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Chair

Mr. Neil Ellis

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● (1530)

[*English*]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): I will call the meeting to order.

Pursuant to Standing Order 108(2), and motion adopted on February 25, the committee is resuming its study of service delivery to veterans. The second hour will be dedicated to in camera future committee business.

Today I'd like to welcome from the Royal Canadian Mounted Police, Mr. Dubeau, deputy commissioner, chief human resources officer; Mr. White, assistant chief human resources officer; and Mr. Lebrun, director general, national compensation services.

Today we'll start with 10 minutes of testimony from the witnesses, and then we will go into questioning.

Welcome, all. We'll let you start. Thank you.

Deputy Commissioner Daniel Dubeau (Deputy Commissioner, Chief Human Resources Officer, Royal Canadian Mounted Police): Thank you so much, Mr. Chair, and members of the committee.

First of all, I'd like to thank you all for your ongoing examination of benefits afforded our serving and retired members of the RCMP who have been injured on duty and for your invitation to be here today.

As the chair noted, I'm deputy commissioner Dan Dubeau. I'm here in my role as chief human resources officer. Steve is here in his role as assistant commissioner and assistant CHRO, but also as our national mental health champion, and Mr. Lebrun is here in the role of director general, national compensation services, which takes care of all our compensation benefits administered through VAC.

[*Translation*]

As Canada's national police force, the RCMP provides front-line policing services at the municipal, provincial, territorial and international levels, working in urban, rural and remote locations.

[*English*]

In many communities the RCMP is the primary and at times the only first responder. RCMP members are called upon to respond to a variety of situations, including criminal incidents, traffic accidents, fires, medical emergencies, and search and rescue efforts. By virtue of their duties, our members are continuously engaged in police operations and are regularly exposed to a multitude of hazards, including physical, chemical, biological, and psychological hazards that put them at risk for various occupational injuries and diseases.

These injuries may manifest themselves in the form of hearing deficiencies, operational stress injuries, and musculoskeletal injuries such as back and knee injuries. These injuries are attributed to, for the most part, hazardous occurrences resulting from assaults and violent acts from members of the public, falls, lifting and exertion, motor vehicle accidents, training-related accidents, and exposure to harmful substances and environments.

In this regard, based on Veterans Affairs Canada statistics for 2014 to 2016, the top four medical disabilities for RCMP clients are hearing loss, tinnitus, PTSD, and lumbar disc disease.

[*Translation*]

Furthermore, the RCMP has since undertaken an in-depth analysis of incidents causing injuries to its members. One of the tangible actions resulting from this analysis was the implementation of a risk-prevention program.

[*English*]

It is therefore an area of primary concern for the RCMP in our efforts to support the health and well-being of our members and to address this complex issue.

Our work is focused on prevention as well as providing support for members who are injured. In this regard, since the launch of its mental health strategy in 2014, the RCMP has undertaken considerable work to reduce stigma around mental health and to implement concrete strategies to promote wellness within its workplace.

At the core of our efforts, we continue to rely on our mental health champions, identified nationally, Stephen White, and in every division. Since appointed in July 2014, they have become leaders and supporters for rolling out national initiatives, for providing consistency, and for implementing local activities to respond to their distinct needs. Our approach of leading from the top and ensuring commitment and engagement from senior leaders demonstrates to employees that mental health is a key priority for this organization.

The RCMP recognizes that when its members fall ill or are injured, case management activities must take into account the very specific physical and psychological demands of police work as well as the variable nature of the policing environment. RCMP officers must regain a physical and psychological level of function that exceeds what is required for most members of the public. In this regard, under Assistant Commissioner White's leadership, the RCMP is investing in an enhanced disability management program for its members.

The program reflects industry practices in disability management, and in particular, a focus on early intervention activities to support members in their recovery and maintain their connection to the workplace. Once fully implemented in April 2017, this program will be supported by 30 disability management advisers across the force who will work proactively with members, supervisors, and divisional occupational health teams to coordinate support for early intervention and the return-to-work and accommodation planning process.

The RCMP is also in the process of acquiring disability case management and business intelligence software that will support case management activities in accordance with privacy requirements. This software will also provide ongoing program evaluation and trends analysis. This will inform prevention and wellness activities to support members' health.

● (1535)

For serving members and former members with an operational stress injury, Veterans Affairs Canada provides assessment, treatment, and support services through operational stress injury clinics. The RCMP has also entered into a partnership with the Department of National Defence so that the RCMP may access a DND network of clinics called operational trauma and stress support centres.

[*Translation*]

Former RCMP members who have an operational stress injury, or OSI, can access the network of operational trauma and stress support centres of Veterans Affairs Canada. RCMP members also have access to the assistance services of Veterans Affairs, which provides mental health services 24 hours a day, 365 days a year.

[*English*]

Furthermore, VAC offers a wide variety of programs of choice to former RCMP members, such as aids for daily living, dental services, medical services, medical supplies, occupational therapy, and psychological counselling, just to name a few.

On June 7, 2016, the Veterans Ombudsman released a report entitled “Supporting Ill and Injured RCMP Members and their Families: A Review”. This report contains an extensive list of benefits currently available to our serving members, our veterans, and our RCMP families. In addition to identifying the full spectrum of currently available services, the ombudsman indicated that, according to his projections, over the next five years the number of serving and discharged VAC RCMP clients is expected to increase by 20% and the number of RCMP members' survivors is expected to almost double. We thank the ombudsman for shedding additional light on the evolving needs of our RCMP veteran population.

In addition, the ombudsman stated in a press release, “Working conditions for RCMP members can be extremely challenging, and often dangerous. This can result in physical and psychological injuries, illness or death.”

[*Translation*]

In other words, our members, contrary to those of other agencies, are continuously deployed throughout their service, and that increases the risk of workplace accidents.

[*English*]

The ombudsman's report allows us to better identify the gaps between the services currently available and the needs of our serving members, our veterans, and their families. We have begun this review and we are working in close collaboration with our colleagues at Veterans Affairs Canada to determine whether changes need to be made to the support and services provided to RCMP members, veterans, and families.

The RCMP has also engaged its veterans' association in assessing the current service offering and to ensure that the needs of RCMP veterans are met. The RCMP has established an advisory committee with our veterans, and they have already begun identifying their priorities. Our veterans are closely examining how the recent mandate letters from our Prime Minister to the ministers of Veterans Affairs, Public Safety and National Defence affect them, and together we are identifying how we can best recognize the sacrifice made by our first responders and our veterans.

In addition, for our serving members, the RCMP's occupational health services offer a broad range of workplace health-related services that contribute to a safe and healthy workplace. These services are delivered by a team of professionals, which includes physicians who are our health services officers, psychologists, and nurses. This multidisciplinary team contributes to health evaluations of our members, participates in disability case management, and supports service delivery of our programs that have a health component. The health services officers and psychologists support the professional services in their respective scope of practice, including the review of medical information and acting as liaison with community providers when external examinations are required or with a member's own caregiver when health information is required in regard to the administration of occupational health programs.

With respect to health evaluations, the periodic health assessment is first conducted at the recruitment stage, and then at specific intervals, ranging from yearly for high-risk positions to every three years. These assessments are conducted to ensure a member is medically and mentally fit to safely perform his or her duty in a capable manner without harm to himself or herself or undue risk to other members and the public. Other health assessments are conducted in relation to specific assignments or as part of the disability case management process. The health services officer provides recommendations with respect to a member's medical fitness for duty and may include limitations and restrictions, in addition to providing return-to-work planning and input into the accommodation process.

While our psychologists actively contribute to the disability management process, they also proceed with follow-up and requests for employer-mandated psychological assessments, and are involved in determining accommodation needs when return to work is planned.

● (1540)

RCMP psychologists provide oversight on all psychological services provided to members by external providers. Finally, they are at the forefront of the post-critical incident debriefings and interventions.

[*Translation*]

The RCMP is continually trying to improve its programs and activities in order to reduce the incidence of mental illness and injury among its members, and to mitigate the harmful effects on their families and on police operations.

[*English*]

As an employer, the RCMP needs to know how it can mitigate and reduce operational stress injuries. In this regard, the RCMP is proposing a longitudinal research study that will examine the primary mental health diagnoses impacting our members, identify the root causes and competing organizational factors, and evaluate the effectiveness of evidence-based interventions.

This approach will allow the RCMP as an employer to identify areas within its sphere of influence and control, to adopt strategic and targeted interventions with the maximum potential to meaningfully and positively mitigate the contributing factors to PTSD and associated mental health conditions impacting our officers. I dare say when RCMP officers do fall ill or injured, it is critical for their recovery.

That means doing everything reasonable to help the officer recover and remain at work or return to duty as soon as it is safe to do so. This is not an easy task. Case management activities for RCMP members must take into account the very specific physical and psychological demands of our work as well as the variable nature of the complete environment. Police officers must regain a physical and psychological level of functioning that exceeds that required of most members of the public. Strong occupational health and case management activities are therefore required to support their recovery.

To support this goal, we are enhancing our disability case management activities, which are critical to supporting members' recovery and return to work. A primary focus of our efforts will be on early intervention. We want to reach out to our members early on to ensure they are able to access services, that we maintain a member's connection to our workplace, and that we facilitate the appropriate exchange of information required to accommodate a member's ability to remain at or return to work as soon as it is safe to do so.

Finally, we are in the early stages of assessing general duty constable tasks for hazard exposure, with the intent of identifying corrective measures to mitigate and eliminate those hazards, where possible. We have implemented the national standard of Canada for psychological health and safety in the workplace in our health and safety program. This standard includes psychological health and safety hazards in the workplace.

Prevention, support, and care are key to supporting our workforce. While the RCMP is cognizant of the financial cost of absence, our main focus remains on the human cost. As a police service, we need to ensure our members are healthy and fully operational so that we can deliver on our mandate and keep Canadians safe.

[*Translation*]

Thank you for this opportunity to participate in your discussions today.

We would be happy to answer your questions.

Thank you, Mr. Chair.

[*English*]

The Chair: Thank you.

We'll start with the first round, Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you all for coming to visit us again. We appreciate your coming back and having the additional opportunity to chat.

I've spent the last 30 years of my life treating a lot of RCMP officers in my practice as a chiropractor. Fortunately, it's nice to see that lumbar disc disease is your fourth priority, as I've had to deal with that many times.

Regrettably, we see that PTSD is an issue. I'm wondering if you can comment a little more on that. It's obviously something we're very interested in, and in particular, when we're dealing with your officers when they return from theatre. I wonder if you could comment on that. Do you have any numbers you could provide us with, percentages you might see, and the steps or the procedures that you might follow with an individual?

● (1545)

D/Commr Daniel Dubeau: It's a very good question to ask. Today I can't provide specific numbers returning from theatre, but I could get those numbers to the committee if you would like to see them.

I can tell you the prevalence in the organization, going through our VAC colleagues and watching statistics coming in, it's really based on the pensions and services that have been provided. We know right now, in all, serving and retired members are at about 3,900-plus. Members who have been diagnosed with PTSD or another related operational stress injury are one of our top three injuries.

We're putting in place all kinds of strategies. The number is quite high and it has been trending up over the last two to three years. I believe it's because of the efforts that we're making about getting this out. DND led the way on this, but the RCMP are getting the message out that it is important that we do have this.

When members are about to be deployed to theatre, they undergo assessments. Their wives and families are invited to the assessment phase, as well as when they return, depending on which theatre it is. I'll get you the list. From Afghanistan there was a closing off period where we gave them some time off, as well as those in the assessment phase. Then, subsequent to that, they can go every month, or as need be, depending on what the diagnosis is. We do bring them back and make sure they're okay.

Assistant Commissioner Stephen White (Assistant Chief Human Resources Officer, Royal Canadian Mounted Police): We have quite a regime of available services and support to our members with regard to PTSD or other operational stress injuries. It goes right from the very beginning to where we have now national peer-to-peer programs. There are 20 full-time coordinators and 380 advisers across the country who are very well informed of all the services that are available to assist members with PTSD or mental health, and where those services are.

On top of that, we have our own 11 occupational health and safety offices across the country. Within the RCMP, we have doctors, psychologists, and nurses. After that, we have access to the Government of Canada, Health Canada employee assistance program, which we are using. We are seeing an increase with our membership using that.

We also have access to the VAC operational stress injury clinics, which we are getting very good use out of. We are seeing the numbers increase there. As the deputy said earlier, we also have access to National Defence operational and trauma stress support centres for even more specialized programs and services with regard to PTSD and mental health.

We also have access to the Canadian Forces operational stress injury social support program. This is very much a peer-to-peer program, specifically for individuals with mental health, PTSD-related issues. We're actually running our own pilot program right now within the RCMP to potentially develop our own operational stress injury social support program.

At the end of it, as well, as the deputy already mentioned, we're building a very robust disability management and accommodation program. Even at the early stages of identifying, or when one of our members is being diagnosed with PTSD or an issue related to mental health, operational stress injury specifically, we'll have the resources right across the country with specially trained disability management advisers. They will engage at a very early stage and work with our members right from the early intervention, making sure they are getting access to the resources and support services they need, hopefully, enabling them to stay at work. If they do need to go off work, they will stay engaged with our members while they are off work to ensure that during that period there's ongoing contact with the workforce. They're then positioned for a very smooth transition back into the workplace, if that happens.

Mr. Robert Kitchen: One of the things we've gone through in the studies is an introduction.... What we've heard a lot of times, when we're dealing with VAC, is how do we get this done beforehand. How do we educate the soldier right from day one about the process they have to access for services once they retire?

I come from Saskatchewan, so Depot is very familiar to me. In Depot, do you spend time educating your officers on the steps that would happen during that training program, or does that happen once they start into the force?

● (1550)

D/Commr Daniel Dubeau: No, and that's one of the gaps we've noticed. What we've done in the last couple of years under Pierre's leadership is we have a liaison officer sitting with Veterans Affairs. We've been working on this outreach program trying to educate our members on how this works, that if they are going to apply to VAC, to set up a My VAC Account, and what that means. We've all worked on that, and we've all worked with the veterans on how they can get that.

We also have several other partners. We've had the Legion come to the table. We're seeing if we can expand our network to educate our people, because DND is very well educated on this. We're finding there's a gap, but we're getting better.

As they go through the service, now that they understand about VAC pensions, the members are reaching out to our people a lot more. There's a lot more information out there. They're getting very well educated. As we go along—the future state—we're going to try to get into a formalized partnership with the Legion, our veterans, to get that up.

The last piece of it is the Veterans Review and Appeal Board. They talked to us over the summer and are giving us some feedback on our application packages. One thing they noticed is the applications for our members are not as fulsome as they noticed with DND, which shows the gap there. They're even providing, through Pierre, and Superintendent Boughen, some stuff that we can maybe get out to our members which says that if they are going to apply, what they are going to need.

Our biggest gap we're finding is with our health files. For years, since we've had our own health files, our members might not have been documenting injuries, because it didn't matter which injury it was. Because of that, and because we use private practitioners, the health file is not as fulsome as it should be. It's either sitting with a private practitioner.... If that private practitioner retires or gets elected to Parliament, that file may no longer be there, and that's something we need.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thank you.

Could you give us an indication, in numbers or percentages, of the full career retiree, if you will, or of those who choose to leave to seek another career, and of those who are unable to continue their careers? Can you give us a sense of how many people actually retire out of the service?

D/Commr Daniel Dubeau: As to how many retire early, I can't give you the specific stats. I can tell you that the attrition rates for most of our female members—the average time at which they retire, unless it's changed—is after about 28 years' service. Our male members are going for 35 years.

Contrary to the case with DND, our members usually go for the full service. We're noticing that in the first 20 years, you don't see much difference in attrition. I can get you very specific stats. We do follow that.

Mr. Bob Bratina: That's good.

D/Commr Daniel Dubeau: Then further on, our members are lifers, and most of them retire at full pension.

Mr. Bob Bratina: An interesting comparison is of universality of service with the military. Obviously, in your presentation you're speaking about how to—

D/Commr Daniel Dubeau: —accommodate.

Mr. Bob Bratina: —accommodate injuries and so on.

D/Commr Daniel Dubeau: Yes, we accommodate as much as we can. We do not have universality of service. We are in human rights. We do a lot of accommodations, either short-term or long-term. That's something we're constantly looking at, asking how we can better accommodate, how we can go forward on this.

Mr. Bob Bratina: I'm curious. Of the four health issues, two of them—obviously, there's PTSD and so on—hearing loss and tinnitus, where does that come from?

D/Commr Daniel Dubeau: We're looking into that. It can be coming, we think, either from firearms in the past.... We didn't have as much hearing protection when we went to shoot. When I was in Saskatchewan, we would go out to the open range and we didn't have hearing protection. That's one thing that's being looked at. You hear stories of members putting the old .38 shells in their ears. That's what they would use.

That lack of hearing protection could be one of the causes. The other cause could possibly be the wind.... We don't really know why. We just know that we've improved the hearing protection. Now we really stress in our reports, when we see this, that when you go to a range now, you have to have hearing protection. We're actually telling people to put the earphones on.

Because of a lack of standards, that's what happened. We're hoping that over time we resolve this through better equipment and better education of our members, telling them that over time they will lose their hearing, that it will go down.

Mr. Bob Bratina: In terms of service, we know that the RCMP are spread all over the place, such as Dawson Creek, British Columbia. My son is there.

In terms of service access from remote areas like that, do a lot of your retirees stay in the smaller communities they might have served?

● (1555)

D/Commr Daniel Dubeau: I'd have to ask our vets association for those stats. Our retirees will usually retire near their kids. I'm speaking for myself, probably; I wouldn't be able to tell you, but we have a sprinkling. We have a lot of people.... Our east coasters go back home. Many people seem to like Vancouver Island. That seems to be a trend now for our officers.

Mr. Bob Bratina: In the ex-military context, it's hard for veterans to access services.

D/Commr Daniel Dubeau: Yes.

Mr. Bob Bratina: It seems to be a little different for the RCMP. How are you explaining the 20% increase in attrition? It was anticipated that—

D/Commr Daniel Dubeau: —oh, an increase in claims?

Mr. Bob Bratina: Yes.

D/Commr Daniel Dubeau: I think that as we are putting out our mental health strategy, and this is all anecdotal, you're telling people that this is a condition. You're telling people it's okay—and it is okay —to come forward and get some help. You're telling people more about it, about what's available out there. You're telling them about our services.

You have people come, and more and more are applying and getting these conditions. I remember that in my first 20 years of service, I didn't even know you could apply for this—we weren't even applying for pensions—and there was a determination that we could.

I think that's why you're seeing this. As we educate, put out programs, and as people become educated with our programs, we're noticing that people are starting to realize that they need to get some help, which is a good thing, but that, by the way, they might have to go and get some help from our Veterans Affairs colleagues.

Mr. Bob Bratina: What level, would you say, of camaraderie is there among the retired, the ex-RCMP officers?

D/Commr Daniel Dubeau: I don't think we ever leave. We retire and we're still all the same. We're considered part of one family. Even when our members leave, many of our people are still.... They step up to the plate as veterans.

Mr. Bob Bratina: This seems to be one of the gaps on the military side. Often they disappear from the group that they were so closely aligned with, and then bringing them back again, especially with mental issues and so on....

Do I have more time?

The Chair: You have one minute.

Mr. Bob Bratina: How do you educate your members on the mental health services that are available? The issues of stigma around mental health... You now have champions. That's an interesting program.

I'll ask you briefly to outline that mental health champion program for me.

D/Commr Daniel Dubeau: I'll let my national mental health champion speak to that, if I may.

A/Commr Stephen White: Thank you for the question.

As part of our strategy, our focus is going to be on: first, reducing stigma with regard to mental health and operational stress injuries in the organization; second, providing good training and awareness to our membership; and third, ensuring that they're aware of where the services are and how to access the services.

In each province across the country we have a provincial and territorial mental health champion. They really are the leaders in those provinces to ensure that they engage at all levels of employees to ensure that mental health in that location stays at the forefront, much like I do from a national perspective to engage at all levels of the organization from junior members right up to senior members of the organization to keep mental health at the forefront.

In terms of training, we have a number of training programs that we're involved in, specifically with regard to mental health. I'll list a couple of them.

We have a critical incident stress management course. We have a critical incident stress management after-care guide. Our big flagship training right now is the road to mental readiness, R2MR. That really is a very solid education awareness training course. We've made it mandatory for every employee of the RCMP. We're going through that right now. A nice feature of that is we just added it to the curriculum at our training academy in Regina. We just had the first two troops take that during their basic training in Regina. Moving forward, every police officer in the RCMP is going to have road to mental readiness training and a good foundation of mental health awareness understanding even before they hit the streets as a police officer. Those are some of the highlights. There are a lot of other activities and training that we have on the go. Those are some of the big pieces.

The Chair: Thank you.

Ms. Mathyssen.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you very much for being here.

I'm going to continue on in the vein of mental health. It sounds like a very impressive program that you've put together, and I want to congratulate you, Officer White, and tell you how important, obviously, that is to the well-being of your members and their families.

Have you met with representatives from Veterans Affairs to discuss the transition in terms of an officer who is dealing with mental health issues being covered by VAC? Is there a co-operatively developed mental health strategy for active members and for the veterans?

● (1600)

A/Commr Stephen White: Our mental health strategy is for the RCMP. We don't have an integrated one or joint one with Veterans Affairs.

What I can say is that a lot of our members, as I mentioned earlier, who are experiencing either PTSD or other operational stress injuries are going.... We're seeing increasing numbers who are taking advantage of the very good and excellent support from the operational stress injury clinics of Veterans Affairs. That is the gateway transition between the RCMP and Veterans Affairs with regard to operational stress injuries. That is one very big transitional piece.

Ms. Irene Mathyssen: We know that PTSD can develop as much as five, 10, or 15 years after the initial trauma. How do you reach out to those retired members so that they understand what's happening to them and the benefits that are available to them through Veterans Affairs if they do require assistance?

D/Commr Daniel Dubeau: We have a lot of information on our out-facing website—we have a public website—but also we're working with our vets association. That's our key point of contact.

When I spoke of the advice group, it's how to make sure as we go along that all our vets are able to find this information. Since our veterans associations have numerous charters across the country, they're able to get the message out.

The last piece is something which we have been exploring for the last two years and we're getting to the point that we would like to formalize it. It is with the Legion. The Legion has a lot of service officers, I believe they call them. As they say, wherever there's a Legion, there seems to be a Mountie office, and we always seem to members of the Legion in many areas. We're going to be leveraging that to say that may be a way to get our members, the ones who aren't part of the vets association, who are going to the Legion or they're in town—in small-town Alberta where I grew up, you know who is who—that information.

Ms. Irene Mathyssen: One of the things that we've been hearing from veterans is in regard to the forms. They are confronted with very complicated forms that look back at them when they try to fill them out. Have you heard this from your members? Are they finding that process is a barrier, that it's a challenge in terms of the kind of access that they need to have?

Mr. Pierre Lebrun (Director General, National Compensation Services, Royal Canadian Mounted Police): I can't say we've heard that specific criticism. However, we do have one national association, the RCMP Veterans' Association, that's very proactive and does offer fantastic services to our members. Maybe that's one reason we're not hearing that complaint. I can't say I've heard that particular complaint.

We also have a very proactive liaison officer out of Charlottetown who will take a lot of time on the phone with the membership to fill out forms and guide them, either through the VAC process or through the Veterans Review and Appeal Board process. We are working very.... I can't say I've heard any complaints in that regard.

Ms. Irene Mathyssen: In terms of your members, the families are an important part of all of this. Do you actively reach out to the families, the spouses, the children of your members or your retired members in order to facilitate the process?

D/Commr Daniel Dubeau: We deal mainly with the member or the veteran. Notwithstanding that, many times it is possible to be involved with the family. We're looking at R2MR and the future state of R2MR. Once we get all of our front-line members trained, the next phase is on how we engage with the families. We have to expand this as we go along. I do know that at Depot they have discussions with the families. When you first join, there is a meeting with the family that explains what their husband or wife will go through in terms of their service and gets them prepared for this.

It is something we still have to work on, though, to have better outreach to the families.

Ms. Irene Mathyssen: Is that part of the review or the work that you referenced you're undertaking at this point?

D/Commr Daniel Dubeau: Our mental health strategy?

Ms. Irene Mathyssen: Yes.

D/Commr Daniel Dubeau: The mental health strategy has been really focused on our membership to start with, our serving police officers, only because we have to get that training out as quickly as we can. That's why we made it mandatory in that first phase.

Stephen and I have had discussions, even as recently as this week, on how and when to reach out to families. I know I've had discussions about it with our veterans association to see what role they could play in helping us get this out.

● (1605)

A/Commr Stephen White: Perhaps I could add to that very quickly.

As part of our road to mental readiness training, as well as the peer-to-peer network we have across the country, we educate our members with regard to services that are available. One of them is the employee assistance program through Health Canada. We educate the members that this service is available for family members as well, and educate them on what those services are. Through that we are providing knowledge, and the availability of counselling services for family members as well through the employee assistance program.

Ms. Irene Mathyssen: That's good news, because that was one of the problems the veterans were experiencing. Their families weren't confident that they could access the services they needed in order to complement the veteran's recovery or road to wellness.

Thank you.

The Chair: Mrs. Lockhart.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thank you, gentlemen, for coming today.

I do apologize that we're a little bit later seeing you than we'd originally intended in terms of the process. However, it has given us an opportunity to talk to many different witnesses related to DND. You've seen in the questioning today that one of the focuses we've been talking to you about is mental health. Your approach to mental health is quite different. One of the differences is the concept of universality of service. Does that apply in the RCMP or is it a different concept?

D/Commr Daniel Dubeau: No, it is does not apply. We do not have universality of service.

Mrs. Alaina Lockhart: You accommodate.

D/Commr Daniel Dubeau: Yes, we do accommodate.

Mrs. Alaina Lockhart: Are there times when RCMP members are released for medical reasons, though?

D/Commr Daniel Dubeau: Yes, we do have a medical discharge process. Most of it's consensual, but we do have one that's not consensual. It's an administrative discharge process because of medical reasons.

Mrs. Alaina Lockhart: Do you find those transitions to be more difficult for members?

D/Commr Daniel Dubeau: To be honest, on the consensual ones, no, because usually the member has come to an agreement that they can no longer do this work, that it's not healthy to do this work.

On the non-consensual ones, obviously that's when you are discharging or terminating an employee. That gets a little more problematic. We do have a whole appeals process around that to make sure that people's rights are respected. There are all kinds of processes behind that. I can't explain the whole process. It has just changed and it's under a different authority. It ensures all the way through that physicians are involved and caregivers are involved so that we understand and we have all the best information with us.

To get there, we have to exhaust everything in terms of our duty to accommodate. We have a full and very robust process. We're still working on it. Trust me, it's hard to do. There are many steps in that process before you get to a discharge. You have to try everything you can do to accommodate that person before you get to discharge.

Mrs. Alaina Lockhart: At that point, if they're discharged for medical reasons, do they still need to re-qualify for Veterans Affairs' services? That's one of the things we see with the military.

D/Commr Daniel Dubeau: If discharged, yes, we would have a medical pension, and Pierre would be on the pensions. We do have medical pensions, but yes, they still have to apply to VAC for a different type of pension. That's a different type of pension and different benefits, so you do have to still apply to VAC, especially when you're working with our members, especially when it's consensual. You're advising them. You're working through the process with them. We try to make it easy—it's hard enough to take off the uniform—to make sure that we can transition them into a civilian life in the most painless, if I may use that word, way possible.

Mrs. Alaina Lockhart: I want to go back to mental health. We talked about your members who are suffering with mental illness and the success they've had with the OSI clinics. One of the things we've heard is that it's hard to access those. Did you find that to be the case with your members as well?

D/Commr Daniel Dubeau: We've not heard this come out of our members. We have noticed that trend with our members who are accessing it. Partly our issue is that those OSI clinics are located in central areas. Our members are not located in central areas, so that's something that is causing issues for us. If members are not in, say, Ottawa, they cannot access it, for example, if they are sitting up in Iqaluit.

One of the things we talked about in our study, which we've just put out the request for information on, is how we can intervene when somebody is sitting in Iqaluit or across the country or anywhere. How can we get them that service? There are different ways of doing it. I know our colleagues at the University of Regina have come up with very innovative ways. How can we use those, and how can they be effective in our world? That's going to be something that we're going to be focused on. Hopefully coming out of that study there will be some strategies that we can put concrete actions to, that allow people to have those services while they're still in a remote location or not near a big centre.

● (1610)

Mrs. Alaina Lockhart: I think our committee would be very interested if there were something you could submit to us at a later date on that strategy. It's something we might be able to learn from for other scenarios.

In intensive mental health cases, cases where perhaps people need to be in-patients, are you able to access the same...? I'm just thinking about court-ordered mental health issues that sometimes happen. With your members, that would be difficult. Do you have specific areas that they go to? How do you handle that?

D/Commr Daniel Dubeau: We can always go with court orders too. We hope we never have to go there, but to get a member help, we can do something.

Mrs. Alaina Lockhart: No, I'm just saying do they—

D/Commr Daniel Dubeau: As you heard me say, under our policy with our health services, you can actually ask for an assessment. Any managers in the organization who manage a member can ask for a mandated psychological assessment if they feel there's a need for it. We could do that, and then based on what the service provider provides, they would either put limitations up.... We have to remove the intervention options and accommodate or ensure the members are getting the help. We can order certain things in our organization under the act, order somebody to get an assessment or to get the help. Of course if they don't do it, then that's an issue, but we do have that right.

Mrs. Alaina Lockhart: What I'm trying to get at is bricks and mortar. Is there somewhere different that you send them?

D/Commr Daniel Dubeau: Oh, I'm sorry. I missed it completely.

We would just use the local.... We're not like DND. Our health services do not have treating facilities. We don't have any of that. We use what's out there in public health. We would access the hospitals. We access Homewood, I believe, in Ontario. We use that a lot. We will send them to those facilities and we will pay for it.

Mrs. Alaina Lockhart: Very good.

One thing that we didn't talk about was suicide. Is that an issue?

D/Commr Daniel Dubeau: It is an issue, though not on the scale of...I've heard from the paramedics talking about their rates. We track our suicides. Great-West Life is our insurance provider. It does track cause of death, and it's only as good as what somebody puts as cause of death. We've had from, I think, 2004 to 2016 about 35 suicides, of which 20 were serving members and 15 were retired. This year alone, unfortunately we lost two members and we've had a lot of attempted suicides. That's something that's coming to our attention as we go along. I know Steve put out a message around suicide. We've put it on our web page, talking a lot about suicide, and now the discussion is whether we need some suicide prevention training. How do we get this out? With the road to mental readiness and everything else, we might have to go to that place, and what does that mean for us, because that is something that is concerning.

We're also putting what we call a protocol in place nationally, not only with suicides but attempted suicides, so that nationally we can get that information so we can give our program support. In the past we haven't been doing that.

The Chair: Thank you.

Go ahead, Mr. Fraser.

Mr. Colin Fraser (West Nova, Lib.): Thank you, gentlemen, for appearing today and for all of your good work. I really appreciate your help on this.

I want to pick up on something that my colleague Ms. Lockhart was asking at the beginning of her questions with regard to RCMP members being released. You said that there are medical releases that are both consensual and sometimes, unfortunately, non-consensual. With regard to those releases, are the members, before they are actually released, made aware of, and is there a process in place to make them aware of, all benefits and services available to them? If so, can you explain how that works?

D/Commr Daniel Dubeau: As I said, during the whole accommodation process with our disability management advisers, that's where that discussion would happen. There's a whole discussion around options to accommodate or not. A lot of times, with the education and the level of understanding now, members ask a lot of questions. That's why we're trying to put more into our disability management program and our peer to peer. We're trying different areas where somebody could provide advice to a person to tell them what's available.

I know Veterans Affairs has been very open to providing information. A liaison officer is always available there too to have a discussion. The transition interview is something that we never had before. Veterans Affairs does that transition interview with us now. That would be something we could tell members, that they can have a transition interview and understand what's available.

Mr. Colin Fraser: Do you see some of those people who are transitioning having financial difficulty once they're released, and if so, are there financial service advisers made available to them as part of this transition process?

D/Commr Daniel Dubeau: I believe there are financial advisers under VAC.

Pierre, I just want to confirm that.

Mr. Pierre Lebrun: VAC will offer a wide range of services; however, I think the demographic profile of the medically releasing RCMP member is very different from the demographic profile of the releasing Canadian Forces member. Most of our medically releasing members have 25 or more years of service, so they will have a very good service-related pension that will provide them with a solid income, plus they will then be able to apply to VAC for supplementary income. The number of young people releasing for medical reasons in the RCMP is very low.

● (1615)

Mr. Colin Fraser: Can you go into some of the differences between the transition process for a Canadian Forces member and an RCMP member and what benefits we might be able to change or recommendations we can make to make it easier?

D/Commr Daniel Dubeau: On the benefit piece, as I indicated earlier, that's something we are talking to our vets about, because now Veterans Affairs, under the mandate of its minister, is looking at everything. They're looking at everything. We're working very closely with them and they've been very open, and so has DND, and we're sitting at the table.

Now we're looking at all the benefits that we provide, because we are still under the Pension Act. We still have pensions. We have a totally different mechanism to pay people, because it's still the RCMP through a grant to Veterans Affairs and a MOU that administers it on our behalf. That's the discussion now: what's missing or what enhancements we would like to see.

We've already heard from our vets about a couple of enhancements. One would be in regard to marriage after age 60. It's the same thing for us. If our members marry after age 60, suddenly their spouses are not allowed to get the benefits. That's something that has been brought to our attention. Our vets have talked about that, that it's important to them.

Another one is obviously the increase in the survivor's pension from 50% to 70%, which has been in the mandate letter. Our vets are very interested in that. As we work with them, we're trying to identify what's key to the RCMP veterans, because we're all going to be veterans one day. We find out what's key to our serving members so that we're able to ask for those things.

Mr. Colin Fraser: Okay, thank you.

My final question, and forgive me if you've already touched on this, concerns one of the problems we've heard from veterans being released. Post-release, they have a hard time managing or winding their way through the system to access the benefits and to have somebody on their side who they can talk to, an easy point of contact.

We've heard that one of the things that might be beneficial is to have a concierge service, a one-stop shop where they can talk to somebody who will help them find solutions to their problems. Do you feel that would be beneficial to retiring or releasing RCMP officers? Do you have any comment on that?

D/Commr Daniel Dubeau: I think anything that would be given would be beneficial. Something like that would definitely help. That's something we haven't heard from our vets, but we will ask our associations whether that is an issue with us where our members are not sure how to navigate through this. Any enhancements that could provide our members more information and help them through a process would definitely be most welcome.

Mr. Colin Fraser: Okay, thank you. Those are my questions.

The Chair: Thank you.

Ms. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you so much for being here today.

My first question is on your road to mental readiness training. They start that right away when they're part of the force. We look at what our RCMP members do, and there are a lot of different roles they play. One of those is peacekeeping. We have a situation coming up where you're being asked to contribute to that as well, correct? There must be crossover between DND and your services in some scenarios where you're facing obviously similar circumstances. With mental illness and mental injuries, do you see a difference for those peacekeepers in comparison to the force at home as far as what they would need is concerned and whether this route you're taking is sufficient for them?

D/Commr Daniel Dubeau: The road to mental health readiness is based on the DND training. We have taken what DND has developed, because they were very open to that, and the Canadian Mental Health Association designed the course. We took that course. Calgary police have taken that course. They modified it for police work, but it's a very similar concept. This is the base foundational piece. It's not more than that. It's just to give you an awareness.

When we are on deployment, as I said, there are pre-deployment briefings. There is assessment pre-deployment and post-deployment, to ensure that our members are okay. That's where you will probably see more of these specific types of training. In Afghanistan, they would have a different type: “Here is what's happening in Afghanistan. Here is the stuff you'll see.” Then they would have a cooling-off period coming back, because of what they might have seen. Every mission is a little different.

Our international police are the ones who do that piece and ensure that our members have what's needed as they reach into the field. You're right. They are working side by side with our military colleagues. Kudos to our military colleagues at DND. They have been very open to helping us in our challenges and supporting our members when they are out in the field.

● (1620)

Mrs. Cathay Wagantall: Okay, very good.

I am also from Saskatchewan—born in Regina—and my riding is very large, with a lot of rural. I have retired veterans and RCMP throughout. However, what we are finding is that there aren't services for our veterans in our province. You are talking about the university and working together. There would probably be a huge advantage to the RCMP veterans and our Canadian Armed Forces veterans having an OSI clinic in Saskatchewan with some kind of a satellite program to enable them to have the services we should have there for them.

One veteran told me last week that they pay for him to take a taxi to go three hours from his town, take a flight, and all these things, when, of course, he would much rather be served at home. We have no idea of the scope, of how many of those circumstances are taking place, so just a little more feedback on our rural areas...not just Saskatchewan. We have many.

D/Commr Daniel Dubeau: I agree. That's something that...as we drill down and talk to our vets as we look at our programs. Obviously, OSI offices are not ours. They are with the military. I know they have one in Winnipeg. I agree, the more we can get to our members.... Now we are looking at what we can get to our members and how we can access it locally. We are hoping to work with whichever institution or university gets our contract to look at how otherwise to deploy services to where you are. If you are in Assiniboia, and you have to get the service, we want to make sure we somehow get you that service.

Mrs. Cathay Wagantall: I don't know if you sense this or not, but when those services aren't available, it raises issues with mental health.

D/Commr Daniel Dubeau: Oh, yes.

Mrs. Cathay Wagantall: We would be helping ourselves significantly by incorporating something like that.

D/Commr Daniel Dubeau: I agree.

Mrs. Cathay Wagantall: I have another question.

You talked about how active servicemen use the DND OSI clinics, and the veterans use the veterans program. That's the same pool of people, eventually, because you are active, and then you're not. Do you have any feedback on their feelings about how they were served while they were with DND and then the type of service they receive once they move over to the veterans program?

D/Commr Daniel Dubeau: Just to clarify, I believe it's the same OSI clinic they are going to. They use the same clinics.

Mrs. Cathay Wagantall: There is no change, really, in services.

D/Commr Daniel Dubeau: It's the same clinic and the same services.

Mrs. Cathay Wagantall: Okay, thank you.

I have one more question, if I have time.

You mentioned the cost of absence. The cost is not the first priority; it's the individual. Can you explain to me what that cost of absence entails? What's provided to them while they are going through this whole process? What does it cost, in dollars, and what does it achieve, ultimately, for these individuals who are able to go back to work?

D/Commr Daniel Dubeau: I will speak for the serving members when I speak of concepts.

When members are what we call off-duty sick, we don't want to affect their pay or their benefits. It's like they are working. Our health regime is such that if you are off-duty sick, you take the time you need to get back to work, so you are getting the full paycheque. You don't see any change in your paycheque or your benefits. You are completing certain things. The only difference is that if it's not a duty-related thing, at a certain point, we will stop giving you your annual leave credits, but the rest of it you will get all the way through. That's the kind of regime we have in place. You don't want somebody to be worried about that piece. You want them to get better. That's always the intent, to get them back.

We do have some projections on costs that I could get to you, if you want to see what we currently have on what we call off-duty sick, which we started tracking from day one. We do have an anticipated cost, which is up quite dramatically, because it's all the indirect costs at that point—if I am not there, Steve has to work overtime, and that's a bigger cost to us.

Mrs. Cathay Wagantall: Even in our scenario, in one of our locations we have eight stationed there, but out of those eight, quite honestly, only four and sometimes only two are actually available based on maternity leave and all the other issues that of course are involved in quality of life and that type of thing.

We've heard that there will be an increase.... There's an understanding that we need more RCMP in our rural locations, and that impacts the mental health and the wellness and the protection of....

In your dream team, say for Saskatchewan, what would you be looking for by way of additional forces, realistically?

● (1625)

The Chair: We'll have to keep it to a very short answer, please.

D/Commr Daniel Dubeau: All I can tell you is that I can get you what we have on the ground, and we can give you funded vacancies.

What we're doing is we're going to Depot.... Right now we're going to 34 troops this year, with about 32 people per troop. We've made the decision to go to 40 troops by 2018. We're ramping up our recruiting efforts as well as our hiring efforts and training so that we get more police officers out on the street.

The Chair: Mr. Rioux.

[*Translation*]

Mr. Jean Rioux (Saint-Jean, Lib.): Thank you, Mr. Chair.

Welcome. Thank you for your presence and the valuable information you will provide to us. That will help us improve the services.

I am a new member of this committee. So I am not as knowledgeable as my learned colleagues.

I see that you do a lot of prevention work. So far, I am under the impression that you are working on prevention much more than National Defence. That's an impression. Could that be?

D/Commr Daniel Dubeau: I cannot speak for National Defence.

We are trying to raise awareness and have been focusing on that since we launched our prevention strategy in order to make sure that the members understand.

That said, the training program road to mental readiness, or R2MR, was established by National Defence. We implemented that program in the RCMP. So we are holding a lot of discussions with the National Defence people and are learning a lot about their programs.

Mr. Jean Rioux: Okay. You are saying that you already have that program. I probably missed that.

I have two questions, and the answer to the first question will guide me in the second one.

Unless I am mistaken, there are two pension plans for someone who is retiring, voluntarily or not, if they have not accumulated the 35 years of service required for a full pension. If they have not worked for 35 years and have a physical disability or a mental illness, they will receive a pension from the RCMP and, later on, a pension from Veterans Affairs Canada.

One of the problems that has been discussed many times has to do with the transmission of the medical report. Veterans are asked to consult a physician and to prove that they have a physical or mental health problem.

On page 8 of your document, it says that some people undergo a health assessment every year, and others are required to undergo it every three years.

Are those reports transmitted to Veterans Affairs Canada, or do RCMP members have to consult a physician to prove their situation?

D/Commr Daniel Dubeau: All those reports are part of the medical records. We all have a medical record, just like military members. I have a medical record.

I will ask Mr. Lebrun to explain to you how this information is passed on to Veterans Affairs Canada.

Mr. Pierre Lebrun: If an RCMP member submits a claim to Veterans Affairs Canada, they have to retrieve their medical information. If that information is scattered across three provinces, the member works with their RCMP medical services officer to compile all the information and pass it on to Veterans Affairs Canada, so that the appropriate service of the department can determine the amount of compensation the member is due.

Mr. Jean Rioux: Okay.

That seems much simpler for RCMP members than for military members. According to what we have been told, military members must see their physician, but they have difficulty obtaining their medical information. The ombudsman has actually recommended that the armed forces transmit the medical report.

D/Commr Daniel Dubeau: I will clarify something.

Sometimes, an RCMP member must get another report. If it's not in their medical records, they have to see a physician, like a military member does, to obtain that report and transmit it to Veterans Affairs Canada.

Mr. Jean Rioux: I would like to raise one last point.

From what I have read, you are satisfied with the services provided to you by the Department of National Defence and Veterans Affairs Canada. You quote the ombudsman's report. It seems that you receive a large number of services and that the level of satisfaction is good.

D/Commr Daniel Dubeau: I find that the RCMP maintains a good relationship with Veterans Affairs Canada and with the military. The service is incredible. Those people help us a lot and are ready to listen to us.

Mr. Jean Rioux: We would also like to see a high level of satisfaction among armed forces veterans.

Mr. Chair, that's all for me. I have asked the questions I wanted to ask.

Thank you very much.

● (1630)

[*English*]

The Chair: Thank you.

Mr. Brassard, you have five minutes.

Mr. John Brassard (Barrie—Innisfil, CPC): First of all, I'm glad we're having this conversation because you gentlemen have been around the RCMP a long time. You know that 10 years ago, the issues of mental health and the stigmas related to PTSD were not even being discussed. We've seen an evolution over the course of the last 10 years and probably more so in the last five years where it's come to the fore. I think it's a national discussion that needs to take place.

I want to talk specifically about early intervention, and you talked about prevention and education. Regarding the incidents where traumatic situations happen and post-incidents, I'm wondering if you can walk me through the RCMP process of a post-traumatic incident review. Obviously the best time to be talking about this is in the beginning, just after an incident happens.

What type of process does the RCMP have to deal with post-incident analysis and to help its members talk about what they've just gone through?

D/Commr Daniel Dubeau: If I may, I will ask Mr. White to answer that question.

A/Commr Stephen White: That's a very good question and I thank you very much for that.

It's a combination of all the foundational training that we're doing. It goes back to your original point about the whole stigma in the organization. I agree, in the last five years we've made a lot of progress and yes, we are creating a lot more awareness across the country. A big piece of that is putting a focus on supervisor management training, to get our supervisors, managers, and senior managers to be very understanding, aware, and cognizant of issues related to mental health and able to identify them at an early stage.

Mr. John Brassard: Do you have a team that responds to post-traumatic incidents?

D/Commr Daniel Dubeau: Yes. We have a critical incident stress management guide for those teams, and Steve will outline quickly what that means.

A/Commr Stephen White: For the first part of time with them, we have the critical stress management aftercare guide. The purpose is to highlight the roles and responsibilities and provide a compilation of resources and guidance for individuals who are responsible for coordinating and managing all aspects of responding to a critical incident during and especially aftercare as well. It includes what to look for in the people who were involved in those incidents in order to make sure services that they require are provided immediately after the critical incidents. We recently introduced and implemented that guide, but it's very thorough and comprehensive, and a big part of it is the aftercare of a critical incident.

Mr. John Brassard: Is it on a peer support basis? Are these already existing officers or do you hire an outside agency to deal with this?

D/Commr Daniel Dubeau: We have our psychologists who are always at the critical incident debriefing. There's an automatic debriefing that's been mandated after any critical incident. At times we have gone to Health Canada using contracting through the employee assistance program to get more people on the ground. Fort Mac was one. We had psychologists who were tracking that to ensure.... We've become much better at this. Our commanding officers are very aware of this, and they watch when there is an incident. They deploy the peer to peers, the psychologists, and different people from the safety program to be on the ground to help not only during the incident but after, especially during the critical incident debriefings, to ensure our members have the correct help.

I'm more than willing to share the guide with you because it breaks down the roles, who does what. As Steve said, starting from the supervisor all the way down to the member, it says that they need to watch this, so they need to understand. It highlights where certain services are available.

Mr. John Brassard: Right. So those incidents may not necessarily directly involve officers but they may be incidents that happen within the community in which officers are a part of, correct?

D/Commr Daniel Dubeau: Yes.

It's not just about what everyone would think is the worst-case scenario, like a shooting. No. It's really for the managers to understand that different things could be critical incidents. They have to watch for these and they have to ensure they get the help for their members.

A/Commr Stephen White: Let me add that there is a nice piece of the guide as well that also looks at potentially providing aftercare support and services for family members who may have also been impacted by the husband, wife, or partner having participated in critical incidents.

Mr. John Brassard: Wonderful. Okay.

Now, the other thing—

● (1635)

The Chair: You have 20 seconds.

Mr. John Brassard: You know, I sit on the statutory regulations committee. We have no time frame. I can ask a question for an hour, if I want.

Anyway, thank you, gentlemen.

The only other comment I would make is that the public safety committee recently tabled a report. Are you aware of that report?

D/Commr Daniel Dubeau: Yes. I was reading it, actually, before coming here. We testified at that committee on behalf of the RCMP.

Mr. John Brassard: All right.

I guess my concern, Mr. Chair, quickly, is that there could be a lot of duplication with respect to their report and what you're currently doing. I would just caution you on that.

That's it. Thank you, Mr. Chair.

The Chair: Ms. Mathyssen, you have three minutes.

Ms. Irene Mathyssen: I want to pursue something with respect to the care you provide. You referred to Homewood. We heard from veterans, and some of the witnesses who came here were providers of private sector care for post-traumatic stress.

I wondered how a veteran could manage that, if it was something that wasn't provided by VAC. Now, you said that Homewood was all paid for. Can you tell us about that?

D/Commr Daniel Dubeau: I'm sorry. I touched on it too quickly. As a point of clarification, when I talk about Homewood, I'm talking about when it's serving the member. Within our own organization, when it's an occupational injury, we have access to.... I know there's Homewood. We have used it. We have used various other service providers. They're private or publicly funded. We have sent our members to those facilities.

We do it through contracting. We go into contracts with them to get the service. What's provided to our veterans through Veterans Affairs is solely managed through Veterans Affairs. When I spoke about Homewood, it was really for serving members who may need that type of assistance. If it's determined that it's because of an occupational injury, we need to ensure that we get them the help. At that point our health services officer would say, that's a possible facility they could use.

I used that one because I know it, because I meet with them, and we have in the past used their centre or facilities to get the members the help they need to get them back in operation.

Ms. Irene Mathyssen: Once they're a veteran, then, it's services through VAC, as if they were a CF member.

The other thing that struck me was that in the brief you said that in the process of reaching out to members, you maintain a member's connection to the workplace. We heard from some veterans that this was an issue, that they felt detached from the workplace, and for some it was a very painful thing to either be isolated from the workplace or to be compelled to go back into it.

I wondered how important that is, in terms of your process, that the member be connected to the workplace.

D/Commr Daniel Dubeau: I believe it's critical. I'll be honest with you that we have not been good in the past at keeping that connection. That's why we're now investing in a fulsome disciplined and managed program, to ensure that this is happening.

In the last three or four years, we've been telling our supervisors that this is their responsibility. In the past, it was part of our responsibility as officers, or of one of the nurse practitioners or nurses that we had on staff. We're telling members, “That's your person. That's your employee. You have to keep that contact, that connection to the workplace.”

It's critical. It's something that we probably have, for lack of a better term, failed at in the past. We're trying to rectify this as we go forward.

Ms. Irene Mathyssen: Thank you very much.

The Chair: You have three seconds.

Ms. Irene Mathyssen: I'll burn it.

The Chair: Okay. Thank you.

That ends this round of witnesses. We'll give you a couple of minutes to wrap up, if you'd like to do a quick summary to the committee, and we'll then suspend for a few minutes and go in camera.

D/Commr Daniel Dubeau: Mr. Chair, I just want to thank you all for your interest in this. We know we have to support, and it's something that's very important to us as we go forward. We are an organization trying to transform our culture. This is something that, as we go forward, we know we have to get better at.

We don't have it perfect. Trust me, we don't have it perfect. There's currently an OAG audit looking into our mental health services. We're looking forward to learning from that and improving. It's always to try to improve and get better at what we provide to our members.

Thank you so much, Mr. Chair, for inviting us.

The Chair: Great.

On behalf of the committee today I'd like to thank you for taking time out of your busy schedule to appear before us.

With that, we'll pause for a few minutes and then we'll come back to go in camera.

Thank you.

[*Proceedings continue in camera*]

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