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August 27, 2024

File: 23-000465

Delivered via email: 

Tamara Main



Dear Tamara Main:

I am writing in relation to my investigation of your complaint about the Ministry of Children and Family Development (“the ministry”) to advise that I have decided to end my investigation for the reasons explained below. As discussed today during our call, our investigation is complete and the file is now closed. As promised, this letter is intended to provide further details about the investigation and outcome.

COMPLAINT SUMMARY

You contacted our office with concerns related to your child’s (herein referred to as NRM) experience with Child and Youth Mental Health (CYMH) services. You said that due to the long wait that your child experienced to access CYMH services, her mental health declined to the point that she was hospitalized. You said that after this event, you understood that NRM had been placed on a waitlist for CYMH. You explained that you made numerous attempts to contact the ministry to forewarn that NRM’s mental health was worsening, and services were needed, and despite this, NRM remained on the waitlist. Based on this, you were concerned that the ministry did not take adequate steps to triage NRM’s file despite its awareness of her risk of suicide and self-harming behaviours.

You also shared concerns about the counselling services that NRM received. As explained by phone and in writing on June 9, 2023, and again by phone today, the scope of our investigation did not include your concerns related to the clinical decisions and the quality of the services provided by the counsellor. You may wish to file a complaint to the BC Association of Clinical Counsellors regarding your concerns related

to the counsellor. You can find more information on their complaint process here: <https://bcacc.ca/complaints-and-investigations/>

INVESTIGATION SUMMARY

The focus of my investigation was whether the ministry followed a fair process when responding to your concerns related to accessing CYMH services for your child.

As part of my investigation, I reviewed records that you provided, which included a detailed summary of your concerns, text messages with CYMH staff, and a closing letter from the Quality Assurance Branch (QA) following your complaint to the ministry. I also reviewed records provided by the ministry, which included case notes, a correspondence log, a referral form, file overviews, and records relating to your complaint to QA. I also reviewed the ministry policies related to intake services, documentation/file procedures, and suicide prevention/intervention.

In addition to speaking to you, I also spoke with a Director of Operations and a Team Leader to understand the various perspectives on the events that occurred. From this information, I learned that you and the ministry had conflicting perspectives about what occurred.

The ministry confirmed that CYMH conducted an intake for NRM in October 2021, and her file was closed that same year following a referral to another organization, Sources Community Resources Centre (“Sources”). The ministry told us that NRM was never on a waitlist for CYMH services, and when you called to seek information about the status of her file, you were provided with general information about CYMH services and how to access them.

The ministry shared that NRM needed to attend an intake session and provide consent for CYMH to provide services to her again since it is a voluntary service. Because NRM had not attended an intake, she could not be put on the waitlist for any services when you made enquiries on her behalf. The ministry stated that this was explained during its conversations with you, but it had no records to confirm this assertion.

The ministry told us that on February 23, 2022, it conducted an intake for NRM following her hospitalization and prioritized the file immediately. We understand this meant she started receiving services shortly thereafter and never needed to be placed on the waitlist. From the ministry’s perspective, it believed that timely and responsive services were provided to NRM.

This, obviously, conflicted with your understanding of what occurred and what you told our office. It also seemed to conflict with what the sparse records seemed to indicate.

The ministry’s records confirmed the following:

- NRM was referred to CYMH by Surrey Memorial Hospital following her hospitalization due to chronic suicidal ideation.

- The ministry completed an intake with NRM on October 8, 2021.
- The ministry submitted a referral form to Sources on November 5, 2021.
- The ministry closed NRM's file on December 8, 2021, following the referral to Sources.
- In early February 2022, NRM was hospitalized again due to suicidality and was again referred to CYMH by Surrey Memorial Hospital.
- NRM started receiving services from the ministry on February 23, 2022.

From October 8, 2021, until the start of its services on February 23, 2022, the ministry's records contained sparse information about its correspondence with you and NRM. While the case summary overview indicated that a clinician met with NRM as part of the intake process, the ministry does not appear to have copies of any notes, assessments, or initial support plans related to that intake. It was unclear from the ministry's records whether you or NRM were told that the ministry had rejected her intake and that they were to seek services elsewhere.

Since the copies of the texts with the Intake Clinician that you provided our office were the only record of conversations between you and the ministry, I placed considerable weight on them when trying to balance the conflicting information given by you and the ministry. The texts indicated that you were repeatedly in contact with an Intake Clinician from October 2021 to January 2022 to provide updates about NRM's wellbeing and to seek services for her. The Intake Clinician provided updates on a waitlist, provided referrals to other ministry services, and at one point when you disclosed that NRM was expressing thoughts of suicide, offered to try to contact NRM and suggested that you take her to the hospital if any safety concerns were present. The text messages also demonstrated that you and the Intake Clinician continued to communicate about NRM's file after the ministry closed her file.

ANALYSIS

Based on the information available, I questioned whether the Ministry of Children and Family Development acted consistently with its obligations around communication, risk assessment, and documentation.

While it's clear that the ministry referred NRM to Sources and closed her file on that basis, there was no record that the ministry's decision to decline services to NRM was communicated to either you or her. That should have been communicated to one or both of you and well documented in the file so that the ministry could have provided you with clearer and more transparent information on the status of her file when you called them. Instead, it appeared that you received unclear information about the status of her file and your entitlement to information about the file.

It was also clear that you communicated to the ministry that you were concerned about NRM's mental health and that she disclosed having thoughts of suicide to you. There was no record that the ministry engaged in any risk assessment when it received this

information or responded to it by contacting NRM as was promised to you. Given this was related to a youth who may have been at risk of suicide at that time, this was very concerning to us.

Finally, it appeared that the ministry did not meet its obligations to adhere to its policies and procedures related to documentation, making it impossible to know what occurred in the services it provided to NRM during the October 2021 intake. We told the ministry that we were concerned that its poor record keeping for this file deprived it from maintaining its commitments to you, whether that be to call NRM when you were worried about her or following up with a Zoom meeting that may have been promised to you. Moreover, we were concerned that its poor record keeping may have impacted its timely recognition and response to the suicide risks that it knew about.

The ministry was responsive to these issues, and I worked with them to determine what steps ought to be taken to address the administrative fairness concerns identified during my investigation. Based on these discussions, the ministry recognized our concerns related to its inconsistent communication with you and NRM as well as our concerns related to its record keeping and agreed to take a number of steps to address these concerns. It agreed to develop and implement training that will address practice and policy compliance with all the intake services requirements, including those related to record keeping. It also agreed to develop and implement training to ensure improved documentation and communication of any discharge decisions to clients and guardians. This training will be provided to all current staff and integrated into the on-boarding for all new staff. Supervisory staff will be monitoring issues related to intake services and documentation to ensure that staff are adhering to its policies in this area. Finally, the ministry provided training to CYMH staff in the White Rock office on conducting risk assessments and responding to risks related to suicide or self-harm.

Based on this, I can confirm that the Ministry of Children and Family Development has now taken the steps necessary, and the fairness issues have been adequately resolved. I am optimistic that these changes could improve the experiences of families seeking CYMH services. I recognize that this does not change the experience that you had, and I regret that it took such unfortunate circumstances for these changes to occur. I can imagine this outcome is bittersweet since it does not change what happened with your family. I hope it can bring some comfort to know that your complaint was a vital part of creating the discussions necessary for these important changes to happen, and I sincerely want to thank you for bringing your concerns forward.

CONCLUSION

As we discussed on the phone, since there are no other fairness concerns that would warrant further investigation by our office, our investigation has now ended, and I will be closing your file.

Please know you are always welcome to contact our office if you have any new concerns about the ministry or any other public authority under our jurisdiction.

If you have any questions about this letter, I can be reached by email at mail@bcombudsperson.ca or by phone at 1-250-387-5855 or toll-free at 1-800-567-3247 and asking to be connected to my direct line.

Thank you for bringing your concerns to our attention.

Yours sincerely,



Isabelle Dehler-Hyde
Ombudsperson Officer

Our office is located on the traditional lands of the Lək'wəḡən (Lekwungen) people and ancestors, and our work extends across the traditional territories of the First Nations peoples within what we now call British Columbia. We honour the many territorial keepers of the lands and waters where we work.

- 13** The Ombudsperson may refuse to investigate or cease investigating a complaint if, in the opinion of the Ombudsperson, any of the following apply:
- (i) the complaint is settled under section 14.
- 14** (1) If the Ombudsperson investigates a matter, the Ombudsperson must notify the authority affected and any other person the Ombudsperson considers appropriate to notify in the circumstances.
- (2) At any time during or after an investigation the Ombudsperson may consult with an authority to attempt to settle the complaint, or for any other purpose.
 - (3) If before making a decision respecting a matter being investigated the Ombudsperson receives a request for consultation from the authority, the Ombudsperson must consult with the authority.

RSBC 1996

Roy-Main Nila

Invoice #: 294977
Invoice Date: 07 Oct 2022
Service Date: 01 Oct 2022

PCR #: A71109

Ref #:

Service #: 177

Health Authority #: 06

Surname: Nila
First Name: Roy-Main
Address:

Sex: Female
Birth Date: 11 Apr 2005
Health #:
Other #:
DIAND #:
Band:

RESPONSE
To Call: 4
From Call: 2
PRIORITY
Scene: 2
Destination: 2
CHIEF COMPLAINT
Substance Abuse
Assessment: 035
Call Type: 02
Location: 03/02

Pick Up Location: Saskatoon (CityPK\Univ.Gds)
Destination Location: St. Paul's Hospital (Saskatoon)
Sending Physician:
Receiving Physician:

Code: 90022
Code: 00141
Pick Up Category: 900
Destination Category: 018

Patient #: 1 of 1,
TIMES
Time Of Call: 01:32
ALS Arrived: 01:40
BLS Arrived:
Patient Sided: 01:45
Depart: 02:19
Destination: 02:34
Unit Clear: 03:18

Ambulance Basic Fee: Rate for Service 177/06
Kilometer Fee: 3.05 X 0 @ 100 %
Waiting Time Fee: 100.00 X 0.00 hrs
Escort Fee: 0.00 X 0.00 hrs
Discount:
Vendor #:

360.00
0.00
0.00
0.00
0.00
Invoice Total 360.00
Balance Owing 360.00

Comment:

Email Darcy Cherney Ministry of Advanced Education Saskatchewan

From: [REDACTED]
Date: March 18, 2023 at 6:25:39 PM PDT
To: "Cherney, Darcy AE" <Darcy.Cherney@gov.sk.ca>
Subject: Re: University Of Saskatchewan Complaint

Hi Darcy

I would just like to note that as the University is considered a corporation and doesn't have to answer to anyone and can do as they please. I as a paying "customer" refuse to put another cent into this "Corporation"

These crazy ideologies, do not align with what I would want my children to learn or be subjected to. Your system is broken, divisive and not helpful especially when dealing with mental health problems.

I would also like to add that perhaps, Russell would see this situation differently, if he had a child or family member with years of ongoing mental health issues that absolutely no-one will help with.

Tami

Sent from my iPhone

On Mar 17, 2023, at 3:47 PM, Cherney, Darcy AE
<Darcy.Cherney@gov.sk.ca> wrote:

Dear Tami Main:

I am writing to respond to your emails of March 10, 13 and 14 and our telephone discussion on March 13.

As I noted during our discussion, *The University of Saskatchewan Act, 1995* establishes the University of Saskatchewan (USask) as an autonomous corporation. The Act sets out USask's responsibilities related to students. The Government of Saskatchewan has no legislative authority to intervene in USask's responsibilities for student matters.

You have noted in the attached emails that your complaints are against the University of Saskatchewan. You also noted that you have already made a complaint through USask's ConfidenceLine, so I do not have any advice on other complaint options directly with USask. Should you wish to proceed with a

complaint, you may consider legal action with USask's legal office.

I understand the concern you have with your daughter. You may consider contacting police to request wellness checks on your daughter if you have concern for your daughter's health.

There is nothing further that I can suggest or do. As such, this matter is considered closed from the Ministry of Advanced Education's perspective.

Darcy

From: [REDACTED]
Sent: Friday, March 10, 2023 10:40 AM
To: Cherney, Darcy AE <Darcy.Cherney@gov.sk.ca>
Subject: Re: University Of Saskatchewan Complaint

WARNING: This message originated from a source that is not managed by **SaskBuilds and Procurement, Information Technology Division**. Do not visit links or open attachments unless you trust the sender's email ID and ensure it is not a spam/phishing email.

Hi Darcy

I have attempted to reach out to Russell and he basically won't speak to me without a lady named Tracey on the call. I have already spoken to Tracey and she was very unhelpful and divisive on the call. I don't wish to speak to her.

I am seriously at my wits end with all this. They can throw this privacy act at a parent at every turn, but it's ok for an underage minor to be so drunk on THEIR grounds, an ambulance needs to be called. Then they just ignore this incident like it's no big deal and the parent is not informed.

Last I checked it was illegal for a minor to be drinking. Does no-one have authority over the University? They can do as they please?

Thank you
Tami

Sent from my iPhone

On Mar 8, 2023, at 9:34 AM, Cherney, Darcy AE <Darcy.Cherney@gov.sk.ca> wrote:

From: [REDACTED]
Sent: March 1, 2023 8:38 PM
To: g.wyant.mla@sasktel.net
Subject: University Of Saskatchewan Complaint

Good Evening Gordon,
I don't know if you can help but I am a parent of 17 yr old minor who just started attending The University of Saskatchewan last September.
We live in Surrey BC.

My daughter has had mental health issues since 11 yrs old, with her threatening to kill herself and being sectioned twice in a BC Hospital by a psychiatrist.

Since starting at University she has been taken away from the campus park by ambulance for substance abuse. She is failing her classes (she has never failed any classes before), hasn't paid tuition, changed her name to a "bird "name and is mixing alcohol and Ritalin (given by an on campus doctor)

A previous psychiatrist took her off Ritalin and said she had traits of borderline personality disorder. Her father's has Bipolar on his side of the family.

No-one informed us of this incident Oct 1st and I found out through an almost \$400 ambulance bill delivered to my home. This is a minor child illegally drinking (and or substance abuse) on University grounds who had to be taken to hospital by ambulance.

My daughter has also decided to have no contact with any of her family in BC. I have attempted to contact the University, who won't tell me anything and think it's perfectly fine for her to change her name to a bird name. I have called on campus and off campus police. I have called the crisis line for wellness checks. I have called Canadian Mental Health of Saskatchewan.

I have put in a complaint about the University and they have just closed it without talking to me, even though I have requested this several times. Today I discovered Ombudsman Saskatchewan will not file complaints against Universities. Could you advise who holds the University in Saskatchewan responsible when a paying parent has a complaint?

No-one will help and they just keep throwing " the privacy act" at me. Who will be responsible when this minor child tries to kill herself again? The Ministry in BC says there is nothing they can do since she is in Saskatchewan. Saskatchewan

Health Authority and the Saskatchewan police say they consider a 16 yr old an adult.

After consulting the courthouse in Saskatoon I was advised that a 16 yr old is NOT in fact an adult even though the Saskatoon police keep telling me this. Britany of Mental Health Warrants Judicial Officer at the CourtHouse suggested I file a missing person report as we haven't had contact with my daughter since Jan3rd when she left BC.

The Saskatoon Police refused to do this even though I was advised by the courthouse. They have told me that my daughter doesn't want to talk to us and that I am harassing my 17 yr old MINOR daughter who has mental health problems.

The Privacy Act in Canada is outrageous and needs change.

As her mother it appears I have zero rights and I would like to know who will be responsible when she does something? The University? The Police? The Ministry? Or No-one?

Thank you

Tami Main

Phone 

Email from the University of Saskatchewan

Below is one email from the University Of Saskatchewan. I had actually asked for a call with Russell on his own, but he refused to have a call without this woman Tracey Spencer who was incredibly rude. That is why I refused a call.

Thank you

Tami

Dear Ms. Main:

I understand from my Executive Assistant that you would not agree to a phone call with myself and Tracy Spencer, the university's Manager, Student Affairs and Outreach, with whom you have communicated before. As such, I am sending this email in lieu of the meeting we offered.

It is my understanding that you have contacted multiple offices at the University of Saskatchewan recently regarding your child, as well as the Ministry of Advanced Education and other third-party organizations.

First and foremost, I feel I need to take this opportunity to assure you - as I know other staff you have spoken to have assured you - that university staff dedicated to supporting students take concerns about students very seriously, as we are committed to doing everything we can to ensure the well-being of all students and to support their success, both academically and otherwise. Where deemed appropriate, our practice is to reach out and check on students and offer them appropriate supports and services, where warranted.

However, despite your objection to having it cited, I am bound to repeat what you have been told several times in prior conversations: In Saskatchewan, as in other Canadian jurisdictions, students are considered adults, and if over the age of 16 are not minors. Any interactions university staff have with them - including regarding their health and welfare - are firmly protected by privacy legislation. Unless a student provides us with written permission that allows us to have discussions about them with a third party, under the provisions of *The Local Authority Freedom of Information and Protection of Privacy Act*, university staff will not discuss any matter related to them with anyone. This includes the parents of the student, and whether that family is paying the tuition, or believes the student is too young to handle their own affairs, etc., is irrelevant - the Act still applies.

I fully appreciate that your inquiries come from a place of concern about your child's wellbeing, but unless the above permission requirement is satisfied, we will not share information with you. I would therefore ask that you cease calling university offices about this matter unless the above requirement is satisfied.

Yours respectfully,

Russell Isinger

Russell Isinger, BA, MA

[he/him]

Interim Vice-Provost, Teaching, Learning and Student Experience and University Registrar
Professional Affiliate, Department of Political Studies, College of Arts and Science

Teaching, Learning and Student Experience
Room E-248, 105 Administration Place
University of Saskatchewan
Saskatoon, Saskatchewan, Canada
S7N 5A2
Office: 306-966-8710
Fax: 306-966-6730



I acknowledge that I live and work on Treaty 6 Territory and the Homeland of the Métis. We pay our respect to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.

Make your mark on a student's life with a gift today at give.usask.ca/students.

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Horse Counsellor Emails Nila:

> On May 6, 2019, at 8:22 AM, Linda-Ann Bowling <plannedtransitions@shaw.ca> wrote:

>

> She may not be intentionally lying. If there is a mental health issue, that might be truth to her. I believe there are some deep underlying psychological issues that need to be addressed.

>

> Anyway see you tomorrow. I sent out SOS's to the people I know in that field.

>

> Thanks!

>

> Linda-Ann

> Master Leadership Coach

> Change Management Thought Leader

> Horse Guided Facilitator & Coach

> www.plannedtransitions.com ... Moving from ordinary to extraordinary!

> www.LearnwithHorses.ca ... Learning Leadership and Teamwork with Horses!

> 604-889-4452

>

>

>>>> On May 6, 2019, at 5:32 AM, Linda-Ann Bowling

<plannedtransitions@shaw.ca> wrote:

>>>

>>> I'm going to talk to one of my colleagues who is in Abbotsford and see what she says. Also I will talk to a Mom who knows a lot of connections and try to find help.

>>>

>>> If she doesn't feel I am the right person, and I agree that she needs more mental health support, then I will see her tomorrow as our last session.

>>>

>>> I believe she is a danger to herself and potentially others, and must have professional help.

>>>

>>> I'm sorry you are going through this. The priority is life-saving support for her. Your family doctor must take more active steps on this as well.

>>>

>>> I will see what I can do.

>>>



Surrey Memorial Hospital

ROY-MAIN, NILA KALI

BD: 11/04/2005 GND: F AGE: 16Y
PHN: 9818396389 Unit#: SM01242108
S.PACU SERVICE DATE: 04/10/2021
ADM: Kanagarajan, Padmavathy FAM: Su, Winnie
MRP/ATT: Kanagarajan, Padmavathy
Account#: SM247915/21

PATIENT DISCHARGE INSTRUCTIONS
Child and Adolescent Psychiatry



DSDS106648B

Rev: Feb 02/18

Page: 1 of 1

I have been discharged into the care of: grandpa (Thomas)

Diagnosis: BPD traits / Parent child relational dysfunction

What I worked on in hospital:

- Safety Plan & Written Safety Plan given to me
Coping Strategies

COPY

Resources given to me/my family:

- Resources given to me/my family

Satisfaction Surveys collected YES NO

Personal Medications/Belongings given to me/my family YES NO

Prescription given to me/my family YES NO

Medications: Name Dose Frequency

This prescription needs to be renewed by

- Psychological Testing YES NO Date:
PAI WISC-V WAIS-IV Other, please specify:
Report to follow

COMMUNITY SERVICES /PHONE NUMBER/FOLLOW-UP APPOINTMENTS:

- Doctor (GP/Psychiatrist): Dr. Winnie Su. Phone # Appt:
Therapist or CYMH Clinician: 15455 Vine Ave. Phone # 604-542-3900 Appt: Tuesdays 9-5
School Contact/ADTPYDR: Tera Springenetic Phone # 604-888-3033 Appt:
Substance Use Counsellor: Phone # 1-844-782-7811 Appt:
Youth Care Worker Phone # Appt:
MCFD Social Worker Phone # Appt:
Metabolic Monitoring Phone # Appt:

A discharge summary also will be sent to: START, CYMH, GP

Date next Long Acting Injection due: Location:

INFORMATION REVIEWED WITH ME/MY FAMILY: Date: Youth: [Signature]

Staff: Joe Parent/Caregiver: [Signature]



**CHILDREN'S & WOMEN'S HEALTH
CENTRE OF BRITISH COLUMBIA**

AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

ED DISCHARGE FORM

BC CARE CARD NUMBER

ADMIT YYYY/MM/DD 2019/05/04	TIME 23:10	VISIT NUMBER	DX/REASON FOR VISIT	ROY-MAIN NILA KALI BC PHN: 9818396389 1320433 F DOB: 11-APR-2005	ER
PATIENT NAME/ADDRESS/PHONE			ACCIDENT INFO	RTY:	
DATE OF BIRTH YYYY/MM/DD			AGE	SEX	FAMILY PHYSICIAN
			REFERRING PHYSICIAN	ED ADMITTING PHYSICIAN(S)	

DISCHARGE DIAGNOSIS:
MENTAL HEALTH CONCERNS

DISCHARGE INSTRUCTIONS:
Try keeping a daily journal - you can write down your thoughts, your feelings, what makes you sad, but also what makes you happy.

If you are feeling worried or anxious, try "box breathing" (take deep breath, hold it in 3 seconds, breath out slowly, then repeat...)

Good mental health website / resources = www.keltymentalhealth.ca
Good mental health website = www.anxietybc.ca --> "Mindshift app"
Good teen book = The Mindful Teen; www.mindfulnessforteens.com
Kids Help Phone = 1-800-668-6868
See more general health info @ www.aboutkidshealth.ca --> A-Z

NAME:	DOSE:	WHEN:
IBUPROFEN (I.E. ADVIL/MOTRIN)	<input type="checkbox"/>	
ACETAMINOPHEN (I.E. TYLENOL TEMPRA)	<input type="checkbox"/>	

RETURN TO EMERGENCY IF:
RETURN IF:
- you feel very unwell
- you feel very unsafe
Can also call 911 if feeling very unwell or unsafe

- INFORMATION HANDOUTS GIVEN
- FEVER
 - VOMITING/DIARRHEA
 - HEAD INJURY
 - FEBRILE SEIZURES
 - ASTHMA/BRONCHIOLITIS
 - CAST CARE
 - WOUND CARE
 - CROUP
 - POST SEDATION
 - OTHER:

- FOLLOW UP APPOINTMENTS
- WHERE:
- GP as needed
 - EMERGENCY
 - CLINIC: LINK: CART will follow up
 - AWAITING LAB RESULTS: BLOOD/URINE/SKIN/STOOL WE WILL CALL IF POSITIVE
 - OTHER:

YOUR SIGNATURE BELOW INDICATES THAT YOU UNDERSTAND THE PATIENT'S DISCHARGE PLAN:

	May 4, 2019	11:10 pm	PARENT, GUARDIAN OR PATIENT'S SIGNATURE
MD SIGNATURE	DATE/TIME		
_____	May 4, 2019	11:10 pm	PARENT, GUARDIAN OR PATIENT'S SIGNATURE
RN SIGNATURE	DATE/TIME		



NAME:
DATE: 2019/05/04
WEIGHT:

MD SIGNATURE:
DOCTOR'S NAME (PRINT): C KIM
COLLEGE ID #: 043424

REPEAT	1	2	3	4	5	EVERY _____ DAYS	NO REPEAT
--------	---	---	---	---	---	------------------	-----------

PATIENT COPY

Children and Women's Mental Health and Substance Use Program
Child & Adolescent Mental Health
British Columbia Children's Hospital
Outpatient Psychiatry Program
Box 150-4500 Oak Street
Vancouver, B.C. V6H 3N1

PH: 604-875-2010; FX: 604-875-2099; Toll Free: 1-888-300-3088

The Child and Youth Mental Health Program at Children's and Women's Health Centre of BC is a provincial resource providing mental health assessment, medication review, and short term treatment, for BC and Yukon children, youth, and their families, ages 18 years and younger.

Our primary mandate is to provide specialized consultation for children and youth with complex psychiatric concerns who have not responded to community treatment. In limited cases, we also provide consultation for children and youth with less complex concerns, in order to meet our multiple mandates of teaching, research, and program development.

We are unable to provide autism assessments, psycho educational assessments, or assessments for insurance claims or medical-legal purposes, including custody.

16 Jul 2019

Dr. Winnie Su
250-2184 West Broadway
Vancouver, British Columbia
V6K 2E1

RE: Nila ROY-MAIN U: 1320433 DOB: 11 Apr 2005

Dear Dr. Winnie Su:

Thank you for referring Nila to the Outpatient Psychiatry Program. **We are not accepting this referral** as Nila is already involved with the local Child and Youth Mental Health service (START South), and the services we would provide would be a duplication. In addition, Nila has recently been seen by a BC Children's Hospital Psychiatrist on May 4, 2019 and a START psychiatrist on May 31, 2019; and is considered to be a duplication of services.

We are in agreement with the recommendations as made by the psychiatrists and clinicians above as well as those made by our COMPASS team on April 12, 2019, and the BC Children's Hospital LINK program clinician in May and June 2019. We are also in agreement with your recommendations and referrals.

It is **our recommendation that you** consult with the START South Team regarding this referral at (604-585-5561, clinician Asli), and follow up with your patient. If after this consultation a second opinion is needed, the treating START psychiatrist can re-refer back to our program as needed.

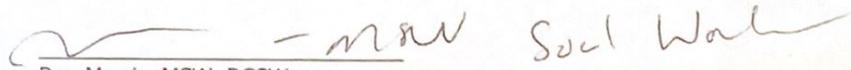
If you would like general information on Mental Health or Substance Use issues, and community resources, please contact the Kelty Resource Centre at 604-875-2084 or 1-800-665-1822. You may also visit their web site at <http://keltymentalhealth.ca/>.

.../Page2

RE: Nila ROY-MAIN U: 1320433 DOB: 11 Apr 2005 – Page 2

Should you have further questions regarding this letter, please contact one of our Intake Clinicians at 604-875-2010.

Yours sincerely,

 -maw Soul Walsh

Rae Morris, MSW, RCSW
Social Worker

Intake, Urgent Assessment, Telehealth Outreach Psychiatric Services
Intake

cc: parents/guardians

11.06.19

Reflective Letter

Nila

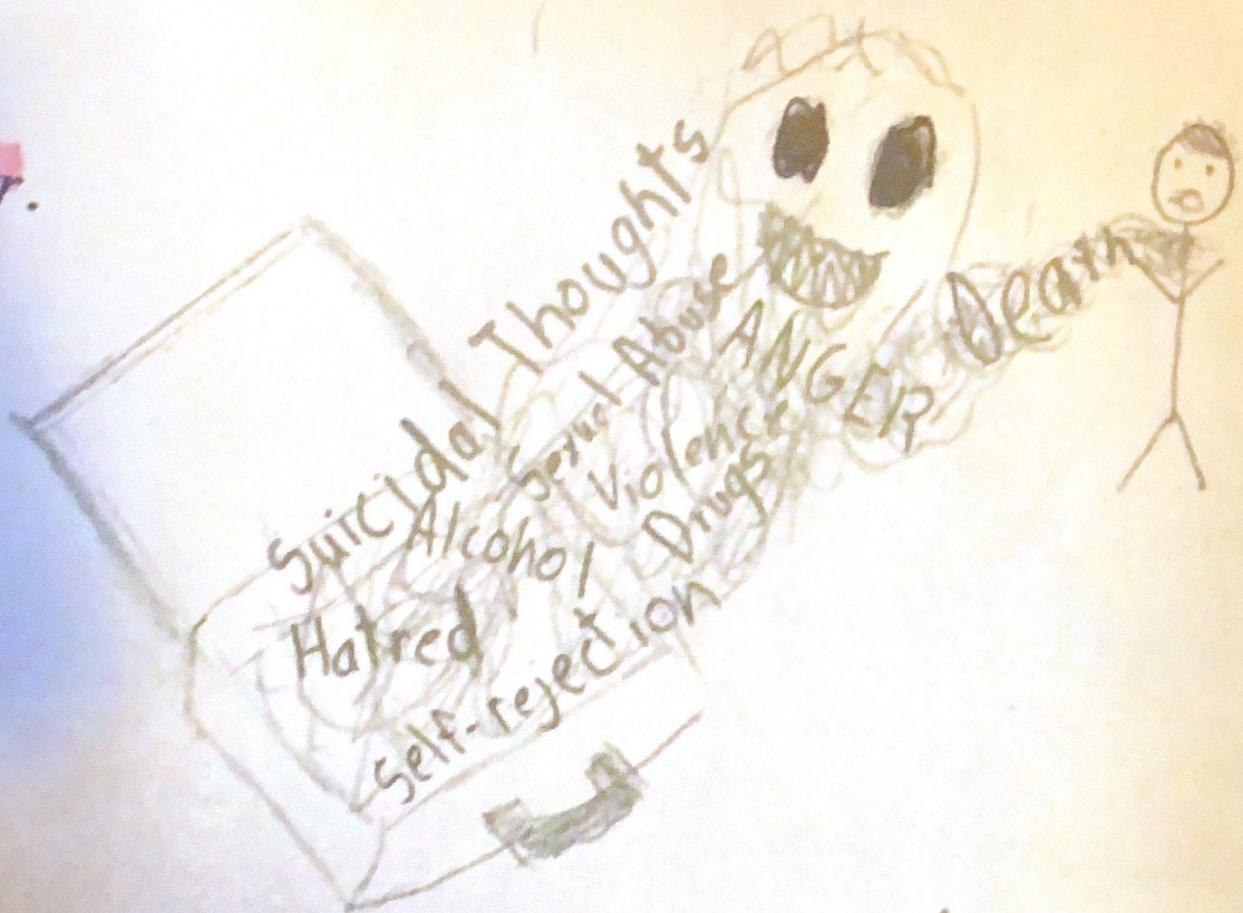
Dear Nila,

This year will be hard. Like actually hard, not the BS you used to think was 'hard.' You will cry, you will suffer up to the point where swallowing the entire bottle of Tylenol seems like a better idea than turning up to school the next day. But don't do that. Even though your friends disappear and you feel sad and alone, by the end of the year you'll have some pretty damn amazing friends. Also, grades aren't the most important thing on your plate. Take time for yourself. Still remember to study though, actually, scratch that, LEARN how to study, and actually do it. Another thing, try to stop beating yourself up over every failure. You will be okay. Even though I hate to admit it, teachers are right when they go on about having a growth mindset. It's hard, and by the way, you aren't just feeling it like you were convinced you were, you do have depression, and IT IS a valid reason for being mentally exhausted all of the time. It's not normal to feel this... empty, all the time. Learn to love yourself. You already know this internally, but since you don't want to admit it yet, Mom loves you, but there is something mentally wrong with her, so don't take the screaming too personally. But for the meanwhile, you have your friends, your future boyfriend, and most importantly, yourself.

Good Luck!
Nila Rati Roy-Main

now is trying to make his life better

27.



F: started off happy + positive
then showed negativity (change)
End is positive again
viewer needs to feel sincere

Death is inevitable

DIE DIE

Stop procrastinating

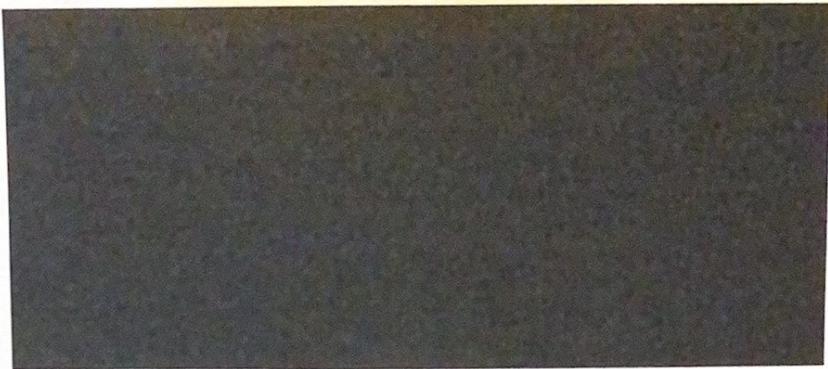
DO IT DO IT

Leave your mortal flesh behind

SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE

Come to Hell

COME HOME COME HOME COME HOME COME HOME COME HOME



Walks into kidney transplant room
"Hey, are you gonna eat that?"



capella.cas



I-

If u r, I guess I'll just have to settle for snorting ur dandruff then



deanerism

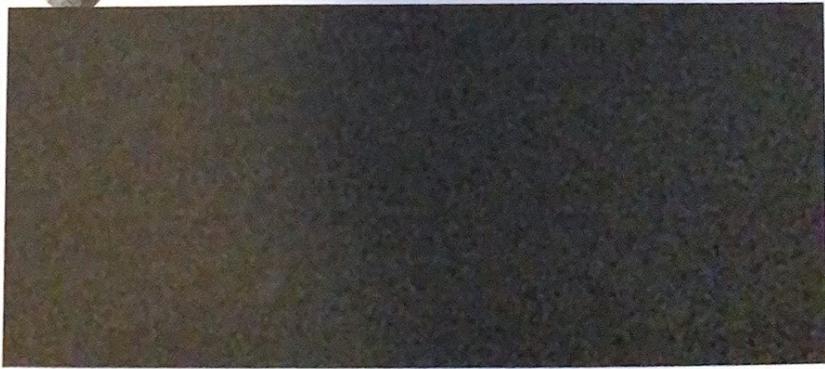


-

capella.cas



Nila, youre a good friend and all but what the colossal fuck??



Interventions I tried with Nila over the years:

3 Paediatricians

2 psychologists (Private)

YMCA Mentor for a year

YMCA Mind Program

Horse Counselling

School Counsellor

Outward Bound Program

Naturopath (tried & refused)

Meal delivery & Meal Planning for Veganism

Counselling with Neurofeedback (Refused)

Books-BPD Self Help Books for borderline personality disorder & others(did not read)

Supplements- (she refuses to take)

Suggested Acupuncture- (she refused)

Cruise

Karate to help with self discipline (refused to do it online during Covid but wanted me to keep paying)- Karate Owner mentor

Suggested an online counselling program she could use from her phone- (she refused)

5 one time private counsellors- we met with (did not help) independently & together.

2 Counsellors through Child & Youth Mental Health for the time period allowed(Did not help & made things worse)

Asked CYMH & Manager Terry several times about Maple Centre for teens

Children's Hospital(Once)

Surrey Memorial (Three times & sectioned twice)

I have been emailing my GP for over 7 years

Rejected my GP's referrals for a regular psychiatrist(I have the letter)

I tried to get her into this program through EHN but they wouldn't let her take the course because of the note " borderline personality traits" on the hospital discharge papers.

<https://ehnonline.ca/healthy-minds-comprehensive-teen-program/>

She has been going on dark sites online since grade 7 I believe this is where she is socializing and thinks she is " trans"

She has no friends. When she was younger she always had loads of friends.

She never displayed trans or autistic behaviour as a child.Went crazy when my mom offered to take her phone home from the hospital. Had a meltdown at the

hospital when my mom was going to go with her upstairs to her room. She was yelling at my mom like a crazy person saying "go away"

Nila is also convinced she has ADHD which I don't believe as she never showed one single symptom as a child. My opinion is PTSD from what happened with her dad and possible mental health problems (bipolar) that runs on his side of the family.

Thank you
Tami

Feb 3 2023

I would like to clarify my complaint in regards to The Ministry of CVMH (see below, M.A., R.C.C Child and Youth Mental Health Clinician and Terry Gerde. I would also like to add an additional complaint regarding Dayna MacKenzie, MSW Complaints Specialist, Provincial Quality Assurance Team.

She did not accurately take my complaint, then proceeded to argue with me and tell me that "I am not allowed to complain" because my daughter signed a form, not allowing us to be privy to her medical information.

Note: This release form she speaks about was also not signed until after my daughter was "sectioned" twice (see separate lines at Sunny Memorial Hospital and when she started counselling with Har).

This is the most ridiculous argument I have ever heard. If my mother signed one of these "forms" and I witnessed my mother being abused by a health care worker, I could not complain on the basis of what I witnessed because she signed this form!!!!

In addition to this, Dayna has referred to my DAUGHTER as a "They, Them" throughout her letter/report. My DAUGHTER is a SHE. This is HIGHLY offensive to both myself and my parents (See attached) I have highlighted Dayna's inaccuracies in this report.

She also notes in her report that I am not entitled to know about waitlists, therapy or referrals about my YOUNG child who has mental health concerns. I am her PARENT!

I would like to ask the ministry, this is the case, what is my role as her parent if I am not entitled to know this about my minor child?
If I am doing NOTHING about her struggles then who is actually helping her?

In addition to this point she makes, my daughter was SECTIONED by a Psychiatrist which shows she needs help.

I would also like to note this complaint is a continuation of a previous complaint dealt with by Aimee Stone (Ombudsman Office)
File 21-194958 & 21-194900

I was FALSELY accused of child abuse of my son by a social worker who missed my daughter's file with another parent. I was accused 7 months after the report was filed up. "This tells you how long before CVMH takes action and their incompetence."



January 23, 2023

Incident Number: 1-70574455577

Tamara Main



Dear Tami:

Re: Your complaint regarding Child and Youth Mental Health (CYMH)

Thank you for your contact with the Ministry of Children and Family Development's MCFD's Complaints Program. I appreciate the opportunity to speak with you about your concerns. I am writing to confirm the details of our conversation on January 20, 2023. The complaint you made was not accepted for MCFD's Complaints Process.

The following is a summary of your complaint issues, as I understand them, and the reason your complaint was not accepted. Please let me know if my summary of your concerns is not accurate.

You initially contacted MCFD's Complaints Program by email on January 3, 2023. We spoke over the phone on January 4, 2023. You told me that your child, Nila Roy-Main (DOB2005Apr11) moved to Saskatchewan last fall to attend University. You provided me with information about the challenges Nila has experienced over the years. You explained the attempts you have made to access services to assist and support Nila.

You explained that you became aware Nila is struggling in Saskatchewan when you received an ambulance bill in the later months of 2022. You expressed concerns that agencies you spoke with in Saskatchewan would not provide you with more information about Nila's circumstances. You told me that Nila returned home to BC over the Christmas holidays and shared how much they are struggling. You told me that you believe Nila is at a considerable risk for suicide. You expressed concerns that Nila is in Saskatchewan and not connected to services. You told me that you believe more could have been done to support Nila while they were still in BC and to connect them with services before they moved to Saskatchewan.

You explained that one of the services that Nila was referred to while they were still living in BC was Child and Youth Mental Health (CYMH). You told me that Nila had been hospitalized and admitted under the Mental Health Act. You explained that a planning meeting occurred that included a psychiatrist and CYMH Staff. You said that the psychiatrist recommended Cognitive

Ministry of Children and
Family Development

Office of the Provincial Director &
Aboriginal Services
Quality Assurance Branch

Mailing Address
Suite 210 1165 Battle Street
Kamloops, BC V2C 7N4

Toll free 1 877 387 7027
Facsimile 250 371 3611

Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) for Nila. You explained that CYMH Team Leader, Terry Cardle confirmed CYMH would provide the service and that ZOOM meetings would be arranged.

Based on the information you provided, my summary of your complaint is that you were of the understanding that CYMH would provide services to Nila, and as a parent you are concerned that services were not provided. You provided the following information to support your complaint:

- You stated that Nila was on the waitlist for more than a year.
- You explained that although the psychiatrist had recommended CBT and DBT, the therapy was not provided to Nila
- You expressed concerns that CYMH Clinician, Harj Heer, appeared to focus on the possibility that Nila may be autistic and would benefit from an assessment rather than providing therapy
- You said that the ZOOM meetings that CYMH Team Leader Cardle said would be arranged did not occur
- You told me that it was your understanding CYMH could have referred Nila to services in Saskatchewan, however, this did not occur
- You stated that your calls to CYMH TL Cardle and CYMH Clinician Heer went unreturned

When I asked how you were hoping your complaint would be responded to, you told me that you were hoping Nila would be connected to services in Saskatchewan. You stated that you would like CYMH Staff would be held accountable for the lack of service that had been provided.

On January 20, 2023, I phoned you to let you know that your complaint had not been accepted for MCFD's Complaints Process. I provided the following explanation. I let you know that I had followed up with CYMH Staff regarding your complaint. I learned that Nila had not provided their consent for CYMH Staff to share information with you. This must be taken into consideration, as MCFD's Complaints Program cannot disclose another individual's information that is protected by confidentiality. This poses challenges in providing a response to your complaint, even though you are Nila's parent. As you are not the recipient of CYMH services, you are not entitled to information about any service that may have been provided. This includes information about the waitlist, therapy, or referrals. As confidentiality protects the information that would be relevant to responding to your concerns, your complaint was not accepted for MCFD's Complaints Process.

Your concerns that CYMH Staff did not return your calls is one complaint issue that may have been eligible for MCFD's Complaints Process, as it applies to your direct communication. MCFD's Complaints Program considers complaints related to whether MCFD Staff provided "timely service", which includes returning phone calls in a reasonable amount of time. In reviewing your concerns with CYMH Staff, I learned that there were dates that communication

occurred with you in February 2022; March 2022; May 2022; June 2022; and July 2022. As you were not the direct service recipient of CYMH services, it is my conclusion that reasonable contact occurred from CYMH Staff. Your complaint about a "lack of timely service" by MCFD Staff was not accepted for MCFD's Complaints Process.

On January 20, 2023, you expressed your frustration with the information I had provided to you. You told me that as a parent, you have the right to make a complaint about your child not receiving service. You told me that your complaint began before CYMH involvement, during the meeting at the hospital. You stated that Nila did not have the ability to provide consent while admitted to the hospital under the Mental Health Act.

You insisted that I had misunderstood your complaint. I attempted to summarize my understanding of your complaint and you suggested that I was arguing with you. You requested that I stop trying to tell you what your complaint is. My apologies if that is how the conversation came across. I was hoping that I could clarify any misunderstanding that might have occurred regarding your complaint.

I confirmed that as a parent, you do have the right to make a complaint. However, your right to make a complaint is separate from your right to receive the information relating to your complaint. Nila also has the right to have their confidential information protected and determine what information they would like shared. Should you speak with Nila and they agree that their confidential information can be discussed in this complaint, they can contact me to provide their consent. I will then be able to have a further discussion with you about the information related to your complaint.

You stated your intentions to contact the Office of the Ombudsperson. I encouraged you to provide the Ombudsperson with a copy of my letter. I let you know that they could contact MCFD's Complaints Program if they have any questions or wish to discuss further.

The Ombudsperson is an independent Officer of the B.C. Legislature who impartially investigates complaints from the public to ensure people are treated fairly in the delivery of government services. For more information, visit their website www.bcombudsperson.ca or call 1-800-567-3247.

You may be able to apply to the British Columbia Supreme Court to conduct a Judicial Review of a decision made by the Director under the *Child, Family and Community Services Act* by filing a Petition pursuant to the *Judicial Review Procedure Act*. You may need legal assistance to do so.

You might find it helpful to access some free services provided by the Law Foundation of BC:

To listen to Dial-A-Law information on the telephone, call 1-800-565-5297
(604-687-4680 in the Lower Mainland) or www.dialalaw.org

Click law: www.clicklaw.bc.ca

Legal Aid: Lawyer Referral Service: 1-866-577-2525

In addition, the Office of the Representative for Children and Youth (RCY) is responsible for supporting, assisting, informing, and advising children and youth and their families about how to access designated services and how to become effective self-advocates. The RCY can also advocate on behalf of a child or youth who is receiving or is eligible to receive designated services. You can call the RCY toll-free at 1-800-476-3933.

As you requested information about services for Nila in Saskatchewan, the following resources may be helpful:

Mental Health Saskatchewan Health Authority- MHAS Adult Services
saskatoonhealthregion.ca
Centralized Intake Line 1-306-655-7777

Mental Health Crisis- University of Saskatchewan
Student Affairs and Outreach team at 1-306-966-5757
Saskatoon Mobile Crisis at 306-933-6200
Crisis Services Canada at 1-833-456-4566

I will leave your complaint file open for two weeks, or until February 13, 2023, pending any follow up from Nila or the Office of the Ombudsperson. I can be reached at 778-362-7012 or toll free at 1-877-387-7027. If I do not hear anything further by February 13, 2023, your complaint file will be closed.

Yours sincerely,



Dayna MacKenzie, MSW
Complaints Specialist
Office of the Provincial Director & Aboriginal Services
Quality Assurance Branch

cc: Daniel Sheriff, Director of Operations
Terrence Cardle, CYMH Team Leader
Harjinder Heer, CYMH Clinician

Enclosure: Complaints Process brochure

DM/jw

I have been trying to get help for my daughter since 2016 (for the past 7 years)when Nila's father left the family and has not spoken to her since. This was a VERY traumatic experience.

My daughter was taken to Surrey Memorial Hospital by police Oct 4 2021 and sectioned by Psychiatrist Dr. Muniba Faraz.

I was told that she had traits of Borderline Personality Disorder and needed DBT therapy and it would take years of therapy for her to get over the abandonment of her father.(see attached discharge papers)My ex husband also has Bipolar that runs in his family.

I did NOT request details of information about my daughter from Dayna or CYMH.My complaint is regarding my OWN interaction with Terry and Harj. I actually had my own sessions in Harj's office and spoke to Terry twice.I believe I have a right to voice my opinion.

We waited forever to get my daughter into therapy from CYMH. I kept messaging Fiona (See attached messages) I called Surrey Hospital and emailed the psychiatrist Dr. Faraz(see message).I informed them that Nila would be back in the hospital,if she didn't get help or counselling asap.

I asked several times about Maples. I called Terry the manager at CYMH and spoke to him twice in Jan(see message Jan 11 2022)and he promised me to setup a plan and a Zoom meeting.I told Terry my daughter would be back in the hospital if she didn't get help asap.

Terry did not return my last two messages. In between Jan and Feb 6th my daughter was taken back to Surrey Memorial a SECOND time threatening to " Kill herself" She was sectioned AGAIN because CYMH did not help in a timely manner. Even though I kept telling them.

Feb 2022 myself and my parents attended a meeting with the psychiatrist at Surrey Memorial Hospital.Harj was in attendance.We agreed Harj would counsel Nila upon the psychiatrist's recommendations.

Harj, quickly started harassing me about testing Nila for Autism. I told her Nila doesn't have Autism and never EVER exhibited one autistic trait as a child. Harj would not let up and kept going on about this. Nila's behaviour

Issues all started after her father left the family.

Harj is a COUNSELLOR and not trained to diagnose ASD. I had these conversations in Harj's office on my own. The manner she was going on about Nila being Autistic,makes me believe Harj was NOT following the Psychiatrist's recommendations.

The counselling NEVER improved anything for Nila.This is the opinion of myself and also my parents.

We have a RIGHT to our opinions as we were LIVING with Nila's behaviour.

Nila's behaviour actually got WORSE. The addition of Harj putting the idea that Nila had autism in her head, made Nila research Autism in teenagers. I understood counsellors were supposed to be "neutral" and not do this.

Myself and my parent's didn't think Nila was mentally stable or prepared to go away to University for September 2022. Harj persuaded both myself and my parents to give Nila a chance and that she would probably mature with the University experience.

Since Nila left BC in September for the University of Saskatchewan, she has been out of touch with ALL family. Refuses to call or return any messages.

An ambulance was called Oct 1st to The University of Saskatchewan campus park at 1:40am. They picked Nila up for illegal substance abuse and took her to the local hospital.

An on campus doctor is supplying her with controlled prescriptions (which the psychiatrist at Surrey Memorial Hospital took her off) She is mixing these prescriptions with alcohol regularly. Everyone keeps informing me about the "privacy act" but no-one seems to care about a minor and illegal substance abuse.

Nila has also failed two of her classes and has done very poorly with her remaining classes. This is a child who has never failed any classes. She is on a downward spiral and no-one is helping again!

I have been told a million times about the "Privacy Act" and I have absolutely ZERO rights as a parent. I want to know who is going to be responsible for this minor child when she kills herself?? The Ministry? Harj or Terry?

Tami Main

Phone [REDACTED]



10:48

53%



Liam Taylor
itzliamt



Today 9:52 am

liam if i didnt do anything wrong then why are you perfectly fine to hang out with literally anyone that isnt me

I didn't wanna upset you but things have started to get to a point where I just couldn't handle this anymore. I hang out with other people because they aren't trying to push everything on to me. And like... just things are starting to become apparent and idk how well I can be friends

Certain ways you act the guys don't like it and I don't blame them, you need to try and mature. And I tried to support it but like, what you do is harmful and idk if I can be apart of it

oh

You replied

Certain ways you act the guys don't like it and I don't blame them, you need to try and mature. And I tried to suppor...more



Message...



Aa



4:37



Liam Taylor



Liam Taylor

Facebook

You're not friends on Facebook
Lives in Saskatoon, Saskatchewan

3:40 PM

Hey,
Do you know someone named Finch? I'm very worried about them. I am their cousin and I can't get ahold of them.

Finch is also known as Nila....

4:34 PM

I know him. We stopped talking months ago due to various issues and I have not talked to him in any matter recently. Apologies but I cannot help you



Aa



The Long Awaited Gender Anecdote Report

Submitted by Stuart Parker

Challenges Associated with Report Production

It must be understood, from the outset, that in British Columbia, by bureaucratic fiat, failure to affirm is grounds to apprehend. What this means is that parents of minor children who speak out against Genderwang face a substantial risk that their child will be seized, chemically lobotomized, mutilated and sterilized by the state. Indeed, the simple fact that I opposed Genderwang was used to open a file on my ex's custody of her children, *even after we had split up and I had moved out*.

In the support group Los Altos Institute runs for people impacted by the Genderist turn, one of our members has a twelve-year-old trans-identified daughter and is constantly lying to the Ministry of Children and Family Development about her support for transitioning her daughter based on her reasonable assumption that if she voiced her opposition, she would immediately lose custody of her daughter. She is a courtroom lawyer and former official with West Coast LEAF and just barely has the resources to maintain custody of her daughter while her daughter's teachers groom her for transition.

Parents who are public in their opposition face an immediate worsening of their own family situation, not just through the actions of MCFD but, of course, social ostracism and possible loss of employment. And as we have seen from the recent court decisions in the Red State of Montana, fleeing the jurisdiction with one's child is often not a feasible option even, with trans-identification functioning in the US the way enslaved status did the Antebellum Period under the Fugitive Slave Law.

Individuals who trans-identified as children and youth but have de-transitioned or desisted face significant harassment from teachers, school clubs and clinicians including regular exhortations to suicide and death threats, as well as physical violence from Antifa and other trans rights activists.

As a consequence, it has been challenging to recruit individuals willing to have their case publicly identified (even if they are not themselves named) both ethically and practically. Some individuals I simply could not even attempt to recruit in good conscience because of my concern over the wellbeing of their child. Others were willing to tell their story but became reluctant to be identified as they thought more about the potential consequences they could face. Consequently, this report has taken over a month of following leads and conducting interviews to deliver one single case where the aggrieved party is willing to have her situation described anonymously.

Our Duty Canada, an organization by and for parents who have lost their children to Genderwang may be willing to produce more cases for us if necessary but the principals have many of the concerns that I do. If more work needs to be done on this file, I would recommend that Karin Litzcke, the local director of the organization, be directly engaged. She might do some additional work or burn additional social capital in her organization, if prompted by a phone call directly from John or she may have already done all she can to help.

I am still working with Gwen O'Mahoney to convince one additional victim but he has been forced to leave town following his desistance and re-identification as a gay youth due to the many suicide calls and death threats from his school's Pride Club and its sponsor.

The Narrative

The case we have permission to make use of comes to us from Tami Main and concerns her daughter Nila. They are based in Langley and are party supporters. A short note of thanks from John to Tami for her courage here would not go amiss. The events in our narrative begin in 2015 and continue to the present day.

Nila was born in 2005 and, until 2015, had relatively normal mental health and a conventional upbringing in England. But in 2015, the family planned to relocate to Canada and Nila and Tami were sent ahead by the husband, who then canceled his plane ticket, announced he would not be moving to Canada and cut off all contact with his wife and daughter. Nila has had no contact with her father the past nine years.

The results of this trauma were almost immediately apparent. Beginning in the 2015/16 school year, Nila ceased socializing with other kids and began refusing to talk to her mother about their family situation and her paternal abandonment.

By early 2017, Nila's school began regularly contacting Tami about behavioural and mood problems she was suffering and the adverse impact of her increasingly anti-social behaviour on other students. During the summer holidays, things worsened to the point where Tami began seeking emergency psychiatric help for her daughter via her family doctor, Winnie Su. A regular phone and e-mail correspondence, of more than weekly exchanges begin between Tami and Dr. Su, concerning Nila's increasingly destructive ideation and escalating behavioural problems. Nila's eating becomes disordered; she adopts a sparse vegan diet with many obvious nutritional deficiencies over the summer.

In the absence of any successful referral by Dr. Su, Tami enrolls Nila in equine therapy in April 2019. A week later, Nila makes her first suicide attempt. She is referred to BC Children's Hospital following additional suicidal ideation, threats and behavioural problems. Children's refuses to connect her with counseling; she is instead referred to the START program. The hospital gives Nila a quasi-diagnosis of Borderline Personality Disorder (BPD), observing that she has the traits of the condition but is too young for a formal diagnosis per the DSM V. The equine therapist discontinues treatment, suggesting that she cannot handle an individual so clearly a danger to herself and others.

BPD is associated with self-harm, body image problems and delusions and is one of the B-Cluster personality disorders that affects young women predominantly. Clinicians have observed his levels of comorbidity between BPD and bodily self-harming behaviours including anorexia, bulimia, cutting and trans identification.

In June, Children's Hospital specifically notifies Dr. Siu that as Nila received two psychiatric counseling sessions in the aftermath of her emergency admission, she is not eligible for any additional psych referrals and is essentially over quota, having received twice as much counseling as she was entitled to. She is again referred to START. She receives one session of counseling from START; counseling is then discontinued after a total of three sessions, all in May. The school contacts Tami concerned that Nila's writing indicates she may harm herself or others. Nila runs away from home in July 2019 and is admitted to Surrey Memorial Hospital by her aunt, following disturbing behaviour and refusal to go home.

Nila is again admitted to Surrey Memorial on October 4th, 2021 following an incident at home that requires her being apprehended by police and taken to hospital, where she is sectioned by a psychiatrist but no outpatient counseling is provided either by Surrey, Children's or START.

On October 15th, Nila is again taken from her home, by police, to Surrey Memorial Hospital, again receiving a BPD quasi-diagnosis and recommendation of dialectical behavioural therapy. Following this, Tami begins almost daily calls to MCFD requesting the counseling suggested by the hospital. On January 15th, 2022 Nila attempts suicide and is again sectioned by Surrey Memorial, with an incipient BPD quasi-diagnosis, along with an additional diagnosis of post-traumatic stress disorder (PTSD).

In February 2022, finally bowing to requests, MCFD assigns a social worker to begin counseling Nila. Hardinder Heer, the social worker, begins treating Nila for autism and gender dysphoria, despite not symptoms of autism or prior diagnosis of either condition. Heer tells Nila that she has autism and suggests that she embark on a reading program to educate herself about this condition, also highly comorbid with trans identification.

Heer begins telling Nila's family that, despite her being underage and mentally unstable that the most important mental health intervention they can make is to send her away to college in another province. Following two months of lobbying by the social worker, the family agree to Nila attending the University of Saskatchewan in the fall.

In October, Nila is hospitalized for a drug overdose on campus. Neither the university nor healthcare authorities will communicate with Tami on the grounds that when she was sixteen, Nila requested that her medical records be kept confidential from her family. But the family is still billed \$360.00 for the ambulance. Nila returns home for Christmas, having failed more than half her classes.

In January 2023, Tami files complaints over the refusal of MCFD and Surrey Memorial to share any medical records of Nila's deteriorating condition. Dr. Edalati, a psychiatrist to whom Dr. Su successfully referred Nila, but after her departure to Saskatchewan, attempts to obtain Nila's Saskatchewan medical records but is rebuffed by the University of Saskatchewan Health Centre.

Heer's manager, Terry Cardle contacts Tami in February to explain that because Tami was not, herself, being counseled, she cannot file a complaint concerning Heer's counseling, even concerning one-on-one meetings she herself had with Heer concerning Nila's case. In her correspondence, Cardle refers to Nila by non-binary pronouns. Tami requests that she desist; she refuses to. All subsequent correspondence and calls continue in this behaviour.

A number of Nila's peers contact Tami to inform her that Nila's communication is growing more unhinged and disturbing and inform her that they must disengage. In June 2023, Nila quits school and begins working full-time at a paint store as a male named Finch. Thereafter she ceases all contact with her family, including her five-year-old brother and aged grandmother.

The Points

Like most stories of the ravages of Genderwang, this is a messy and complex story that I have already simplified just to produce a narrative that did not exceed two pages. Nevertheless, I think we can talk about the following issues here:

- The lack of mental health care for children and youth
- The ability of social workers to overrule psychologists and psychiatrists to rule children trans-identified, thereby terminating other forms of counseling
- The grooming of children by MCFD personnel to identify as transgender and autistic, as these are the most highly materially resourced and trendy diagnoses
- The active facilitation of self-harming behaviour by minors

- The exaltation of minors’ “privacy rights” to prevent parents carrying out their basic duties to safeguard their children’s health
- The tendency to treat suicidality with child transition, despite all clinical research showing that transition increases suicidality in the medium- and long-term
- The encouragement and facilitation of the trans movement’s “no contact” policy regarding families in any way questioning trans-ID by government personnel

We can use this story to talk about how “trans” is the response to the abject failure of mental health care for BC kids, the replacement of counseling and residential treatment with outpatient hormones and grooming.

Next Steps

I will continue working on this file. This is all I can put on the record right now. While I can provide additional information about individual cases, I must do so off the record due to the serious ethical issues raised by the likelihood of severe forms of retribution being exacted on individuals and families willing to have their cases discussed.

I am cautiously optimistic that the young man targeted for suicide/murder by his former coreligionists will come forward as Gwen O’Mahoney is also working on the case and has established a rapport with the individual. I will also continue working with Shannon Boschy and Karin Litzcke for Our Duty Cases. And I have a number of other gender critical activists on the lookout for cases, such as Emily Duggan, who persuaded Tammy to come forward, Chanel Pfahl and various other protagonists in the movement.

Date	Event
2005-04-11	Nila is born
2015-01-15	Tami and daughter Nila relocate to BC from England
2015-01-31	Nila's father intentionally misses plane to BC, announces he is not coming to join them, never speaks to daughter again
2015-09-01	Nila becomes increasingly anti-social, refuses to talk about paternal abandonment, loses friends
2015-02-01	Child and spousal support are withheld except for a token 5 pounds/month; family moves to grandmother's home in
2015-10-01	Divorce proceedings commence
2017-01-15	School begins regularly contacting Tami to report behavioural problems with Nila Nila's escalating mental health and behavioural problems prompt Tami to seek emergency psychiatric help via Winnie
2017-07-08	Su, the family GP
2017-07-08	Start of e-mailing, calling GP 2-3 times per week until 2022; problems include disturbing journal entries, unmanageable
2017-07-24	Nila becomes a vegan, refuses to take supplements, begins to experience nutritional deficiencies
2019-04-18	Nila taken for equine counseling with Linda Ann Bowling
2019-04-25	Nila attempts suicide by overdosing on medication Tami and Nila's grandfather take her to BC Children's Hospital for murderous, suicidal ideation, threats; psychiatric counseling sought, refused; follow-up calls ignored; Tami redirected to the START program Nila discharged by BC Children's Hospital with a diagnosis of Borderline Personality Disorder and a course of treatment
2019-05-04	of journaling and dialectical behavioural therapy, according to discharge papers
2019-05-06	Equine therapist Linda-Ann Bowling advises Tami that Nila is delusional and a danger to herself and others
2019-05-31	Nila receives single psychiatric appointment from the START program
2019-06-11	Tami contacted by a teacher at Nila's school over disturbing writing by her daughter
2019-07-16	Nila runs away from home; she is taken to Surrey Memorial by her aunt and admitted briefly Social worker Rae Morris of Children's Hospital denies request by Nila's GP Winnie Siu for outpatient psychiatric counseling for Nila; service denial is justified based on rationing of services, that her psychiatric visits on May 4th and 19th are more than she is entitled to, recommends all future interactions take place through START
2019-07-22	Nila enrolled by Tami in Outward Bound program
2021-10-04	Nila suffers mental health episode requiring police intervention at home; she was sectioned by a psychiatrist but requests for continued treatment were refused and ignored that date and thereafter Nila suffers a breakdown at home and the police take her to Surrey Memorial Hospital where she receives a quasi- diagnosis of Borderline Personality Disorder (i.e. she is too young for a definitive diagnosis based on clear Borderline
2021-10-15	traits); Tami begins regular calls to MCFD requesting counseling; they are ignored Request to Kristina Trandovski that Nila receive counseling from EHN refused on the grounds that she has received a
2021-10-27	Borderline Personality Disorder diagnosis from Surrey Memorial

Ministry of Children and Family Development opens investigation into Tami over "child protection concerns" because

2021-11-22 they mixed up her file with another client suspected of abusing their young son

2021-12-03 MCFD investigator meets with Tami again

Tami begins repeated calls to Surrey Memorial Hospital and MCFD about the urgency of getting Nila counseling before

2022-01-01 she attempts suicide

2022-01-15 Nila was again hospitalized and sectioned, diagnosed with Borderline and Posttraumatic stress disorders, following a MCFD counselor refuses to refer Nila for treatment for either of her diagnosed conditions but instead demands autism

2022-02-01 testing; instead begins counseling her for autism and gender dysphoria; deterioration accelerates

2022-02-01 It is agreed that in the absence of a psychiatrist social worker Harjinder will counsel Nila

Harjinder tells Nila she believes she suffers from autism and begins counseling her on that basis, rejecting the BPD

2022-02-01 diagnosis, despite no prior autism diagnosis or symptoms

2022-03-01 Harjinder has Nila conduct a program of research into autism as part of her counseling

Harjinder convinces Tami and other family members that Nila's mental health will substantially benefit from her

2022-04-01 relocating for college, persuades them over weeks to permit her to enroll in the University of Saskatchewan in the fall

2022-08-01 Nila moves to Saskatoon to attend the University of Saskatchewan

2022-10-01 Nila removed from university by ambulance, hospitalized due to extreme substance abuse, family not notified, despite University of Saskatchewan states that it keeps such incidents secret from parents for all minors over 14 due to their

2022-10-01 interpretation of the Privacy Act

2022-10-07 Tami receives a \$360 bill for ambulance service

Nila's behaviour grows more erratic, ceases to contact family. University, law enforcement, hospitals, mental health

2022-11-01 service, social services all refuse to intervene or update family

2022-12-15 Nila returns home for Christmas, having failed over half of her courses

Ombudsman's office reports on its investigation of Tami's complaint against MCFD's 2021/22 investigation; findings include (1) MCFD lied to Tami in claiming her conduct was being investigated; (2) MCFD did respond promptly to urgent requests including a delay of more than a week; (3) MCFD lied to Tami, claiming that their investigation was not over specific events in September 2021 but dated back six months (4) despite stating that Tami would not have to deal with the social worker that misled her, MCFD continued assigning the original social worker to meet with her through January

2023-01-03 2022; (5) ombudsperson finds a letter of apology should be added to Tami's file per her request

2023-01-03 Nila has extreme meltdown at home, becomes hysterical, locks herself in bathroom

2023-01-04 Nila returns to Saskatoon

2023-01-05 Tami begins two months of failed attempts to contact Nila and to engage government agencies in Saskatchewan with Tami files second ombudsperson complaint regarding the failure of Surrey Memorial Hospital to provide any treatment following their quasi-diagnosis of Borderline Personality Disorder and the refusal of staff to permit Tami to see any

2023-01-20 medical records on the grounds that Nila's privacy trumps her parental rights.

Tami files a complaint against Harjinder Heer, a social worker who has been counseling Nila and her manager Terry Cardle, noting that MCFD refuses to receive any complaint concerning Nila's counseling on the grounds that she asked for her medical records to be confidential when she was sectioned by Surrey Memorial, arguing that this removes Tami's standing to complain about any treatment of Nila, even treatment she witnessed personally, nor is she permitted to complain about her own treatment by ministry staff; She also complains that the Ministry has decided to refer to Nila by

2023-02-03 non-binary pronouns in all correspondence about her despite Tami requesting they desist

Tami calls the Vice Provost of the University of Saskatchewan; he refuses to speak to her one-on-one but demands that

2023-03-13 she participate in a conference call with other unspecified university personnel

2023-06-01 Nila attempts to reach out to peers who rebuff her contact calling her behaviour destructive

Dr. Edalati, a child psychiatrist referred by Winnie Siu, contacts the University Medical Centre in Saskatoon, following

2023-10-05 Nila suffering an overdose; they do not respond

2024-06-01 Nila is reached at Cloverdale Paint, where she now works as a man named Finch

2024-06-02 Nila goes no contact with her entire family system, including her five-year-old brother



OMBUDSPERSON

January 3, 2023
File: 21-0194958

Tamara Main



Dear Tamara Main:

Thank you for your complaint to our office about the Ministry of Children & Family Development and for your patience. I appreciate that you have been waiting for some time regarding this complaint and to be able to move past this matter.

I am writing to let you know that I have completed my investigation and identified concerns with the process followed by the Ministry, particularly related to communication and declining your request for a written apology to be placed on your file.

COMPLAINT SUMMARY

You made a complaint to our office following the Ministry's initial contact to you on November 22, 2021, at which time the Ministry told you that they were investigating child protection concerns. You requested a Team Leader contact you and there was a delay in that request.

You also expressed concerns regarding the Ministry's delayed response time overall and about respectful communication. You told me you made an access to information request and received your Ministry file. When you reviewed it, you had concerns about how a December 3, 2021 discussion with you was characterized in the Ministry's documentation. Additionally, you stated the Ministry used inappropriate language to refer to a child with a disability in a discussion with you.

INVESTIGATION SUMMARY & ANALYSIS

Based on the information you provided I investigated whether the Ministry provided timely service to your family and responded reasonably to the other concerns you raised. I also considered whether the Ministry provided clear reasons for its involvement and decision to decline to provide you with a written apology.

As part of my investigation, I reviewed records the records you provided as well as the Ministry's file notes and spoke with both a Ministry Team Leader and Director of Operations.

Additionally, I reviewed the relevant Ministry policy related to Service Requests and the relevant provisions of the *Child, Family & Community Service Act*. In the course of my investigation I identified the following facts and concerns:

- Discussions with staff and a review of the records confirmed that you were incorrectly told by staff in an initial discussion that the Ministry was investigating concerns regarding your family. Staff realized and acknowledged the error and stated they were involved in the

capacity of a Service Request. It is important to note the records confirmed you were never the subject of an investigation. You requested contact from a Team Leader and were not contacted by one until nine days later.

- The Ministry's involvement related to concerns from September of 2021. While you stated you were told the concerns dated back over six months prior and expressed concerns about ministry's staff's delay in contacting you, we were unable to conclude the delay in response was more than two months according to our discussions with staff and after reviewing the records. It is possible you were told this information in regard to the family your case was mistaken for initially.
- During the discussion with the Team Leader on December 3, 2021 the records and discussions with staff indicated that staff acknowledged the error in misidentifying your case and the Ministry's level of involvement. It appears you were provided with a verbal apology and that the Ministry explained the intention of a Service Request was to connect you and your family with services you may not already be accessing. The Ministry committed to contacting you again to confirm if any additional supports were available, but did not do so.
- It was also discussed on December 3, 2021 that you were not comfortable working with the same social worker who had contacted you initially. The Team Leader committed to managing your case, however the original social worker attempted to engage with you in January of 2022.
- You made a complaint to the Ministry's Quality Assurance Branch in December of 2021 and requested a written apology be added to your file. The Ministry closed your file in April of 2022 without providing a written apology or reasons to you for why it declined to do so.

When our office considers whether an authority treated a person fairly, we rely on available information to support our assessment. The documentation we reviewed in your case appeared limited, which the Ministry acknowledged and indicated was the result of ongoing staffing pressures. Similarly, the two-month delay in contacting your family appeared to result from the same challenges.

The Ministry acknowledged the delay and that ensuring it has adequate staffing levels was of importance in meeting its obligation to provide a timely response to concerns and requests for services. The Ministry also acknowledged that taking nine days to contact you after the distressing event of believing you were being investigated and being mistaken for another parent constituted an unreasonable delay.

In the course of my investigation, I considered the fairness of the Ministry's process in your case, in particular as it related to giving you clear information about its decision-making criteria and its obligations to ensure its decisions considered your individual needs and circumstances. Additionally, providing fair service involves respectful and courteous treatment, being forthright and making information clear and easily accessible. Accountability and commitment to service improvement are also key parts of providing fair service.

Following our discussions with staff and our review of the records, it was clear that you sought a written apology and requested it be added to your file. The Ministry appeared to conclude that a verbal apology was adequate at the time, however did not provide reasons for its decision to you and did not appear to take the importance of a written apology to you into account.

While I was unable to conclude from my review of the records what language the Ministry used during its initial discussion with you, I had concerns that the documentation you identified as being disrespectful appeared to be inconsistent with fair service. Our office expressed those concerns to staff and encouraged them to consider documenting information in a way that contemplates the people it concerns may eventually review it.

It appears the Ministry did not meet its obligations under a Service Request to provide you with information about available services as it had committed to do and fell short of responding and communicating in a timely way. Based on the decision to reconnect you with the same social worker, we also had concerns about whether the Ministry's attempts to work with you were meaningful when you had expressly stated you would be unable to work with them based on your initial experience.

PROPOSAL

In order to settle the fairness concerns we identified, we requested that the Ministry provide you with a letter of apology and add it to your file. I understand that the Ministry has taken this step, and if you have not already received an apology letter you should have one soon. The Ministry agreed to administratively re-open your file which would allow them to place your letter on file as requested. Your Ministry file will immediately be closed again following this action. I have reviewed the letter and it appears to be adequate to settle the administrative fairness concerns we raised.

We also discussed with the Ministry the importance of ensuring that staff are aware of practice guidelines and policies, and ensuring they are sharing information about their involvement with the appropriate person. The Ministry acknowledged gaps in training of some staff and advised us it had hired a mentorship worker to work with newer staff. We will continue to monitor the Ministry's response to its staffing challenges.

CONCLUSION

Given that the Ministry has agreed to address the administrative fairness issues we identified, I have decided to end my investigation and close our file.

If you have any questions or concerns about my preliminary decision, you can send those by email to mail@bcombudsperson.ca or fax to 250-387-0198, or by mail to the address listed above. I can also be reached on my direct line at 250-812-0736 or toll-free by calling Service BC at 1-800-663-7867 and asking to be connected to my direct line. Please note if I do not receive a response to this letter by January 13, 2023 I will close our file for the reasons provided.

Thank you for bringing your concerns to our attention.

Yours sincerely,



Alaina Bates
Ombudsperson Officer