



House of Assembly
Nova Scotia

DEBATES AND PROCEEDINGS

Speaker: Honourable Kevin Murphy

Published by Order of the Legislature by Hansard Reporting Services and printed by the Queen's Printer.

Available on INTERNET at <http://nslegislature.ca/index.php/proceedings/hansard/>

Second Session

THURSDAY, NOVEMBER 12, 2015

TABLE OF CONTENTS	PAGE
INTRODUCTION OF NEW MEMBERS:	
Mr. David Wilton (Cape Breton Centre), The Premier.....	5535
Mr. Derek Mombourquette (Sydney-Whitney Pier), The Premier.....	5535
Ms. Marian Mancini (Dartmouth South), Hon. M. MacDonald	5536
TABLING REPORTS, REGULATIONS AND OTHER PAPERS:	
WCB - Rept. to the Commun. (2 nd Quarter 2015), Hon. K. Regan.....	5536
GOVERNMENT NOTICES OF MOTION:	
Res. 2357, Cdn. Armed Forces - Honour, The Premier (by Hon. M. Furey)	5536
Vote - Affirmative.....	5537

STATEMENTS BY MEMBERS:

Cdn. Forces - Tribute, Hon. J. Baillie	5537
CNIB: Health & Wellness/Com. Serv. Mins. - Visit, Hon. M. MacDonald	5538
Spryfield et al - Lieutenant Governors Commun. Spirit Awards, Mr. B. Maguire	5538
Morrison, Eric: Death of - Tribute, Hon. A. MacLeod	5539
Mental Health Groups: Cuts - Reverse, Hon. David Wilson	5540
Corridor Commun. Options for Adults: Donation - Congrats., Ms. M. Miller	5540
CNIB - Funding Cuts, Hon. C. d'Entremont.....	5540
Can.-N.S. Offshore Petroleum Bd.: Vacancy - Fill, Hon. S. Belliveau	5541
Lewis, Jonathan - Entrepreneur Award (2015), Ms. S. Lohnes-Croft.....	5541
Aberdeen Hosp. Mental Health Unit - Closure, Hon. P. Dunn.....	5542
RCL Br. 26 Ladies Aux. - Poppy Fundraising, Ms. L. Zann.....	5542
Stears, Seamus: Can.-Wide Science Fair - Congrats., Ms. P. Eyking.....	5542
Mental Health System: Crisis - Address, Mr. L. Harrison	5543
Com. Serv.: Alderney Manor Seniors - Issues, Ms. M. Mancini.....	5543
Coldwell, David: Creativity/Dedication - Acknowledge, Mr. K. Irving	5543
Pictou Co. Coun. of Churches: Mental Health System - Concerns, Mr. T. Houston.....	5544
Chester Race Wk.: Comm./Vols. - Thank, Hon. D. Peterson-Rafuse.....	5544
Fenerty, Lovey - Sackville Can. Day Parade Grand Marshall, Mr. S. Gough.....	5545
Mental Health Services - Cuts, Mr. J. Lohr	5545
Aberdeen Hosp. Mental Health Unit - Reopen, Hon. M. MacDonald	5546
East. Passage/Cow Bay Mar. Race Weekend: Director/Vols. - Thank, Ms. J. Treen.....	5546

McInnes, Donald Peter: Death of - Tribute, Ms. K. MacFarlane	5547
CNIB: Cuts - Effects, Ms. M. Mancini.....	5547
Beaver Bank Kinsac FD - Anniv. (50 th), Mr. B. Horne	5548
Health & Wellness - Mental Health Strategy, Mr. A. MacMaster.....	5548
Nocturne: Film/TV Ind. - Exhibit, Ms. L. Zann.....	5548
<i>Princess of Acadia</i> : Sea Rescue - Congrats., Mr. Gordon Wilson.....	5549
Mental Health Services: Colleges/Universities - Focus Renew, Mr. E. Orrell.....	5549
Rural N.S.: McNeil Gov't. - Impact, Hon. S. Belliveau	5550
ABC & Me - Graduation, Hon. L. Diab	5550
McInnes, Stewart : Death of - Tribute, Hon. J. Baillie	5551
Natural Environment - Respectful Treatment, Hon. D. Peterson-Rafuse.....	5551
Fortress of Louisbourg - People's Choice Award (2015), Hon. A. MacLeod	5551
MOTION FOR ADJOURNMENT (RULE 43):.....	5553
HOUSE RECESSED AT 1:53 P.M.....	5553
HOUSE RECONVENED AT 2:00 P.M.....	5553
ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS:	
No. 859, Prem.: Dart. East MLA - Trial, Hon. J. Baillie	5554
No. 860, Prem.: Dart. East MLA - Confidence, Hon. M. MacDonald	5555
No. 861, Prem.: Dart. East MLA - Leave of Absence, Hon. J. Baillie	5556
No. 862, Prem. - Dart. East MLA: Leave of Absence - Details, Hon. M. MacDonald	5558
No. 863, Prem.: Mental Health Delivery - Inquiry Call, Hon. J. Baillie	5559
No. 864, Health & Wellness: Mental Health System - Crisis, Hon. C. d'Entremont.....	5560
No. 865, Com. Serv.: CNIB - Cuts, Ms. M. Mancini.....	5561

No. 866, TIR: Hwy. No. 101 (Exit 7) - Damage Update, Mr. C. Porter	5562
No. 867, Health & Wellness: Crisis - Min. Acknowledge, Hon. A. MacLeod	5562
No. 868, Health & Wellness: Mental Health Services - Cuts, Ms. K. MacFarlane	5564
No. 869, Health & Wellness: CNIB Cuts - Effects, Hon. David Wilson	5565
No. 870, Justice: Mental Health Court Prog. - Expansion, Mr. T. Houston.....	5566
No. 871, Health & Wellness: Aberdeen Hosp. Mental Health Clinic - Reopen, Hon. P. Dunn	5567
No. 872, Health & Wellness: Aberdeen Hosp. Mental Health Clinic - Staffing, Hon. David Wilson	5568
No. 873, FOIPOP: Records - Archiving, Mr. A. Younger.....	5569
No. 874, Immigration: Syrian Refugees - Numbers, Mr. J. Lohr	5570
No. 875, Prem.: Film/TV Ind. - Jobs, Ms. M. Mancini.....	5571
GOVERNMENT BUSINESS:	
PUBLIC BILLS FOR SECOND READING:	
No. 112, Children and Family Services Act Ms. K. MacFarlane	5572
Mr. E. Orrell.....	5573
Ms. M. Mancini.....	5575
Mr. J. Lohr	5579
Hon. J. Bernard	5582
Vote - Affirmative.....	5585
ADJOURNMENT:	
MOTION UNDER RULE 43:	
Health & Wellness - Mental Health Crisis, Hon. J. Baillie	5586
Hon. M. MacDonald	5589
Hon. L. Glavine.....	5592
Mr. J. Lohr	5595
Hon. David Wilson	5599
Hon. K. Casey	5604
Hon. A. MacLeod	5608
Ms. L. Zann.....	5610
Ms. P. Arab	5613
ADJOURNMENT, House rose to meet again on Fri., Nov. 13 th at 9:00 a.m.....	5616



House of Assembly
Nova Scotia

HALIFAX, THURSDAY, NOVEMBER 12, 2015

Sixty-second General Assembly

Second Session

1:00 P.M.

SPEAKER

Hon. Kevin Murphy

DEPUTY SPEAKER

Ms. Margaret Miller

MR. SPEAKER: Order, please.

The honourable Premier, who will present to the House the newly-elected members for Cape Breton Centre and Sydney-Whitney Pier.

HON. STEPHEN MCNEIL (The Premier): He fought as hard as I did to get here. Mr. Speaker, I have the honour to present to you Mr. David Wilton, member for the electoral district of Cape Breton Centre, who has taken the oath, signed the roll, and now claims the right to take his seat.

MR. SPEAKER: Let the honourable member take his seat. (Standing Ovation)

THE PREMIER: Mr. Speaker, I have the honour to present to you Mr. Derek Mombourquette, member for the electrical district of Sydney-Whitney Pier, who has taken the oath, signed the roll, and now claims the right to take his seat.

MR. SPEAKER: Let the honourable member take his seat. (Standing Ovation)

The honourable Leader of the New Democratic Party, who will present to the House the newly-elected member for Dartmouth South.

HON. MAUREEN MACDONALD: Mr. Speaker, I have the honour to present to you Ms. Marian Mancini, member for the electoral district of Dartmouth South, who has taken the oath, signed the roll, and now claims the right to take her seat.

MR. SPEAKER: Let the honourable member take her seat. (Standing Ovation)

Very good. Well, let me take the opportunity to formally welcome those three new members to the Nova Scotia House of Assembly, and I am sure you'll be up to speed on all the rules and regulations that we use in the House here, and we look forward to working with you. So, welcome aboard.

With that, we will begin the daily routine.

PRESENTING AND READING PETITIONS

PRESENTING REPORTS OF COMMITTEES

TABLING REPORTS, REGULATIONS AND OTHER PAPERS

MR. SPEAKER: The honourable Minister of Labour and Advanced Education.

HON. KELLY REGAN: Mr. Speaker, I hereby beg leave to table the Workers' Compensation Board Report to the Community for the second quarter of 2015.

MR. SPEAKER: The report is tabled.

STATEMENTS BY MINISTERS

GOVERNMENT NOTICES OF MOTION

MR. SPEAKER: The honourable Minister of Business.

RESOLUTION NO. 2357

HON. MARK FUREY: Mr. Speaker, on behalf of the Premier, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas every year on the eleventh hour of the eleventh day, of the eleventh month, Nova Scotians and Canadians across our country gather in community halls, memorial parks, at cenotaphs and in schools to observe a moment of silence and mark the sacrifice of so many; and

Whereas yesterday, Mr. Speaker, thousands of Nova Scotians took the time to honour our veterans by participating in Remembrance Day events in their communities; and

Whereas it is paramount that we continue to show our appreciation of the past and the ongoing sacrifices that veterans have made to protect our freedoms and ensure our safety;

Therefore be it resolved that all members of the House of Assembly honour the brave men and women who have served in Canada's Armed Forces, and for all of those who continue to serve our country.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

INTRODUCTION OF BILLS

NOTICES OF MOTION

STATEMENTS BY MEMBERS

MR. SPEAKER: The honourable Leader of the Official Opposition.

CDN. FORCES - TRIBUTE

HON. JAMIE BAILLIE: Mr. Speaker, yesterday Nova Scotians joined all Canadians, paused to remember the bravery, dedication, and sacrifice of members of the Canadian Forces.

In past wars, Canadian Forces members fought to protect the values of respect, honour, and freedom that we all hold dear. I know all members are filled with pride when they think of members of the Canadian Forces today who promote freedom, democracy, and law, wherever they are called to serve.

As I stand in this building that has played such a pivotal role in our country's democracy, I am struck by how privileged we are as a country, where we are free to speak our minds, our votes, and to disagree or agree with the government. Mr. Speaker, we owe those freedoms to those who lost their lives. They deserve our respect and gratitude, and I am humbled to be able to stand in my place and pay tribute to them today. Lest we forget.

MR. SPEAKER: The honourable Leader of the New Democratic Party.

CNIB: HEALTH & WELLNESS/COM. SERV. MINS. - VISIT

HON. MAUREEN MACDONALD: Mr. Speaker, on June 4th I visited the CNIB offices on Almon Street and toured the facility, met the staff, and clients who were learning to adjust to vision loss, and I was inspired and learned a good deal about the CNIB and their excellent work.

After this visit, I wrote both the Minister of Health and Wellness and the Minister of Community Services, encouraging them to visit CNIB to learn for themselves the services they provide. I also asked them to restore the funds that have been cut in the Liberal Government's Spring budget in order to prevent layoffs and a loss of services.

Five months later, I have still not received a response from either minister - not even an acknowledgement that they received my letter. I am hoping that the CNIB and their concerns don't fall on silence as well, Mr. Speaker.

MR. SPEAKER: The honourable member for Halifax Atlantic.

**SPRYFIELD, ET AL
- LIEUTENANT GOVERNORS COMMUN. SPIRIT AWARDS**

MR. BRENDAN MAGUIRE: Mr. Speaker, I am proud to rise today to speak of the wonderful community of Spryfield. On July 18th, Spryfield had the prestigious honour of being presented the Lieutenant Governor's Community Spirit Award. Brigadier General The Honourable J.J. Grant presented the award to the people of Spryfield at a community barbecue held at Ravenscraig Field. There were over 600 people in attendance to celebrate our community.

Through the joint effort of many of our non-profit organizations, Spryfield demonstrated that it is a community with unique strengths, a high level of citizen participation, a sense of community pride, and the ability to create an enduring community. In the words of Darlene MacLean from the Boys and Girls Club of Spryfield, "This truly is a community where people take pride in their homes, help their neighbours, join in to help out a stranger and give you a great sense of belonging to something that is so unique."

Mr. Speaker, I ask the members of this House to join me in celebrating the four communities that were honoured with the 2015 Lieutenant Governor's Community Spirit Award: Spryfield, Mabou, Washabak, and River John. Thank you.

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

HON. ALFIE MACLEOD: Mr. Speaker, could I make an introduction first?

MR. SPEAKER: Permission granted.

MR. MACLEOD: Mr. Speaker, in the gallery opposite, we have two visitors to us today who have been in the city since Monday talking about the challenges that mental health has created within their own families. One of them, Fran Morrison, is a constituent of mine who is also a friend of mine. We've been involved in 4H, and our children have seen each other growing up together. It's a real pleasure and honour to introduce Fran as well as her good friend Laura Walker. I would like the House to give them a warm welcome and ask them to stand to receive it. (Applause)

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

MORRISON, ERIC: DEATH OF - TRIBUTE

HON. ALFIE MACLEOD: Thank you, Mr. Speaker. Eric Morrison, April 3, 1989 to February 2, 2011 - forever 21. The day he died, his family's hearts were shattered.

Eric was a kind-hearted boy who was full of fun and harmless mischief. He was a special man with a wonderful outlook on the world and was always willing to help anyone in need. He had a very gentle soul that gave him a special way with animals, especially his horse, Pepper, who knew much more about his troubled soul than anyone else did.

Eric's one true love was hockey. He was a goaltender in rep hockey for most of his life and played right up to the last days with his very best friend Sean Edwards. It takes a special person to stand bravely on a goalie line to stop the pucks flying at high speeds toward you. This is the same approach he had with his family and friends. He was a well-respected soccer referee in Cape Breton.

Mr. Speaker, there is not a day that goes by that he is not missed by his family and many friends.

MR. SPEAKER: The honourable member for Sackville-Cobequid.

MENTAL HEALTH GROUPS: CUTS - REVERSE

HON. DAVID WILSON: Mr. Speaker, mental illness is present in every neighbourhood, workplace, and classroom across Nova Scotia. Depression, anxiety, eating disorders, schizophrenia, PTSD, addiction, and other clinical disorders take a terrible human toll in our province. As a former paramedic, I've seen first-hand the devastating impact mental illness has on people and families.

Mr. Speaker, I'm calling on the McNeil Government to immediately reverse all funding cuts to community groups that provide support to individuals suffering from mental illness. The social costs of these cuts far outweigh what is a marginal saving to the government. It's the wrong approach, it costs more in acute care in the long run, and it's putting patient safety at risk.

MR. SPEAKER: The honourable member for Hants East.

CORRIDOR COMMUN. OPTIONS FOR ADULTS: DONATION - CONGRATS.

MS. MARGARET MILLER: Good afternoon, Mr. Speaker, and welcome back to the Chamber.

Mr. Speaker, the East Hants Chamber of 100 Women who Care met for the very first time on October 6, 2015, with 77 teams and a \$7,700 donation for one local charity. The three not-for-profit organizations that were selected were the Corridor Community Options for Adults; the Colchester East Hants Library, Elmsdale branch; and the East Hants Arena Association. All are great organizations.

The members voted and the not-for-profit selected for this first award was the Corridor Community Options for Adults. Ross Young, the manager of CCOA, explained that the organization helps adults living with intellectual disabilities. They have a thrift store, a catering business, a snack shop, and much more. They provide educational and vocational training and employment services for mentally challenged adults and are certainly an asset to our community.

Mr. Speaker, I would like to congratulate CCOA on being the first winner and thank co-chairs Mindy LeBlanc and Betty Hirtle-Gordon for this tremendous opportunity to give back to their community.

MR. SPEAKER: The honourable member for Argyle-Barrington.

CNIB - FUNDING CUTS

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, the CNIB provides community-based support, knowledge, and a national voice for Canadians who are blind

or partially sighted. The services provided give people confidence, skills, and opportunity. The work done by the CNIB gives people the support they need to build independence and lead lives they want to lead. Unfortunately, the Liberal Government has put that work in jeopardy and despite the fact that the demand for vision loss rehabilitation has grown, the government has cut funding to the organization. CNIB has been forced to cut staff to make ends meet. Meanwhile, Nova Scotia's per capita funding for vision rehabilitation is the lowest in Atlantic Canada.

Today we recognize Nova Scotians with vision impairment who have gathered at Province House to voice their displeasure at a government decision that will have a negative impact on their lives.

MR. SPEAKER: The honourable member for Queens-Shelburne.

CAN.-N.S. OFFSHORE PETROLEUM BD.: VACANCY - FILL

HON. STERLING BELIVEAU: Mr. Speaker, there is currently a lack of provincial input on the offshore oil and gas issues. Nova Scotians understand the magnitude of risks and rewards of offshore development with offshore drilling taking place next door to lucrative fishing grounds and environmentally sensitive areas. There has to be a role for the Government of Nova Scotia in ensuring that the provincial interests are protected from unnecessary risks. For two years the McNeil Government has failed to fill a provincial vacancy on the Canada-Nova Scotia Offshore Petroleum Board. This is the same board that the Premier has placed his faith in to act in the best interest of the province. Nova Scotia needs stronger leadership on this crucial issue.

MR. SPEAKER: The honourable member for Lunenburg.

LEWIS, JONATHAN - ENTREPRENEUR AWARD (2015)

MS. SUZANNE LOHNES-CROFT: Mr. Speaker, I rise here today to recognize Jonathan Lewis, a resident of Mahone Bay and President of Eastport Financial Group who received Entrepreneur of the Year 2015 from the Atlantic Professional Financial Services. Entrepreneur of the Year award winners are selected based on their vision, leadership, financial success, and social responsibility. His dedication to supporting the positive growth and success of his staff, clients, and community is what make him an inspiring leader. Jonathan is a compassionate entrepreneur who is active in his community through volunteering, fundraising, and advocating. In 2004 he founded Eastport Financial Group, a financial planning firm that provides quality services in wealth management services and retirement and succession planning. I ask that you join me in congratulating Jonathan Lewis on being named Entrepreneur of Year and on wishing him continued and further success. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Pictou-Centre.

ABERDEEN HOSP. MENTAL HEALTH UNIT - CLOSURE

HON. PAT DUNN: Mr. Speaker, the decision to close the mental health unit at the Aberdeen Hospital has had devastating impacts on the people of Pictou County. The minister said this would be a three-month temporary closure. Those three months have passed and the government has released no plan to reopen it. The patients who need this unit are in crisis and they deserve to have the care they need available in their local hospital. The government continues to say there is no crisis in mental health but the people who rely on and need the mental health unit at Aberdeen know the Liberals are wrong. There is a crisis. The people of Pictou County have spoken out about the closure for months and it's time the government listened.

MR. SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

RCL BR 26 LADIES AUX. - POPPY FUNDRAISING

MS. LENORE ZANN: Mr. Speaker, yesterday we all paused to commemorate the sacrifices that service men and women have made around the world and here at home. A symbol synonymous with these Remembrance Day ceremonies is the beloved poppy. By purchasing a poppy from their local Legion, many people are directly supporting veterans in their communities and in my home town of Truro, the Ladies Auxiliary of Branch 26 sold poppies in 11 locations this year as part of the poppy campaign. The funds they raised, which was \$10,000, go directly to service personnel and their families. Whether it be for medical supplies, heating bills, or essential home repairs, these funds are used for the sole purpose of supporting our dearly beloved veterans. So I want to thank the Ladies Auxiliary of Truro, Branch 26 and also Legions across the province, for their tremendous fundraising efforts to support our veterans and their families. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Victoria-The Lakes.

STEARS, SEAMUS: CAN.-WIDE SCIENCE FAIR - CONGRATS.

MS. PAM EYKING: Mr. Speaker, I rise today to congratulate Seamus Stears of Baddeck for placing third in his division at the Canada-Wide Science Fair in Fredericton, New Brunswick, in May. The Canada-Wide Science Fair brings science, technology, engineering, and math out of the classroom and engages youth in solutions to real-world issues. The fair is a celebration of Canada's brightest young minds, and an inspiring exploration for thousands of visitors.

Seamus, a Grade 8 student at Baddeck Academy, was recognized for his project, Take Your Best Shot, an experiment on the bounce and distance of different brands of golf balls.

Mr. Speaker, I would like to congratulate Seamus and wish him well in all his future endeavours. Thank you.

MR. SPEAKER: The honourable member for Colchester-Musquodoboit Valley.

MENTAL HEALTH SYSTEM: CRISIS - ADDRESS

MR. LARRY HARRISON: Mr. Speaker, the mental health system in Nova Scotia is certainly fractured. Too many people are frustrated at being unable to get the help they need for themselves or their family. There are just too many people suffering, and they are doing that in silence. Tragically, too many people are losing their lives to suicide. The heartbreaking statistic is that 109 people die by suicide annually in our province.

There is a crisis in our province. We need to start addressing it, fixing the problems, filling the gaps, and just saving lives. We do better as a province, and it's really our moral responsibility to take hold of this now. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Dartmouth South.

COM. SERV.: ALDERNEY MANOR SENIORS - ISSUES

MS. MARIAN MANCINI: Mr. Speaker, following the tragic outbreak of the Legionella bacteria at Alderney Manor, which is located in downtown Dartmouth, the Department of Community Services has responded with a slow and uncoordinated effort. For months, seniors living in Alderney Manor have had to live with water restrictions, making showering in their homes out of the question. Their option is to use shower facilities at the Dartmouth Sportsplex.

Mr. Speaker, this type of treatment is not what Nova Scotia seniors deserve. I hope that these unfortunate events at Alderney Manor have been a wakeup call for the Department of Community Services. Thank you.

MR. SPEAKER: The honourable member for Kings South.

COLDWELL, DAVID: CREATIVITY/DEDICATION - ACKNOWLEDGE

MR. KEITH IRVING: Mr. Speaker, I am pleased to acknowledge in the House of Assembly Mr. David Coldwell, a constituent from Gaspereau, who creates unique and beautiful models. Mr. Coldwell has modelled ships, airplanes, flowers, birds, fish, Vikings, soldiers, and royalty. His collection numbers in the hundreds, and have places of honour in museums around the world. His model of L'Anse aux Meadows, National Historic Site of Canada, stood in the Smithsonian and is currently on display in Ireland.

Mr. Coldwell served the public as modeller for the Nova Scotia Museum all of his working career, and continues to model as he approaches his 80th year. On behalf of the Nova Scotia House of Assembly, I would like to acknowledge Mr. Coldwell's creativity and dedication, and the legacy of his talents that he continues to share with the people of Nova Scotia. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Pictou East.

**PICTOU CO. COUN. OF CHURCHES:
MENTAL HEALTH SYSTEM - CONCERNS**

MR. TIM HOUSTON: Mr. Speaker, the Pictou County Council of Churches - an association comprised of 50 Christian churches - recently wrote to the Minister of Health and Wellness to express concern over the continuing lack of resources within our health system for those living with mental and emotional illnesses in Pictou County.

In recent months, this situation has been made more critical by the closure of the mental health unit at the Aberdeen Hospital. At the time of the closure, the health authority called it a temporary measure in response to inadequate staffing for the unit.

Three months have passed, and we still see persons struggling with mental and emotional health issues having to travel to Truro or beyond for in-patient treatment and care. Wait times for referrals and ongoing appointments with mental health professionals are also significant, and place incredible strain and stress on individuals and families.

I'm wondering today what the minister has to say to those families within our community who are often already marginalized by virtue of their illness.

MR. SPEAKER: Order, please. We're out of time.

The honourable member for Chester-St. Margaret's.

CHESTER RACE WK.: COMM./VOLS. - THANK

HON. DENISE PETERSON-RAFUSE: Mr. Speaker, this August, Chester Race Week brought together sailors and those who love the sport for another successful regatta. The event has a rich history dating back to 1856 and it is as popular today as ever before.

More than 120 boats and 1,200 sailors took part in this year's event that saw some very tight racing among the 14 classes of boats. While there were winners and losers on the water, the biggest winner will always be our community. The ocean is part of our soul in Chester and we love getting the chance to show off to the world.

I would like to take this opportunity to thank the race committee and the very many volunteers it takes to make this important week an annual success.

MR. SPEAKER: The honourable member for Sackville-Beaver Bank.

FENERTY, LOVEY - SACKVILLE CAN. DAY PARADE GRAND MARSHALL

MR. STEPHEN GOUGH: Mr. Speaker, I would like to take this opportunity to recognize Lovey Fenerty. She was the Grand Marshall of this year's Canada Day Parade, when a simple comment on the SackVegas Facebook stated that they were looking for the friendliest customer service person in Sackville and praise exploded for one Dollarama employee, it became obvious who would lead this year's Canada Day Parade.

Lovey Fenerty takes pride in her community, greeting every customer that comes through her lane with a smile and a "you know it girlfriend." Lovey's attitude is contagious. She has been brightening the days of everyone for years as the Customer Service Queen of Downsview Plaza. When asked how she became so memorable for the locals, Lovey simply said, I treat every customer the same. Sackville is known to be a tight-knit community and a welcoming, supportive community where people are treated like family.

MR. SPEAKER: The honourable member for Kings North.

MR. JOHN LOHR: Mr. Speaker, I beg leave to make an introduction.

MR. SPEAKER: Permission granted.

MR. LOHR: I would like to direct the attention of the House to the west gallery, where my wife Heather and son Benjamin are here today to see the proceedings of the House. I would ask the House to give them a warm welcome. (Applause)

MR. SPEAKER: The honourable member for Kings North.

MENTAL HEALTH SERVICES - CUTS

MR. JOHN LOHR: Mr. Speaker, mental health services in this province are in desperate need of attention from this government. The tragic stories we hear in the news are from those brave enough to speak up. Hundreds more suffer in silence.

Cuts to the mental health budget for community organizations that provide vital services to those in need, show the government views mental health services as a low priority. This is unacceptable. As elected representatives we have a moral obligation to act. Families are crying out for help, wait-lists are growing, and all too often there are tragic results.

Mental health services need to be immediate for those in crisis and there is no time to waste when it comes to getting someone help when they need it before their condition worsens.

MR. SPEAKER: The honourable member for Halifax Needham.

ABERDEEN HOSP. MENTAL HEALTH UNIT - REOPEN

HON. MAUREEN MACDONALD: Mr. Speaker, mental health has not been a priority for the McNeil Government over the past two years. Again and again, Nova Scotians have witnessed mental health services being underfunded or slashed entirely.

The short-stay mental health in-patient unit at the Aberdeen Hospital was closed in August and patients were transferred across the province, away from their loved ones, to receive care. The minister and his department provided no word on when the Aberdeen unit was expected to reopen.

Mr. Speaker, is this what Nova Scotians can expect under the new Nova Scotia Health Authority? I urge the Minister of Health and Wellness to reopen the Aberdeen mental health unit and make mental health a much higher priority.

MR. SPEAKER: The honourable member for Cole Harbour-Eastern Passage.

**EAST. PASSAGE/COW BAY MAR. RACE WEEKEND:
DIRECTOR/VOLS. - THANK**

MS. JOYCE TREEN: Mr. Speaker, on September 11th and September 12th, an incredible event took over the streets of Eastern Passage and Cow Bay. Maritime Race Weekend celebrated its fourth year in the beautiful seaside community and it was a huge success. The race weekend, as it has come to be known, has four distances to choose from: a 5K, a 10K, half marathon, and full marathon.

The most popular of the races is the Sunset 5K that takes place Friday evening, where 2,600 runners run along the shore roads along the waters of the Halifax Harbour. Maritime Race Weekend has put Eastern Passage and Cow Bay on the map in the running community. International racers travel from all over the world to participate in this great race. Earlier this year Maritime Race Weekend was named a Destination Run by the Canadian Running magazine. I would like to congratulate race director Michelle Kempton and all the Maritime Race volunteers on another successful race weekend.

MR. SPEAKER: The honourable member for Pictou West.

MCINNES, DONALD PETER: DEATH OF - TRIBUTE

MS. KARLA MACFARLANE: Mr. Speaker, on August 10, 2015, Pictou West lost a farmer and politician, Donald Peter McInnes. Despite serving as MLA for 20 years, from 1978 to 1998, when he did not reoffer, Don identified himself as a farmer first and a politician second. He was the last of five generations of farmers on the family farm. Don was actively involved with the Pictou-North Colchester Exhibition, the Rotary Club, and Lyons Brook United Church, where he sang in the choir.

During his political career, Don held many Cabinet posts, including Minister of Environment, Minister of Fisheries, Minister of Transportation and Communications, and Minister of Agriculture and Marketing. He remained keenly interested in politics for the remainder of his life, frequently reaching out to new politicians like myself with words of wisdom and encouragement during sessions of the Legislature. Don will be missed dearly.

MR. SPEAKER: The honourable member for Dartmouth South.

MS. MARIAN MANCINI: Mr. Speaker, may I make an introduction from the west gallery?

MR. SPEAKER: Permission granted.

MS. MANCINI: Thank you. I would like to acknowledge this afternoon a very special visitor who is in the west gallery. This individual has an amazing amount of resilience, because he has been married to me for over 30 years. So I would like to introduce my husband, Peter Mancini. (Applause)

MR. SPEAKER: The honourable member for Dartmouth South.

CNIB: CUTS - EFFECTS,

MS. MARIAN MANCINI: Thank you, Mr. Speaker. This year the CNIB saw their funding slashed by 30 per cent by the Minister of Community Services. Following this short-sighted decision, the minister said that her department didn't have much information about what the CNIB did.

Last year 2,312 Nova Scotians who are blind or partially-sighted received more than 12,000 hours of services from the CNIB to help them live more safely and independently.

Due to the minister's lack of understanding of the CNIB's services, the CNIB has been forced to eliminate 3.5 full-time positions - positions that provide the only vision rehab services to Nova Scotians.

Mr. Speaker, the cuts made by the Minister of Community Services are hurting our province's most vulnerable citizens - people her department is supposed to be helping.

MR. SPEAKER: The honourable member for Waverley-Fall River-Beaver Bank.

BEAVER BANK KINSAC FD - ANNIV. (50th)

MR. BILL HORNE: Mr. Speaker, I would like to congratulate the Beaver Bank Kinsac Fire Department on 50 years of dedicated service to the community of Beaver Bank and Kinsac.

Starting from a ratepayers' meeting on April 15, 1965, the seed of the volunteer fire department began with the purchase of a pumper, donated coats, helmets, boots, and portable pump and ladder. The fire department and ladies auxiliary soon became the focal point of the community, organizing many community events and fundraisers.

As the years passed, equipment improved, training increased, and locations changed, but the service continued. Through the years there have been many volunteers that have come through the doors. Some were there for a short time, and some have been there for many years. Please join me in thanking all those dedicated volunteers, who have made the department what it is today.

MR. SPEAKER: The honourable member for Inverness.

HEALTH & WELLNESS - MENTAL HEALTH STRATEGY

MR. ALLAN MACMASTER: Mr. Speaker, in the Fall the government released an update on the provincial mental health strategy. It provided no concrete plans to address the crisis in the health care system. The Minister of Health and Wellness says there is no crisis in mental health, but considering how many people have spoken out about their tragic experiences, and the gaps that they have shown exist in the system, we are in crisis. We cannot continue with the status quo and put people at risk. It is time to act.

MR. SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

NOCTURNE: FILM/TV IND. - EXHIBIT

MS. LENORE ZANN: Mr. Speaker, the 8th Annual Nocturne: Art at Night Festival was held late last month. This celebration of art is incredibly popular and continues to grow, with dozens of exhibits and over 25,000 people attending last year alone.

Of particular interest to many people attending this year's festival was an installation called "Cut." It featured dozens of film crew members frozen mid-production

on a film set, waiting to continue their work as camera operators, producers, actors, dolly grips, hairstylists, carpenters, costume designers, and the list goes on.

The inspiration for this exhibit was the McNeil Government. Their short-sighted elimination of the Film Tax Credit earlier this year has left thousands of Nova Scotians in the film and television industry holding their breath to see what will become of their industry in this province - that is, Mr. Speaker, those who have not already left the province to look for work.

Mr. Speaker, many of us are still holding our breath, but are quickly losing any hope.

MR. SPEAKER: The honourable member for Clare-Digby.

PRINCESS OF ACADIA: SEA RESCUE - CONGRATS.

MR. GORDON WILSON: As we are all aware, employees on ships and boats often practise fire and rescue drills, honing their skills as they hope to never have to use them. The crew of the *Princess of Acadia* had one of these professional and well-trained crews prepared for any emergency at sea.

On June 7th, a joint rescue coordination centre needed to get an injured crew member off the *Compass Rose II*, a fishing boat, to medical attention as fast as possible. The *Princess of Acadia* diverted its course and transferred the man to the ferry from the fishing boat, which at the time was about midway between Saint John and Digby.

On relatively calm seas the crew moved the injured man by lifeboat to the ferry and to the care of a doctor and two nurses who happened to be onboard. The ferry then continued to Saint John as quickly as possible, to a waiting ambulance for their unexpected passenger.

I'd like to commend the actions of the crew who did such a good job when called upon to help in an emergency, while still taking care of their passengers. Thank you very much.

MR. SPEAKER: The honourable member for Northside-Westmount.

MENTAL HEALTH SERVICES: COLLEGES/UNIVERSITIES - FOCUS RENEW

MR. EDDIE ORRELL: Mr. Speaker, graduating from high school, moving away from home and attending college or university can be an extremely stressful time for young Nova Scotians. We know that many symptoms of mental illness present themselves in a

person's late teens and early 20s. It is also a time when many young people develop substance disorders that have negative impacts on their physical and mental health.

It is critically important that government ensure that effective and accessible mental health services are available to college and university students, and all young people. Today I would like to call on the government to renew its focus on mental health services for universities and colleges. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Queens-Shelburne.

RURAL N.S.: MCNEIL GOV'T. - IMPACT

HON. STERLING BELLIVEAU: Mr. Speaker, I use the term "cumulative effect" to describe the negativity or the negative impact the McNeil Government has had on rural Nova Scotia. Their cuts to jobs in the Department of Community Services, land registries, and our provincial parks has hurt towns across the province and added to the dilemma of out-migration described in the Ivany report. Instead of trying to curb or reverse the trend of out-migration, this Liberal Government has shown no remorse, laying off staff and closing departments in rural Nova Scotia.

The members of the NSGEU, 30,000 strong, also agree with the cumulative effect and they have launched a new campaign called McNeil's Movers. Mr. Speaker, the Liberals should watch this ad and start paying attention to the cumulative effect on rural Nova Scotia.

MR. SPEAKER: The honourable member for Halifax Armdale.

ABC & ME - GRADUATION

HON. LENA DIAB: Mr. Speaker, on June 11th I had the pleasure to attend the ABC and Me preschool graduation at the Chocolate Lake Recreation Centre. The graduating preschoolers were proud of their achievements and so were the families and parents in attendance.

I was happy to congratulate each graduate as they were called in to receive their diploma and certificate in honour of the occasion. The ABC and Me staff do a wonderful job at getting the preschoolers ready for real school. The event highlighted for me the reality of our amazing early childhood education programs and staff in Nova Scotia. It's important to take the time to engage with young Nova Scotians so they grow up seeing that politicians care a great deal about them and the community.

Engage Nova Scotians while they are young and they will likely be more apt to engage in politics when they get older. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Cumberland South.

MCINNES, STEWART: DEATH OF - TRIBUTE

HON. JAMIE BAILLIE: Mr. Speaker, in October Nova Scotia lost a tireless advocate in the name of Stewart McInnes. Stewart was a skilled lawyer, a compassionate politician, and a generous friend. He brought good humour and civility to his political work as he served our country as Minister of Supply and Service and Minister of Public Works.

After his career in public life was complete, he continued to serve many causes, including his Party, in various ways. He was a vocal supporter in the fight against prostate cancer and is a legendary fundraiser for Dalhousie University and many other charities. Stewart will live on in the good work of all of those organizations.

He will be missed by many, Mr. Speaker, including and especially his wife, Shirley, his five children, and indeed all Nova Scotians. I encourage all MLAs to join us in marking the life and the many accomplishments of our fellow traveller Stewart McInnes. (Applause)

MR. SPEAKER: The honourable member for Chester-St. Margaret's.

NATURAL ENVIRONMENT - RESPECTFUL TREATMENT

HON DENISE PETERSON-RAFUSE: Mr. Speaker, in 2012, the previous government brought an historic amount of land back under provincial control - more than 220,000 hectares, much of which is in and around the beautiful constituency of Chester-St. Margaret's. Today more families and lovers of the outdoors are able to explore the wild parts of our province with greater access than ever before.

As Fall in Nova Scotia is one of the most beautiful and popular times in our woods, I'd like to take this opportunity to say we all have a responsibility to enjoy our natural environment in a respectful way. Please carry out from the woods all your waste and be careful to stay on the designated trails and paths for your own safety and for the safety of our vulnerable ecosystems, and remember to wear hunter orange. Nova Scotia belongs to us all, and we all share the responsibility to treat our wild places with great respect.

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

FORTRESS OF LOUISBOURG - PEOPLE'S CHOICE AWARD (2015)

HON. ALFIE MACLEOD: Mr. Speaker, I rise today to congratulate the Fortress of Louisbourg National Historic Site for receiving the 2015 People's Choice Award, Favourite Tourism Attraction of the Year, at the Sydney and Area Chamber of Commerce's Annual Gala on October 20th. It is a particularly special award because it is voted for by

the people of the community. The fortress also received Nova Scotia's Best Attraction, an award from Eastlink Television on October 15th.

These awards reflect a phenomenal year for the fortress. I am honoured, and I ask the members of this House to join me in thanking all the hard-working staff and volunteers at the Fortress of Louisbourg National Historic Site for this recognition and their work in making the fort such a popular tourist destination.

MR. SPEAKER: Barring more members' statements, just before we move on to Question Period, earlier today, within the time frame set out in Rule 43, I received two requests for the business of the House to be set aside today for the purpose of holding an emergency debate. After careful consideration, research, and consultation with the Clerks, I have determined that both requests meet the criteria for emergency debate.

However, Rule 43(10)(b) states that "not more than one such motion can be made at the same sitting;" which means that only one emergency debate per sitting day is permitted.

The request from the Official Opposition was received by me as Speaker first; therefore, I ask the Leader of the Official Opposition to make his motion for leave first. Depending on the outcome of this leave motion, I will determine whether the second request from the New Democratic Party will be put before the House for leave.

The honourable Leader of the Official Opposition.

HON. JAMIE BAILLIE: Thank you, Mr. Speaker, I certainly respect your comments.

You are correct that earlier today, I did submit under Rule 43(2) a request that - I will move very quickly - the business of the House be set aside for the purpose of an emergency debate.

For the benefit of all members of the House, that emergency debate is on the topic of the crisis in our mental health service delivery system. How appropriate it is that we would debate this because this is one of those times when the statistics that we all see . . .

MR. SPEAKER: Order please. We're going to stick to reading the motion.

MR. BAILLIE: I'm going to get to that, Mr. Speaker.

MR. SPEAKER: Okay.

HON. JAMIE BAILLIE: Mr. Speaker pursuant to Rule 43(2) I move that the business of the House be set aside for the purpose of an emergency debate on the state of our mental health delivery services.

MR. SPEAKER: Thank you. Under Rule 43(4) I am required as Speaker to decide whether this matter is proper to be discussed and I have considered the factors set out in Rule 43(4A) and this is a matter of grave concern to Nova Scotians and which concerns the administrative responsibilities of the government and could come within the scope of ministerial action. It is not on the order paper for discussion and I have no indication that is likely to be debated within a reasonable time by other means so I will read the motion and ask whether - sorry, trying to follow along on the format. I will read the motion and ask whether the Leader of the Official Opposition has the leave of the House for the debate to take place.

The motion is that the business of the House be set aside for purposes of dealing with an issue of urgent public importance and the subject of the issue has been described by the Leader of the Official Opposition as the existence of a crisis in mental health, a failing mental health system, and the need to find solutions to fix the system and help struggling families.

Does the House agree to give leave for the motion to be debated?

The honorable Government House Leader.

HON. MICHEL SAMSON: Mr. Speaker the Government Caucus will be voting in favour of this motion.

MR. SPEAKER: I appreciate the honourable Government House Leader's advance notice that the government is voting in favour of this but under the rules of procedures, I'm obligated to still call for the vote.

Would all those in favour of the motion please say Aye. Contrary minded Nay.

The motion is carried.

Leave having been given, this debate will take place today at the moment of adjournment as provided under Rule 43 (11).

Having said that and concluding that piece of important business, we will now recess until Question Period at 2:00pm.

[1:53 p.m. The House recessed.]

[2:00 p.m. The House reconvened.]

MR. SPEAKER: Order, please.

ORDERS OF THE DAY

ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS

MR. SPEAKER: The Leader of the Official Opposition.

PREM.: DART. EAST MLA - TRIAL

HON. JAMIE BAILLIE: Mr. Speaker, my question is to the Premier.

Nova Scotians are wondering if an assault trial was obstructed by a member of his Cabinet when he refused to testify and give evidence that he might have. The Premier would have us believe that the member for Dartmouth East was acting on his own, but that member says he was acting on the instructions of the Premier's Office.

I would like to ask the Premier directly: Did the Premier or anyone in his office speak to that member about his duty to give testimony at that trial?

THE PREMIER: No.

MR. BAILLIE: Mr. Speaker, as you know this is a serious matter. There was an assault trial and it was dismissed because a member of the Premier's Cabinet refused to do his duty and provide testimony that could have led to a decision by a judge, guilty or not. This scandal has now been linked directly to the Office of the Premier.

I take the Premier at his word, but it leads to the question: Why did a member of the Premier's Office, specifically his Chief of Staff, then text that member the day the trial was dismissed and say it was good news today? And I'll table that for the benefit of the House.

THE PREMIER: Mr. Speaker, I appreciate the question from the honourable member. I think he's reading part of the message that was sent to the member for Dartmouth East in the context of what took place that day. As I have said very openly to the media, my staff who spoke to that member said, let us get an opportunity to see what's going on.

As I've said already, the parliamentary privilege that was used, we had no idea if it even existed. We called on the Department of Justice looking for information and when we gathered that, we immediately called the member and told him to make himself available the next morning at 9:00 a.m. to speak to the media. Furthermore, the information that I was given by that member was inaccurate about what went on in that courthouse. When we found the information, I did what I believe Nova Scotians expected me to do - to ensure

that the people standing around me giving me information that is truthful to the best of their ability at that moment, and I couldn't rely on it.

MR. BAILLIE: Mr. Speaker, the fact is the Premier's Chief of Staff texted the member the day the trial was dismissed for lack of evidence and said, good news today. The Premier says that wasn't all that he said. Well that's fine, but let's enlighten the House now about this message because what a horrible message it is to send to those Nova Scotians that we expect will show up at trial and provide evidence on something as serious as an assault.

I would like to ask the Premier to illuminate the House. Why did his office consider it good news today when that trial was dismissed?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. We have from the very beginning allowed the justice system to take its course. The honourable member and his lawyer made a decision on behalf of each other and when we got the full information we reacted accordingly and, I believe, acted in the way that Nova Scotians expected us to.

MR. SPEAKER: The honourable Leader of the New Democratic Party.

PREM.: DART. EAST MLA - CONFIDENCE

HON. MAUREEN MACDONALD: Mr. Speaker, my question though you is to the Premier.

Last week the member for Dartmouth East invoked privilege to avoid testifying under oath in a criminal matter before our courts. The trial judge stated, "If he was any other citizen, a warrant could have been issued for his arrest." You would expect that the top lawmaker in our province would condemn this type of behaviour to assure the public that members of the House or Assembly are not above the law, and unfortunately that didn't happen. Instead, the Premier told Nova Scotians that the member for Dartmouth East had his full confidence.

My question to the Premier is, why did he express confidence in a Cabinet Minister whom a judge was prepared to issue a warrant for last week?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. As I stated in my earlier question, I was provided information on that member in the morning which I discovered in the afternoon was inaccurate. At that moment I responded in the way Nova Scotians would expect me to do, how they would expect of all members of the Executive Council, and indeed all members of this House - when they are speaking to their employer, they give them the full story. When I found out that wasn't the case, I responded in the way that I did.

MS. MACDONALD: Mr. Speaker, this has nothing to do with when the member decided to invoke privilege. Last Wednesday, the Premier should have removed the member for Dartmouth East from his Cabinet and caucus for refusing to testify in court, but he didn't. Instead, the Premier's Office assisted the member for Dartmouth East in preparation for a press conference that took place on Thursday morning and, according to the member, the Premier's Office even prepared the opening statement.

My question to the Premier is, who in the Premier's Office collaborated with Mr. Younger in preparation for the comments he made to the media on Thursday morning last week?

THE PREMIER: Mr. Speaker, I thank the honourable member for the question. As I said, on the evening before, at seven o'clock, there was a message sent to that minister that we expected him to stand before the media to answer the questions after we had received the full information. He replied back and said he would like to meet with the director of my communications, the Chief of Staff, and he did.

The statement that was prepared, Mr. Speaker, was the member for Dartmouth East's words. It was his actions and he is the one who has to take responsibility for that. When I received the entire information, the remainder of that day, I responded in the way that I believe Nova Scotians want their government to respond.

MS. MACDONALD: Mr. Speaker, members of the public are questioning the Premier's judgment and his role in this series of unfortunate events that took place last week involving the member from Dartmouth East.

So my question to the Premier is, when did his office find out that the member for Dartmouth East would invoke privilege and why wasn't he advised against this course of action?

THE PREMIER: Mr. Speaker, as we have said many times to the media, the night before the member was to appear in court, he called my Chief of Staff, laid out a whole set of issues related to his department and mentioned privilege at the end of that conversation, without giving any detail. The first I heard of it is when it happened in the courtroom. That was it. I played that out at every opportunity we have, Mr. Speaker. Contrary to what the honourable members believe, Nova Scotians actually appreciate the fact that I responded the way I did.

MR. SPEAKER: The honourable Leader of the Official Opposition.

PREM.: DART. EAST MLA - LEAVE OF ABSENCE

HON. JAMIE BAILLIE: Actually Mr. Speaker, what Nova Scotians would appreciate is a consistent set of answers to this question from the Premier.

In January, the Premier told Nova Scotians through the media that the member for Dartmouth East had requested a leave of absence. That was quoted widely and I will table that for the benefit of the House.

Last week the member for Dartmouth East himself said that he was forced to take a leave of absence. He hadn't asked for it; he was forced to take one by the Premier's own office. Then the Premier changed his version of the story and confirmed that he could either take a leave of absence, or he was going to have one provided for him. That's what he said to the member of Dartmouth East - clearly he was being forced to take a leave.

So Mr. Speaker, my question to the Premier is, which version of his is correct? Did the member ask for a leave, or was he told to take one by the Premier's Office?

THE PREMIER: I want to thank the honourable member for the question. I want to take the people back to last December. The honourable member was a victim in an assault Mr. Speaker, as all of us in this House remember. He had multiple death threats on him. He had suggested to all of us that he had health issues. I very clearly said to him, he needs a break from his duties, and I said to him he either takes one or I will provide him one. He chose to take one.

MR. BAILLIE: Mr. Speaker, the Premier's Chief of Staff says good news today to that member when the trial is dismissed. The Premier has given two and now actually a third version of whether he was asked to take a leave in the first place or not. No wonder Nova Scotians are questioning the Premier's judgment in this area.

Mr. Speaker an assault trial is at issue here, one that was frustrated because a member of the Premier's Cabinet didn't go and provide evidence that could have resulted in a decision by the judge. The Premier put that member back in Cabinet when all of this was outstanding.

So, I would like to ask the Premier, are we really to believe that he didn't directly talk to the member for Dartmouth East about these issues before he readmitted him to his Cabinet?

THE PREMIER: Mr. Speaker, I hope the honourable member isn't suggesting that any member of government should put themselves in the middle of a criminal case. What happened was we spoke to the honourable member back in December, made it very clear there were issues he had to deal with at that time. He could come back to me to tell us when he was ready to go back into the Executive Council and he would be part of the mix if a change was going on within the Executive Council.

I have continued to say that. It has been consistent with everything that has gone forward. Unfortunately, last week the honourable member made a decision that he's going to have to respond to, not members of this government. All I know is when people sit

around the Cabinet Table in this caucus, I need to count on the fact that I am getting all the facts, to the best of their ability, and not a version of them.

MR. SPEAKER: The honourable Leader of the New Democratic Party.

PREM. - DART. EAST MLA: LEAVE OF ABSENCE - DETAILS

HON. MAUREEN MACDONALD: Mr. Speaker, after months of claiming he didn't know why the member for Dartmouth East had taken a break from Cabinet in December, the Premier finally admitted last week that he himself had forced his Energy Minister to take a leave of absence, and to quote the Premier, "We made it clear to him that he needed to have a break. He could either take that break on his own or we were going to provide one for him." I'll table that, Mr. Speaker.

Incidentally, on January 29th the Premier told reporters that the member for Dartmouth East had, and I quote, reached out to the Premier's Office for a leave, when in fact he had been pushed out by the Premier.

My question for the Premier is, why did he not disclose the true nature behind the member for Dartmouth East's leave of absence last December?

THE PREMIER: Mr. Speaker, I hope the honourable member isn't suggesting that anyone in this House, someone in her position - that if a member of her caucus gives personal information, she should walk out and find a microphone and stand in front of it and give that information. It is up to the honourable member to provide that.

We made it very clear - the challenges that minister was facing at that time, I said to him, you either take a break or we'll provide one for you.

I would hope that any reasonable employer in this province who has a member of their team who is a victim of an assault, has three death threats that have been mailed to their office, and comes to them saying they have health issues, would suggest to their employee, take a break, let me know when you are healthy, and we'll bring you back in. (Applause)

MS. MACDONALD: Mr. Speaker, I don't know of any reasonable person, particularly a Premier dealing with a Cabinet Minister in these circumstances, who wouldn't be able to say, you need to step out of this position while this matter is before the courts and go to the public and tell the public that we told him to step out while this matter is before the courts. How tough is that?

Back on January 29th, the Premier was asked under what circumstances the member for Dartmouth East would be allowed to return to Cabinet. The Premier's answer, and I quote: We'll have that negotiation, we'll have that conversation.

My question for the Premier is, what happened during those negotiations that convinced the Premier to put the member for Dartmouth East back into the Cabinet?

THE PREMIER: Mr. Speaker, I thank the honourable member for the question. I've said here before that when the member took his leave it was made clear to him, as it is made clear to all members of this caucus, that when there's a change to the Executive Council all members will get an opportunity to be viewed as part of that decision-making process that happens.

The member, who was the Minister of Energy, had performed well in the Department of Energy. When it came time to make this shuffle, his credentials brought him back into the Executive Council.

At the end of the day, Mr. Speaker, I was not given the full story last week, and my decision was to remove the member from the Executive Council. I stand by that decision, and Nova Scotians appreciate it.

MR. SPEAKER: The honourable Leader of the Official Opposition.

PREM.: MENTAL HEALTH DELIVERY - INQUIRY CALL

HON. JAMIE BAILLIE: Mr. Speaker, my question is to the Premier. This summer many families who have family members suffering from mental illness came to this House, along with experts and other service providers, to call for a public inquiry into our mental health delivery system. They shared their stories, their frustrations, their anger, and their disappointment that a system that should be there for them has fallen into crisis and has let them down.

Mr. Speaker, will the Premier now answer the call of all those families and call a public inquiry into the state of our mental health delivery system?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. This is an issue that touches all our families across the province. We, as a government, have invested an additional \$17 million on top of the budget that was there, which is now at \$270 million. We've invested in the SchoolsPlus program for early identification, if there are any adolescent mental health issues coming.

The Minister of Health and Wellness has continued to put this as a priority within his department. We'll continue to work with our partners across this province to ensure that when families need services in this province around mental health issues, they are there, Mr. Speaker.

MR. BAILLIE: Mr. Speaker, the fact of the matter is, that's not good enough. The Minister of Health and Wellness is on record as saying there is no crisis in the mental health system, but thousands and thousands of Nova Scotia families know otherwise.

We proudly introduced two examples in the gallery today of people who have lost a son or who have lost friends because of mental illness that was known to the system at the time, and who were let down because they didn't get the treatment they needed. If that's not a crisis, I don't know what is, Mr. Speaker.

Will the Premier at least acknowledge that there is a crisis in our system and then go on to call a public inquiry so we can get to the bottom of why people are not getting the help they need?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. I do want to pass on to those families who have lost loved ones, as all of us would be touched by, in various ways, either personally or through the people we represent. I want to again tell the honourable member that we've invested additional funding into mental health issues, are continuing to work with our partners to ensure that any weaknesses that may be in the system we've been able to respond to and we'll continue to work with those partners to ensure that we provide the support to families and citizens across the province when it comes to mental health issues.

MR. SPEAKER: The honourable member for Argyle-Barrington.

HEALTH & WELLNESS: MENTAL HEALTH SYSTEM - CRISIS

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, in July, the Minister of Health and Wellness outright denied that there is a crisis in the mental health system. Since then, many Nova Scotians have come forward and told him and other MLAs about their experience with the mental health system and they know that it is in crisis. So my question to the minister is, does he still believe there is no crisis or does he agree with Fran Morrison and the hundreds of other Nova Scotians who know there is a crisis in the mental health system?

HON. LEO GLAVINE: Mr. Speaker, I thank the member for that question and it is important that we take a look on a continuous basis at our delivery of mental health services across the province. Indeed, there are individuals who at times are in crisis. What I do know is that today in Nova Scotia, several thousand people will get the help for them - a family member, a loved one - with the mental health care that they require.

MR. D'ENTREMONT: Mr. Speaker, the minister knows that there will be thousands of others who will not. The percentage of the Health budget that the government spends on mental health care is about half the national average: about 3.55 per cent in Nova Scotia versus 7 per cent nationally. According to the most recent Nova Scotia Health

Authority Business Plan, this government cut mental health spending by \$25.6 million while administrative spending went up by \$33.3 million.

My question to the minister is, how can the minister look at people, like the people visiting us here today, like Fran or Laurel in the eye and say that mental health care is a priority for his government?

MR. GLAVINE: Mr. Speaker, I'm pleased to say that in each of our two budgetary years, we have put more money into mental health. I'm not sure what statistical analysis the member has used, \$270 million currently. That was bolstered by \$17 million over two budgets. The SchoolsPlus program is an exceptional program, upstream in the early years. We have added to the community capacity of mental health delivery, we now have a full 24/7/365 crisis line with professionals available to Nova Scotians.

MR. SPEAKER: The honourable member for Dartmouth South.

COM. SERV.: CNIB - CUTS

MS. MARIAN MANCINI: Mr. Speaker, my question is for the Minister of Community Services. In defending her \$152,000 cut to the Canadian National Institute for the Blind, the Minister of Community Services questioned whether they "know who they help and if it's making a difference." I have that document to table. I can assure the minister that CNIB knows better than the government who they help and what impact it has supporting people with vision loss to lead independent lives. Why hasn't the Minister of Community Services reversed her cut to CNIB?

HON. JOANNE BERNARD: Mr. Speaker, I thank the member for her question. We work with well over 100 organizations and I'm really pleased with the support that we provide many people.

We've had a great relationship over the years with CNIB. I do know what they do. That quote was actually attributed to another organization where we really didn't know what they do because of the lack of reporting structure set up within the organization and the department.

When there are times of fiscal restraint and when there are times when you look at what you need to do to right-size granting organizations so that there are no gaps in the system - which there were when we came into government - it's time for those gaps to be filled, and we've been doing that over the last year. And I'm really pleased that we're still able to support the CNIB and the great work that they do as it pertains to the mandate.

MS. MANCINI: Mr. Speaker, over the last year CNIB helped 2,312 Nova Scotians who are blind or partially sighted. It's clear that the CNIB's work saves the government money by lowering rates of isolation and reducing falls and hip fractures among Nova

Scotians living with vision loss. Has the Minister of Community Services asked the Minister of Health and Wellness to pick up the funding shortfall to vision rehabilitation therapy that she has created?

MS. BERNARD: Actually, the situation is very fluid. We are discussing where we can best align resources to work better with CNIB between the Department of Community Services and the Department of Health and Wellness. Those conversations will be ongoing in the next couple of weeks, and we look forward to the outcome of that.

MR. SPEAKER: The honourable member for Hants West.

TIR: HWY. NO. 101 (EXIT 7) - DAMAGE UPDATE

MR. CHUCK PORTER: Thank you, Mr. Speaker. My question this afternoon is to the Minister of Transportation and Infrastructure Renewal.

A number of months back we had an unfortunate incident on Highway No. 101 in Falmouth - I'm sure the minister is aware - where Exit 7 was damaged by a truck and trailer carrying a large piece of machinery. I wonder, could the minister update the House this afternoon on the status of that overpass and the structural integrity and plan for replacement?

HON. GEOFF MACLELLAN: I thank the member for the question. The member has been very much engaged in this particular issue for the last number of months, so I appreciate his work on that on behalf of his constituents and the people of the region.

We have awarded the contract; they're in construction and will do that work. We're in the pre-job stage now, so we're probably two to four weeks away from beginning that project, which will take probably about a week.

MR. PORTER: Just as a quick follow-up, it is now designated 18 ton or under for passage on that overpass, and I just want the minister to confirm, following the assessment now, that that is more than adequate and safe for passage over.

MR. MACLELLAN: Yes, the focus of the repair - it's a full integrity repair, so it will be back to the normal weight. I know there has been some question there with reduced weight, but we'll be back to the normal load once the repairs are fully completed.

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

HEALTH & WELLNESS: CRISIS - MIN. ACKNOWLEDGE

HON. ALFIE MACLEOD: Mr. Speaker, my question through you will be to the Minister of Health and Wellness.

Too often, we have heard of young Nova Scotians who take their own lives. We know that mental illness is involved in most suicide cases, particularly depression. Some individuals who died by suicide did so after reaching out for help in the health care system and not receiving it.

So my question to the minister is - Nova Scotians, like Laurel Walker and Fran Morrison, know that the system is in crisis and failing people - when will the Minister of Health and Wellness acknowledge that there is a crisis and begin to work to fix that system and help people like Fran and Laurel?

HON. LEO GLAVINE: Mr. Speaker, I'd like to thank the member for raising that question. It is one of concern to many, many Nova Scotians who may have trouble with access or getting the immediacy that is often needed with mental health support. What I do know after meeting over the past four months with psychiatrists, psychologists, counselling therapists, and school personnel, is that we are indeed doing a great deal, but I can assure the member opposite there is more to do, and that will remain a priority for us.

MR. MACLEOD: Mr. Speaker, the minister in his response left out one very important part of the equation, and that is the families and the parents of people who are affected by mental illness. Why would he not think that they are important enough to talk to?

The suicide rate actually rose in Nova Scotia between 2000 and 2011 and, Mr. Speaker, I'll table that document. We know that suicide can be the result of many things such as personal crisis caused by divorce or illness, social isolation from unemployment, and drug and alcohol addiction. Depression and other forms of mental illness are high.

The question I have for the minister is, if the rate of suicide has risen, will the minister concede that this system is failing Nova Scotians and indeed, we need to have an inquiry into mental health in the Province of Nova Scotia today, right now, to solve this problem?

MR. GLAVINE: Mr. Speaker, after conferring with many people in the health care system, those who are providing mental health care to individuals, to families, everyone to a person has said that at this time it would not be the best use of resources.

We have put in place now a 24/7 crisis line, right across Nova Scotia, and we know that many people have been helped. (Interruptions)

MR. SPEAKER: Order, please. We'll let the honourable minister respond.

The honourable Minister of Health and Wellness has the floor.

MR. GLAVINE: Mr. Speaker, what I do know is that on many fronts there is help to Nova Scotians. I have been able to speak at a number of suicide prevention conferences right here in the province. There are many, many ways in which community support for mental health is continuing to expand. That's what all the professionals are saying, that what we need most is community-based mental health support.

MR. SPEAKER: The honourable member for Pictou West.

HEALTH & WELLNESS: MENTAL HEALTH SERVICES - CUTS

MS. KARLA MACFARLANE: Mr. Speaker, my question through you is to the Minister of Health and Wellness. In this year's budget, funding for mental health services was drastically reduced. Furthermore, many important community organizations had their funding cut as well, limiting their ability to provide services for those suffering with mental illnesses.

A report by the Canadian Centre for Economic Analysis determined that the indirect and actual cost of mental health services amounts to more than six times the annual budget for those services. Even more startling, the report projected the cost of the mental health budget would increase by \$1.4 billion by 2041. I'll table that document.

My question is, why would the minister make so many reckless cuts to grants and funding, when our need is projected to quickly outpace our resources?

MR. GLAVINE: As the member opposite very well knows, it's not always a case of putting more money into programs but rather it is taking some of the great recommendations in the mental health and addiction strategy, Together We Can. There are 33 recommendations there.

We are on a full course to have all those recommendations in place over a five-year period. That's the strategy outline. We have 18 months to go; we will continue to invest in mental health support in this province.

MS. MACFARLANE: If the minister is making cuts now, there is no way we'll be able to spend \$1.4 billion on mental health in the future. Wait-lists are already incredibly long; people cannot afford to have them increase, as we know. The minister must act to improve service delivery now, allocate funds to where they are best used, and ensure that Nova Scotians receive the help they need as early as possible so we can afford to provide these much-needed services in the future.

Has the minister personally considered the impact of \$1.4 billion and how it will have an impact on our health care system in the future, and if so, when can Nova Scotians expect this plan?

MR. GLAVINE: Mr. Speaker, as I said in the previous question, the strategy Together We Can has, in fact, been recognized across the country for the strength that is imbedded in the 33 recommendations. They will all be implemented. We also know that in many communities there are not wait-lists. This is why the Nova Scotia Health Authority - we need to get as many services of the same equity and of the same standard delivered right across Nova Scotia. That's the goal of our government and the current strategy that we have.

MR. SPEAKER: The honourable member for Sackville-Cobequid.

HEALTH & WELLNESS: CNIB CUTS - EFFECTS

HON. DAVID WILSON: Mr. Speaker, I'm concerned that the government and the Minister of Community Services acknowledged the work that the CNIB does, and still went ahead with the cuts. The CNIB ensures that people who have lost their sight can prepare meals, cross the street, and manage their medications.

When Nova Scotians require rehabilitation for reasons other than vision loss - as a result of a stroke or hearing loss, for example - rehabilitation services such as physiotherapy and access to audiologists are provided within the health care system. I'd like to ask the Minister of Health and Wellness, how can the government expect the CNIB to provide these vision rehabilitation therapies not provided by his department when their funding has been cut by 30 per cent?

HON. LEO GLAVINE: Mr. Speaker, I thought it was going to my colleague, but I'm pleased to answer it for the former Minister of Health and Wellness. During the summer, I met with the CNIB and certainly had a full conversation, a full dialogue, on the full extent of the programs that they deliver across Nova Scotia - indeed, valued programs. I met again today and over the next couple of weeks we will certainly have to look at what's happening in the short term. What I told CNIB today is that sustainable funding and their place in delivering rehab in the province will indeed be protected.

MR. DAVID WILSON: Mr. Speaker, they've made cuts at the CNIB now that are affecting the work that they do, and it is going to affect the services that people with vision loss will be able to obtain in the future. The CNIB have already eliminated 5.25 full-time positions, and their executive director has stated more cuts are imminent. I hope the minister realizes what the next cuts mean: either mobility specialists who provide white cane training, or the independent living specialists who teach the blind or those with vision loss to organize and label their medications, will be laid off. So the government has to act.

When will the Minister of Health and Wellness provide the sustainable funding for vision rehabilitation therapy that CNIB needs to help Nova Scotians dealing with vision loss?

MR. GLAVINE: I thank the member for that important question. Certainly, the conversation today was a very productive one, and I know CNIB was pleased to know that we will look at the short-term crisis that they're currently in. But more importantly, keeping their highly qualified staff in the long term with sustainable funding and what approaches will be needed were part of today's discussion, and I think we'll hear positive news in the coming weeks.

MR. SPEAKER: The honourable member for Pictou East.

JUSTICE: MENTAL HEALTH COURT PROG. - EXPANSION

MR. TIM HOUSTON: My question is for the Minister of Justice. The independent evaluation of the Mental Health Court in Dartmouth shows that the Mental Health Court team was better at meeting the unique challenges of participants compared to traditional court proceedings.

The Mental Health Court is working as it was intended - and that's a great thing - for people living in HRM. Unfortunately, there are no mental health courts in any other part of the province. So my question for the minister today is, when will the minister expand the successful Mental Health Court to other parts of the province?

HON. DIANA WHALEN: I appreciate the question. I actually had the opportunity to go to the Mental Health Court very recently and sit in for part of the afternoon and was very impressed with the different approach that's taken there and the personal care that everybody takes - from the judge to the Legal Aid lawyers that are there and the prosecution lawyers. Everybody is very well trained, very well aware of the issues. It's a very intense program that they have there that has been successful.

I agree with the member opposite. It's one that we're looking at; it has been done as a pilot to see how it would work. I think the results are coming in positively. From that, I can't tell the member exactly when we'll be expecting to expand that, but we do have another program similar to that for drug addiction in the Valley.

MR. HOUSTON: I thank the minister for going to the court and seeing first-hand what prosecutors and participants already knew. I would again ask the minister, in light of what the minister saw with her own eyes and in light of the first recommendation of the independent evaluation of the Mental Health Court was that the province continue investing in the Mental Health Court as an alternative means of dealing with offenders.

We all know, the facts are on the table, this is a good thing. Now we have a government that sees a good thing, knows it's a good thing, but won't tell us that they are willing to expand it so other people in the province can benefit. I'd like the minister to commit today, to tell this House when we can see that court expanded, as opposed to seeing a good thing and just letting it ride by the wayside?

MS. WHALEN: Mr. Speaker, certainly we recognize it's a good thing, it's helping a lot of families and it is an important component of our justice system. But it's something new and it's something that we had to monitor and evaluate.

We also have to find the right people in each location to do that. The success of that court is very much, I think, driven by the judge who sits at that particular courtroom and has taken such an interest in leading the way and really bringing all the other justice players together to do it.

It's not something that you can just dictate that it starts somewhere else; it has to be a coming together of the important players who can make it a success. I will simply tell the member opposite that we are looking very carefully at that and we are excited by the opportunity, but we have to take our proper steps. Thanks.

MR. SPEAKER: The honourable member for Pictou Centre.

**HEALTH & WELLNESS:
ABERDEEN HOSP. MENTAL HEALTH CLINIC - REOPEN**

HON. PAT DUNN: Mr. Speaker, my question is for the Minister of Health and Wellness. More than three months ago the government announced their decision to temporarily close the short-stay mental health unit at the Aberdeen Hospital in New Glasgow. This decision was made much to the dismay and disappointment of the people of Pictou County.

The minister cited staffing issues as the reason for the closure. Those three months have passed and now we need a plan. My question to the minister, when will the short-stay mental health unit at the Aberdeen Hospital reopen?

HON. LEO GLAVINE: Mr. Speaker, as the minister opposite knows - and, by the way, he asked a very important question for the people of Pictou County - we know that this is an operational matter for the Nova Scotia Health Authority. I know they are involved with recruitment but sometimes that is a slow, laborious, difficult process.

What I do know is that the team currently there is providing many of the services with mental health delivery. I know that seven have been placed in appropriate facilities, 42 others have gotten the community support they required.

MR. DUNN: Mr. Speaker, members of the community have spoken out about the dangers this closure poses to those in need, and others have been very vocal about their experiences in that unit, saying it saved their life.

Mental illness exists all over this province and to close down a mental health unit in one area only puts increasing pressure on another, where other people are already in

need. Staffing issues, especially in our health care system, need to be addressed proactively. The government does not have time to waste when it comes to mental health care delivery to Nova Scotians.

My question to the minister is, how will the minister ensure that the mental health unit at the Aberdeen Hospital reopens and that issues like this do not cause units to close in other areas across the province?

MR. GLAVINE: Mr. Speaker, these short-term psychiatric units are a very important part of the acute care delivery system for those people, families who are in trauma and immediate crisis. They work very, very well. Sometimes we do have unexpected leaves of psychiatrists or psychologists or psychiatric nurses from those areas and sometimes even with the best plans we are not as quick to respond. We have the money to run this unit and we hope to have a fuller report very shortly.

MR. SPEAKER: The honourable member for Sackville-Cobequid.

**HEALTH & WELLNESS:
ABERDEEN HOSP. MENTAL HEALTH CLINIC - STAFFING**

HON. DAVID WILSON: Mr. Speaker, since August 3rd the mental health unit at the Aberdeen Hospital in New Glasgow has been closed. At the time the Minister of Health and Wellness indicated that it would only be a temporary closure, but it is well over three months now and the unit is still closed. The minister and the Premier have blamed the ongoing closure on the lack of appropriate staff to staff it with, but we know that there are mental health nurses who are working at the Aberdeen, just on other units.

So, I would like to ask the Minister of Health and Wellness, can the minister outline what staff he is looking for, and the process he is using to find these health professionals.

HON. LEO GLAVINE: Mr. Speaker, the recruitment is being carried out by the Nova Scotia Provincial Health Authority. It is obvious in this case here that a psychiatrist is required, if they staff in the same way that they traditionally have.

What we have heard from some of the staff there is that current needs are being addressed and we have had confirmation that those who have come through the ER have received the needed help that they require.

MR. DAVID WILSON: Mr. Speaker, I hope the minister isn't indicating that everything has been on hold until amalgamation of the district health authorities. If it has been on hold, that's complete incompetence. There are challenges in mental health across the province, not just at Aberdeen. There are people who need the support of mental health care providers today.

So I would like to ask the minister, since coming to power, what have he and his government done, in his department, on the recruitment and retention of psychologists here to this Province of Nova Scotia?

MR. GLAVINE: Mr. Speaker, in the case of Pictou, in the case of the Aberdeen and the short-term psychiatric unit, it was a sudden loss of personnel, and I know, immediately, the provincial Health Authority sprang into action to start a recruitment drive, and while we are in session I will have an update on where that process is.

MR. SPEAKER: The honourable member for Dartmouth East.

FOIPOP: RECORDS - ARCHIVING

HON. ANDREW YOUNGER: Mr. Speaker, my question is for the Minister responsible for the Freedom of Information and Protection of Privacy Act.

The Freedom of Information and Protection of Privacy Act requires that all records which deal with matters of government be kept and archived to be available to the public. This is not limited to only government email. What procedures does the government have in place to make sure that email using private email accounts, text messages, BBMs, PINs and so forth, are archived and not deleted?

HON. DIANA WHALEN: Mr. Speaker, there are a number of ministers who have some responsibility for the Freedom of Information and Protection of Privacy Act, but what I would say to the member opposite is that I'll certainly look into that. I am not sure of the exact coordination that we have for archiving all of that information. I think it is an important question for us to look into. So, I will endeavour to get back to him directly. Thank you.

MR. YOUNGER: Thank you very much, and I appreciate that answer.

Mr. Speaker, when ministers personally review FOIPOP files prior to approving or amending them for release to the media, political Parties and others, what steps are in place to ensure the responses include a review of all records, such as text messages, PINs, BBMs and the use of private email?

MS. WHALEN: Mr. Speaker, these questions are really important and vitally of interest to all Nova Scotians. Again, the member opposite is asking for some very specific details about how the reports are put together, and so I will endeavour as well to look into that, and I promise to get back to him on it. Thank you.

MR. SPEAKER: The honourable member for Kings North.

IMMIGRATION: SYRIAN REFUGEES - NUMBERS

MR. JOHN LOHR: Mr. Speaker, my question is for the Minister of Immigration. It is important for Nova Scotia to play its part and welcome the Syrian refugees, who have faced horrors and atrocities, into our Province. Federal government has announced that Canada will accept 25,000 refugees before year's end, less than two months away.

My question for the minister is this, in order for Nova Scotian families and communities to play their part and help the influx of refugees, we must first have an idea of the number of individuals that will be arriving. Will the minister inform this House the number of refugees this province will accept?

HON. LENA DIAB: Mr. Speaker, thank you to the member opposite for that very important question. I'm pleased to say that Nova Scotians in every part of this region want to support the national humanitarian effort that is taking place across Canada. Information from the federal government that was critical - I had one conversation with the federal minister last Friday and I am anticipating speaking with him again tomorrow or very early on when we will get more information.

What I can tell the member and all Nova Scotians is that we are provincially pulling together all stakeholders and all government departments, universities, municipalities, all sectors to play a part in this. Thank you.

MR. LOHR: I thank the minister for that answer. Mr. Speaker, I continue on. It is essential that the refugees that are welcome to our province are provided with real opportunities of employment as soon as possible, and this will require tremendous efforts and coordination with stakeholders such as ISANS and other community groups. In this year's budget, the Liberal Government slashed funding for ISANS by 25 percent - and I will table that.

My question, Mr. Speaker, for the minister is, how does the minister expect an organization like ISANS to perform this critical task for many incoming Syrian refugees with a slashed budget, and what additional resources will she provide organizations like ISANS to help integrate the Syrian refugees?

MS. DIAB: Mr. Speaker, again, Nova Scotians want to help in this humanitarian effort and we will work with the rest of Canada. To the member's point, the provincial government did not slash funding for ISANS - on the contrary, the funding that was slashed was from the federal government, it certainly was not from the province. More importantly, what we did in the province is we've given funding to the YMCA to hire seven coordinators across the province in seven different parts of the province so that they can help us with settling immigrants and newcomers to their regions, which has never been done before in this province.

MR. SPEAKER: Opposition question. PC on my list, but if the NDP member is ready to go, have at 'er.

The honourable member for Dartmouth South.

PREM.: FILM/TV IND. - JOBS

MS. MARIAN MANCINI: Mr. Speaker, my question is to the Premier.

In an article in the Lighthouse Now, the Premier said he wants the province's film and television industry to get back to work and stop complaining. I would like to table that article and a chart from IATSE Local 849 that compares the amount of work its members had last Fall under the old Nova Scotia Tax Credit and this Fall with the new Film Incentive Fund. The drop in jobs is dramatic. How can the Premier expect people in the film and television industry to get back to work when there are no jobs?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question and I want to welcome her to the House. I want to also thank the members of the film and television sector for creating jobs in this province.

We've seen a number of productions taking place and we will continue to work with them to ensure that the film industry is alive and well in Nova Scotia. I believe the quote that the honourable member was referring to is that the reporter asked me a question about the fact has it changed the industry and all the activity was going on, and I said that I felt that the complaining that was happening in this province was sending a signal outside of Nova Scotia that they didn't want anyone to come here to go to work and, on the contrary, we want people to come and go to work.

MS. MANCINI: Thank you.

MR. SPEAKER: Order, please. The time allotted for Oral Questions Put by Members to Ministers has expired.

GOVERNMENT BUSINESS

MR. SPEAKER: The honourable Government House Leader.

HON. MICHEL SAMSON: Mr. Speaker, would you please call the order of business, Public Bills for Second Reading.

PUBLIC BILLS FOR SECOND READING

MR. SPEAKER: The honourable Government House Leader.

MR. SAMSON: Mr. Speaker, would you please call Bill No. 112.

Bill No. 112 - Children and Family Services Act.

MR. SPEAKER: The honourable member for Pictou West.

MS. KARLA MACFARLANE: Mr. Speaker, I am pleased to have the opportunity to speak to Bill No. 112. As the member for Colchester-Musquodoboit Valley said last May, it was surprising to us that the bill was introduced before the consultation period was completed. We hope that more consultation has taken place since then.

The bill obviously presents an opportunity to make changes that will have a profound impact on the lives of Nova Scotians. That's why it is so important that we get this bill right and take the opportunity to do so and work collectively together.

While the aims of the bill are largely commendable, and going through the bill, there are some wonderful things within it, there are a few issues that need to be rethought and reconsidered and corrected in order to make it the strongest bill possible. I am hopeful that the Law Amendments Committee will provide an opportunity to make the much-needed adjustments.

As other speakers said prior to the last session, I'm very pleased with the changes to the definition of "child." I don't think there's anyone in the House who would disagree with it. I know it is something that I myself, and the PC caucus, have advocated for for some time, even long before I entered politics. Unfortunately, however, this bill does not address the unintended consequences that the change to the definition has in other parts of the bill, which may inhibit some young people from seeking help, perhaps after a violent or traumatic experience in their life. We would like you to reconsider that. I am hopeful that the minister will address the reporting issues at the Law Amendments Committee, and I'm sure she will.

There is no doubt that this bill contains some fundamental changes to the way the province deals with at-risk children, as the minister would know, as well as youth and families. It does away with the advisory committee whose function is to review and report on the Act, and that does bring a lot of concern to me. At a time when the legislation is undergoing such a big change, it simply makes sense to have a group of experts in that field to see if the changes are working as they were intended to work. I would hope that the minister would revisit this issue, and perhaps already has.

I understand that the intent of changing definitions in the bill is to update legislation that is in need of modernization. I know there is some considerable concern that the definitions are too vague. This is another area that I hope will be addressed at the Law Amendments Committee.

Bill No. 112 sets out a new time limit of 18 months, which I know the minister is aware of. The Progressive Conservative caucus has heard from many who are concerned about this change. They believe it will mean that more Nova Scotian children could and perhaps would end up in permanent care.

Like the minister, our top priority is the welfare of the children. I know it is the minister's top concern. We are concerned that this cumulative time limit, coupled with the long wait-list for the service, will create obstacles that some parents certainly would not overcome, and we would like all consideration to that part of the bill.

Finally, the bill does not contemplate the distinctive needs of Aboriginal families and children, so I think we have to go back to the board and look at that, or perhaps the minister already has since the last time we met in the House. I am certain that during consultation the minister heard many of the same things that I am bringing up, and that we have continued to hear during the time away from the Spring session in our own constituencies. I'm certain that our concerns will be addressed and considered at the Law Amendments Committee, and we look forward to meeting and discussing.

MR. SPEAKER: The honourable member for Northside-Westmount.

MR. EDDIE ORRELL: Mr. Speaker, it gives me honour and pleasure to speak a little bit to this bill, Bill No. 112. As the minister knows, we've introduced a bill similar to this about the age of a child, designed to protect children in custody and families who may have problems at the time to work out those problems to make sure that families can stay together as a unit.

I know the minister introduced this bill in May and we were told the consultation would take place over the summer. We can hope that this consultation has taken place, has occurred, and was meaningful to the stakeholders, the government, and all those involved with it. We hope that the government listens to the people who have presented to this committee on this bill to make this bill stronger so that there are no unintended consequences of the bill when it happens.

We know the bill is a great opportunity for the province to strengthen the lives of children and families of Nova Scotia. We need to know that these changes will have, again, no unforeseen consequences; that the bill does what it's designed to do, and that's protect families and children.

We know that the minister has good passion for this bill. We know that she meant well when this bill was drafted. We just, again, hope that there's no unintended consequences of it.

I'm hopeful when it goes to the Law Amendments Committee that the people who have concerns with the bill as it's presented today will come forward and present their

concerns so that it can and will be strengthened so that nothing is going to harm the children and the families involved. I know I spoke with many people over the break, and I have heard many, many recommendations from a number of different people and stakeholders involved on what they think should be changed in the bill and changes that will strengthen the bill so that again no unforeseen consequences happen. I just hope the government is listening, and I hope when the amendments come through that they are designed to do what they do.

I know a constituent in Cape Breton - I think it's Sydney River-Mira-Louisbourg - Delores Feltmate, has been spearheading this issue for a number of years. I know since I've been elected, I've met with Delores a number of times - probably four or five times - on her version of what should be done. I know when I met with her last during the break, she could cite every aspect of the bill, every verse, every course of the bill, and had ideas of what she thought would strengthen the bill. I think she has been one of the stakeholders that has brought forward recommendations and amendments on the bill to the government. I just hope that the consultation has been meaningful, and the changes to the bill will be very important to all those involved. I know Delores will be very happy when this comes forward and the bill is strong and no children go without a family unit.

I know making sure that children aged 16 to 19 years don't fall through the cracks when needed, and it won't harm them from coming forward when problems have occurred in their life. We know that we've called for these changes to the age many times now, and we brought a bill forward through it.

Mr. Speaker, we know that last year, there were 3,431 substantiated cases of child abuse in this province - child abuse and neglect reported in one year. These statistics certainly merit a renewed focus on this horrible problem. The bill outlines a proactive approach to the investigation of child abuse and neglect. The number of children who are abused and neglected is staggering, and we want to make sure that this bill helps combat that - that children who have problems in their lives will get the protection they deserve. But we know some of these changes, unintended consequences are in the bill as it presents today. It may inhibit some young people from seeking help. I am hopeful that the minister will address the reporting issues in the Law Amendments Committee.

We know it changes the fundamental way that the province deals with children at risk and families. One of the things that we have heard is that the cumulative time in care is a concern to all those involved. Having a cumulative amount of time on a young adult or family who have had problems and get help and then have their children back and go a long period of time and then have another unfortunate incident, that time then starts to re-continue. Some people who have addiction problems - I'll use an example - may have another go, become clean again, get their children back, but unfortunately the time elapsed may have been too much and that child will be lost to that family forever.

We hope that the legislation looks at that and has some changes in it so that doesn't happen to a family because we know for children, as innocent as they are, family is everything to them. We believe that more Nova Scotia children, if this is not changed, will end up in permanent care. Like the minister, our top priority is the children. We are concerned that that won't happen if this isn't changed. As the previous speaker said, we are concerned about some of the distinctive needs of Aboriginal children, but I'm certain during the consultation that the minister heard this, listened, and did and will bring some amendments forward after we hear from the people in Law Amendments Committee.

I am hopeful that these concerns will be addressed in Law Amendments Committee and that we will be presented with an amended bill, stronger than the one that is there today so that no children and families will go without services and needs. Thank you.

MR. SPEAKER: The honourable Minister of Finance and Treasury Board on an introduction.

HON. RANDY DELOREY: Mr. Speaker, I do beg leave for an introduction. In the east gallery, there are two of my constituents and family members. My sister-in-law Denise Delorey and my cousin Kelly Delorey joined us for today's proceedings. If my colleagues on both sides of the House would give them a warm welcome, it would be appreciated. (Applause)

MR. SPEAKER: The honourable member for Dartmouth South.

MS. MARIAN MANCINI: Mr. Speaker, I do rise to address the proposed amendments to Bill No. 112. This is an Act that I am quite familiar with. Through most of my legal career I have been involved with families who have come under the investigation of the Department of Community Services via this legislation.

This particular Act is one of the most important pieces of legislation, not just because it protects Nova Scotia's vulnerable children and youth, but it is also one of the most intrusive pieces of legislation. It gives the authority to workers in this field to enter into the homes of private citizens, without warrant, and if you become subject to investigation, your cupboards are looked into, your fridge is looked into; your entire home can be subject to their invasion. So it is very, very important that we get this right when we make the changes.

The best interest of the child ultimately is to be with their parents. That is the goal that we should be seeking at all costs, in any changes to the legislation. It is in need of updating to reflect the realities of families living in Nova Scotia today but since the bill's introduction in the Spring session, the minister has made the decision to reverse her proposed amendments.

Only two days ago our caucus received a package of proposed revisions to Bill No. 112, some of which have greatly strengthened the bill and others have fallen short. Even though I firmly believe that these revisions should have been included when the bill was first introduced, I want to take a moment to speak on the proposed revisions to Bill No. 112 that I believe are incredibly important and that have strengthened Bill No. 112.

The cultural identity of Nova Scotia's Mi'kmaq and indigenous children is uniquely important and I am very pleased the minister has decided to enshrine into law the importance of preserving the cultural identity of indigenous children. Including a cultural connection plan into the bill and ultimately into the case plan of indigenous children and families is so important to ensure that all services provided to these families meet the unique needs of indigenous children, youth, and families. Outdated and derogatory language used to describe Mi'kmaq and indigenous children, youth and families has been removed, which is only the first step at building new and respectful relationships between indigenous communities and Nova Scotia lawmakers.

Earlier this year the Truth and Reconciliation Commission released their report after more than five years of work. The commission's first calls to action related to reforming child welfare policies and services to address the issue of overrepresentation of indigenous children and youth in care. The devastating impact of residential schools on Nova Scotia's indigenous communities cannot be understated. Intergenerational experiences of trauma and poverty have led to lower standards of education and employment that must be addressed by the government.

I'm happy to see the unique and important role of indigenous cultures reflected in these newly proposed revisions; however, I do wonder why the other unique and important cultural connections have not been included, like those of African Nova Scotians. As well in this bill under Section 40A, a new section - and I compliment the minister again on introducing legislation that speaks of counselling and family/group conferencing that will on an interim basis derail the court process and provide an alternative to the formal court process. The bill is vague, though, on the process that should take place. There is a model from New Zealand that takes control of the family/group conferencing out of the hands of the agency.

The court needs to continue to play a role. I've heard this afternoon references made to our Mental Health Court and I would be advocating for a process similar to the one established for the Mental Health Court, and it would be appropriate to be incorporated under this particular section. I am concerned that the Department of Community Services, without proper funding, will not be able to facilitate these new innovative solutions. We've seen over the past two years that this is a department that seems to be more focused on cutting costs rather than providing more funding for services.

So while there are some improvements the overall effect of the amendments is going to lead to further applications before the court, increase investigations, and move

matters before the court. I will address some of those specifically. Some sections of this bill unfairly target families on social assistance and living in poverty; that is the definition of neglect. These proposed amendments take away judicial discretion, giving all power to the agency regarding access after permanent care and custody.

The process for this review of the Children and Family Services Act was flawed due to a lack of meaningful consultation, especially with Nova Scotia Legal Aid, but also with the Nova Scotia Bar Society, the judiciary, social workers and other service providers. The legislation was drafted by government lawyers employed with the Department of Community Services, and due to a lack of meaningful consultations, the minister has been forced to rewrite entire sections of this bill that were found to be problematic from stakeholders after the bill's introduction.

Here are just some examples of that. Section 24A, where the minister required reporting of sexual abuse by professionals who were treating clients between 17 and 19, it was only because of a massive campaign against this provision and pressure from the Department of Labour and Advanced Education that the minister has since deleted these provisions.

The definition sections of the bill were far too broad. For example, the definition of "emotional harm" was described as harm to a child's self-concept or self-worth that seriously interferes with a child's healthy development, emotional functioning, and attachment to others. The definition of "neglect" in Subsection 3(1) unfairly targeted the poor and our province's most vulnerable families. Just two days ago we found out that the minister was changing these definitions. However the language within Bill No. 112 means that more investigations will be taking place and workers and agencies will have much more discretionary power.

Although I am glad to see that the minister has revised her initial punitive amendments, I wonder how these proposed amendments that are not rooted in evidence or the impact of the harm on the child - which is fundamental to all of the legislation, all of the clauses - made their way into Bill No. 112 in the first place. Even with these recent changes, under certain amendments children can be removed from a parent because they cannot afford to feed them properly or provide shelter. This has been made increasingly difficult to do for some families due to recent budget decisions by the minister to freeze income assistance for two years. Parents can now be at risk of losing their children due to government policy over which they have no control.

Affordable housing is limited across Nova Scotia and the situation is getting worse. According to the recent Halifax housing needs assessment, over 25 per cent of all households were spending 30 per cent of their household income on housing costs, 41,785 houses in total; and over 11 per cent of all households were spending 50 per cent or more of their household income on housing. In addition, the report outlines that there are population groups that are more likely to be facing housing affordability challenges - this

includes households like an Aboriginal person, a recent immigrant, youth, seniors, persons with a disability, and a one-parent household.

I would like to refer to other proposed amendments that are problematic. Section 45 shortens the timelines for proceedings to 12 months, regardless of the age of the child. Previously the maximum timeline for children under six was 12 months, 18 months for children six to 12 years of age, and no limit for children over 12. The impact for parents with these restrictions on time could be monumental. Parents can face challenges in completing programs due to factors well beyond their control. It's not uncommon to have incredibly long wait-lists for services, most commonly addiction treatment services.

There seems to be no apparent rationale or evidence to support those particular amendments. No one wants children and youth to be involved with the Department of Community Services longer than they need to be, but the ultimate goal of child welfare intervention should be to reunify the family with more healthy parenting skills and home environments. Parents already struggle to complete services within the existing timelines and these proposed amendments make that more difficult.

Another section, Section 45A, is a new provision and an extreme one. There is a somewhat draconian attempt to apply the timelines from previous proceedings. The most recent provisions made available two days ago state that this section will only be applicable if a new protection proceeding is commenced within five years of the termination or dismissal of the previous protection proceedings. If there are multiple protection proceedings and each started less than five years from the previous, all time and care shall count.

There could be large gaps and very different reasons for the subsequent proceedings. Regardless, the clock is ticking from the original proceeding. I wonder how these restrictive time frames will help families unify and work through difficult situations, with help from the department.

Subsection 47(2) states that where a court makes an order for permanent care and custody the court shall not make an order for access by a parent, guardian or other person - "shall not". This removes judicial discretion of the impartial judge who has heard the evidence. In some cases it may be in the best interest of the child to actually have access to their parents or guardians after a permanent care and custody order. Knowing where you come from and maintaining those connections play a large part in normal, healthy development of children.

Further in Section 47(3), it states that the agency is the sole determiner of whether there should be contact between the parent and the child. This is far too much authority given to the agency. I see no reason to take away the impartial discretion of the judge to determine if a parent can have access to their child after a permanent care and custody order.

The legislation dates back to 1991 and it needs to be amended, but I ask the minister to consider that we should get it done right. Let's do it right. I urge the minister, and all members of the Legislature, to delay further advancement of these proposed amendments, until meaningful consultation takes place. I urge the minister to consider that we have in this Province the Nova Scotia Law Reform Commission. This commission is an impartial panel, has access to the necessary expertise, and can draft a thorough report for the minister's considerations. We have seen that recently in their work with the Powers of Attorney Act.

It is so important to get this piece of legislation right the first time. Nova Scotia's children, youth and families deserve the very best from us. Moving forward, I look forward to hearing from important stakeholders during Law Amendments Committee and further debate and discussion of this bill. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Kings North.

MR. JOHN LOHR: Mr. Speaker, it is my privilege to say a few words to this bill also, and I appreciate the comments of my colleague to the left about many of the same issues with the bill.

I would like to comment on the fact that the definition of the child being raised to 19 years of age is a positive change, and I would like to thank the minister for that. In that same section the reference to parenting skill and support services is seen as a positive change. Another positive change in the bill is the mention of restorative justice as a process, and although that needs to be fleshed out, we see that as a positive change too.

The very broad definitions of emotional harm and neglect are problematic, and I know my colleague just referenced changes to those. I was not aware of those most recent changes. The definition, while it may be intended that by having a broader definition it may expedite court matters, it is seen by some that it will mean that more things will get snagged up in court with a more vague definition.

The neglect clause certainly causes concern about people who are on income assistance and on disability, and a lot of times these issues with children and family services are linked to issues of addiction and poverty. These issues are not easily dealt with by families and sometimes, in many Nova Scotia homes, there is not enough food on the table. Many Nova Scotians access food banks and if that becomes part of the definition that you could possibly lose your children for, it would become very problematic. I think there are many parts of our society that are trying to deal with those issues of income assistance and food. So, I am just saying this issue, this definition of neglect is of concern, and I understand from what I heard from my colleague that it has possibly been altered, and I am not aware of that.

It goes to Section 22, where the definition for emotional harm and physical harm were fairly specific definitions, and these specific definitions are all, when I read them, for me as a person who does not work in this field at all, are seen as very severe. I believe that we need specific definitions in this, to guide the courts, to guide the staff of Child, Youth and Family Supports.

I would advocate that possibly these definitions in Section 22 should be maintained rather than taken out, which are very, very specific definitions for neglect and physical harm.

Another issue, which I believe my colleague addressed, is in in Section 45, where there is a cumulative time limit. If you think about families who interact with Child, Youth and Family Supports, oftentimes this is not a one-time event, especially when these things are linked to substance abuse and situations like that. As we all know, to deal with issues of substance abuse, oftentimes people don't get that solved the first time they try. Often it is a series of times when they are trying to beat an addiction - they will be slightly successful, and have a relapse. Oftentimes they will have several relapses.

In Section 45A there is a cumulative duration of all disposition orders made, and we know that a family could easily, with issues of abuse and poverty, be found with this situation. In Section 45A it says "the court shall, in the child's best interests," either (a) or (b), "dismiss the proceeding; or order that the child be placed in . . . permanent care." I do recognize that everyone wants to act in the child's best interests, but with issues of addiction and poverty, I would suggest that there needs to be a third option here, and that would be that the court shall continue to work with the family.

A judge faced with the terrible dilemma of dismissing the proceedings or placing the child in permanent care might prefer to have a third option of continuing on with the proceedings and the care - not wanting to place a child in harm, yet wanting to give a family an opportunity to sort its own circumstances out. I believe this is a very, very serious issue in this bill.

Another issue would be the repeal in Section 44(1)(b) that is repealed - "access by any other person to the child." This sort of goes to grandparents - I have to say that in my office, in relation to these Child, Youth and Family Supports issues, often it's grandparents I'm hearing from. I don't know if any of you have that in your offices here, but a grandparent might wish to not be a party to the proceedings, but still have access to the child. Being a party to the proceedings means that they are going to basically have access to all of the information. They might not wish to have access to all that information about their own child, their own son or daughter's relationships, yet they might still wish to have access to the child. I believe that the court should have a little bit more discretion, and I think that Subsection 44(1)(b), "access by any other person to the child" at the discretion of the judge, would be something that would be worth keeping.

I am also concerned about the loss of Section 88, which I believe is the advisory committee. There was an advisory committee, and it was my understanding that this advisory committee had not met for a number of years. However, with such substantive changes to an Act, it might be worthwhile to have this advisory committee back in place as these changes that are made are reviewed. I know that with an Act going back as many years as this Act goes back, this advisory committee will lapse in function. However, with many changes that are made, I believe that an advisory committee on a new Act would be very worthwhile to have.

I would like to say that I think this advisory committee should be kept active and kept in the Act. Maybe what it needs to have is a time limit on it. Maybe it doesn't need to be in place for more than a certain number of years. But as this new Act comes into force and these changes are made, and many of these things - maybe there are unexpected circumstances that come out of the Act.

Just to talk about the farm for a minute - I don't mean to take your time up, but whenever we did anything on the farm, there were always unintended consequences - unintended good consequences, unintended negative consequences - and I believe that applies to an Act like this. There may be unintended consequences that are positive; there may be unintended consequences that are quite negative in the Act. The advisory committee certainly could deal with the unintended negative consequences in the Act, and I think that those things are sometimes hard to anticipate by anybody and I think this Clause 88 should remain there.

A final issue I have is not precisely with the bill but is with something I believe should be in the bill; I believe there should be a process for a family to, when they disagree with Children and Family Services, to have a defined process of how they appeal that decision. If you think about it logically, any family, any parent that is losing a child is going to disagree with that decision, is going to want to appeal that decision. In fact the process now is the courts.

I think there should be an appeal process that does not involve the courts but is a little bit more robust than the one currently in place. The one that is currently in place, we had, again, grandparents of children who were in the care of Children and Family Services come to me and this was an issue that actually was going before the courts, they wanted to know what the appeal process was. My office called our local branch of Children and Family Services and asked, outside of court, what is the appeal process. We were told there was a brochure, we could come over and pick it up. We said no, mail it to us, because we were busy. A couple of days later we got a call, we don't have that brochure anymore.

I subsequently did get a hand on that brochure, I have it here and I will table it for the benefit of this House. It is a very non-robust appeal process, I can tell you that. It's simply - maybe I should hold onto it for a few minutes while I speak to it: (1) Appeal to your social worker; (2) to your case supervisor; (3) to the district manager; (4) to the

regional manager and finally (5), to the Director of Child Welfare. That is simply going up the ladder in the system.

I think there needs to be somewhere in there an independent committee. It could be retired workers from Children and Family Services. There just needs to be, before going up this arduous ladder of people who probably have somewhat of a vested interest in supporting their own staff, there needs to be some sort of independent committee there that can act on behalf, can hear a case out without going to court and getting lawyers involved.

I believe this appeal process needs to be a bit more robust than it is. I notice it's not in the bill, I think it needs to be in the bill. I realize as I said, it would be hard to imagine any family not protesting the loss of a child and I do recognize that many of these situations go to court, I just think there needs to be something else there for these circumstances. Maybe I don't know the exact answer of what there needs to be there but this was not a readily accessible document, for one thing. I think that I would like to see in the bill a non-judicial sort of appeal process available somewhat independent of the sort of chain of employment, have people there who could deal with this.

In Kings County we have a number of situations that are the Children and Family Services Department and I recognize how much work they do, how difficult their work is and in my opinion and maybe the minister would disagree, the caseworkers have an enormous load to bear and we recognize that. They are under enormous pressure not to make a mistake, I recognize that. I believe there just needs to be sort of a mechanism there where a family that disagrees with what is happening knows that at least without going to court there is this possibility.

I will commend the minister on the fact that this bill was brought in in the Spring and has had time this summer for constituents and for interested parties to react to it and I've had some of those people coming to me. I think that process has been good for this bill and I will commend the minister on that. As I said, I don't believe everything in the bill is negative and I realize how difficult some of these situations are. I think it would be fair to say that everybody in this House wants the best interests of the children and I know that would be true of the minister also and I recognize that the staff are sometimes in very difficult circumstances but I do believe that some of these changes going from more defined definitions to more vague definitions and the accumulative time issue are not positive changes to the bill. With those words, I would like to take my seat.

MR. SPEAKER: If I recognize the minister it will be to close the debate.

The honourable Minister of Community Services.

HON. JOANNE BERNARD: Mr. Speaker, I would like to thank my colleagues across the floor for their thoughtful and introspective remarks around this bill. I will say this bill is very important to me, personally and professionally. Like the member for

Dartmouth South, I've worked with families for many years outside of the courtroom, in their homes, in their living rooms, in the community organizations that they chose to seek support from.

Tabling the bill last year was very strategic. We had known that the Advisory Council on the Children and Family Services Act had met and actually submitted eight reports over 15 years. No government took it on. Nobody wanted to change this because it takes political will to do this. Let me say that I commend the work of those individuals who tirelessly worked over 15 years to try to have some change to this bill.

We are all on the same page here that this should be about children and keeping families together and I stand here today to say that with this bill will, once it goes through Law Amendments Committee. You have all received copies of those amendments. I strategically introduced the bill in the Spring Session because we knew we wanted consultations. We had 25 meetings over the course of the summer with 37 stakeholders.

We met with the Bar Association. We met with Legal Aid, both Dalhousie and Nova Scotia Legal Aid. We met with women's centres, with transition houses, with foster parents; we met with every stakeholder who wanted to have input into strengthening this bill and I knew what that would do, that they would propose amendments either way that would support this bill.

I'm also very proud of the work that we have done with the Aboriginal community. I worked with Chief Prosper and Chief Deborah Robinson last March and together over the last six months we worked together to make this more reflective of the cultural identity of Aboriginal children in Nova Scotia.

To answer the question of the member for Dartmouth South of why there was such an Aboriginal content: because Aboriginal people are 4 per cent of the Nova Scotia population but they represent 23 per cent of the children in care. We are no different than any other province in Canada and for that we must address it in this bill.

What is really enlightening about this bill is that the cultural case connections can be given to other ethnicities. It can be used in the African Nova Scotian community, it can be used in the Acadian community; it will be used in the Muslim community. That is the beauty of a case cultural connection is that it's unique to the family who are seeking services. This bill is about strengthening families.

I want to address something that the member for Dartmouth South said about the intrusiveness and invasion. This isn't about making sure that Cheerios are in a cupboard. These social workers, who are trained professionals, protect children - bottom line. It is not invasive; it is not intrusive to make sure that children are not being beaten, that they are not being sexually abused, that they are not being neglected to the point where they cannot

care for themselves and it's a detriment to their health. That is not invading, that is not intrusion. And I have worked with families where that has happened.

So this bill is not about keeping families apart, this is about strengthening and supporting families sooner, before we get to a case of crisis because children in this province deserve no less from this government or any member of this Legislature.

In the coming weeks we will be introducing new measures to support families across Nova Scotia. It is an innovative, strategic, and comprehensive investment into communities from one end of the province to the other. We will be introducing innovative programs that have never existed in Nova Scotia that will look at comprehensive, small caseload, and ongoing 24-hour support for families who are in crisis because we do not as a government want to increase children in care in this province. No government wants that; to suggest otherwise is merely uninformed and offensive. This is about strengthening families before they get to the point of crisis.

It doesn't matter what your source of revenue is because there are families all through this province through different socio-economic statuses that have issues and crises with children. It doesn't matter where you come from or what the source of your income is, and to suggest otherwise is also offensive.

I'm proud of the work that this department has done over the course of this summer. I'm proud of the community groups that have been engaged, that have been supportive, that have come to us with information about unintended consequences. What's more important, I'm proud of the way this government listened. We made amendments, and you all have copies of them, and you will see them. We worked with all sides of the issue because this is an emotional issue; we understand that.

We know this Act has not been upgraded since 1991. That is shameful for this province. We lack the understanding of what children in crisis need in this province. We are way behind the eight ball when it comes to child welfare and making sure that families are supported in this province.

This bill, the way it will come out of Law Amendments with the amendments that will be going forward, will precisely address all of that. We did that on purpose because we knew the community would rally; we knew the community would come forth with extraordinary amendments - and they did.

We knew that the Aboriginal community, who had been left out of all kinds of consultations when it came to their own children in crisis, were now with us. We worked with them, and we will continue with them in the regulatory process that will happen after this bill.

Thank you, Mr. Speaker. I want to thank all members of the House for their comments surrounding Bill No. 112, an Act to Amend Chapter 5 of the Acts of 1990, the Children and Family Services Act.

We have been engaging in the community in the months since this bill was introduced, and we listened. That is the key word. A summary that reflects what we've heard so far has been shared. A change sheet will be proposed for consideration during the Law Amendments Committee.

I look forward to going to the Law Amendments Committee. I will be pleased to continue hearing more feedback from the community as they come during this important phase of the process. Community input does nothing more than serve to increase and strengthen Bill No. 112.

Nova Scotia's vulnerable children and families will be better protected and supported by amending this antiquated 25-year-old Children and Family Services Act.

With that, I move second reading.

MR. SPEAKER: The motion is for second reading of Bill No. 112. Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Ordered that this bill be referred to the Committee on Law Amendments.

The honourable Government House Leader.

HON. MICHEL SAMSON: That concludes the government's business for today. I can advise that since Bill No. 112 - which was just concluded on second reading - was presented in the Spring and has been debated here today, that bill will be for consideration at Law Amendments on Monday, November 16th, and will be considered at that time, just for notice to all members and for notice to any stakeholders or interested parties on that piece of legislation.

Mr. Speaker, tomorrow the House will sit from the hours of 9:00 a.m. until 1:00 p.m., on Friday, November 13th, and following daily routine and Question Period, we will be going into second reading of Bill No. 117, the Public Inquiries Act.

With that Mr. Speaker, I move that the House do now rise to meet again tomorrow from the hours of 9:00 a.m. until 1:00 p.m.

MR. SPEAKER: The motion is that the House now rise to meet again tomorrow, Friday, November 13th, between the hours of 9:00 a.m. and 1:00 p.m.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

ADJOURNMENT

MOTION UNDER RULE 43

MR. SPEAKER: The honourable Leader of the Official Opposition.

HEALTH AND WELLNESS - MENTAL HEALTH CRISIS

HON. JAMIE BAILLIE: Mr. Speaker, I am very pleased that we are now dealing with what truly is a crisis in our province today, and that is the fact that so many Nova Scotia families, so many people who are ill with mental health, and the people caring for them, are going without the help that they need, sometimes with tragic consequences. The fact that you have recognized that this is an emergency debate is a good first step along the way to finding real solutions that we can hopefully all agree on, that can make sure those families get the help that they need.

It is an important matter for debate because at the moment there appears to be a difference of opinion between the government and the Opposition about whether there is a crisis in the delivery of mental health services. As you know, Mr. Speaker, we on this side of the House have been calling the mental health system in crisis for months and months, and have called for a public inquiry in order to find a place to start, to put that system back together in a way that makes sure that people get the help they need.

On behalf of the government, the Minister of Health and Wellness has said that there is no crisis in mental health. Now of course everyone is entitled to their opinion, that is why we have debates in this House, that is why sometimes we need to have emergency debates in this House, and that is where we are today. I can tell you that as we travel the province, as we hear from Nova Scotians, people who are relying on our mental health system, we have no doubt that the system has reached a point of crisis.

Last July we brought, literally, a large group of people who represent patients, who represent users of the system, who represent experts in their fields, who represent the many worthy non-profit organizations that are trying to provide services in the area of mental health, and actual providers that work in the system, Mr. Speaker. All of whom have come to the same conclusion as we have, that there is a crisis in mental health and we have to do better to look after people who have mental illness.

You know, Mr. Speaker, it is not that long ago that this was one of those topics that did not get talked about at all. That may have been easier on the legislators of the day, that may have been easier on people who would rather not deal with an issue as important as

this, but it was very hard, and unfair, and unjust to Nova Scotians who have mental illness and to their family that cares for them, or struggles to care for them without the tools to ensure that they get the help that they need.

Today we heard from two particular Nova Scotians who have really very tragic stories to tell about their own experience with the mental health system. Now Mr. Speaker, I can assure you that beyond those two individuals, there are thousands and thousands of Nova Scotians with similar stories to tell. I am very proud of the bravery shown by Fran Morrison, for example, who came to this House quite prepared to tell the story of her family. Fran lost her son Eric to depression and ultimately he died by suicide, in 2011. Eric was known to the health system. Eric and his mother had presented themselves to the mental health system in all the ways that people are told to do, only to be turned away, only to be sent home. Only to be left untreated until the tragic, inevitable consequence that comes when you don't help somebody who is crying out for help because they are ill. Eric died by suicide.

Laurel Walker was also here today. Laurel Walker really has two stories to tell. One is that she herself has suffered through mental illness, including depression. Hearing voices in her head including the urge to die by suicide and she has pushed very hard within our system, begging, literally, for help before it all ended tragically.

Do you know what's interesting about Laurel Walker? She did get help, but it came from an admission from our own health system that there was no help for her here in Nova Scotia and she was forced to go away to get the help that she needed. She actually received an acknowledgement from the Nova Scotia health care system that they couldn't help her - how tragic is that? At least she did get help. Private help in another province, and we're very fortunate and she's very fortunate and her family is very fortunate that they were able to do that.

But it highlights the fact that thousands of others who are equally in need don't get that kind of help. You cannot tell Laurel Walker or Fran Morrison that there is no crisis in mental health when they have such glaring examples. This all began for me as an MLA for Cumberland South in Parrsboro, where as a new MLA I went to work one Monday morning in my office to find a mom and dad, two parents waiting to see me, grief stricken because they had lost their teenage daughter to depression and she died by suicide the Saturday before.

I truly believe that every member of this House would be moved beyond description to face a family like that so fresh off such a horrible family tragedy. Their daughter was Courtney Brown. I say that knowing that her story did make the news at the time. As they called out for help, as she herself, living in a rural part of Nova Scotia, was calling out for counselling, for psychological services as she struggled with mental illness. She didn't get it. That is a crisis.

The fact is mental health issues are an unfortunate example of where statistics and human stories back each other up. Statistics tell us that 200,000 Nova Scotians will face a mental illness at some point in their lives. That is more than one in five people - in other words, that is every family. We have provided these examples today and in the last little while there are examples that we now know that every family will face at some point and we can't have those families go without the help that they need. I say - with all due respect to the Minister of Health and Wellness who likes to quote budgets and dollars, and we're putting this many million here, and we're putting this many million there - he can quote billions or trillions if he wants. It's not about dollars, it's about lives. It's about families who are not getting the help that they need.

If a pile more money would help them then I would be the first to say make it a priority and find the money. But they are not measuring the system by the basis on the size of its budget alone, they want to know it works and it gets families the help they need. That is the only measure that should matter. Mr. Speaker, it is obvious to anyone who has fallen into mental illness or whose family is in crisis that our system is not there for them.

Our system is made up of thousands of Nova Scotians who are trying their best, whether they are a health care professional or a volunteer. Many, many of them are doing their best, but the system itself has broken down. It has too many cracks, and too many families fall through the cracks. What do you do in that situation?

Mr. Speaker, if it was as simple as having a bad service provider, the government could deal with that. If it was as simple as adding to a budget here and taking from a budget over there, the government could do that. But it's not. It's a system-wide problem. That's what everybody who has been through it tells us.

It just leads to the question, where do you start to try to put this system back together? That's what a public inquiry is for. A public inquiry is specifically for the government to deal with an issue that has overwhelmed it, that has brought the government to an area where it is ill-equipped to deal with a social need.

Mr. Speaker, the government is ill-equipped to deal with this social need. Mental health may well be the health crisis of our time. So to turn around and say that there is no crisis, that we're just going to continue along as we are, is to avoid or turn a blind eye to a real need in this province, and that is not okay.

I know in a minute someone from the government side will probably get up and point to the mental health strategy. That strategy is almost three years old. It was supposed to be updated annually with real progress reports, and yet we've seen so little on that from the government since. It appears the government believes that when it comes to issues like this, as urgent as they are, all they want to do is check a box that they have a strategy document or check a box that they've updated people. Just like the budgets, that is not the way to measure whether things are working for people or not. Only results can do that.

Now, you think of Nova Scotians from all walks of life and how they may rely on our mental health system at some point. Whether it's a teenager suffering from depression, perhaps triggered by bullying or just having fallen into the illness of depression, or whether it's a grandmother or grandfather who becomes ill with some form of dementia, they all need help. A caregiver, a parent struggling to help their teenage child, a husband or wife struggling to be a caregiver to their spouse who has fallen into dementia - they need help. They need help, and they are not getting it. They may be one of our peace officers - a paramedic or a doctor or a nurse or a police officer - who has PTSD and needs help to get through it. Just as surely as anyone with a physical ailment, they all deserve to get that help.

The fact of the matter is that this province spends about half the national average on mental health services - 3.5 per cent of our budget compared to 7 per cent overall. If the government thinks that that's some kind of savings, they are sadly mistaken. The fact of the matter is, not only is it just morally wrong to leave people untreated - which is the most important point - but it means they are not given a fair opportunity to be diagnosed and treated and brought back to health so that they can become productive members of our society again. Think of the loss - the personal loss, the loss of dignity, and ultimately the economic loss - that comes from leaving people to their own devices when they are ill.

If someone got cancer or a physical disease and presented themselves to our hospitals, if they broke an arm or leg and presented themselves to the emergency room we would never turn them away - I certainly hope not. They would get the physical treatment that they need to be made better and returned to productive society, as a human being deserves.

With a mental illness, even when someone presents themselves in a hospital and declares they believe they have an illness and have thoughts of suicide, there are just too many examples of where they're sent home untreated. That is a crisis. It is a moral crisis, it is an economic crisis, it is a crisis for our families and, yes, we're calling for a public inquiry. But, Mr. Speaker, do you know what? All Nova Scotians who have touched this system also want that public inquiry, to encourage the government to make it happen. Thank you.

MR. SPEAKER: The honourable Leader of the New Democratic Party.

HON. MAUREEN MACDONALD: Mr. Speaker, I'm very pleased to have this opportunity to rise in my place and participate in what I think is really an important emergency debate with respect to the state of mental health services in the Province of Nova Scotia.

I want to start by thanking the Leader of the Official Opposition and his caucus for bringing this forward. This is, I believe, a topic that we all in this Chamber care about a great deal on all sides of the House. But caring about mental health services and people who suffer with mental illness and their families and their friends and their communities

in which they live, work, and try to get through life is not enough. It's ultimately whether or not we, as members of this Chamber and, particularly members of the government, who care about this issue actually do something about it and do something to make improvements that will make a significant difference in the lives of all too many people who are challenged, who are burdened, who have the unfortunate reality of having to live with a mental health disorder, or who have a loved one who has a mental health disorder.

I would venture to say that there isn't anybody in this Chamber who hasn't been touched by mental illness, if not personally, then certainly in their families and in their networks. Mental illness is something that will be experienced and is experienced by a significant proportion of our population.

I had the great privilege as a social worker, many years ago, of working in the mental health system. I worked with adolescents on the adolescent unit at the Nova Scotia Hospital, and I used to joke that I was the adolescent social worker because I was pretty close to being an adolescent when I was in that particular role. I think I was in my early 20s when I worked at the Nova Scotia Hospital. It is an issue that for me has been a passion and an interest of mine for many, many years.

I tell people that the best day of my life as a member of this Legislature was the morning I got up knowing that was the day we were going to unveil Nova Scotia's first mental health strategy, a five-year plan to improve mental health services in the Province of Nova Scotia. In many respects it was the problems that families face that brought me into politics in the first place, and then to have an opportunity to actually do something about it was tremendously rewarding and it is something I will remember for the rest of my life.

Mr. Speaker, I'm not prepared to rest with that small, little piece of work because I was never under any illusion that that five-year strategy was everything that was needed or required. It was in many respects just baby steps, building on, may I say, the work of a previous government that also cared about mental health and that took some action to improve mental health.

I feel particularly distressed that two years into the mandate of this government we do not see progress, in fact in some, perhaps many areas, we are going backwards. To be frank, Mr. Speaker, those aren't just my thoughts - I've received those very views from members of the public who are very closely associated with mental health organizations. They have said to me that this is a government that doesn't appear to understand mental health services and the need to build mental health services and we are going backwards and not forwards.

Mr. Speaker, we have had many studies and inquiries and reviews, and I think those are really important. I would like to just take a small trip down memory lane with some members here. In the recent past in our province, since 2008, we have had probably seven

reviews of different aspects of the mental health system, starting with the Hyde inquiry. Now you and probably members of this Chamber would remember Howard Hyde; he was an individual who had a mental health diagnosis. He died in police custody and the result of that death triggered an inquiry or a review, which was conducted by Justice Anne Derrick. She was appointed to review the circumstances of Mr. Hyde's unfortunate death. That was in 2008.

She reported in the Fall of 2010. I remember that well, in fact I was the Health and Wellness Minister when her report was released. She had 80 recommendations in total in her report. Many of those recommendations have been acted on or at least the activity, the action of addressing them were initiated. One of the things she recommended was the development of a mental health strategy for the province.

Subsequent to her report and her recommendations, I remember a number of things that occurred to improve mental health services in the province, including better training for police officers and first responders and the use of TASERs, protocols around the use of these TASERs, particularly when you are dealing with individuals who are in these heightened states of anxiety, sometimes very much related to their mental illness and perhaps their paranoia, their sense of what is actually going on around them.

The mental health strategy, which was developed subsequent to Judge Derrick's recommendation that we have a mental health strategy, was released in April 2012. The working group made recommendations in April 2012. They had 61 recommendations in total. The five-year mental health strategy was developed from those recommendations. The emphasis in that mental health strategy was to improve the community-based services for people with mental health disorders.

Many of the measures in that strategy put Nova Scotia at the forefront of responding to mental health diagnoses. That strategy has not been reported on by this government. We have not had a report. One of the things that was committed to was an annual report and an update of the implementation of that strategy, and we haven't had any reporting from this government on the implementation of that mental health strategy. I think we're now probably in year four.

In addition to that, the Mental Health Commission of Canada has released quite a comprehensive strategy for Canada. They went around the country. I remember meeting with members from the commission, and they had many, many interesting and very important recommendations in their report. Of course, we've had the review of the Involuntary Psychiatric Treatment Act just recently. That report was conducted and completed by a former judge of the Supreme Court of Canada, and there are 101 recommendations associated with that particular report.

Additionally, we had the review of the IWK, their mental health and addiction services, coming out of the Rehtaeh Parsons situation, and there are 14 recommendations associated with that report.

Mr. Speaker, we have had these various reports just in this brief period of time, and the number of recommendations are 256. I would say it would be very interesting and it would be very timely to look at those recommendations and establish how many of those recommendations have been fully implemented, how many are underway, and how many have yet to be addressed. In many ways that would be a road map, I think, to prevent us from going over old ground but building on the work that has been done.

There seems to be some disagreement between the government and the Official Opposition about whether a full public inquiry is required or not. I believe my friends in the Official Opposition would probably be open to some kind of contained review that would just establish the recommendations which have been fulfilled, and what is unfulfilled, and what the plan is.

Mr. Speaker, before I take my place - and you indicate that my time is limited - I want to say that I do believe - I ask myself, is there a crisis in mental health in Nova Scotia today? I have to say I've come to the conclusion that yes, there is. I do not remember a unit in a hospital, a short-stay treatment unit in a hospital in our province being shut down, and services unavailable to a significant proportion of our population in all of the time I've been here. I've seen reorganization of services that has caused some turmoil, but I have never seen the withdrawal, the absolute closing down of a unit that results in people having to travel hundreds of kilometres from where they live, from where their families are, from where their support networks are. How could you not conclude that there's a crisis in mental health with that set of circumstances?

So I'm glad we have this opportunity to talk about this important issue, and I hope the government listens and acts. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable Minister of Health and Wellness.

HON. LEO GLAVINE: Mr. Speaker, I'm especially pleased this evening to engage in this debate, or I guess maybe we have more discussions than real debates here in the Chamber, and I want to thank the Official Opposition for raising the mental health issue, as well as the Leader of the Third Party, who was involved with the development of the first mental health strategy in our province.

I don't consider this issue in any way a partisan issue. All of us in this House want to add to the solutions to ways in which we can improve mental health services and delivery right across Nova Scotia.

During the opportunity I have today I will reference a number of initiatives that have taken place in the last couple of years. Some of these relate to the strategy but had not started prior to us coming to government, so I think it's important to relate to those.

There is no question that each and every day there are challenges in getting timely, in getting the best service provider, the best clinician to deal with the mental health challenges that we have. This is an issue, of course, that is very close to me as an educator, dealing with young people who would experience deep anxiety, depression at the loss of a parent, at the loss of a family member, or a personal crisis in their life. I think one of the most troublesome areas that anybody who has entered a classroom at the senior high level, we had that unfortunate time when those first presentations of a psychosis would emerge, because at 16, 17, 18 years of age, and into the university years, this is when the first unveiling of what may become a confirmed lifelong disorder occurs.

From time to time that was part of my life as an educator. I remember some of those very intense discussions that we would have with parents, with professionals, how we could manage their child in the school environment a little bit better while getting professional help.

So this is an issue that, yes, we've been dealing with in a number of ways over the last couple of years, but we know that more work remains to be done in the next number of years, and really perhaps in the decades ahead. I have heard now a number of clinicians at different conferences speak about mental health issues as being, perhaps, the disease of the 21st Century. Now this whole area will need ongoing examination, and finding other innovative and supportive ways that we as a province and we as a country can deal with mental health.

I had the absolute delightful experience on Tuesday, as I was driving from Pictou, to receive a call that I have hoped to receive in my first two years and two months in this office. With just six days in office, the new federal Minister of Health gave me a call to discuss issues - only six days in her job - obviously wanting to talk about looking at some revisions to the Health Accord. But one of the topics she and I mutually agreed upon that needs discussion at the federal level, when all ministers convene with her in January, is mental health. So I believe this is the kind of initiative at the national level that we can start to bring to bear; other ways in which we can support those who need the help and we need to deliver this in a very, very timely way.

I want to reference a few of the initiatives that have gotten underway. For example, in the last two years the province-wide telephone coaching for families - when we came to office it was at 320 families who were receiving help; today, over 700 families are now involved with that particular program. Again, when you talk with a family who had very little support up until getting this particular and very specific program and what a difference it has made into a better, stronger, more positive family dynamic in dealing with an addiction and in dealing with mental health issues that their families had been experiencing.

One of the areas that I'm certainly very excited about that I see in one of my communities in the Annapolis Valley - there's a wonderful collaborative practice in Berwick that has six or maybe seven GPs there now. One of the areas where they have strengthened their practice is really as they expand that collaborative model. When they see somebody in that week experiencing mental health issues, they have a mental health provider as part of their team to get them in quickly to see that clinician.

Those are the kind of steps, that's the kind of community capacity building that we absolutely need across the province. We can no longer look to just the very fine services that we have here in HRM. That's why we need to expand those across our province.

The expanded peer support for the mentally ill - nine peer support specialists have been introduced in four areas of the province. They are Nova Scotians who have experienced their own mental health issues and have been trained to support others. The one thing that I hear from many of the clinicians - whether they are psychiatrists, psychologists, counselling therapists, our guidance counsellors, or anybody working in mental health - is having somebody for peer support, having that opportunity to deal with someone who understands the set of conditions that they are experiencing.

If you notice many of the national programs - the Bell Let's Talk - that's very often what is the most fundamental and the most critical piece that we can offer. I look across and see one of our clergy members. We know that clergy are involved with counselling and give wonderful support to families in crisis. The more we advance and develop that talk therapy both at the clinical level and at the caring level among professionals, we will certainly have better outcomes. I'm excited about this expanded peer support for the mentally ill.

One of the family work programs - and this is one where the mental health clinicians work with families directly rather than just the one-on-one - provide professional support within the family unit. Again, this is bearing some very, very positive results for the families who have been able to get that experience.

I know sometimes I hear that maybe when the Crisis Line was called they weren't able to get the immediacy or perhaps the full provision of a service, when a family member was in crisis and experiencing a trauma. Let me say that this has been now expanded across the province. We only had this, again, in the central zone of the province and so to have that available and I know that we've also developed a culturally-sensitive crisis line built on the Eskasoni model where, again, with a number of suicides in that Aboriginal community they developed a crisis line and that intervention and the building and the support of a community health centre, again, has led to positive results, and I'm pleased that they've invited me down to see and share some of their work with me.

Lots of times - and I think there have already been a couple of references today - there are a lot of great practices that are already available to us and it's a matter of

expanding them, cultivating them further in other parts of the province. I believe it's really important, as well, the specialty care around the gambling crisis line, the addictions, all of these areas that can be available to people within an immediate framework and also, now developing cultural sensitivity as well. I think those, in fact, are wonderful initiatives and the new Gambling Support Network launched in March 2015, along with an awareness campaign is starting to demonstrate some early and positive results. The Take Five, having an individual take that timeout to take a look at what is happening to them and their family and in this case, through a gambling addiction.

I know it's not a very long time to speak here. One of the areas that perhaps I'm most excited about in 2015-16, around improving mental health services, I guess, some diagnosis and support is this year 50 GPs will be trained with a B.C. module on mental health for the GP for the primary caregiver. I believe the more we provide that professional background, that professional training, with very little having been done in their training and to get that now to them because they are often the very first ones that will see a change when they come to their office, very often, actually for a medical issue, but exhibit mental health problems, concerns. So having that kind of specialty training now as part of their daily work, I think is a great strengthening of the front line.

We look to see this program grow across Nova Scotia and, again, it's one that in the primary care setting where that trust relationship between a patient and doctor is really the basis of determining where professional intervention may be needed.

One of the areas where last year I had an opportunity to see unfold was a program - and we're the first province, by the way, to adopt the psychological health and safety in the workplace standard - it's a program called Working Minds. Again, it's to make our colleagues, to give that basic information to employees. We have started this across the civil service, we have started it in the community college but again, seeing this go across industry and business, in all of our work settings where we become more acutely aware of those in our midst who are reaching out and seeking help because it is my belief as Minister of Health and Wellness that we all have a part, we all have a role to play in improving the mental health of the citizens of Nova Scotia. Thank you.

MADAM SPEAKER: The honourable member for Kings North.

MR. JOHN LOHR: Madam Speaker, I am pleased to be able to rise to speak to this serious issue. I was very interested in hearing the comments of the Acting Leader of the New Democratic Party on the history of where we are in the Legislature on past inquiries and the Hyde inquiry and the mental health strategy. I was particularly struck by the fact that there have been four years of no report back, what I understood her to say was a mandated report. I was hoping that when the minister stood up he would say that report would be ready in whatever, X number of months.

If there is anything that would speak to a crisis in the mental health services in Nova Scotia it would be the fact that these reports, the Hyde inquiry, the mental health strategy were done and yet this has been allowed to lapse, that there has been no report done. To me, that in and of itself speaks to a crisis in mental health and the fact that this has been allowed to slide. I know that in life oftentimes the urgent will overcome the important and the things that are important don't always get done. To me this speaks to a crisis.

I was interested to hear the minister speak about gambling and I want to express my disappointment that the My-Play System was removed from gambling by this government and resulted in an immediate \$14 million increase in revenue, which presumably was a \$28 million increase in gambling, if my guess - and maybe that's just a guess, I could be corrected - that 50 per cent of revenue into gambling gets paid out as payouts. So presumably that represents significantly more than the \$14 million in actual money into the gambling system. These types of addictions contribute greatly.

I am interested to hear the minister speak about the educational system. We have had Dr. Stan Kutcher come to our caucus and talk about his program to bring mental health services into the school. Maybe it's a case of a prophet not being honoured in his own land but he's actually working in British Columbia bringing this program in, I understand. It's a program we need here and I know that the minister spoke correctly about the fact that mental health issues show up oftentimes, according to Stan Kutcher, in that adolescent age and often are not that severe in their first expression and can be dealt with. British Columbia is adopting that program. The World Health Organization recognizes Dr. Stan Kutcher as one of their key experts. He's implementing that program in Malawi, and here he is at Dalhousie University not implementing it. And we need that program here in our province too.

The question of whether there is a crisis or not is an interesting question and I'm reminded of the discussion that often comes about in economics - is it a recession or is it a depression? The answer is that it's a recession if your neighbour loses his job and a depression if you lose your job. Sometimes I think that this is the same sort of question. It's a crisis if it's your own family that is undergoing it.

We've had so many, and I've had so many, people come to me in the last year with their own family stories. I will share a few of those with you. I know you guys know parts of my story, and I don't want to really drill down into that too much. I do want to say that what is changing in our system, why is it that what was put in place - I had somebody say to me that the health care system, whatever system we have today, was likely built to the needs or the perception of needs five, eight, or 10 years ago.

That's probably true with what we have in mental health, and we see that the issues are not staying the same but are increasing. I think there are a few factors in that. Some are simply because we have a better idea of some of these conditions when they are defined, like post-traumatic stress disorder. We see that that is certainly a mental health issue, and

it is exploding around us. Many of our service providers - firemen and ambulance drivers and police officers - can have post-traumatic stress disorder.

In our own family, the issue was defined by us as cannabis use, use of marijuana. In fact, I have an article here, a scientifically-reviewed article from Dr. Philip Tibbo of Dalhousie University. This is in the literature that a small number of adolescents who use marijuana will have psychosis from it. We know that the use of marijuana by adolescents in our province is very high. This was identified for our family as a factor - the cause - in my son's psychosis.

I hope, minister, that when you go to Ottawa you will take this message loud and clear, that there are very, very serious impacts in the legalization of marijuana. To send the message that these substances are benign would not be the message that we want to have sent. Mind-altering drugs alter the mind, and in adolescents they have very serious consequences. I would like to suggest to you that the use of . . .

MADAM SPEAKER: Order. I would remind the honourable member to please address his comments to the Chair, not directly to the minister. Thank you.

The honourable member for Kings South.

MR. LOHR: My apologies, Madam Speaker, I didn't realize I was doing that. I hope that this message will be carried back to Ottawa very clearly, that there are very, very serious complications to these drugs. I will table that article.

This is coming out in scientific literature now in our country, and it is a very serious factor in mental health issues. It was, in fact, the factor that we face as a family. I hope that this message will get passed on to the minister's colleagues in Ottawa, who I understand he has a renewed and wonderful relationship with, and hopefully this will be able to be communicated.

I think that having a public inquiry right now would have a number of advantages. For one thing, I believe that mental health issues need to be de-stigmatized. I think that would be a benefit of having a mental health public inquiry. I think people need to get their stories out, and that would be very helpful to them.

On the other hand, I think that care providers, clinicians, people who work in the mental health field, would probably welcome the opportunity to get their story out. I know that in private conversations with people who work in the mental health field over the past year, there is pushback. They have a story to tell, too. I know from having talked with Dr. Stan Kutcher - he told me that in rural Nova Scotia one in four young people who need mental health care get it.

I shared that statistic with a clinician, a psychiatrist - I don't want to say who that was - and he dismissed that statistic. He said there are no statistics around these issues. If that is true - then you don't know who to believe. That in itself points to a crisis. Are the statistics reliable? Is the data being collected? What are the actual numbers? We know from conversations with individuals that people aren't getting the mental health care they need. In rural Nova Scotia, this is a particular difficulty.

I will say, just to be candid, that we don't feel this was an issue in my family; we did receive good support and good care. I want to be clear about that, too. I actually had people say to me that it was because I was an MLA. I don't know if that's true or not. I think it was true because the primary care supporter we received was a person I played hockey with, if that makes any sense. That points to how rural Nova Scotia works, too. A lot of times connections matter. So I do want to be clear about that - in our family's case, we didn't feel that we were let down by the system. I just want you to know that.

I think that one of the benefits of having a public inquiry would be to allow the system to speak, too. These issues are surrounded in privacy. Lots of times clinicians and people who work in the system are unable to speak out. I think that there would be benefits to having a public inquiry where they could speak out and explain certain things about their treatment process. I think there's sort of misinformation, or misunderstanding maybe, on the public's part on what treatments are and what they can achieve. I think that this needs to be part of this big conversation so that the public has a better understanding, and maybe we have a better understanding of what is possible and what can be done. We know that not every circumstance is going to turn out right. If you have cancer, not everybody recovers. We know that in mental health situations, that's also the case. These things would benefit from being talked about.

I would like to speak in favour of having a public inquiry, notwithstanding the fact that the Interim Leader of the Third Party outlined the history of these inquiries. I think that there's an advantage to having freedom to speak to what's happening. This is what I believe would be beneficial to our province, to have this big discussion.

I know that it's not clear that mental health - and I understand what the minister is saying about the services. He mentioned some of the services that he has provided. In fact, we heard on the radio an advertisement, which I presume was placed by the government, on a radio station in the Annapolis Valley, giving a number where one could access mental health services a couple of days ago. Presumably this is put by the department, but I don't know. I was told about it; I didn't actually hear it. But I said that sounds like it was put in place by the Department of Health and Wellness. If that's the case - it was on K-ROCK radio station - I applaud the minister on that. There are positive steps, but it's not clear.

When we look at the cut in funding to mental health groups like Schizophrenia Nova Scotia and the group that provided help for people who have eating disorders, those are very serious. These non-governmental groups - and we see it with the CNIB, not mental

health but other issues - these groups provide enormous value for money in terms of the services they provide and the connections they provide to people. I would suggest to you, Madam Speaker, this is the wrong direction to go, to cut funding to these groups. That in itself - we need to have these third party groups that are not government and not health care, but are advocates for certain conditions, we need to have the opportunity for them to have input into a public inquiry.

I know that we've already talked briefly about how many people have mental health issues. I was told that there were more people in metro Halifax with schizophrenia than with type I diabetes. If you think about that number, that's a staggering thought, but that's what the statistics tell us. There are huge needs out there in our system. There are needs about housing, and where do these people fit?

I have people coming to me, the parents of adult children who struggle with the situation of what's happening to their adult child, and how do they interact. Around these issues, there's sort of this bubble of privacy. If the adult child doesn't want the parents - and I know I'm using a contradiction, "adult child," there, but these are adults with mental health disorders who don't always make good decisions on their own. Their parents, right up into their 80s, are still very involved in their lives and helping them, yet they are prevented from doing so by rules within the system. I think we need to address this issue and this is something that could come out in a public inquiry.

I had a phone call from a guy a couple days ago, this constituent of mine from the Valley, whose 44-year-old son has mental health issues here in the city. His son was charged and was in jail, in custody pending hearing, and he found out about it two or three weeks later. He called up our court system and the only answer he could get was we cannot confirm or deny the presence of this individual in our system. These things need to be addressed, there has to be better ways for families to interact.

How much time do I have, Madam Speaker?

MADAM SPEAKER: You have 37 seconds.

MR. LOHR: I had a lot more to tell you. Anyway, I appreciate the opportunity to speak about this and maybe we will get the opportunity to speak about it more. I do believe we need a public inquiry, I think we need that report on the mental health strategy. Four years is too long. I think it speaks poorly of the NDP government too. Obviously they let it lapse for a couple years too, so we need those things addressed. Thank you, Madam Speaker.

MADAM SPEAKER: The honourable member for Sackville-Cobequid.

HON. DAVID WILSON: Madam Speaker, I am glad to be able to have this opportunity to rise to talk about an issue that I think affects so many Nova Scotians, not

only the MLAs in this Chamber, but Nova Scotians right across our province from community to community, and that's around mental health and access to mental health services in our province.

I want to thank the Progressive Conservative caucus for bringing it forward. It is a timely and important issue that needs to be addressed. I waited intently to listen to the Minister of Health and Wellness to indicate - not only the House but Nova Scotians as well - what they are doing as a new government to improve services for Nova Scotians who need support when it comes to mental health and mental health crisis. I haven't heard anything, Madam Speaker.

I heard the minister mention the 24-hour crisis line that was expanded, and I thought that sounds quite familiar. That's because I was the one, as minister, who expanded that in February 2013. It was part of the Mental Health and Addictions Strategy recommendations that my Leader, then Minister of Health and Wellness, produced for the province. It was not produced solely for the government of the day - it was produced so that future governments could continue to work towards improving health care access for mental health services and addictions services in our province. We have not seen one concrete action from this government in the two years that they have been here that would show that they are serious about addressing the shortfalls in mental health.

From the day I entered the Chamber, Madam Speaker, in 2003, I have continued to bring up issues around mental health and my experience as a paramedic dealing with health care emergency calls in my career; often many of those calls dealt with dealing with people who were having a mental health issue. I knew at that time, in the mid-1990s, that mental health services for mental health needed to be addressed on a provincial level through the government. That was one of the reasons why I decided to run, as a paramedic, knowing that some of the shortfalls that I have seen and witnessed as a front-line health care worker, needed to be addressed.

I was very proud to be part of a government that brought forward the province's first Mental Health and Addictions Strategy. It was unbelievable that previous governments did not bring that strategy forward, but the purpose of the strategy was to give a road map to continue on addressing the concerns and the recommendations through that strategy, so that services would be improved, that we would see a day where people aren't waiting for mental health services, and that they are not waiting in emergency department wait rooms to seek the support that they need.

I have often said this when it comes to mental health and dealing with mental health patients - I appreciate the men and women who work within the mental health field. It is very difficult for them, when you're dealing with an individual who has a mental health crisis or emergency, to elevate the urgency for the system to react to their crisis, because for decades and decades our system has been set up on a more physical finding for an acuity level of your emergency.

An example would be if you have an irregular heartbeat or you're having a heart attack. You can physically feel and see on a monitor that the heart is not working right, so your acuity when you're assessed is very high. Death could be imminent, so things are rushed upon supporting that individual.

But when you have a mental health emergency, it's extremely difficult to really pinpoint where on the acuity level that individual is. I'll give the example of someone stating that they're going to commit suicide.

The system needs to be changed so that it's easier for these individuals to gain access to the services, so that the acuity level for a mental health crisis is just as important as one for a cardiac arrest or for a chest pain. I think a lot of work has gone into the Mental Health and Addictions Strategy, for example, from clinicians, from organizations that work with mental health issues and services across our province. It was a strategy that was widely recognized to bring in so many different groups to ensure that their concerns were heard, that the recommendations out of the Mental Health and Addictions Strategy were something that was put into legislation so that future governments could continue to work to improve the system.

As I said, I haven't heard and I haven't seen, and I don't think the Progressive Conservative caucus has seen, a true effort on behalf of the new government to improve services for mental health in Nova Scotia. We haven't heard an update from the government on the five-year Mental Health and Addictions Strategy. We would hope that that would be part of what the new government would have continued on with. The work was done for them to continue on and hopefully improve services and improve the investment that goes along with that.

We knew at the time that there was going to be investment needed in future years to improve services for mental health. For decades and decades, mental health funding and really just discussing mental health issues has always been something that governments avoided. You don't talk about suicide or the effects of mental health on an individual or on their family. The stigma around mental health - people themselves who are going through it did not talk about it. But I think we've seen a new era where people realize that we have to break the stigma, that we need to talk about mental health. We need to talk about it seriously, and we have to have a government make sure that it's a priority.

In the recent budget last year, the funding of 19 different groups that work with mental health-related matters was cut. These are organizations who rely on what I would consider very small amounts of money. When you're dealing with a budget in Health and Wellness that's over \$4 billion and you cut \$10,000 or \$15,000 or \$20,000 from some of these organizations that have really reduced their ability to address mental health issues and provide services for people with mental health - it really won't even register on that budget, either through the Community Services budget, where we've seen cuts, or through the Department of Health and Wellness, where we've seen cuts.

I would hope that the government recognizes that they need to change the course. I think - and the minister has accepted this on a few different issues within health care - that they've put a lot of the initiatives and a lot of the need to address front-line health care delivery on hold because of the amalgamation. I don't figure that this is any different.

I believe the Mental Health and Addictions Strategy has been put on hold for almost two years now because of this reorganization of the district health authorities into the one health authority that we have now. What that has done, and the result of that, is just what we're trying to get the government to wake up and realize, and that is that there is a crisis going on within our health care field when we're dealing with mental health and access to mental health.

It's unbelievable to ask any community to go without a short-stay mental health ward. We see recently in the media at Aberdeen Hospital that their short-stay unit has been closed for well over three months. It is supposed to be a short-term closure because of HR issues, as we were told initially. We know and we've heard from health care providers who are working in Aberdeen right now, nurses who are trained in mental health who are more than willing to go back to the mental health unit at the Aberdeen, get that started and make sure people in that community and around Pictou County have appropriate access to mental health services.

The government has been silent on what they are doing to fix that. The minister today, in Question Period, when I asked what the government is doing to attract more psychologists to the province, indicated, well the Nova Scotia Health Authority is working on that now.

It has been two years since they have been in government; they should have continued on some of the work. I've said it before in other debates, there's not one Party in this Legislature that has all the answers when it comes especially to improving and expanding health care - not one Party has all the answers. So it's unbelievable that a new government will come in and put everything on hold. It's almost like the universe started when the Liberals won in 2013, Madam Speaker.

It's almost like that, but that's not the case. There has been a lot of work and effort with organizations that support people with mental illness over the decades ahead prior to 2013. That's what was the essence of the Mental Health and Addictions Strategy, all that work that people recognize that governments haven't been paying attention to mental health and they haven't been supporting it in the manner they should, especially the funding.

But it's not all about money, those 19 organizations, some of them run on a shoestring budget. Many of those organizations are run by volunteers so their costs are not as significant as if you need to hire a full-time psychologist or counsellor or therapist or health care provider. They are done because most of these organizations rely on people

who are consumers of mental health services, who have been there before, who know what to look out for. The peer-to-peer support when you are dealing with mental health issues is extremely important. It's not the only thing that needs to be there, we recognize that those medically-trained professionals need to be there.

I have to tell you, the people I have interacted with as a paramedic and the people I've interacted with as an MLA, the people I've interacted with as a Minister of Health and Wellness have all indicated that some of the biggest achievements they have made in dealing with their mental health issues is dealing and talking and engaging with other people who have been there before, who can lend the support, who can give advice, who can recognize when things may escalate when someone is finding it hard to deal with whatever mental illness they have, Madam Speaker.

To hear the government today have no real examples of what they've done in the last two years - I mentioned one around the crisis line. I was the minister and it was in Truro when I announced that it was going to be 24 hours across the province. I'm glad the government has continued to fund that. The minister mentioned Eskasoni and they had a crisis line for their community, which I had the opportunity to visit a number of years ago. It was amazing to see the young people who were engaged in that, who not only did just wait for people to call but they monitored social media, they knew people in the community when they were having a hard time, especially if they were dealing with mental illnesses. They knew to engage and try to engage those people so that they could limit the severity of whatever that person is dealing with.

The current government cut that funding, they rolled it into the 24-hour crisis line, which is good, I guess - there's still help. I have to tell you, I mean when you have local people in the local communities engaged with the community to try to recognize when people are having issues, especially a mental health issue, I think that is worth way more than having someone who may not be from that community answer the phone and try to lend support.

I don't believe that they are not dedicated and I know there's a component now trying to educate to ensure that other First Nations communities can gain access to that. This community project was an amazing one and it's unfortunate that the funding was cut because at the time when I announced funding for the 24-hour crisis line, we committed that the funding for Eskasoni would continue to be there.

It's unfortunate to see, over the last two years, the only real examples, when we're talking about mental health and support to mental health, is the cuts to organizations, cuts to programs. There has been nothing new brought forward that hasn't been in existence prior to the government taking over. I'm going to wait and hopefully hear what the government is going to do as we move forward. We're calling them out today. They should have already recognized this. We're calling them out today, that there is a crisis in mental

health. I would hope that this is a wakeup call, and that the nickel-and-diming we have seen in the last budget won't happen in the next budget.

One of the responses the minister had given the media, just after the cuts to the 19 organizations, was that he was going to meet with those 19 organizations before this budget is tabled in the following year. I don't know to what number that the minister has met with those organizations, but I will be asking the minister and I will be checking in with those organizations to see if that commitment has been made.

I want to thank the Progressive Conservatives for bringing this important issue forward. It's about time that the government react. Let's hear how they are going to address the crisis in mental health. Thank you.

MADAM SPEAKER: The honourable Minister of Education and Early Childhood Development.

HON. KAREN CASEY: Madam Speaker, just so we can begin, I will not be saying to you that I was the one. I think it's ridiculous that we're in here talking about "I, I, I." I think collectively we have a responsibility. Absolutely. I'm not afraid (Interruptions)

MADAM SPEAKER: Order, please. Order. The honourable Minister of Education and Early Childhood Development has the floor.

MS. CASEY: Thank you, Madam Speaker. Before I was interrupted, I wanted to say that I'm not afraid to acknowledge work that previous governments have done either. To those who are making so much noise over there, maybe they want to listen, because I'm not too proud to say that some of the things we're doing in Education and Early Childhood Development were started by the previous government. They were good, and we are continuing on them, so that's exactly where I'm coming from.

The whole notion of mental illness, as has been said here several times, is one that is silent. It's not easy to identify, and it's not easy to respond to. I think that collectively, we here in the House, but also within government, across departments, need to be working together to put our ideas and resources together to try to address the problem.

I have recognized that we in Education and Early Childhood Development have our young people in our classrooms for five of their 24 hours. They are out in the community or they are in their homes for the other 19, but a huge responsibility, which we accept, comes to the schools and the classroom teachers. I think it's important that we have to recognize that we as educators don't have all of the answers. We do have to rely on professionals.

One of the initiatives that was introduced, that we believe is a good one, is to have mental health clinicians available in our schools. Our classroom teachers are educators.

They are not mental health clinicians, so in order to have people with the right skill set there to work with our students, we have provided the funding to the Department of Health and Wellness to hire the mental health clinicians. That, I believe, is a way of not always looking within your own department for the resources and the expertise that you need.

Twenty-three mental health clinicians have been hired. They are placed in our communities around the province, and they are placed in our SchoolsPlus sites. I can acknowledge that SchoolsPlus was an initiative in place. It's one that was a good initiative, and it's one that we're building on. In fact, we now have 25 hub sites which are servicing over 180 schools. That is an example of community coming in to work with professionals, to make sure that the needs of kids and their families are met, prior to coming into our public school system.

We continually talk about the state of readiness for kids when they enter Primary. We continue to know from what the research tells us that the state of readiness, when children enter Primary, is a great determining factor in how successful they will be. So our earlier centres and our SchoolsPlus sites are designed to capture and provide identification and intervention for those 4-year-olds or younger before they enter public school.

I think it's important to note that with the expansion of our SchoolsPlus, we were looking at making sure that we had SchoolsPlus sites in all the boards across the province. I'm not sure how familiar the members are, on either side of the House, with whether there is a SchoolsPlus hub in your community or not. If I could, in the interest of time, I want to just read that because I hope that when people hear this list they'll say, that school is in my constituency, they do have a SchoolsPlus site, and I would encourage you that if you (Interruption) That's right, some of you know you do - and if you do, go visit it. If you don't, and you find out today that you do, please go visit because it is an absolutely wonderful model to bring together community and professionals to provide supports.

In the Valley board we have Champlain Elementary, St. Mary's Elementary and Windsor Elementary. In Cape Breton we have Sherwood Park, John Bernard Croak and Dr. T.L. Sullivan. In Chignecto we have Amherst, Truro Junior High and New Glasgow Academy. In CSAP we have École secondaire de Par-en-Bas, École Beaufort and École secondaire du Sommet. In Halifax we have Harbour View, Rockingstone Heights, Hillside Park and Tallahassee. In South Shore we have Chester, Liverpool Regional and Park View. In the Strait we have Chedabucto, Richmond, St. Andrew Junior and Inverness Education Centre/Academy. In Tri-County we have Digby and Barrington.

What we have in those communities and . . .

MADAM SPEAKER: Could I ask the honourable member to please table that document for the benefit of the House?

MS. CASEY: Sure. Those sites, as we said, 25 sites, 185 schools, and we will continue to expand on that. So recognizing that it's a valuable service to take out in our communities, recognizing that those are successful, we will continue to build on that.

The whole notion of having professionals, who are not educators, working with our students and our youngest, is important. Not only do we have the mental health clinicians but we have social workers who are in that environment as well, because we recognize that if we can identify early and intervene early, then we can have success. We know, we've heard here from many members who have been speaking, that that identification is critical so that the intervention can take place. You can't have one without the other so the two of them do have to come together.

I also think it's important to know that our focus is on that early intervention and early identification. We do what we call the early development instrument, which is an assessment we do with all our Primary kids in school. It looks at the vulnerabilities that students have when they come into school. I will also table this but I do want to read from it because again, I think it's important.

When we did the EDI - Early Development Instrument - we had results that we didn't like, but we need to get the results so we know where to put our resources and where to put our help. We had students coming in; there were several areas of vulnerability that we looked at on the instrument: physical health and well-being, emotional maturity, communication skills, social competence, and language and cognitive development. The assessment looks at all those vulnerabilities.

The sad part is that we have - the highest is 40 per cent of our students who come into our public school in Primary that have some vulnerability. Now, this is not a problem that was created in our schools, but it is a problem that we need to address in our schools.

I go back to my earlier comment: that's five hours of the day, and we have 19 other hours. It is a huge social issue, and we need to work together on the solutions.

This is the number of students starting school with vulnerability in at least one of those areas: Halifax regional board, 23.1 per cent; Chignecto-Central, 28.2 per cent; 33 per cent in the Strait; 27 per cent in the Annapolis Valley; 25 per cent in Cape Breton-Victoria; 40.8 per cent in Tri-County; 33 per cent in the South Shore board; and 25 per cent in the CSAP.

I think that confirms that we have problems in our society. Children are bringing these vulnerabilities to the classroom. We need to try to catch them and identify them and intervene early.

I will table that if somebody is interested. There's the list; you can have that as well.

I think it's important, and my point here is that no one can do it alone, no one can do it overnight, and no one should be suggesting that no one else has done anything. I would say that every government in this province has done what they believed they could do at the time with the information they had, and each one should be building on the other. With that belief, then, as Minister of Education and Early Childhood Development, I intend to continue building on the good things that were in place when I came on as minister.

Someone mentioned Dr. Stan Kutcher out in B.C. Well, we at the Department of Education and Early Childhood Development have been working very closely with Dr. Stan Kutcher and with Dr. John LeBlanc. Stan Kutcher has been instrumental in helping us with looking at what we want to put into our programs in our curriculum, with where and what we should be exposing and introducing our students to as they move through. We recognize that; we recognize that Dr. Kutcher has the go-to training program. That's for teachers.

I said initially that teachers are not mental health clinicians, and they're not school psychologists. They are teachers, but they need to know what to look for and where to refer. So we work very closely with Dr. Kutcher on his go-to training for teachers - again, trying to make sure that everyone who has contact with the children in our province knows what signs to look for. They may not understand what the sign means, but if they see something that they need to report, they do that.

We know that you can go to most Primary teachers in the province, and they can tell you by probably November or December of the first year with a student in their class if there's something that needs to be addressed. There's something. They may not be able to identify it, they may not be able to pinpoint it, but there's some reason why that student's social development is the way it is, or their academic abilities - they're not learning at the same rate as others in their cohort. I think the key thing, again - and I'm repeating myself, but it's so important - is to make sure that we have people who are trained to at least identify and then refer on to the specialists for the intervention.

We are trying, as you know, to deal with identifying and responding to inappropriate behaviour in our classrooms. That's not to suggest that inappropriate behaviour and mental illness have any connection, but it is important that we know that if there is someone who is struggling with a mental illness, we do not want them to become a victim of bullying in a classroom.

What we did was take all of the codes of conduct that were floating all around the province and compile them and put them into one provincial code of conduct so that it is the same across the province. It's different people administering it, but the policy is the same. It's designed to make sure that we do not allow any situations where students in our classrooms are being intimidated or bullied for whatever reason. Making sure that is standard, we believe, is a way to try to not let anything, or not let many things, fall through the cracks because we need that identification.

The other part where teachers play a role is in guidance and in school psychologists in our schools. The whole role of guidance counsellor has changed from when some of us were in school where it was more career counselling. I think that we have recognized that career counselling and guidance are not the same thing. We need to make sure that we have the proper number of guidance counsellors in our schools and we have a ratio that we work toward to make sure that we do have what we believe is an adequate number.

For guidance counsellors it is one to 500, one guidance counsellor per 500 students. Is that ratio the right one? We can always look at that and determine whether it is or isn't. That's where what we're doing does not have to be carved in stone; it can be flexible, it can change. If we believe that we have a need for more guidance counsellors then we look at changing the ratio and it's the same for school psychologists. All of those supports that are there are there to try to identify and intervene and provide supports and to ensure that the teachers who are working with the students in our classrooms are well aware of the size that they should be looking for.

To go back to the Early Development Instrument, it clearly confirms that we have a problem in our schools and in our society, and we need to respond to it. Thank you.

MADAM SPEAKER: The honourable member for Sydney River-Mira-Louisbourg with 10 minutes.

HON. ALFIE MACLEOD: Madam Speaker, I actually want to congratulate the Minister of Education and Early Childhood Development because I really think she's got it; she understands. Actually, what she described in her statements about how they came to be hiring people to address some of the needs in the school system is exactly the reason why we need to have an inquiry into mental health.

The minister said we couldn't do anything until we found out what the problems were. We searched them out, and when we searched them out we saw things that we didn't like and we took steps to fix them. Madam Speaker, that's exactly what we need to do when it comes to mental health in the Province of Nova Scotia. That's what this minister has to do. We have to take a close look at where we are to make sure that the resources we are spending are being used for the right things.

A minister got up earlier today in Question Period and he kept saying, well, we put more money into this and we put more money into that and then we hear other people say, well, they took money from this and they took money from that. The real question is, are the right resources in the right places to deal with the people who need to be dealt with?

We've gone in our health system and in many areas of our government, we've taken away personalities and people; we've fixed numbers in their places. I hope everybody here in this building understands that the people who are affected by mental health are your brothers, your sisters, your fathers, your mothers, and your friends. Nobody is immune to

what is going on. Nobody's family will never see such a challenge. We are asking, on behalf of all of those people, for an inquiry into mental health to make the system better. I don't really care who gets the credit for doing it. What I care about is to make sure we tackle the problem that is facing so many people in our society.

Earlier today we talked about some of the things that create that. It could be illness; it could be the loss of a job. We've seen, since the year 2000, that suicides have gone up in our province, and what is our solution? It doesn't appear that the solutions that have been put in place by successive governments are working. What I would suggest to you and what I would suggest to the minister is we actually have to sit down and review where we are so we can know where we have to go. That's very much what the Minister of Education and Early Childhood Development talked about that they did in her department.

I talked to some of my colleagues, and my daughter, they're teachers and they talk about how valuable they could be in identifying some of the challenges and issues of people who are having an issue with their mental health. The minister talked about how they're not trained to do that; well maybe that's something the minister needs to look at. Is there an opportunity to have a course so that the teachers can get that kind of training with Stan Kutcher or whoever it happens to be, so that indeed there's an opportunity for them to be able to see the signs and work towards a better solution.

You know, today I read a statement about a young gentleman from my community. A young man who had a lot to look forward to, a young man who came from a loving family, a young man whose parents work, provided a good life, did all the things that sometimes we think avoid this kind of problem. He reached out to a system that's now in place and he asked for help. And the system looked at him and whether it was understaffed, or not understood, it failed - and there are many examples of that. Each one of us in this room could talk about those examples, but that is not what this is about. It has led us to this. We've got to figure out with all the resources that we are spending as a province, why indeed we aren't having more success with the challenges in this field.

Now, Madam Speaker, you know there are inefficiencies in the system. We all have anecdotal stories about things that have happened. I have been told about an individual who spent three weeks in a mental health unit. Psychiatrists thought, let's go home for the weekend and see how that works out - it didn't work out. Comes back, and what happens? You have to start at square one. You have to go to the ER room, you have to be triaged, you have to go through the whole system all over again, yet the people on the floor where she spent the three weeks know the challenges and the issues that this individual has.

You talk about utilizing resources, you talk about trying to do the right thing. Wouldn't it make sense that somebody who has spent that much time in the system and needs to come back could be assessed right there on the floor rather than be put through that whole system again - a system that can be confusing, a system that can add to the stress, a system that doesn't always work the right way?

So, Madam Speaker, when we are talking about what is going on here today and why the PC Party wanted a review, but it wasn't just us - the NDP had the same idea and they wanted to have a review, because the people we represent are coming to us and saying to us, "We need help. What's being offered out there is not working. We need you to make our case known so that the resources that are being spent are being better spent."

One of the things that I noticed and I think most of us noticed here is everything is being depersonalized, you know? It's not about people anymore; it's about budgets. It's about details of who has what doctor and who does what - and maybe we got to get back to people. You know what? Several times today, the minister mentioned how he had talked to this clinician and that clinician, and this college and that college, but not once, Madam Speaker, not once did he mention that he actually talked to the families and the people who are directly involved, and what their ideas are in finding solutions.

It's been said already here today that no one Party, no one group, has all the answers. But a group that has been affected by it, a group that has seen their family hurt, are the families of people with mental health that the system failed. Why wouldn't we ask them for some of their help, some of their guidance, so that we, as a community, as a government, and as a province, can do the right thing for the people who live here, who are our friends, our relatives, and our family?

THE SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River with 10 minutes.

MS. LENORE ZANN: Madam Speaker, it gives me pleasure to rise to my feet today to talk about this important issue. I know many have heard me talk about mental illness and mental health before; it is an issue that is close to my heart.

A couple of years ago, I was named as one of the five faces of mental illness and mental health in Canada by the Canadian Alliance of Mental Illness and Mental Health because of telling the truth about the fact that I have been an alcoholic and that I've been sober for almost 20 years now; in April it will be 20 years. (Applause) Thank you. I don't have a problem talking about that because my road to recovery was so powerful and healing, and I want other people to know that it's possible.

For many years substance abuse was an issue that most people didn't want to talk about. They hid it under the rug; they hid the old auntie in the closet, or they stuck them in insane asylums. They didn't want to believe - this is something they thought was a personality defect, or they thought that the person was weak. As time has gone on, we've been able to tell that, no, this is a disease. It's a serious disease, and in fact, it affects many, many people.

It also affects your emotional life, of course; your depression and anxiety levels. In fact, they find that alcohol is a depressant. Many people drink alcohol to try and calm their

nerves or make them feel better when they go to a party. It gives them a bit of a boost and gets rid of some of their inhibitions. But really, it's a depressant, so after you start to use it on a regular basis, as what we would call a self-medicating technique, you find that you really start to get depressed and anxious - sometimes both at the same time - and it can become a huge problem.

It usually will lead to death one way or another. Either you take your own life or if you're driving in a car, as many of us used to do way back before it was a really serious issue - as you, Madam Speaker, would be very much aware of - a lot of people would get behind the wheel and drive drunk, and they would either kill somebody else or kill themselves or both. We call alcoholism a family disease because not only does it affect the alcoholic, it affects the people around them.

The bottom line is to say that I reached a point in my life where I hit my own bottom, my own emotional and physical bottom, which is what you have to do if you're going to get sober from any addiction, including gambling.

Gambling is the same sort of thing. There are sex addictions. There are shopping addictions, spending addictions. There are people who have problems with debt, so there are now 12-step groups dealing with debtors called Debtors Anonymous because some people get used to spending the money on that credit card, not even thinking that they really have to pay that back eventually; they think of it as just sort of a padded bank account. But I'm pretty sure that at some point very soon North America and the western world will come to a point where we realize that so many people are hooked on debt, that as soon as the interest rates start to rise, they're going to be in a lot of trouble trying to pay off that debt.

Also, there are suicides associated with it. Many times people who are in debt reach a point where they hit a point of no return. In fact, in my own family, that happened. One of my cousins, her husband was a blue-collar worker in Australia. Unbeknownst to her, he was going off on payday on Thursday, gambling at the local watering hole with his buddies, the slot machines, and losing the paycheque every Thursday, to the point where they got so far in debt that he became quite upset, depressed, anxious, didn't know what to do, didn't talk to anybody, and one day after his friends all left and he stayed gambling as he did usually, he gambled the paycheques for the last time. He went up to his workplace, a scaffolding of a construction place where he was working, took off all his clothes, pinned his picture and his ID to clothes, and jumped. That was the end of him. My cousin's children now don't have the ability to know their father.

That's why I say that all of these addictions are very serious and we all know people in Nova Scotia, people in our families, who are suffering. That's why I believe that we need to (a) get rid of the stigma and be able to talk about these things, and (b) we need to put some money and put the effort into helping people, helping them reach a point where they can feel comfortable coming forward to get the help that they need, but also that we

need to put funding into having mental health clinics and places where they can go to get the help.

On speaking to my friends who work in the mental health world, they seem to feel there is a big divide between funding for the addiction services and funding for actual mental health. In fact, in the schools I'm told that it's easier to get help if you say that the kid has an addiction. If the kid has an addiction, you get the help you need right away but if you say the kid has a mental health problem or a mental illness, it seems to be a little bit harder to get the funding, get the attention, and get the psychologists that they need.

I know a lot of young women right now who are suffering, and I'm sure there are many young men suffering as well, but the young women have a tendency to come to me and I have talked to some young women who I don't even know, who I have never met, on Facebook. I might see a post and they say I'm going into a black hole. I don't know what to do. I'm waking up and I'm seeing that it's like I'm in a tunnel and at the end of the tunnel there is no light; my world is getting smaller. I'm so angry. I can't sleep. I'm awake all night; I don't know what to do. You know what I'll do? I'll go in and I'll write a little note to them and say I know you don't know me very well but I understand, I've been there. I'm recognizing some symptoms here. Would you like to talk about it? I'm open to talking.

I approached one of those young women that way and she said thank you for reaching out but I'm not ready to talk right now. I gave her my cellphone number and said when you are, you call me or you text me. That young woman did. A few weeks ago she did and I said why don't you meet me for coffee and have a chat. We started talking about her issues and what she was going through and I found out that this young woman is going to school. She doesn't have enough money to pay for her meds. She has an issue with ADD and can't afford to pay the meds. That's a problem.

When I was living in New York City I knew lots of people who couldn't afford to pay for their meds and they were going crazy all around. A lot of them were very wonderful, talented people: musicians, actors, writers - and guess what? They couldn't afford to pay for their meds so they were going bonkers. That's in the States where they don't have socialized medicine but we do here in Canada.

I think we need to do a lot more to address these issues and in fact, it's good that the government is aware of it but we also did a lot of things towards mental health. We had the Mental Health and Addictions Strategy and we did a lot of work with peer to peer support and we also had put in place a lot of things that we were going to expand upon but have not been able to, since we are not in government anymore.

I would highly recommend that this government continue on the path of investing in mental health and mental illness because the problem is going to get worse before it gets better. It's not just the young people either. It's not just young people. It is seniors. Many seniors are suffering from depression. I've talked to doctors and they say it's a big problem.

Many seniors are lonely. They have lost their families and they feel alone. Their world is getting smaller and smaller and smaller and they don't have people to visit them, therefore a lot of them are suffering from depression. Sometimes you do just need a little pill or you need someone to talk to, like a psychiatrist or a mental health worker.

My own grandmother had some psychosis at one point in time - she was 97 mind you - but towards the end she had a little psychosis where she thought these people were building things up in the attic. She called them the recyclers and my mother believed her at first - she was in an apartment building. She said they work at night, they're recycling. I can't get to sleep, they keep me awake. So my mother moved her to another apartment. Well, guess what? The recyclers were there too, upstairs, that's when we suddenly realized that there's more to this than meets the eye.

We were lucky enough to have a family doctor who was able to talk to her and figure it out, and gave her a tiny little pill - a tiny little pill - and guess what? The recyclers went away. The recyclers were no more.

This is not just a youth problem. This is a seniors' problem; these are middle-aged people. Many people in my community have committed suicide, and they are not just youth. Many youth have, but so have middle-aged people. It's a silent, deadly killer: depression, anxiety, post-traumatic stress. A lot of our soldiers come home with it, and a lot of first responders, as my colleague here often talks about. I think that we need to really be serious about this, because it's a bigger and bigger problem.

MADAM SPEAKER: Order. Time has elapsed.

MS. ZANN: Thank you, and I appreciate the government dealing with it now.

MADAM SPEAKER: The honourable member for Fairview-Clayton Park

MS. PATRICIA ARAB: Thank you, Madam Speaker. It's not very often that I get the last word.

I have so many notes in front of me, and I have just been listening to all of the speakers from government and from the Opposition. I am going to try and stay focused and try and get everything in in 10 minutes, but this subject of mental health is extremely important to me. It's something that I am very passionate about.

I want to start by saying that I am a counsellor, so I really appreciate everyone who spoke and listed counsellors as mental health clinicians, because a lot of times when that list is being recited, we're forgotten about. I do appreciate that.

In particular, working within the school system and working as a guidance counsellor, I want to touch on what - oh, I don't remember which member it was who said

that guidance counselling is not the way it used to be. It's not as much career counselling. We are very much overworked. The majority of counselling that happens in a school with a guidance counsellor and a student is based on their mental health, their mental well-being. Very little of it is focused on careers, in my experience, at least.

I want to talk about my professional life before entering into this Chamber. I had the opportunity to work on a number of mental health programs that are still in existence in the province. The one that I started my career with was called PATHS, which is Promoting Alternative Thinking Strategies, and this was a preventive mental health strategy that was implemented to children on the South Shore, ages 5 to 12. It was a whole-school approach, so we trained everybody involved in these children's lives: their parents, all of their teachers, the bus drivers, the lunch monitors, coaches - anybody who would've been interacting with these children would still use the same language that they were learning in school.

The basic premise was teaching kids how to identify and name their feelings and find positive ways to work through them, good and bad, with the hope that once they reached crisis, which all of us face in our lives, they would have the skills necessary to deal with them in a healthy way. This is something that's still happening. This is a program that is still in existence. It's something that is here in the province, and kids are being exposed to it.

We talk about mental health, and something that I really want to stress is that mental health and mental illness are two very different things. Mental health is something that we all have, each and every one of us. The same way that we have a physical health, we have a mental health, and when our mental health is left vulnerable, for whichever reason - if it's genetics, if it's situational, whatever the reason is - if we don't take care of our mental health, it puts us more at risk to be prone to mental illness. When you are talking about these two things, it is so important that you have that distinction.

Mental health isn't just something abstract. It's not something that happens to certain individuals. It's something that each and every one of us needs to be mindful of, that each and every one of us needs to be supported in and support each other in, and promote a healthy, active mental health lifestyle the same way that we look at going to the gym or eating healthy. It is all the same. It's all a part of that bigger picture of taking care of ourselves.

Advocacy for mental health supports is a huge part of my job now as an MLA. It hasn't stopped just because I have left the schools and have come into this role. I deal with mental health crisis issues, whatever word you would like to use. We deal with mental health within our constituencies daily, it's conversations that we have on a daily basis, it's conversations that I have with my colleagues - the two ministers who spoke before me, my colleagues across the aisle. I've had these conversations, we talk about this. We need to talk more in a collaborative sense, we need to work together because this isn't something

that affects just some of us, it is not just a rural-urban issue, it is not just a Liberal-Progressive Conservative-NDP issue. It is a societal issue that all our service providers, all our mental health workers, our teachers, anybody who is in a helping profession needs to work in collaboration. We need to work together.

Whether it seems like it or not, all of us, as members, Madam Speaker, are in a helping profession. We are helpers and we need to work together. We need to find ways to fix a system that has not been broken overnight. One of the members opposite mentioned a statistic that instances of mental illness in our province have gone up from 2000 to 2011. This was not an overnight issue, this is not something that we just woke up one day and, all of a sudden, more people were developing mental illness.

It is not going to be fixed overnight, and I wish it would. We talk in counselling about a magic wand so you talk to - well for me it was a student that you are working with, and you say if I had a magic wand and I could fix whatever is happening with you right now, what would that look like? I wish we had a magic wand; I wish I could snap my fingers and this would be a non-issue and that everybody would have the supports they need, that we would be doing the front-end work and making sure that we would have fewer incidents of crises of mental illness, but we need to really focus.

My two colleagues listed factually things that are being progressive, things that we are progressing on. The Minister of Education and Early Childhood Development spoke about the SchoolsPlus program. I was fortunate enough to be in the first school that piloted the SchoolsPlus program and I saw the remarkable work that got done, and I'm proud that we are continuing with that and that we're adding on to it.

I worked with Dr. Stan Kutcher on the mental health curriculum that the member across talked about. We implemented that into a school that I worked at, and I work with Dr. Kutcher on a regular basis still and have that consultation and we talk about ways that we can fix our system and help it grow.

I want to say that one thing that sort of kept on popping up in my mind throughout today is how it's important for all of us, myself included, to remember that playing politics with an issue this serious is not going to be helpful to the situation. It's not going to invoke confidence in those who are part of our system, and it's not going to bring comfort to individuals who are suffering. It is something to be mindful of and, again, there's no judgment, I'm saying for all of us that it's something to be mindful of, it's something that we need to really tread carefully on and we need to take the extra effort to talk to each other and to try and work with each other and try and make sure that - I'm not the Minister of Health and Wellness and I'm not the Minister of Education and Early Childhood Development, but I am somebody on this side who would be willing to speak to anybody about this issue and work together on that. We need to take advantage of those things and we need to make sure that we help each other and we help build this system into what we all know that it should be.

One last thing I want to talk about - we had two stories that were brought to our attention today by the member for Sydney River-Mira-Louisbourg. I want to talk about how I feel those should be celebrated. When anyone has the strength to stand up and advocate for their loved ones, when anyone has the strength to stand up and advocate publicly for themselves, those aren't individuals who should be thought of as tragedy. They should be celebrated. They should be exalted and we should be encouraging more people to be as brave as they are and stand up and talk more about their own experiences, their issues, and be a part of the collaboration that we are going to need to make the situation better. Thank you.

MADAM SPEAKER: I would like to thank all members of the House who participated in this lively emergency debate on mental health tonight. It was a very good debate.

The House stands adjourned until 9:00 a.m. tomorrow morning.

[The House rose at 5:41 p.m.]