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Tuesday 10 March 2009

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Mardi 10 mars 2009

**Select Committee on
Mental Health and Addictions**

Organization

**Comité spécial de la santé
mentale et des dépendances**

Organisation

Chair: Kevin Daniel Flynn
Clerk: Susan Sourial

Président : Kevin Daniel Flynn
Greffière : Susan Sourial

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Hansard Reporting and Interpretation Services
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE ON
MENTAL HEALTH AND ADDICTIONS**

**COMITÉ SPÉCIAL DE LA SANTÉ
MENTALE ET DES DÉPENDANCES**

Tuesday 10 March 2009

Mardi 10 mars 2009

The committee met at 0911 in committee room 1.

The Vice-Chair (Mrs. Christine Elliott): Good morning, everyone. Welcome to the first meeting of the mental health and addictions committee. The Chair should be with us shortly; I understand he's been stuck in a little bit of traffic. On his behalf, I'd like to welcome everyone. I think this is going to be a terrific committee. We look forward to working together on this committee and to developing a provincial mental health strategy and making recommendations to the government as we go forward.

APPOINTMENT OF SUBCOMMITTEE

The Vice-Chair (Mrs. Christine Elliott): This is really an organizational meeting, the first order of business of which is to develop the subcommittee for conducting business. For that, I would like to call on Mr. Balkissoon, please, to make a motion.

Mr. Bas Balkissoon: I move that a subcommittee on committee business be appointed to meet from time to time at the call of the Chair, or at the request of any member thereof, to consider and report to the committee on the business of the committee;

That the presence of all members of the subcommittee is necessary to constitute a meeting; and

That the subcommittee be composed of the following members: the Chair as Chair; Mrs. Elliott, Mrs. Van Bommel, M^{me} Gélinas; and that substitution be permitted on the subcommittee.

The Vice-Chair (Mrs. Christine Elliott): Is there any discussion on that motion?

M^{me} France Gélinas: I was wondering if we could put on the record, by any chance—who's Chair?

The Vice-Chair (Mrs. Christine Elliott): Mr. Flynn is the Chair.

M^{me} France Gélinas: Oh yes, thank you. Erase that; the question was never asked.

The Vice-Chair (Mrs. Christine Elliott): Is there any further discussion? If not, all in favour? Carried.

**MENTAL HEALTH
AND ADDICTIONS STRATEGY**

The Vice-Chair (Mrs. Christine Elliott): Next, I think what we'd like to do until Mr. Flynn gets here is just go around and have everyone just give us some idea

of what your expectations are for the committee, how you would like to see the committee formed. There are lots of issues that we need to talk about in terms of the order that we're going to proceed in, how we're going to organize our work, developing a work plan, figuring out travel, where you think that we need to be, how much travel needs to be involved. There is a whole budgeting process for that, as you know. So perhaps if we could start with Mrs. Van Bommel and we'll just go round.

Mrs. Maria Van Bommel: As the parliamentary assistant to children and youth services, children's mental health is very important from my perspective as PA, but also as a mother and a grandmother. I see the impacts of mental health on all children, especially as they mix together in a school environment. So that's very important.

I think we need to certainly discuss some of the issues around aboriginal mental health. Again, I have five First Nations bands in my riding, and there's a real impact there; you can see that.

I see this as very broad-reaching. I think we're going to have our challenges as a group: Where do we focus? Because when we talk about aboriginal and children's mental health, we can talk about fetal alcohol. There are so many different ways that this can play out. I think our challenge will be to be able to address things well, because there are so many things that we have to deal with.

The Vice-Chair (Mrs. Christine Elliott): There certainly are many facets to it.

Mrs. Maria Van Bommel: Absolutely.

Mrs. Liz Sandals: Given my background as a trustee, and now the parliamentary assistant to the Minister of Education, clearly children's mental health issues are very important. I think we often find that the first realization that a child has mental health issues is in the school. The whole issue of where the community supports are for the child: how do you get the referrals, the linkages, and building the teams in the community that can really support a child who has mental health issues, but we also see issues around drug addiction or alcohol addiction treatment for youth—how do you get that capacity, as opposed to adult? Teenagers with eating disorders: How do you get support for that as opposed to adults? Because sometimes the services are hived off based on age, and even if the service is available for adults, it may not be available for youth. So that's certainly, from a children and youth point of view, something I'm really interested in.

I also have a psychiatric hospital in Guelph. It's the only psychiatric hospital that does a dual diagnosis of schizophrenia and addiction. It's the only psychiatric hospital in the province that will take those patients, which means that we've got a lot of outpatients in our community who have been released from those programs who have either schizophrenia or addiction issues. I think we also need to think about what the outpatient supports are in the community, the community mental health supports for adults who have some very difficult issues. How do we provide the community supports? From my community point of view, that's an issue that really presents.

The Vice-Chair (Mrs. Christine Elliott): I would certainly agree, coming from an area that has a large mental health centre—

Mrs. Liz Sandals: You've got a similar thing.

The Vice-Chair (Mrs. Christine Elliott): Yes.

Mrs. Liz Sandals: You asked about travel. I'm sure that here in Toronto we can do hearings where we invite experts. When we travel, it's probably important that we speak to the people who are on the ground in communities with a variety of sizes and demographics. I think it's important that we actually both hear and, as we're travelling, go and visit some of the actual programs, so that we're not just talking to people representing a program or a point of view, but that we actually maybe do go and visit a few programs so that we can see for ourselves what's happening with programming in communities.

The Vice-Chair (Mrs. Christine Elliott): I think that's an excellent idea, because there are many really innovative programs in a number of communities that we could perhaps use as a model for service delivery in other parts of the province. I think that's a great point.

Mr. Jeff Leal: As parliamentary assistant to the Minister for Aboriginal Affairs, looking at mental health for First Nations communities is certainly a priority of mine and, I think, a priority, certainly, of this committee. There's such a difference in terms of access to services. I have two First Nations in my riding of Peterborough in southern Ontario, and their access to services is far different than our First Nations communities in the far north, where some of them are accessible by a road, but many are not accessible by road and often the only way that you can get in to provide services to those communities is by airplane.

0920

In terms of logistics, there should be an opportunity for us to visit some of those communities in the far north that are not accessible by road but, indeed, accessible by air. We may look at scoping the number of people who may be making that visit during the fact-finding part of our task. It may not be necessary to have the full committee, but certainly a representative from each party in terms of going into these communities and spending a day or two to really get a sense of some of the conditions they're faced with—a real tragedy of eight-, nine- and 10-year-olds. That's something we need to look at very seriously.

The Vice-Chair (Mrs. Christine Elliott): That's great. I certainly agree that some of the needs of the people in the north, where there are concurrent disorders, mental health and addiction issues—it will be really important for us to do that, and certainly your expertise in that area will be very valuable to the committee. So, thank you.

Ms. Helena Jaczek: I suppose for me, one of the most important things we need to do is to really identify the needs that are out there. Looking at the resolution that we passed, it is a huge task. If we look at what Senator Kirby did, it could become almost overwhelming. I need to know the size of the problem, the size of children's mental health needs, the size of the psychotic population, that kind of sense of what we're looking at. Obviously we need to know what programs are out there and do that traditional gap analysis: "These are the needs. This is what we have. What can we do?"

I like to think of myself as a very practical person. So I'd like to see perhaps a few very practical recommendations coming out of our report. I have a feeling that we won't be able to do as much as we probably all would want to do, and I suppose that's where it's going to be very critical to focus in as we go forward, where we can find those solutions. There may be areas where we have to say, "We've looked at this and this requires further study."

When you talk about one in five individuals having a mental health issue at some point in their lives, that is an overwhelming task to solve all those kinds of issues. So I hope we will be able to, as we go forward and we assess the needs, come up with a couple of areas that perhaps we do really, really well.

The Vice-Chair (Mrs. Christine Elliott): My own hope would be that we would first identify what the problems are, because you can't deal with them until you know exactly what they are, and then develop a series of priorities, I suppose, because you can't do everything all at once, but to develop perhaps a long-range plan that can be implemented over the course of however many years, recognizing that there are some things that are more urgent than others. So I agree with you.

Mr. Bas Balkissoon: I totally agree with Ms. Jaczek in terms that we've got to focus on the needs, focus on the things we do and look for those missing gaps. I guess I'm here as the parliamentary assistant to the Minister of Health, but I've had some personal experiences with friends and relatives that I just want to share with you. Today in the workplace, in the corporate world, if there's someone suffering over mental health, stress or whatever, there's a tendency in that world to push that person aside, leave them on their own and really not provide them with the professional help that they need, and all you're doing is making it worse. I've seen that happen to a close friend of mine, and eventually he did take his own life, which was unfortunate, but the system didn't respond to him. Also, at the same time, I saw this person bounced in and out of hospital, and there was no continuum of service to support him. They'd go into hospital for a week or two

and then the doctors would say, “Okay; they’re back to normal. They can live alone,” and they’d be discharged. They’d go back to their home, but there was really not the support for that person unless they took the initiative to get out and get help. I saw a huge gap there.

As we go through this, I totally agree with you that we have to look at priorities that we can solve, and those that we can’t solve immediately, we at least have a long-range plan to deal with.

The Vice-Chair (Mrs. Christine Elliott): I agree. I think that has been part of the problem up until now with all governments: recognizing that there is a huge need out there but not really having a plan to address things in an orderly fashion. What you end up with is having piecemeal things that come up in every budget that are meant to help and do help to some extent but don’t really address the overall picture. I think it is important for us to develop that plan.

Ms. Sylvia Jones: I would like to see us do a little bit of, for lack of a better word, research here first. That would give us an idea of where we need to travel, maybe to some parts of the province that are doing some unique things that we would want to focus on a little more. I think we all have experience in our own riding of what kind of gaps there are in the service. What I’d like to see is a little more time spent on, “This is what’s happening in other parts of the province, and those are maybe the opportunities where we want to go and delve in a little deeper and see what opportunities there are.”

The Chair (Mr. Kevin Daniel Flynn): My apologies. A good way to start the meeting—in traffic.

I’m assuming we’re having a discussion, just going around. We got as far as you, Sylvia? Are you the first?

Ms. Sylvia Jones: No. France is—

M^{me} France Gélinas: Ms. Elliott is next.

Mrs. Christine Elliott: Go ahead, Ms. Gélinas. I’ll go at the end. It’s your turn next.

M^{me} France Gélinas: I would say that I’m in agreement with most, if not all, of the comments that have gone around. I like what Helena said: You have to identify the gaps so that you can move forward; you have to identify the population. I really like what—sorry; I’m not going to do very well with your last name. I’ll just call you Bas for now. You said that treatment for mental health, even if somebody is well followed in the primary care sector and the psychiatrists are giving it their best, is not enough. They need the social support. They need housing. They need help with finding jobs.

For some people with mental illness, the health care sector has the solution. You have depression, you’re being followed by a counsellor, you’re getting medication, and you get better. For other people with severe mental illness, the solution is not solely within the health care system. Part of it is there, but the solution is very much outside of this.

We used to have a homeless clinic; 80% to 85% of our clients had severe mental illness. The people who are homeless in Sudbury have severe mental illness, day in and day out, winter and summer.

I would like us to make sure that we include—I don’t want to call it “categories,” but in the line of what we say is a well-defined population. The needs of children with mental health problems are very different from the need of a severely mentally ill 50-year-old man, to make sure that we look at: How do we prevent? How do we treat? How do we support? What kind of changes need to happen not only in the treatment option within the health care system but also within the broad determinants of health that affect the lives of those people? The main ones that come to mind right are the justice system, housing, education and jobs. I agree with everything else that was said.

The Chair (Mr. Kevin Daniel Flynn): Any further comments? Christine?

Mrs. Christine Elliott: Just to wrap up, I agree very much with what France is saying. My hope for this committee is to recognize that it’s not just a mental health issue within the health ministry but it is looking at the holistic person and all of the needs that that person has to get well and to stay well. That’s where the housing part is very important.

The justice part I think is also very significant. And looking at the various populations, the homelessness aspect of it, I completely agree that there’s a large number of homeless people everywhere who have mental health and/or addiction problems, and in order to get them to a situation where they will want to stay in housing, stay on medication and get well, we need to look at all aspects of their life. It’s not just one piece to say, “You need to have access to community mental health services.” They need help with housing, vocational supports and everything else in their life.

0930

I think that’s very much what the entire committee is looking at, so it does become a very big task, but I think it’s one that is going to end up in a result that’s going to be very meaningful for all of us and for all the people in Ontario who need our help.

The Chair (Mr. Kevin Daniel Flynn): Any further comments this morning? Did we establish a date for the first meeting of the subcommittee? That’s something we can do after the meeting. Are there any further comments? Any other business?

Mrs. Liz Sandals: We’ve sort of gone around and talked generally about what it is we bring to the committee and what it is we want to see the committee discover. We haven’t really had any discussion about, “Okay, that’s what we want to do now. How do we want to do it?” I understand you’re going to have to sort out the details at subcommittee, but I wonder if we should have any sort of general discussion about how we see us doing the work.

The Chair (Mr. Kevin Daniel Flynn): Well, let’s do the same thing again, starting with Ms. Van Bommel.

Mrs. Maria Van Bommel: Actually, as a member of the subcommittee I would really like to hear from everyone else. When we get to the point of deciding on dates and that sort of thing, I’ll certainly make my own needs

heard, but I would like to hear from my colleagues as to what they need to have happen in order to, as Liz said, make sure that we have our meetings in a way that we can all attend, and what we will do around the issues of travel—when it is best for us to travel and that sort of thing.

The Chair (Mr. Kevin Daniel Flynn): So we need a regular meeting time that suits all our schedules. I think we were looking at Wednesday in the late afternoon, something that we realized may be open for a number of us. That was somewhere around 4 o'clock, I think.

Interjection.

The Chair (Mr. Kevin Daniel Flynn): Yeah. We were looking around the noon hour, but apparently that didn't work for a number of members. Towards the end of the afternoon there are rooms open, and apparently people's schedules were—

Ms. Sylvia Jones: So we're talking 3 o'clock?

The Chair (Mr. Kevin Daniel Flynn): I think we were talking 4, but there's no reason it couldn't be 3, if that suited people's schedules better.

Mrs. Liz Sandals: It may be that it has to be following routine proceedings.

Interjection.

The Chair (Mr. Kevin Daniel Flynn): The clerk's just reminding me that with our new schedule, the House would be doing its routine proceedings at 3. So if any members had any statements, petitions, that type of thing, it would conflict—

Mrs. Maria Van Bommel: Could we start at 3:30? That would make sure everyone at least was able to attend routine—

Mr. Bas Balkissoon: Or right after routine—

The Chair (Mr. Kevin Daniel Flynn): Or right after routine proceedings.

Mrs. Maria Van Bommel: Right after routine proceedings.

Mrs. Liz Sandals: Yes, 3:30 gets you through statements and ministerial statements. All you'd be missing at 3:30 would be petitions. You could get your petition on a different day.

The Chair (Mr. Kevin Daniel Flynn): Okay.

Mrs. Liz Sandals: We've talked a little bit about where we need to travel to, but it seems to me that this spring it would be useful to do the sort of fact-finding, expert testimony part, because that's the work that we can be doing on the Wednesday afternoons here in Toronto. I don't think the fact-finding on this is easy. For example, in the education system we don't really count the kids with mental health issues; we have special education categories. So there may well be kids who are identified as behavioural, or some other special education category, who also have mental health issues. But there may also be kids who aren't identified for special education reasons because they don't need special education assistance, but who may well have mental health issues. So I know from my sector that while we may, as I said earlier, be the discoverer of the problem, we don't, for education purposes, have a mental health category. We

can tell you how many kids there are with special ed. needs that might overlap, but we really don't have any count. Then it's over to children and youth services, and I'm not sure how complete their data is either.

The data collection piece is non-trivial, certainly on the children's side; I'll let other people speak for the adult side. I think we need to have a discussion about how we want to collect data, what data we need and who we ask it for. We may need to speak to the different ministries about what they have and then go from there, even with some preliminary recommendations about what needs to be developed, because the first gap that we identify may be simply that we have no way of finding out what it is we would like to have as the starting point.

Then I think it would also be helpful if we identified some of the experts that we would like to talk, and then try to focus travel more on what's going on in communities.

Mr. Jeff Leal: In terms of visits and in terms of the logistics, if we think about going into Attawapiskat or Kashechewan, then perhaps June or July, August, September, in terms of having relatively good weather to get in. I think it's absolutely essential to do some fact-finding right on the ground, particularly in those communities, to understand the depth of despair when it comes to accessibility of mental health services for many of the very isolated First Nations communities. There's also a challenge here—of course INAC, Indian and Northern Affairs Canada, plays a role—this age-old, and I think most unfortunate, issue of jurisdiction, the constant finger-pointing. I think we've got to drill down and really get to the bottom of it, particularly for this group that really lacks access to many of the necessary services for the well-being of their communities.

The Chair (Mr. Kevin Daniel Flynn): Very good. So you were talking about spring/summer?

Mr. Jeff Leal: You know, maybe June. I think tentatively the House is going to rise, according to the new calendar, on Thursday June 4. So I think there is some time, in consultation with our colleagues opposite, to look at doing some fact-finding visits, maybe within that window.

Ms. Helena Jaczek: It's my understanding that the Minister of Health and Long-Term Care has established an expert panel. I'm not sure if Bas can enlighten us, but presumably they've done a certain amount of data collection and fact-finding. I'm not sure what stage they're at, but it would seem very useful to at least have their input.

One of the things that has started to happen is that I'm being approached by people wanting to come and meet with me in relation to being on the select committee. Now, of course, if they're from my riding, people that I basically know, I'm meeting with them anyway. But at this point I've said that there will surely come a time that they can approach the committee as a whole. I presume that we will be receiving people who just simply wish to come and share their story. Am I correct in that?

The Chair (Mr. Kevin Daniel Flynn): Yes, you are.

Ms. Helena Jaczek: Because that would be also important to know, looking ahead, when we might be taking those types of deputations here, so we can give them a sense of timing as well.

0940

The Chair (Mr. Kevin Daniel Flynn): I think the intent would be that the subcommittee would take all the information that they got from the other members today to their first meeting and start to establish at least the rough outlines of a work plan for the entire term that the committee is in existence and see where various things fit into things. I think we probably won't be travelling when the House is sitting, for example. The advice from Jeff to travel in the summer probably is quite good advice. Hearing from other people, hearing from the experts and what I've heard from various members anecdotally is that they prefer to do that first; they prefer to do that early in the process. I think Liz just backed that feeling up as well. So really the schedule is open, and it's really a matter of what's the best way to get everything done that we need to get done, given the confines of the House sitting and the inability to travel then. It's really a matter of scheduling.

Mr. Bas Balkissoon: I guess the minister has an expert panel working on this, and it has been quite a few months since it has been happening. I'm not sure where they're at, but it might be a good idea for us to at least know what that panel is doing so that we don't duplicate their work. I think what we should be doing is looking at how we complement each other, because I suspect that they're mostly professionals in the medical field, whereas our work should include the community and the service providers on the ground etc.

In my mind, we have to start with some research so all of us get up to speed to understand the complexity of this particular issue. It would be nice for us to travel early, but I would rather travel after I have a good handle on what it is I'm looking for and what it is I'm dealing with. I'd put travel as an issue. If it happens in June, fine; if it happens in September, that's fine. But really, the research that I see that we need is in terms of: What is out there in terms of services? What is out there in terms of research? What is it we need to do as a committee to go forward in our work? Somehow we have to document those gaps. After we do that, we set the priorities and we look at ways of how we could take on this particular challenge. Ms. Gélinas made some good points in terms of: We have to deal with this from prevention, treatment and then the supports that are there for it. That would be my comment on how we work.

Mrs. Christine Elliott: I would certainly agree that we should do our basic research first before we undertake the travelling hearings, just so that we will have some context in which to place the comments that we will be receiving.

It might be useful to see if we could meet with Senator Kirby, because he has some experience with how to structure a committee like this, and get from him what worked best and maybe what didn't work as well, to give

us some idea of our own work plan and how we should be moving forward. Then, perhaps, we deal with the minister's committee, which already has done some work, to determine what it is that they have already, to take the benefit of their research, and then figure out what else we need before we travel.

Ms. Sylvia Jones: I couldn't agree more with what Bas—sorry; Mr. Balkissoon—said. I really want that background material and for all of us to be on the same page in terms of that material available to us. The suggestion of meeting with the expert panel on mental health that has already been struck and with Kirby: Those, to me, would be the first steps that we should be doing in the next number of months.

M^{me} France Gélinas: Here again I agree with what people have said before me. That happens when you're last.

The Chair (Mr. Kevin Daniel Flynn): We'll start with you next time.

M^{me} France Gélinas: I like the idea of complementing the work that is being done by the Ministry of Health right now so that we spend our efforts where they will bear the most fruit.

I see the research and the fact-finding at the beginning to be twofold: to look at the state of the people living with mental health issues and identify the gaps; also, identify the best practices and innovative programs out there so that, as we travel, if we have identified innovative programs, it would be a good idea to go and see them on-site as well.

My last little part is: Anyplace up north in June, the bugs will drive you insane. If we want to experience mental anguish for ourselves, it's a sure fit.

Mr. Jeff Leal: This committee is only for the brave of heart.

Mrs. Liz Sandals: So you recommend we do that in last August or September, after the black flies dry up.

M^{me} France Gélinas: Pretty much.

Ms. Sylvia Jones: Can I just add one? It's more a question than anything. We've talked about how it's important that we don't just focus on the health part of the mental health, that we get the other ministries engaged, whether that's justice or housing. I'm wondering if there is an opportunity at that first stage for us to have those appropriate ministries share with us some of the things that they are working on or even the challenges that they are experiencing because of the mental health issues within their own client base.

M^{me} France Gélinas: Just a little comment: I had the opportunity to visit the Sudbury jail in January, and I was surprised at how many of my previous clients were there. I knew a lot of people who were in jail, mainly people with severe mental illness. It was striking as to how many were there. I knew about it, but it really hit me when I visited the jail.

The Chair (Mr. Kevin Daniel Flynn): One area that I know doesn't get the attention I think it deserves because of perhaps the social stigma that's still attached to mental health is the impact it actually has on the

economy. The corporate sector, for example, deals with this on a daily basis, but they deal with it behind the scenes. Quite often it's not just the people we hear about on the shop floor; it's quite often the people climbing up the corporate ladder a few rungs too. Certainly the impact, I think, is starting to be understood, the impact on business on a daily basis of not dealing with some of these issues, and not so much mental health—obviously that's there—but the addiction issue as well is something that I think has been sort of shovelled under the rug for a fair amount of time. There are people in the corporate sector now who are beginning to speak out about the cost of addictions to our economy on a daily basis. It'd be interesting to get some of those people to testify before the committee as well.

Mr. Jeff Leal: I don't know whether he's available or not, but a person for whom I have tremendous respect, who has a lot of depth of knowledge on this issue because of his family experience, is our ambassador to the United States, Michael Wilson. I don't know his schedule. It's probably very full, but I know he's back in Toronto. As an individual who was in the corporate sector for many years, was a federal finance minister and an ambassador to the United States—a most distinguished individual—it might be worthwhile to hear from him. He has some tremendous insights into mental illness because of the suicide of his son at a very young age.

The Chair (Mr. Kevin Daniel Flynn): Any further comments on this?

Two things: Obviously this will result in a budget that will need to be approved once we get the work plan.

Ms. Elliott.

Mrs. Christine Elliott: I was just going to say that there is a group that deals specifically with the economic effects of mental illness in the workforce—Bill Wilkerson, whom Mr. Wilson also knows. So he would probably be a good person to speak to.

The Chair (Mr. Kevin Daniel Flynn): Very good. As I said, this will probably, after the subcommittee has met and is starting to get to some sort of firm schedule and a firm work plan, result in a budget.

One of the things that was being discussed was the research capabilities of the committee, whether the committee was satisfied with the research ability we have in-house and whether that research ability will be available as much as we need it, or is there a need to go to outside resources to meet the demand, not from a quality perspective but from an availability perspective? If there are any comments on that, it would be timely for the subcommittee to at least consider that. The clerk has some examples of where committees have gone outside for their research analysis on an ongoing basis.

0950

Ms. Elaine Campbell: Just to follow up on what the Chair mentioned, the memo that the clerk is handing out to you serves two purposes, the second being a response to a request that the Chair had made to the research service through the clerk about our past experience in terms of working with committees like this. We've put together

a bit of information on three select committees that have met over the last 20 years here at the Legislature. The memo that you have in hand right now gives you a bit of an overview of how each committee was established, what its mandate was, what the research service did and what we did with respect to outside consultants and research analysts. You may want to look that over.

The Chair (Mr. Kevin Daniel Flynn): I know everyone is seeing this for the first time, obviously, but if there are any feelings or if you've had any thoughts about how the research might be approached, this would be a good time to bring those forward.

Ms. Sylvia Jones: Just at immediate first blush, I think that at least for the initial stages Ms. Campbell will be able to compile and prepare for us some of the material that is already out there without the need of additional research abilities.

The Chair (Mr. Kevin Daniel Flynn): Any other feelings on that?

Mrs. Maria Van Bommel: Just looking at what Ms. Campbell has provided, I get the sense that at some point all of these committees had to go outside and hire, but it doesn't really indicate where that happened. As Ms. Jones said, maybe initially, in the early stages, we did it internally and used our internal resources, and then at some point it became evident that you needed to get in more human resources because you just don't have the capacity within the Legislature to do all of that. Maybe we need to start as Ms. Jones has suggested, but it becomes evident, as you read this research, that at some point everybody needed to go outside.

The Chair (Mr. Kevin Daniel Flynn): Yes, and if there's a sense that that may happen, it needs to be included in the budget. If it's approved and not used, that would certainly be a good thing, but if it wasn't included in the budget and we found that we needed the research, then we'd obviously have to go back.

Mr. Bas Balkissoon: I tend to agree with Ms. Jones, but you should budget for it because I think that somewhere during this process we're going to need somebody to bring all the paper together and structure the final report, and I don't see that coming out of the current research process we have as a committee. We will need somebody who is an expert in the field or has some familiarity with the field to help us with the final report somewhere down the road. I would suggest that you budget for it, and the subcommittee can make a decision as we go along.

The Chair (Mr. Kevin Daniel Flynn): Any other comments on research?

Ms. Helena Jaczek: I would tend to agree; I think we should budget for it. This is an extra, so to speak. I don't think it was anticipated within the normal business of our regular committees. It strikes me that it is a fairly onerous task, as Bas says, to pull it all together, although I think there will come a time when we can make that decision better. I think it would be wise at least to budget for that to have some financial capacity.

The Chair (Mr. Kevin Daniel Flynn): Very good. Any further comments? Any other business? Anything

members of the subcommittee think they need to hear from the whole group?

Obviously, the next order of business will be to establish a date for the subcommittee. That can be done after the meeting, but that will be the next process.

No other business this morning? Anything we haven't covered? Last chance.

Mrs. Liz Sandals: Are you anticipating we'll meet next week?

The Chair (Mr. Kevin Daniel Flynn): I think as soon as possible. I sense that the subcommittee needs to meet as soon as possible, and then, depending on—

Ms. Helena Jaczek: Next week is constituency week.

Mrs. Liz Sandals: Okay, so two weeks. I'm not suggesting that we meet next week.

The Chair (Mr. Kevin Daniel Flynn): It would be nice for the subcommittee to be able to meet this week so we can get a feeling, at its first meeting, as to how much progress the subcommittee is going to make in one

meeting. So unless there's any other business, could we adjourn this meeting, and maybe the members of the subcommittee can stay behind?

M^{me} France Gélinas: Are we to assume that this committee will meet, not next Wednesday, but the Wednesday after at 3:30, and the room number will be circulated?

The Chair (Mr. Kevin Daniel Flynn): Yes.

M^{me} France Gélinas: Clearly?

Ms. Sylvia Jones: Or signs posted on every committee room: "You're supposed to be here."

Mr. Bas Balkissoon: Unless otherwise told.

The Chair (Mr. Kevin Daniel Flynn): That's right. This will be our home room—haven't used that term in a while.

Okay; hearing nothing, we're adjourned. Thank you very much.

The meeting adjourned at 0956.

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Mr. Kevin Daniel Flynn (Oakville L)

Vice-Chair / Vice-Présidente

Mrs. Christine Elliott (Whitby–Oshawa PC)

Mr. Bas Balkissoon (Scarborough–Rouge River L)

Mrs. Christine Elliott (Whitby–Oshawa PC)

Mr. Kevin Daniel Flynn (Oakville L)

M^{me} France Gélinas (Nickel Belt ND)

Ms. Helena Jaczek (Oak Ridges–Markham L)

Ms. Sylvia Jones (Dufferin–Caledon PC)

Mr. Jeff Leal (Peterborough L)

Mrs. Liz Sandals (Guelph L)

Mrs. Maria Van Bommel (Lambton–Kent–Middlesex L)

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Staff / Personnel

Elaine Campbell, research officer,
Research and Information Services