

Good afternoon.

My name is Tom Shand and I am here today as Executive Director of the Alberta Division of the Canadian Mental Health Association, speaking on behalf of CMHA across Alberta – including eight regional offices, a provincial suicide prevention centre and our provincial Board, which has representation from each of those other entities.

Community Treatment Orders have been a difficult issue for CMHA to come to grips with, in part because there is risk that people living with mental illness will not be afforded the same human rights and freedoms as other people; and, in part, because there is not over-all confidence that the healthcare system will manage the CTOs effectively.

We see Bill 31 not only as a means to address the legislative content of the Bill but to encourage the government and the public it serves to take a closer look at the overall needs of those living with mental illness in Alberta and provide more support to this area. These situations need to be addressed not only as a prerequisite for Bill 31 to be effective but more importantly to improve the quality of life for the vast majority of those Albertans who live with a mental illness but are not likely to be directly impacted by Bill 31.

Thank you very much for providing us an opportunity to share, however briefly, our views with you today.

As a health and wellness organization, the Canadian Mental Health Association in Alberta supports Bill 31. We recognize there is a small group of individuals who may benefit from a Community Treatment Order. However, CMHA recommends the following additions and/or amendments to the Act:

1. A date be set for a review of the Act within five years.
2. That the clause under 9.1 dealing with the issuance of CTOs if “the person has previously been subject to a CTO” be amended to add a time frame of within the last two years. Otherwise, people may see this as hanging over them for the rest of their lives, regardless of how things may have changed for them since they were once issued a CTO.
3. Under clause 9.7, 1 and 2: Add that: A client must have access to a psychiatrist within 48 hours of issuing the CTO. We believe it is discriminatory to those living with mental illness to not have these people seen by the appropriate specialist for such a critical assessment. It also leads to inequitable access to quality health care for those living in rural areas and northern communities.

We are very pleased to see that Bill 31 says that CTOs can only be issued when adequate resources exist within the community. As you are no doubt also hearing from other sources, that is often not currently the case. In our submission, we outline some of the direct and indirect needs and shortfalls.

Today, I would like to highlight four of those areas of significant concern.

- 1) adequate housing
- 2) access to medical services, including medication, psychotherapy and psychiatric assessments
- 3) community supports to enhance independence and recovery
- 4) guardianship and trusteeship when appropriate.

In closing, I would like to share with you a story which should provide some perspective to this legislation, relative to the over-all needs of those living with mental illness.

About a year ago, I shared a ride home from a conference with the mother of a teenage daughter, living with mental illness. She shared a very personal story of how her daughter confessed to her that she had lied to doctors about her intent to commit suicide in order to be admitted for treatment, that she knew she needed at that time. That to me was a very sad reflection of where our mental health system is at today and I am hopeful that the expanded criteria for admission will soon prevent this from taking place.

In the conference itself, hosted by AMHB, there was also a panel discussion on CTOs with an open mike. The experts exchanged various views but more telling were the often very personal questions and comments from those attending – many of whom had lost a loved one to suicide. However, there was not a single circumstance where the proposed CTO legislation would have saved that life, as their circumstances did not apply. However, each life was lost essentially because that person was not able to access the level of service they required when they needed it.

Thank you for inviting us to participate in this process. You can be assured that CMHA supports you in your efforts to improve life for those with mental illness and that we will continue to act as community advocates and supporting programs that promote quality of life for all people with mental health concerns.