

# PRINCE EDWARD ISLAND LEGISLATIVE ASSEMBLY



Speaker: Hon. Francis (Buck) Watts

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## Standing Committee on Health and Wellness

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MEETING STATUS: PUBLIC

LOCATION: COMMITTEE ROOM, J. ANGUS MACLEAN BUILDING, CHARLOTTETOWN

SUBJECT: BRIEFING ON MENTAL HEALTH SERVICES FOR WOMEN AND YOUTH

### COMMITTEE:

Jordan Brown, MLA Charlottetown-Brighton [Chair]  
James Aylward, MLA Stratford-Kinlock  
Dr. Peter Bevan-Baker, Leader of the Third Party  
Kathleen Casey, MLA Charlottetown-Lewis Point  
Darlene Compton, MLA Belfast-Murray River  
Bush Dumville, MLA West Royalty-Springvale  
Chris Palmer, MLA Summerside-Wilmot  
Hal Perry, MLA Tignish-Palmer Road

### COMMITTEE MEMBERS ABSENT:

none

### MEMBERS IN ATTENDANCE:

Richard Brown, MLA Charlottetown-Victoria Park

### GUESTS:

Island Mothers Helping Mothers (Dr. Sarah Stewart-Clark)

### STAFF:

Marian Johnston (Clerk Assistant and Clerk of Committees)

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The Committee met at 10:00 a.m.

**Chair (J. Brown):** Okay, members, we'll get going here if we can.

Welcome to the committee. It's been a long time since we've seen each other, probably since high school. I'm Jordan Brown; I'm chairing the committee. Do you wish us to call you Sarah or Dr. Stewart-Clark, or Sarah Stewart –

**Dr. Sarah Stewart-Clark:** Sarah is fine.

**Chair:** Sarah? Okay, perfect.

Perhaps what we'll do, Sarah, before we get going, we'll go around the table starting at Richard and get the members to provide their names to you, as well.

**Mr. R. Brown:** Okay, (Indistinct) Richard Brown.

**Dr. Bevan-Baker:** Hi, Sarah. I'm Peter.

**Ms. Compton:** Hi Sarah. I'm Darlene Compton. I'm the MLA for Belfast-Murray River.

**Dr. Sarah Stewart-Clark:** Okay.

**Mr. Aylward:** Sarah, I'm James.

**Chair:** This is the Clerk, Marian. I think you've met Marian already.

**Ms. Casey:** Hi Sarah, I'm Kathleen Casey, and I represent Charlottetown-Lewis Point.

**Mr. Dumville:** Hi, I'm Bush, and West Royalty-Springvale.

**Mr. Perry:** Allow me to introduce myself. I'm Hal from Tignish.

**Mr. Palmer:** And I'm Chris from Summerside.

**Dr. Sarah Stewart-Clark:** Okay.

**Chair:** Sarah, this meeting is recorded, so these microphones you see in front of you, you'll see the little red light pop up when you're live. It's not to amplify your voice; it's just to record it. What you may see happen – and I'll ask the members to direct

their questions through me – but you may see, kind of, the light go back and forth. Firstly, I'd ask that you wait until the light comes on in front of you before you speak, and then identify yourself so that we know who's talking for the purposes of Hansard.

Other than that, – it looks like you have a slideshow presentation, so do you want to go all the way through that and then have us ask questions, or ask questions as you're going through. It's entirely up to you.

**Dr. Sarah Stewart-Clark:** Feel free to ask questions, I think, as we're going through. I'm fine with that.

**Chair:** Okay, perfect. So we'll do that. Again, I'll ask members to come through the Chair with questions.

I might get you, too, to just kind of introduce yourself a little more formally and let us know who you are, who you represent, what you're doing here today – that kind of thing – and then proceed into your presentation. As questions come up, I'll kind of signal, and when it's an appropriate time we'll stop it and go from there. If you do need a break or anything at any point in time, just signal me and let us know, and we'll go from there.

**Dr. Sarah Stewart-Clark:** Okay.

**Chair:** Great, all right.

Thank you.

**Dr. Sarah Stewart-Clark:** My name is Sarah Stewart-Clark, and I grew up in Charlottetown/Stanhope. I had magical summers in Stanhope. I married an Islander from Kensington, and we had our son on Prince Edward Island. We are both faculty members and professors, so we did have to leave PEI four years ago. I'm at Dalhousie University, and he is at Mount Allison University, but Prince Edward Island is where we both consider home. It will always be the province that we care deeply about, and it is the province that I struggled as a new mother, and that's really why I'm here today.

When I was on mat leave with my son Rory, I had a husband who co-parented equally. I had parents five minutes away. I had

resources. I had anything you would need to be supported as a new mother, and gratefully I used those resources, and I struggled as a new mother.

I met a 17-year-old woman from Summerside while I was on mat leave who was five months pregnant. She had just left an abusive relationship because her boyfriend was kicking her in the stomach to try to get rid of the child. She was finishing her high school. I could see she was such a diligent student. She was so organized and trying to prepare for this child. I really met her just to give her coupons for diapers that I had but once I met her I could not walk away because I knew how much I struggled as a new mom and I had all the resources in the world.

I passed on, and basically, my friends and I had a baby shower, and I passed on everything to Emily, and she used that to raise her son for the first year. When she went to give away the items that were donated to her she posted online that – it was important to her that they were free and that they were given to a mother who had nothing and would need them. She was so overwhelmed by the number of women who responded with very real stories of needing help that she started a Facebook page where mothers could post if they had items to share.

We really started, just Emily and I, helping each other and then Emily helping other mothers, and then the response. I mean, we – none of this was planned. We thought we might have 20 families that we could create this village for because we really do operate under the premise that it takes a village to raise a child. We quickly grew to 2,100 members and we stand today at 4,100 members. They are mothers, they are fathers, they are grandparents with custody of their children, really, anyone, who has a child in their custody is eligible to join.

We started just by sharing resources. I'll go to our first slide. Our mandate really was that, every child on PEI deserves the same resources that my son, Rory has. That's where I came from. We, as a community of mothers, who could help others with our resources, that's how we started to operate. We truly believe that the most important resource on Prince Edward Island is our

children and this next generation. That's why we are happy to invest our time and our finances to young mothers and young families.

How did we go from two members to 4,100 members in three years? That was not a plan that was the need that existed. I will say that we have become an important resource for women and children on PEI because we do not let anyone fall through the cracks. Emily is a mother of three boys under the age of five. I am a full-time faculty member with a five-year-old son, myself. Island Mothers Helping Mothers is run by Emily and myself on our cellphones.

For me it's from 8:00 p.m. to 1:00 a.m. After my son goes to bed I respond to all of the requests that have come in. Another important aspect is that we have declared to everyone that this is a safe place to ask for help; that there will not be judgment; that we are fellow mothers that want to help mothers. That is another reason why our members have come to trust us.

After a year of doing nothing but working, putting my son – having an evening with him, putting him to bed, and then responding for the next four hours to the needs of women I started to see trends. Over three years of working with these 4,100 families I feel that I'm in a position to share some of what I've learned with the government. That's really what has started some of these meetings that have been going on and is a reason that I'm here today.

To give you an idea about the need; these were numbers from a two-week period in 2015, when our membership was only 2,100. We're now doing double that. Over a two-week period our members donated 108 bags of groceries; \$880 in gift cards to grocery stores; 120 lbs. of freshly picked apples. We often have farmers who will donate produce, and 30 containers of infant formula. There is the date, there, it's being scrunched together, but it was September 26<sup>th</sup> to October 10<sup>th</sup>, in 2015.

Medication is one that I'll talk about later, but it's a huge for low-income families. In that two-week period we provided three packages of baby Tylenol. Asthma chambers is a big one. If you have a toddler with asthma, you can't just put the puffer in their

mouth. There is this device that is quite costly. Our members struggle with that cost. We also, in that two-week period, covered antibiotics for a child and the costs of antidepressants for two mothers, and \$275 in gas gift cards to children to travel to appointments to the IWK.

Where is this money coming from? It's coming from the 4,100 members that we have. Emily and I have no funding to run Island Mothers Helping Mothers and we never have. We rely on other families, who feel the same way that we do about the children of Prince Edward Island and the importance of ensuring that they have what they need to grow into healthy children.

We provided 11 boxes of diapers; three boxes of wipes; five high chairs; three nursing pillows; four baby bathtubs; 16 baby bottles; more clothing than I can list. Often, it's seasonal, so winter boots. We want to make sure no child doesn't have a pair of winter boots. Furniture, we supplied 15 beds; nine appliances; three kitchen tables; 24 boxes of pots and pans, and other furniture, often to women who are leaving an abusive relationship and do not have any form of family support to help them make that transition. Members in our group come forward and are willing to help a mother, who is leaving an abusive situation to make sure that she has the resources she needs for her children to be cared for.

That gives you a little sense of the need. That was two years ago when we were at 2,100.

How our site works is that members post what they need. What I have discovered is that the need is there and that Islanders do want to help each other, they just don't know how to find the people who need help, anymore. As soon as I post that there is a family that requires this item, other families will send me a message and say: I'd like to provide that. They will go to the grocery store and purchase it themselves and deliver it to the mother. That's the level of care that we are taking care of each other as new mothers.

The mental health issue and the trends that I'm seeing is really why I'm here. I just wanted to give you that look at what we do. I had our members fill out a survey. You can

see 173 of them did fill out the survey. It gives you an idea about who our members are and what they are struggling with, which is what I'm here to talk about.

How has Island Mothers Helping Mothers helped you? You can see emotional support is a big thing. We don't let anyone fall through the cracks. I will stay up all night texting a mom, whose son has just attempted suicide. Emily and I are never not available when there is a crisis happening because we have seen, over and over again, that when mothers reach out for support to the system they're not receiving the help they need. I don't want to see any mother go through that alone without the assistance of somebody, even if it's just me at the end of the phone.

You can see we help with food, we help with medication, and we help a lot with clothing. We help if a woman is leaving a relationship. That third line down is, we refer our members to other services. We don't want to do anything that's redundant. We have the helping tree. We have a list of all of the non-profit organizations and churches. Basically, we know anyone on PEI in any community that offers some sort of assistance. That's our first thing, is that we refer our members, to either a government service, if it exists, or to another non-profit organization. That's a big part of what we do. When a family is in crisis they're not at their strongest. They're not able to move through the system as easily as they would in other circumstances. You saw help with furniture and other items.

This scared me, because does Island Mothers Helping Mothers fill a gap that other non-profits on PEI are missing? I really didn't expect that 'yes' to be 90%. The reality is, Emily and I cannot keep this up. My family, my husband and my son also believe in this mission and we do it together as a family, but it's not sustainable for me to spend 8:00 p.m. to 1:00 a.m. finding resources for women. It's not healthy. I am not a psychologist and I don't offer counselling to the mothers who contact me. I truly believe that these women deserve the appropriate professional instead of a mother who is acting as a mother and just listening as a friend. This concerns me, that there is a large gap that's not being filled that our members are relying on.

To our donors: How much of an impact you feel your donation makes? You see that a great deal was the most common response and often it's because what we have tried to facilitate is mother-to-mother giving. Although we refer to every non-profit, every church, every charity that donates things, we really try to connect mothers. If I have a mother who needs formula because she started a new job, but she doesn't get a paycheck for two weeks, another mother in her area will buy her formula for her because they know what it's like to be in that transition time. Often those connections stay beyond just that first donation. What I'm trying to do is create a community of mothers, not just on this site, but in our real communities, so that families can find the other families in their area who can offer support and who can provide that mentoring that is needed, that all parents need. It is a very difficult job. We're really trying to make those connections, and our donors feel it. They see. They meet the children that they are helping and so there's often a relationship formed there as well, which I think strengthens our community.

To look at our members – I'm sorry that this has been smushed together a bit on our slide, but you can see that it is all walks of life. We have mothers who have less than a high-school degree and we have mothers with graduate degrees. Mental illness and addiction and sexual assaults does not pick one socio-economic class over another. It's an issue that every woman can face, and it is occurring in every riding in Prince Edward Island. It's not just one area over another. You can see we really do have a good cross section of the mothers on Prince Edward Island in our group. Most are married. Some are single. We do have some widows, and we're not doing enough for them. We have some really crisis situations when we have the breadwinner of the family who happens to be the father, die, and often it's in a car accident where the children are also injured, and now we have a mother who is looking after disabled children without the father. That's a whole other issue I could talk about.

Most are working and when I talk to people about helping low-income families, I often get this reaction that: Well, they're not spending their money wisely. They are kind of in it in their own – some of it is their own

fault. That has not been my experience at all. Most of these families are the working poor and they are getting by, but we all have crises that occur in our life. We have a medical crisis, either ourselves or a family member. We have someone die in our family. We have a medical emergency. We might lose our job and have to find another, and many of us have the family support or community support to get us through those short-term crises.

But, what I see in the mothers in our group is that they don't have that buffer, they don't have that backup. So when they go through one of these life crises, it destroys their stability. They were a working family providing for themselves and now all of a sudden, because they didn't have any backup, they are suffering from a mental illness. They have lost their job and we're really losing them out of that productive working group on Prince Edward Island.

You'll see – it cut off the titles, but this is working – this is full-time and this is working part-time and this is not employed, looking for a job. This is not employed but not looking for a job. This is often our mothers on mat-leave and then we have a few members who are on disability.

The age, you can see, is the reproductive age for women. We do have some members who are 18 to 29, but you can see most of the mothers are 30 to 44. I'm saying 'mothers' because that's how we started, but we do have fathers in our group. We do have grandparents who are taking care of their grandchildren. Really, if you have sole custody of a child in PEI, you can be in our group. Some of the older members of our group would be grandparents that are taking care of their grandchildren.

If we look at the benefits that they are receiving from the government, you can see that we have really ever government program represented and in the other, when I looked at the comments it was the new –

**Unidentified Voice:** (Indistinct)

**Dr. Sarah Stewart-Clark:** Yes, the child tax that has come about.

When I ask our members: How would you rate your overall health? You can see that's

a pretty normal distribution and good is how most would rate their overall health. When they rate their mental health, you can see that kind of starts to trend down to not so well. I can't describe to you the challenges that our new mothers are facing, and I faced it as a new mother.

With all of the resources that I had, I was about four months pregnant and I knew something was wrong. I woke up. I was very anxious. I just was very jittery. I had never had any mental health issues before so I had no idea that's what it was. My husband recognized that: This is not the Sarah I know. With the resources and the education that we have and knowing that I needed help, I had to go to my family doctor three times. The first time I was told to look up counsellors in the yellow pages. The second time I was told: It's just anxiety, what's the worst that can happen? I was told: You can't take medication because it would do horrible things to your baby. That did not help. My husband took two weeks off work to stay with me because I was really in this panic state, and now we know it was a panic attack. At the time, we had no idea what was going on. I just knew that I needed help and I went to a clinic and the doctor there recognized what was happening and said: You've been having a panic attack for two weeks and you do need medication to come out of that, and it's not going to harm your baby at all. He is the reason that that ended for me, that crisis.

But, what that experience taught me is that, had I not had the resources to advocate for myself and my husband supporting me, if that had continued and the medical system had continued to say: It's not a big problem. What would I have done to cope? That's when I first realized for the first time why some women on PEI drink while they are pregnant, and I truly believe that a lot of it is mental illness that they can't cope with. Because when you have a mental illness – I had an anxiety disorder throughout my pregnancy, which thankfully ended after I gave birth, but that whole pregnancy I was treated for an anxiety disorder and the system was very difficult to navigate.

I thought of mothers in rural Prince Edward Island who don't have transportation, who might have made it to a doctor once to tell them what was going on, and when

dismissed, I don't know what they would do to cope. But, I can tell you that having a mental illness, not coping is not an option. It is such a strong change in your ability to function, that you need to find some way to cope and I truly believe that that's why we have such high rates of fetal alcohol syndrome. If I was not a mother who kept going back and back to the system to say: I need help in a safe way. Alcohol would have been the only option for me. That gave me perspective in a topic that I never understood before. I could never understand why anyone would drink during pregnancy, but that experience really opened my eyes to what women, who don't have resources, are left to try to deal with.

When I ask our mothers: What's your biggest barrier to being the mother you want to be? You can see health is one; finances are the big one. Most of our families are low-income and that has been a huge eye-opener for me as well because our members are not wealthy people, even our donors. It's often the people who have the least that give the most, because they know what it's like to try to survive through some of these crises times in a family's life. I'll get back to that later in the presentation.

You can see that they are dealing with abuse. They don't have support from family, and 'other' really is a whole range of responses that I can provide to you if anyone wants them.

What are they dealing with as they try to be a mother? And, this is really why I'm here and why I want to bring it to your attention. So, I can help with diapers and I can help with food, but our mothers are dealing with really serious issues that it's really, I feel, our government system and our medical system that really need to step up and support these women.

We have almost 25% of our mothers dealing with having been raped or sexually assaulted. We have over 30% of our mothers who suffered abuse as a child that was not treated and they did not receive counseling for. We know that 50% of sexual assault victims as adults were abused as a child, so it puts them at a higher risk right away to be in situations where they might be sexually assaulted later in life.

These women are now like my sisters. I've gotten to know them very well, and it makes me so sad that, you know, I lucked out to be in the family that I'm in, but these women are no different than I am, except that as a five-year-old child they were molested by a family member and never received counseling for that, so that changed the path of that five-year-old child's life forever.

You can see we have members that have addiction. We have members who have suicidal thoughts, and we heard this at the public forum last night, and I'm sure we'll hear it again, the number of people who have attempted suicide or are suicidal who are showing up at ERs and being turned away.

You can see hopelessness and loneliness is very high, and I think part of that is that we really don't have the communities that we used to have. We don't have the extended family that we used to have. When I moved to Nova Scotia our son was 12-months at the time, I knew no one. My husband worked in New Brunswick and that also was an eye-opener to what some of the mothers in our province are dealing with when they have absolutely no family support and no community support. It really takes a village to raise a child, and I think we used to have that in Prince Edward Island, and we really have to try to find concrete ways to bring that back, because our mothers and our children are really suffering from that.

This is a graphic produced by the government during family violence week a few years ago, and it's very blurry, but that graphic will be available to you. You have it in the government documents. And, what I want to bring your attention to is the number of calls – so, 3,611 reports were made to Child Protection Services, and that is more than all of the fires that every fire department on Prince Edward Island responded to at that same time period.

We have recognition that fire is a major problem, and we have resources and volunteers and lots of support to help – and we need that, I'm not saying we don't need that – but, we have an even bigger issue with child abuse. I really feel that we're not acknowledging as a province that this is the reality in many of our communities and in many of our children. Until we address that,

I don't see anything changing, because we have this cycle of children being abused at a young age. It changes the course of that child's life forever. They're not receiving treatment. They end up dealing with it with addiction or dealing with it by making risky decisions, and they go on to be sexually assaulted and some of them go on to commit suicide.

For me, if we can treat those children right away, I know that is a cost and an investment, but it would save the system so much as that individual grows up and continues to experience challenges in Prince Edward Island. We would not see the level of issues that we're seeing if that abuse had been dealt with at that five-year-old and six-year-old level. Some of our members have talked about the fact that, they really wish there was someone who could advocate for the child, because they, as a five- and six-year-old, the person went to prison, they were returned to their family; they never received any counseling whatsoever as a five- and six-year-old to deal with that, and so they didn't deal with that. If you're under 18, you need your parents to advocate for you to get that help, and five- and six-year-old children aren't able to do that. In some cases, their parents aren't able to do that, and so we need to have someone who is looking out for that child. If we can provide counseling to that child then, that child has a much greater chance of growing up to be a healthy, productive member of society than continuing down the path of untreated trauma. I just wanted to bring that to your attention.

I spoke with the health minister, and I did want to acknowledge that there are many successes. I'm not here to say everything's terrible. There are many wonderful success stories in the health care system in PEI, and there are many wonderful stories in the mental health care system in PEI, but those aren't the people who inbox me every night that I hear from. I hear from everyone who falls through the cracks.

It got to the point where there were so many of them that had the exact same experience, that I felt it was my duty to bring that to the attention of the government, because I'm seeing the same thing happen over and over again, where people are falling through the system and not receiving the care they need.

I have seen families who have been working, have been taking care of their children. I can think of a single mother who was working and supporting her child. She was sexually assaulted, and she did not receive counseling, and her mental health deteriorated. She lost her job, and now she's on social assistance, and it breaks my heart to see a family go in that direction, because I don't know how we're going to get her out of that. If she had received counseling immediately for her sexual assault, I truly believe she would have had a better chance in dealing with that trauma that had happened, and continuing to move forward with her life.

When I ask our members to rate their experience asking for mental health services on PEI, you can see that we're not even at five; so 10 is the best and zero is the worst, and our members have not had a good experience with the system. Again, this isn't a random population; these are the people who are falling through the cracks, so I would expect to see that.

This is where it's getting cut off. That's going to be a problem, but I think I can see – oh, shouldn't have done that. Just get us back there. It's not (Indistinct) move ahead anywhere. There we are.

Okay, so this looks like – overall, how satisfied or dissatisfied were you with your last visit to an ER? There we go. This is for a mental health purpose. This would be someone showing up with a child who has attempted suicide, or is having suicidal thoughts, or the mother themselves is suicidal or having suicidal thoughts. We heard a lot of those personal stories at our public forum last night, and we have another public forum this evening in Charlottetown if you're interested in hearing the individual stories of what happens to a family when they arrive at an ER with an overdose or a suicide, and I'll get back to that, as well.

We're often told self-refer to community mental health. Don't worry if you don't have a family doctor. Skip the ER. Go to community mental health. And, this is what our members are telling us about their service that they are receiving at mental health, and you can see that it's more on the not satisfied spectrum of the scale.

What I hear from members and what I see – because often I'll advocate for them – I will try to navigate the system on their behalf, and what we have seen is that, yes, there are lots of community mental health clinics where you can self-refer across Prince Edward Island. There are contacts with family violence prevention. There are lots of people you can contact, but essentially contacting those individuals gets you on the same wait list as everyone else who is contacting all of those services. Although there is access to the system, at that initial point there is a long wait before psychiatric care is provided to that individual.

I'm often dealing with individuals in crisis; who have just been sexually assaulted; who have just committed suicide. This really changed everything for me because I was naïve. I grew up on PEI I thought maybe there would be one sexual assault a year on Prince Edward Island. That is not the situation whatsoever. I'm grateful for you to invite me here today, to share the reality of what is happening on Prince Edward Island. I think that most of our population is unaware of the lack of services that exist to help a person in crisis.

This is going to get more challenging to see. Is there a way that I can – let's see, it's not going to let me go to edit it.

**Chair:** Sarah, do you want to just take a break for a second. We can get our tech person to see if they can help you –

**Dr. Sarah Stewart-Clark:** Yeah, even if I had the paper copy.

**Clerk Assistant and Clerk of Committees:** Certainly.

**Dr. Sarah Stewart-Clark:** I could read it.

**Chair:** We'll take two minutes, members.

**Dr. Sarah Stewart-Clark:** I just want to make sure that I don't make an error in which service I'm talking about.

[Recess]

**Clerk Assistant and Clerk of Committees:** Sarah, do you want me to pass out the paper copies now so people can see at the same time?

**Dr. Sarah Stewart-Clark:** Sure.

**Clerk Assistant and Clerk of Committees:**

All right. I don't know that I have – at the end of the table, members; I might have to ask you share.

**Dr. Sarah Stewart-Clark:** We're on page 12.

**Clerk Assistant and Clerk of Committees:**

I'm afraid it's a sharing situation today, gentlemen.

**Mr. R. Brown:** Share with the green party (Indistinct)

**Clerk Assistant and Clerk of Committees:**

I will send copies around to everybody following the meeting, so you'll have your own copy.

**Dr. Sarah Stewart-Clark:** Thank you.

You can see that – so this one is asking: How satisfied or dissatisfied were you with your last visit to Unit 9? You can see that there is some ambivalence; not happy, not unhappy. Some have been satisfied and others were very dissatisfied. If we go on –

**Chair:** Sarah, can I ask you a question just before you go on?

**Dr. Sarah Stewart-Clark:** Yeah.

**Chair:** Do you know – you had mentioned before that you had met with the minister – you know if they, kind of, do their own version of this internally?

**Dr. Sarah Stewart-Clark:** I don't –

**Chair:** – (Indistinct) make sense?

**Dr. Sarah Stewart-Clark:** – know.

**Mr. Aylward:** Sorry, Chair, I can probably –

**Chair:** Just let her finish first and then (Indistinct) jump in.

**Dr. Sarah Stewart-Clark:** I am not a political person. I don't, and have never belonged to any political party. My agenda and my goal is just to provide information to

everyone in government who I think is unaware of some of these issues.

I did meet with Minister Henderson, and was grateful that he took an hour to meet with me. My opinion from that meeting was that each of the – and I had with me individual stories of women and children on PEI and what they had gone through. They were all, I felt, discounted as one-off situations that were spikes in care that the government could not predict. My strong message is that I am horrified at the level of child molestation that is still occurring on Prince Edward Island. I really drove home that message. His response was that the – we do not have an issue because if we had an issue we would see sexual assault victims at the ERs. We would see molested children at the family doctor. So, because we're not seeing them there is not a problem.

I was also told that no doctor would ever turn someone away for help because they took a Hippocratic Oath. Even if the ER was closing for the evening there is no way that a doctor would turn away a victim. We have case after case of that occurring. I had expected my interactions with government to end with that meeting, but I was dissatisfied that I was heard. Really, that's all I'm asking, is for the province to hear the fact that this is an issue, to acknowledge it is an issue and we, not just as a government, but as a province, have to talk about this, or it's going to continue to be ignored.

Whether they have an internal system of gauging satisfaction, I am not aware of that. I can't speak to that.

**Chair:** Thank you.

James, you wanted to say something?

**Mr. Aylward:** Thank you, Chair.

The health department does conduct an exit survey for patients when they leave Unit 9. The uptake on the number of respondents, I couldn't speak on that, nor – I don't know if the government actually records the numbers or disseminates what comes out of those surveys. It might be a good question to ask the department.

**Dr. Sarah Stewart-Clark:** Again, I'm not saying that this is a pool of everyone. These

are the families that have fallen through the cracks, but, for me, they are still as important as other users of the medical system. I don't want to pretend that the system isn't working for some people because I know it is. I, and our group, deal with the people who are being failed by the system. I just want to acknowledge that.

**Chair:** I'll tell you, this may prompt further discussions or thoughts or whatever. Part of the reason I asked the questions is because it would be interesting to see, drill down a level, why are people satisfied, why are – Inherently, when you do something, you're going to have a group of people that are going to be on one end of the spectrum, and one on the other. Probably the bulk in the middle, but it would be interesting to get the detail as to why people feel one way or another about things. I'd say that would probably tell a big part of the story, so it would be interesting to know that.

**Dr. Sarah Stewart-Clark:** For this committee I really wanted to bring you a summary. At the public meetings we've had those families tell their stories and where they saw the system fail them. I am getting a sense of that, but I think it would be very useful to inform the government going forward what are the successes and what are the weak points in that system.

Here we are at Hillsborough Hospital, we see a similar trend that neither – I mean I'm not sure if anyone in that situation is going to be excited about the care, but I do find it troubling that so many of our members, whose children or themselves, have visited Hillsborough Hospital have had such a negative experience. You'll hear those this evening if you come to that meeting.

When we asked about addictions facility; again, we're seeing, not much satisfaction, either a kind of an ambivalent response or somewhat dissatisfied or very dissatisfied. Again, you'll hear from the members this evening about why that is.

**Chair:** Kathleen Casey has a question for you.

**Dr. Sarah Stewart-Clark:** Yeah.

**Ms. Casey:** Thanks, Sarah, for your presentation.

I'm just curious, when I'm looking at all of the slides that we're going through. What would be the number – for instance, how many people would have responded to the survey about your last visit to Hillsborough Hospital, or last visit to an addictions facility? Do the numbers – are they the same numbers in each of the slides or like would there 100 responded to this one and 50 responded to this one? I'm just curious. There is –

**Dr. Sarah Stewart-Clark:** That's a great question –

**Ms. Casey:** – no number on the slide to indicate –

**Dr. Sarah Stewart-Clark:** Yeah, there's a great question.

We had 173 members fill out this survey, but they only filled out the parts that were relevant to them, and I do have those numbers that I can provide to you. I also have the individual responses. You can see the 173 individuals, how they responded to all of the questions, but I can –

**Ms. Casey:** No. I was just curious if they were all –

**Dr. Sarah Stewart-Clark:** I can certainly provide that to you.

**Ms. Casey:** – if all 173 –

**Dr. Sarah Stewart-Clark:** No.

**Ms. Casey:** – responded to every question.

**Dr. Sarah Stewart-Clark:** Yes, no.

**Ms. Casey:** Thanks.

**Dr. Sarah Stewart-Clark:** It was just if you use that system.

**Chair:** Sarah, Darlene's got a question for you.

**Dr. Sarah Stewart-Clark:** Yes.

**Ms. Compton:** Thank you, Chair. Thank you for coming.

Again, about numbers; when you talk about 4,100 members in this group, how many

would be recipients versus givers? If you want to put it that way –

**Dr. Sarah Stewart-Clark:** Yes.

What we have found out is that we're all givers and receivers, honestly. We kind of started out with that giver-receiver model and it has become completely blurred in that. Being a parent in any economic situation is hard. Myself, I had a miscarriage in the summer and I received so much emotional support from the members in our group. It was a group I certainly never expected that I would receive help from and I didn't ask for it, but their support really got me through that challenging experience. I can't split it that equally for you.

We also have had families who were recipient families but have gotten into situations where they are now helping families and we have had the reverse: Families who could financially help and then they have gone through something where now they need. I can't give you exact numbers, just that we have many members who have been both receivers and givers on the site.

**Ms. Compton:** Thanks.

**Chair:** Bush has got a question there, too.

**Mr. Dumville:** I'm just wondering if there's any sort of an arrangement when you have givers and receivers and people go out and spend money on somebody else. Is there any way of getting tax receipts?

**Dr. Sarah Stewart-Clark:** Not at this time.

**Mr. Dumville:** Thank you. Thank you, Chair.

**Dr. Sarah Stewart-Clark:** I wish we could. I can't describe to you what people have donated to other families to help them.

**Mr. Dumville:** I'm just wondering if the givers and the receivers could somehow go through your organization and if your organization could – I don't know. It might be impossible, but it seems like there's a lot of movement there.

**Dr. Sarah Stewart-Clark:** There is. Islanders do take care of each other if they

can find other Islanders to help. This was never our plan. Emily and I just wanted to share our own children's things so this was not set up for this type of level of support.

**Mr. Dumville:** Thank you, Chair.

**Chair:** You're welcome.

**Dr. Sarah Stewart-Clark:** Our members – I'm always referring members to government services and I often refer members to call the provincial mental health line that exists if you are having a crisis outside of regular hours. When I asked: How often did you get an answer to your medical question as soon as you needed? You can see that never was the most common response. This is a challenge that we have in the system because a lot of these women are in very vulnerable positions and if they have a negative interaction with the healthcare system, it's very hard to get them to go back and trust another part of the healthcare system, that they will be taken seriously and receive help. I'm constantly referring to different government organizations and different medical resources, but the more they get turned away at each of these sites, the more challenging it becomes to convince them to continue to go to the ER, even when they are feeling suicidal.

One of the saddest numbers for me is when our members have called the PEI rape and sexual assault helpline office. You can see that there's not a satisfactory response to that service and this was an eye-opener for me. I helped advocate a member of ours, who was sexually assaulted, through the system. I promised her that I would get her help because I believed I lived in a province that had help available. I said: You go to the police. You go to your doctor. I'll figure out where you get help. I was shocked to find out that there's not help. It looks like there's help and I think that's where a lot of our general population, and perhaps some of you, feel that the help is there. But, when you actually try to use it, it is a very difficult system to use. The member that I was working with, when she called the PEI rape and sexual assault helpline, it went to an answering machine that said someone would get back to her within seven days.

**An Hon. Member:** (Indistinct)

**Dr. Sarah Stewart-Clark:** And it said: If you feel you require psychological care, or if you need immediate care go to your emergency room. She went to the emergency room and it was 6:00 p.m. and the ER closes at 8:00 p.m. and in triage they check your pulse. They check your oxygen levels, and that's how you're triaged. She was triaged as non-urgent and she was told that she would not see the doctor before the 8:00 p.m. closure time. That was a dead end for her as well.

Then I started calling every government agency, every number that I could find and everyone kept referring me back to this PEI rape and sexual assault helpline office. Someone did call her back in two days and told her that – it's my understanding that the office has counsellors available in Charlottetown, but that they do have a member that travels to western PEI, and I'm assuming eastern PEI, but I don't know. I know that they do go to western PEI. I'm not sure of the duration, if it's one a month or once a week, but unfortunately at that time that position was vacant and so there was no one who could travel to her to help treat her. She was low-income and could not afford to go to Charlottetown. She and I fought the system.

We filed official complaints with the hospital and with Health PEI, who stand by their assessment that night; that her pulse and her oxygen levels were fine. She is really requesting that in that initial triage, that there are questions about mental health, particularly if someone is coming in with a sexual assault that can increase their level of urgency so that they can receive that counseling that they need. Because I certainly assumed that if I was sexually assaulted in PEI, I would have immediate access to trauma counselling, because that is not an event that anyone can deal with on their own without help. But, that's what's happening to most of our members when they try to access help.

**Chair:** Sarah, could I just get you to hold on?

**Dr. Sarah Stewart-Clark:** Yes.

**Chair:** I've heard a phone now twice on vibrate, that's sitting on something. I would

ask people in the gallery to check their phones.

Thank you.

**Mr. Aylward:** Chair?

**Chair:** James.

**Mr. Aylward:** Thank you.

Sarah, what you were just speaking about there now we heard from one of your members speak last night and I think she referred to it as sort of a national level as far as the triage goes.

**Dr. Sarah Stewart-Clark:** Yes.

**Mr. Aylward:** Do you recall what that acronym was?

**Dr. Sarah Stewart-Clark:** I think it's the CTAS, C-T-A-S.

**Mr. Aylward:** CTAS?

**Dr. Sarah Stewart-Clark:** It's the triage scoring system that anyone in Canada that comes to an ER is triaged based on. If you come in as a sexual assault victim, you're triaged very low on that scale because the scale, I don't think, was built for a mental health type of triage; it's more looking for heart attack and those types of issues.

**Mr. Aylward:** Thank you.

**Chair:** Can I ask a follow-up question on that? Do you know – I think it was last week or the week before there was an announcement about two new, I'm going to call them drop-in, mental health drop-in centres –

**Dr. Sarah Stewart-Clark:** Yes.

**Mr. Aylward:** Walk-in.

**Chair:** – in Prince County, or walk-in centres or whatever they are. Do you know how they're – it sounds like they may be filling some of the gap that you're talking about. Do you have any knowledge of how they're working or how well they're working?

**Dr. Sarah Stewart-Clark:** This is challenging for me because I'm not a politician; I'm simply looking for help. The clinics that were announced are not new. There were no new individuals added to the complement of care in Prince County. Those clinics exist. We had a member who spoke last night who went to the one in Summerside after being turned away at the ER; she was suicidal. The ER turned her away because there was not a psychiatrist on for the weekend. She went to the walk-in clinic and waited for four hours and then the day ended and she never saw anyone.

We're hearing from our members in the clinic in O'Leary that you can talk to someone right away, but you're on a three to six-month wait list to get beyond that point, to see someone to actually receive treatment.

In fact, if you look at the numbers, Prince County has lost individuals, so they have lost a doctor and a nurse practitioner, and there are only seven of the 12 family doctors that are actually there, so we actually had a net loss of individuals from Prince County.

I found it very frustrating, seeing all the announcements, because people who are not accessing the system fully trust that that is there and that exists, and for, certainly, our members who have tried to use them, they identify them as systems that have been in place that they have tried before. Yes, it gets you on the wait list, but it's a three- to six-month wait.

**Chair:** Who are they talking to at the (Indistinct) – is it a doctor that they talk to, or a nurse practitioner, or a nurse, or just a receptionist? Who do they talk to when they go there?

**Dr. Sarah Stewart-Clark:** The individual at the Westisle clinic is – I'm trying to think of her name.

**Unidentified Voice:** (Indistinct) worries.

**Chair:** You'd probably be better off without the name, to be honest with you, at this point in time.

**Dr. Sarah Stewart-Clark:** He's doing a great job, it's just – there's too much need. But no, it's not anyone who can prescribe anything. It's kind of a triage; basically:

Where in the system should you be seen next, is my understanding.

**Chair:** Do you know the people that – is the wait list – if you went in and you were suicidal, would you be six months before you'd see somebody, or would you not be?

**Dr. Sarah Stewart-Clark:** That's been the huge eye opener for me. I assumed, if you were suicidal or even had attempted suicide, that you would be patient one, and we'll get to it later in my presentation, but that is not the case at all.

**Chair:** (Indistinct)

**Dr. Sarah Stewart-Clark:** No, that's okay. It's a good question.

**Chair:** Hal had a question there for you, too.

**Mr. Perry:** Thank you, Chair.

Suicidal was the question I had, but I'll wait for your presentation to ask that question.

**Dr. Sarah Stewart-Clark:** Okay.

**Mr. Perry:** Just regarding this slide that you have up here right now of rape and sexual assaults when they go the emergency room. If someone is going there, and they had, either, sexually assaulted or raped, you're saying that – or prior to going – if they called the helpline and it was after hours, the answering machine would say: Leave a message, and we will get back to you within seven days. And, that also includes a rape.

**Dr. Sarah Stewart-Clark:** Yes.

**Mr. Perry:** Okay, so I just can't get my head around this.

**Dr. Sarah Stewart-Clark:** I know. It took me a long time.

**Mr. Perry:** Okay. Because, not only is it just the emotional state of that person it's not – they wouldn't be thinking straight, and they need the help, but also even just evidence-based, they would have to have that. So, when they go to the hospital, they're told they're triaged, and it has nothing to do with that particular issue, it's just a general?

**Dr. Sarah Stewart-Clark:** Right.

**Mr. Perry:** Wow.

**Chair:** Are they told to contact the police at that time at all, or is there any direction?

**Dr. Sarah Stewart-Clark:** They are given victim services information, who would then connect them with the RCMP. In the case that we're talking about in West Prince, she did report it to the RCMP. The person who assaulted her admitted it on tape that he did it, so that's not the issue. The issue is getting care for her, and it was hard for me to wrap my head around, and it certainly was challenging, because I promised her, that I would get her help.

**Mr. Perry:** So, would the RCMP officer then take her back to the ER, and then would she get the attention she would be seeking?

**Dr. Sarah Stewart-Clark:** The ER was closed for the night in her area.

**Mr. Perry:** But there are others open.

**Dr. Sarah Stewart-Clark:** They didn't offer to take her to Summerside. I don't know if that's a common or uncommon event. I can only speak to that one individual.

**Mr. Perry:** Okay, after hours they're directed to, let's say, the Prince County, if it was up west.

**Dr. Sarah Stewart-Clark:** Right.

**Mr. Perry:** And that wasn't the case that you know of.

**Dr. Sarah Stewart-Clark:** And, I guess too, to fill in the blanks, she's just been assaulted, she was turned away at the – she got an answering machine, she was turned away. She is now not wanting to go anywhere and talk to anyone, so I expect that's why there wasn't a movement down to Summerside, if someone had offered it. She herself, financially, could not afford to drive to Summerside.

**Mr. Perry:** Or even mentally.

**Dr. Sarah Stewart-Clark:** Right.

**Mr. Perry:** Couldn't afford to drive, yeah.

**Dr. Sarah Stewart-Clark:** Couldn't afford, yeah.

**Mr. Perry:** Okay, thank you.

**Dr. Sarah Stewart-Clark:** This slide was an eye-opener for me, because I really assumed that sexual assaults were very rare in Prince Edward Island. I'm using numbers from that family violence pamphlet that I have at the end and that the government produced. If we look at the stats of sexual assaults that have been reported and that have been deemed sexual assaults by the police, they range in number between 73 and 105 per year over a 15-year period. Those same government statistics tell us that only 88% of rapes and sexual assaults are really actually reported at all.

And so, if we extrapolate those numbers and do the math, it means that 640 to over 1,000 women are raped and sexually assaulted on Prince Edward Island every single year, and they're not coming forward, and they're not receiving care. I end up meeting them when they become mothers and they start to struggle with their mental health from all of these untreated traumas that have occurred to them.

I have been in these women's homes. I have been with them in Anderson House. These are not women who put themselves in any sort of situation for this to happen to them. This could be me tomorrow. It was really hard for me to wrap my head around the number of assaults that are happening. For you they are numbers, but for me, these are the messages in my inbox every night when I get home from work, and they are not, as a group, receiving the help that they need.

**Chair:** Peter has a – sorry, I didn't (Indistinct).

**Dr. Bevan-Baker:** Sarah, I think there may be an error with the second. I suspect it's that 88% of rapes and sexual assaults are not reported.

**Dr. Sarah Stewart-Clark:** Sorry. That's a (Indistinct) to know.

Thank you, Peter.

**Chair:** Bush had a question there.

**Mr. Dumville:** Just a question: We had a presentation on child pornography, and it was quite eye-opening. In all your surveys and in looking and talking to your group, does child porn get connected to this?

**Dr. Sarah Stewart-Clark:** I'm sure it might be in some way, but for me, it's not something that has come up with any member that I've worked with.

**Mr. Dumville:** Thank you.

**Dr. Sarah Stewart-Clark:** That's all I can speak to.

**Chair:** Could I just ask a follow-up question on the slides here? I think it might have been a CBC story first, actually, that talked about sexual assault reporting across the country; I can't remember the term right now –

**Dr. Sarah Stewart-Clark:** The unfounded.

**Chair:** Yes. And, there were numbers for PEI I think that were in that, too, and there was like a one-third unfounded rate. Do you know if your numbers – have you looked at the two different numbers to see what the numbers look like?

**Dr. Sarah Stewart-Clark:** These 73 to 105, depending on the year, are cases that the RCMP deemed were founded.

**Chair:** Okay.

**Dr. Sarah Stewart-Clark:** And, I think PEI had one of the highest rates when we came to unfounded assaults, as the terminology that the police use. So, that further kind of makes me anxious about women who are not receiving treatment.

**Chair:** And the 88, where does the – how do we know 88's the number and it's not higher or lower, or –

**Dr. Sarah Stewart-Clark:** That's from Statistics Canada and it's the national statistic. It may be higher or lower on Prince Edward Island, but that's the national statistic we have to go by.

**Chair:** Thanks.

**Dr. Sarah Stewart-Clark:** The reference for that is at the end of the presentation.

So, I mean, this is astounding. I don't think many people realize this, what supports would you need to really address the issues of this number of women being assaulted; currently, not our current system. The rape and sexual assault crisis center have between two and four counselors, depending on the year – this was from 2000 to 2015 – and they're not just dealing with immediate assaults. They're also helping women who were abused as children. So, they're trying to handle the historical cases and the trauma that people are working through, but also the new situations that arise. That really is the extent of our services that are specific to the trauma of sexual assault and rape. Outside of that, it's the mental health care system that our members are trying to find help in.

Overall, how would you rate the care you received from Health PEI? That's just very general. Again, it is mental health, but it's not saying where. It's more of every place that you tried in the system to get help, how would you rate the care that you received.

What barriers do you face? I see this all the time. The points have been cut-off, but the first one is: I have missed appointments because I could not afford to travel there. That is a huge one that I see. That's almost 30% of our mothers, who do actually manage to get into the system, can't afford to get to the appointment once they finally access it. Our members, certainly, buy a lot of gas cards. We have members who just volunteer to drive people to their medical appointments to try to decrease this number because we know the impact that happens when these women do not receive the care that they need.

The blue line is: I have missed doses, or not filled medication because I could not afford them. I'm not surprised to see that over 50% because that is a huge issue for many of our members. It's certainly something that, as a family, we have picked up on. There are several pharmacies around PEI that my family fills prescriptions for women. I know they need their antidepressants. I know they need their medication and they just cannot afford it. That's a decision that we made as a family to support.

I am unable to see the specialist, is in yellow. I do not have a family doctor, is grey. And 'others' mostly referred to not having the ability to access the system. The other 'other' item is the fear that if they admit they have a mental illness that their children will be taken away from them. That's a big fear that a lot of women have. Just even disclosing that they feel they might have post-partum depression or an anxiety disorder is that they might have their children taken away from them. That stops them from presenting the reality of their situation.

Are you able to afford private counseling or have access to counseling through an employer? We do have Catholic Family Services Bureau. We do have a lot of EACs that many of our employers provide for the family members of their employees that are great to help in a crisis situation. But you can see that almost 70% of the women who responded don't have access to that level of counseling. That's a question I get asked a lot: Well, couldn't they go to private counseling? But again, that is a cost that the family cannot afford.

Things that I have seen work; certainly community building, this connection of families has really worked. Where we have mother-to-mother giving and then a relationship forms between that mother, like Emily and I. Emily and I are still supporting each other, and I made that commitment to her that I would the rest of her life. We have lots of mentors that have stepped forward and helped some of the moms in our group.

Resources is a big issue. It was excellent. I applaud Hope Air, and whoever was responsible for bringing them on board to pay the bridge toll for families that had to go to the IWK. That was a huge barrier and our members were paying for a lot of bridge passes out of their own pockets to help get families there.

The only thing I would bring forward with some of those resources is – and I know there has to be a process and a system in place – but the length of time it takes has been a challenge.

What we're seeing is that the family has an appointment for the IWK in May. They get a call; there's a cancellation. They can be seen

right now, in two days, if they come. They want that help so bad for their child that they want to be able to take that appointment that has become available, but it takes 10 days to apply for the bridge pass. It takes longer to apply for the bus program to get them there. They either have to turn down that opportunity to receive treatment sooner for their child, which is challenging to do when they've already waited a long time for that appointment. That's one thing I wanted to bring to your attention.

In the past three years, I have met the most incredible leaders in Prince Edward Island in their communities who have stepped up. I know now, if I have someone in distress in Alberton, there is a mother that I can call and she will be there in a second. We do have really good mentors in our communities. It's trying to find a way to help them provide the mentoring in the community to the people in their community that need that help.

One thing that we really need is immediate access to care in a crisis. If you are suicidal; if you have just been raped; if you are a child who has just been removed from a home because you have been molested, I think all Islanders expect that those individuals get immediate care. No one can deal with that on their own.

What our members are seeing over and over again is that they are turned away. It is heartbreaking. It is heartbreaking that the person that they have is me. I'm texting them from Nova Scotia trying to offer them emotional support after they've been turned away at the ER, after they have called the sexual assault line and gotten a voice mail. These women deserve more than just a mother who is listening to their story. I want to bring that forward.

We need accountability and follow-up. There are lots of great programs in place like the bus, or the bridge pass, and like the new clinics that opened. We need, somehow, to get the feedback about whether those are working. And if they're working 90% of the time, how can we get around that issue when the hospital calls and says: There's a cancellation, can you come sooner? How do we get that information back to the government in a way that systems can adjust? That's part of why I'm here.

**Chair:** Sarah, can I ask you a question before you go on to the next one?

**Dr. Sarah Stewart-Clark:** Yeah.

**Chair:** It's actually on to the last one. Sorry, I didn't want to interrupt you to get it in there.

It surprises me that you're saying that children, in particular, that are removed from home whether it be for sexual assault or basically because the home circumstances are unfit, are not getting the attention that they need. And, we, I would say, everybody around this table has probably had a couple or a few presentations, in the last couple of years on the services that are offered. I can tell you that I've seen from the periphery that happen too, and typically, what I would see would be a pretty quick uptake and you just assume everything is kind of taken care of and you recognize that nothing is perfect. But certainly, you could call somebody and they'd have –

I'll give you an example. Last summer I saw a little boy walking across St. Peters Road with a larger, but still a little boy, seven and two-years-old is what they turned out to be, to go get their mother a coffee at the Tim Hortons. They reportedly do that every – I called child and family first and they had the police there within about 30 seconds and they were in doing a home study and following up and the whole deal.

You look at that and you see kind of how quickly that ramps up when you phone and you would presume that there's steps in place. I've seen in my day-to-day legal practice some of the other end of things, too, to see how some of those things end up.

I'm kind of curious as to where you see the shortcomings in that area, as well?

**Dr. Sarah Stewart-Clark:** I certainly don't want to make it appear as though that system isn't working. I, too, have called CPS when I feel that a child is in danger from one of the families in our group. We are all legally obligated to do so, and that certainly has been followed up on. I think that the system is working in a lot of the cases. Again, it's just the failures that I get.

From what I have seen in the families I have worked with, it is when, in some cases, the child never tells anyone; no one ever finds out. So they grow up and they might tell someone when they're 18 or 19 for the first time, and start to get help for it then. At that point, so much damage has been done. We'll hear from a couple of mothers tonight, who found themselves in that situation.

We also have children, who are placed, eventually back with their families. They're removed until, I'm assuming, child protective services has worked with the parents and felt that they're ready to have their children back. But, we have repeats of what has happened in the past and those children are less likely to talk about it and tell other people because they ended up back where it started. These would be not the majority of cases, but these are the cases where we see the child not getting help.

We have people that I went to school with that I thought had a normal life, and I have come to find out that they were dealing with abuse as a child and they were returned. The father was removed from the situation and they were returned to the care of the mother, who was deemed – she was not part of the abuse, but she was an alcoholic and could not advocate for that child to get counselling and that counselling wasn't immediate. This is the idea where a child advocate would come in, who would ensure that a five- or six-year-old that was abused, even though the individual may already be in prison – it may have gone that far, but who is making sure that that child has received the counselling they need? Usually it's left to the parents to make that happen, but many of these children are not in situations where their parents are advocating for them in that way. Those are some of the areas.

A lot of it is that they have never told anyone or they told their mother or their father, and their parent told them: We will never speak of this again. This is where I think, we, as a province, not as a provincial government, but we as a province have to somehow talk about this and make it okay for kids to admit what happened to them in a way that makes them not feel like the victim. These children did nothing wrong and they are the ones who deserve to be supported through that experience, and that's not happening in all of the cases.

We see that 50% stat – of 50% of the women who are sexually assaulted were abused as a child so it does – if we can deal with the issues when they happen in the family and in the community, we have a much better rate of success for the child.

I threw in philanthropy because we have lots of donors for our wings in hospitals and lots of – not lots of, I'm sure you would all like to have more – but I would love to see women donate for some of the services that – and men donate as well, but we haven't seen big donations to the maternity unit at the Queen Elizabeth Hospital. I find the places where women receive care are the last to be renovated. If a donation comes in, it's usually other areas of the hospital and I really think we need to put the question to Islanders: What type of Island are you comfortable living on? Because this is the reality of the Island you're living on and if you are able to donate, I would love to see government put some of those donations into services for women and children. Those are some things that work.

Things that are not working that I see is having a crisis line going to an answering machine is not acceptable; a system that fails women and children. Any time a woman and children are turned away at an ER it's a loss of trust. I have a very hard time convincing members when they contact me to go to the ER because they just say to me: Sarah, it's the weekend. There's no psychiatrist, I'm not even going to bother. It's trying to get them to trust the system again, that they will be heard and they will be treated.

Having services in central locations has not been working for our rural communities and these are the women and children I worry about the most. If I have a mother in crisis in Charlottetown, I can pretty well get her help. But, if I have a mother in crisis in West Prince or in Souris, it's much more challenging to find resources for that mother. I think many of us assume that anyone can drive to these locations, but that's out of the question for families.

I know we have families that budget; they know where every cent they have is going. If they have a family member who has medical problems, they have to make choices about: Which is the day that we're

going to go to the ER? Because they're worried if they go tonight and it turns out not to be the worst night of that 30 day budget, they won't have money to go back to the ER a second time if things get worse. We have families that are literally trying to figure out in their budget: Is tonight when we go to the ER or do we wait until things might get worse because we want to make sure that when things are at the worst, we have money to go? That's the decisions families are making. Travel to central locations has been a challenge.

We talked about medication that's unaffordable. Bringing in the program that was brought in was phenomenal. That helps –

**Mr. R. Brown:** (Indistinct)

**Dr. Sarah Stewart-Clark:** – so many people. I just love that program. But, not all medications are covered and families sometimes have – you know when you get sick, everyone gets sick. So, to pay that \$20 for all of the children and to have the chamber for the puffer, it all becomes very costly and can become quite a burden for the family.

Ignoring the problem, or perhaps being ignorant of the problem, and I fell into this. I lived in the province completely unaware that this was happening, and I think that many of our families are like that. Until you go through it and you call some of these services, you think that a system is in place, so I really think we need to educate our general population and really ask that question: What type of Island are you comfortable living in? Are you okay with the fact that someone who has been raped can get an answering machine at the rape line when they call? Some of these questions we have to really come together and answer.

We somehow have to address this fear of losing children (Indistinct) admitting to having a mental illness of any sort, even a more minor case of post-partum depression or anxiety, that fear exists. We need somehow to triage in our ER; our mental health and addiction and sexual assaults better. Taking pulses, taking oxygen levels is not going to give you the appropriate triage for someone who's in a mental health crisis or has just been assaulted.

We've had a challenge keeping doctors in some of our rural regions, and keeping psychiatrists in the province. There have been so many families – we heard last night, we'll hear it tonight – speaking of their children being prescribed medications and then the medical doctor leaves and many family doctors do not feel comfortable prescribing psychiatric medications, and really the child is left without any continuing care. That has been something that members have found a challenge with.

The bottom line, I really think, is what type of community are we willing to live in? That's a question for every resident of Prince Edward Island.

In addition to that, what do you want me to tell women who are suicidal, who have been assaulted, who have no hope? I'm the person that they call when all of the other phone numbers from the government systems have either passed them on – so we have a problem of, if you've been sexually assaulted and you go for mental health resources, mental health says: You've been sexually assaulted, go to the PEI rape and crisis counselling. They go there and they're told: Well yes, you were assaulted but you have deeper mental issues so you really should be treated by the mental healthcare system. We really need to have a discussion about how we are going to better treat the women and children who are brave enough to come forward, that they need help.

But deeper than that, I think we need to have a conversation as a province to make everyone aware that this is happening still in our communities in 2017. There are still children who are having their futures robbed from them right in our own communities, and we have to somehow create a culture where that is no longer acceptable. Often the victim, whether it's a child or an older teenager, they want to protect the other people. They don't want to get in trouble and in those situations; it is that child who bears the full costs of that incident and it changes the course of their life. So, if we can somehow find a way to get them help earlier, I think it would save the system a lot in the long wrong, because then we wouldn't be seeing some of the mental health crises that we see as these individuals get older and start to have families themselves.

I'm sorry that I went so long. I am a professor, and so I have that natural ability to speak, but this is something I feel really strongly about, and I can't do more than I'm doing, but more needs to be done. I feel that you are the people who can really do the work that needs to be done, and so I just wanted to bring forward to you the information that I have gathered. And again, it's not everyone using the system; I completely have seen the successes. I don't want you to think that I'm here just attacking the government for not having good services, but I do feel a responsibility to bring forward to you the areas that I see members and Islanders falling through the cracks. I greatly appreciate having the time this morning to bring this information to you.

**Chair:** Thanks. James has got a question there.

**Mr. Aylward:** Thank you, Chair.

Just an opening comment first, Sarah: Thank you very much for coming in today and for doing all the tremendous work you are doing, albeit removed from our province the majority of the time, and also that's extended to Emily, as well, your partner in this initiative.

But, I'd also like to thank the members around the table for accepting my request to have you come in, because I think it was a very important – I mean, just since we've connected a short time ago, and you've shared many of the stories that you've received with several of us around this table, and various other MLAs, it's been a real eye opener for us.

Just a few questions: So, you have, currently, approximately 4,100 members. Do you have any idea, approximately, how many children that would represent?

**Dr. Sarah Stewart-Clark:** I don't, but I did in this survey, and it was not summarized in an easy graph that I can show you. But I could, if you want, tell you the number of children involved in those 173 families that filled out the survey.

**Mr. Aylward:** Okay, yeah –

**Dr. Sarah Stewart-Clark:** That is a number I could get, because I have the chart.

**Mr. Aylward:** Than then, my other question would be: Geographically, or regionally here on PEI, what's the makeup of your members? Were you able to disseminate that at all?

**Dr. Sarah Stewart-Clark:** This is just from my sense of it, not actual numbers, but we have good coverage in West Prince, Summerside, and the Charlottetown area. We do not have a lot of members from the eastern end of the province, and I'm not sure why that is. Our members are mostly Charlottetown to Tignish, although, I mean, we do have members in Souris and Montague. We do have members, but Kings County would represent the lowest number of our members per county.

**Mr. Aylward:** You talked a little bit about the community and how that is one thing that is working very well, and I mean, I just wanted to highlight, not only, Island Mothers Helping Mothers, but there's HOPE, which is Helping Other Parents Educate, the Reach Foundation, Grand Parents Raising Grandchildren, the PEI suicide prevention group, the Catholic Family Services Bureau. There's another organization here in Charlottetown called the PEI pregnancy centre that does amazing work, too. It's a faith-based organization.

**Dr. Sarah Stewart-Clark:** Yes (Indistinct) constantly.

**Mr. Aylward:** Yeah, exactly. But, it's just, I guess, it's alarming to me that we have so many groups such as this and yours, that are essentially being born out of necessity, because either the services are not there, or it's too difficult to navigate, so I think that alone should be a huge red flag.

**Dr. Sarah Stewart-Clark:** Can I add a point to that?

**Mr. Aylward:** Certainly. Yeah.

**Dr. Sarah Stewart-Clark:** Something I forgot to mention is what really spurred me into trying to advocate, instead of just trying to meet needs, is that we lost mothers this year to suicide in our group. We lost children to addiction, and so this really has

become a life or death issue for the families in our communities.

In doing what I'm doing and how I refer to other groups, I've become connected with some of these other groups, and after the suicides, we were like: If we don't do something, there are going to be more. And so, Lisa Carmody Doiron – our group funded it – she runs a peer support group for women with mental health issues in Charlottetown. They meet every Thursday evening. There's a walk and talk at the Stratford gym every morning, so mothers know that there's a mother there willing to walk around the track with them and talk if they need it.

We have Kate Eastman, who is advocating for children who have been abused. We have Christy Morgan and PEI Food Share helping our families have enough food to eat. And, we are all doing this because we are afraid of what will happen if we don't. We are doing it without any government funding, without any training, and it is working. And so, one thing that I would ask: If there is some way for groups or individuals that are having a positive impact to either receive some sort of funding, or even training in how to run a non-profit organization or – I'm envisioning a session where all of those individuals that you mentioned who have started groups out of necessity could receive some training in doing what we do in a better way.

But, I share your concern that essential services are being provided by regular citizens who just can't live with themselves if something isn't done.

**Mr. Aylward:** Just one last comment, Chair? Thank you very much.

With these standing committees, we do provide a report to the Legislative Assembly, and I was very happy to hear you talk about a child advocate here on Prince Edward Island. I've been speaking to that and many other members have been speaking to that in the Legislative Assembly now for several years. Certainly, it's one of the things that I am going to recommend that this committee put forward to the government again, is that we, once and for all, put in place a child advocate here on Prince Edward Island.

So again, thank you for that point.

Thanks, Chair.

**Chair:** Bush.

**Mr. Dumville:** Thank you for your presentation. It was very enjoyable. I enjoyed every bit of it. You didn't talk too long at all.

Are you thinking of getting a charitable number?

**Dr. Sarah Stewart-Clark:** I would love to do that. I have no training in that. I am a faculty member at Dalhousie University working probably 60 hours a week there. I have a five-year-old child, and then I do this every evening, so I haven't had the time to take that step forward, but that's absolutely what needs to happen.

**Mr. Dumville:** There are lots of service organizations that you could make a request to for funding.

**Dr. Sarah Stewart-Clark:** Once you have that.

**Mr. Dumville:** And the other thought is that if a charitable organization wished to make a fund – a contribution, theoretically, they could give it to the maternity ward out at the QEH in the meantime.

**Dr. Sarah Stewart-Clark:** I had my son there. I would support that donation, absolutely.

**Mr. Dumville:** Thank you.

**Chair:** Peter?

**Dr. Bevan-Baker:** Thank you, Chair.

Sarah, thank you for being here today and having got to know you a bit over the last few weeks, I'm absolutely in awe of so many aspects of who you are, of your humility, of your determination, your stamina, your generosity, firstly in putting this group together, and I know that was accidental – you never set out to be here today representing over 4,000 Island families; so firstly, in making this happen.

Secondly, in the number of hours that you devote to this every single day, and I know that, and these are not easy hours, either. They are emotionally and physically draining for anybody, never mind somebody who has a young child.

Also, for the quality, the sophistication of the survey that you brought with you today. I mean, this doesn't take – it's not a ten-minute job to put this together. What this tells me is that there are some frightening things happening on Prince Edward Island, and one question we have to ask ourselves – I think it's uncomfortable for us as legislators, because our primary role as I see it, is to make sure that the quality of life for all of the citizens on PEI is as good as it possibly can be, protecting our citizens is our primary role, and clearly we're not doing that very well.

I mean, you were great, because you did not assess blame. You did not say this is – and it's not – this is not just happening on Prince Edward Island; this is a global phenomenon.

I think we have a special opportunity here because of our size and our history and the fact that we are one jurisdiction, to actually do something about this; but it concerns me that the heavy responsibilities that your group is carrying really should be government's work. That should not fall on the shoulders of individuals like you. Don't get me wrong. Again, I'm in awe of what you do, Sarah.

I have a couple of questions and the first one is: Do you look to a particular jurisdiction as a model of how perhaps Prince Edward Island could do things differently?

**Dr. Sarah Stewart-Clark:** The short answer is no. I don't have all of the answers, either; and I haven't put the time into researching what other jurisdictions are doing.

The things that I like when I hear – certainly Nova Scotia is struggling a great deal with mental health issues; it's not a glowing picture there, but things like they do have a peer support line for women who have postpartum depression. So even if you haven't been diagnosed but you just feel that you have postpartum depression, there is a number that you can call and there is a

mother on the other end of that 24-7 who has been through postpartum depression; just for someone to talk to, not to replace counseling, not to – I think anytime we can create opportunities for community members to help share some of the load, I think those are successes.

But no, I can't give you a model that I'm in love with that I know works 100% of the time, and I'm not sure if that has been done. I think that would be a good exercise, to see what is being done across Canada and where we could pick the best parts of those systems from. It's not something that I've done.

**Chair:** Peter.

**Dr. Bevan-Baker:** Thank you, Chair.

If you look at the list of things that work on your penultimate slide there, from community building to mentors to philanthropy to counseling, I mean really what – there's one word which encompasses all of that, and it's kindness. It's letting people and individuals know that they matter and that they are cared for.

That can be provided in a number of ways. You do it informally through your group, but I'm wondering if you have any recommendations about – we spend a lot of money on health care here, an enormous amount of money on health care, and an enormous amount of money on mental health services. Do you feel that in any way that money could be spent more effectively or efficiently than it currently is?

Obviously, you've identified a number of gaps here, some of which seem to be fairly simple – I would imagine – things to fix, but this is an enormously complex problem –

**Dr. Sarah Stewart-Clark:** It is.

**Dr. Bevan-Baker:** – and nobody should pretend otherwise, but is there – do you have any recommendations within the health department where we could spend the money more effectively?

**Dr. Sarah Stewart-Clark:** First, I want to acknowledge that this isn't my area of specialty. I'm here as a mother representing other mothers, so I don't want to come across as a specialist in health care planning

or counseling or any of that. It is not my strong point.

But, what I would say to your question is: From my perspective, we would save as a province so much money if we dealt with the crises as soon after they happened as possible, because what I have seen are families who are functional and are working and have to wait three to six months, to nine months, to receive counseling for a traumatic event, and the decline in health that occurs – like, I see the decline in their mental health that occurs over that time period and it ends up being a much more serious problem than it was at the beginning, because as individuals we're just not equipped to cope with those types of traumas.

So any time we can get assistance there as early as possible – you know, I know that is an expense, and I'm not naïve that our government is restricted in the funds that we have; but if we can get services to people in crisis sooner, then what I have seen is that they kind of return to their functional self much sooner. If they're waiting forever, their mental health declines and more serious issues develop and it ends up costing the system a lot more.

That's one area that I think needs investment, is ensuring that – you know, we do have that window of opportunity after a trauma to try to minimize the damage to mental health that has occurred, and if we can do that, then that will help that individual have less of a mental illness. They might not develop PTSD from not being treated for so many years. They might not develop such anxiety that they can't leave their house and go to work, and then lose their job and end up on social assistance.

So those types of areas are one thing that I see I would be of benefit, but again, this isn't my area of expertise.

**Dr. Bevan-Baker:** Can I have one final question, please?

**Chair:** Sure.

**Dr. Bevan-Baker:** Thanks.

You bring up a point, Sarah, that's very relevant, and that is that apart from the human cost of mental health and all of the other issues that you brought up this morning that add economic health to our community, in Canada it's estimated that mental health issues cost the economy of Canada \$50 billion a year. If you extrapolate that out to the population of Prince Edward Island, that's \$250 million a year.

Again, whether it's exactly that or not; you can't say. But, that's an enormous amount of money in all of the areas you've just said there, and I agree that early intervention is critical. For Islanders to have a place to go, a point of entry where they will get on-time, expert care, 24/7, from tip-to-tip across PEI is critical.

You also talked about how helping children and intervening at a young age is critical, and I think adopting, incorporating in our classrooms strategies to help children develop resilience to be able to cope with stresses and anxieties in their lives, which we don't do at all now, is a critical thing; but perhaps the thread that runs through all of this more than any other is poverty.

That seems to appear as a – and of course, there are people living in poverty who are perfectly mentally healthy and there are people who are millionaires who are suicidal. You see that all the time, so it's not a cause and effect, but it's clear that poverty – and studies have shown that – is the biggest indicator of both mental and physical health over someone's lifetime.

Do you have any suggestions for reduction of poverty in Prince Edward Island? Again, I'm probably asking you questions outside the scope of your expertise, but do you have any ideas of what we might do?

**Dr. Sarah Stewart-Clark:** Again, it's – I'm not sure how it's accomplished, but we need to rebuild a sense of community in Prince Edward Island. Our members feel very isolated. They might live in a neighbourhood in Charlottetown where there are 100 people that they can look out their window and see, but they are completely isolated from them.

I think that if we could somehow facilitate building communities where individuals

who are dealing with these issues could find people to be their support system, that that really in the long term is where we need to move to, and that's one thing that I have learned through this group is that the people who help really want to help. They just had no idea who in their community needed help anymore, because we are so disconnected from each other.

I'm not sure the cause of that, I'm not sure how to fix it, but somehow we have to have that conversation as a province and say: Government can do so much, but we as residents have to look out for each other. We do have a lot of mothers who have moved to communities where they have absolutely no family support, so who in that community can step up and help support that?

I'm not sure if anyone's read the One Nova Scotia report. Because I live in Nova Scotia, I read it and highly recommend reading it. It honestly is what spurred me to get so involved in this. It's called *Now or Never* and it was a report commissioned by the government of Nova Scotia to really look at every aspect of Nova Scotia and say: If we want to succeed, or even just continue to exist, what do we need to do right now?

There were lots of things that came out of that, but one of them was, that basically the province has to make that decision now or never. I feel like PEI is in a similar boat. One of the things out of that report was that we can't expect government to fix everything. So individuals have to decide for themselves, what can they contribute to their communities? It has to happen now.

That's what made me feel comfortable – I was still quite anxious doing it – getting involved in a stranger's life. When I first met Emily, that was not in my comfort zone but I had just read that report. I had that mentality; now or never. I had the mentality that government can't do everything, what can we as individuals do? That pushed me forward to take that on.

I don't know how we build stronger communities, but what often, I find, helps our members the most is not just the financial donation, or the winter boots for their kids, it's that someone in the community cared enough about them to help them. That is often the biggest source of

help, so however we can facilitate that in their communities we really need to do a better job of that.

**Chair:** Kathleen.

**Ms. Casey:** Thank you, Mr. Chair.

Sarah, you know, I'm a mother, so thank you for the work that you're doing. If, someday, your group ends up getting a charitable number there are two groups on Prince Edward Island called 100 Women –

**Dr. Sarah Stewart-Clark:** Yes.

**Ms. Casey:** – Who Care. I'm a founding member of the Charlottetown group. They're very generous to –

**Dr. Sarah Stewart-Clark:** Yes.

**Ms. Casey:** – supporting women. There is one in Prince County, as well, who are very generous. I would be interested – earlier in the presentation, I asked about how many people responded and where the numbers went. I just want to see if there is a trend in certain areas.

**Dr. Sarah Stewart-Clark:** Yeah.

**Ms. Casey:** If you could forward the numbers to how many responded to each question –

**Dr. Sarah Stewart-Clark:** Yes.

**Ms. Casey:** – of the 173 to our clerk.

**Dr. Sarah Stewart-Clark:** Okay.

**Ms. Casey:** That would be appreciated, just for my own knowledge, just to see if there is a trend certain different areas for me.

**Dr. Sarah Stewart-Clark:** Sorry –

**Ms. Casey:** That's okay.

**Dr. Sarah Stewart-Clark:** Bad habit of cutting off.

**Ms. Casey:** That's okay.

**Dr. Sarah Stewart-Clark:** I can also provide the information for all of those other graphs, just so that the committee has the

complete view if there are other questions that you are wondering about.

**Ms. Casey:** Thank you for the work that you are doing. I appreciate it.

**Dr. Sarah Stewart-Clark:** Thank you.

**Chair:** Darlene.

**Ms. Compton:** Thank you, Chair.

Thank you, Sarah for coming in; and again, it's amazing work that you're doing. I think if we look across previous years and previous generations there are always community groups that are willing to help and I feel you're taking on that but in Yeoman's ways. I mean it's just amazing that you're able to do that.

You talk about now or never and we're going through that with our school. We talk about the community and how important that is. I'll get emotional now because I'm a mother, too, and it's important.

**Dr. Sarah Stewart-Clark:** Yeah.

**Ms. Compton:** We need, as a community, to work together so I just want to thank you for the work you're doing.

**Dr. Sarah Stewart-Clark:** I'm glad that you brought that up because it's, again, not completely tied to this, but I'm terrified about removing schools from rural PEI –

**An Hon. Member:** Urban, too.

**Dr. Sarah Stewart-Clark:** – and from the perspective –

**Chair:** (Indistinct)

**Dr. Sarah Stewart-Clark:** I don't have children in Island schools, but what worries me about it is that for so many of our members, and the children in our group, it is the teachers and the principals –

**Mr. R. Brown:** Yeah.

**Dr. Sarah Stewart-Clark:** – who see – they're the first to see whether there are mental health issues or addiction because there's only – if I'm just talking West Prince, there are only seven of the 12 family

doctors that should be there. Many of them don't access health care. It's the school system that picks up the problems. The teachers go through extraordinary measures to get help for those children.

I worry that if they are removed, and I know that the primary responsibility of a school is not to offer health care and social assistance, but because of the lack of support in some of these communities the school is the only intake point for children. It, at least, gets them connected to different support groups. I really am afraid of what will happen if those schools are removed.

When I talk about sending people to resources, that's definitely one of the places that I refer our members to, because I've worked with the principals and the teachers and I know who will advocate for that child and that family and get them the help that they deserve. Once that's removed, I – there are no other members of that community who are interacting with the children to intervene and get them help that they need.

It is a separate issue, but it is something that I'm very worried about.

**Ms. Compton:** Chair.

It's the one positive thing that, I can say, has come out of this school review process is a sense of community that it's forming in all of those communities that are under threat; and the number of young people that are coming forward, who before maybe thought: Well, I'm busy with my own family and my own life and don't realize the importance of that community –

**Dr. Sarah Stewart-Clark:** Yeah.

**Ms. Compton:** – and what they provide for their children. I talk about the volunteer groups that we have and organizations. You look at the age demographic. It tends to be my age or older. We keep saying in those volunteer groups: Who is going to take over? I see that there is definitely a positive coming out of this threat. That's what it is. It's helping to form that sense of community that's so important.

Thank you for your work, Sarah.

**Chair:** Bush.

**Mr. Dumville:** Just a thought in helping some of your families. I don't know if you're going to get more organized and be able to make formal requests, but there are service clubs out there that are willing to help.

**Dr. Sarah Stewart-Clark:** Yeah.

**Mr. Dumville:** I mean it's not like family support, individual family support, like communities that we had in the past, but there are still those clubs out there. I'm a member of the Rotary Club; in fact, I'm on the donations chair. There is Easter Seals money. There is literacy money. Then, there is money that if you have a good cause and you back it there is money there, but you have to give us the need in a more formal way.

**Dr. Sarah Stewart-Clark:** I do refer members who are trying to travel for extended periods of time at the IWK.

I don't want you think that we're trying to take it all on ourselves. We do refer to many groups across Prince Edward Island like that –

**Mr. Dumville:** (Indistinct) organization –

**Dr. Sarah Stewart-Clark:** – who step forward and help, yeah.

**Mr. Dumville:** Anyway, thank you for such a wonderful presentation.

**Dr. Sarah Stewart-Clark:** You're welcome.

**Chair:** Anybody else have any more questions?

Richard.

**Mr. R. Brown:** Thank you, Mr. Chairman.

You know, being elected, there's lots of issues on the table. I think this is one of the most important issues that we have to address.

You know we can talk about roads and bridges and buildings and infrastructure and that, but the need – Peter said: The need of this group of population – if we're not going to extend a hand and help to the most

vulnerable, then who are we going to extend a hand to? You know?

I think I want to thank you. I mentioned last night I'm extremely impressed by you. There will be people that will say: Well, you're taking the extreme approach. I'll discount them pretty quick because you've been on the frontline.

**Dr. Sarah Stewart-Clark:** Yeah.

**Mr. R. Brown:** You've been there out front. You've come ahead, opened up a Facebook page, which is the power of the Internet, and people have come to your site because they can't go anywhere else.

I know, we talk about tax credits and that, but you know what? I think the people who go onto your site don't care about a tax credit. They don't care about being recognized. They just want to help. That's the kind of thing we have to do.

Thanks.

**Dr. Sarah Stewart-Clark:** Just to add onto that: I am very fearful that if we don't address it as a province we are headed in a very challenging direction. You've probably heard me say it before, but I consider our most important resource is not tourism. It's not lobsters. It is our next generation of young people.

I'm very worried that if we don't take steps to address it we are going to end up with populations who are not going to be able to be entrepreneurs and politicians and leaders that we need them to be for the next generation.

I really do feel like we're at that point, where –

**Mr. R. Brown:** Yeah.

**Dr. Sarah Stewart-Clark:** – if this doesn't change it's not just going to be a mental health issue, it's going to be a huge economic issue for the province. It's our future. These children are our future.

**Mr. R. Brown:** In the last session there, the last government, there was a conversation and a lot of us around the table were there for it, mental health issues. We had a

conversation. We opened up the conversation. A lot of people thought we shouldn't have opened it up. A lot of people were saying: There are supports out there, but we opened up that conversation.

I think we're moving ahead of it through the committee process so you've got a group of people around here, and anyone that is elected is – we got elected to help people.

**Dr. Sarah Stewart-Clark:** Yeah.

**Mr. R. Brown:** We didn't get elected to set up bureaucracies. We've all gone door-to-door. We've all seen our constituents. We've all seen the needs. I've been around a long time. You've got a lot of good people around the table here that, I think, will push this issue.

Thanks.

**Dr. Sarah Stewart-Clark:** I hope so, and I'm certainly grateful to all of you. I know – or I can imagine that being a politician is not an easy job and I greatly respect the people in this province who have stood up to help benefit Islanders.

I'm excited to see – any time I meet a female politician, I thank her profusely because there is a female perspective and a female experience that a lot of men are not aware of. I think that having women in politics is critical in moving some of these issues forward, and I do find a lot of hope in the individuals that I have met with to-date, that they either were unaware of the extent of the problem or now have kind of a direction where they can go in, and I do trust that this group will continue this to move forward as I return back to my now-home province of Nova Scotia, although PEI will always be our home province.

**Mr. R. Brown:** Good.

**Chair:** Unless there are any other questions, I have one final question, a short one, and then a comment after. The question: I'm wondering if you have, kind of, had or know anybody that's had any interaction with the new patient help navigators that have been put in place just recently in the health system and if there's any feedback as to how they're working out or –

**Dr. Sarah Stewart-Clark:** My first response was: No one knew about them. I wasn't here to see how it was released, but when I would bring that up as a resource, the individuals were not aware of it as a resource. It hadn't been used by our members. I'm hoping it's being used more now, but I haven't had feedback on whether that has been assisting them.

**Chair:** Yes.

**Dr. Sarah Stewart-Clark:** I don't know that yet.

**Chair:** It is interesting because that would be a comment that I've heard a few times, but I can also tell you that I've seen numerous media stories in relation to them and I know one of them quite well and know that they are very serious about spreading the word and I've done what I can through Facebook and social media and whatever else, but it's such a – to make the connection that there's that person out there that can help me with my problem, I think is the issue that we somehow need to get around; the healthcare system, really, a one facet of a number of different silos that we have to help people that are in need, as you've addressed here today, and so it's – people don't always think of, kind of, the route that we would think would be most natural so it's interesting that way.

**Dr. Sarah Stewart-Clark:** I agree with that, and I think we all would approach the system from the same place; but we have to remember that there's a whole other section of Islanders who are not aware of how to navigate the system and often I will tell individuals: Please go talk to your MLA or your MP. And they say to me: What is an MLA and what is an MP?

**Chair:** Yeah.

**Dr. Sarah Stewart-Clark:** It's explaining that system to them, that their MLA is actually working for them and that you would be happy to meet with them, and telling them who that would be in their riding. That's the place that a lot of our members are coming from. We will continue to promote that as a resource, absolutely.

I think it's important because when you're in a crisis, you're not in your best – you

don't have your ability to advocate for yourself like you normally would. You do need someone, yes.

**Chair:** The other is a comment and this is just some kind of positive feedback, I guess, for you. I know when we were early on in – we have a four year old and a two year old and we were early on in the going, probably around the time you were just getting started up I think as I recall, this became a resource that you would turn to for just simple things like whatever: My child is having a witching hour every night; what can I do? It's surprising, even if you do have resources –

**Dr. Sarah Stewart-Clark:** Yes.

**Chair:** – to talk to other people that are going through the same thing and get that positive affirmation is something that you need when you're, as you say, in that crisis period and some people's crises are bigger or smaller than others, or are treated that way anyway.

But, to have that kind of – it's not really a one-on-one connection necessarily, but to reach out to other people that are going through the same thing and to at least know that you're not the only one or that your baby is not the only one that's behaving that way, I think does make a huge difference.

That led on to – I know there was a few times, particularly at Christmas time, where my wife had me heading off with bags of groceries to various doorsteps, or whatever.

To your earlier point, Bush, we give, of course, to the soup kitchen and the food bank and everything else, but there's nothing quite like showing up on a doorstep with some groceries. I will say, too, from the other perspective, you'd think people would be very happy to see you there. Well, a lot of Islanders don't – they're kind of – I don't know whether they're proud or whatever, but they often will take the groceries and pretty quickly be back in the door and close the door. And you think: Wow, I wonder if they're all right in there? But there's kind of that piece to it that you don't get when you make a charitable donation and get the receipt back that really does matter. Other than when you donate to Christy, she usually gives you a great big hug when she picks the

stuff up, so you get it that way too. Anyway, sorry –

**Dr. Sarah Stewart-Clark:** Sorry.

That's a good point because a lot of the people that we donate to are dealing with abuse and are dealing with anxiety. They are so grateful for the help, but it's so anxious to have someone come to their door that they're just retreating to get back to their safe place. I've encountered that very often and I try to tell donors that, that it's not that they're not grateful; they're just mentally not able to interact with people at that point.

I'm glad you brought up the Christmas program. So we – over the past two years – have provided Christmas to 300 families in Prince Edward Island, and that was with no funding. It was through other families adopting a family and being their Christmas that year. It's been phenomenal to see the donations from one family to another, absolutely.

**Chair:** So, unless there's anything else there, Sarah.

**Mr. R. Brown:** Like you said earlier, government can't be anything, but we can be a facilitator – in order to bring that together. What you've done, just on the Facebook – and bringing communities together. I come from a big family, so if I've got a problem, I got brothers and sisters and cousins and uncles and they all jump to your support. I think if we could do a minimum of that, just bringing people together and saying: look – what you just said – a buddy system, mother with another mother. If we could facilitate that somehow; it's not always about the professional – the PhD, sorry.

**Dr. Sarah Stewart-Clark:** I'm a shellfish biologist. This is not what I do at all.

**Mr. R. Brown:** No, but I mean the professional that we have to have. Maybe it's just sometime another mother or another person to say – like Jordie says – I just don't know what to do.

**Dr. Sarah Stewart-Clark:** Well you saw that (Indistinct) –

**Mr. R. Brown:** With the smaller family today, I can't imagine how hard it is with some families.

**Dr. Sarah Stewart-Clark:** And that's why that – number one: what do you use it for, emotional support? Your question: Who's a giver, who's a taker? We're all – we're donors – but we're also takers in different ways, absolutely.

**Mr. R. Brown:** Yes. Sorry, thanks.

**Chair:** That's all right. Anybody else?

Sarah, thank you very much for taking the time – for reaching out to us as well and, of course, for taking the time to do your community engagement piece while you're back home, here on Prince Edward Island. For all that you do in between public appearances, I guess, too, which is, of course, very important and we've heard small snippets of it today. But when you head back home and you're spending your evenings from 8:00 p.m. to 1:00 a.m., where you're taking away from your family or whatever the case may be, we want you to know that we're certainly very appreciative of that, for sure.

Thank you.

**Some Hon. Members:** Thank you. Thanks.

**Chair:** Okay. So maybe we'll give Sarah a minute to get packed up there.

**Clerk Assistant and Clerk of Committees:** (Indistinct) be sending out the electronic version of the presentation you saw. And the statistics will also come once we receive them from (Indistinct).

**Mr. Aylward:** That was an excellent point to get those, too, yeah.

Thank you.

**Chair:** Okay, so unless there's anything that we wish to deal with following up on Sarah's presentation, then we'll move onto new business.

I should actually – in new business: Emily and I had followed up with Dr. Mayne in relation to the two letters that we had sent out last, whenever they were. It turns out

they had gone and they'd come directly to me with no cc to Emily. I don't know that I've ever gotten them and I don't have a record of them anywhere. That may be my fault as much as it may be the department of health.

In any event, we've gotten them again and they've been sent out to everybody; so for any part in that, that I played, I certainly apologize. They should be there in your email box as of, I believe, yesterday afternoon.

Any other new business, members?

**Mr. Aylward:** Chair.

Not new business, but I guess just going back to Sarah's presentation, again. I just encourage any of my colleagues around the table, or our fellow colleagues, 7:00 p.m. tonight at the Murchison Centre. It's, again, a public forum that's being put on by Sarah and Emily. I encourage anybody and everybody to be there to listen to these stories.

Thank you, Chair.

**Chair:** Okay. Unless there's any other new business, I'll call for a motion to adjourn.

**Ms. Casey:** So moved.

The Committee adjourned