

1 **August 25, 2015**

Marystown Session

2
3 Mr. Kevin Pollard:

4 Well, good morning everybody. I trust you all had a
5 good night's sleep, and as an All-Party Committee we
6 felt we had a very good session last night and went
7 away hearing the stories and the concerns and issues,
8 and we appreciate that so much, and some of you are
9 back again this morning. So, appreciate your taking
10 the time out to do that, so welcome. Perhaps first
11 of all, I'd like to ask my colleagues here to
12 introduce themselves this morning to you, in case
13 some of you don't know who they are.

14 Ms. Lorraine Michael:

15 I'm Lorraine Michael, MHA for Signal Hill-Quidi Vidi,
16 and I replace Gerry Rogers on the All-Party Committee
17 when Gerry can't be present.

18 Mr. Kevin Pollard:

19 Thank you. Okay.

20 Mr. Dale Kirby:

21 I'm Dale Kirby. I'm the member of the House of
22 Assembly for the District of St. John's North and the
23 Official Opposition MHA Responsible for Education and
24 Early Childhood Development, and I'm pinch-hitting

1 for either Dwight Ball or Andrew Parsons. I'm not
2 sure which one today.

3 Ms. Lorraine Michael:

4 And I probably should add that I'm also the critic
5 for the NDP on Health issues, so I have a particular
6 interest as a critic in Health. Thank you.

7 Mr. Kevin Pollard:

8 Thank you and my name is Kevin Pollard, Parliamentary
9 Secretary to the Minister of Health and Community
10 Services and also the MHA for Baie Verte-Springdale
11 District. As you already know, we've had several
12 public consultations already, beginning May 11th in
13 Corner Brook. We've had them around the province,
14 Grand Falls, Labrador, Happy Valley-Goose Bay, St.
15 John's, and now here last night, and here this
16 morning. We've had diverse perspectives and heard
17 all your concerns and issues with the hope that we
18 bring and tabulate and collate and synthesize all
19 this information with the Department of Health
20 officials and All-Party Committee, and then bring a
21 set of recommendations forward to be discussed and
22 hopefully passed in the House of Assembly.

23

24 Our mandate and our goal, well, our common goal,

1 everybody's here is try to improve our system, try to
2 identify holes, gaps and hear stories and concerns
3 and potential solutions, so we can offer the best
4 possible care to the people of this great province of
5 ours.

6
7 I think everybody in this room here we've met knew
8 that's our main goal, that's our sincere goal, is to
9 help and reach out to people who are hurting, people
10 who are in need, people who are living painful
11 experiences, and I tell you we are very, very serious
12 and we hope to make a difference, and we can make a
13 difference. That's where you come in this morning.
14 Your input and your voice is so, so important in
15 carving out some recommendations so that we can help
16 the lives of those people that really, really need
17 and you can make a difference. I can make a
18 difference. We can all make a difference.

19
20 So, without any further ado, it's a pleasure to be
21 here in Marystown and to hear some concerns again
22 this morning. Colin, I think we have a couple or
23 three presentations.

24

1 Mr. Colin Farrell:

2 I think so.

3 Mr. Kevin Pollard:

4 I'll give it back to you and look forward to hearing
5 your presentation.

6 Mr. Colin Farrell:

7 So, yeah, I'm told there are two people that wish to
8 speak.

9 Unidentified Female:

10 There's four here. I'm not sure if there's anymore.

11 Mr. Colin Farrell:

12 So, okay, all right. So you have the option,
13 certainly, to come and sit at the table and just
14 state your name, if you're representing an
15 organization or an individual, and give your
16 presentation. Who would like to go first?

17 Mr. Kevin Pollard:

18 Joan would like to go first. I'm seeing Joan. No?
19 Come on up, Joan, and while she's coming up I'd like
20 to add again regrets on behalf of Minister Clyde
21 Jackman who was unable to attend today as well.

22 Ms. Joan Brown:

23 Hi, my name is Joan Brown. I'm a Housing Support
24 Worker here in the Burin Peninsula. My role is to

1 help people with complex needs find housing, maintain
2 housing, and to navigate the system and maybe some
3 programs that may help them make their lives a little
4 easier. Although my role is housing, I come into a
5 lot more situations, I guess, to housing and one of
6 them being mental health and addictions. Most of my
7 clients have some kind of mental health issue, and
8 I'd say a good 60-70 percent of my clients have
9 addictions issues, okay. Couple that with no housing
10 and, of course, it makes to be not a very good day
11 for that person. I do ask Government that ...
12 they're doing a great job in having this
13 consultations and I thank you for that, but listening
14 to the stories every day, like I'm not a trained
15 psychiatrist or psychologist by no means, but that
16 doesn't mean I don't hear everybody's story and their
17 situation and what's going on.

18

19 Do I tell them the right thing? Do I talk to them
20 the right way? Well, I don't know if there is a
21 right way or a wrong way to do it, and again as a
22 Housing Support Worker, as somebody personal that
23 lives with mental health illness in my family right
24 down through the years, it's a big part for me to be

1 able to speak on their behalf today. Mental illness
2 is something that a person will endure all their
3 lives. I said earlier this morning that I think that
4 it's something that's not going to go away and
5 there's no magic solution to it. I know that if you
6 got a headache, you take a Tylenol and it goes away.
7 I have diabetes. I take insulin. I manage. There
8 are some medications, of course, that will help with
9 mental health. I haven't seen anybody get totally
10 better, not in my 40, sorry, 50 odd years of living
11 on this earth, and of course again in my personal
12 experience, as well, I haven't seen any really good
13 solution to mental health.

14
15 I don't know if it's because of not enough
16 research gone into it. I mean you'll see research
17 about cancer, about your heart, about diabetes, about
18 every part of your body, but is there really enough.
19 How much money or time and effort is gone into mental
20 health to try to figure it out a little more, or try
21 to figure out? Maybe this is not working, so we have
22 to go an next step to see where we're going with it,
23 because right now whatever it is it's not working,
24 and when you're feeling like his everyday, getting up

1 and saying oh my God, today's the day, another day,
2 another day, another day of feeling like this, and
3 you're not getting the help, it's hard on that person
4 and the people that's around with them, and you see
5 so many of our young people turning to drugs and
6 alcohol, trying to get that fix, trying to get that
7 relief from how their feeling.

8
9 So, I'd just like to see everybody here today try
10 to do something different, speak out for the people
11 who can't speak for themselves, try to get the drug
12 monitoring prescription on the go like Nova Scotia,
13 understanding, training even for professionals.
14 We're all human beings. It doesn't matter what hat
15 we wear, we all need training and the more training
16 that's out there, the more knowledge, the more
17 education, I think, the better it will be for mental
18 health and addictions. Thank you.

19 Mr. Kevin Pollard:

20 Thank you very much, Joan. Thank you. You keep up
21 the good work you're doing, as well.

22 Ms. Joan Brown:

23 Thank you.

24

1 Ms. Lorraine Michael:

2 Could I ask Joan one question?

3 Mr. Colin Farrell:

4 Sure, yes, go right ahead.

5 Ms. Lorraine Michael:

6 Just wondering, Joan, with regard to housing, do you
7 find that you can adequately find housing for all of
8 the people you represent, especially when you say
9 that most of them have mental health issues and a
10 large percentage have addictions?

11 Ms. Joan Brown:

12 It gets increasingly difficult when you're in an area
13 that everybody knows you, okay. I've housed a lot of
14 people with mental health issues and with addictions,
15 but for some reason it breaks down because of
16 addictions and their mental health, and then I say it
17 gets harder and harder each time that you have to
18 re-house them, okay, and well, you got a reputation
19 here in the town for drugs, selling drugs, doing
20 drugs, doing things that maybe you wouldn't
21 ordinarily do because of your mental health. It
22 makes it increasingly difficult to get housing for
23 those individuals.

24

1 Ms. Lorraine Michael:

2 Okay, thank you.

3 Mr. Colin Farrell:

4 Yeah, you have a question?

5 Mr. Dale Kirby:

6 Is there any facility or are there landlords who are
7 willing to take on those people that we refer to as
8 hard to house individuals, like are there people who
9 are willing to take those on?

10 Ms. Joan Brown:

11 I do have a couple of saints for landlords that do
12 take on some of my clients. In the past I've been
13 able to access some other programs like top-ups for
14 Mental Health for to get extra rent because you got
15 to realize landlords are in this for a business, and
16 when they get burned so much so often, especially
17 when there's so much damage done to their units, they
18 get a bad taste in their mouth and they're not going
19 to rent to these individuals anymore. That's
20 happening to this problem, but yeah, there is a few
21 that will take them on, but the more incentives that
22 I got and the more Aces that I got up my sleeve the
23 better change I got to get them housed, or even like
24 to have - What's it called, Lisa? - the Newfoundland

1 and Labrador Housing for the rental?

2 Lisa Slaney:

3 Rental supplements.

4 Ms. Joan Brown:

5 Rental supplements, right. Even if we had access to
6 some of those, it would be a wonderful tool for me to
7 use.

8 Ms. Lorraine Michael:

9 And do you have any times that you consider that you
10 have people you're trying to help who you would
11 consider homeless?

12 Ms. Joan Brown:

13 Yes.

14 Ms. Lorraine Michael:

15 You do.

16 Ms. Joan Brown:

17 Most definitely.

18 Ms. Lorraine Michael:

19 And what happens when that happens?

20 Ms. Joan Brown:

21 Well, they get lost in the system. There's no doubt
22 about it. We'll put them up in a hotel for a few
23 nights. Some people are not even ADS, which of
24 course Advanced Educational Skills, are reluctant

1 even to put some people in the hotel because of past
2 people there and they're not able to be on their own,
3 and that person then is like this, what do you do?
4 You don't have anything to offer them.

5 Ms. Lorraine Michael:

6 Okay, thank you.

7 Mr. Kevin Pollard:

8 Thank you, Joan.

9 Ms. Joan Brown:

10 You're welcome.

11 Mr. Colin Farrell:

12 Okay, so who wants to go next? Lisa?

13 Ms. Lisa Slaney:

14 Hi, my name is Lisa Slaney. I'm the Executive
15 Director of Grace Sparkes House in Marystown. I'm
16 also a councillor with the Town of Marystown and I
17 guess I co-chaired the Housing and Homeless Network
18 with Sheldon Pollett for many years, was there from
19 its infancy, and I'm also a past Chair and current
20 rural member for the Homeless Partnering Strategy.
21 So I guess in terms of ... And I also sponsor - Grace
22 Sparkes House sponsors the Housing Support Worker
23 contract, so to say that we are very much aware of
24 the changes within our area, our region and our

1 province as it relates to mental illness and
2 addictions, we certainly are and we certainly see the
3 challenges. So I guess the challenge for me always
4 is where do I start talking about the issues and how
5 it translates into the work that we're doing and to
6 the populations that we're serving.

7
8 To start with, I guess, the Sheltering Program,
9 and I know Colleen and Kim are here with Eastern
10 Health and with the Department of Health, and are
11 familiar with the Sheltering Program as we are
12 delivered through Eastern Health and funded directly,
13 I guess, from the Department of Health. The
14 Sheltering Program has changed over the years and it
15 continues to. Our shelter standards that we have
16 with the province indicate that we don't discriminate
17 on basis of a mental illness, that we would admit
18 someone. We do that and that's fine. We don't
19 administer medication. We don't monitor medication.
20 We don't do any of those things. So if a woman is
21 not, I guess, following the road that's been set out
22 by her supportive professionals in terms of mental
23 health counseling or her GP or psychiatrist in terms
24 of medication, we don't monitor that in any way,

1 shape or form, or intervene. We just try to ensure
2 that we can service the woman the best way possible,
3 and 15 years ago we probably saw one or two women
4 come through with anxiety, depression.

5
6 I would think now, and we've been trying to break
7 down our stats for the past five years because we've
8 never done this before, but we feel that it's
9 important to be heard. We're breaking down our stats
10 now to see what women are presenting with an
11 addiction and mental health issue or both, and I've
12 just came back from holidays last night, so I haven't
13 really gone down through a lot of statistics but what
14 I can see, what I am seeing is that over the years
15 there has been an increase and the age bracket, I
16 suppose in terms of what we're looking at may be from
17 18 to 40. That's where I'm seeing the biggest
18 commonality because we're catching age and we're
19 looking at then what services are being provided.

20
21 Due to the complexities, I suppose, that abuse
22 brings there's different coping mechanism and I
23 believe that the addictions falls clear front in
24 terms of how women are coping now as per years ago.

1 We are seeing, we found Cocaine in the shelter. We
2 found syringes in the shelter. And as per our
3 shelter standards with the province, we're not
4 supposed to admit any woman who's actively using, so
5 where do those women go? So, we've operated in a
6 grey area for a very long time, and I think that's
7 common throughout the province, not just specific to
8 our region. It's throughout the province.

9
10 It's very difficult to help a woman deal with
11 abuse issues when there's so many other layers to
12 deal with first, whether it's we're asking her to
13 come into a shelter or she's wanting to come into the
14 shelter for protection, but at the same time then
15 we're saying you can't use and she's trying to detox
16 without any supports. Those things. What that does
17 to the environment, what's it's doing to her and how
18 we're not able to help, so we're just creating more
19 stressors. We're creating. We're not a harm
20 reduction environment. Maybe we need to be. The
21 sheltering Program needs to change in that regard as
22 it relates to mental health and addictions, because
23 it hasn't. Our standards have been basically the
24 same now since about 2009 when we devolved from the

1 Department of Health to the different regional health
2 authorities. So, that's an important piece that
3 needs to happen, so that we can help victims with
4 abuse who also have other challenges, and those being
5 mental health and addictions.

6
7 From there, I guess, in seeing some of the
8 realities, Grace Sparkes House some years ago, we put
9 in an application to the Affordable Housing
10 Initiative through the provincial government and
11 through SLP, through the Affordable Housing
12 Initiative but also through the Homelessness
13 Partnership Strategy with the Federal Government, so
14 we've created, and I believe it's probably the only
15 one is rural Newfoundland that I'm aware of in terms
16 of being supportive housing, so we have six units.
17 It was the Sisters of Mercer Covenant that we
18 purchased and remodeled and created six units.

19
20 We have been maximum occupancy at those units
21 since we opened, and I'm sure if I had 10 more
22 buildings we could fill them as well, and I guess
23 like trying to bring in terms of the importance,
24 there's no staffing that attached to that supportive

1 housing unit. We thought at first, I guess, being
2 naive that we could draw on the supports in the
3 community, but knowing that our partner at Eastern
4 Health and ourselves, our own staff, we're all, I
5 guess, you're at your max in terms of resources, so
6 it's hard to provide that extra little bit that may
7 be needed.

8
9 We don't see the need for full-time positions
10 there, but we see the need for positions because we
11 know from the calls that we get from the women at
12 McAuley House - that's the name of the supportive
13 housing unit - that things work better when there's a
14 presence and we're housing women that would have been
15 evicted years ago with private landlords.

16
17 We just actually had a meeting not too long ago
18 with Cheryl Baker with Eastern Health and Joan, the
19 Housing Support Worker, and myself and another
20 colleague of Cheryl's with regards to one lady who
21 has, I can't speak to, different things and that. I
22 was just trying to give context, but she's, I guess
23 she's been suffering for a very long time with a
24 mental illness and in different capacities and she's

1 been evicted and she's walked these streets and she's
2 been a nomad for very long time and she ended up at
3 Grace Sparkes House. From there then we've housed
4 her and we've housed her for two years, and it's
5 challenging. It's absolutely challenging because
6 again she needs added support since she doesn't have
7 those supports, so when the conversation, someone had
8 said well, maybe that's not the best environment for
9 her, because she's having trouble with someone living
10 above her. She's having trouble with someone living
11 next door to her. She's having trouble with people,
12 and I said but if she had been on her own she would
13 have been evicted, and we stretch that, because we're
14 not about making people homeless due to mental
15 illness or due to an addiction.

16
17 Unfortunately we have had one woman, we had to
18 evict and that was due to an addiction, but that had
19 to be, and the individuals that were visiting the
20 building, and different things like that, so that's
21 challenging, whereas I think if we had have had
22 someone that that person could have talked to and
23 used as support in the interim, we may have been able
24 to support her better.

1 So, I guess where I'm getting to with this story
2 is that the province is on its way to adopting
3 Housing First Model, and I actually sat on the
4 Steering Committee for the OrgCode Report, and
5 Housing First says that the person should be housed.
6 There shouldn't be any restrictions to that housing.
7 They should be housed. They don't have to be clean.
8 They don't have to be sober. Housing First supports
9 the piece that it's not going to work if you don't
10 put the supports in and that what's crucial, and a
11 lot of the people that are requiring supportive
12 housing will have either mental health issues,
13 addiction issues, or both, and it's not enough for
14 them to have - and this is speaking from stories from
15 women and also because I support Joan and do her
16 contract. I'm very much aware with others in the
17 region, male and female. It's not enough to just
18 have a clinical appointment. It's those things that
19 are in between and that comes from, and people are
20 more responsive to community supports sometimes than
21 that clinical piece behind the desk, because there's
22 a level of Not that the judgment is intended by
23 any means, but it's just the atmosphere. It's just a
24 perception, I suppose, in terms of walking into a

1 room and talking to a professional sometimes that you
2 don't build that everyday relationship of challenges
3 that may escalate into something. So, I guess,
4 having been able to speak to someone in that regard
5 on a community base.

6
7 Summing it up, I suggest, trying to get down to
8 the nit and grit of it, I believe that the
9 Government, I commend the Government, all parties on
10 moving this forward. I would like to see more
11 supports put in our communities that can help
12 individuals. I don't think it all needs to be
13 clinically based. I think we need to look at the
14 resources we have, see where the challenges are and
15 build and infuse some resources or money or whatever
16 into that. Building the community supports will help
17 complement the work that the professionals are doing.
18 It will give people a purpose and something to do
19 with regards to whether ... It's not just about the
20 education and things like that. It's about a
21 drop-in. If there's one day someone is using that
22 they have someone that they can talk to if they feel
23 they need to, and not in a professional manner, just
24 that one piece. I think it's about ensuring that

1 family members have avenues that they can speak with
2 people and in a way that people are not judged,
3 because we're not going to make anybody get help.
4 That has to be a person's own decision if they feel
5 they need help. We're not curers. We just want to
6 be supporters, and if that's going to where that
7 person is, whether they're using and it's about harm
8 reduction, whatever, we need to be open to those
9 things.

10
11 And, I guess, too, I would urge in terms of the
12 housing piece, to go back to that, that when whoever
13 will be in Government the next round after this
14 election, that the Affordable Housing Initiative, the
15 applications are left too broad for private
16 landlords, if we're looking at community-based
17 organizations are the only ones that are looking to
18 do supportive housing. That's a given. We need to
19 ensure that these affordable housing applications
20 that we're giving out to contractors to people, don't
21 give them the option of saying that they're going to
22 rent to every population, because they're going to
23 pick seniors every time. It's the easiest. It's the
24 safest. There's a way to breakdown this percentage

1 in terms of what amount of money is going towards
2 this or whatever, whatever population.

3
4 When you look at an affordable housing
5 application, a developer will go say all right, I can
6 rent to seniors. I can rent to Aboriginal. I can
7 rent to men. I'll rent to women. I'll rent to
8 families. I'll rent to seniors. They're not doing
9 anything wrong by just renting to seniors because
10 you've let them do that. But with communities, with
11 community-based organizations who are looking to do
12 supportive housing, you're telling them that it has
13 to be for complexities. There's only so much
14 capacity in rural Newfoundland. It's not that
15 community-based organizations don't want to do that.
16 It's just that you're not giving us the supports to
17 do that. It's okay to give the buildings that you're
18 going to put people in, but if you're not going to
19 give us the funding to do the staffing and the
20 programming that needs to be done, it's a waste of
21 time, waste of money, and we're setting up people for
22 failure. So, that's it. Thank you.

23 Ms. Lorraine Michael:

24 Can I ask a question?

1 Mr. Colin Farrell:

2 Lorraine?

3 Ms. Lorraine Michael:

4 Just a question of clarification in putting a couple
5 of things together that you said. When you're
6 talking about the Sheltering Program you said the
7 standards need to change with regard to the
8 Sheltering Program, so that if standards change and
9 you were able to then take in women who are addicted
10 in whatever ways and are still using, I'm trying to
11 match that with what you said about the needs then,
12 the resource needs. Are you saying that you wouldn't
13 need any professionals around that, actually there in
14 the Sheltering Program? All you would need would be
15 supportive, extra supportive resources, or would you
16 also need people who are professionally trained
17 around addictions?

18 Ms. Lisa Slaney:

19 I think that we have staff. When I say professionals
20 I would mean the clinical counseling, those pieces.

21 Ms. Lorraine Michael:

22 Yes.

23 Ms. Lisa Slaney:

24 Our staff are trained with regards to abuse and

1 violence prevention, those different, in supporting
2 women in that regard. There's not a lot of training
3 out there for us in terms of mental health and
4 addictions, so what we are doing we're doing kind of
5 on the corner or where we can fit in or what we can
6 do, though we absolutely need that. We absolutely
7 need training and I've been a couple of years trying
8 to avail of a community-based social worker, someone
9 that's not an employee of Government but a community
10 employee that would be able to support the women of
11 Grace Sparkes House, the women of McAuley House and
12 Joan's clients, as well, someone that's able to go to
13 someone's home or someone who's able to go to Tim
14 Hortons and have a coffee and give those different
15 things.

16
17 So, no, I absolutely, if we're changing the
18 standards, the model has to change with it in terms
19 of who's there. We're not consistent in that. I
20 know in some of the bigger organizations in urban
21 Newfoundland there are professionals. When I look at
22 a sister organization has a mental health nurse and I
23 believe we have one for our region, so, let's put
24 things in perspective in terms of you have to ensure

1 that you are telling the people of rural Newfoundland
2 that they are valued just as much as they are in
3 urban, and being able to access supports.

4 Ms. Lorraine Michael:

5 And who would you see the community-based social
6 worker being accountable to?

7 Ms. Lisa Slaney:

8 To whichever community-based organization that would
9 sponsor that contract, just as we do with ... Our
10 Board is actually, Grace House Board is actually in
11 the infancy of looking at developing, I guess, a
12 service that could be similar to what Stella Burry
13 has, just on a smaller scale in rural Newfoundland
14 where we're able to, because we're already doing the
15 emergency shelter for women, so maybe we need a few
16 beds for men and women who are not victims of abuse.
17 We're already housing a support worker. We're doing
18 supportive housing. So, instead of coming out and
19 saying here now we need this, let's do that as well.
20 We have a strong organization with a good housing
21 background, with a good emergency shelter and now, I
22 guess, the relationships that have been built, the
23 trust and the experience with mental illness and
24 addictions that I think instead of trying to recreate

1 or create something new, I think we need to look at
2 the resources we have and infuse them with what the
3 community and what statistics and what things are
4 presented. Thank you.

5 Mr. Kevin Pollard:

6 Okay, thank you very much, Lisa.

7 Ms. Lisa Stanley:

8 Thank you.

9 Mr. Colin Farrell:

10 Okay, who's next?

11 Ms. Rudy Hoskins:

12 Good morning. My name is Rudy Hoskins. I am
13 Chairperson of the Stand Against Drugs Committee on
14 the Burin Peninsula. I'm also a councillor with the
15 Town of Marystown and chair a Committee with the Town
16 of Protections and Persons and Property, also Past
17 President of the Newfoundland and Labrador
18 Confederation of School Councils, and I'd just like
19 to thank you for the opportunity to present here this
20 morning. I guess a few of the issues that I would
21 like to bring forward and things that we're working
22 towards here are not just local in scope, but
23 certainly provincial, and one of the biggest things
24 that we've been working hard on in the last few

1 months is working towards seeing the province
2 implement prescription monitoring legislation.

3
4 We've been very fortunate here on the Burin
5 Peninsular. We have a young officer that was
6 transferred here from Nova Scotia last year. He's
7 been a fantastic source of information, and he has
8 seen the impact on prescription monitoring
9 legislation, how it has positively impacted and
10 reduced the abuse of prescription drugs in Nova
11 Scotia, even to the point of seeing a reduction in
12 crime, home invasions, armed robberies and things
13 like that. So it certainly has been a tremendous
14 benefit to the Province of Nova Scotia. Nova Scotia
15 implemented a prescription monitoring association
16 back in 1991 and they started then, they actually
17 implemented in 2004 prescription monitoring
18 legislation, so they have been well ahead most
19 provinces in Canada.

20
21 They have a very comprehensive prescription
22 monitoring legislation, and I'll just touch briefly
23 on some of the things that they have included there:
24 multiple prescriber report, electronic messaging into

1 pharmacies, drug utilization review report, practice
2 review committee, a drug utilization review
3 committee, patient profiling, methadone program
4 monitoring, patient prescriber agreements, data
5 sharing for research, eAccess. They've been very
6 proactive and even in 2008 they added the addition
7 working with law enforcement, so they have all the
8 components in place. They've worked out the kinks
9 and the bugs, what has not worked, what does work,
10 and there's even a breakdown of financial cost for
11 the year 2014, and they actually came in \$10,000
12 under budget. It was \$933,000 to implement the
13 program for 2014, and they came in \$10,000 under
14 budget. So I know for a lot of people that sounds
15 like a lot of money, but when we're looking at what
16 prescription drugs are doing to people in, not only
17 in our communities, but across the province, I think
18 it would be money and time well spent.

19
20 In another capacity in working with the town
21 through the Protections and Persons and Property, in
22 close communication with the RCMP, we did have a
23 meeting a few weeks ago, and again I can't stress the
24 importance of how important this legislation is in

1 our province, because we are seeing more and more of
2 the addictions that are coming through the legal
3 system and the justice system that are because of the
4 abuse of prescription monitoring, sorry, of
5 prescription medication, so it's certainly something
6 that for a timeline community, we're communities in
7 crises. We cannot wait another four years to see
8 this implemented. It's something that we have to see
9 through fruition right now.

10
11 Just as an example, I'm just self-employed and on
12 a regular basis I have people that show up at my
13 store looking for services. I had a grandmother
14 waiting for me yesterday to come in and talk about
15 her granddaughter 19 years old. Where do we go for
16 help? What do we do, and we do have services here in
17 the community, but because of wait times, timelines,
18 those services are not enough, and that would
19 certainly bring me to another component that we are
20 certainly hoping to see move forward.

21
22 Five years ago I did a presentation to Government
23 about legislation that currently existed in Alberta.
24 It's called PChAD which is *Protection of Children*

1 *Abusing Drugs Act*. It's legislated court-ordered
2 mandatory treatment for youth ages 12 to 18, and it's
3 been very successful there. They have implemented
4 this in 2006. They've updated it on several
5 occasions, very successful program. You can go on
6 line to see the statistics there. It has worked very
7 well. They do have a short timeframe there. They
8 did do an extension for treatment. For the mandatory
9 treatment, I think it's now up to a month, but I met
10 with Government last year in August to see where or
11 if this had moved forward, so we do have proposed
12 legislation. It's written. The consultations have
13 been done. I'm not sure what the holdup is, but it's
14 something that is desperately needed right now in the
15 province.

16
17 When I first spoke about this publically, I had a
18 lady call me and she said well, Rudy, this is great
19 legislation for youth, but what about adults? Can we
20 get something like this for adults, but I think that
21 if we're going to have an impact on the mental health
22 and addictions issues in our society, we have to
23 start with our youth. I mean it's common knowledge
24 in this province you have to be 17 to get your

1 license, you have to be 18 to vote, you have to be 19
2 to drink legally. But yet in this province you can
3 be 16 - If you take a child to the Janeway with a
4 mental health issue or and/or an addiction, you go in
5 for a 45 minutes psych evaluation. They send you
6 home with a prescription for Ativan for two weeks.
7 Come back in two weeks to see a social worker, where
8 the social worker will tell the parents - Because the
9 parents cannot sit in on those sessions, even though
10 it's a minor, 16 years of old, they will tell that
11 youth that if you don't want treatment, if you don't
12 want to go home with mom and dad or your guardian, if
13 you don't want to go to school, look, whatever they
14 want to do in that capacity while they are suffering
15 from a mental health issue and an addiction, our
16 health care system and our social system will take
17 that child and put them into some other form of care,
18 so you are taking away any right that a parent or a
19 guardian has, or any concerns that they have for that
20 child at that age. They're stripped of their rights.
21 There's nothing that they can do to help that child.
22 And I see that as a failure as our society today that
23 you will tell someone that you have to be 19 to
24 legally take a drink, but at 16 with an addiction

1 issue or a mental health issue you're capable of
2 making those judgments for yourself. So I think
3 having that, we have the resources in place. We have
4 the facilities in Central and we have the Mental
5 Health Facility for Youth in the St. John's area. We
6 have the facilities there and they're being fully
7 utilized, but without this component we are losing
8 lives on a daily basis in this province. All we have
9 to do is turn on the radio, read the newspaper,
10 listen to Open Line and Backtalk about parents
11 calling in. What do I do? What can I do to help my
12 child?

13
14 To tell that grandmother yesterday you're
15 granddaughter is 19, and she said Rudy, what do I do
16 to help my granddaughter? There is nothing, but at
17 least if we have that legislation until they're 18 we
18 can get secure treatment and detox for those youth
19 and give them a fighting chance, because right now
20 we're losing kids in the system, and we're not just
21 losing them in the system, we're losing lives, and I
22 don't think I can stress the importance of how we
23 can't sit on this legislation anymore. We have to
24 move forward, and it's great to see the All-Party

1 Committee forum and I'm certainly hoping that this is
2 the direction that we'll see the politics in our
3 province move towards, because I think if we're going
4 to be successful we have to get back to politics has
5 to be about the issues and the people, not about what
6 color party stripe you wear. I think we've got to
7 get to basics. We're losing lives in this province,
8 and I think it's certainly a great step forward in
9 seeing the cooperation between political parties. I
10 hope it continues, but again these two components,
11 like I said, I just cannot stress how important it is
12 to move forward and start saving lives in this
13 province, and again it will come back to cost-saving
14 initiatives for the province, because if we're
15 helping our children and getting them back on the
16 right track, they're going to be very productive
17 members in society and they're not going to be when
18 they're 19 looking for other services in the
19 community that are not there. If we give them the
20 building blocks they need to build a better future, I
21 think it's only going to help our province in the
22 long run.

23
24 Another big issue, and I guess this one is more

1 regional than it is province wide, but the need for a
2 centrally located detox and rehab centre here on the
3 Burin Peninsula. We have Humberwood and we have the
4 Recovery Centre in St. John's, and again the wait
5 times are just out of reach for most people. I've
6 referred people to the Recovery Centre. You can
7 usually get a bed there within 24 to 48 hours for a
8 detox, but then we have wait times of up to four
9 months to get into rehab. So we can get a person, an
10 addict clean after a seven-day or ten-day stint at
11 the Recovery Centre, but then we're going to tell
12 them to go home and wait for four months until we can
13 find services for you. So we're just going to get a
14 lot of repeat customers at the Recovery Centre unless
15 we can provide facilities for them locally, because
16 if we're going to be successful in treating the
17 mental health and addictions issues, it has to be
18 community based, because without the family supports
19 and the family network in place to help those people
20 succeed. Packing up somebody and sending them off to
21 the West Coast or to St. John's, in all likelihood,
22 most families cannot afford to travel over on a
23 weekly basis to the West Coast or to St. John's or
24 have people visit. That family connection has to be

1 there for them to be successful and for treatment to
2 be successful, so I certainly see the need for a
3 regional facility here on the Burin Peninsula. I
4 mean you can even talk to people in Health and
5 Community Services, our local RCMP, for the need for
6 this here.

7
8 Another issue that has been of great concern is
9 apparently in the health legislation or Eastern, I'm
10 not sure if it's province wide, but there is supposed
11 to be a safe and secure treatment room in each
12 hospital in the province, and again I know we have
13 the actual structure here in Burin, but the stumbling
14 block seems to be the trained personnel to work in
15 that environment, so even after five years we still
16 don't have those resources in place. It's something
17 that's certainly needed. Even talking to our RCMP,
18 when they go into the hospital and they have to bring
19 a client in there, it's a room that's certainly
20 required but having the trained personnel there in
21 that facility is something that certainly has to be
22 looked into, not only in Burin Hospital but across
23 the province.

24

1 Another issue that we'd certainly love to see, and
2 maybe even as a pilot project Government would
3 consider. We have guidance counsellors in our
4 schools, which are certainly - the ratio that
5 currently exists is certainly not working, but
6 because of demand and workload for those in our
7 education system, something Government should
8 certainly look at would be implementing a program
9 that would put a social worker, even if we started
10 with something in the satellite offices for the
11 school boards across the province, and education and
12 early intervention are certainly keys to success.
13 And I think if we have that social worker at the
14 front level, at the grassroots level where the kids
15 are going to be impacted the most would certainly be
16 in the education system.

17
18 And I guess, finally, the curriculum for the K-12
19 system certainly has to be maintained and enhanced to
20 keep up with demands for society. I know I've been
21 criticized and asked the question a lot that school
22 councils are there to promote education and services
23 in the school and it's not about we're getting back
24 to basics again about the Mathematics and English

1 which are certainly fundamentals in our education
2 system, but a big component there has to be drug
3 education and mental health awareness in our
4 education programs. So I certainly see that we have
5 to start at a much earlier age. Even our DARE
6 Program in the education system, that's not available
7 to all grade sixes. For example, my son did French
8 Immersion. Because he did French Immersion he wasn't
9 able to avail of the DARE Program. It was only
10 available to two classes at that time. We had four
11 classes of grade six, so we only managed to reach
12 half that year. So programs like that are certainly
13 working, but it has to be across the board for all
14 students, but even starting at grade six, we
15 certainly have to start at a much earlier age.

16
17 And I guess that's the Reader's Digest version of
18 everything that I had to say, but again I refer back
19 to Nova Scotia. They have been at this for 27 years.
20 They have probably one of the most proactive
21 approaches to prescription monitoring legislations in
22 Canada. We're not asking Government to reinvent the
23 wheel. You have everything there, I think, and the
24 same thing for the secure treatment and detox

1 legislation for youth. Alberta has it. Ontario has
2 similar form there. We have the proposed legislation
3 pending, so I'm certainly encouraging people to see
4 that through. Thank you.

5 Mr. Colin Farrell:

6 They have a question for you, Rudy, if you could stay
7 for a little bit, if you don't mind. Lorraine?

8 Ms. Rudy Hoskins:

9 Sure.

10 Ms. Lorraine Michael:

11 Very simply, under which Ministry is that legislation
12 written?

13 Ms. Rudy Hoskins:

14 For the secure treatment and detox?

15 Ms. Lorraine Michael:

16 Yeah.

17 Ms. Rudy Hoskins:

18 That would be through Health and, I think, in
19 conjunction with Justice and Education, because they
20 overlap.

21 Ms. Lorraine Michael:

22 So the legislation has been written, was done under
23 Health?

24

1 Ms. Rudy Hoskins:

2 Um-hmm.

3 Ms. Lorraine Michael:

4 Okay. Okay, thank you very much.

5 Mr. Kevin Pollard:

6 Yeah, do you have a question? Thank you very much.

7 Ms. Rudy Hoskins:

8 Thank you.

9 Mr. Kevin Pollard.

10 You did a great job.

1 Mr. Colin Farrell:

2 Is there anybody else who'd like to present? Okay,
3 then, Mr. Pollard, I'll pass it back to you. Thank
4 you so much.

24

1 Mr. Kevin Pollard:

2 Okay. Thank you, Colin, for facilitating the session
3 last night and this morning. Thank you for the
4 Department of Health officials that are here and
5 Office of Public Engagement here today. Thank you
6 for Eastern Health officials, as well. Thank you to
7 Lorraine and Dale. We all represent our respective
8 leaders, Premier, Dwight Ball and Earl McCurdy.
9 Everybody's in this together. We're on the same
10 page, trying to make a difference and we can make a
11 difference. That's what we're here for. And at the
12 end of the day, like I said, we'll take all this
13 information, again your input that was so crucial, to
14 formulate policy or formulate legislation, and become
15 something better than what we already have and the
16 needs, I tell you, it's overwhelming.

17

18 Personally, I've been educated last night and
19 today. I've been educated about this topic. Mental
20 illness was a very pervasive topic or illness because
21 it has no respect of persons. Every strata of
22 society is hit, hit hard, so it's not your issue.
23 It's our issue. It's everyone's issue, no matter who
24 we are in society, and I think we try to do our best

1 to grapple and wrestle this to the ground and find
2 solutions and some improvements to our system. So
3 with that thank you again. It was really good to be
4 in Marystown, and thank you for coming out and taking
5 the time out of your day to make your difference and
6 your input. Do you want to say anything?

7 Ms. Lorraine Michael:

8 Yeah, sure, just a couple of words. As I said, I'm
9 not the regular member of the All-Party Committee,
10 but to echo what Kevin has said, whether it's one MHA
11 or the other all of our parties, all of our members
12 are totally behind the work of the All-Party
13 Committee. It's been a privilege to have been here
14 last night and this morning, and I think we carry a
15 heavy responsibility. A question was asked last
16 night at the table I was at - I think I reported it -
17 why do we separate out mental health from other
18 health issues? Health is health, and I think that's
19 what we have to move towards. That when I go into
20 the emergency room, no matter what my health need is,
21 it's going to be taken care of on the same level as
22 any other health issue, and I think that that has to
23 be our goal.

24

1 We have to recognize that the stigmas around
2 mental health and addiction is what's keeping us
3 literally from having it integrated fully into the
4 system. That's the actual stigma that's stopping
5 that from happening and that's what we got to deal
6 with, I think. You're dealing with it in the
7 community and I think that's what we have to deal
8 with as legislators, and until we do that then we
9 will continue to have the discussions that we're
10 having, so I think we all sense the responsibility
11 that we carry with regard to making sure that that
12 complete change of mentality in our system happens,
13 because that's what's going to make everything else
14 change, and we've got to save people's lives. We
15 can't have people dying, whether it's in their bed or
16 over at the Nova Women's facility in Truro. No
17 matter where it is, these deaths have got to stop,
18 and I think that's what we have to keep in our mind
19 that people are dying because we are letting them
20 down because the system is letting them down.

21
22 So, I just promise you as an individual MHA that I
23 carry that sense of responsibility. If I'm reelected
24 to go back into the House of Assembly, then I'll be

1 carrying that sense of responsibility for the stories
2 I've heard here publically, and also the stories that
3 were brought to us privately, because we have private
4 meetings, as well. Thank you very much for being
5 here.

6 Mr. Kevin Pollard:

7 Thank you, Lorraine. Do you want to speak?

8 Mr. Dale Kirby:

9 I just want to thank everybody for coming out to the
10 meeting. I know it's difficult sometimes to share
11 your own personal stories and experiences in front of
12 other people, but it's very important. We all
13 believe that mental health is just as important as
14 physical health. We all want to get to a place in
15 Newfoundland and Labrador where we're providing
16 decent health care to people whether it's mental
17 wellness or other wellness issues. The end result of
18 this will be a report, I assume, with recommendations
19 to the House of Assembly and to the Department of
20 Health and Community Services on how to go forward,
21 and I hope that all the parties in the House of
22 Assembly will get behind that going into the
23 election, and make sure that those things are
24 implemented, so that we have a better health care

1 system that truly cares for everybody's health issue
2 whatever nature.

3 Mr. Kevin Pollard:

4 Well, thank you very much. Thank you. Appreciate
5 your coming.

6 Mr. Colin Farrell:

7 So, don't forget to check the website periodically to
8 see transcripts of the sessions going on around the
9 province and those updates we posted.

10

11 (Marystown session ends.)

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