

New mental health act is a step in the right direction

Submission to The Telegram Forum

On December 12, 2006, the Lieutenant Governor gave Royal Assent to the Mental Health Care and Treatment legislation, which repeals our province's existing *Mental Health Act*. Proclamation of the Bill is expected next year. Given that we had the dubious distinction of having the oldest legislation in the country regarding involuntary treatment for people with serious mental illness, this new legislation passed with little public debate or recognition. And, perhaps, that is as it should be.

In his report of inquiries into the tragic deaths of Norman Reid and Darryl Power, Judge Donald S. Luther recommended use of community treatment orders (CTO). This type of treatment mechanism exists in four other provinces and it has become a new mechanism in our own mental health legislation. Some research has shown that as a result of this level of intervention, people living with serious mental illness experience enhanced quality of life.

In the new legislation, a CTO is issued by a psychiatrist to a person suffering from a serious mental illness who meets the following criteria: has had 3 or more involuntary admissions to a hospital psychiatric unit in the preceding 2 year period or has been issued a prior CTO; will benefit from ongoing care and treatment in the community; without treatment and support, has the potential to cause harm to himself or herself or to another person, or will deteriorate both physically and mentally; as a result of the illness, has limited or no insight into its effects and is unlikely to get treatment voluntarily; will be able to access the required supports and services that will be provided in the community; and is capable of complying with the order.

As part of the policy development process for the new legislation, and following a broader public consultation, a number of provincial groups were asked to participate and make recommendations about the content of potential CTOs. During these deliberations, it was determined that, at any one time, between 6 and 12 people in the province might be subject to a CTO. In Judge Luther's Report, he recommended that if the number of people under such a mechanism was more than 40, then a review of the legislation should take place.

It is the long-standing view of the Canadian Mental Health Association, both provincially and nationally, that the mental health of the population, and in particular those with serious mental illness, is best served by starting with good public policy and funding of related community mental health services and supports. The intricately linked social determinants of health such as income and housing should also be taken into account.

Regrettably, there is a tendency to view mental health legislation outside of its broader context of public or health care policy; this tendency is even more unfortunate when good public and health care policies have been put in place by governments. For example, with something like our new Mental Health Care and Treatment Act, there are often

knee-jerk reactions like, “people in this province can now be forced to take their medication.” Such were the inaccurate and irresponsible lead-ins to the CBC Radio (St. John’s) news stories on the legislation.

Since my time as Executive Director of the CMHA in our province, I have witnessed the introduction of four significant policy frameworks with specific directions to address major social issues like poverty, healthy living and wellness, mental health and addiction, and healthy aging. So, one might argue that government has set a good foundation for improving mental health services and supports in our province. With time and funding, the government will have an increased ability to address the service and support needs of our population.

However, as the Senate report (May 2006) on mental illness and addiction in the country has eloquently indicated, all provinces need to further enhance community mental health services. This recommendation is primarily a result of bad planning and inadequate funding at the time of de-institutionalization. The Senate report also indicates that the provinces cannot do this alone and that additional federal money is required to provide these services.

CMHA’s condition for supporting use of community treatment orders in this province was that the required supports and services are ensured for people with serious mental illness. With a proposed amendment at the time of the second reading of the legislation, and recognition in the legislation that services and supports are required in order for the intent of a CTO to be successful, CMHA supported the limited use of CTOs in the province.

For a day or so after the legislation received Royal Assent, I wondered if government and the CMHA had made the right decision. I decided to go back and read through Judge Luther’s report again. Reading that report is as sad to me now as it was in early 2004 when I read it for the first time. I only needed to read through the chapters that pertained to Norman Reid’s life to know that, yes, we made the right decision. A man as ill as Norman needed more than what was available to him at that time in the province, both in terms of services and legislation.

On page two of his report, Judge Luther wrote, “it is almost as if these types of deaths (Norman Reid and Darryl Power) had to take place before meaningful widespread reform would occur.” Maybe that’s their legacy.

Geoff Chaulk, MSW, RSW
Executive Director
CMHA-NL

Copyright The Telegram, December 2006

