

This is **Exhibit "C"** to the
AFFIDAVIT of John Kiska Sworn before
me this 9th day of November 2015.

A handwritten signature, possibly reading 'N', is written above a horizontal line.

A Commissioner for taking Affidavits, etc.

Consent & Capacity Board Hearing for July 22nd, 2014

RE: Deirdre MOORE
D.O.B.: 1965 Sep 28

Working Diagnosis: Bipolar Affective Disorder with psychotic features

Current Admission: July 9th, 2014.

Proposed Treatment: Mood stabilizer and antipsychotic medications

Identification: She is a 48 year old lady married mother. She met her husband in 1997 and married for about 14 years. They have two children (8 year old son and 6 year old daughter).

She attended university where she studied to become a CFA. She is currently working from home as a financial management consultant for close to 10 years.

Chronological Psychiatric History:

Late February, 2013 – Onset of her psychiatric mental illness.

March 3-5, 2013 – She was hospitalized at TOH Civic campus in psychiatry under the care of Dr. Saul after presenting with a two-week history of bizarre behaviour, manic and psychotic symptoms. She had send disorganized emails, started a "mental health company", had pressured speech, grandiose ideas of solving the world problems, had started to write books. She had also send emails to her children's teachers and principal which prompted them to contact the CAS with their concerns. She had not slept in the days leading up to that admission.

In the hospital, she improved with Seroquel, a mood stabilizer and antipsychotic medication. She was discharged home with Seroquel XR 300 mg/day. Mrs. Moore discontinued Seroquel shortly after discharge. Follow up care was arranged at our psychiatric outpatient clinic with Dr. Saul but she never attended her appointments.

Mid March 2013 - She went to Mexico on a family vacation trip. Her husband stated that in Mexico, she did relatively well. Upon their return, Mrs. Moore was mostly focused on her animosity towards the CAS.

Prior to Easter 2013 - One of her child returned from school with a commercial shopping bag with a picture of shirtless man and Mrs. Moore felt that this was a direct threat to her children and she refused to allow her children to go to school for several days. She also wanted her children to switch school. However, she changed her mind after speaking at length with her family doctor. It appeared that she settled again after this brief incident, according to her husband.

April 2013 - Mrs. Moore's husband started to get phone calls from her friends expressing concerns about e-mails she had send about the CAS legislation and how she was attempting to get a petition signed against the CAS. She had also described the province of Ontario as being a breeding ground for child prostitution, with the CAS and police being involved.

She spoke of conspiracy theories and believed that the IRA was after her. She was wiping her fingerprints from her home and car. She was hiding personal valuables and throwing away personal belongings – "anything incriminating." She was preoccupied that all forms of communication were being monitored by the government.

At home she was preparing herself for a scheduled CAS follow up visit and became agitated. She took the kids and left home with the car. Her husband was quite concerned about this and immediately tried to find her. He found the car abandoned in a nearby parking lot with all the doors wide opened. He found his wife nearby with both children and she was crying and "hysterical". He managed to convince her to come to the hospital. Once at the hospital, she eloped before being assessed. Her husband chased her and found her again.

It was the third day that he had tried to bring her to hospital.

She later called the police herself stating that her husband was harassing her. The police arrived to her home. She did not want to stay home with her husband and also she did not want to return to the hospital. She chose instead to go to a shelter for abused women. After a very brief stay, she decided to leave the shelter and return home. The ROH Outreach Social Worker had examined her at the shelter and completed a Form 2.

She was brought to the ER at TOH Civic campus under a Form 2 completed by the ROH Outreach Social Worker, with concerns for bizarre behavior and inability to care for herself.

April 16 – May 28, 2013 – TOH Civic psychiatric hospitalization

She was admitted under a Form 1. She required chemical restraints with antipsychotic medications. Following the Form 1, a Form 3 and 4 were completed.

She was also found not capable to consent to her psychiatric treatment. Her sister had POA for personal care and gave consent to start treatment with antipsychotic medications and mood stabilizers. Mrs. Moore requested a CCB hearing which confirmed the involuntary status and incapacity to consent for her treatment with mood stabilizer and antipsychotic medications for a bipolar disorder with psychotic features. She was then first started on olanzapine however Mrs. Moore later admitted cheeking her medications and secretly gave them away to her new lawyer. Following her instructions, her lawyer had transported in his briefcase her unused medications outside the hospital. She gave to the writer one left over olanzapine tablet wrapped neatly in a paper with a date written on it.

Olanzapine was discontinued since she was not taking it and Lithium was started on May 15th and increased to 1200 mg/day on May 16th. She tolerated Lithium very well. We repeatedly discussed the events that lead to her two recent hospitalizations. Mrs. Moore primarily focused on the perceived culpability of others e.g. CAS, her husband, the school administration and what her previous treating psychiatrist had wrongfully done to her. She was not able to accept her own uncharacteristic erratic behaviours being responsible for her hospitalization and was a marker for her mental illness. Mrs. Moore improved with Lithium. The form 4 was discontinued and was granted off ward privileges and day passes which were successfully handled. At first, she wanted to separate from her husband but eventually, she had successful passes at home. She was very pleased to spend time with her two children.

She was discharged home on a much improved level on May 28th, 2013. She was given a prescription for Lithium and olanzapine qhs PRN.

Discharge Diagnosis: Bipolar Affecting Disorder, manic episode with psychotic features

Within one week after her discharge from hospital, Ms. Moore discontinued Lithium. She saw her family doctor afterwards, complaining mainly of poor sleep. Her family doctor advised her to take Olanzapine at bedtime as prescribed by Dr. Charbonneau on discharge. Ms. Moore took Olanzapine on occasion but felt it did not help for her sleep.

June 14th, 2013 - Post Discharge Outpatient Psychiatric F/U Assessment by resident in psychiatry.

Of note, there are some discrepancy between patient's self-reported history and the documented history in the charts.

Mrs. Moore was upset the school had called the CAS and could not understand that she was manic at the time. She recounted that she just went to the school to share her new idea about an "anti-bullying book".

Mrs. Moore had researched about bipolar affective disorder and did not feel that she met the diagnosis for bipolar disorder.

However, Mrs. Moore was still expressing her frustration and anger towards the CAS, the children's school and administration and the lengthy hospitalization.

At the time of this assessment, she believed that she was back to her baseline and felt "fantastic" "100% back to myself" and denied having any manic symptoms.

Current Medications:

She discontinued Lithium shortly after discharge from the hospital. She stated that she felt more "hostile" and anhedonic when she was on lithium.

She also felt that Olanzapine was not helpful.

Mental Status Exam:

Very talkative and talked fast. Objectively, she appeared hypomanic and slightly irritable at times. Thought process can be tangential and circumstantial at times. Over-inclusive in her history and repeatedly mentioned her frustration towards the lengthy hospitalization, CAS and her children's school..

DSM Diagnosis:

Bipolar Affective Disorder - currently manic episode, mild.

Recommendations:

We had a lengthy discussion about her medication management. We suggested either (1) mood stabilizer, such as Lithium OR (2) antipsychotic medications, such as Olanzapine. She refused to restart Lithium but agreed to take Olanzapine 10 mg qhs regularly. We emphasized the importance of taking Olanzapine daily.

July 29th, 2013 - Outpatient Psychiatric F/U with Dr. D. Mercer

Mrs. Moore reported that she was doing "okay". She reported that her mood had been lower than normal.

Mrs. Moore was not taking any medications.

IMPRESSION:

Bipolar disorder, currently mildly depressed.

RECOMMENDATIONS:

I did discuss at length again with Ms. Moore that it would be advisable to be on a mood stabilizer to reduce the risk for another manic episode. However, at this time, Ms. Moore was adamant that she did not want to be on a mood stabilizer. She felt she could catch an episode early since she had been through an episode already. She was willing to take Olanzapine at bedtime if she noticed any of the hypomanic symptoms emerging. We did discuss how insight frequently is reduced even at the start of an episode and can result in a delay in getting treatment.

Ms. Moore was discharged back to the care of her family physician, but as indicated I would be more than happy to see her again in consultation if required and would be happy to provide advice by phone to Ms. Moore's family physician if needed.

July and August 2013 – Her husband described that his wife was spending most of her time in bed. He had to prepare the meals for the kids. In August 2013, the family went to Mont-Tremblant for a family vacation but Mrs. Moore stayed in bed.

September to October 2013 – She was more active. She went to the gym and managed to complete her contract work from her office at home.

December 2013 – Husband described his wife as "flat line" and "nothing". He had to get the Christmas tree, do the Christmas decorations and wrap the gifts (which she had managed to purchase).

January to February 2014 – Mrs. Moore was more active again. She was described as obsessive with physical fitness and exercising.

March 2014 – The family went south on a vacation trip. Her husband described the trip with his wife as "fantastic", "no marital problems" and "a grand time with the kids".

Late April to Early May 2014 - She started to spend a lot of energy and time working out with a trainer at the OAC. The manager at the OAC later informed her she could not access the services at the OAC since she had not paid for a membership. After completing an internet search on the manager, Mrs. Moore started to send e-mails and write letters claiming that the manager was a mobster and part of the mafia. She would wipe down the exterior of her car, trying to eliminate any fingerprints that may have been left on it. She became paranoid that the mafia was monitoring her at her home. Furthermore, Mrs. Moore moved a large sum money, totaling \$130,000.00, to GICs because she was concerned that the mafia would steal their money. Her husband changed the banking information to secure their funds.

Late May 2014 - Mrs. Moore presented herself voluntarily to the ER at the QCH after a crying episode at home. She was admitted overnight in order to see the psychiatrist the following morning. She was discharged the following day since she was not agreeable to receive treatment for mania in hospital and was not interested in taking any medications. She was, nevertheless, given a prescription for olanzapine and a sleeping pill.

Late May 2014 – With the strong encouragement of her husband, Mrs. Moore agreed to fill the prescription completed by the psychiatrist at the QCH. She took Olanzapine for a brief period and she was able to sleep 7 to 8 hours at night and woke up refreshed.

June 2014 - She got really excited and "frantic" about attending a local bodybuilding show. She bought tickets for her husband and parents. She bought a \$1500.00 dress and 9 pairs of shoes (returned several of them later). At the intermission, they walked arms in arms to a restaurant and enjoyed a good meal with wine.

June 15th, 2014 – She got a real nice Father's Day card to the husband and wrote how great a father he was to the kids.

July 1st, 2014. On Canada Day, the whole family went to Morrisburg, Ontario to visit Mrs. Moore's parents. Mrs. Moore had recounted that day as an enjoyable day. However, her husband described that his wife did not sleep that night. The family attended a carnival. Mrs. Moore suddenly got "agitated" and wanted to leave the carnival right away. "The kids were crying and scared". At her parent's house, she hid all the knives, sharp objects and pill bottles in the house (including important medications for her own mother) for unknown reasons. The family confronted her. They finally found the pill bottles in the basement but Mrs. Moore could not recall where she had put the knives. She later disappeared from the house. They found her later in "hysteria" at a park. Her parents and sister tried to reason with her.

Wednesday, July 2nd, 2014. Her parents attempted to convince their daughter to get help and get treatment. She responded that she had "no problems". She agreed to take one tablet of olanzapine.

Thursday, July 3rd, 2014, Mrs. Moore requested to leave her parent's home and to return home.

Once back to their home, Mrs. Moore locked herself in the bathroom at home after stating that she was afraid that her husband would harm her. She had packed her bags and called the police herself. The police arrived to their house and managed to get her out of the bathroom and she asked to go to the Montfort hospital. She reported later, that she had heard that the Montfort hospital provided good supportive care for patients. The police drove Mrs. Moore at her request to the Montfort hospital. Mrs. Moore reported that her husband was making threats toward her and he was being verbally aggressive. Her husband later found hidden in their house, the knives that she had taken from her parent's place in Morrisburg.

Thursday, July 3rd to July 5th, 2014 – Psychiatric Hospitalization to the Montfort hospital

She told the ER doctor that her husband was "verbally abusive" and she did not know what "harm" he could do next. ER doctor found her to have "+++ pressured speech, manic-like activity, couldn't stop talking". ER doctor diagnosed "manic episode" and she was referred to the psychiatrist on call in ER.

Meanwhile, the social worker in the ER at the Montfort Hospital notified the CAS for concerns over her ability to care for her children.

Mrs. Moore described to us that she left the emergency but she was forcibly brought back against her will by hospital security guards.

She was assessed by psychiatrist, Dr. Lessard in the ER at the Montfort Hospital.

The working diagnosis on admission was "Bipolar disorder – manic acute episode with psychotic sx" (symptom) and a need to rule out, if true, verbal abuse by the husband.

She was started on the antipsychotic and mood stabilizer olanzapine and blood work was ordered in preparation to start Lithium. She was admitted under a Form 1 under the care of psychiatrist, Dr. Fleury.

Under the headline, COURSE IN THE HOSPITAL, it is noted that Dr. Fleury assessed Mrs. Moore the following day on July 4th and she terminated the assessment at her request and she was very demanding on getting a complete copy of her medical record. On July 5th, it was determined that she was found not certifiable and did not express any intent of self harm or harm to others. She expressed the wish to be in her home environment to better manage her symptoms and deal with any marital conflict. After speaking with the husband on the phone, he was agreeable for his wife to return home. The family was celebrating their son's birthday that afternoon and Mrs. Moore had

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expressed to the treating team that she "wanted to go home that day to join in the activities of her son's birthday and looked forward to starting counseling with her spouse".

It is also noted that at the time of discharge she was still experiencing symptoms but was found stable to function in her day to day life. The discharge summary also stated that Mrs. Moore "wants to continue on her current medication management of olanzapine". She was discharged that afternoon of July 5th.

The discharge diagnosis was Bipolar Affective Disorder and acute adjustment disorder.

However, after leaving the hospital, she never went home. Instead she went to the casino in Hull and spend \$500.00 and stayed at a Bed and Breakfast Inn. Some of the spending went toward camping supply according to her.

The husband was worried and concerned. He called the psychiatrist at the Montfort Hospital. He called afterwards the police listing his wife as a missing person. She was found the next day, July 6th, by the police at a Bed & Breakfast Inn. The police explained to the husband after talking to Mrs. Moore that they did not have legal grounds to bring her to the hospital or back home against her wish.

Sunday, July 6th, 2014 – Her husband proceeded to cancel some credit cards.

Monday, July 7th, 2014 - She returned on her own accord to her home on Monday, July 7th at 05:30 AM and left a note that she was going to work. Husband remarked that she always completes her work at home and never goes to the contractor's main office. Apparently, at this office, she was yelling and she came close to be escorted by security (third hand hearsay information).

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Tuesday, July 8th, 2014 – Her husband discovered that the utility room is locked and the keys were missing. Mrs. Moore had explained to her husband that the CAS was coming for a home assessment (not true in reality) and that they would have seen the wine in the storage room.

The kids were scheduled to go to camp the following day, Wednesday, July 9th and he wanted to make sure she was not going to drive them herself. He called the school and gave instruction not to allow his wife to pick up the kids by herself. He went to work with his wife's wallet since he did not want her to drive their vehicle. He later found the keys of the utility room in her wallet.

When he returned home, he found the house alarm armed and the utility door was smashed open. She had left with her husband's personal identification papers and \$1400.00 of his money which were stored in the utility room. He found the window screen of the basement opened. She had left the house by getting through the basement window.

Their house lines the canal and he was "petrified" what might have happened to his wife. He called the police. The police found Mrs. Moore at the bank and brought her to see their family doctor for an assessment. She returned home afterwards.

Wednesday, July 9th, 2014 – That morning, her husband found his wife's behaviour "erratic" and he phoned the family doctor who agreed to make a home visit on the following day to reassess Mrs. Moore's mental condition. Husband found out that his wife had called a taxi in her attempt to take the kids to camp. He decided to drop the kids himself. When he returned home, she is missing. Her husband stated that his wife was aware that their family doctor was coming to their home the following day to assess her.

6 However, the police showed up to their house. Mrs. Moore had called the police from a neighbour's house with concerns that she feared her husband. The police picked up Mrs. Moore at the neighbour's house and dropped her to the bank with the instruction to retrieve her husband's personal identification papers. The husband remarked that she kept the money. Once back home, she slept in her office room.

Wednesday, July 9th, 2014 – Later that day, Mrs. Moore called the police from a Tim Horton with concerns that her kids were not safe. The police picked up Mrs. Moore and she refused to return home. She agreed instead to go to a shelter for women. On their way to the shelter, she asked the police to drop her instead to the hospital. She told the police she was getting a divorce

Meanwhile, on July 9th, 2014, her husband received a call from the Deputy Minister of Natural Resources office that his wife had contacted them by e-mail and had communicated the risks related to the Alberta pipeline project.

July 9th, 2014 – Current hospitalization to TOH Civic campus

Mrs. Moore presented herself voluntarily to the ER at the TOH Civic campus after being dropped by the police at her request.

6 She was seeking refuge from her husband as she feared he would harm her. She was assessed by the emergentologist, Dr. Pageau on July 9th, 2014. Mrs. Moore reported that her husband was emotionally abusive and was attempting to poison her with Moxifloxacin over a period of several days. She believed that her husband wanted to take her kids and her business. Mrs. Moore reported that she felt the hospital was the only safe place she could turn to for physical safety from her husband. Dr. Pageau's diagnosis was mania with psychosis. Dr. Pageau completed a Form 1, gave Mrs. Moore, Olanzapine on an emergency basis and consulted the Psychiatric Emergency Services.

In the psychiatric emergency, she provided a limited history, which was vague and highly questionable. Her recollections of events leading up to her admission that day were greatly contradictory to the account provided by her husband.

Collaterals from her spouse suggested that she was emotionally unwell, had not slept for several nights, spending more money and she was more irritable and hyperactive.

She proceeded to ask if she could have her USB memory stick so that she could work while in hospital. She admitted not taking any medications on a regular basis. She was asking to be admitted overnight and be allowed to speak to Dr. Saul. She was also hoping to be granted a day pass the next morning in order to attend a meeting with a legal advisor to initiate divorce papers.

She was found to be carrying \$3000 worth of certified cheques in her name. Judgment and insight were described as poor in the psychiatric emergency. She received olanzapine 5 mg and valium 5 mg in the ER.

6 While in hospital, Mrs. Moore continued to deny having a bipolar affective disorder with psychotic features. She explained clearly that she only agreed voluntarily to come to the hospital for safety reasons as she feared her husband would harm her. Following the admission, she was expecting that day passes had already been granted in order for her to see a lawyer to initiate her divorce. She admitted that her husband in all the years they have been together was never physically violent toward her or their children. However, she now feared that her husband was "capable to do anything" to harm her. She explained that also meant that he would be prepared to "kill" her. She also stated

that her husband would be prepared to harm the kids, even killing them, in order to hurt her. I wondered what she was prepared to do in return.

She would get quite annoyed, irritated and frustrated when I attempted to discuss her diagnosis and the proposed treatment with mood stabilizer and antipsychotic medications.

She requested another psychiatrist and demanded a "non medicinal" approach.

On Sunday, July 20th, the ward received a phone call from RCMP National Security Investigator Marc Langevin reporting that Mrs. Moore had made a phone call to them alleging that her brother-in-law, who supervised construction on the Parliament Hill, could access resources and used it against the government building. The investigator assured the treating team that he would speak with Mrs. Moore. Mrs. Moore accepted reluctantly the request from the RCMP to not call their telephone number again.

She applied for a CCB hearing but withdrew her application on Monday, July 21st and the CCB hearing scheduled for Tuesday July 22nd was cancelled. Lithium and very low dose of olanzapine were started that day but Mrs. Moore changed her mind and refused to take the medications. She decided to reapply for a CCB hearing.

We had a meeting with her parents on Monday, July 28th. Her parents tried to convey their concerns to their daughter and encouraged her to accept psychiatric treatment. Her parents feel their daughter is not healthy mentally.

Mrs. Moore is very focused in discrediting the mental health care system (and the CAS). She is active on the ward, attempting to assist co-patients to fight for their rights. She had spread on the unit, self-made leaflets to advertise her services to patients on the ward who are in a disagreement with their treatment.

She has also opened a new website "patientshelpingpatients.ca" from her laptop in hospital, which depicts her own personal struggle with the Mental Health Act and hospitalization. She divulges on this website her own personal confidential information and gives out info about her own kids

The interview sessions were difficult since Mrs. Moore would get easily annoyed with my clinical proposal and goals for treatment. She sometimes walked out our interview sessions out of frustration.

She informed me that she had contacted the police and had accused me of being a witness to the kidnapping of her children. She feared her husband would leave the country with her kids. She had locked up in the hospital security, the birth certificates and passports of her kids. However, she felt, that her husband could still manage to get new passports for her kids and leave the country.

Mrs. Moore is not capable to decide her treatment with mood stabilizer and antipsychotic medications for the treatment of bipolar disorder with psychotic features.

She is partially able to understand the information that is relevant to making a decision about the proposed treatment. She tends to rationalize, misconstrue and misinterpret past and current medical information provided to her in respect to her diagnosis and treatment. She categorically denies having a mental illness as described. She is asking for non medicinal care to help her deal with the abuse she endured from her husband.