

IN THE SUPREME COURT OF NOVA SCOTIA

Citation: MCS v. J.B. & M., 2004 NSSF 011

Date: 20040217

Docket: Docket number

Registry: Halifax

Between:

The Minister of Community Services

Applicant

v.

J.B. and J.M.

Respondents

Revised Decision: The text of the original decision has been revised to remove personal identifying information of the parties on May 11, 2008.

Publication Ban:

Publishers of this case please take note that s. 94(1) of the *Children and Family Services Act* applies and may require editing of this judgment or its heading before publication.

Section 94(1) provides:

"No person shall publish or make public information that has the effect of identifying a child who is a witness at or a participant in a hearing or the subject of a proceeding pursuant to this Act, or a parent or guardian, a foster parent or relative of the child."

Judge:

The Honourable Justice Douglas C. Campbell

Heard:

December 11, 2003; January 5, 6, 7, 8 & 9, & February 9, 2004, in Halifax, Nova Scotia

Counsel:

James Leiper, for the Minister of Community Services
William Leahey, for the respondent, J.B.
J.M., respondent, unrepresented

By the Court:

[1]This is an application by the Minister of Community Services (“the agency”) pursuant to section 42(1) (f) of the *Children and Family Services Act*, S.N.S. 1990, c.5 to place the child, E.C.M. (“the child”) in the permanent care of the agency. The child was born [in 1997] and was accordingly six years old at the commencement of the hearing.

[2]The respondent, J.M., (“the father”) is the father of the child. He supports the agency plan for permanent care relying on the likelihood of the agency following its current plan to maintain the placement of the child with the father’s sister and her husband and to support an adoption of the child by them. If permanent care is not granted, he would put forward a plan of care himself and he opposes the return of the child to the mother.

[3]J.B. (“the mother”) is the mother of the child. She resists the agency’s plan for permanent care and seeks a termination of the proceedings and a return of the child to her care.

[4]The mother and father are not married. There had been brief periods of cohabitation during the child’s very early life but the parties have differing views as to whether and for what duration that cohabitation constituted a common-law relationship. Generally speaking, and apart from short periods of cohabitation, the child has been in the mother’s care until she was apprehended subject to regular and frequent access by the father.

[5]Prior to agency involvement, the post-separation relationship between the mother and father had deteriorated. There was a private application before the court brought by the father with respect to custody of the child. There had been a number of high conflict events between the mother and father relating to custodial and other issues. These scenes often involved shouting and other significant verbal altercation often in front of the child.

LITIGATION HISTORY

[6] This matter has had an unusually long history before the court. In the fall of 2001, the parties high conflict, post-separation relationship reached a high point from the father's point of view when he learned from the child's maternal grandmother that there had been a then recent family wedding and reception during which the mother had behaved in ways that seemed serious from the point of view of her parenting. She was described by her mother as having been intoxicated, confrontational (including a physical altercation with a relative) and neglectful of the child who was also attending the reception. The father had begun to suspect some form of mental illness or mental health issue in the mother. The conflict between the respondents became so extreme that the father wrote a letter to the mother directing that she make no contact with him either in person, by voice mail or other electronic means. There were other events that raised questions in the mind of the father and later in the minds of various social scientists about the mother's mental health. These were referred to in my decision after the contested protection hearing and will be referred to very briefly here for purposes of continuity.

[7] The child had been attending a daycare and the mother became involved as a volunteer. Her relationship with the teacher and director of the daycare deteriorated substantially when she took on certain causes which she saw as an effort to improve the daycare experience for the children. For example, she started a petition to force the daycare to re-visit their change in policy by which they permitted sugar in the children's diet at the daycare. There were other confrontations with daycare staff. Eventually, the Executive Director of the daycare felt that these commotions were so detrimental to the attending children that she felt compelled to ask the mother to de-register her child from the program.

[8] The mother testified that she simply resigned from the daycare but it was clear to me from the evidence that she had been given notice by the daycare to remove the child because of the significant disruption caused by various scenes created by her. The disruptive behaviour continued to the point where the director shortened the period of notice and insisted that the child not be returned to daycare again. Notwithstanding that directive, the mother continued to bring the child to daycare. The director had security people available one final morning who had to physically stop the mother from entering the facility and to leave the premises. Various witnesses testified as to the extent of the mother's persistence in the face of the

security guards which described a scene that could only be seriously detrimental to the child's emotional well being.

[9]A somewhat similar negative experience had occurred between the mother and the operators of the daycare in a previous setting prior to the enrollment at the above noted daycare. It was clear from the evidence that this was part of a pattern of serious, aggressive and confrontational behaviour while the child was present between the mother and third parties with whom she must deal in relation to the child.

[10]By contrast, a third daycare was chosen by the mother after the first two negative experiences. The mother's behaviour has been described by the workers there as positive and productive.

[11]In addition to the many events that occurred at the daycares, there have been a number of very intensive conflicts between the mother and the father. These included very serious altercations at the father's home, after he had forbidden the mother from attending there and begun the process of obtaining a peace bond to restrain her. The child was present and witnessed extreme shouting and kicking at a door and other overly aggressive events on the part of the mother.

[12]On October 12, 2001, triggered by the above noted conference with the child's maternal grandmother, the father referred the matter to the agency which, after investigation, made application to the court for a supervision order. That order was granted at a hearing on November 26, 2001 subject to an adjournment to complete the interim hearing. This was followed by a series of pre-trial conferences and hearings during which time various services were offered by the agency.

[13]Initially, there was a significant lack of cooperation by the mother with the agency. For example, she would not agree that the child could be part of the parental capacity assessment requested by the agency and later took the view that the child could be assessed provided she (the mother) was present. As a result the child was never assessed in that process. The mother was not in agreement that the assessors and later counsellors should be chosen by the agency since she was suspicious of the independence of any social scientists who are paid by the agency and receive routine referrals from the agency. This appeared to be based on the incorrect assumption that an agency would have, as its goal, a desire to win a

finding that children are in need of protection in inappropriate cases and that a paid professional is likely to report in support of those wishes in order to secure ongoing revenue from that agency.

[14]When the agency attempted to retain a therapist for the child, the mother resisted the agency choices for a period of time but eventually accepted Lise Godbout.

[15]A parental capacity assessment was conducted by the IWK Assessment Services. It recommended that the child be taken into temporary care (in place of the supervision order that had operated until then) and that the mother be referred for psychiatric assessment raising concerns with respect to her mental health.

[16]On March 22, 2002, the child was physically taken into care and the variation order in respect of that change was granted at an appearance on March 28, 2002.

THE EXPERT EVIDENCE

[17]There were objections from the mother in terms of choice of psychiatrist but she eventually chose Dr. Syed Akhtar. Dr. Akhtar testified. He is a psychiatrist who has a sub-specialty in forensic psychiatry. He filed a report which was accepted by consent as an expert report. His task was to identify whether there was any form of psychiatric disorder, to assess the level of the mother's insight and to suggest interventions that would assist.

[18]Dr. Akhtar testified that the mother suffered from a severe mixed personality disorder which he distinguished from a mental illness. He explained that the disorder here is mixed in the sense that it is the combination of three types of personality disorder traits being borderline, narcissistic and histrionic.

[19]Dr. Akhtar explained those traits. In borderline personality disorders, the person is not sure of their self-image and has difficulty dealing with anger, abandonment and are emotionally volatile.

[20]With a narcissistic personality disorder the patient has a grandiose sense of one's self and believes that he or she is entitled to things others cannot have. There is a lack of empathy for others and the person is self-centred in their approach.

[21]With a histrionic personality disorder, the patient exhibits theatric behaviour.

[22]Dr. Akhtar explained that the existence of the mixture of traits of personality disorder has a serious negative impact on treatment. He testified that one of the features of this disorder is that the patient usually lacks insight into her problem and how her behaviour will impact on others with whom she deals. Dr. Akhtar described the mother's disorder as being "quite severe" and "more disabling than most". Her particular level of insight was poor. He indicated that she would need an intense and lengthy period of treatment.

[23]Dr. Akhtar testified that it was not part of his mandate to ascertain whether or not the mother's personality disorder is fatal to good parenting. He confirmed that it is at least possible to effectively parent a child despite the diagnosis but he added that it would be very difficult and that, if the video of the mother shown as part of the evidence was typical of her behaviour, she would not be able to do so.

[24]Dr. Akhtar concluded his expert report dated July 23, 2002 with the following comment:

"The combination of abnormal personality traits that (the mother) shows, makes for formidable difficulties in practical life. She obviously needs professional help i.e. intensive psychological counselling over a long period of time to inculcate insight into these problems. However, she is singularly unmotivated and rejects any suggestion that her difficulties may be routed in her own personality rather than in other people's attitudes out of hand. She is not likely to accept psychological treatment on her own nor is she likely to cooperate with the therapist if this is imposed on her. The prognosis, therefore, remains very uncertain."

[25]Dr. Humphreys acted as the mother's therapist during seven sessions between September 13 and November 14, 2002. She filed a report dated November 15, 2002 in which she made this comment:

"She (referring to the mother) continually explains her behaviour in terms of her principles, her needs, her rights and her style without being able to recognize or consider others' perspectives or experience or the difference between the principles she is operating from and her actual behaviour."

[26]And further at page 3 of the report Dr. Humphreys said this:

“Because of (the mother’s) inability to take responsibility for her behaviour and her inability to recognize both the inappropriateness of her behaviour and the impact of her behaviour on others, I am unsure how it would be possible to have access visits which did not have the risk of something inappropriate being said or done, in terms of the requirements set out by the department. Certainly, (the mother) has the intelligence to know what is expected of her but her belief about her “rightness” is the only criteria she uses in decision making.”

[27]Within a day or so of the date when that report was reviewed by the mother, she cancelled her next scheduled appointment and made no future appointments.

[28]Between the date of the physical apprehension on March 22, 2002 and the date of Dr. Humphrey’s report a number of events occurred with respect to the mother’s access to the child. That access was taking place at the agency offices and was subject to professional supervision. There were a number of difficulties with respect to the mother’s behaviour while exercising that access. She often referred to the child’s return to her home despite direction from the agency that such holding out of expectations was harmful for the child and should be stopped. She would place her chair directly in front of the supervisor to keep that supervisor out of the child’s view in order to make the visit more personal. On one such occasion, she pressed her chair against the legs of the worker pinning her against the wall and continued to do so after being asked to cease in what the worker described as an assault.

[29]The agency workers expressed concern to the mother about speaking to the child regarding adult issues, promising various gifts when she returned home such as a bike and a cat and talking negatively regarding the foster home. The mother insisted that she was not wrong in behaving in this way.

[30]As another example of problem behaviour, when the child spoke of having attended primary school orientation, the mother told the child that it had not been decided what school she would be attending. The agency took the position that this behaviour was negative and that it held out expectations of returning to the mother’s choice of school that would confuse the child since she had already visited the school chosen by the agency.

[31]By October 15, 2002, the mother attended the agency offices to celebrate the child's birthday. She began to decorate the room with streamers and confetti-like items were being tossed around. When the agency worker indicated that this form of decorating was against department policy and would clutter the room for the next visitor, the mother refused to stop the process and an altercation ensued. Subsequent professionals testified that this behaviour creates a "double bind" because if the worker is required to take more assertive action to correct the problem it is likely to exacerbate what by then had become a very negative scene and very upsetting and confusing for the child.

[32]As a result of the history of difficulties during the access visits, ongoing access was terminated shortly after that event.

[33]Leading to that point in time, the child's behaviours at the foster home and during the access visits were described as being negative. She was unwilling to share with her foster sibling (her cousin), she would have temper tantrums, she would pull her hair and engage in various negative behaviours. Her therapist, Lise Godbout testified that the child was anxious and struggling on a very regular basis.

[34]The mother's access was reinstated in March of 2003. The child's behaviours had improved during the time when access was suspended with the assistance of counselling with Lise Godbout and for a short period of her professional leave with Patrick Mabey. Mr. Mabey testified that over the time he was the therapist for the child, her behaviour improved dramatically, the temper tantrums were reduced and the child accepted redirection more readily.

[35]There were a number of months between the date when the mother discharged her therapist and retained a replacement therapist who was Dr. Joe Gabriel. His written report dated February 19, 2003 indicated that by then the mother had been in therapy for eight sessions. That letter offered some optimism with respect to the mother's insight with respect to her behaviours. He said this:

"At this point in her therapy, (the mother) has demonstrated an awareness of how her behaviour can be offensive to others, as well; she has shown the willingness to change. She has started this process by examining potentially provocative situations, thinking of the consequences of various behavioural options and generally alternative response patterns. The negative impact of being separated

from her daughter has been instrumental in her motivation to change her previous behaviours. She loves her daughter, misses her and worries daily that she is well.

It is my opinion that the mother/daughter relationship be resumed on a graduated basis. I have found no evidence that she poses a danger to her daughter. Having said that I also believe that she needs to continue in therapy and that the therapists and Community Services work together to assist her."

[36]There were a number of report letters filed by Lise Godbout who was the therapist for the child. In them, various concerns respecting the behaviour of the mother at the access times were expressed. Her final report is dated December 13, 2003. The following are quotes from that report:

"(The mother) placed (the child) in the middle of many conflicts and frequently behaved in a manner that would have been psychologically overwhelming for (the child). Her behaviour has continued to reflect his pattern....

The child's problematic behaviours and inability to cope with her anxiety and stress consistently worsened and peaks following access visits with her mother. Her mother's conduct further reflected dysfunctional and self-centred parenting...

During the months that followed the interruption of access contact, (the child's) behaviour settled significantly...

Once access resumed, (the child's) anxiety returned as quickly as it had left. Dysfunctional behaviours began to follow access visits...

Her anxiety was so high that she was having fits of tears and could cry at the drop of a hat...

...this child's anxiety and behaviour problems faded significantly when she was not having contact with her mother. Once this contact resumed her problems returned quickly and have continued to worsen...

Access contact between (the child) and her mother must cease for (the child's) circumstances to improve and for (the child) to have an opportunity to heal...

She remains at risk for developing personality dysfunction and this risk increases with the amount of contact with the mother...

I recommend that access contact between the child and the mother cease for the duration of her childhood or until (the child) is otherwise equipped to deal with the dysfunction in the relationship interreaction...

Her mother's recovery would be a significant piece in the treatment of this child and the parent child relationship. Until this occurs (the child) will not be emotionally or psychologically safe in the care of her mother, nor in a relationship with her mother."

[37]In stark contrast to the description from these various professionals of the seriousness of the situation, the Executive Director of the child's most recent daycare described a very happy, well behaved and well mannered child while attending the daycare. It appeared that the child also coped well at school once she started primary of 2003.

[38]Lise Godbout expressed no surprise at the apparently positive behaviour at the daycare and indeed later at school as compared to the behaviours at the foster home and during access visits. She testified that the factors that trigger emotional upset and negative behaviours do not necessarily transcend all environments.

THE MOTHER S EVIDENCE

[39]The mother concedes that she has a different personality but that she is being misunderstood. She believes that she is passionate about matters that concern her especially when they also concern her child. She does not agree with the agency approach to child protection.

[40]She is supported by a friend and former landlord who testified very positively about her qualities as a mother.

[41]Although she has a Bachelor of Arts and a Bachelor of Social Work, she is not working in that field. She is attempting to make a career as a film maker although she does not gain much if any income from that endeavour at this time. She has completed a film entitled "[...]" which she described as a comic celebration of youthful creativity. She hopes to sell it to the Canadian Broadcasting Corporation. She has another film called "[...]" which has not yet been funded.

[42]From the evidence and the case management of the file, I have concluded that there was a significant change in the mother's approach to this lawsuit at the time when she retained her third and present counsel. It was approximately that point in time when the mother retained Dr. Joe Gabriel as her therapist. Despite a number of events during access (before and after it was resumed) that were concerning to the agency, the mother appeared to be making progress through therapy. In his report dated July 14, 2003, Dr. Gabriel commented that the mother continued to make progress in controlling her behaviour. He listed the goals of the therapy sessions as follows:

- (1) how to avoid situations that are likely to have her respond inappropriately;
- (2) to view herself in an even and balanced manner;
- (3) to gain insight into her behaviour as well as how her actions impact others;
- (4) to talk about situations which could easily trigger inappropriate thoughts and actions.

[43]Dr. Gabriel commented that "In my opinion, (the mother) has gained an understanding of these goals, and has improved in all of them, through treatment. Based on my contact with her through her sessions, I believe that she would benefit from resuming her relationship with her daughter, and this would not be detrimental to either party."

[44]Dr. Gabriel closed his practice shortly after that report in the late summer of 2003 and moved to Ontario and accordingly has been unavailable to counsel the mother. She did not obtain a formal psychologist to continue Dr. Gabriel's work. She did however meet a Mr. Goodman whose credentials were less than fully explained to the court who she has seen for about three sessions after Dr. Gabriel's work was ended.

[45]The mother described her successes with Dr. Gabriel and Mr. Goodman as having helped her to understand better strategies for dealing with anger and frustration. She found the sessions to help her deal with the stress of the proceeding

and she learned how there are better times and places to bring up issues than she would often choose in the past.

[46]When cross-examined about her behaviours at the daycare which had been part of the triggering events for agency involvement, the mother admitted that she behaved inappropriately and that she could have handled it better.

[47]When asked by agency counsel whether she suffered from a personality disorder, the mother answered in the negative and indicated that she does not have any mental health issue. She explains the diagnosis as having been made without sufficient time for the doctor to have made a proper assessment. She gave the same explanation as to the reason why IWK Assessment Services personnel who have indicated a suspicion of a personality disorder and therefore the need for a psychiatric assessment. She insisted that her first therapist, Dr. Carolyn Humphreys misrepresented the facts. She expressed disagreement with Lise Godbout's opinion.

STATUTORY CONSIDERATIONS

[48]The hearing in this matter was conducted after the outside statutory deadline for completion of this matter had passed. There are various reasons for this extension as outlined in previous decisions.

[49]Section 42(1) of the Act lists the remedies that can be given at a disposition hearing such as this one. Those remedies outlined in paragraphs (b) through (e) of subsection 1 are not available at this stage because they represent temporary arrangements. The court has no power to make such an order that operates beyond the statutory deadline as confirmed by the Court of Appeal in *Nova Scotia (Minister of Community Services v. B.F.)* at 2003 N.S.J. 405. The only options available to the court at this time are those available to section 41(a) and (f). The former remedy is to dismiss the matter with a consequential return of the child to the mother. The latter authorizes the placement of the child in the permanent care and custody of the agency. Section 47(2) allows such a permanent care order to be made with or without access to a parent.

[50]Section 42(2) directs that a court shall not make an order removing the child from the care of the parent unless the court is satisfied that less intrusive alternatives have been attempted and failed; have been refused by the parent or

would be inadequate to protect the child. Section 42(3) requires the court to consider whether it is possible to place the child with a relative, neighbour or other member of the child's community or extended family.

[51] Subsection 4 requires that the court shall not make an order for permanent care unless the court is satisfied that the circumstances justifying the order are unlikely to change within a reasonably foreseeable time not exceeding the maximum time limits so that the child can be returned to the parent.

THE ANALYSIS

[52] In my view, this case turns largely on its facts. The finding that the child was in need of protection was made at the time of the protection hearing after a contested trial. That finding is not to be revisited at a permanent care hearing. The question really is whether the child protection concerns which gave rise to that finding have been sufficiently addressed to allow for a safe return of the child to the mother. Because this case is beyond the statutory limits, it follows that there is no inquiry whether such a goal could be met through changed circumstances within a foreseeable time not exceeding the limits. The question is whether the agency has met its burden of proving that the child protection concerns have not, at this point in time, been sufficiently addressed to allow a safe return of the child to the mother.

[53] The mother, through counsel, urges me to characterize the mother's behaviours that followed the protection finding (and indeed those which preceded it) as eccentricity rather than personality disorder. I am asked to decline to accept Dr. Akhtar's diagnosis of severe mixed personality disorder and to treat the opinions of Lise Godbout regarding the extent of the danger to the child as being extreme and unreliable. Counsel attacks Dr. Akhtar's diagnosis on the basis that there was a lack of psychological testing and that the interview process was approximately 100 minutes. He also notes that the report is out of date and that an assessment of the mother today might well result in a clean bill of health.

[54] Throughout the hearing and the preceding hearings, I have been concerned about whether there is a possibility that the mother's aggressive and confrontational behaviours could be explained by the frustration and anger that she must feel (and

reports feeling) with respect to the agency involvement in her life and that the diagnosis which may explain her behaviours is wrong.

[55]There is absolutely no doubt in mind that the mother has a deep love and affection for her daughter and that she prides herself in devoting her time and energies to being a good parent. She is well read on the subject. She has deeply considered her responsibility as a parent and has developed definite strategies for parenting.

[56]It is most unfortunate that the mother did not have the benefit of continued counselling with Dr. Gabriel after the end of the summer of 2003 and that the court did not have the opportunity to hear his evidence. His report was introduced by consent.

[57]While I have no doubt that the stress of the agency involvement would have triggered many of the post-apprehension behaviours in the mother, there are a number of factors I must consider before concluding that an absence of agency involvement and a return of the child to the mother would make her home a safe place for the child by making those behaviours disappear.

[58]These include:

(1) Dr. Akhtar's diagnosis has not been medically challenged by any witness on behalf of the mother. Similarly, there has been no competing expert evidence which would undermine his methodology including the time spent with the mother and his policy of omitting psychological testing in the diagnosis process. Dr. Akhtar had before him a very large amount of written material which was part of his assessment process. Having qualified him as an expert to give opinion evidence in the field of forensic psychiatry (and that having been done by consent), I am not inclined to question his diagnosis in the absence of qualified opinion evidence to the contrary and in the absence of an impugned cross examination.

(2) While the other social scientists who gave evidence on behalf of the agency did not conduct a diagnosis, that is so because it was not their mandate to do so. They did however confirm either expressly or impliedly

that the behaviours of the mother being reported were consistent with the diagnosis.

(3) While Dr. Gabriel, the mother's therapist, did not confirm the diagnosis, he also did not deny it. His method of treatment was consistent with the treatment philosophy described by Dr. Akhtar and Dr. Humphreys for this particular diagnosis. It would be important to the therapeutic relationship that Dr. Gabriel avoid expressly confirming the diagnosis and it was therefore not part of his mandate.

(4) Lise Godbout was prepared to assume the appropriateness of the diagnosis in her treatment of the child.

(5) There is a pattern in the behaviours which happened after the agency involvement that is consistent with the behaviours that had taken place beforehand. In certain of those instances, Dr. Akhtar confirmed that they represent manifestations of the diagnosed disorder.

(6) The mother did not stay with the treatment process for sufficient length of time to give me comfort that the protection concerns have resolved. Indeed, her own therapist intended further substantial work. Dr. Akhtar testified that the therapy would need to be extensive perhaps a year or more and this was confirmed by Dr. Humphreys.

(7) Dr. Humphreys concluded that there was a lack of insight by the mother with respect to her diagnosis and her behaviours. That was said in the context that a lack of insight is a feature of the disorder.

(8) Perhaps most importantly the mother's outright rejection of the diagnosis is consistent with the lack of insight which is a symptom of the disorder.

[59]In short, it is impossible to conclude that agency involvement as opposed to a mental health issue is the cause and that an absence of agency involvement and a return of the child would cause the concerning behaviours to disappear. I have therefore concluded that the mother has a severe mixed personality disorder and that her refusal to recognize that fact impairs her ability to be treated.

[60]That conclusion does not, however, end the analysis. I must assess the evidence to determine whether or not this particular disorder impairs the parenting task of this mother to the extent that I should deny her request for a termination. The concern is that Dr. Akhtar conceded that good parenting is not necessarily impossible with the encumbrance of this disorder. In addressing that question I have considered the following facts:

(1) Dr. Akhtar was shown a video of an access session supervised by the agency. He was asked whether, assuming the behaviours in that video were typical, the mother would be able to parent the child and his answer was in the negative. I have had the benefit of hearing evidence of many concerning behaviours over a long period of time. I have concluded that the videotaped behaviours are typical(in the context of the manifestations of this disorder as described to me) of many of the mother's behaviours.

(2) While Dr. Akhtar testified that there can be a continuum of impairment of parenting brought about by this disorder which runs from no impairment to complete impairment, many of the incidents and scenes that have involved the child (some of which I have not repeated here) are so extreme that I could not avoid concluding that good parenting or even minimally acceptable parenting would have to be impaired.

(3) The inability of the mother to fully correct clear cut behaviours and her propensity to repeat the concerning behaviour suggests to me that the disorder is causing that impairment. For example, when asked not to make promises to the child of her return to the mother, that rule was repeatedly broken. When asked not to give analogies by way of story telling of a princess being rescued, that practice was repeated. There were several other examples of the mother's inability to correct concerning behaviours and her lack of insight as to the damage that such behaviours would cause the child.

(4) At the Christmas visit for 2003, the mother brought various gifts for the child, some wrapped and some unwrapped. Some were from neighbours and friends to the child and others were for the child to give out at the foster home to others. Some small gifts from the mother for the child were unwrapped and delivered. The one wrapped gift that came from the mother was shown to the child by the mother and then taken back to be taken home,

undelivered, for the child to have at a future day, thereby implying that she would be returning home. The child was very upset and cried about this in the drive back to the foster home. The mother's inability to have insight into how that event would be perceived by a young child at Christmas time suggests that the disorder is impacting on parenting.

[61]I repeat my earlier finding that the mother has many fine qualities and very much to offer this child in some aspects of her parenting role. She loves her daughter immensely. Those facts make my task more difficult.

[62]On balance I am compelled to conclude that the mother has a serious mixed personality disorder, that she has not accepted that fact and that she has not sought or accepted sufficient treatment to correct her problems. I am satisfied that it would be unsafe to return the child to her mother's care at this time. I am further satisfied that less intrusive measures have been attempted and failed and would be inadequate to protect the child; that the child is placed with a relative which is intended currently to be continued by the agency and that the changes that would have been necessary to return the child to the parent have failed to be made within the maximum time limits including the extension of them.

[63]I hereby grant the order for permanent care. The order will contain a provision that there will be no access between the child and the parents.

Campbell, J.

DCC/wak