill 3 you have given those regional health boards certain powers, or at least your minister is claiming that you have given them certain powers. Well why is it different in this Bill? What's the difference here?

Hon. Mr. Calvert: — Mr. Chairman, for the information of the committee, we're here dealing with mental health Act amendments. Because we know we're in a reform process, we want these amendments to be applicable in a new process. But I want to point out to the committee that these are mental health statutes. And it has always been the case that mental health statutes are administered by individuals who have been designated by the minister. That, Mr. Chairman, continues in this legislation.

Mr. D'Autremont: — Well, Mr. Minister, then are you saying that you will be appointing the person to that facility regardless of the choices that facility has made? If that is the case, will you be funding that person directly from the department? Or will those funds come from that facility?

Hon. Mr. Calvert: — Mr. Chairman, I'll say it again. The member can't seem to get this clear. We will designate. The department, through the minister, will designate someone in the region to serve the responsibilities called forward by the legislation. That's what happens now. That's what will happen then, Mr. Chairman.

The funding of that position now may be funded through the budget of a hospital. The funding of that position will likely be funded through the district board.

This is not a matter of hiring, employing. This is a matter of designating — designating for the purposes of responsibility under the Act.

Mr. D'Autremont: — Well is it your position then, Mr. Minister, that the department should not be delegating its authority to some other person for the administration of this Act? Is that what your position is? Because that's what it seems to be, that you wish to retain the authority within your own hands for the administration of this Act. So you are opposed to having it designated or delegated to some other person — is that it?

Hon. Mr. Calvert: — Yes, Mr. Chairman. Yes, it is the responsibility of the minister in our democratic system in Saskatchewan to be responsible for the provincial legislation. Surely to goodness the member doesn't suggest we change that. Yes, the minister shall remain

responsible.

Mr. D'Autremont: — Well I'm glad to hear that, Mr. Minister. So when we ask you questions dealing with any portion of health delivery in this province, you are responsible and you will respond. Is that correct?

Hon. Mr. Calvert: — Mr. Chairman, the member, I think, is trying to play games with what is important legislation. The fact of the matter is this. Ministers of the Crown will be responsible for the legislation in this province. Ministers of the Crown are responsible for legislation. That's just what I said and that's what will continue. And I don't think the member would want it any other way.

Now in the provision of services in our province, those services are provided by a wide variety of groups, organizations, and people. Currently some services are provided by non-government organizations — social services, health services, educational services. Some services are provided by globally funded school boards. Some services are provided by directly funded institutions. Some services are provided by institutions like universities. The member knows that.

When it comes to legislation in this province, ministers are and shall and should be responsible for that legislation and accountable in this House.

Mr. D'Autremont: — So, Mr. Minister, then you're only responsible for the pieces of paper, the legislation before the House. You abdicate any other responsibility for the delivery of health within the system. Is that correct?

Hon. Mr. Calvert: — Mr. Chairman, this is absolutely ludicrous. The member knows better and I don't know why he's filibustering like this with this kind of line of questioning. For goodness' sakes, he knows better. Why is he taking the time of the House up in this regard? Of course I'm not saying that ministers are only responsible for the legislative pieces of paper. And he should know that.

Now the fact of the matter is that under this government and under his government formerly and under any government in our democratic tradition, ministers of the Crown are responsible for legislation. And if he suggests a change in that pattern, then he ought to explain that to the House. Ministers will also be responsible for the budgets of their respective departments and the funding of programs. Ministers will be responsible for directly funded programs. Ministers will be responsible for the activities in their departments, and that will continue just as it has always been.

And so I would really ask, Mr. Chairman, that the member would get to a more focused question on the intent and purpose and description of the Bill.

Mr. D'Autremont: — Well, Mr. Minister, I am sorry to say that you're getting a little frustrated with this, but that's your problem and not mine. It's very important,

Mr. Minister, that you make it clear, because you seem to be trying to avoid accepting some of the responsibility for this, that you do clearly outline where your authority lies and where it doesn't lie.

The other Minister for Health, the senior Minister for Health was trying to avoid answering some of the health questions under Bill 3 as it being some other area, not her responsibility because that was the area of responsibility of the regional health districts.

And now you're saying, well I'm responsible for legislation, in one answer. Then you answer in the next one that I'm responsible for more than legislation, but that there are other people who are responsible also. So is it, Mr. Minister, that you and the senior Minister for Health are responsible for all health in this province, the ultimate authority? Or does somebody else carry a portion of that responsibility, and therefore you don't have to answer for those other portions?

Hon. Mr. Calvert: — Mr. Chairman, the member giggles. I'm giggling too. Mr. Chairman, I have some personal responsibility for my own health, just as he does, just as each one of us does. We have responsibility for our families' health.

People involved in the health care professions have responsibilities that they undertake in the provision of those services and in their careers. Boards of institutions today, hospital boards, health care institutions of various sorts, have responsibilities in the health care system. The Department of Health has a range of responsibilities in health care. The duly elected government of the day and the ministers of the Crown have responsibilities in health care.

Now I think that's not news to the member opposite, and I am bewildered by this line of questioning and how in the world it ever pertains to the mental health Act. I would appreciate it if the member opposite would . . . I think there's lots to discuss about the Act and I'd appreciate it if we came somewhere near the Act, Mr. Chairman.

Mr. D'Autremont: — Well, Mr. Minister, we got off on this track because of some concern over the appointment of people to these facilities. Now you were suggesting that you would accept the appointment of the person, or as it says here: "The regional director may designate a person for each facility . . ." Now when you appoint this designated person for the facility, you started off in suggesting that perhaps you would accept the person that the facility chose, the psychiatrist that they hired, if you felt he or she was the right person.

So I'm wondering, when it comes down to the acceptance or rejection of this individual, who is responsible then? And that's when we got off on the track of responsibility. You said it's never happened that they haven't been accepted by your department. Well if it's never happened, Mr. Minister, in your case the description as a paper tiger, then why can't you simply include in the legislation that you will accept

the person that they have hired to fulfil that position.

Hon. Mr. Calvert: — I think, Mr. Chairman, for the benefit of the member and the benefit of the committee, I will review for the member the responsibilities that are the minister's under this piece of legislation, The Mental Health Services Act.

And I would point out to the member that these responsibilities were placed here in 1985. I'm going to read them for the member. He wants to pursue this; well we will pursue it.

Quote the Act:

3. Unless specifically dealt with in another Act, the minister may do anything pursuant to this Act that he (or she) considers advisable for preventing circumstances that lead to mental disorder and distress and for promoting and restoring the mental health and well-being of the people of Saskatchewan and, without limiting the generality of the foregoing, the minister may:

(a) make available mental health services including psychiatric in-patient services, clinical services in the community, residential services, rehabilitation services, consultation, public education, research and prevention in various centres throughout Saskatchewan to the end that those services may be available to all persons requiring them in Saskatchewan;

(b) enter into agreements with persons whose objectives include the promotion, preservation or restoration of mental health to obtain prescribed mental health services in return for fees paid to those persons;

(c) provide loans, grants or other funding to assist persons whose objectives include the promotion, preservation or restoration of mental health;

(d) conduct research for the purpose of ascertaining more effective methods of providing mental health services or carrying out the . . .

The Chair: — Order. It being 5 o'clock, the committee stands recessed until 7 p.m.

The Assembly recessed until 7 p.m.