PRINCE EDWARD ISLAND LEGISLATIVE ASSEMBLY

Speaker: Hon. Francis (Buck) Watts

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Standing Committee on Health and Wellness

DATE OF HEARING: 27 JUNE 2017

MEETING STATUS: PUBLIC

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

SUBJECT: WORK PLAN

COMMITTEE:

Jordan Brown, MLA Charlottetown-Brighton [Chair]
James Aylward, MLA Stratford-Kinlock
Richard Brown, MLA Charlottetown-Victoria Park (replaces Chris Palmer, MLA Summerside-Wilmot)
Kathleen Casey, MLA Charlottetown-Lewis Point
Darlene Compton, MLA Belfast-Murray River
Bush Dumville, MLA West Royalty-Springvale
Hal Perry, MLA Tignish-Palmer Road

COMMITTEE MEMBERS ABSENT:

Dr. Peter Bevan-Baker, Leader of the Third Party
Chris Palmer, MLA Summerside-Wilmot

MEMBERS IN ATTENDANCE:

Richard Brown, MLA Charlottetown-Victoria Park (replaces Chris Palmer, MLA Summerside-Wilmot)

GUESTS:

none

STAFF:

Emily Doiron, Clerk Assistant (Journals, Committees and House Operations)

Edited by Hansard

The Committee met at 10:30 a.m.

Chair (J. Brown): All right, call the meeting to order. Can I have a motion for adoption of the agenda?

Ms. Casey: So moved.

Chair: Thank you.

Anybody with any issues in relation to it? Okay.

I have discussed with, I believe, committee members and – Darlene, not explicitly with you, I guess – but I would propose that we deal with item 3b now to get it out of the way. Unless there are any contrary-minded?

There was talk about dealing with that particular item in camera because there's a link to a member of the Assembly staff that that item is in relation to.

Can I have a motion to move in camera to deal with that?

An Hon. Member: Yeah.

Ms. Casey: But before we do that: Item number 3c, if I could ask, I have a conflict in there. If we could ask that you move that to the end, then I'll just leave when that's –

Mr. Aylward: Sure.

Chair: Sure.

Ms. Casey: Is that okay?

I don't know if I have –

Mr. Aylward: Who typed up this agenda? (Indistinct)

Clerk Assistant (Doiron): Sorry.

Chair: We'll amend the agenda to have 3b come to the front and 3c go to the last.

Mr. R. Brown: Great.

Chair: Anybody have any issues with that?

Some Hon. Members: No.

Chair: Richard, you had made a motion to move the committee meeting in camera to deal with 3b?

Mr. R. Brown: Good.

Chair: Anybody take any issue with that?

No. Okay.

Clerk Assistant: Perhaps a recess for a minute to clear –

Chair: Yeah.

We'll recess for a moment and I'd ask everybody to clear the room out.

[recess]

[The Committee went in camera]

Chair: All right. I'll call the meeting back.

Having dealt with item 3b as it's presented on the agenda, I would propose that we now move to item 3a.

Perhaps I'll let – or I'll turn things over to James Aylward to move his request.

Mr. Aylward: Certainly.

As you can see in the packs you received, I wrote to the committee on May 18th, and followed up on June 9th, with a request that the Standing Committee on Health and Wellness hold some public meetings across Prince Edward Island to hear from concerned Islanders with regards to primary mental health issues.

It's no secret that there are issues currently here on PEI. I'm not saying it's isolated alone to PEI, but PEI is where I'm elected to serve. It's my main concern.

Dr. Keizer recently, as well, stated in the media that there are serious issues. People need to be heard from. Not only Islanders, but also health care workers as well.

I recalled going back a number of years ago when we actually went out, as a committee, and had numerous meetings, not only in our committee room, but also across Prince Edward Island where we heard from individuals with regards to addictions.

I thought it was an excellent exercise. It was a real eye-opener, as well, for many of us on the standing committee. It also brought the issues to the forefront. I think there's been some good positive measures brought forward from that. We had some recommendations in our final report that we put forward.

That's my proposal to the committee: that we go back out into the public and hear from individuals and get our finger on the pulse of what's happening, or not happening.

Chair: Any other members have comments?

Ms. Compton: I think it's important that we do it. We're all hearing it from people. They feel that they have no voice; there's no one listening; there's no one doing anything about it. I think it's important that we, as a committee, reach out to Islanders and listen, for sure.

Chair: Any other thoughts?

Mr. R. Brown: I'd take a different approach. James, we've been on the addiction committee before when we went across Prince Edward Island. We've heard from Islanders from one end to the other.

I think it's time for this committee to step up and to put the fire under government to make sure some of the strategies and some of the things that have been recommended in the past be immediately done.

How many will it take, Wade? There are stories on there. I've heard stories. We've all heard the stories. I think we can put a lot of time in going across Prince Edward Island, or we can put our time productively to have the people that run this thing in front of us, as a committee, to ensure that: What are you doing? What are the timelines? What are the deadlines?

This morning, on the CBC news, it's a national association recommends more psychiatrists for Prince Edward Island. I didn't know we were at 10 and we need 15. I didn't know that. That's the crisis right there. I think it's our obligation as a committee member and as an MLA. We know there's a crisis out there. It's our obligation to put the people that are in charge of this to come up with solutions instead of just of punting the ball down the road.

Don't take me wrong here. The time has come when something has to be done and if it's more – why are we five psychiatrists behind? The 10 that are there right now, what kind of pressure are they under, and what can they do?

Is it time to look at this situation, the mental health situation – if it wasn't for nurse practitioners and the changes to the model of care in health care we would have been in a major crisis like we're in here with mental health.

Is it time that – other provinces allow psychologists, Ph.D psychologists, to prescribe medication. Is it time that we look at – it seems, right now, it's – you enter the front door and you have one path: you have to go to a psychiatrist. If you don't get a psychiatrist you're without service.

Is it time for us to look at changing the model of care in this mental health and addictions issues to a model of care that we have similar in the health care system where it is a psychologist, nurses that are trained in mental health, psychologists that could take the front end of it.

My opinion is I want to get the health department in here and say: We've been here, you know yourself, the last four years we're here. What has been done? Where are your timelines? What has been done, before we go back to the public?

Ms. Casey: Chair?

Mr. R. Brown: Thank you.

Chair: Bush Dumville first and then –

Ms. Casey: Yeah.

An Hon. Member: Chair?

Mr. Dumville: I was –

An Hon. Member: Chair?

Mr. Dumville: – at committee when we went across the Island and heard a lot of sad stories. I agree with Richard. I don't think that would be productive. We know the

issue is there. We don't have to be told it a thousand times.

I can't understand. I think we have to push government to – right at the source to get these things done.

I'll give you an example. I have a young lady. She's 21 years of age. She came to me. She's in a very dark place. I met with her. I'm following up with her. The best thing that they could recommend to her, like, she's going out to the emergency. She's attempted suicide. She's contemplating it again.

She doesn't have family support. They're in Ontario. I kind of feel like a responsibility – I don't want to pick up the phone – or hear, the next day, that the constituent that I've been meeting with doesn't need my services anymore.

Anyway, the best I got from – I contacted the health department and the best thing I got for her was: Don't go to the emergency, go to a clinic. Go to the clinic, the same clinic at the same time every day so you get continuity of a doctor. That's all I got. So, that's not good enough.

I agree with Richard. Let's not go back on the road and hear all the sad stories because there are thousands of them out there.

Chair: Kathleen Casey.

Ms. Casey: Thanks.

I think we can do both. I think we can do what James suggested and I think we can do what Richard suggested, but I think we need to – I think what we need to do first is, we need to – I agree we need to make sure that we have a list and say – compile a list of what are you doing about this, and here's what we're hearing. What are you doing about that? Bring in – line up the people from government –

Mr. R. Brown: Oh, yeah.

Ms. Casey: – to come in, so they can tell us what their timelines are; what they're doing. Then, if we go on the road, at least we have some knowledge or answers to say: Here, we've got a transcript and here's what they're saying. Then, hear some of the stories.

Then, if we have to go back to them with a compilation of here's what we're hearing directly from the public, I think that might be a benefit to everybody, and to government to say, okay, we've heard what you're doing and here's your timelines. Here's what we're hearing on the road. I think we can do both.

Mr. R. Brown: I'm not opposed.

Ms. Casey: No, I know you're not –

Mr. R. Brown: (Indistinct) it's important to do and it's what (Indistinct) agree –

Ms. Casey: I think we need to start with having government in. We need to compile a list and say: We have to have some direct questions to say, you said this, where are we at? I agree with that. That's my two cents.

Chair: Hal.

Mr. Perry: Thanks, Chair.

I do agree with James that this matter does require urgent attention. I was on that committee, too. We went around the Island and people wanted someone to listen to, so we gave them that opportunity, but I feel we kind of let them down by not acting on it.

Mr. R. Brown: Yeah;

Mr. Perry: So I think what we have to do first – and I'm open to what Kathleen just suggested, maybe do both; but I don't want to bring people in again, just so they can hear their stories and not act on it. I think we need to hold, whether it's government – well, it is government – hold their feet to the fire. Get some action on this. We have to do it immediately.

If we can try to come up with a plan that we can do both: listen to Islanders – I'm sure the stories are going to be very similar to what we've heard in the past, but action needs to happen, and it needs to happen now.

Mr. Aylward: Thanks, Chair.

Thanks for comments thus far, everyone. I appreciate the great discussion we've been having.

Hal, in a lot of ways, I don't think that we did let people down –

Mr. R. Brown: Yes.

Mr. Aylward: – when we went across the Island and heard, particularly, about addictions because there have been some great measures put in place: the opening of the methadone clinic here in Charlottetown; the expansion of the methadone clinic in Summerside. Unfortunately, Dr. Donald Ling is going to be retiring here soon, so we're going to have another issue there.

Support of Portage –

Mr. Perry: But you're talking about addictions –

Mr. Aylward: – which – yeah. No, exactly –

Mr. Perry: (Indistinct)

Mr. Aylward: – but that's what the committee did last time, is we went out and that was the discussion, it was about addictions. One of the biggest things, I think, our committee was able to accomplish was to bring that issue to the forefront and make it public so the people understood. And that, thus, did put pressure on government to put some measures in place.

My feeling, as far as bringing in the officials, whether it be Dr. Heather Keizer, Verna Ryan, whoever else here at the table, as long as it's not Dr. Matters –

Mr. R. Brown: I agree. I'll vote for that.

Mr. Perry: Me too.

Mr. Aylward: Before those people come in and tell us all the great things that they're doing and the timelines that they're doing and things like that, I think it's important for us, as committee members, to understand what Islanders are facing, as far as the issues.

We can sit here and listen to the talking heads and all the great things they're going to say, and the timelines and things like that, but unless we know firsthand from everyday Islanders that are experiencing mental health issues and what they're experiencing – whether it be sitting in the ER for 13 days waiting for an adolescent bed in the Unit 9. Whether it's being a 21-year-old young boy chained to a bed with a helmet on. I mean, I can go on and on and on because unfortunately, I'm dealing with this on a daily basis.

A new family reached out me last night. I'm trying to navigate with them, as well, with Reid Burke and with the health system, as well.

I'm not here to say that I know everything, that I know all the issues, but I think it's incumbent upon the committee to gather as much information as we can from everyday Islanders so that when we do bring these individuals in and they start talking about the great things that they're doing and the timelines they're doing, then we can hold their feet to the fire and say: You know what? We're hearing loud and clear from Islanders all across this Island that the wait time to see a psychiatrist is unacceptable.

We're still hearing that a child in the education system, it's taking up to three years to get a psychological assessment, which is one of the root issues around the mental health issues here on PEI. Essentially, what's taking place is you have a child in elementary that's taking three years to get a psychological assessment.

A lot of times, if they're falling through the cracks, they're getting to junior high, they're starting to self-medicate; the whole issue manifests itself. Anxiety builds, mental health issues expand as well, and then, unfortunately, sometimes there's a greater addiction issue that is coupled with the mental health issue. Going right back to psychological assessments for children, it needs to be more immediate rather than a three-year wait.

But unless we have all of that information, and I'm just touching on a couple of small things, so I think to sit here and listen to them, and then go back out to the public, and tell the public what the talking heads told us, we're giving Islanders false hope because these are the great things they're

saying they're doing and we're going out and speak their speak to the Islanders that are experiencing mental health issues.

I'd rather hear the stories from Islanders first, and then come in here and hold those individuals' feet to the fire.

Chair: Next, I have Bush.

Mr. Dumville: My comments to that would be, we went out and we did, we heard a lot of stories. I thought we were pretty thorough. I'm just wondering where did the recommendations go for trip number one? You know what I mean?

We've already got that on file. I don't know if it's thorough enough to hold these people to account. I would hope that it was because I thought we did a damn good job. Everybody seemed to be very pleased with our work on the committee.

I think what we should do, is we should review that information from trip number one before we make trip number two because it was bad in trip number one and I think we may be getting the same story if we go out trip number two.

I think, to make it more immediate, let's take the information we got from trip number one to hold these people accountable as opposed to just – I'd like to see. I don't think things have changed. I think it was bad back then. I think it's still bad. I'm just wondering how much worse it might be and what we would gain from doing that.

I'm not saying that we shouldn't do it or do it in a kind of a spot basis in different parts of the province to have a meeting here or there to see if there's any changes from trip number one.

Chair: Next, I have Richard on my list.

Ms. Casey: Do you have me on your list?

Chair: Yes, I do.

Richard, Kathleen, Hal and James.

Mr. R. Brown: Thanks.

This is a great discussion and I think committees do have a big influence on making change. The last time we went out and I, like yourself, and a number of members on the committee, I think were shocked when we had a one-page report from Dr. Rhonda Matters one day –

Mr. Dumville: Three paragraphs –

Mr. Aylward: Three slides.

Mr. R. Brown: Three slides –

An Hon. Member: (Indistinct)

Mr. Aylward: (Indistinct) and a half.

Mr. R. Brown: It has to be said. We should have went to task more there.

We have Reid Burke going out and he's going to be consulting. He's a professional. His staff is professional– consulting on a suicide strategy. We have the Hillsborough Hospital redevelopment, which is going to have a committee that will be working on the functionalities of that committee. They will be meeting with clients in terms of what needs to be done.

I'm like Bush in saying I want to get health in here to say, number one, you're talking about waitlists and everything. The number one problem with the waitlists is we're five psychiatrists behind. If we're not going to fix that then we're not going to help anybody down the road.

If we're not going to fill these positions, and why they're not filling these positions and if we can't fill these positions then what's the alternative? Do we go to allowing Ph.Ds in psychology the right to prescribe drugs as they do in other provinces? Do we open up the model of care in mental health?

We had to open up the –

Ms. Casey: Model of care –

Mr. R. Brown: – model of care for doctors because we were in a crisis of doctors. We don't have doctors so we had to expand the responsibility of nurse practitioners. Nurse practitioners are doing a phenomenal job in relieving the pressure on this system.

I think if we would have stayed with the old doctor model – the doctor is the only one that sees anybody – we would be in a far bigger crisis. We'd have the crisis in doctor care as we do in mental health.

If we can't find the doctors, if we can't find the psychiatrists, then we have to change the way we're doing things. We have to change who can prescribe things.

Ph.Ds in psychology are eight, nine years in school. Is it time to open up the scope of practices of other people in the mental health care to see if we can (Indistinct) that?

If we can't the bottom line here is: if we can't find five psychiatrists over the next six months there will be forever a crisis in mental health unless we change the model of care in mental health to include other disciplines; nurse practitioners, psychologists.

I'd want to wait for Reid Burke's report. I would want to wait for the Hillsborough Hospital report. Also, if we had the health people in here first, put their feet to the fire and say: Okay, what are you doing? Then, if we go public and hear people from the public's end: I had this problem, I had this problem, and then we could say, well, no, the health department told us they have this. Well, they don't have this.

The model of care that they've presented to the committee is not the model of care that's on the ground. Otherwise, I'd rather have the information from the department. Then, we could have a great conversation with the people that come in.

James, I agree with you.

Chair: Kathleen next.

Ms. Casey: Great. Thanks, Mr. Chair.

Following up on the discussions from James and from Richard, James, we do – it's not that we don't have the stories. One of the great starts we have is we have the 50 stories that are out there. Now, we're going to have 50 more in that 100-day campaign. There is enough information for us to kind of get a gist of what's out there.

I'm sure there are some very common denominators in some of the stories that we've been reading. I think the information is there for us to start with those stories. To say that – here's what we're hearing and make a – gather the information of what we're hearing from those stories and maybe we direct the clerk to compile a list of what are the stories out there.

We do have a starting point. When we bring in – I would like – I would be more comfortable going out to the public if I had the most up-to-date info and statistics from the minister, Verna Ryan, Reid Burke.

Have them come in, so when I'm at a table listening to concerns that I have a knowledge in the back of my head that I have the most up-to-date information as to what they're doing, and then go. We'll start with the 50 or the 100 stories. I think that's a logical step for me.

Chair: Hal next on the list.

Mr. Perry: Thank you, Chair.

To follow on that, yeah, I think I, too, have the information. As an MLA, I hear it in my district almost every day. I hear it from other Islanders, so I have the information. I think, right now, we're at a point where we're proactive and I wish we could get to a point where we are – I mean, where we're reactive – I wish we could get to a point where we are proactive on this issue. Enough talk, we need to act.

Ms. Casey: Absolutely.

Chair: Thanks, Hal.

James.

Mr. Aylward: Thanks, Chair.

To follow up on a couple of comments that have been made so far: Bush, trip number one, I just want to remind you again, focused on addictions and opiates. We're talking more specifically around mental health and access to mental health or, as it appears, the non-access to mental health.

Richard, I agree with you. It's appalling to know that we're short five psychiatrists right now. It's appalling to me that we're short a

child psychiatrist right now. It's appalling to me that a 12-year-old boy is taken from his home by the police in handcuffs to be transported to the hospital because that's the only mechanism that we have in place right now.

It's appalling to me that the only service to see a child psychologist for this child is via Skype. I mean, who around this table actually thinks that doing a psychological assessment with a child over a grainy screen and an audio system that was cutting in and out is the way to treat a young child?

If you had a child that was having a mental health issue wouldn't you be demanding that that psychiatrist is in the room face-to-face with your child?

There's going to be a report done on the Hillsborough Hospital, but we know that that's – we're hearing already that that's five years away, but –

Mr. R. Brown: (Indistinct)

Mr. Aylward: No, they've already said it's going to be 2021 before that's built, if it's built that soon. No offence, but how many times has the manors been announced and re-announced? The palliative care unit was announced and re-announced.

Reid Burke and the Canadian Mental Health Association is going to be going out into the field. I've talked to Reid. They don't have a schedule determined yet of even how they're going to tackle that.

I think that part of our mandate as elected officials is to go out and to talk to Islanders and to be a voice for Islanders. I really think that what I'm suggesting by going out and holding these meetings across the Island to hear the stories and to gather more information is a way to do that. I think that the work that we would do in the field would only compliment what Reid and his people will eventually get to.

Reid's report, probably, won't be complete. Well, it won't be complete this fall. Whereas, we will have a report going to the Legislative Assembly, and I think that we could have some very good recommendations that we could present this fall to start that ball rolling, as well.

Again, I think it's incumbent upon us as elected officials to get out and hear, and Kathleen, I agree that we're up to 52 stories now. There's no shortage of them coming. I know Sarah quite well, who's the driving force behind Island Mothers Helping Mothers and the #HowManyWade movement. People are lining up continually to tell their stories.

It's one thing to read the story. It's another thing to sit in front of that person face-to-face to be able to ask them questions. Okay, so you've had problems accessing a program, an aftercare program when you were released from Unit 9. Why is that? What were you told? What were the excuses that were made?

So that when we come back, and we have these individuals in front of us we have that information, and so when they give us their –

An Hon. Member: Song and dance.

Mr. Aylward: – song and dance, their shiny ways, we can look at them and say: you know what? This is what we're hearing from Islanders. We're hearing that you're not – that you're refusing to send Islanders off-Island anymore – to Homewood, to Edgewood, to Portage – because you're saying that we're seeing just as good of results here on the Island by treating people here on the Island as we are as we are from sending people off-Island.

The reason they're refusing, and I know for a fact, the reason they're refusing to send people off-Island right now for treatment is because when those individuals come back after a three-month program and they have had great success there are no programs here for aftercare and follow-up for these individuals so they are lapsing back into their mental health state.

For them to sit here and tell us that we're having just as good of results treating people here on the Island as we are sending people off-Island?

Again, there is a 21-year-old that I'm very familiar with that there was a meeting held three weeks ago between Reid Burke, Verna Ryan and Dr. Heather Keizer. It was finally determined that the best course of action for

this young man would be to go off-Island for, I believe, it was going to be a three-month treatment program. The last I had heard that that plan was in place. Then, I heard on Sunday that no, that fell through the cracks, they decided that's not what we're going to do.

When I spoke to Reid Burke on the phone yesterday he was flabbergasted. He said: James, as soon as I got off the phone with you, my first call is to Verna Ryan to find out what happened because even Verna Ryan was on-side with this.

I have placed several calls now, to people to find out why that didn't take place and it's just a cone of silence. Nobody will get back to me. I phoned the Premier yesterday because in all honesty, I'm done with the minister of health. I'm completely done with the minister of health.

Three months ago, Robbie Henderson said to me: You know what, James? He said: If you're elected long enough – he said – you guys will form government eventually, and if you're still around just pray to god that you don't get health. That's the minister of health saying that to me.

I think it starts at the top, but where it starts with is hearing from Islanders and having a full understanding of what they're going through and what they're experiencing.

Thanks, Chair.

Chair: Darlene, next.

Ms. Compton: Thank you, Chair.

A couple of things: I know it's a great idea to bring people in and I think we should do that. When we do it is a question. We are going to hear it takes time. The minister has said it: It takes time. We all know it takes time.

These people don't have time. We can't wait another two years or – for another study for another – what's it going to take to get five new psychiatrists? What's it going to take? We don't have a choice here.

To have people in to talk to us from Health PEI, that's great, and it should be part of this process, but as James said: Part of our mandate is to give Islanders a voice. That's something that I want to do.

Bush, you talked about trip one. I wasn't here for trip one and it was for addictions. It wasn't for mental health. When someone comes to me from my district and asks me why is health committee not coming to listen to what Islanders have to say? I'm not going to say: it's because they did it a few years ago and I wasn't around. I don't really know what was said, I can guess.

For me, as a newly elected MLA, two years plus, I think it's important. It's important for me to tell my constituents and anyone that asks me if health committee is willing to come on the road that we're going to agree to it. The stories are there; and yes, some of them have been told already, but they all haven't been told.

I think for us to do that, it also provides consultation with whoever is creating the strategy to say this is what we're hearing, as James said: This is what we're hearing; this is where the gaps are.

For all those presenters that come to talk to us the focus needs to be on what the recommendations would be. Where are the gaps? What do you feel is the missing link, the major missing link in what's happening?

It's not just to hear – yes, their story and how upsetting that's going to be for us to listen to and for them to share with us, but it's to hear, okay, where did the problem start? When you went to outpatients how were you treated? What do you feel the major gap is? What do you feel that you need that will make a difference in your treatment?

I think it needs to be, maybe part and parcel, we hear from health and whoever we're going to bring in, but we also need to hear from Islanders and it is our mandate to give them a voice.

Thank you, Chair.

Chair: Next –

Mr. R. Brown: Do you have a copy of the mental health thing that was put out there a couple of weeks ago, a month ago?

Chair: What – which are we talking about?

Mr. R. Brown: For the mental health strategy?

Chair: The strategy, I do, yeah.

Mr. R. Brown: So we have one?

Chair: Yeah.

Ms. Casey: (Indistinct)

Chair: Yes, you are next Kathleen, and then Bush is after you.

Ms. Casey: I don't think there's anybody around the table that disagrees that we are – that we shouldn't go out to hear from Islanders, but we need to get started. I would put a recommendation on the floor that we start with the minister, Verna Ryan, Reid Burke. We have to get started somewhere.

We can probably go with the public simultaneously. Hear from them, go to the public, and then we may, after we gather our information from the public hearings we may come back.

Take them back and take back minister, Verna Ryan, Reid Burke and say: This is what we've heard. Then, make our – from that also make our recommendations to the fall sitting of the Legislature.

I think the group that we take in first, we're going to say: Okay, here's what we've heard, and take them back in again. I would recommend that we take the minister, Verna Ryan, Reid Burke in first and then set some dates to go across the Island. We can do that as soon as we can humanly possibly organize that. That would be my recommendation that we get started.

Chair: Thank you, Kathleen.

Bush?

Mr. Dumville: Great discussion, folks. I hope you don't think I'm against going back out and getting more information. I guess I'm a little like Richard. I'd like to see more immediate results, you know what I mean, with the information that we do have.

I'm just wondering, maybe some sort of positive change that we can make; we know we're down five psychiatrists. Why don't we start there? That, like with Kathleen said: Yes, do that. But why don't we put more pressure on asking the department: Okay, why are we down five and how are you going to get us up to complement?

And to your point, if you can't get us up to complement then you have to open it up, but we need that. That would be an immediate start because we know we're down five. Everybody says that's the benchmark.

As a committee, let's put some pressure on to say: We want those five psychiatrists, and how are you going do it?

Thank you, Chair.

Chair: I have a few things that I'd wish to say. When Sarah Stewart-Clark originally came in, I started doing a little bit of background work on this on my own, and talking to different people – trying to get a bit of groundwork, or an approach that I, myself, would look at this with.

I talked to a number of different physicians whether it be emergency room physicians or psychiatrists or generally physicians, a number of different health care providers outside of that including occupational therapists, officials from Canadian Mental Health Association, the whole kind of gamut.

There were a number of different things that came out of that in terms of the discussions that were had, or things that were relayed to me. Maybe I'll try to provide them in as logical a way as I possibly can.

One I think that sums it all up was in a conversation that I actually had very recently and that was if your house is on fire, you don't stand outside saying we should get a committee together to try and figure out how you're going to put the fire out; you go right to doing something.

I don't say that to kind of say we shouldn't be going around doing consultations with the community or whatever, but I do think this is a big subject and I don't think we necessarily need to drink the whole ocean in one gulp. I think that probably there is a

huge amount of information out there that we can do our best to distill and look to kind of gain some commonalities out of, and then look to move forward based on what we hear out of that.

And the mental health and addictions strategy that we have – and I would add, actually, there was an all-parties committee from Newfoundland and Labrador that did this exact work that culminated in March of 2017, and speaking with officials from the Canadian Mental Health Association, they say really kind of across Canada their associations are looking at this report as being kind of a seminal report right now in terms of how you kind of push government.

My understanding from them is that the issues are not – and James had said this earlier – they're not unique to PEI. In fact, they're a lot worse in other places than they are here in terms of physician shortages and all the rest of it.

So you really have to look at – if you're going out into a community, you have to look at what new information you are going to gain out of it, because there is the potential for very serious downsides which is essentially the re-traumatization of families that have been through significant mental health issues and basically having to go tell your story again and again and again and not really seeing any kind of a different outcome of it is problematic for a lot of people and it makes them feel kind of hopeless; and the other thing it does is it kind of bring profile to issues that has the potential to trigger things in certain people.

All that being said, in my own mind, I think what I would most like to see – and this is just kind of my idea – would be that we would as a committee look to take the what's now 52 stories and presumably will soon be up to 100 as the next 48 days go by, and distill common themes out of them and basically provide them to the department and have them come back and report as to where they are on that and where they are in relation to the current mental health and addictions strategy.

I should say that I've also spoken with, as an example, Canadian Mental Health Association officials about that, and they say: You know, if the report's there, but it may not be exactly as we would have drafted it but it's not bad, the big thing is we need to get going on the recommendations that are in it and we need to figure out where we're at with them.

If you look at the gaps and the unmet needs and all that kind of stuff that were identified at page two of that report – James just went through a lot of them, we know what they are, so I think they're things that we can get a report card on and say: Where are we, and if we're not there, why are we not there, and as an example how can we help?

Ms. Casey: I see what you're getting at.

Chair: And I think at the same time as doing that, in fairness to them, we should have – and I don't know who it is, but between Reid Burke and Verna Ryan and the coordination of that suicide prevention strategy, I think there is naturally a very strong overlap between the work that each group will be doing here.

Frankly, I know Reid well and I've volunteered with the Canadian Mental Health Association myself. They are the ones that should be doing that work, and I am not inclined to head out to step on their toes in any way, but I think if we're going to do something we should be coordinating what we would do with them. So we should have them come in and say: Here's what we're doing, you could help in this way. Or make that ask to them.

I think that would be the approach I would take first, and then from there look to see what we can do to supplement that with any community meetings.

I think in particular – like, say, the indications that I've gotten are that the issues are, at least on the surface, the issues that we've not dealt with are well enough known that we don't need to be putting people back through them until we deal with them. Maybe at that point in time we start to get the people back in to say we're still seeing these issues and here we are.

Mr. Perry: Chair?

Chair: Hal.

Mr. Perry: I'm going to say it again. I'm not opposed to us going on the road and listening, but Darlene mentioned about a man – we have a mandate to be the voice of our constituents, but in order to be the voice we have to listen to them.

I have listened to my constituents. I'm not going to go back and tell a family member who come in to me that has someone that may have attempted suicide several times and every night they lay down and wonder: Is tonight the night I'm going to get that call? Meanwhile, I'm going to tell them: But we're going to talk about it.

We need to act and we need to act now. It is nice to talk about, but we've been talking and talking and talking. We need to do something to help those families that are right at this present time struggling with this. We need to do something.

Chair: Richard and then James.

Mr. R. Brown: I attended a couple of meetings across Prince Edward Island where there was voices discussed in Summerside and she went across the Island and listened to people and horrendous stories came out.

Everybody in Canada recognizes this as a very important issue. You have a federal government that recognized it as an important issue. It was so important to the federal government that they set up an additional special account for them, for mental health. They just didn't put it in the big health care budget.

They said: Look, the federal government has listened. We hear from everybody across Canada that we have a crisis in mental health. That's why they set up a – what is it? – 10 or $11 billion fund to address this issue.

I'm with Hal in saying: Look, we can go out and spend four or five months discussing the issues. I personally want the department here and I want to go through each component of the mental health strategy and say okay – which is good by the way. It has a lot of good recommendations and it has a lot of good paths forward; but the biggest one of all, the top goal: people get the right amount of support that matches their needs, and wait times for appropriate care will be reduced.

Again, I go back to this morning's story, and I even think the last meeting in front of the Coles Building, somebody just said there was only one short at that meeting. I didn't know we were five short. That's where I'm going to represent my constituents, in front of the bureaucracy that is supposed to implement this.

I'm going to represent my constituents by saying: I've heard your story, now I'm going to fight for you to get what the goals and the objectives are of the mental health and addictions strategy. I'm going to fight for that. I'm going to fight to make sure that the appropriate resources are put in place, and I'm going to fight for – if we can't find the psychiatrist, then how do we change the model around that there is access to mental health care services to the people that need it?

We're going to hear the same stories: I went, I can't get access, I can't get access, I can't get access. We all know that is the biggest issue here, and unless we have the department in and say: Look, we've got a report here, you've got goals and objectives, how you going to meet this one, how you going to meet this one, how you going to timeline it, and have a meeting every six months on an update.

Mr. Dumville: (Indistinct)

Mr. R. Brown: Yeah, we want dates to that stuff. You know.

Ms. Casey: But we need to get started.

Mr. R. Brown: Yeah, oh, (Indistinct) – 100%.

Chair: James, you're next there on the list.

Mr. Aylward: Thank you very much.

I'll be honest, folks. I don't think individuals telling us their stories is going to re-traumatize them. I think it's at the very least going to show that somebody is finally listening.

I'm not going to read you the email that I received this morning from a family and the six emails that they sent me, the mother and the father sent me collectively yesterday. Six emails yesterday, one more this morning, so

a total of seven. They were sent to Dr. Michael Mayne, Verna Ryan, Dr. Keizer, Minister Henderson, Justin Trudeau, Wade MacLauchlan and I was one of the CCs.

My response to all, reply to all was simply: Could one of the original recipients please respond to the Sampsons' plea for help? It is quite obvious that they are in desperate need of communication and a plan for their son. Your collective silence is only compounding the stress that this family is experiencing. Respectfully, James Aylward.

This family has been going on for months now, pleading for somebody to help them, pleading for somebody to communicate with them, and all they've received is silence. I sent that reply to all. I didn't hear from Justin Trudeau. I don't expect to nor would I expect to. It's not in his jurisdiction.

But after sending that, Verna Ryan very quickly responded to me and essentially said that we will be in touch; but why does it take an elected MLA to intervene after months of a family pleading for help for their 23-year-old son that's, and again, I'm not going to get into the details, but it's wrong. It's wrong on so many levels.

Unless we get out and unless we talk to people and we find out what all of those underlying issues are and the lack of services, the lack of resources, we're not going to be able to hold these people accountable that come in here and sit in front of us.

We're not going to able to say: you know what? You say all of these things in your mental health strategy. It looks great on paper, but this is what we're hearing from people.

You've set up these clinics in rural areas of PEI. It sounds great in principle. If you're experiencing suicidal thoughts or you have a mental health crisis, go to this rural clinic. How many of you, in this room, know when you go to that mental health clinic you're put on a list and it could be up to six months before you see a professional?

These are the things that Islanders are facing. These are the things that Islanders are experiencing on a daily basis. This spring in the Legislative Assembly, I asked questions almost every day –

Ms. Compton: Yeah.

Mr. Aylward: – with regards to mental health. Now, we're what? A month-and-a half, two months later. I wrote a letter. My first letter back in May to the committee, I followed it up with another letter in June. What's it going to take, people? Honestly, what is it going to take?

Ms. Casey: We're with you.

Mr. Aylward: I know you're with me, but –

Ms. Casey: (Indistinct)

Mr. Aylward: – so let's talk to Islanders. Let's – I read the stories. I'm sure everyone around this table is reading the stories, too. It's one thing to read, but it's another thing to actually sit down face-to-face with somebody and be able to question them.

You say that these are the issues that you are facing. Have you tried this, or what obstacles have you faced?

Anyway, we're going to go around in a circle, so somebody put a motion on the floor and we'll have a vote –

Chair: I just want to ask you this question though, James –

Mr. Aylward: Yeah.

Chair: – I know you're very passionate about –

Mr. R. Brown: All of us are.

Chair: – (Indistinct) and I recognize that (Indistinct) –

Some Hon. Members: (Indistinct)

Chair: – just let me follow this down a little bit. You just said: That particular family, they've been hunting down help, I think you said, for three months –

Mr. Aylward: Yeah.

Chair: – or something like that and every time they have to send an email they're further frustrated and the whole deal.

This is what I kind of heard back when I was doing my groundwork is that, you're right. Every time you have those people in and they have to tell their story again and they have to (Indistinct) one step further. It is a huge stressor on them and they're already in a very compromised spot. It's not helpful – it may be helpful in the larger scheme of things, but it's not helpful to those individuals.

I guess the question in my mind is we have a lot of this information now – are we better to shoot for some quick wins, if you will, and develop a larger strategy as we go out, or are we better to, like I say, go out and take a huge swath of the possible and try to figure out from there, how do we break these down into any way that we, as a committee of folks that aren't professionals in this area, can kind of put sensible recommendations forward in relation to it.

That's the problem that I see. It's a huge issue – anybody who deals with this that you talk to will tell you: there's no silver bullet.

What I hear is you need to, okay, start with focusing on how you're going to get a third of your psychiatry complement? I can't remember what the percentage is, but we're a huge number short of RNs that work in the mental health field and that leaves those that are there stressed as well.

There's a psychology issue on top of that. There's occupational therapy that we could be using to deal with these. There's a whole gamut of things that can be put towards this: child psychiatry; a crisis unit; local clinics; issues navigating the whole thing when you're in a compromised state. We all know those problems.

Going and asking whether it be 100 people or 500 people or whatever to repeat them again and again and again, there is a value in affirmation and we're all aware of that, but at a given point in time we need to start asking ourselves, okay, if that's what we're doing – we're not doing other things because we're doing that – are we getting ahead any?

I think we need to – we have information. I think we need to act on that quick. We're here for, at least until the next election. Let's get some quick wins and look to build on them as we go forward, I think.

Mr. Dumville: Chair, it all boils down to access. It all boils down to that one word –

An Hon. Member: (Indistinct)

Mr. Dumville: (Indistinct) lack of access. You can't get your person into the system. I can't get my 20-year-old, 21-year-old. You know what I mean? I kind of feel obligated to follow up to see if that person is still with us.

It's access. We're five down, Richard. So, as a committee let's work on access at the front end here.

Thank you.

Ms. Casey: Thanks.

Something that James just said triggered something. This is my response. When we go out to talk to the people and we know how serious this issue is – I'm not a counsellor. I'm not a doctor. I'm not a psychologist.

I've been in meetings before where – public meetings before where people have come and told their story, but they also had supports there at the meeting. If somebody was in that meeting and they told their story and then they had a crisis because they've retold their story that we have to make sure that when we go on the road, or if we do decide to do that, that we have the necessary supports available at each of those meetings. That there's somebody there that, if somebody is – if we went to, for instance, I'll just give you an example: when we do the ceremony for the women who were killed at the University of Montreal.

We go to that ceremony to remember them. They always state at the beginning of that meeting that if somebody feels the need that they have been a victim of violence in the past and they need to talk to somebody, a counsellor or somebody. They always announce that up front, that there is somebody in the room, or they identify. They show their hands at the beginning.

They take them off to the side. I don't know if that's ever – if anybody has taken advantage of that.

I'm just saying that this is such a serious issue that when we decide to set up, we're going to have to make sure that we have some systems in place that if there are people out there with mental health issues that if there is a breakdown, I can't – I'm not a professional, and I know that nobody around the table has a degree in psychiatry or psychology to deal with this. I think we need to really think this through before we actually set up a meeting to go on the road, that systems are in place to handle that part.

I just wanted to add that.

Thanks.

Chair: Richard, do you have your hand up there?

Mr. R. Brown: No, I'm good.

Chair: Oh, sorry. Okay.

James had mentioned somebody's put a motion forward. What I'm kind of sketching out in my mind, as something that I would like to propose, or again, feel comfortable with is that, number one – and I'm just throwing this out there again for further discussion, Reid Burke – I shouldn't say Reid Burke – the Canadian Mental Health Association and I'm going to say Verna Ryan but it's the kind of larger conglomerate that falls under her that is the joint partner in the suicide prevention strategy be called in as soon as we can get them to advise as to where they are.

It's my understanding that they actually have now formalized a vision and – I guess to put it to you this way, when I last spoke with Reid, they were to have that cemented I think it was Friday of not last week but the week before, a vision of what they were doing in broad strokes and to start to schedule consultations or meetings or whatever it is that they intend to do.

I think it'd be good to get them in here and I think we can ask general questions, too, about what their thoughts are as to how we approach this issue.

Simultaneously, we have the clerk – if the clerk can do this, and I presume so – distill common themes out of the 100 stories, Sarah's presentation to us before the last sitting, the mental health and addictions report that we have here, and the report entitled *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador* that was adopted by the Legislature over there in March of 2017.

Out of that we prepare I guess what I'm going to call correspondence to – and I think it would be the minister of health – saying: These are common themes that we have distilled out of the information that we would have at our fingertips to date, can you please have – whether it's Verna Ryan or yourself or whomever –

Mr. Aylward: Dr. Keizer.

Chair: – Dr. Keizer – come speak to our committee to address the mental health and addictions strategy and where we are in terms of dealing with it at this point in time, and on a go-forward basis kind of identify any issues that they're facing right now.

I think from that point we would have as a kind of fifth agenda item a follow-up work meeting to say: Okay, these are known gaps, and I think we try and prioritize them, that we would target to work towards. So if recruitment is an issue, why is recruitment an issue? If it's the model is an issue, what is the issue and how do we deal with that?

James, to your question, is it acceptable that people get a – whatever you said, like a Skype call with a psychiatrist? Maybe it's better than nothing. Maybe it is acceptable within the profession. Maybe it's totally unacceptable. Who are we really to say?

But I think we can start to divvy the work down like that to figure out, okay, what does work here, what does not work here, and digest it in pieces that we can look at in a logical way that will lead to good, solid recommendations to get something done.

Ms. Casey: I would second that, and I know it's recorded so we can figure out what actually it all said, but I would second the chairman's motion because I think we need to get started ASAP.

Clerk Assistant: (Indistinct)

Chair: No, and yeah, Emily's just saying – and that was my thought when I was throwing it out there for discussion – that the chair can't technically move motions.

Ms. Casey: I will move the motion there exactly as was stated by the chairman so that we can get started as soon as possible. I know the clerk can take the wording from the transcript for the exact motion but I would move the motion as presented.

Mr. Dumville: I'll second it.

Chair: So we have a motion on the floor. Do we have any discussion on the motion?

Mr. R. Brown: The only recommendation I'd make (Indistinct) as many MLAs get to that meeting as possible.

Ms. Casey: Yeah.

Mr. R. Brown: I mean, just not only the committee.

Some Hon. Members: Yeah.

Ms. Casey: Question, I'll –

Mr. R. Brown: Because we should really represent our constituents at that meeting.

Mr. Aylward: Better book off eight hours because I have a lot of questions (Indistinct)

An Hon. Member: Good.

Mr. R. Brown: And you know what?

An Hon. Member: That's good.

Mr. R. Brown: That's great, and I'll back you up. Because I remember with the nurse practitioners, when they started the nurse practitioners it was: We can't do it, we can't do it, we can't do it, we can't do it. Now we can't do without them.

An Hon. Member: Exactly.

Mr. R. Brown: You know, at some point in time – and we'll probably hear we can't do this, we can't do that, we can't do this, we can't do everything; but at some point in time it's going to take a shift and things are going to be done.

Ms. Casey: I'll call for the question on that motion, Chair.

Chair: The question's been called, so I'd ask for all in favour of the motion to signify by raising their hand.

It looks like we're unanimous in support of that motion.

Okay, thank you folks.

Some Hon. Members: (Indistinct)

Chair: That was a great discussion on that topic. We were an hour and 20 minutes, I think, on it. So thank you very much for that, and I think we covered a lot of ground.

Some Hon. Members: (Indistinct)

Chair: So we're down now to – I should ask first, does anybody have a hard stop, particularly at noontime or anything? I don't think I do.

We're down now to 3c, which is –

Ms. Casey: No, we're going to 3d because I requested we move that (Indistinct) –

Chair: Oh, sorry, that's the one – yeah, sorry about that.

Ms. Casey: Okay.

Chair: Three –

Mr. Aylward: Uh –

Chair: – 3d then.

Ms. Casey: That's the request by the leader –

Mr. Aylward: Oh, right, sorry, yes, yeah.

Chair: I should mention, too, just before we get into that, there's an additional item, too, that I would wish to add to the agenda and so I guess I'd ask if we can deal with that as well before Kathleen goes, and it essentially has to do with smoking cessation.

Ms. Casey: Okay, perfect.

Chair: I can talk more to that when we get there.

Okay, so Peter's point on consideration of legal age to consume marijuana: Do you want to talk to that or do you want me to or –

Clerk Assistant: Yeah, I can say what the request was.

Chair: Okay.

Clerk Assistant: Okay. So Peter had let us know that he was unable to make it today, but he had sent forward a request by email. I'll just read it out here for the record.

It says: "One issue which I think we should be looking into is the medical evidence surrounding what age to make marijuana available to young people. Before legalization occurs and the provinces have the mandate to set an age limit on purchasing, I'd like this committee to review the literature, bring in witnesses and make a recommendation."

Chair: So – and I should add to that – Peter and I have talked about that a bit back and forth just in terms of I asked him the first question when he said we should look at this, and frankly it's something that I've been getting a lot of calls or whatever on and not just that, but the regulation of marijuana dispensing generally.

I asked him: What are your thoughts in terms of prioritizing that work versus any other work that we may have going on? He said he didn't really have any kind of set priority, and basically the look in relation to that would of course have to correspond with the requirement to regulate.

The discussion that ensued from there was – I don't know, it's my understanding based on what we've heard in the media recently that the federal government will have legalized marijuana by next June, so that presumably gives a year and then you would have to work things back from there, which is to say we'll be in the Legislature next spring and I would presume anything that would relate to dispensing would have to come out of that.

So really, that's – there's a piece there. A couple of other things that I would point out that just I've noted recently is that – I think it was yesterday, I'm not sure whether it was (Indistinct) it was a doctor's working group that was looking at this issue – they made a recommendation on it.

New Brunswick, I believe, has – I'm not sure whether there's a committee over there but – New Brunswick, either through government or a committee has looked at and made a recommendation, and I believe the federal minister has indicated that they'll be looking to work together with the provinces to try and figure out a fairly standardized approach to that.

That's the context. I'm not sure what people's thoughts are kind of given the load that we're likely to have as to how we look at this thing or whatever.

James first and then Kathleen.

Mr. Aylward: Thank you, Chair.

I guess my question on this, and it is a very important issue that's coming up and there's a lot of discussion out in the public with regards to whether it's right or whether it's wrong. The federal government is bringing it in, so regardless it's coming and I think it's July 1st, 2018 that they're going to have it, that everybody can celebrate on Canada Day. I'll be abstaining, thanks very much.

But with this coming in, and I guess it's more of a question to the committee or to the chair, would there be specific provincial legislation that we will be looking at in the fall or the spring? I presume it would be the fall because we're going to need some time to look at this with regards to the regulations and the policy around the distribution and even the taxing of it.

Chair: I'll be honest and say I don't know the answer to that question. From my own inquiries what I can say is that there is a bit of a song and dance going on between the federal government and the provincial governments in terms of the provincial governments need to know what the federal government's legislation, regulation and that's going to look like so that they can do what they need to do and –

Mr. Aylward: Yeah.

Chair: – it kind of all needs to work together so I don't know. My guess would be logically it probably wouldn't be until the spring of next year, but I don't know that.

Mr. Aylward: I recently had somebody reach out to me and ask that – a constituent of mine ask who they should be speaking to within our provincial government, which department. I said: You know what, I honestly don't know. I said: I think it would be between probably the health minister, Minister Henderson or –

An Hon. Member: (Indistinct) justice.

Mr. Aylward: – or justice or even finance with Minister Roach.

Chair: I've been told that there are pieces of it in all of those departments.

Mr. Aylward: Yeah.

Chair: For what that's worth.

Mr. Aylward: I did find it ironic that Minister Roach would be responsible for – I'll leave it at that.

Chair: Kathleen was next.

Ms. Casey: Great, thanks.

Mr. Chair, maybe we could take the recommendation from the Leader of the Third Party to say he'd like to review the literature. Maybe if we could direct the clerk to gather – you'd mentioned there's a doctors' working group made recommendations, New Brunswick has done something, what the federal government has done.

Maybe if we could direct the clerk to gather the information and then we know what everybody is – we'll have all the information before us before we can get into a further discussion. I don't have the information before me to be able to give you an educated opinion on what's being discussed.

If we could gather some information first, then we could, maybe, at our next meeting discuss what information we have before us.

Chair: Bush.

Mr. Dumville: I've heard rumours of 17, 18, 19. I've heard rumours that the federal government is going to let provincial governments, you know –

Ms. Casey: That's true.

Mr. Dumville: – pick their year. I guess I'm more concerned with – we've worked for 10 years and since the cessation of tobacco smoking and now we're getting into this.

I guess the idea is to bring it out in the open so the underground doesn't get the tax money, that the governments get the tax revenue on this. I heard that if you set the limit too high that – the age too high, then you're going to have the bad guys controlling the flow.

I guess my main concern isn't – my main worry is our loved ones on the highway. As a former Breathalyzer operator, to detect alcohol impairment is relatively a good science now, but I'm worried about – I know they're training people in terms of – we all did sobriety tests when we were in the force. They were very basic and I understand that the sobriety tests have reached a new level in terms of turning your head. You turn your head so far your eyes will jump and if you turn them further– there are techniques out there that they're using.

What I'm really worried is being on the road and people that are smoking up. I just have a bad feeling, not necessarily in regards to the legislation, of people using it recreationally, but to protect the public and the other aspects of it.

I guess I think that because I'm on the road a lot on two wheels now and I don't want somebody –

Mr. Aylward: They're on the road now.

Mr. Dumville: Yeah, I know they're on the road now. I think it's getting serious in that regard. Chair, I just agree with Kathleen here that we need an awful lot more information, but we have to give it some serious thought in terms of –

Ms. Casey: We're not going to solve it today.

Mr. Dumville: No. Our public safety of us that don't use the product, but still want to be moving around safely.

Thank you, Chair.

Chair: Darlene, actually, before we get there, part of what I would ask for the committee to think about is: I think we would all agree with all those comments. I guess the question is: is this something that we, particularly with the other work that we have to do, is it something that we want to be into, or do we – we could do any number of things; send a letter off to any of the three departments that you just asked to see what they're doing. There's all kinds of ways that we could look at this particular issue. That's what we really need to figure out coming here today.

Ms. Compton: (Indistinct) basically, saying the same thing: is this really for us to ponder over, but, again, will the legal age be the same as provincially for alcohol? You determine by each province what the legal age is, so, and is that going to be through justice? We don't know. Do we punt it down the road a little bit to see where we're at? I guess that would be my question to the committee.

Right now, I don't think it's a major priority on our list, but – and how much do we know? That's the other thing. How much do we know? We don't know enough, so –

Chair: Rich, do you have your hand up there?

Mr. R. Brown: No, I'm good.

Chair: Why don't I propose this, and if everybody's in agreement, then we can (Indistinct) look at it. We could send a letter off and I don't know, my guess would be it would probably fall under the department of justice in terms of the age itself. We can send a letter off to the minister of justice and say is there work being done to consider the appropriate age requirement, and see what comes back. Based on that we can determine whether we think we think we should do any work to further that.

Ms. Casey: Sure.

Chair: Does that sound fair?

Mr. Perry: Sounds good.

Ms. Casey: Sounds good.

Chair: All right. That seems to be unanimous.

Mr. R. Brown: Yes.

Chair: Smoking cessation is what I want to talk about next. I have been talking with Dr. Ian Reid who's been a proponent of smoking cessation measures, a number of times recently. It's my understanding that he and there is an alliance, and I don't have it right in front of me, but there are a number of different kinds of health organizations that you would see in the community, probably related to cancer, heart and stroke, and the lung association and that kind of thing.

I'm not saying all those groups are members for sure, but there are groups like that that have been advocating for smoking cessation, I'm going to say improvement because there is some level of plan with the health department or Health PEI. I think that's progressing, but I think they're contemplating a profile campaign in relation to that.

I told him that – he was going to go back and see whether they would want to appear before the committee or not. I told him that I would run it by the committee to mention that they'd be looking to do that. He said if they were it would probably be the fall at the earliest. I just wanted to throw that out there and see if anybody takes any issue with that or if I can go forward to tell him that if they want to we'd be happy to have them in.

Mr. Aylward: Chair.

Chair: James.

Mr. Aylward: Thanks, Chair.

I think it's a great idea. I've spent six years on the board of the Canadian Cancer Society. I know that it has always been a high priority for them, as well, with regards to funding – trying to access funding from the provincial government to have these cessation programs in place. It might not be a bad idea to get an update from the Canadian Cancer Society, as well –

Chair: Yeah, I think what would –

Mr. Aylward: – (Indistinct) what measures are in place and what they're advocating for.

Chair: Sure. Sorry to cut you off there.

Mr. Aylward: That's okay.

Chair: I think what the intent is or was, is that if they were going to do it, there likely would be a group –

Mr. Aylward: Okay.

Chair: – that would come in and somebody, it could be Dr. Reid, or it could be somebody else, would likely be a spokesperson and they would – they have a lot of statistical and other information and kind of a plan that's set up to deal with this.

Those groups are very adept at advocacy and working these things forward so I think they would be – they would know how to make their point. I think it would be something that would be well presented.

Kathleen, you were –

Ms. Casey: No, I'm good.

Chair: Oh, you're good?

Ms. Casey: I agree.

Chair: Okay. Does anybody else have any thoughts or comments?

An Hon. Member: (Indistinct)

Chair: Is everybody all right with that, then? Okay, so I'll reach back out to him, myself or the clerk, and we'll essentially kind of get a confirmation from him as to how they wish to proceed and we'll update the committee as we move forward on that.

An Hon. Member: Okay.

Chair: So unless there's any other new business, we'll move on to the item that Kathleen is going to abstain from.

Ms. Casey: (Indistinct)

Chair: Any other new business?

Some Hon. Members: (Indistinct)

Chair: Okay, great.

Ms. Casey: Have a great day everyone. Thank you.

Mr. Perry: Are we finished?

Some Hon. Members: (Indistinct)

Chair: No, we're just waiting for Kathleen to (Indistinct)

Mr. Perry: Oh, sorry.

Chair: So, and perhaps I'll let the clerk introduce item number 3c. As we see it there on the agenda there was a letter that came over from the chair of the Public Accounts committee in relation to a portion of the 2016 Auditor General's report for our consideration, so perhaps Madam Clerk if you want to address that and we can go forward from there?

Clerk Assistant: Sure. I'll just read a portion of the letter that was sent from the chair of the Public Accounts committee, Mr. James Aylward, to the chair of this committee, Jordan Brown:

"The Standing Committee on Public Accounts recently reviewed Chapter 4, Payments to Private Nursing Homes, of the 2016 Report of the Auditor General to the Legislative Assembly.

"The committee agreed that further examination of the policies surrounding payments to private nursing homes under the *Long-Term Care Subsidization Act* and its regulations isn't warranted. The committee therefore requests that the Standing Committee on Health and Wellness seek a briefing from Health PEI on these policies as well as the implementation of the recommendations arising from the Auditor General's audit of processes for reviewing and approving claims from private nursing homes, assessing the eligibility for accommodation subsidies, and monitoring and reporting on long-term care subsidies."

So that's the request before the committee.

Chair: So I might do – I wasn't actually – I should note for the record I am the vice

chair of that committee. I wasn't there on the day that that was moved. James, do you wish to speak to why it was directed to this committee for consideration as opposed to (Indistinct) –

Mr. Aylward: Sure. There was some discussion at the committee level at public accounts that perhaps Public Accounts should be calling somebody in and give us a more in-depth briefing on how these policies are implemented and in place and then it was discussed around the table that, about the – not that Public Accounts has a bigger workload than any other department, but we still have a lot of work to accomplish finishing up the 2016 and then going on to the 2017 report.

It was felt that maybe it would be incumbent upon the Standing Committee on Health and Wellness that they should do a little more investigative work on this by having some officials come in and give a further briefing of how this whole process plays out.

Darlene?

Ms. Compton: I just want to say I thought (Indistinct) reviewing of the comfort allowance. Was it the whole process or just – I thought it was –

Mr. R. Brown: My big concern was that people were going to treatment somewhere and they might get paid their way there but –

Mr. Aylward: Oh, right, yeah.

Mr. R. Brown: – but not their way back –

Ms. Compton: (Indistinct)

Mr. Aylward: No, they (Indistinct) –

Mr. R. Brown: – and they had to take their money out of the comfort allowance –

Ms. Compton: Yeah.

Mr. R. Brown: – and that was – my concern was –

Ms. Compton: Yeah, so, and that's –

Mr. R. Brown: – if that's what we're into, that's –

Ms. Compton: So – do you want me to speak on that?

Mr. Aylward: Yeah, no.

Ms. Compton: Because I can.

Mr. Aylward: (Indistinct)

Ms. Compton: That's what I understood, was there were a couple of issues. One of them was ambulance charges. My understanding is – you know, you have three choices for nursing homes, and you might get sent to choice number three or any choice because that's the only place there's a bed. So the ambulance is paid for to that facility, but then when you actually go to the facility that you want to be at, you have to pay for it yourself –

Mr. R. Brown: Yeah.

Ms. Compton: – because they've already paid one trip.

Some Hon. Members: (Indistinct)

Mr. R. Brown: Okay.

Ms. Compton: The money, then, for that trip comes from their comfort allowance or from the family. They have to pay for that, right? That's part of it.

Mr. R. Brown: Okay.

Ms. Compton: The other thing, the comfort allowance itself, it goes in trust. It's issued from the province monthly, goes in trust for each resident, and who has access to that – I think that was part of the issue –

An Hon. Member: Yeah.

Ms. Compton: – who has access to that comfort allowance and, you know – I can speak to that. Someone could come in and say: I took my aunt Lucy to the doctor today and I filled –

Mr. Aylward: Three hundred dollars in gas.

Ms. Compton: – yeah, I filled up my tank for gas and here's my receipt, and you pretty much have to give them a cheque. You can't really say: No, sorry, you took her, leave her money alone.

An Hon. Member: Yeah.

Ms. Compton: Because they only get, what's it now? A hundred and –

An Hon. Member: Forty.

Ms. Compton: A hundred and forty, so that's for any vitamins that aren't covered and their hairdressing and haircuts and –

An Hon. Member: (Indistinct)

Ms. Compton: – a bottle of whiskey –

An Hon. Member: Toothpaste?

Ms. Compton: – toothpaste – no, toothpaste at the lodge is supplied, but maybe it's not other places. So I think it was, the concern was are some of the residents being fleeced by well-intended family members and whether there's anything that can be done about it. That was part of it.

An Hon. Member: Yeah.

Ms. Compton: And also, if there's an ambulance charge, that the province really should be footing the bill for that, because it's through no fault of their own that they had to go to point A instead of point B, but yet they're being charged, and it's not (Indistinct) that, so –

Mr. Aylward: Yeah, that was definitely a large part of it. To be honest, I'd have to go back and review the transcript –

Ms. Compton: Yeah.

Chair: – to see if there were other exact details that some of the committee members were asking as far as the formula goes and if you had a spouse that's still living at home and how much of their pension goes – just the overall breakdown.

Then, I think there were some specific questions with regards to – because somebody had heard stories that if you're in private versus public it can be a little bit different. Again, I would have to go back and actually go through –

Ms. Compton: Well –

Mr. Aylward: – the transcript to see what other things were brought up there.

Ms. Compton: – as far as nursing care, you can charge whatever you want, basically. The province still subsidizes X number of dollars per day, right? But you can charge – I know the Gillis Lodge is $82.69 or something, it's eighty-something. But you can go to Charlottetown, there's facilities that charge $120.

Mr. Aylward: Yeah.

Ms. Compton: It's the same service, right? But that's up to the facility itself. I know I had an issue with a constituent this past couple of weeks. Her husband is in nursing care. He has Alzheimer's. He's pretty young. She's still at home and it's taking all of – so much of the combined income to support him and she really can't live on what she's getting, but it's deemed through the province that that's the amount that has to be paid from the private funds. That's another issue.

I don't know that we want to have someone come in –

Chair: Before we go any further with this, perhaps –

Ms. Compton: Yeah.

Chair: – I just want to point this out as kind of, maybe, food for thought and not to play the whole pass-the-buck or we-said-this-and-they-said-that or whatever. This whole conversation, to me, though, highlights a bit of an issue that we're into, which is that the Public Accounts committee has the benefit of the presumption that they have their report before them to deal with and the Auditor General to come in here and say what the issues were.

Whereas, this committee, despite the fact that we might have some overlap, wouldn't necessarily have that. I kind of wondered, in my mind, it maybe should be something that would be dealt with there. Unless we were looking to set forward new policy recommendations out of the health and wellness committee that we wanted to dig further into beyond whatever Public Accounts might be looking at.

Mr. Aylward: I don't think it was so much looking at setting up new policy. It was more so of just fact finding –

Chair: (Indistinct)

Mr. Aylward: – yeah. Just to get details around it.

Chair: I would think that would be something that more would actually happen at Public Accounts, but again if the committee members see fit to do it here, then fine.

Mr. Aylward: It was the committee members around Public Accounts that suggested that it'd be best if it was looked at from the health committee.

Chair: I guess –

Mr. Aylward: (Indistinct)

Chair: – like I'm not –

Ms. Compton: Yeah –

Mr. Aylward: (Indistinct)

Chair: I guess there is a point there. The only thing I am saying is – say most of us weren't on both. I guess the technical issue is that we haven't had the Auditor General in here to explain verbally to us what went wrong. We all have the capability to go back and look at Hansard and see what was said about that issue.

Ms. Compton: Chair, just on that –

Mr. Dumville: I'll make a note. Which one of you two chairs wants it?

Ms. Compton: Yeah.

In the Auditor General's report it was more on overpayment to a facility.

An Hon. Member: Yeah.

Ms. Compton: It wasn't so much, this kind of – we get into the weeds a little bit more once we start talking about long-term care facilities and I mean, I was answering questions that, really, I did just because that's my background.

It was more, in the Auditor General's report, I think it was just on overpayment to a facility and whether that facility – then the money was reimbursed. Every month there's a spreadsheet, right? You change the names, you type in the amounts. For there to be a mistake made there it would just be human error basically, and I think it was rectified.

Chair: Anyway, I'm content to go on –

Ms. Compton: I know.

Chair: – with whatever the committee wants to do. I just wanted to point out that, particularly, given that conversation, and the fact that we're going to have to go back through and parse the Hansard to see what was said, or what we want to have looked at versus the committee who was actually there and was the ones who wanted to have it looked at. It's up to you guys on what you want to do.

Mr. Perry: I don't know what the specific ask is.

Chair: I guess that's what I'm saying –

Mr. Perry: So until we know –

Chair: – I don't –

Mr. Perry: – what the specific ask is we can't make a decision today.

Chair: The only way we're going to know is if we go back through the Hansard of the Public Accounts. This is, I guess, what I'm saying is how you get into the loop. If we go back through the Hansard, that means that we're going to have to go figure out what the specific ask is and try and interpret what was said there as to what the ask should be. There's a question if we're doing that, why isn't it just the Public Accounts committee that's doing it?

I'm content to do it if we want to, but–

Mr. R. Brown: My only concern was the comfort allowance. I have a number of constituents in my area that depend on the comfort allowance. That's their only little bit of money for the month. All I want to make sure is that the maximum amount of money is going to the individual. What rules are around it?

I walk the district quite a bit and you get the people that have the comfort allowance. They say: Well, I didn't get my comfort allowance. I didn't get this. It's a pretty sad story now. I qualify that. It's just, I'm saying: Okay, well if we're increasing the comfort allowance why isn't their life getting a little bit better?

All I want to make sure is that – one thing is, does it go into a trust account for everybody? Why can't someone that is capable of getting the cheque themselves and doing it themselves?

Ms. Compton: So –

Mr. R. Brown: I was surprised at that. That everybody has to go to the person in the health care facility and say: Look, I need this and this. They should have their own little –

Ms. Compton: I think that's partially because they don't want that $140 cash in their room –

Mr. R. Brown: Okay –

Ms. Compton: – so it's kind of a little bank –

Mr. R. Brown: – yeah. Okay –

Ms. Compton: – right? You come and you say: I need 20 bucks.

Mr. R. Brown: Yeah.

Ms. Compton: I think the questions came, and correct me if I'm wrong, but it was around presenting – getting someone to present to health about how the whole system worked, like long-term care. If you have someone who's going into a facility, what are the stipulations? How does it work?

It's more or less for the information of us as MLAs so that we have a background for our constituents because we all get the questions a number of times –

Mr. R. Brown: Oh yeah.

Ms. Compton: – about comfort allowance. It's about, are they going to take my house? All of those questions. I think it was, more or less, to have someone come present to health about an overview on how the system works.

Mr. Perry: Thank you, Chair.

Mr. R. Brown: So maybe I'll (Indistinct) okay, go ahead, Hal.

Mr. Perry: Exactly, so let's just –

Ms. Compton: I think (Indistinct)

Mr. Perry: – go ahead, put an ask, then put a motion out, or I'll put the motion out to ask someone from Health PEI to come in and just – we'll ask general questions.

Ms. Compton: Maybe they can do a presentation on it.

Mr. Perry: Yeah.

Mr. Dumville: Chair, this information session, to Richard's point earlier, maybe all MLAs should be at that meeting.

Ms. Compton: Absolutely.

Mr. Perry: Yeah.

Mr. R. Brown: One of the big questions I get is: I want to go here, but they're making me go here, but I agree –

Chair: So, just to –

Mr. R. Brown: – with that (Indistinct)

Chair: – do we want to try to link it back at all just to round this because the request came from Public Accounts. They don't have – Public Accounts, other than James who's here does not have (Indistinct) to make a request here. Hal's got a motion on the floor which is general, not necessarily related to the Public Accounts request.

I guess to tie it all back together, just so it's all covered off, as Chair of Public Accounts do you see that as representing what the request was of our committee to look at it –

Mr. Aylward: Again, Chair, I'd have to go back and just review Hansard. I remember the discussion. I remember we had a lot of questions through the AG at the time. I don't recall exactly who put the motion forward.

Because, again, as Chair, I couldn't put the motion forward.

Ms. Compton: What if it was me?

Mr. Aylward: No, I don't think so.

Ms. Compton: (Indistinct) remember.

Mr. Aylward: Requesting that health do get an overview on this.

Chair: If we want the clerk can read out the specific ask if we want.

Mr. Dumville: If it's an information session that we're seeking maybe this committee should just recommend that they come in and present to all MLAs – a special day is set aside.

Mr. R. Brown: We all know there's a big cohort of individuals getting to that point in their life –

An Hon. Member: Yeah.

Mr. R. Brown: – of having to choose. I get a lot of requests all the time about it and I don't know the system, but there's that bubble coming up. They're saying: Richard, my mother has to go into a facility and this complication and that complication and I have to send her to Tignish. It's a great spot, but you know –

Mr. Perry: (Indistinct) place for her.

Mr. R. Brown: Okay.

Chair: We're getting down the rabbit hole, again. We have a motion on the table. We had an ask come to us. All I want to clarify is: is the motion the motion that we are all all right with given the ask, or do we –

Clerk Assistant: The motion was more long-term care facilities in general –

Chair: Yeah –

Clerk Assistant: – under the policies –

Ms. Compton: The process, yeah.

Clerk Assistant: – whereas this one is more looking at –

Chair: Can you read the ask, again?

Clerk Assistant: That on the policies: Seeking a briefing from Health PEI on the policies, as well as the implementation of the recommendations arising from the AG's report. Of the process for reviewing and approving claims from private nursing homes; assessing the eligibility for accommodation subsidies; and monitoring and reporting on long-term care subsidies.

An Hon. Member: That's good.

Clerk Assistant: That is more –

Chair: Hal, with your motion do you wish to have it –

Mr. Perry: I would still like to have a general overview of what their –

Chair: Okay.

Mr. Perry: – policies and –

Chair: Let's have Hal's motion stand.

Mr. Perry: Thank you.

Ms. Compton: Yeah.

Chair: Everyone in agreement with that?

An Hon. Member: Yeah.

Chair: Great.

Does anybody want anything further from the recommendation from the Public Accounts meeting?

Mr. Dumville: Just that we invite all MLAs to that meeting.

Chair: Okay.

Mr. Perry: They're invited to every meeting anyway.

Chair: Can we, as a committee, write a letter back and say, Chair –

Ms. Compton: Done and dusted.

Chair: – this is what we're going to do. If you have anything further to be done, you have at it in Public Accounts –

Mr. Aylward: Sure.

Chair: We're all good with that?

An Hon. Member: Yeah.

Chair: Great.

Clerk Assistant: It's Health PEI that's the (Indistinct) –

Mr. Perry: Maybe ask those questions when they're here. Yeah.

Clerk Assistant: – (Indistinct) great.

Chair: Thank you everybody, it's –

Mr. Dumville: I'll second that motion.

Mr. Perry: Call for adjournment.

Chair: – twenty-five after 12. I would call for a motion for an adjournment.

Mr. Dumville: Sure.

Chair: Hal? Bush?

Mr. Dumville: Sure.

Chair: Great.

An Hon. Member: Go for it.

Chair: Thank you.

The Committee adjourned