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LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 21 February 2023

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 21 février 2023

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PRIVATE MEMBERS'
PUBLIC BUSINESS

MATERNAL MENTAL HEALTH
DAY ACT, 2023

LOI DE 2023 SUR LA SANTÉ
MENTALE MATERNELLE

Ms. Karpoche moved second reading of the following bill:

Bill 33, An Act to proclaim Maternal Mental Health Day / Projet de loi 33, Loi proclamant le Jour de la santé mentale maternelle.

The Acting Speaker (M^{me} Lucille Collard): Pursuant to standing order 100, the member has 12 minutes for her presentation.

Ms. Bhutla Karpoche: I'm honoured to rise in the House today and speak on behalf of all families, especially mothers, on Bill 33, Maternal Mental Health Day Act, 2022.

As many in this House will remember, in the previous parliamentary session, I introduced Bill 176, the Maternal Mental Health Day Act, 2021, which was unfortunately voted down by members of the Conservative government and failed to pass second reading. The government has a second opportunity today to support this bill and correct their mistake.

But before I go any further, I want to take a step back and remind the House how it all began. In November 2019, just months before the pandemic began, I stood in this House with my newborn in my arms and spoke about maternal mental health. Speaker, my statement went viral. It received over four million views and almost 60,000 shares on Facebook alone. On TikTok, it was almost at half a million views; over a million on Instagram, etc.

The reason I share this is to say that this issue resonated with people—with mothers in particular. I've also received countless messages from moms and moms-to-be who shared their experiences of postpartum depression, anxiety and other mental health disorders. Many mothers suffer in silence without access to mental health care or the social supports they need.

The fear of being labelled as an incapable parent or falling short because of the unrealistic expectations for mothers and women often prevent us from seeking help. Sadly, our society leaves new mothers struggling in isolation, with the assumption that it is all natural to manage on

their own. When some mothers do seek help, it is difficult to navigate the system to get the right supports, and frankly, what they do find is lacking.

Despite the high prevalence of maternal mental health disorders and their serious and lasting impacts on mothers, maternal mental health is overlooked as an issue. It is an issue that impacts parents of every culture, age, income level, race, gender and ability. However, I'm using the term "maternal mental health disorders" because mothers are overwhelmingly the largest group affected.

Maternal mental health issues are not uncommon. Up to one in five mothers in Ontario experience some type of maternal mental health disorder. These disorders include postpartum depression, anxiety, postpartum stress disorder, obsessive-compulsive disorder, bipolar disorder and psychosis.

The difficulties posed by these disorders cannot be overstated. If left untreated, they can lead to devastating outcomes, such as prolonged parental depression, partner conflict, weakened attachment between mother and child, and increased risk of impaired child development. Maternal mental health disorders also increase the risk of obstetric and neonatal complications, and can affect the entire family. In rare cases, these disorders can even lead to maternal suicide and infanticide.

Sadly, Flora Babakhani from Toronto was a mother who died by suicide last year. Flora's lifelong dream was to be a mother. At 44 years old, after years of fertility treatments, Flora finally became pregnant. Her sister Mimi shares that Flora was very anxious throughout her pregnancy and would often call her, concerned about the health of her baby. Flora was deemed high-risk due to diabetes and would call the hospital weekly for ultrasounds to ensure that everything was okay. Mimi wishes Flora had received help for the anxiety during her pregnancy.

Flora couldn't believe it when she gave birth to a healthy baby girl, Amber. She was on cloud nine and very happy. When Flora didn't return Mimi's calls, Mimi thought Flora was busy being a new mom, but later learned that Flora was suffering from severe edema and needed to stay at the hospital for treatment. Mimi thought Flora was upset due to the physical struggle she was experiencing and hoped that Flora would feel better emotionally once her edema was under control. Looking back on it now, however, a lot of it was probably due to her mental health.

Flora was never diagnosed or given medication, and the pandemic only exacerbated her isolation. Flora's family tried to get her help and she was so close to receiving it. However, it was too late. The day after Flora's family got her to speak with a doctor, she tragically died by suicide—just two months and 10 days after giving birth to Amber.

In Flora's memory, an annual Flora's Walk was launched last year. This year, the walk will be taking place on May 3, Maternal Mental Health Day. There are already over 40 walks planned across the country, including several in Ontario.

Speaker, despite the devastating health impacts of mental health disorders and their high prevalence, the vast majority of women are left to manage these issues alone. Up to 85% of mothers who experience maternal mental health disorders do not receive any treatment. Let's sit with that figure for a moment: As many as 85% of mothers who need help don't get it.

According to a study from the Canadian Perinatal Mental Health Collaborative, 95% of health care practitioners believe that maternal mental health services are insufficient in Canada. An alarming 87% of health care practitioners do not have mandated screening for maternal mental health disorders in their workplace, even though we know that one in five mothers will develop these issues at some point. And when mothers are screened, their symptoms identified, they often have to wait for months to access treatment. These figures demonstrate that maternal mental health care in Ontario urgently needs attention. However, these figures alone do not tell the whole story.

I have heard from thousands of mothers over the last few years and I want to share some of the experiences with you all. Mothers have shared how unsupported they feel in their struggles. One mother said, "I can still remember so clearly the struggles I had and the inadequacy I felt as a mom. The difference we could make by supporting one another is enormous." Another mother said, "I'll never forget my daughter's first six months. I thought I wouldn't make it. It was dark. And I realized later that I should have talked to my family and loved ones. I needed to ask for help."

Some mothers described the constant terror they felt. One wrote, "I'm in fear even when my baby is sleeping. I'm in fear to be at home with him on my own. These fears are ignored completely by people around me." Another mom said, "Most days feel impossible to get through. Most days, I just want to stay asleep. It's lonely, but I have a newborn and toddler to care for. It's so hard and the sadness is all-consuming. The anxiety makes me feel like I'm constantly drowning and gasping for air."

One wrote, "I tried to be everything for everyone else and I almost forgot who I was before. Even though I love my child more than life itself, when I looked in the mirror, I didn't recognize myself." Speaker, these stories are heartbreaking. We owe it to mothers everywhere to listen and take action. We owe it to all of our own mothers.

The year after the birth of a child can be one of the most challenging times in a mother's life. She's trying to heal mentally and physically from the experience of childbirth, all while dealing with sleepless nights and the constant care needs of a newborn. Mothers also take on the emotional labour of families, remembering birthdays, appointments and school events, and often caring for aging parents and relatives. Mothers do their best to handle the crushing weight of these responsibilities every day, but

sometimes the weight is just too heavy. They need and deserve help from their family, from their community, from health care providers and from their government to make it through.

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Speaker, as I stated at the start, during the last session the government voted down Bill 176, which proposed two important measures: first, to proclaim the first Wednesday of May of each year as Maternal Mental Health Day to raise awareness on this issue and address the stigma around it; second, to bring forward concrete solutions to improve maternal mental health, which included a comprehensive review of maternal mental health in Ontario, and to prepare a provincial framework and action plan on the issue. Unfortunately, the government did not support the second measure, so let's try again, one step at a time.

I am urging the government to take a small step and proclaim the first Wednesday of May of each year as Maternal Mental Health Day, to raise awareness on this issue. This will also demonstrate the government's acknowledgment of the importance of maternal mental health, a matter that is overlooked and requiring action. By taking this first, but important, step, we leave the door open for more meaningful action on this issue in the future.

Mothers have one of the most rewarding jobs in the world, but it is also one of the toughest. Unfortunately, we tend to forget this, especially when a child is first born. We assume that mothers should be happy all the time. It takes a village to raise a child, and this village includes not only our partners, family and friends, but also our health care system. We all belong to this village, so we must work together to raise the children of our village, and maternal mental health is a crucial component of that effort.

Maternal mental health is not a luxury. We cannot afford to leave mothers behind. Struggling with mental health during or after a pregnancy is a common experience, not a weakness. By passing the Maternal Mental Health Day Act, we can take this step towards creating a province that values the well-being of mothers and their families.

The Acting Speaker (M^{me} Lucille Collard): Further debate? The member for Eglinton–Lawrence.

Mrs. Robin Martin: Thank you for the opportunity to speak to this bill today. We support bringing awareness to maternal mental health. I'd like to highlight for you today, using this opportunity, some of the things that our government is doing to support mental health and to support families. There are a lot.

We cannot talk about improving the health care experiences of people across the province without acknowledging the need to improve mental health and addictions services as well. Every year, more than one million people in Ontario experience a mental health or addictions challenge, which can have a serious impact on their quality of life, including the ability to go to school or make a living. The system to support individuals with these challenges has been broken and fragmented for many years in Ontario. People who badly need support were

waiting for far too long to connect to care or having difficulty figuring out how to even begin navigating a complicated, disjointed system to get help. Too often, they were left to struggle on their own.

We're determined to fix the long-standing issues in the mental health and addictions care sector once and for all. Doing so will take time. Three years ago, we launched our comprehensive strategy, Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, to improve mental health services for communities across Ontario, and support patients and families living with mental health and addictions challenges. The plan is built on four central pillars: improving quality, expanding existing services, implementing innovative solutions and improving access. All of these are designed to work together to support the delivery of the services people need where and when they need them.

We launched the Mental Health and Addictions Centre of Excellence within Ontario Health to guide our work. To ensure our plan's success, we're investing \$3.8 billion over 10 years to develop and implement a comprehensive and connected mental health and addictions system for all Ontarians.

Since launching the plan, we've already invested more than \$500 million annually to help mental health and addictions services expand access to care and reduce wait times. We also launched innovative new programs, including the Ontario Structured Psychotherapy program, to provide more Ontarians support for anxiety and depression with cognitive behavioural therapy. Services such as these may be helpful for mothers who are struggling with mental health, and for others. We've also expanded new eating disorder prevention and early intervention programming.

To make it faster and easier for young people and their families to connect to health and to have mental health and substance use support, primary care, social services and more, we've also significantly expanded our youth wellness hubs. These hubs help to fill a gap in youth addictions services and are also providing children and youth aged 12 to 25 a range of other services, such as vocational support, education services, housing, and recreational and wellness.

We're adding eight new youth wellness hubs to the 14 that are already operating in communities across Ontario, and five of the new hubs are already providing services to youths while in development. These sites are in Kingston, London, Sarnia, Sault Ste. Marie and Toronto. The three remaining new hubs, in Sagamok First Nation, Sudbury and Thorncliffe Park, Toronto, are in development.

We've also invested \$4.75 million to support a new virtual walk-in counselling service for children, for youth and families. The service, One Stop Talk, provides access to mental health care with a clinician by phone, video, text or chat. The counselling program began in November 2022 with six participating mental health organizations and has already served nearly 1,000 people. The service is now being expanded to additional agencies and their wait-listed patients, and will be available to all children, youth and families across the province once the program is fully implemented. We know that reaching out for mental health

or substance use support is not easy for people—it really takes courage to reach out—and that is why we want to ensure that the help is there when people do reach out.

We've also made it more convenient to book or take a health care appointment by launching virtual care options and adding more online appointment booking tools. Through our new Health811, you can chat online or call 811 to talk to a registered nurse, day or night, for free and in multiple languages. You can also use Health811 to find services like community health clinics, mental health support or a walk-in clinic close to where you live. We will continue to invest in mental health and addictions care as part of our ongoing roll out of our Roadmap to Wellness plan.

At the same time as we're increasing our investments in mental health and addictions, we're also increasing our investments in early years programs, because we know that every child deserves a healthy start in life. Some children and youth need extra support because they have challenges or delays in physical, intellectual, emotional, social, language or behavioural development. Ontario funds specific services for these children so that they can participate more fully at home, in school and in the community.

Healthy child development programs can help to minimize the need for more intensive services later in life by supporting:

- optimal infant and child growth and development;
- positive parenting and family well-being in the early years;
- early identification of potential developmental challenges and delays; and
- early intervention to address identified challenges and delays.

When children and families are facing challenges, identifying and responding to concerns and risks early leads to better outcomes and more efficient ways of providing services. To assist with this, our Ministry of Children, Community and Social Services funds agencies to provide screening, assessment and early intervention supports for children and families at various stages of development. We're working with service providers to make sure that children are receiving the services that they need when they need them. We also continue to work with Indigenous partners to improve the overall health and well-being of First Nations, Inuit and Métis children and youth.

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This year, Ontario is investing \$96.6 million to deliver early intervention programs, including the Preschool Speech and Language Program and the Infant Hearing Program. Ontario's Preschool Speech and Language Program identifies speech and language delays and disorders as early as possible. This program provides children and their families with services to help them develop the communication and early literacy skills they need to be successful in school and in their communities.

Ontario's Infant Hearing Program identifies children born with permanent hearing loss through universal new-

born screening and follow-up assessments, provides services and supports needed to develop language and literacy skills for children with permanent hearing loss and provides intervention services such as amplification—hearing aids—and language development services until children enter school. With early intervention, children with permanent hearing loss can develop language skills on par with their hearing peers by the time they start school.

Another program, the Healthy Babies Healthy Children Program, is delivered by public health units in partnership with hospitals and other community partners and is offered to all families just after their babies are born. The program provides prevention, early identification and intervention services through home visiting to families with risks to healthy child development from the prenatal period through to the child's transition to school. This year, the government is investing \$81.6 million in the program.

Finally, child care is a critical support for Ontario families and plays a key role in helping children to learn and thrive, and supports women's participation in the workforce. We're grateful to Ontario's child care workforce, the majority of whom are women, for their ongoing leadership, commitment and dedication to providing experiences that enrich children's learning, development and well-being.

Our government knows that high-quality, affordable child care plays a key role in supporting children's learning, development and well-being while parents work. The Canada-wide early learning and child care system will support Ontario to achieve average fees of \$10 per day for children under the age of six by September 2025. This is a transformative change in the child care system in Ontario. Collaboration with the sector, child care licensees and all levels of government is crucial as we work together to build a system that meets the needs of children, of families, of caregivers, of service providers and educators. Ontario families with children under the age of six participating in licensed child care programs received a fee reduction of up to 25%, retroactive to April 1, 2022. As Minister Lecce, I think, said this morning, effective December 31, 2022, that reduction increased to an average of 50% from 2020 levels.

The Canada-wide early learning and child care system also supports low wage-earning child care workers through targeted wage increases that will help build the workforce Ontario needs to stabilize our child care system across the province. The agreement builds on the existing child care system and provides affordable, accessible and high-quality child care for Ontario's families. As of November 1, 2022, 92% of licensed child care sites in Ontario had opted into the program.

In December, Ontario announced a \$213-million start-up grant program to support the creation of new child care spaces in targeted regions and for underserved communities and populations. The Minister of Education is engaging with service system managers on a plan that supports child care access for low-income children, vulnerable children, children from diverse communities, children with

special needs and francophone and Indigenous children. This includes working parents who receive social assistance. There is also the Ontario Child Benefit which we have increased, which is another help.

All of these things together are some of the things we're doing on mental health and addictions to make sure that we are addressing the needs. We certainly support the idea of raising awareness about maternal mental health issues and programming for new parents as needed. We're willing to certainly work to continue to make our mental health system have the right supports for all people in Ontario.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

MPP Jill Andrew: I fully support our member from Parkdale–High Park's Bill 33 to declare the first Wednesday in May annually as Maternal Mental Health Day.

Maternal mental health is health care. It is the responsibility of this Ford government to provide new mothers and birthing parents who may be struggling with maternal mental health disorders like anxiety, depression, PTSD and psychosis with the resources they need to access barrier-free treatment. This is especially necessary for birthing parents—multiple, single parents—and those who have been disproportionately impacted by this pandemic and from the everyday realities of systemic discrimination.

Indigenous, Black, racialized, trans men, non-binary, fat, lower-income, disabled parents, refugee, immigrant birthing parents are more likely than their white, cis-gender, heterosexual, able-bodied or affluent counterparts to have experienced previous negative treatment in the health care system due to systemic biases like fatphobia, transphobia and the age-old practice of some health professionals who mansplain women's own bodies and minds back to them as though their embodied experience as patients is irrelevant. This is both patronizing and minimizing of women and birthing parents' experience.

Too often, a woman or a birthing parent's own awareness of their body, their mind and how they're feeling isn't taken seriously. Illness goes misdiagnosed or undiagnosed. Anxiety can be misinterpreted as aggression and concern as hysteria. Both assumptions are rooted in race-based and patriarchal beliefs and can have a detrimental effect on a new parent simply trying to be heard, believed and supported by a health care system that's been routinely understaffed, underfunded, overworked and under-resourced due to this government's austerity agenda.

In a previous session, the government voted against this bill because they didn't agree with the second schedule on the bill, which required the Minister of Health to conduct a comprehensive review of maternal health in Ontario and prepare a provincial framework and action plan on this issue. What, possibly, could this government have against a comprehensive review of maternal mental health in Ontario or the creation of a provincial framework and action plan? It's a rhetorical question.

The member from Parkdale–High Park has removed this schedule, and the bill, as it stands today, is a first step

to name a day in recognition of maternal mental health disorders. There should be no further poli-tricking or political, partisan roadblocks blocking the unanimous support and successful passing of this critical piece of legislation that will save the lives of mothers, birthing parents and their children.

Reports suggest that suicide is the fourth leading cause of perinatal death in Canada. Unlike the United Kingdom and Australia, Canada does not have a national strategy to guide clinical care for perinatal mental health. The Society of Obstetricians and Gynaecologists of Canada represents 4,000 health care providers from the areas of obstetrics and gynecology, family practice, nursing and midwifery. Health care providers are eager for more gender-inclusive and culturally relevant training on maternal mental health disorders. They need support; they want it.

Passing Bill 33 today, right here in Ontario, is a solid step forward. We can raise awareness on maternal mental health disorders and we can help save the quality of life and the physical lives of new mothers, birthing parents and their children. Please, Ford government, support the bill, support mothers, support birthing parents and support children.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

Miss Monique Taylor: I'm pleased to have the honour and the ability to stand today to my colleague from Parkdale's Bill 33, the maternal mental health act, 2022. As you've heard, this is the second time that she's brought this bill forward and revised it as the government wishes in hopes that we can get started and give new moms the opportunity to find the healthy solution.

We have definitely heard many statistics of young moms who have suffered, moms who have taken their lives. That not only is suffering for the mom, but also is not a good start for that child. Seventy per cent of mental health starts as a child and has the onset for the beginnings in life and things that happen, and causes mental health later in life. We definitely know that preparing our moms and preparing young children with a healthy start is the right way to go.

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I found it curious listening to the government across wanting to talk about all of the things that they are doing in mental health when we know very well in our communities the struggles that we're seeing faced each and every day. Mental health and addictions: We have people dying of overdose every day—I mean, how many a day are dying across this country of overdose? Some 28,000 kids on a wait-list; up to two and half years of wait time for those same kids; one in five kids entering emergency rooms with self harm. If we're not preparing moms, we're setting our kids up for failure, we're setting them up for bigger failure later in life as the mental health continues to fester and be a cycle that this government is definitely not keeping up with.

This is a good start. There's always—it's a huge file. There are so many aspects to mental health that there is no one fix, we all know this, but this is a good opportunity to

have moms know that they're not alone, to know that there can be awareness out there, that there can be education out there to help moms through this process.

I think I don't have a very much time. One of the moms in my community was very active on this—she was asking me about this before Bhutla even brought it forward—and I was pleased at the time to let her know that Bhutla was bringing it forward. I asked her for some of her comments, and this is what she had to say:

“There are many compelling arguments in favour of improving maternal mental health, but perhaps the most important is that it benefits both mothers and their children. Firstly, improving maternal mental health can have a positive impact on a child's development. When mothers experience depression, anxiety or other mental health issues, it can affect their ability to form a strong bond with their child. This, in turn, can have a negative consequence for their child's emotional and cognitive development, potentially leading to issues with attachment, behaviour and academic performance later in life. By providing support for maternal mental health, we can help ensure that children get the best possible start in life.

“In addition to benefiting children, improving maternal mental health can also have a positive impact on mothers themselves. Women who experience mental health problems during pregnancy and postpartum periods are at an increased risk for long-term mental health issues as well as physical health problems such as obesity and heart disease. By providing effective interventions and support for maternal mental health we can help mothers recover from mental health issues more quickly and prevent long-term complications.”

I know I'm running out of time. This is the right start. It's a very small piece. It's education. It doesn't cost money. It's something that we can do to start right from the beginning, give moms an opportunity and start our kids off healthy.

The Acting Speaker (M^{me} Lucille Collard): Further debate?

MPP Kristyn Wong-Tam: It's an honour to rise in the House today on behalf of the good people of Toronto Centre in support of Maternal Mental Health Day Act. Of course, I want to say thank you to our member from Parkdale—High Park for tabling this important bill.

Maternal mental health issues are not at all uncommon, as we have now heard. One in five mothers in Ontario experience some type of maternal mental health disorder. New mothers and birthing parents have faced additional mental health pressures before, oftentimes now exacerbated by the pandemic. This is now leading to an increase in mental health problems.

When my wife gave birth to our son in 2019, one cannot properly measure the joy we experienced as first-time parents. We were nervous and excited, of course, and every other emotion that you can possibly imagine. We were reading books, we listened to all the stories shared by all the parents and we had our wonderful health team: our fertility doctor, our team of nurses, our five midwives, our doula and a maternity team at Sunnybrook Hospital—we

had it all. But let me tell you that the experience in the birthing room was nothing that I had expected, and, of course, I'm not the birthing parent; my wife was.

A few things that I can share with you is that my wife went into labour—hours and hours and hours and hours into labour. It took a very big toll on her body. It actually created a lot of complications around the delivery and unplanned surgery afterwards. She's still recovering years later. I made sure I checked in with her before I could share that story in this House today. She wanted you to know that it wasn't easy. But her story is not uncommon. Many women have gone through this before.

Good maternal mental health is not neatly wrapped up in a swaddled cloth when an infant is born. Mothers and birthing parents need formal support to recover; we know that. The entire suite of health care professionals who took care of my wife leading up to the birth, all transition out after the birth. It was almost like the job was done, but clearly the job was not done. She needed more support. Mothers across Ontario are all asking this House, this government to actually support them. Put your money where your mouth is. You've actually started to talk about providing mental health supports, but where is the proof if so many women are looking for support after birth?

Now, 95% of health care practitioners believe that maternal mental health services are insufficient. The health care professionals themselves have identified this to be the problem. They have said, "We need to be able to add those supports forward so mothers can recover and they can do so in a very good way."

Maternal mental health is physically, emotionally, socially, psychologically and directly experienced by the mother and birthing parent alone. The rest of us are witnesses, bystanders, supportive partners and spouses. But let's be honest: We don't go through what mothers go through who actually went through the delivery of that child. We just don't. But who is making the decisions? Who is sitting in the boardrooms of the hospitals, of the institutions? Who is sitting in the halls of government? Who is making those decisions? Certainly not in the greatest number are they mothers.

Let's centre the health of mothers and make sure that she can do a very good job of recovering by us enabling that support. Because after all, if she's good and she's taken care of, the child and the infant will also be good and also be taken care of. This is our collective work. Here's our opportunity. There's no reason to delay. Please support this bill.

The Acting Speaker (M^{me} Lucille Collard): The member has two minutes to reply.

Ms. Bhutla Karpoche: I want to thank my colleagues the members from Toronto–St. Paul's, Hamilton Mountain and Toronto Centre for their very thoughtful remarks in joining this debate.

To the government, Speaker, I will say: On the government side, the member spoke for 12 minutes and still couldn't clearly state whether they support the bill or not. I think that this is such a small step, and the lack of a very clear commitment speaks volumes in terms of the value that this government places on women and mothers and birthing parents.

I want to take the last minute that I have to thank the guests in the gallery: my guests Patricia Tomasi and Jaime Charlebois from the Canadian Perinatal Mental Health Collaborative. They are co-founders, and they have been strong advocates for a national perinatal mental health strategy. They have been wonderful partners to work alongside with. Thank you for everything that you're doing.

I want to thank all the moms who have been part of this journey so far. I want to give a special shout-out to Candice Thomas and Melisa Bayon and to my constituency assistant, Carly Jones, a fellow mom of two who has also been a part of this journey from the very start.

Finally, I just want to say to all the moms out there: Remember what your child or children already know; you're the best mama in the whole world.

The Acting Speaker (M^{me} Lucille Collard): The time provided for private members' public business has expired. Ms. Karpoche has moved second reading of Bill 33, An Act to proclaim Maternal Mental Health Day. Is it the pleasure of the House that the motion carry? Carried.

Second reading agreed to.

The Acting Speaker (M^{me} Lucille Collard): Pursuant to standing order 108, the bill is referred to the Committee of the Whole House, unless—

Ms. Bhutla Karpoche: Oh, sorry, Speaker. The Standing Committee on Social Policy.

The Acting Speaker (M^{me} Lucille Collard): Is the majority in favour of this bill being referred to the Standing Committee on Social Policy? Agreed. The bill is referred to the Standing Committee on Social Policy.

All matters relating to private members' public business having been completed, this House stands adjourned until Wednesday, February 22, at 9 a.m.

The House adjourned at 1859.

LEGISLATIVE ASSEMBLY OF ONTARIO
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Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
Arnott, Hon. / L'hon. Ted (PC)	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barnes, Patrice (PC)	Ajax	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-présidente du comité plénier de l'Assemblée législative
Begum, Doly (NDP)	Scarborough Southwest / Scarborough- Sud-Ouest	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Bell, Jessica (NDP)	University—Rosedale	
Bethlenfalvy, Hon. / L'hon. Peter (PC)	Pickering—Uxbridge	Minister of Finance / Ministre des Finances
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Bowman, Stephanie (LIB)	Don Valley West / Don Valley-Ouest	
Brady, Bobbi Ann (IND)	Haldimand—Norfolk	
Bresee, Ric (PC)	Hastings—Lennox and Addington	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
Byers, Rick (PC)	Bruce—Grey—Owen Sound	
Calandra, Hon. / L'hon. Paul (PC)	Markham—Stouffville	Minister of Legislative Affairs / Ministre des Affaires législatives Minister of Long-Term Care / Ministre des Soins de longue durée Government House Leader / Leader parlementaire du gouvernement
Cho, Hon. / L'hon. Raymond Sung Joon (PC)	Scarborough North / Scarborough- Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
Cho, Hon. / L'hon. Stan (PC)	Willowdale	Associate Minister of Transportation / Ministre associé des Transports
Clark, Hon. / L'hon. Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds— Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Dixon, Jess (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Dowie, Andrew (PC)	Windsor—Tecumseh	
Downey, Hon. / L'hon. Doug (PC)	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
Dunlop, Hon. / L'hon. Jill (PC)	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
Fedeli, Hon. / L'hon. Victor (PC)	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fife, Catherine (NDP)	Waterloo	
Flack, Rob (PC)	Elgin—Middlesex—London	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Ford, Hon. / L'hon. Doug (PC)	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
Ford, Hon. / L'hon. Michael D. (PC)	York South—Weston / York-Sud—Weston	Minister of Citizenship and Multiculturalism / Ministre des Affaires civiques et du Multiculturalisme
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	
Fullerton, Hon. / L'hon. Merrilee (PC)	Kanata—Carleton	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Gallagher Murphy, Dawn (PC)	Newmarket—Aurora	
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Hon. / L'hon. Parm (PC)	Milton	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Grewal, Hardeep Singh (PC)	Brampton East / Brampton-Est	
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Holland, Kevin (PC)	Thunder Bay—Atikokan	
Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
Jones, Trevor (PC)	Chatham-Kent—Leamington	
Jordan, John (PC)	Lanark—Frontenac—Kingston	
Kanapathi, Logan (PC)	Markham—Thornhill	
Karpoche, Bhutla (NDP)	Parkdale—High Park	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London-Centre-Nord	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Kerzner, Hon. / L'hon. Michael S. (PC)	York Centre / York-Centre	Solicitor General / Solliciteur général
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kusendova-Bashta, Natalia (PC)	Mississauga Centre / Mississauga-Centre	
Leardi, Anthony (PC)	Essex	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
Lumsden, Hon. / L'hon. Neil (PC)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
MacLeod, Lisa (PC)	Nepean	
Mamakwa, Sol (NDP)	Kiiwetinoong	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
McCarthy, Todd J. (PC)	Durham	
McGregor, Graham (PC)	Brampton North / Brampton-Nord	
McMahon, Mary-Margaret (LIB)	Beaches—East York / Beaches—East York	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

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Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Parsa, Hon. / L'hon. Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Associate Minister of Housing / Ministre associé du Logement
Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
Piccini, Hon. / L'hon. David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Pierre, Natalie (PC)	Burlington	
Pirie, Hon. / L'hon. George (PC)	Timmins	Minister of Mines / Ministre des Mines
Quinn, Nolan (PC)	Stormont—Dundas—South Glengarry	
Rae, Matthew (PC)	Perth—Wellington	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Hon. / L'hon. Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Minister of Public and Business Service Delivery / Ministre des Services au public et aux entreprises
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Indigenous Affairs / Ministre des Affaires autochtones Minister of Northern Development / Ministre du Développement du Nord
Riddell, Brian (PC)	Cambridge	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	President of the Treasury Board / Président du Conseil du Trésor
Sarrazin, Stéphane (PC)	Glengarry—Prescott—Russell	
Sattler, Peggy (NDP)	London West / London-Ouest	
Saunderson, Brian (PC)	Simcoe—Grey	
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Skelly, Donna (PC)	Flamborough—Glanbrook	Chair of the Committee of the Whole House / Vice-présidente et présidente du comité plénier de l'Assemblée Deputy Speaker / Vice-présidente
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
Smith, Hon. / L'hon. Graydon (PC)	Parry Sound—Muskoka	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Smith, Laura (PC)	Thornhill	
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Opposition House Leader / Leader parlementaire de l'opposition officielle
Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	

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West, Jamie (NDP)	Sudbury	
Williams, Hon. / L'hon. Charmaine A. (PC)	Brampton Centre / Brampton-Centre	Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes
Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Vacant	Hamilton Centre / Hamilton-Centre	