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Chair

The Honourable Wayne Easter

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● (1535)

[*English*]

The Chair (Hon. Wayne Easter (Malpeque, Lib.)): We'll come to order.

Pursuant to an order of reference from the House, we're continuing our look at Bill C-44, an act to implement certain provisions of the budget tabled in Parliament on March 22, 2017, and other measures.

We have a number of witnesses here this afternoon. We appreciate your coming forward to give your views on Bill C-44.

First, we'll turn to the Canadian Mental Health Association, and Patrick Smith, the national CEO, and Teresa Gerner, the national coordinator, administration and government relations.

The floor is yours, Patrick.

Dr. Patrick Smith (National Chief Executive Officer, Canadian Mental Health Association): Thank you, Mr. Chairman.

Good afternoon, members of the committee.

Thank you for inviting me here today. My name is Dr. Patrick Smith. I'm the national CEO of the Canadian Mental Health Association.

Celebrating 100 years in 2018, we are a Canada-wide organization, with more than 15,000 staff and volunteers, in every province, in more than 300 operational locations across the country. We're often described as the community-based mental health organization with boots on the ground.

The Trudeau government has demonstrated unprecedented leadership in recognizing and working to redress dramatic gaps in mental health. Prime Minister Trudeau has signalled his understanding of the whole-of-government approach, with specific mental health deliverables included in multiple ministers' mandate letters.

The 2017 budget demonstrated a commitment to beginning to close the many gaps in proportional funding and to begin to transform our country's response to mental health and mental illness.

CMHA called on the federal government to target and earmark dedicated funds for mental health in its transfer of funds to the provinces. With budget 2017, CMHA was pleased to see funding through the Canada health transfer earmarked for mental health and to see this government's targeted funding for high-need communities, such as veterans, active duty military and military families, indigenous peoples, caregivers, children and youth, and individuals living with substance-use disorders. However, there is still some way to go before mental health care is funded on par with physical health care in Canada, and in proportion to the burden of illness.

Canada spends the lowest proportion of its health spending on mental health among all G7 countries. This historic underfunding has led to significant gaps in access to basic mental health services and supports. This gap wasn't created overnight, and it will take concentrated effort and ongoing commitment to address it. The Canadian Mental Health Association calls for continued investment in mental health, especially in community-based services and supports, to bring Canada in line with other G7 countries, where it still lags behind. We're calling for dedicated funding to be focused on five key fundamental areas in which we are furthest behind other G7 countries and where, with targeted investment, will achieve the greatest impact on people's lives. These investments in community-based services and supports will improve outcomes and reduce the need for hospital beds and acute care services.

There is one fundamental issue in Canada that needs to be immediately addressed, and that is who is funded or covered in our publicly funded system. I'm going to shamelessly quote two of my well-respected colleagues here today. Dr. Karen Cohen has helped us to understand that, in Canada, we have universal medical care, not universal health care. When it comes to primary mental health care, the very basic evidence-based services such as counselling, widely accessible structured interventions based on cognitive behavioural therapy and other psychotherapies, and other basic community-based mental health services and supports that other G7 countries take for granted and rely on as fundamental to their mental health response are mostly not available in Canada unless you can pay.

Starbucks Canada made the news when it modified its coverage for its employees and moved from $400 per employee to $5,000 to cover basic mental health services. In a country that has universal health care, you get basic mental health care if you're lucky enough to be a barista at Starbucks Canada.

Ian Boeckh says that mental health reform is a team sport. He's right, and he's one of the best role models for that, but in Canada the vast majority of the most valuable team members that other developed countries have in the game are sitting on the sidelines. Psychologists, social workers, specialized peer support workers, addiction counsellors, we have them here in Canada, but they're mostly sitting on the sidelines outside of the publicly funded system. Most Canadians are surprised when they find that out. Getting them in the game, as they are in other developed countries, practising to their full scope of practice and funded to do the work they're trained to do, will have a dramatic, immediate and formidable impact.

CMHA acknowledges and applauds this government's proposal to support the services of traditional indigenous healers to address mental health needs. We also call upon the federal and provincial governments to work together to ensure that primary mental health care professionals are also included and supported.

I'm hoping that we'll have a chance to more fully discuss the stepped care model that you see today, but in a nutshell, the tiers at the bottom, the foundational components of a properly resourced mental health system, are the most dramatically underfunded in Canada. Earlier access to services at the lower tiers is more cost-effective and can prevent individuals from needing more cost-intensive and time-intensive intervention. We treat cancer before stage four.

Better outcomes are possible with earlier intervention. We need to do the same in mental health; hence, for targeted mental health funding, we're not talking about building more mental health hospital beds. If that's all we have in the system, it's no surprise to think that we need more. Instead, what we need to do is to invest in the basic services in the community and redefine primary care when it comes to mental health to include primary mental health care providers.

The Chair: Thank you very much, Dr. Smith.

We're turning then to Ms. Moran, who is the CEO of Children's Mental Health Ontario.

Ms. Kimberly Moran (Chief Executive Officer, Children's Mental Health Ontario): Thank you very much. My name is Kim Moran. I am the CEO of Children's Mental Health Ontario. CMHO is the association that represents over 100 publicly funded child and youth mental health centres in Ontario, providing expert treatment and support to children, youth, and families throughout Ontario.

We want to thank the government for their explicit attention to child and youth mental health, and their commitment to mental health in Bill C-44.

As a chartered professional accountant, I understand the difficulties in budgeting and in making ends meet. After working at UNICEF, where we designed health care systems around the world, I have some sense of how to make things effective as well. However, as a parent of a child with a severe mental illness, I have a strong consumer voice to add to the public policy perspective.

Every week there is another headline about youth suicide. Canada's youth suicide rate, we all agree, is much higher than it should be, and we know how to prevent suicide for the most part. Expert report after expert report all say that providing psychotherapy and other intensive treatment when kids need it can avert a crisis. However, the current provision of mental health services is almost entirely focused on waiting until kids become acutely ill to provide services.

My daughter was having suicidal thoughts, and we were told to wait until she had a suicidal plan until we could get treatment. It's like telling a kid with cancer to wait until it spreads all over the body. It just doesn't make any sense.

We do know how to reduce suicides. It requires a number of tactics, using a population-based strategy. It starts with promoting mental wellness to all kids.

The second effort is to provide easy-to-access counselling services for those kids with mild mental health issues to ensure they don't get worse. We need lots of services like these in lots of places, because there are lots of kids. We know one out of five kids has a mental health issue. Primary care doctors need to be at schools, colleges, universities, in communities, on the phone, wherever kids are.

The third effort needs to be about delivering high-quality treatment to those kids with a moderate to severe mental health issue, and provided by specialized child and youth mental health experts.

Just to be clear, these problems can be solved with three strategies. The first is to promote mental wellness. The second is to provide easy-to-access counselling services for kids with mild mental health issues. The third is to provide expert, specialized mental health treatment for kids with moderate to severe mental health issues.

Both the Canadian Public Health Association and Ian Boeckh are going to be talking later. They can talk about solving the access problems around counselling services for kids with mild mental health issues. I am going to talk today to some data that has been brought to our attention, and that's on kids who are going to hospital and are most likely to die by suicide, the kids who have a moderate to severe mental health issue. They comprise 12.6% of all kids in Canada right now.

CIHI, the Canadian Institute for Health Information, recently released new data that shows a staggering 56% increase in kids going to emergency departments, and a 47% increase over the last decade in hospitalizations of kids with mental health issues, at a time when hospitalizations for every other childhood disorder dropped by 18%. This data signals that we have a really serious crisis.

We all know that to control spiralling health care costs, investment in home and community care both to prevent and divert kids from hospitals makes good financial sense; but the data shows that the health care system is failing to provide the right services in the community. We've estimated the cost in Ontario at $175 million annually, and over the next five years it will cost us $1 billion, unless we change the way we do things.

CMHO has reported long wait times throughout Ontario for basic counselling and therapy for kids with moderate to severe mental health issues. In Ottawa, kids will wait up to 18 months. In the Toronto GTA, they'll wait up to two years. It doesn't make any sense.

My daughter was 11 years old when she rapidly became very depressed. She needed a full interprofessional team to provide care, with psychiatrists, psychologists, social workers, and child and youth workers. But we couldn't get the care we needed, and from depression she rapidly became suicidal as she waited for specialized child and youth mental health treatment.

We need a long-term, intensive treatment program for those kids, and it has to be in the community. They can't access it now. There simply is not enough capacity.

● (1540)

We were encouraged to see the government's commitment to mental health in this year's budget. We know by investing in community care for kids like mine that we'll save about $175 million annually in Ontario, but we need your help to ensure that this money goes where it needs to go: directly to the service providers who are delivering therapy treatment to children and youth who are waiting for help.

Kids can't wait, nor should they have to, so we need your help. We know that the federal government wants to see wait times for child and youth mental health treatment go down. You've been explicit about this in your communication. Instead of simply prescribing in a bill that funding for mental health and home care services must be calculated according to provincial population, we want to see an additional calculation that ensures a proportionate amount of funding is earmarked for children and youth, and further, to ensure that the community-based agencies that deliver treatment to these kids are properly resourced to do this job and do it well.

We would welcome the opportunity to be involved in the development of indicators to ensure that happens.

Thank you.

● (1545)

The Chair: Thank you very much, Ms. Moran.

Turning to the Canadian Alliance on Mental Illness and Mental Health, Mr. Brimacombe and Ms. Cohen, go ahead.

Mr. Glenn Brimacombe (Chief Executive Officer, Canadian Psychiatric Association, Canadian Alliance on Mental Illness and Mental Health): Thank you, Mr. Chair.

Good afternoon, everyone.

The Canadian Alliance on Mental Illness and Mental Health, known as CAMIMH, is very pleased to be with you today.

My name is Glenn Brimacombe, and I am joined by Dr. Karen Cohen.

We lead associations that are both long-time members of CAMIMH. In my day job I am CEO of the Canadian Psychiatric Association and Dr. Cohen is CEO of the Canadian Psychological Association.

CAMIMH is the national voice for mental health in Canada. Established in 1998, CAMIMH is an alliance of 16 mental health groups, comprised of health care providers and organizations that represent people with mental illness, their families, and caregivers.

CAMIMH organizations came together to educate and inform by engaging Canadians in conversation about mental health and mental illness. Informed conversations create awareness, reduce stigma, and call for the services and supports that one in five Canadians need each year. Our vision is a Canada where everyone, no matter their state of wellness, enjoys good mental health. Our mission is to advocate for a Canada where all who live with mental health problems and illnesses, their families and caregivers receive timely, respectful, and effective care and supports.

Today we direct our comments to division 9 of Bill C-44. CAMIMH welcomes the $5 billion over 10 years that the federal government has committed to mental health initiatives. This is a historic investment that recognizes that Canadians need better access to mental health services and supports. In Bill C-44 $100 million has been set aside to be transferred to the provinces on a per capita basis for mental health initiatives in 2017. This represents a modest 2% of the total $5 billion to be invested over the next 10 years.

It also represents an important opportunity for governments to take the time they need to consider how the remaining 98% should be invested in 2018 and beyond. CAMIMH stands ready to work with both levels of government so that Canadians receive timely access to effective mental health services and supports.

As set out in Chart 3.1 of the budget, funding for home care and mental health will increase to $1.5 billion in 2021-22. However, we are not yet aware of how these funds can be spent. We urge governments to clarify how funding for home care and mental health services over the remaining nine years will be allocated. Doing so not only allows for accountability and transparency, but gives the provinces and territories the predictability necessary for planning and implementing complex services and supports.

It is our understanding that the federal government is currently in discussions with the provinces about where the monies could be invested and what accountability mechanisms could be put in place to ensure that the dollars are invested where there are service gaps, that the services that are implemented are evidence-based, and that metrics are in place to measure the ongoing effectiveness of the services provided. CAMIMH understands that you cannot manage what you cannot measure.

When it comes to mental health care, considerable service is not covered by our public health insurance plans, and there are data gaps in both the public and private sectors. In our view, much more needs to be done to make care accessible but also to better understand what care is received. This can be done in collaboration with the Canadian Institute for Health Information and the Canadian Life and Health Insurance Association.

Dr. Karen R. Cohen (Chief Executive Officer, Canadian Psychological Association, Canadian Alliance on Mental Illness and Mental Health): In September 2016, CAMIMH released "Mental Health Now!", which identified a five-point plan focused on the federal role in advancing the mental health of Canadians.

Mental illness has been a poor cousin of the health care system. Considerable mental health care is delivered by health providers other than physicians outside of publicly funded facilities like hospitals, and consequently it is not funded by our public health systems.

CAMIMH recognizes that budget 2017, and in particular Bill C-44, is an important step in meeting the government's mandate to make quality mental health care available to those who need it. Hopefully, Bill C-44 is a down payment on the greater investment we need to make in Canada's mental health. The Mental Health Commission of Canada has called for an increase in funding for mental health care from 7% to 9% of total health spending, so our work at all levels of government is yet to be done.

More can and must be done to expand the capacity of our public health systems to better deliver needed and effective mental health care. CAMIMH members are committed to this goal and stand ready to make their contributions.

In our "Mental Health Now!" document, we call on governments to provide support for the growth of innovative pockets of care that our systems currently fund, and to consider adapting mental health initiatives that have been effectively and successfully implemented in other countries. There is much effective care that our publicly funded systems need to work harder to make available. This speaks to the importance of establishing a mental health innovation fund that can support better access to care that we know works, and fund the research necessary to growing our understanding of mental illness and the effectiveness of its treatment.

In closing, mental health matters to all of us. There is no health without mental health, and in the view of CAMIMH, Canada's current and future wealth depends on its mental health.

Thank you.

● (1550)

The Chair: Thank you, both.

Turning to the Canadian Public Health Association, we have Mr. Culbert, the executive director.

Go ahead; the floor is yours.

Mr. Ian Culbert (Executive Director, Canadian Public Health Association): Thank you very much.

Good afternoon, and thank you for the opportunity to appear before you today.

Since this is the finance committee that is studying investments in health, I'd like to start with an interesting financial fact. For every dollar spent on mental health and addiction services, we save seven dollars in health costs and $30 in lost productivity and social costs. That's an incredible return on investment of 3,600%. If you're a banker, you'd be jumping for joy, but it represents a really smart investment by government.

From a public health perspective, I'm very pleased to see some other smart investments in budget 2017. The additional $7 billion over 10 years for high-quality, affordable child care spaces would yield an ROI of 800%; the investments in building, renewing, and repairing Canada's stock of affordable housing would result in an ROI of 200%; and the $47 million over five years to develop and implement a national action plan to respond to health risks posed by climate change could yield an ROI of 300% or more. So where did these returns come from? In addition to avoiding illness and injury, as a result of these investments people become more resilient, have less need for medical and social services, are absent from the workforce less, and are therefore better able to contribute to our economy.

Upstream investments are what public health is all about, creating the necessary conditions so that Canadians can lead healthy lives and reduce the demands for the acute care system to fix them when they're broken. Public health focuses on the implementation of policies and the provision of services to prevent or address issues from a population-based, health-promoting perspective. As the returns on investment indicate, these approaches can have a significant influence.

When looking at mental wellness, you see that the government's direct financial contribution in budget 2017 is important for those who are facing challenges today. However, it is the other contributions to poverty reduction, housing strategies, and support for indigenous communities that will have a much greater effect on future generations. Poverty, food insecurity, and unstable or unaffordable housing are demonstrated risk factors for mental illness. So, in addition to the Government of Canada's direct investment in mental health services, budget 2017 demonstrates its commitment, as Patrick mentioned, to a whole-of-government approach to improving the mental wellness of Canadians.

While we support the investments in this budget, we encourage the government to look at additional upstream investments in healthy, resilient communities that support and nurture all of their members to provide an environment that supports both physical and mental wellness. We also know that informal caregivers are essential to sustaining Canada's health care system, and their economic contribution was estimated at $25 billion in 2009. As such, it's reassuring to see the new Canada caregiver credit under the Income Tax Act, supporting caregivers in general, as well as the changes to the Veterans Wellbeing Act, supporting veterans' caregivers.

While hospitals play a crucial role in the overall health system, we know they are the most expensive and least effective location for the delivery of most mid- to long-term health services. The government's commitment to support the provinces and territories to enhance home care services is an important step in fundamentally restructuring where and by whom mid- and long-term health services are provided, and a crucial step in supporting the sustainability of the acute care system. In Canada today, the acute care system continues to absorb the majority of health sector resources, with less than 3% of health spending allocated towards health promotion and disease prevention. If we want a sustainable health care system, we have no choice but to value health and invest more in creating conditions that support physical and mental wellness.

I will leave you this afternoon with this thought. Since the early 1900s, the average lifespan of Canadians has increased by more than 30 years. Twenty-five of those years are the result of advances in public health such as safer and healthier foods, universal immunization programs, tobacco control strategies, motor vehicle safety, safer workplaces, and taking concrete actions to address the social determinants of health. In the 20th century, we increased our lifespan. In the 21st century, the goal should be to improve the quality of those years. In order to do so, we need strategic upstream investments that will make the biggest difference for future generations. Budget 2017 is a step in the right direction. Thank you.

● (1555)

The Chair: Thank you very much, Mr. Culbert.

Now turning to the Graham Boeckh Foundation, we have Ian Boeckh, president. Go ahead, Mr. Boeckh.

Mr. Ian Boeckh (President, Graham Boeckh Foundation): Thank you very much for having me speak today.

My name is Ian Boeckh. I'm the president of the Graham Boeckh Foundation, a private family foundation dedicated to improving mental health services in Canada. The foundation is named after my brother Graham, who had schizophrenia and died in his early twenties from complications due to his medication. Our family felt that the system let him down badly, and that moved us to create a foundation.

Our foundation focuses on youth mental health. We have several large joint ventures with Canadian governments, provincial and federal, to create a new mental health care system for youth aged 12 to 25.

Let me tell you why I think Bill C-44 is a historic opportunity.

If you look at where we've come from, we recognize now the huge burden of mental illness. Research and statistics have pointed out both the social and the economic cost. We've made progress in reducing stigma, and huge numbers of people are now coming forward for help.

What we haven't done is create the services to help them. I think there's a possibility this bill could do it if the money is used properly. It could be a catalyst to finally having good services for people with mental health problems in Canada.

My colleagues here have talked very well about the shortcomings of the system. I think we have wonderful programs in Canada. We have wonderful professionals to help people. What we don't have is an organized system that uses our resources well and that suits people.

Our mental health care system was thrown in with other things and developed haphazardly. Nobody looked at creating a well-organized system that would be really suited to helping people with mental health problems. That's what we need to do now.

We need to take a systems approach, which you've heard my colleagues talk about here. This will be critical for making sure this opportunity is captured. Until now we've taken a piecemeal approach. The issues around mental health are complex and multi-faceted.

Minister Philpott, the Minister of Health, has talked eloquently about the need to address the issues of child and youth mental health; 70% of illnesses begin when people are children or youth or young adults. It doesn't make sense to wait for people to get really sick before we help them. So I think a focus on children and youth is really important.

In conclusion, this is a historic opportunity. It won't come again for a long time, so we can't blow it. We need to use this money from the health transfer, the $5 billion, not only to have better funding for services but also to create a system that makes sense, is well organized, and serves the people it's supposed to serve.

The federal government is going to have to work with the provinces. We hope they'll be able to work together in a constructive way to build a system. The provinces and territories are responsible for the mental health care system in this country.

One of the things people don't realize is that there is a consensus on what we need to do to improve the system, and I think you could hear that today. We need to go ahead and do it. We don't need to have endless consultations, or things like that. I think the path forward is reasonably clear, and we can get on with the job.

● (1600)

The Chair: Thank you very much, Mr. Boeckh.

Dr. Smith, I didn't cut you off. You didn't finish your paper. Was that where you wanted to end, or were you transferring—

Dr. Patrick Smith: No, I'd be happy to continue.

The Chair: I thought you had finished. Okay, if you were transferring over to Ms. Gerner, go ahead.

Dr. Patrick Smith: No, actually, she was just doing the timekeeping.

We talked about five areas needing investment. They are based on the tiered model and the stepped care model, very much in line with what people are saying here. We are a proud member also of CAMIMH, and we support the recommendations in their paper.

What we know, though, is that the area that has been the most significantly underfunded in Canada—it isn't across the board when we compare ourselves to other countries—is the basic community-based services. It's there that we have the biggest gap when we look at ourselves compared to other G7 countries.

If we were to say where you would get the biggest impact from giving a focus to the provinces, the first of the five areas would be structured, community-based interventions. They're widely accessible. They break down barriers. Many are provided through e-mental health and telephone services, and they are having the largest reach. But it's by specialized, trained, peer support workers who are themselves supervised by clinical psychologists.

I'm a clinical psychologist, but we're not going to have one in every backyard. I think we need to have people working to their scope of practice. We have examples of other countries that have found themselves in exactly the same position as Canada and have made dramatic improvements by getting these services out there. It has saved them money. There has been a wave in the WHO toward using a shared care model, recognizing that GPs and family practice clinicians are less expensive than psychiatrists. However, they're in fact less effective and more expensive than psychologists, social workers, and other people trained to do the work.

The next big wave of research in the World Health Organization is interdisciplinary primary care, and that's the second piece. Don't have doctors and nurses try to deal with all of the mental health problems in Canada. Include all of the people who are trained in specialty mental health care.

Third is community-based services and supports—and budget 2017 did make investments in housing, community, and employment supports. We need to make sure we have the housing and employment supports so that people who have received services can thrive in a recovering community.

Fourth, there are those people who have serious and persistent mental illness who are going to need the wrap-around services. But if you're doing all of these other things, you're going to find that fewer people are going to be waiting on supportive housing lists.

Fifth is the full continuum of illness prevention and health promotion. I'll just reiterate that when we're talking about healthy communities, think about where kids spend their time: schools. There are really good evidence-based programs in mental health promotion and social and emotional learning that we could invest in upstream in schools—and for adults, invest in work places.

The Canadian federal government also has an opportunity to show real leadership as the largest employer in Canada to truly implement psychological health and safety standards in the workplace. That's one of the things the Canadian government can do that can actually demonstrate clear leadership for corporate Canada.

Finally, I would say that people have recognized the federal government's leadership on this. It hasn't been popular everywhere that the federal government is trying to have a say in what needs to happen, but every one of the organizations I've heard from has told the federal government that they need it to demonstrate this leadership.

What we at CMHA would say is don't back down. Continue to demonstrate real leadership at the federal level, and most of the provinces we talked to off-side are actually pleased with having this focus on mental health. Don't get lost in the debate. Canada needs it in addition to the earmarked funding for mental health in the Canada health transfer

We're an organization that's part of CAMIMH, and we're changing the name from “innovation fund” to “transformation fund” because of Jane Philpott. She asked why 2017 can't be the year that we transform mental health and mental health funding in Canada. We're saying, if you actually recognize the years of lack of investment and how big the gap is, the first job is to actually accept how far behind we are.

● (1605)

Indeed, it's not as much an innovation fund as a transformation fund. We need to take deliberate action to transform the mental health system, and this government can do it.

The Chair: Thank you, all.

We'll go to seven-minute rounds with Mr. Jowhari.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair.

Good afternoon and welcome. It's good to see some familiar faces.

Karen, it's good to see you.

By way of preamble, I'm Majid Jowhari, the member of Parliament for Richmond Hill. I'm covering here today at committee for one of my colleagues who couldn't be here. I did seek the opportunity to replace him. Also I'm the chair of the mental health caucus of the Liberal Party of Canada, so this couldn't have come at a better time. Once again, I welcome you.

The fund has been allocated. We even know now to what extent the fund is going to be allocated to the provinces. Federally, we've allocated $5 billion over 10 years, and provincially the allocation has been done and the focus has been put on spending on mental health.

Now comes the point where that partnership you were talking about needs to take place. I believe $1.9 billion over 10 years is being transferred to the Province of Ontario.

Having said that, let's quickly go to the question that I'm going to ask all of you. I'll break it into two pieces because I do realize my role on the federal side, and I don't want to make an imposition on the province, but I'll ask the question and we'll move forward.

Starting with Patrick, what programs do you suggest we prioritize? I know you've touched on it, but I just wanted to go back and ask specifically what program, what services, for what group, would you recommend that we are going to get our biggest buck for 2017. I know the fund is increasing in 2018-19, and will go on, so how would you go through that transformation piece?

We'll move to Kimberly, and I'm not trying to impose, but I'm asking what your priorities would be from the Ontario point of view. We look at it federally, we look at it provincially, and we see whether it lines up.

Dr. Patrick Smith: Again, you can't read it, but we sent it electronically, the information on the pyramid or tier model. It isn't something that we came up with on our own. It's something that we've done with Veterans Affairs, the specialty program we've done. Around the world they're using this tiered model.

Basically, in Canada we started investing down here in the pyramid, and that's all we know we need. If you can invest at the lowest tier possible, you will see the results in terms of cost and time savings in the tiers above. Very clearly, if you were taking a methodical approach to looking at this, you would look at the services at the base of the diagram, the services in the community that have wide access, that are innovative, and that are evidence-based. We have brought them into Canada, and there are examples. B.C. is the province that's gone the furthest in a program called Bounce Back, as an example. It has had huge cost savings and time savings in primary care. It's dramatically improved access to services for people. It can also be delivered by telephone or by e-mental health, so that even rural and remote communities have no access barriers. That's a significant thing.

It's not to say that everyone can be served in that tier, but you find out who can, and you find out who really then does need to go into the stepped care model of higher services. But if you start investing higher up here, you'll never know how many people could have had their needs met in the lower tier.

The other thing I would say to that is that systems outside health, community-based services and supports like housing and employment, are important for people to maintain their health and thrive in recovery.

● (1610)

Ms. Kimberly Moran: Thank you.

I would agree with Patrick that we have to look at things from the perspective of trying to fundamentally restructure the health care system, and how we make investments now to achieve that. Using his continuum of care model, I think, is really important.

There is some striking data in child and youth services that we really have to pay attention to, and it can result in very strong changes that will benefit the whole continuum of care, and that is this massive increase of hospitalization rates. We are suggesting that the government focus on putting some very significant investment into intensive treatment of kids to get them out of hospital.

It is a clear problem, based on the data we're getting from CIHI. When you have a 60% increase in emergency department admissions for youth mental health in Ontario, you know that you have to pay attention to that data. We believe you need to bolster the intensive treatment system to see that reduction in hospitalizations.

I would go even further than that. I'll let the accountant in me come out now. You're going to get a very strong return on investment from that. We've calculated the cost in Ontario as $175 million a year for that large increase in hospitalizations. When you invest even less than that in community care—we estimate about $120 million annually—you will see savings almost within the same year. That's a pretty fast payback, and my colleague mentioned that investment bankers like that. I can tell you they really like fast paybacks like one year.

Then you'll see other payoffs. You'll see savings in the child welfare and youth justice systems because each one of them depends on a very strong children's mental health system. You'll see rates rising very fast in child welfare and youth justice when you don't have a strong, intensive treatment system for kids.

The long-term payoffs of that kind of investment are really incredible. It's $140,000 per kid over their lifespan.

I think all the data is very clear that if we invest now and try to reduce these skyrocketing hospital rates we'll see very strong return on investment.

The Chair: I'd like to thank you all.

I will turn to Mr. Liepert.

Mr. Ron Liepert (Calgary Signal Hill, CPC): That was a quick seven minutes.

Welcome, everybody, and thank you for all that you do for mental health.

I'm going to use my seven minutes to make a few comments, and then feel free to comment on my comments or shoot them down, or whatever.

I had the privilege of being the health minister in Alberta for two years, in 2008 and 2009, so I'm going to make some comments based on my experience in provincial health care because how can anyone argue against allocating more money to programs that need it?

However, Ms. Moran, you just finished saying that we have to fundamentally restructure the health care system, and I couldn't agree with you more. The way it is today, if you keep throwing money at it, the same results will happen.

Mr. Boeckh, you called it a haphazard system, and I think we have a system in Canada that, if it's urgent care, is the best in the world, but everything else falls to one side.

I'd like you to respond to the following comments. With all due respect, the federal government has limited ability to ensure that the provinces spend the money on mental health. I always felt, when I was in health care, that mental health always became the forgotten child. You always ended up making health care decisions that returned the biggest political benefit, such as building a hospital in somebody's riding that they could see at election time.

First, how does the federal government ensure that the provinces are spending the money where it's allocated, because this says it's targeted?

Second, how do we come up with a national strategy for mental health, because like anything else, I think that unless you have an overall strategy, you can be shooting at a whole bunch of different targets and hitting none of them.

I know this is the finance committee and not the health committee, but would it make sense for the federal government to look at modernization of the Canada Health Act—it's 50 years old now—and somehow build things in like national strategies around public health, mental health, and home care, for instance?

I'm going to stop there, and ask any of you to comment. We have four minutes to do it in.

● (1615)

The Chair: Before you start, spinning off from Mr. Liepert's question, I've been around here a while, and in 1995 or 1996, Allan Rock was the Minister of Health. His big kick, for lack of a better word, at the time was a report card on health spending and accountability. How many years ago was that? It's a decade and a half. We still don't have it. We still don't know where all the dollars go across this country in health care and where the spending is going right and where it's not and whether a hospital in Ron's riding is doing something entirely correct and one in mine may not be, and learning from each other. How do we get there? It really relates to this same question. We are the finance committee, we're not the health committee. But how do you get to the accountability?

Go ahead.

Mr. Ron Liepert: I just want to add one more thing. Would you also consider fetal alcohol in your comments, because I think that's connected as well?

The Chair: Who wants to start?

Mr. Brimacombe.

Mr. Glenn Brimacombe: Thank you, Mr. Chairman.

If you recall, in the last accord negotiated when Prime Minister Martin was in power, the Health Council of Canada was created. It was subsequently wound down by the following government, but the Health Council of Canada was intended to be an opportunity for the provinces to come together, when it came to measurement of the performance of the systems. It's something to think about. I know it no longer exists, but is there an opportunity, either through the federal government's spending power, the $5 billion, or otherwise, for that? Even the Council of the Federation was doing a lot of interprovincial collaborative work because of the vacuum that has been created historically, and particularly over the last decade vis-à-vis the federal role.

So there are opportunities to create mechanisms, whether they are incented federally or otherwise, that focus not only on expenditure metrics, but more importantly, also on performance metrics around quality and accessibility.

Mr. Ron Liepert: Is CIHI doing anything like that?

Mr. Glenn Brimacombe: Very much, and it ties into the performance of the mental health system, because a lot of the metrics in CIHI are acute-care-based, and as you've heard today a lot of the investments that are needed are community-based. We need to square that circle. CIHI is beginning to do some of that work and the Graham Boeckh Foundation is already involved in leading some of the work with five provinces right now. There are opportunities there that we really need to take advantage of when it comes to squaring the circle.

In terms of accountability, I would hope that all provinces would be reporting to their respective residents about the investments they're negotiating with the federal government so we can see what's happening on the ground.

The Chair: Dr. Cohen, and then Mr. Boeckh.

Dr. Karen R. Cohen: I have a comment about CIHI.

Many of the witnesses have commented that much of the care that's provided in Canada is in the private system. CIHI does not have that data, so the interventions of psychologists and social workers and counsellors are not captured. We made some appeals to CIHI to include mental health providers, and although they have data on some, social workers and psychologists are not among them.

The countries Patrick referenced that have done something innovative to enhance access to mental health services have done that nationally. The U.K.'s program to enhance access to psychological therapies, or Australia's better access program to psychiatrists and psychologists, was done nationally.

We have challenges in how we administer health care here. But when you have a centrally funded program, and you can bake your accountability into the program and the training of the people delivering care, it's a lot easier to implement and you have more accountability in what's delivered and more data on which to shape it going forward. Indeed, they have metrics for over 90% of sessions delivered under that program. They have got 45,000 people off of sick pay and disability, and have recovery rates approaching 60%.

● (1620)

The Chair: Mr. Boeckh.

Mr. Ian Boeckh: I think these are really good questions that you're asking. How do we make this money really count and actually change the system?

We have some insight on that because we've been working with multiple provinces to create joint ventures to really transform the system for child and youth mental health care.

You see, the problem for them is that they have a very complex system and so many priorities, and it's very hard for them to change the system. If you can come along and help provide some extra money to them, and show them how it can be done, and sort of make it easy for them, then you can do it, and I don't think having a very prescriptive approach is really going to work, because at the end of the day, the provinces have to run the system and they have to own it.

I urge you to look at some of the joint ventures we have. British Columbia is the leader in this and they've started to create integrated youth service hubs in various communities across the province, and they've created a branded service that is called Foundry. You can look it up. This really brings service providers in the community and gets them to think of how they can create a stepped care model, so we can do what Patrick and Kim have talked about, have the light services for those who only need that, and clear pathways to care for the more specialized services.

With things like this, health transfers, there's always a rush to get money out the door, but I think if the federal government is really motivated, and it brings its various organizations that do things in mental health to bear on this, you really can influence the system.

All of the provinces for years and years have stated they want to do a much better job at mental health care. They want to be more patient oriented. Usually it doesn't happen, but I think the federal government can do a much better job of coordinating and really making it easy for them. That's the key.

The Chair: Thank you.

Go ahead, Mr. Dusseault.

[*Translation*]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Thank you, Mr. Chair.

I would like to thank all the witnesses for being here today. It's extremely important to hear their comments on the budget implementation bill, particularly with respect to the health transfers that have been announced for next year.

I would like to quickly go back to these investments and compare them with those of other G7 countries. Canada ranks last among the G7 countries in terms of health spending, but can you elaborate on that? How much of that, percentage-wise, is spent on mental health? Also, will the investments in the budget for this year and those promised for the next few years allow us to rise in this ranking?

[*English*]

Dr. Patrick Smith: Yes, and I think this is also documented in the Mental Health Commission's mental health strategy. We have a mental health strategy from the commission, but it's not an action-based strategy that we're talking about here.

The G7 country with the lowest spending on mental health other than Canada is at 9%. They invest 9% of their overall health spending in mental health. We're at 7.2%, so we're 2 percentage points behind the next lowest.

When the U.K. found that they were quite behind, they began making dramatic investments. But their investments have been yielding savings in other areas of health, which they've reinvested. They've also yielded savings in corrections, which they've reinvested. They're up to 13%, and they still don't think they're at the right level. Just to give you a sense, we're at 7% and they're at 13%.

You mentioned Allan Rock, and I think it's important to piggyback on these two issues. There is precedent when Allan Rock was health minister, and we were the only G8 country at the time that didn't have a drug strategy. The Paddy Torsney committee, as many will remember, set out to examine that. The federal government created Canada's drug strategy, made investments, but they also set aside investments with Health Canada for the drug treatment funding program.

I've been at the provincial level. We get provincial funding for health, but the drug treatment funding program was developed and disseminated federally, just as Karen was saying in regard to all these other things, so there is precedent. The provinces worked with this direct funding from the drug treatment funding program, managed out of Health Canada federally.

I know it's not an easy thing to address. On a piece of paper, 2 percentage points a year means nothing, but when you consider how significant the gap is, 2 percentage points year over year over year, that's how big the gap is. In some provinces and some areas of the country, it's like the emperor has no clothes. There are more gaps in mental health services than there are services.

The transformation and investment needed, in the wisest way—you can't just throw money at it—is going to need more coordinated action, as other countries have demonstrated. It's going to need some kind of federal transformation fund in addition to what you're transferring to the provinces.

● (1625)

The Chair: Mr. Dusseault.

[*Translation*]

Mr. Pierre-Luc Dusseault: Thank you for those clarifications, Mr. Smith.

Mr. Culbert, I'd like to give you an opportunity to respond to what was said earlier. You mentioned several figures on the return on investment in health generally, but do you have the same kind of numbers for investment in prevention? Indeed, according to a common expression, an ounce of prevention is worth a pound of cure. Do you have any analysis that shows that prevention is much more cost-effective in the long term than just intervening once the damage is done?

Also, would it be possible to direct part of the federal investment to prevention, rather than investing solely in treatment?

[*English*]

The Chair: Mr. Culbert, go ahead.

Mr. Ian Culbert: Thank you for the question. There are a few different layers there.

There is a lot of good data on return on investment for a lot of preventive upstream interventions. For example, for every dollar we invest in vaccination we save $16. I mentioned before road and vehicle safety; for every dollar invested it's $40. The one figure I gave you for around mental health was that for every dollar invested in mental health and addiction, we save $37 in both health care costs and social costs. My colleagues probably have more precise information regarding that, but it's clear that it's always cheaper to prevent an illness than to treat and cure one, be it physical or mental.

I'll go back to the earlier question. It certainly would be a question better posed to the next round of witnesses from the Privy Council Office, but our understanding is that the funds for the provinces for mental health services are going to be paid out of the consolidated revenue fund, not out of the health transfer fund. That is a significant difference. Funds transferred through the health transfer fund cannot have strings attached to them, and that has been the bugaboo of the federal government with the provinces and territories from day one. My understanding is that these are targeted funds and that negotiation now has to happen as to how specifically they're funded. However, the funds to each province that are earmarked for mental health services cannot now be redirected back into physical health services, hospitals, you name it. That is an important distinction. That is why in the budget the transfers are reported separately from these special funds for mental health services and home care. This was the specific intention of the Minister of Health in negotiating the health agreements—there was no health accord this time around—and why it was difficult, why there wasn't a single health accord, and why the minister has had to go to bilateral agreements with all of the provinces and territories except one.

Once in the health system, though.... While a great deal of work has been done to moderate the stigma associated with mental health among the general public, I think within certain health professions—and I'm making a broad generalization here—mental health is not taken seriously by health professionals. A surgeon, a cardiac surgeon or neurosurgeon, is still at the top of the heap, and I think the mental health sciences are still considered as being the touchy-feely people who have conversations and talk to people. Until that attitude changes, you're going to see health systems that continue to direct the funds toward the sexy stuff and away from the stuff where key investments are required.

Thank you.

● (1630)

The Chair: Thank you.

We're over time, Pierre.

Mr. Sorbara.

Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.): Thank you, Mr. Chair.

Welcome, everyone. It's great to have everyone here this afternoon.

I'm going to keep my remarks very short, and I'll just ask one quick question. This is an issue that we're sort of happy to talk about because I think we're going in the right direction. It's basically a non-partisan issue, but our government is going in the right direction, I think, with funding. However, it's also a very sad or melancholy issue to have to talk about mental health because it does impact so many Canadians and costs our economy literally tens of billions of dollars every year.

Recently, I was able to participate in the Kids Help Phone walk up in York Region, up in Vaughan. It was very well attended. I think the Kids Help Phone raised $250,000 that day. It was just a great event, and the stories that were told were very touching. There also was the CAMH One Brave Night for Mental Health, called “the one-night stand”, where people stayed up for the entire evening in support of mental health. There seems to be a lot going on to end the stigma and to ensure that we help kids and all Canadians impacted by this.

My question comes out of a case that came to my office. A father came in asking for help for his daughter. The question in this case was that the resources available in downtown Toronto in this situation were not equivalent to the resources in York Region. At his age, he couldn't drive his daughter downtown daily to get the treatment and then come home. It was too arduous for him. There seems to be, I feel, a gap between the resources and what's happening in the core of the city versus the outer area. The region I have the privilege of representing is not really rural. It's actually quite urban up in Vaughan and York Region. I just want to get a general feel, from your familiarity, of the resources available in the suburbs versus downtown because that seems to be something that will come up, and it's come up in a couple of cases. How can we close that gap?

Thank you.

The Chair: Who wants to start?

Kimberly, go ahead.

Ms. Kimberly Moran: I'd be happy to.

You're right. The York region is very much suburban; it's not rural.

I think you'll find that services, particularly in Ontario—and I can speak to those—have historically not been developed so that there is consistency among regions and you will thus find differences that need to be solved. These are going to be solved by really building, as Ian said, a systems approach to investments and making sure that every kid and family has equal access to services.

There will be times when there's going to be specialization and kids may have to travel a little bit longer, but we have to build our system of intensive treatment so they can easily get back home and have services very, very close to home. For right now, there are innovative models in Ontario that are ready to be scaled up. In-home intensive care is something that has proven to be really important in driving really good outcomes for kids who have significant mental health issues.

In our case—and we don't live too far from your riding, since we live at Leslie and Steeles—we had to go to downtown Toronto for treatment. In Toronto it sounds like a short distance, but it takes a long time, and our child there needed specialized mental health treatment and was there 24-7. Having to be in 24-7 care for almost six months had a tremendously traumatic effect both on the 11-year-old and, I have to say, on the family.

We have innovative models whereby my child could have stayed home. She could have stayed home with wraparound intensive treatment from psychology, psychiatry, social work, and all the allied health professionals providing services to both the child and the family to recover from these very serious mental health issues. It's really a necessity for investment to scale and spread these great ideas, but we need commitment in order for that to happen.

Thank you.

● (1635)

The Chair: Ms. Cohen, go ahead.

Dr. Karen R. Cohen: I'll just add that I think your observation is also related to how we invest our public health care dollars. We invest them in certain providers—physicians delivering care and public institutions—and in downtown Toronto, there are a lot more hospitals than in suburban areas. If those dollars were instead attached to the needed service, we might have a different situation.

The Chair: I'm from P.E.I., and we end up having to go to Halifax or wherever.

It gets worse, is what I'm saying, I guess, but I like your point on innovative models. With new technology, that's something we ought to look at.

Mr. Aboultaif.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Thank you.

Thanks for your presence here today.

I listened to all of your presentations, and a common conclusion from what you said is that we don't seem to have a national strategy. The aim of paying such attention to mental health is definitely to get every Canadian to receive the same service. We know the reality is that we have different provinces, and each province has a different approach to the health care system, and sometimes the federal government or Health Canada will say that it can't interfere with the provinces on putting some kind of common strategy together.

The problem is big, and I heard that the $100 million is just a down payment. It's just maybe a nice try. This problem is not going to go anywhere. If anything, it's going to get worse as we live and the challenges are bigger and bigger.

How do we go on with the money? Are we looking to try to restructure the health care system to pull some money from places where it isn't necessary and put it into mental health? I need to hear from you. How do you envision moving forward, not just for tomorrow or next year but for the next at least 10 years?

The floor is open for whoever wants to start.

The Chair: Ms. Morin, go ahead.

Ms. Kimberly Moran: I think you'll find that if you invest in the home and community care as we've been talking about today, you're going to see a corresponding reduction in all the pressure we're seeing in acute care hospitals right now. I think those investments will yield those kinds of results. The data has shown that in countries all over the world.

So I think that by investing in community health care, you will see that fundamental restructuring of the health care system that will reduce the pressure on acute care hospitals, which are very expensive providers of care.

Mr. Ziad Aboultaif: How far would the $100 million go for what you need in Canada?

● (1640)

Ms. Kimberly Moran: We estimate that in Ontario, the child and youth mental health system itself requires $100 million to effect transformation. I would say that $100 million is always a good start, but there is much more that has to be done.

Mr. Ziad Aboultaif: But if there is no money left.... For instance, we know that in 2017 we have $100 million. We don't know what's coming in the next years. Let's say there is no money left. What do you think the solution is? How can we move forward?

I like to see numbers. I'd like to hear what you have in your own statistics and how big the problem in general is going to be moving forward.

Ms. Kimberly Moran: I think it's a difficult question to answer in that way.

I would say that if governments are brave, they will try to make sure that they continue to restructure the health care system and invest more in home and community care to get the very short-term payback that I think they will see in acute care systems. You can still make progress on that front.

Mr. Ziad Aboultaif: Okay, I heard the term “return on investment”. It's a pity to sometimes talk about return on investment when we're talking about health care and saving lives and improving the quality of life of our own citizens and taxpayers.

What I gather from this is that you haven't been able to sell the mental health strategy to the government. Is that correct?

Ms. Kimberly Moran: Well, all governments are listening to all of the people here at our table presenting these returns on investment, and I think we are seeing governments starting to listen and make commitments and progress on this file. That is heartening.

There is a long way to go, and I think that when we look at how we perform against other G7 nations, my colleague Patrick demonstrated what that gap looks like.

The Chair: Mr. Brimacombe, and then Mr. Smith wanted in, I believe.

Mr. Glenn Brimacombe: I was just going to add that I don't think we need to sell a mental health strategy, because it already exists. It has been created by the Mental Health Commission of Canada. It's a very robust strategy, and it's a framework for us to think about how we invest across the board in mental health.

The strategic question now, if I'm the federal government, is figuring out how we engage the provinces to put those investments on the ground where they will have substantial impact improving access, quality, and outcomes.

The Chair: Mr. Smith and then Mr. Boeckh, for two quick responses.

Dr. Patrick Smith: I was going to quickly add that when we're working with the provinces across the country, they often like to see how it has worked in another province, so that they have the actual evidence.

For Canada, you can actually see that with the U.K. It's not selling this kind of pie-in-the-sky idea; it's saying, “Don't show me what you're going to do. Show me what you did.”

If you look at these other countries, that is the best evidence that this kind of investment makes a difference. It does save lives and it improves the quality of life, but it saves money too. It gave them much more money out of the correction system, out of the acute care system, to continue to reinvest in health care. Don't take our word for it; ask the other G7 countries how it is working for them.

The Chair: Mr. Boeckh, for a final comment.

Mr. Ian Boeckh: On the $100 million, I think what it can do is prime the pump. It can help to demonstrate some innovations that could be very effective. The provinces are all searching for these effective things, and if you can demonstrate them, there is a good chance they will back them and put more money into them.

Everybody is looking for a winner. If you can show the provinces that this is a winner, then I think you have a good chance of getting them to put their money into it and scaling it up. Otherwise, if you just sort of put the money piecemeal all around, it can be swallowed up and you won't see any benefit.

The Chair: Thank you all.

Mr. Grewal.

Mr. Raj Grewal (Brampton East, Lib.): Thank you, Mr. Chair.

Thank you to the presenters for coming today.

How many Canadians suffer from mental health issues? Anybody can answer my questions.

Dr. Patrick Smith: It is one in five, and the other four are the family member, the colleague, the co-worker. What we try to say, and as Prime Minister Trudeau so eloquently said in his post during Mental Health Week, mental health affects everyone.

Every one of us has physical health. Some days we feel better than others. Every one of us has mental health. When we talk about one in five, we're talking about people whose mental health problems have gone so far that they actually have a diagnosis.

● (1645)

Mr. Raj Grewal: Is it concentrated anywhere across the country? Are there certain regions in the country more affected by mental health as opposed to others?

Dr. Patrick Smith: There are certain areas because of the social determinants of health. Clearly, we know that in the indigenous communities and some of the areas where there's more poverty, there are going to be more stressors and therefore you're going to have higher incidence of mental health issues.

I know that the provinces and territories have talked about trying to make sure they're meeting the needs of their specific demographics.

Mr. Raj Grewal: Most of the testimony we heard congratulated the Prime Minister and the new Liberal government on the steps that have been taken, but there's probably a consensus that more needs to be done.

What is the one country that does it better? Why do they do it better, and how do they do it better?

Dr. Karen R. Cohen: The two countries that come to mind that have at least made headway and where the outcomes show the effectiveness of their interventions, I would say are Australia and the United Kingdom. The United Kingdom took a national approach to implementing enhanced access to a psychological treatments program that involved psychologists and other kinds of service providers to deliver care. The care is evaluated; the training is systematic, and the outcomes guide their development. They started with depression and anxiety, because those are the problems most likely to affect most people who have them, and then they scaled it up. I believe they're also now going to be offering similar programs to children and youth, as well as to those living with chronic disease.

Australia took another approach. Rather than investing in programs, they decided to invest in more providers. There are two first-line interventions for mental health. There are medications—and we don't have a pharmacare program. There are also psychotherapies, and we don't cover the services of the majority of providers who are delivering those. There are physicians who do psychotherapy, but there are a lot more psychologists, social workers, and counsellors.

That's the challenge: the interventions we need to address mental health problems in our current system are not funded.

Mr. Raj Grewal: So in Australia they're funded?

Dr. Karen R. Cohen: They have a program called Better Access, for psychiatrists, psychologists, GPs, and, I believe, other specialized providers. There are some social workers who participate as well.

Mr. Raj Grewal: Not to belabour to the point, but do the U.K. and Australia spend less per citizen on health care than Canada does? It goes back to Ian's point on the return on investment, so that would be a really interesting statistic to know.

Dr. Karen R. Cohen: I don't have the data on how much they spend on health care, but I can tell you that there's a cost offset to providing psychotherapies and interventions for people who need them in the order of 20% to 30%. Someone who is depressed and isn't treated is still going back to their family doctor and saying that they can't sleep, eat, or go to work. There are cost offsets when people receive the care they need.

Mr. Raj Grewal: Finally, is there any private organization that provides employees with help when it comes to mental health? Maybe there's a private organization that's done it right, because, as you mentioned, it's a whole- of-government approach. However, in my humble opinion, it would also do wonders for the bottom line of private organizations if they took this seriously as well.

Dr. Patrick Smith: I think Canada has some of the best leaders in that. When we went to the International Institute of Mental Health Leadership in Australia and were looking at some of the workplaces in corporate Australia and corporate U.K. People look to corporate Canada. Actually, because of the gap in publicly funded services in Canada, corporate Canada has picked up more of the slack here than other countries. We do have good examples like Starbucks Canada, which moved from $400 of coverage per person per year to $5,000. People know about Michael Wilson and the Global Business Economic Roundtable that was established in Canada decades before other countries were talking about this.

We do have a lot of good champions, but I think they're also realizing that they're trying to fill a gap for something that is fundamentally missing. It's almost as if you had a few good private schools but the education system in your country had major gaps.

The Chair: Mr. Liepert.

Mr. Ron Liepert: Thank you.

I'd like to thank Ms. Boucher for allowing me to follow up on the question around fetal alcohol that I sort of threw out there at the end. I happen to have dealings with that. I was one of the four, not the one. You're part of the mental health treatment facilities, yet to me that's almost a whole separate field, because it is totally preventable.

Do you have any thoughts or comments on what could or should be done in that area? I have a couple of statistics, again going back to my time as minister. We had statistics in Alberta showing that something like 75% of the people in jails have some form of fetal alcohol syndrome. At that time, I was told there was one community in northern Alberta where 100% of the residents had fetal alcohol syndrome.

I'd like your comments on that.

● (1650)

The Chair: Mr. Smith.

Dr. Patrick Smith: I was head of the addiction psychiatry division at U of T, and then also founding head of the addiction psychiatry program at UBC, so addictions have kind of been my career. Fetal alcohol syndrome is, as you're saying, completely preventable. One of the things, though, that we have to recognize in Canada is that, when we talk about how one in five Canadians will have a mental illness, Canada has separated out alcohol and drugs from other mental health issues more than any other country. Actually, substance-related disorder is the second most common mental health disorder diagnosed in Canada, but when we talk about mental health in Canada, we say mental health and addictions. It's the second most common mental health diagnosis in Canada, and although it's in the data for the call to action for investment from the Mental Health Commission, there's absolutely nothing in there that responds to the needs.

We have great examples in Canada, such as CARBC, and some of the research that's been done. Some of the best research in fetal alcohol syndrome anywhere in the world is happening in Canada. But, again, there's that need to invest in the upstream and to make sure that addictions aren't separated out from mental health, because it is the second most common form.

The Chair: Do you want in, Ms. Moran?

Ms. Kimberly Moran: Thank you.

When you think about the four, as you mentioned, about family, caregivers, and siblings who are living with a child who has FASD, I think what we all have to remember is that they're actually the best reason to have a very strong home community care system right there. As you well know, if you take a child with FASD to a hospital when there's a problem, that's not where you're going to get the care you need. The kind of care that is really needed is usually in the community, and it trains both the family and the kid how to really optimize the life they can have. When we can help a child with FASD right from birth, if we can intervene right in the very earliest years, we're seeing much better outcomes than if we intervened later. I think it really shows that return-on-investment piece that we've been talking about: that if you invest in children and youth and catch it as early as possible, you'll see much better results for both the family and the child.

Mr. Ron Liepert: I think what has transpired over the last 30 years is that identification at the earlier stage. That wasn't there 30 or 40 years ago.

I'm good, thank you.

The Chair: Okay. Thank you.

I'll just mention that I sat on a committee that studied the economics of policing—and this relates to your statistic, Ron.

During that study, it was found that 72% of the people in jail were there due to mental health issues and addictions to alcohol or drugs. Jail isn't the place to deal with mental health issues, I'll tell you, from what we've seen.

Mr. Fergus will be the last questioner.

[*Translation*]

Mr. Greg Fergus (Hull—Aylmer, Lib.): Thank you, Mr. Chair.

I would like to thank the witnesses for their presentations. I am pleased to see that all the governments and the Canadian society are increasingly recognizing the importance of mental health.

My question is for Ms. Moran, in particular, since she mentioned Starbucks' investment in mental health twice. I apologize, it was Dr. Smith who mentioned it, but there is a connection with what Ms. Moran said.

Starbucks increased its investment in mental health services from $400 to $5,000 per employee. I imagine that's an annual amount.

The amount allocated to these services is $100 million in this budget. If I divide this amount by the 7 million people who may need mental health services, I see that we aren't spending enough in this area, far from it. You said that Ontario alone would require an investment of $100 million.

Should investment in mental health be considerably increased?

● (1655)

[*English*]

Ms. Kimberly Moran: Well, absolutely. Certainly we look at this as a good first step, but there is much more to do. I think that if we really want to fundamentally change how we deliver health care to people with mental health issues, it is going to require investment. If we can take that first brave, courageous step, then we will see, as my colleagues have said, that you will have an impact on other health care costs throughout the system.

You will find that by making that investment, there will be reductions in other areas. We've talked about corrections, I've talked about child welfare, and we've talked about acute care systems. I think that if we can make that brave and courageous step to make this investment, you will see a very significant return on investment.

[*Translation*]

Mr. Greg Fergus: What do you think Dr. Cohen?

[*English*]

Dr. Karen R. Cohen: Yes, I also want to make the point that there is research showing that for the average person who successfully benefits from a course of psychotherapy, it usually takes between 10 to 20 sessions, which cost from $3,000 to $3,500. The Starbucks provision should enable them to get that. The $100 million for Ontario over two years is not going to buy that, obviously, for every citizen in Ontario—although not every citizen is necessarily going to need it.

The other point I want to make is that one of the things we do in mental health that is a great disservice and that we don't do in physical health is that we address it as if it's one homogenous problem. We don't have a physical health commission that treats every physical health problem in the same way. There is a range of mental health disorders and needs that do not all require the same kind of assessment or intervention. I think we forget that when we have these kinds of conversations.

[*Translation*]

Mr. Greg Fergus: You raise a valid point.

I would like to know approximately how much Australia and the United Kingdom spend annually per person using these services.

Do you have that information? If not, could you send it to us so that we can include it in our report?

[*English*]

Dr. Karen R. Cohen: Yes, to be precise, I will do that. I will follow up and send you the data.

[*Translation*]

Mr. Greg Fergus: Dr. Cohen, you said that there wasn't a solution to all the problems. Having said that, can you give us an idea of how much we should be spending?

Once again, if it's true that $100 million would meet the needs in Ontario only, then the investment should be two-and-a-half times higher for all of Canada.

[*English*]

Mr. Glenn Brimacombe: In the report we referred to, "Mental Health Now!", we calculated that if we're to move from 7% to 9% of all public health spending going to mental health, and assuming that the federal share is 25%, it would mean that annually there should be an additional $780 million invested across the provinces on a per capita basis.

[*Translation*]

Mr. Greg Fergus: There's the crux of the problem.

[*English*]

The Chair: That ends our questioning.

Are there any quick last comments anyone wants to make? Are we okay?

Then thank you all very much for your presentations. We appreciate your coming in and laying out your thoughts and responding to questions.

We'll suspend for a couple of minutes for the next witnesses from the Privy Council Office.

● (1655)

(Pause)

● (1700)

The Chair: We'll reconvene. We're turning to part 4, division 7.

From the Privy Council Office, we have Allen Sutherland, assistant secretary, machinery of government; and Don Booth, director, strategic policy.

I would expect that you have an opening statement, and we'll go from there.

Welcome, gentlemen.

● (1705)

[*Translation*]

Mr. Allen Sutherland (Assistant Secretary to the Cabinet, Machinery of Government, Privy Council Office): Mr. Chair and members of the committee, I am very pleased to be here this afternoon to explain the technical aspects of the text in section 7 of Part 4 regarding the Parliamentary Budget Officer and the Board of Internal Economy.

I will start with the proposed legislative amendments for the Parliamentary Budget Officer.

[*English*]

The proposed legislation fulfills the government's commitments to ensure that the parliamentary budget officer is properly funded and independent, with a mandate focused on accuracy and transparency in costing.

The parliamentary budget officer, as we know, supports Parliament by providing an expert and objective source of research and analysis on fiscal and economic matters. These amendments will strengthen this important resource for parliamentarians in several ways, and I'll lay out a couple of them.

First, it would establish the PBO as an independent officer of Parliament, separate from the Library of Parliament, with his or her own dedicated office.

Second, it would appoint the PBO to serve a term of seven years, removable for cause, rather than serving at the pleasure of the current or sitting government, with the appointment and removal of the PBO subject to parliamentary approval, meaning both the Senate and House of Commons.

Three, it would ensure that the work of the PBO is responsive to the needs of parliamentarians and parliamentary committees.

Four, it would provide the PBO with wider access to relevant government information to better inform the research and analysis provided to Parliament.

Under the proposed legislation, the PBO's mandate would also include for the first time the costing of election platforms and proposals at the request of political parties, providing a credible non-partisan way of assessing a party's fiscal plans and encouraging informed public dialogue. These changes would provide parliamentarians with the information and analysis they need to best serve Canadians and effectively hold the government to account.

Regarding the Board of Internal Economy, the proposed legislative changes are part of the government's delivery of its commitment to more open and transparent government. The government is proposing to end the secrecy that surrounds the Board of Internal Economy, which, as you know, is the body that makes decisions and provides direction on the financial and administrative matters of the House of Commons. The proposed legislative changes would make the board's meetings open by default. This means that in all cases but those involving sensitive or personal information, the business of the Board of Internal Economy would be made public. It is important to note that the proposed changes would not change the role or the composition of the board. All recognized parties would continue to be given representation on the board.

With those introductory remarks, we would be happy to take any questions you might have.

The Chair: Thank you.

Mr. Liepert.

Mr. Ron Liepert: Whose idea was it to include this as part of the budget implementation bill?

The Chair: I don't know if you can answer that.

Mr. Allen Sutherland: Yes, that is significantly outside my area of knowledge.

Mr. Ron Liepert: Was this recommended by your department or was it decided politically that it be part of the budget implementation bill?

● (1710)

Mr. Allen Sutherland: Ultimately, the decisions about what's in the budget rest with both the finance minister and the Prime Minister.

Mr. Ron Liepert: Okay. I want to ask a few questions related to some of the concerns that were expressed by both the current and former parliamentary budget officers before this committee yesterday, I guess it was.

Number one is about the requirement to have the approval of the two Speakers. Can you comment on why that was deemed to be necessary?

Mr. Allen Sutherland: If I'm to understand, do you mean the approval of the work plan?

Mr. Ron Liepert: The work plan, sorry, yes.

Mr. Allen Sutherland: The role of the Speakers is also in the—

Mr. Ron Liepert: No, the work plan. My mistake.

Mr. Allen Sutherland: That's fine. Just looking at the work plan—if I can just talk it out, and I'll get to what you asked—the work plan itself is seen as a way of ensuring that the parliamentary budget officer is responsive to the needs of parliamentarians. There's been a lot of discussion about this, but it is not intended to restrict the parliamentary budget officer. Instead, it's seen as a way of making sure that he or she is able to respond to parliamentarians' needs.

Part of what you're trying to do is to make sure there's full agreement on the content of the work plan, that it's agreed by all parties. That is just as with any business. You agree on the work plan, and then if there's buy-in on the work plan, it also ensures that there's buy-in on the budgetary side.

Mr. Ron Liepert: I don't think the requirement to submit a work plan or to have a work plan was the issue. The issue was why do the two Speakers need to approve? For starters, you have a Speaker of the Senate who is elected by no one. Then the other concern that was expressed by both former and current parliamentary budget officers was that, as you get close to an election, you've got a Speaker who, while he or she is deemed to be in an independent position, is also part of a political party. You could very well have situations in which that Speaker would not approve a work plan that in some ways might be detrimental to his or her party in the upcoming election campaign.

Is there not a better manner of approving the work plan than having the Speakers approve it, i.e. maybe a House committee, or something?

Mr. Allen Sutherland: There are certainly different ways you could think about it. I think the idea is that the work plan is meant to be a collective endeavour between the PBO and parliamentarians. The Speakers were chosen because the role of the Speakers is actually to facilitate the business of Parliament. Looking at their roles, their roles are to facilitate Parliament. It's not to somehow restrict the PBO. It's meant to facilitate the business of Parliament, and it's intended they do it in a non-partisan way. That's the thinking behind what's proposed in the legislation.

Mr. Don Booth (Director, Strategic Policy, Privy Council Office): I'd like to point out that the legislation does make a provision that, if the Speakers wish, they can engage parliamentary committees in the review of the work plan.

Mr. Allen Sutherland: Including this one, I believe.

Mr. Ron Liepert: There's no requirement that they do that.

Mr. Don Booth: No. They do it at their discretion.

Mr. Ron Liepert: Have I still got time?

The Chair: Because we're dealing with departmental or PBO witnesses, we're not subject to our regular questioning time frames, so the floor is yours as long as you want it. We can come back to you.

Mr. Dusseault, and then Ms. Boucher.

[*Translation*]

Mr. Pierre-Luc Dusseault: Thank you, Mr. Chair.

I would like to thank the witnesses for being here today.

I would like to quickly go back to the matter of the Parliamentary Budget Officer's work plan, which should be submitted to the speakers of both chambers. I certainly heard your arguments that it's a matter of getting everyone's agreement on the work plan.

However, I have several questions. You say you want to make the position of Parliamentary Budget Officer an independent position. To make it independent, you want to turn it into an officer of Parliament. However, no other officer of Parliament is required to have his or her work plan approved.

If you are copying the operating model of the officers of Parliament, why did you decide that, for the first time, an officer of Parliament would have to submit the work plan to the speakers of both chambers, while the others aren't required to? Why this difference between the obligations imposed on officers of Parliament, who will not have to meet the same requirements under the act?

● (1715)

Mr. Allen Sutherland: Thank you for the question.

[*English*]

There are several aspects to the issue of independence and how in the proposed legislation the PBO is made more independent, and I will loop back to your issue around having this approval of the Speakers.

Independence occurs throughout the proposed legislation. The PBO is made more independent because it's a deputy head. The PBO is made more independent because the position will be made for a seven-year, one-time renewable term, and the PBO can only be removed with cause on address of both houses of Parliament. Administratively, the Office of the PBO is being moved from the chief librarian's office. It's being created as a separate entity so that it will be more independent.

Moreover, in the legislation, the PBO is given all the administrative and human resource responsibilities for the unit, to organize contracts, hire the people they want, bring outsiders in, organize the budget in the way they want, and then, within their mandate, they have full independence.

Within their mandate, they can serve their role, which is to serve Parliament and provide reports directly to parliamentary actors. It could be you in your capacity as an MP, it could be the committee, or it could be by tabling full reports in the House—and it's without the intervention of government. These are all enhancements to its independence.

With regard to the question on the service issue, the reason the legislation proposes having the Speakers approve the work plan, and how it's different maybe from other officers, is that the service role of the PBO is so exceptional. The role of the PBO is to provide you, as MPs, with objective economic and fiscal analysis and costing, so that you can hold the government of the day to account. That's a profound service role, and that's what the legislation is trying to capture.

[*Translation*]

Mr. Pierre-Luc Dusseault: Thank you for the end of your answer. You explained the reason for this difference between the Parliamentary Budget Officer and the other officers of Parliament.

As a follow-up to that, I must say that it surprised a lot of people, including the Parliamentary Budget Officer and his predecessor, Mr. Page. Several people who have appeared before our committee didn't seem very happy with this amendment as proposed in the bill.

I'd also like to know if you consulted the Parliamentary Budget Officer, who is directly concerned, before recommending this change?

[*English*]

Mr. Allen Sutherland: Certainly at the level of the officials, we did not consult the parliamentary budget officer, though we did have access to his documentation.

[*Translation*]

Mr. Pierre-Luc Dusseault: We have asked the government a number of questions during question periods and, in response to questions about the Parliamentary Budget Officer, we were told that it was open to amendments and was always prepared to improve that provision.

Don't you think that if you had consulted the Parliamentary Budget Officer beforehand, you could have avoided such a situation where we might have to correct the bill, depending on what the committee is going to decide?

[*English*]

Mr. Allen Sutherland: Mr. Chair, I do note that the government House leader has said that they are open to amendments, so these are certainly being proposed.

With regard to consulting with current or past PBOs, that's just not something that was done at the official level.

● (1720)

Mr. Don Booth: We did have access. I mean, the PBO did put out a very detailed business case and proposed legislation in the summer, which we have studied very intently, and some of that is actually reflected in the current legislation.

[*Translation*]

Mr. Pierre-Luc Dusseault: I find it a shame that the Parliamentary Budget Officer wasn't consulted. I think that would have prevented the situation we are in right now and prevent the Parliamentary Budget Officer from appearing before us to openly criticize the proposal.

Furthermore, the issue of the cost of certain proposals during an election campaign is one of the things that was raised by the Parliamentary Budget Officer. He sees it as a danger, since during the election campaign he would become a major political actor if he began to disclose information and publish reports on the costs of the programs contained in the various political platforms.

Have you taken that into consideration? Maybe if it had been consulted, this situation could have been avoided. Are you aware that, if we pass the bill as it is, the Parliamentary Budget Officer will become an important political actor in an election campaign? Do you think that's a role he should play?

[*English*]

Mr. Allen Sutherland: I think the introduction of the election-platform costing mandate is an exciting one because it offers the opportunity to put better information into the public discourse during elections to improve the quality of the debate. I think there's an important public good in that, and the proposed legislation would do that.

As for the PBO, in the legislation—and I would just note that the PBO's role is not to judge the merits of any policy proposal in a platform—the role of the PBO is simply to provide neutral and objective costing of the proposals, much as he does in-between elections. We don't see this as a politicization of the PBO's office.

[*Translation*]

Mr. Pierre-Luc Dusseault: That's how he sees it himself.

Having said that, can you specify who during the election campaigns will be authorized to make such requests to the Parliamentary Budget Officer?

[*English*]

Mr. Allen Sutherland: As set out in the legislation, within 120 days of the fixed election date, members of parties that have an MP in the House would be able to request that the PBO make election-costing proposals on their behalf. That's set out in the legislation. There are rules around it to ensure that you can ask for a costing of something and it is not required that it be part of your platform. It's part of helping parties to develop an effective platform, because, of course, if you were to request the costing of something and you suddenly found that it was very expensive, you should be able to step away from it. You should be able to make the choice not to release that.

Mr. Pierre-Luc Dusseault: What do you mean by "members of parties"?

Mr. Allen Sutherland: Sorry, I mean members of Parliament who are part of their party. They would be in a position, on behalf of their party, to request costings.

Mr. Pierre-Luc Dusseault: Let's say I have an election in Sherbrooke, I would be the only candidate in that riding to have access to the PBO costing request.

Mr. Allen Sutherland: It's in your capacity as a member of the party, right? So in your case, the NDP would be able to request costings because you are a member of the NDP and you are in the Parliament.

Mr. Pierre-Luc Dusseault: Do I have to go through the NDP, through my party, to ask for costing?

Mr. Don Booth: Yes. Each party would identify a representative who would act as the liaison with the PBO's office.

Mr. Pierre-Luc Dusseault: So a candidate who was not an MP before could ask the representative of his or her party to ask the PBO for costing if he or she wished.

Mr. Don Booth: On behalf of the party, they could.

The Chair: For those parties with members in the House of Commons, the request would have to come through the party for that kind of costing to be done, and it's not just for the recognized parties in the House. It would include the Greens, who have one member, and the Bloc Québécois, who have 12.

● (1725)

Mr. Don Booth: It's any party that has a representative in the House upon dissolution of the House before an election.

Mr. Allen Sutherland: Mr. Chair, you put it better than I did.

Mr. Pierre-Luc Dusseault: But do you expect the PBO to receive a massive number of requests at election time, and will he be able to handle the number of requests?

Mr. Allen Sutherland: This is a new area, so it's not possible to understand exactly how much business will arise until it actually occurs.

We have worried about issues around workload. In the legislation there are a couple of measures in place to try to reduce the workload surge that might occur. It has been set out in the legislation that the PBO has recourse to government costing and government information. For instance, if a party were to propose something in the area of Canada student loans, that might be something that ESDC could cost very quickly. The PBO has the right to ask for support from government. It still remains the PBO's costing, but in order to facilitate its ability to do that costing in an effective way, there is access to government.

Another way the legislation tries to address the issue of burden is by having allocating additional resources. The PBO would have additional resources as a result of committees having been dissolved during an election time period. That would free up resources. Indeed, the annual work plan is a way for the PBO, in the year of an election, to say if the fixed election date is being followed, "I expect to get a surge in business, and I can canvas who is likely to use the services of the PBO in an election period." That could form a part of the work plan discussion and, indeed, the budgetary discussion.

The other thing I'd note is that unlike the Australian case, doing the costing is not mandatory. In the Australian case, the PBO is required to cost everyone's platform after an election. That's not the case here.

The Chair: Mrs. Boucher.

[*Translation*]

Mrs. Sylvie Boucher (Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, CPC): Thank you, Mr. Chair.

Good afternoon, gentlemen.

I'm replacing someone on this committee, but I have to say that what I'm hearing is very disturbing. I'm going to be honest: I don't know if the others are used to it, but what you've just said really gets my goat. In my opinion, the Parliamentary Budget Officer must be independent and non-partisan.

As you said, this request came from the Prime Minister. You are asking this officer of Parliament to send his work plan to the two speakers, who also have a political affiliation. For independence, we will go back. I don't know if you realize how dangerous this game is to everyone.

Elections Canada is already doing its job when we are campaigning. So why mix an officer of Parliament into the electoral process and ask all parties to provide him with their platform? When we are in an election campaign, we are not sitting in Parliament; we are candidates for a upcoming election.

Why is the bill written this way? Why are you handcuffing the Parliamentary Budget Officer this way? Without realizing it, you just handcuffed this officer of Parliament by asking him to be accountable to people of a political affiliation. I'm talking about political affiliation, whatever it is. I think that's unacceptable. These people are appointed to be independent and free from any form of pressure from one party or another. I am not attacking the Liberal Party. I find that unacceptable, and I will always find that unacceptable. The fact that it is being introduced this way, in a budget bill, bothers me. I don't know whose idea it was. You said it was a request from the Prime Minister, but other people around you were thinking about it.

We have come to interfere in deeply apolitical and independent positions. Could you explain to me how it is that this person has to provide his work plan to the speakers of the House and the Senate, both of whom have a political affiliation, no matter which party they belong to? How will this person be independent?

● (1730)

[*English*]

The Chair: Mr. Sutherland.

Mr. Allen Sutherland: Mr. Chair, I'm not sure I have an answer that will satisfy the honourable member.

The role of the parliamentary budget officer is to provide neutral and objective economic and fiscal analysis, including costing, to help members of Parliament do their job holding the government to account. In order to do that, the PBO needs to make priorities.

The intent of the legislation, and in particular the work plan, which I think is the crux of your concern, is to provide a work plan to members and to ensure there's buy-in. That's a way of ensuring the PBO can best serve parliamentarians. That's the intent of the legislation.

The Chair: Mrs. Boucher, do you have anything further?

[*Translation*]

Mrs. Sylvie Boucher: Perhaps the bill is clear in your mind, but it's far from being clear to us. You're asking this person to provide the work plan to two people who have political affiliations. That's what bothers me.

Previously, the Parliamentary Budget Officer was independent. Although we didn't always talk about it, we, the Conservatives, were the ones who appointed him. He was completely independent. When it was time to get in, the remarks were quite blunt. That's the way it is with the independence of an officer of Parliament. The position is supposed to be apolitical.

Without realizing it, you are now asking him to become politicized, even though he doesn't want to be. This is unacceptable.

This isn't what Canadians have asked for or what we want. We want independent agents who can do their jobs and give us the right information without political affiliation.

You talked about what happens during an election campaign. I apologize, but Elections Canada is already doing that work. If I have any questions, Elections Canada is here to answer. During the election period, we are no longer in Parliament. Certainly, we are still members of Parliament, but we are outside running a race to get elected.

I can't see why an officer of Parliament would become a political agent during this period. That's what I find disturbing. You have shuffled all these ideas together without distinguishing between someone who is really in politics and someone who is not. Unintentionally, you are binding his hands, because the speakers of both chambers have a political affiliation.

[*English*]

The Chair: This time I don't think you can provide an answer further than what was already given.

Ms. Boucher, the only way to settle this issue would be, I think, with amendments.

[*Translation*]

Mrs. Sylvie Boucher: We could make some amendments, but I would like to understand why this has been written so that people think that the Parliamentary Budget Officer is becoming a political function when that shouldn't be the case.

● (1735)

[*English*]

The Chair: I do think that was answered, but we may have a difference of opinion on the answer.

Mr. Fergus.

Mr. Greg Fergus: Thank you very much, Mr. Chair, and thank you very much, Mr. Sutherland and Mr. Booth, for coming.

I'm a big fan of the PCO. I'm a big fan of the work you do in bringing matters together as a central agency of the government. You guys do great work.

I have a bit of a different perspective from that of my honourable colleague. I know that people will comment quickly that it's an easy thing to say, but I actually don't have much of a problem with the PBO's costing the platforms—not to do an evaluation of the platforms overall, but a more limited evaluation of the economic plans being put forward by different political parties.

I will explain why I don't have a problem with that.

[*Translation*]

I believe the Parliamentary Budget Officer has an obligation to assess the government's budget. In the past, when there were no fixed election dates, the government in place could table a budget and immediately call an election. Given that the PBO is an independent officer of Parliament, he assesses the budget and makes his findings whenever possible. It can happen in the middle of an election campaign, which can be good, in a way. The opposition wants to ensure that an assessment is made of the economic plans of other parties as well.

I think we have to narrow the scope of what has been proposed. I think at yesterday's meeting, members of all parties agreed that there should be some changes.

That's the comment I wanted to make.

[*English*]

My question really is on how we missed the boat. PCO usually does a good bit of consultation beforehand in speaking to various actors and, I'm assuming, to former parliamentary budget officers—or officer, as there's only one former such officer—or perhaps the current one. How did the PCO miss the boat in proposing that the PBO would have to have his work plan submitted not only to the Speakers, but also be approved by the Speakers?

Usually, there is a lot of informal or formal consultation that's done beforehand.

The Chair: I don't know if that question is answerable either, Mr. Sutherland.

You can take a chance—

Mr. Greg Fergus: Give it a college try.

The Chair: —though I would refer to the statement that the House leader made. She said she would welcome "suggestions on how to improve the bill, and we are open to amendments to ensure we accomplish the objective of an effective and independent [PBO]." It is really quite unusual in a budget bill to accept amendments.

Mr. Sutherland.

Mr. Allen Sutherland: No, I don't think I can add much to that. As always, PCO tried to do its best work.

The Chair: Mr. Aboultaif.

Oh, sorry, go ahead, Mr. Fergus.

Mr. Greg Fergus: Sorry, I have a supplemental question.

All right. That was a fair point. It wasn't really a question to try to trap the witnesses.

Given this experience and that it's unusual for the House leader to indicate an openness to amendments on a budget implementation act, do you feel that, institutionally, the Privy Council Office, as a central agency, will make greater efforts in the future when drafting legislation that would eventually work its way for recommendation by the Prime Minister or the finance minister to take greater care not only to respect the political wishes of the government, but also to make sure they're doing even more due diligence than they already do, in having informal or formal consultations before the legislation is proposed?

● (1740)

Mr. Allen Sutherland: That is another very interesting question, Mr. Chair.

I would just say that, as always, we try to learn from every experience we've had, and we're learning from this one.

The Chair: Thank you.

Mr. Aboultaif.

Mr. Ziad Aboultaif: Thank you, again.

I feel it's bit unfair asking you guys to answer all of these questions when you had nothing to do with putting this in Bill C-44 to begin with. You were not consulted; it came from the Prime Minister's Office, maybe from the Minister of Finance. Wherever it came from, it is disappointing.

I'm a big fan of the PBO. I believe this is a breath of fresh air. We can go to a body that is independent, that can give the information we need in order to assist us, as parliamentarians, to be effective in everything we do. At the end of the day, we all want to serve Canada in a different and good way.

The technical question is about the changes in section 79.4. Why would the access to information provisions not allow the PBO to compel institutions and departments to provide requested information? We know that the only effective way for us, as parliamentarians, to get that information is for the PBO to have that ability to talk to different departments and to be able to enforce their way to pull some information for doing the job properly.

To your knowledge, why do you believe this change to section 79.4 was proposed?

Mr. Allen Sutherland: Section 79.4 includes a very significant expansion in the PBO's access to information. There are some important changes from the status quo. One of the important changes is that currently what PBO has access to is economic and fiscal data. That's what the legislation says. Now it says they have free and timely access to any information under the control of the department, and it's expanded to parent crown corporations as required for the performance of his or her mandate.

That's a significant expansion. We've seen in the past that the PBO has sometimes felt that they didn't have access to information they desired. This represents a significant expansion both in the coverage to include crown corporations and the type of information that's available.

With the PBO, as parliamentary budget officer, as an officer of Parliament, the best recourse for them is Parliament. If this committee asks for some work to be done, some economic analysis, and PBO seeks some work from departments and feels they're not getting it, the best recourse is to come back to this committee and for you guys to put pressure on departments.

In addition, this is the law. If it passes, this is the law, so it will be a requirement on departments' part to provide the information, and so there will be an expansion of access to information. It is subject to some reasonable constraints, appropriate constraints, given the larger amount of information that will now be available.

Mr. Ziad Aboultaif: Why do we have to go through another layer of bureaucracy before we get information? We are, as a committee, parliamentarians, and we need to be able to ask the body that sits there to provide us with information. So I'm not convinced whatsoever that this is the reason, to be honest with you, because really that doesn't give us.... There are no details in there giving us any power to request information that is vital to what we do, and taking it away from the PBO is like taking a very important element from PBO that enables them to do their job properly.

Mr. Allen Sutherland: Mr. Chair, if this is put into legislation, it is a requirement for deputies and departments to follow the law, so they will need to provide this information.

Mr. Ziad Aboultaif: If you're going through the proposed legislation, or proposed law, if you wish, won't that really delay the process? Won't that really thicken the time frame here to get information? Could that be another way to delay the whole process?

● (1745)

Mr. Allen Sutherland: The intent of the legislation is to give the PBO much wider information access so that that problem doesn't occur.

Mr. Don Booth: Part of the previous concern was that by saying that PBO only had access to economic and fiscal data, there were definitions. People would argue over the definition of what exactly was data and what wasn't data.

In this case, the legislation is proposing to expand the two, so any relevant information under the control of the department, with the exception of a few reasonable limitations around information, privacy, and cabinet confidences.... In terms of the scope of what the PBO can request, it's greatly expanded.

The Chair: Mr. Dusseault.

[*Translation*]

Mr. Pierre-Luc Dusseault: Thank you, Mr. Chair.

I want to follow up on that, because I am not convinced that this is enough.

You're saying that if proposed section 79.4 is passed, it will become law, and departments will be forced to provide the information. It's as if we were including an offence in the Criminal Code, and the citizens of Canada weren't allowed to commit it, but there would be no penalty for the offence. I think that's a problem. There would be legislation that would clarify that obligation, but there would be no recourse if the departments decided to stonewall.

Take the Canada Revenue Agency, for example. A senator had asked for the tax gap to be calculated. It is a fairly complex process, which requires a lot of information from the Canada Revenue Agency. The Parliamentary Budget Officer has repeatedly been denied the cooperation of the Canada Revenue Agency. He was forced to tell the honourable senator that he could not respond to his request because he had not obtained CRA's cooperation. Things stopped there; the Parliamentary Budget Officer has no other recourse. He was forced to accept the fact that a department or agency was deciding not to cooperate. The fact that the department is forced to do so under the legislation doesn't change anything.

In that context, would you be open to the idea of a mechanism that would allow the Parliamentary Budget Officer to legally require departments to cooperate, a mechanism that would impose penalties if they refused and would block access to information?

[*English*]

Mr. Allen Sutherland: It's not for me to allow or not allow, Mr. Chair.

On the issue of the recourse the PBO has, if they are not getting the information they feel they are entitled to, the first recourse should be Parliament. As an officer of Parliament, the recourse should be to Parliament.

Beyond that, if the PBO feels that the department is acting illegally, they can take them to court. There is nothing preventing that.

[*Translation*]

Mr. Pierre-Luc Dusseault: The PBO could therefore bring a lawsuit against a department that would stonewall. Since I'm not a lawyer, I don't know how he would go about it, legally.

[*English*]

Mr. Don Booth: That's our understanding. As an independent body, the PBO has access to common law recourse and principles if there is a perception of an overt act of criminality—if there is an overt breaking of the law.

[*Translation*]

Mr. Pierre-Luc Dusseault: Okay. It is worth noting.

[*English*]

Mr. Allen Sutherland: It is put in the legislation to expand information access. The way it should work is that people follow the legislation—departments, the PBO—and information flows, and there is no issue. That should happen 99% of the time.

In areas where there is a dispute, there should be an attempt to work it out. If it can't be worked out, the PBO does have significant recourse through Parliament, and that's the best place for it to go, not through the courts. You want your PBO focused on economics; you don't want him focused on legal procedures.

That would be my advice.

● (1750)

Mr. Pierre-Luc Dusseault: The recourse in Parliament would be contempt of Parliament by a department.

Mr. Allen Sutherland: It could take lots of forms. It could take this committee's stating their wish for the information directly; it could be an MP; it could be speaking with the minister, whose department it is. It could take lots of forms, far short of contempt of Parliament.

[*Translation*]

Mr. Pierre-Luc Dusseault: I don't want to take all the committee's time.

[*English*]

However, I have a big problem with part of proposed section 79.2 on costing requests from parliamentarians. I will read it. Under proposed paragraph 79.2(1)(f), the PBO shall prepare a costing of policy proposal at the request of an individual parliamentarian. If the section would stop there it would be perfect, but then you add that parliamentarians may request costing for any proposal they are considering making before Parliament and its committee, under proposed subsection 79.2(3).

That's the main problem for me.

[*Translation*]

I'll continue in French so I can explain properly.

Right now, a parliamentarian can ask for a cost estimate for any policy. Now, under the new clauses, the request for a cost estimate must be linked to a proposal that is intended to be presented to Parliament. In the explanations, it says that it can be a private member's bill, an amendment or a government bill. I assume that applies to a motion, too.

Why have you limited the requests of parliamentarians by now accepting only those related to proposals that they are considering tabling in Parliament? Why didn't you maintain the broader provision that allowed parliamentarians to ask for a cost estimate for any policy?

[*English*]

Mr. Allen Sutherland: Mr. Dusseault's interpretation is correct. That's in fact what the bill says. His recourse, though, isn't limited as an MP. You could make a broader request in committee, let's say, on something unrelated to a PMB. So you could work through committee. The other approach is that you could have it embedded in the annual work plan.

Mr. Pierre-Luc Dusseault: I would need them, though, if I wanted to submit something from committee. I'm the only one at this table.

Mr. Allen Sutherland: That's correct.

Mr. Pierre-Luc Dusseault: I would need to get approval from them to submit something to the PBO.

Mr. Allen Sutherland: That's correct.

Mr. Pierre-Luc Dusseault: To submit it by the work plan would be such a challenge. I don't know where I would turn as an individual MP to make something go through the work plan, to try to put something in that plan. I feel that my latitude to make costing requests to the PBO is much more limited by this bill than it is now. Is that correct?

Mr. Allen Sutherland: You're stating your personal view?

Mr. Pierre-Luc Dusseault: No, I'm asking a question. With the bill we have before us, Bill C-44, are PBO costing requests more limited than they are now?

Mr. Allen Sutherland: The intent of the bill is not to restrain MPs. It's to provide different avenues for you to get the answers you need.

Mr. Pierre-Luc Dusseault: We will have to look at that further, because my interpretation is that it will be more limited under this bill than it is now.

The Chair: Mr. Liepert.

Mr. Ron Liepert: Mr. Sutherland, you made a comment earlier that I can't let pass. I don't think the preparation of the budget implementation act should be a learning experience. I'd like to know who came up with this cockamamie idea about costing out election platforms. I don't know how many election campaigns you've been involved in, but I've been involved in a lot. I have never yet seen an election campaign where, 128 days out, election platforms were made public. If we're going to do a PBO analysis of a half-baked campaign platform, why would we even waste the time and money on doing it? The federal election campaign is 35 days, so, if I read this right, what is that—90 days in advance of the—

Pardon?

● (1755)

Mr. Greg Fergus: The last one was 78.

Mr. Ron Liepert: Well, that was the last one, but we're not doing that again.

Some hon. members: Oh, oh!

Mr. Ron Liepert: How could it be reasonable to expect the PBO to actually cost out a platform that far in advance of an election campaign?

Mr. Allen Sutherland: Mr. Chair, my apologies if I gave the impression that parties would have to provide their costings 120 days in advance. It's as of 120 days before the election that the PBO would be available to begin that work.

Mr. Ron Liepert: Well, yes, but in order for the PBO to do the work and to make it a worthwhile effort, knowing how much effort there is to get information out of the civil service, I can't imagine that it would be much closer than 120 days to the actual election date for him to do the work. I don't know, but it just doesn't make any sense to me. I don't know who came up with this cockamamie idea. It makes no sense.

The Chair: I think that's a statement there, not a question. Is that correct?

Do you have one more question, Pierre?

[*Translation*]

Mr. Pierre-Luc Dusseault: I have a supplementary question about the Board of Internal Economy.

I'm quite familiar with it, not from sitting on it, unfortunately, but from being affected by decisions that were made by it.

I have been calling for the Board of Internal Economy to be public for some time. I've talked a lot about that.

If I am in favour of this measure, how can I, as a parliamentarian, support it, when it is included in a 308-page bill? Is there any way I, as a parliamentarian, can express my agreement and vote in favour of this part of the bill, or am I forced to vote in favour of the full 308 pages?

[*English*]

Mr. Don Booth: I'm not sure.

The Chair: I don't think they can answer that question, Pierre. You can speak in the House and say that you love this part of the bill but you don't like a lot of the other 300 pages.

Mr. Pierre-Luc Dusseault: I'm asking the same question. How do I manage that if I agree with one part of the bill but disagree with the rest?

The Chair: All you can do is put it on the record in the House of Commons.

Thank you, gentlemen, for appearing before us on part 4, division 7.

For the information of the committee before we adjourn, we did farm out some divisions of Bill C-44 to other committees. We have had responses back from them now.

To the citizenship and immigration committee, we farmed out division 13, and to human resources, division 14. They will not study those sections of the bill. The clerk will distribute the letters from the chairs of those two committees to members shortly.

On division 12, we farmed that out to veterans affairs; division 18, to transport; and division 4 to government operations and estimates. Those chairs have indicated they will study those sections and report back to the committee.

This means there will be three divisions that other committees will look at and report back to us.

Mr. Liepert.

Mr. Ron Liepert: The one that we still need to study is the infrastructure bank. Will the transportation committee be giving us a list of witnesses they're going to call, so we don't have any duplication of testimony?

● (1800)

The Chair: I think we could work that out with the chair. I can talk to the chair.

Mr. Ron Liepert: Okay. When would you propose that we study our portion of the infrastructure bank?

The Chair: We have to do it next week at some point, so I'll talk to the chair first thing on Monday and see what we can work out.

Mr. Ron Liepert: We don't have a lot of time and that's a pretty big section of the bill.

The Chair: Yes, it's a big section.

Mr. Ron Liepert: Unless you agree to pull it out of the bill.

The Chair: That would be up to the.... I don't think that's going to happen. Thank you.

The meeting is adjourned.

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