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Chair

Mr. Robert Oliphant

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● (1100)

[*English*]

The Chair (Mr. Robert Oliphant (Don Valley West, Lib.)): I'm calling the meeting to order.

This is our 16th meeting of the Standing Committee on Public Safety and National Security. I want to welcome our guests, our witnesses, here. Thank you for taking the time.

Just before we begin with the witnesses, you will have noticed that the clerk has sent a notice regarding supplementary estimates (A). Because we couldn't do the scheduling for the minister to come on the mains, I have requested that the minister make himself available for the supplementary estimates. I'm just looking at the opposition and for everyone to know that he's available probably June 2 or June 9. I'm going to be suggesting he come on June 2 for that meeting, and that gives time for us to prepare for the minister's appearance. He's very anxious, of course, to come. I just wanted to let the committee know that he would be appearing there and obviously there can be a full range of questions because almost everything gets related to those things. I'm sure that makes you happy.

We welcome Mr. Vaughan, Ms. Jolibois, and Mr. Gourde.

Thank you for being with us today.

Welcome to our study. Just so you know, we've been looking at post-traumatic stress disorder and operational stress injury and how it affects emergency responders, first responders, and particularly federal emergency safety officers. We have been looking at whether or not we can make some recommendations to the Government of Canada regarding how we can improve the health and safety of those Canadians who keep us safe. It necessarily also has some implications for people not under federal jurisdiction so we have other guests as well trying to get a handle on this important issue.

We have two guests with us today. We have Mr. Boissonneault, who comes from Brant County but he is also from the Canadian Association of Fire Chiefs, the national organization; and Scott Marks, who comes from the International Association of Fire Fighters.

Mr. Boissonneault, you have 10 minutes, then Mr. Marks has 10 minutes, and then we'll have a round of questioning before we have the correctional officers come in.

Welcome, thank you.

Mr. Paul Boissonneault (President, Fire Chief, County of Brant Fire Department, Canadian Association of Fire Chiefs): Mr. Chair, esteemed members of the committee, I want to thank you for the opportunity to appear before you today and to address the issue of critical importance.

[*Translation*]

My name is Pierre Boissonneault. I am the fire chief for the Country of Brant, Ontario, and the president of the Canadian Association of Fire Chiefs.

[*English*]

Founded in 1909, the CAFC is an independent not-for-profit organization representing approximately 3,500 fire departments across Canada. As the voice of fire services in Canada, the CAFC promotes the highest standard of public safety in an ever-changing and increasingly complex world. The CAFC acts as a national public service association dedicated to reducing loss of life and property from fire. Our vision statement is “uniting Canada's fire service leaders”, and our mission statement is “connecting Canada's provincial/territorial allied associations and external stakeholders for the advancement of public and firefighter safety”.

Firefighting is a physically demanding occupation, as is widely accepted, but greater attention to mental and emotional stresses of the role is needed. There is currently no national-level plan in place to support public safety officers coping with the effects of post-traumatic stress disorder and other operational stress injuries.

In his mandate letter to the Minister of Public Safety and Emergency Preparedness, the Prime Minister listed the following among top priorities:

> Work with provinces and territories and the Minister of Health to develop a coordinated national action plan on post-traumatic stress disorder, which disproportionately affects public safety officers.

With a view to fulfilling his mandate, Minister Goodale organized a national round table for PTSD that took place on January 29, 2016, at the University of Regina. The full-day event was chaired by Michel Picard, Parliamentary Secretary to the Minister of Public Safety and Emergency Preparedness, and brought together academics from across this country, representatives from various levels of government, as well as leadership from organizations representing first responders and emergency workers.

Addressing participants via video message, the minister said:

> Over the years, I have heard repeatedly from the public safety community that more needs to be done for those suffering from PTSD. We routinely ask public safety officers to stand in harm’s way to protect and keep Canadians safe, and for that, they deserve the highest level of support and care. I am sorry to have missed today’s round table, but I look forward to hearing the outcomes of the conversation. A national action plan on PTSD will not only support the health and well-being of the public safety community, but will also contribute to the safety of Canada.

The CAFC commends Minister Goodale's commitment to this very important initiative as we face a number of challenges on the path to ensuring mental health and wellness for all our public safety officers from across this country.

Dr. Nick Carleton of the University of Regina, who has spoken before this committee in recent months, highlighted the difficulty in calculating the rate of first responders who will develop PTSD due to the stigma associated with mental illness. Nevertheless, he stated that the figure could be as high as 35%. Culturally, there is a discomfort in addressing mental health issues that stems from a lack of understanding, and it fosters cynicism about an illness that can be associated with poor behaviour or declining performance.

Further to this, more than half of those with mental health problems will not seek treatment. Among firefighters, the stigma of mental illness acts as a barrier, preventing individuals from making use of mental health services. They fear negative impacts on their careers and lack the knowledge of how to access services that are available to them. We must work quickly to alter this perception. According to the The Tema Conter Memorial Trust, 16 first responders have died by suicide so far this year, in addition to the 39 suicide deaths in 2015.

Another challenge lies in the composition of the fire services in Canada. In addition to full-time departments, there are also composite and volunteer departments, each of which presents a unique set of challenges. As one would imagine, volunteer departments may lack the resources to properly administer support programs, and a lack of personnel rules out peer support in many instances. That being said, the provision of a mental wellness program could be a key incentive for recruitment and retention.

In order to address these challenges, the CAFC has partnered with other organizations that are working toward the same objectives.

● (1105)

In September of last year, we launched the mental wellness road map initiative in collaboration with the International Association of Fire Fighters, the Mental Health Commission of Canada, and the University of Regina. Working with key stakeholders, this long-term initiative hopes to identify the tools required to support the fire service in recognition, prevention, intervention, and treatment of mental health issues facing firefighters across this country.

These initiatives alone are not enough. Funding is required for research on mental health issues among firefighters, to improve the capacity of the fire service and health professionals, to quantify their prevalence, and properly guide diagnosis and treatment efforts. Educational programs that improve mental health resilience and literacy, and provide the skills and knowledge to help firefighters better manage potential or developing mental health problems in themselves or a colleague, is especially important in addressing these barriers.

Appropriate training programs and supports to prepare firefighters to effectively address their mental health needs need to be developed, implemented, and funded on an ongoing basis. PTSD should be officially recognized by provinces as a workplace hazard for firefighters to ensure that they are able to access workplace insurance coverage. We need to continue to work on our coordinated national action plan on PTSD, collaborating with the provinces and territories to establish consistent practices across this country in assessment of mental health as part of recruitment; to recognize the role of mental health in overall wellness; and to recognize the importance of an investment in mental wellness support for firefighters in education, training, and support programs to current and former fire service personnel and their families.

As the fires rage in Fort McMurray, the eyes of the nation are upon our brothers and sisters who unflinchingly head towards the flames, combatting the spread in the interest of public safety. In extreme heat, through thick smoke, their unwavering commitment propels them onward in an area where all others have been evacuated.

● (1110)

[*Translation*]

Day and night, this nation's public safety officers stand tall in the face of danger, in order to protect their friends, families, and members of their communities. Surely, the latter individuals must want to protect these brave men and women from the dangers that they are not equipped to overcome.

[*English*]

On behalf of the Canadian Association of Fire Chiefs, I thank you for the opportunity to be consulted during this study and to speak before this very committee.

I look forward to answering any questions you may have.

Thank you very much.

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

Mr. Marks.

Go ahead, please.

Mr. Scott Marks (Assistant to the General President, Canadian Operations, International Association of Fire Fighters): Thank you, Mr. Chair.

I am honoured to have the opportunity to share with the committee our views on this timely and important subject.

By way of background, the International Association of Fire Fighters represents more than 23,000 full-time professional firefighters in Canada. We are first on the scene in virtually any emergency, whether it's a structural fire, a highway accident, a serious medical call, a hazardous materials incident, or any other emergency. As I speak, many of our members are tackling the devastating wildfires in Fort McMurray and the surrounding areas.

It's well-known that firefighting is a dangerous and physically demanding occupation and that firefighters suffer high rates of workplace injury and illness. Less known are the mental demands of the occupation, including the effects of being regularly exposed to scenes and images that anyone would find disturbing and difficult to see.

For too long, post-traumatic stress disorder has been a hidden secret amongst firefighters and other first responders. Haunted by the effects of the job, but feeling the stigma of appearing weak and unwell in front of our shift mates and our families' and society's expectations, too few firefighters struggling with the mental health implications of our profession have reached out for help. Too often, firefighters have turned to alcohol and other drugs to deal with their difficulties, with marriages and other relationships crumbling under the strain. In many cases, fear of the financial implications of stepping away from a career becomes another reason to stay silent.

Tragically, PTSD has claimed the lives of numerous firefighters across Canada who succumbed to dark thoughts they could not shake and committed suicide. Last year our affiliate in Surrey, British Columbia, IAFF Local 1271, experienced the pain of two members' suicides in a seven-week period. As Chief Boissonneault mentioned, the Tema Conter Memorial Trust tells us we have lost 16 first responders so far this year to suicide in Canada. It's a sad and shocking number.

There's no specific time frame for PTSD, which can manifest itself at any time. Given the nature of our profession, firefighters are vulnerable to or more susceptible to PTSD, as we are repeatedly subjected to traumatic circumstances within the communities in which we live. While statistics surrounding PTSD and first responders are limited, it has been said that up to 15% to 20% of firefighters suffer from PTSD.

We must also be aware of the potential cost implications of PTSD. According to Dr. Suzy Gulliver, a professor at Texas A&M University, PTSD can be 100% disabling. Every trained firefighter taken out of service by PTSD costs the community, not only in training expenses but in an immeasurable loss of knowledge and experience.

We must try to avoid PTSD from developing into a chronic, disabling condition. Recently, there's been growing awareness of PTSD in firefighting and a growing willingness among firefighters to acknowledge that they are potentially affected by PTSD and to ask for help.

At the same time, there is growing acceptance that PTSD is a direct result of certain professions, including firefighting. In 2012, British Columbia and Alberta became the first Canadian provinces to formally recognize the mental health aspects of being a member of emergency services personnel, with legislation deeming PTSD to be presumed the result of a firefighter's occupation for purposes of workers' compensation. Since then, Manitoba and most recently Ontario have added this important protection, enabling first responders to obtain faster access to treatment.

If we're going to address mental health and PTSD in the first responder community, we'd better know the exact scope of the problem and what we're up against. That's why we've called on the federal government to establish a national action plan for post-traumatic stress disorder, and we applaud the government and the Minister of Public Safety and Emergency Preparedness for the steps they have already taken in this direction.

We recommend that the plan consist of five key elements—best practices, research, education, awareness, and treatment—and that the plan become a framework for an effective and all-encompassing PTSD tool kit that can be used as a resource by any first responder agency or individual who needs it.

PTSD can be preventable with early diagnosis and proper treatment. Evidence-based research and the evaluation of best practices can help facilitate how first responders can be educated to identify and treat PTSD. We need to change how not only our first responders but also their family members, employers, and health care professionals learn about PTSD, as education is a key to prevention. Education and awareness also help with stigma reduction.

● (1115)

The federal government was quick to act on its commitment to develop a national action plan.

Public Safety Minister Ralph Goodale initiated the round table conference on PTSD for first responders in January in Regina. It was extremely successful in fleshing out the priorities and gaps in addressing the integral components of the broad plan. To this end, the IAFF is currently collaborating with the Canadian Association of Fire Chiefs, the Canadian Mental Health Commission, and the University of Regina on building a mental wellness plan for firefighters. IAFF is also participating in a tri-services working group, hosted by the Department of Public Safety and Emergency Preparedness, to support the development of a national action plan. We are pleased to see the action being taken on this important issue, and we welcome the opportunity to assist in developing a coordinated plan to effectively address PTSD in first responders.

Thank you, and I'm happy to answer any questions from the committee.

The Chair: Thank you very much for your efficiency, both of you, in your remarks.

We have a seven-minute round with four questioners for seven minutes each.

Ms. Damoff.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thank you both for being here and also for all your efforts on this. I know you've both spent a lot of time and energy trying to work with our firefighters and ensure their mental health is what it needs to be. I'm deeply troubled to hear about the suicides. We've heard that from corrections. For a department to lose two individuals in seven weeks is tragic, and I'm sure that compounds the issues for the other individuals in that group.

One of the things I wanted to touch on—because I know from talking to people at Oakville Fire that they're incorporating a number of strategies to deal with PTSD and OSI—was R2MR, but also peer-to-peer support. We had one witness who said if we can start getting people comfortable with talking about these things when they're in their most macho kind of environment, then we can find ways of transitioning that into help-seeking behaviour. One of the Oakville firefighters said that once he came out and said these were his issues, he was literally followed out the room by other people who wanted to talk to him. How can the federal government help foster a change in the culture and encourage more of that peer-to-peer support within the organizations?

Either of you can answer.

Mr. Scott Marks: What the federal government is doing to date is beginning to reduce the stigma and foster that type of relationship. One of the keys to this moving forward, and certainly what we've asked for at the federal level, is to have that all-encompassing plan. We know that, as this moves forward, a lot of the responsibility is going to be borne out at the provincial level within the workers' compensation boards to develop and maintain both a preventative component and a treatment component. I think the key role for the federal government is to establish that overall position on what needs to be occurring through best practices, so that provincially we have a plan that's rolled out comprehensively and consistently to firefighters across the country. Let's face it, if there are programs up and working in Regina, or Oakville, or wherever, we need a way those programs can be accessed from across the country, and we need to have someone coordinating that access to everyone.

● (1120)

Ms. Pam Damoff: Where do you see that? Do you think we need one location for that to be focused in, or would it be better to have one coordinating location and then regional offices?

Mr. Paul Boissonneault: I completely agree with what Scott has indicated as well. What I would indicate is there needs to be an advisory group that helps disseminate the information and then provides it nationally in scope. That's where I think the leadership piece for the federal government and all parliamentarians takes place. I think we can look at the successes at the grassroots level on programs that are working and share that information. At the very high level component, all first responders from coast to coast to coast deserve to have the same availabilities provided to them regardless of location, region, or local circumstance.

The Canadian Association of Fire Chiefs has very much prided itself as always being an adviser to government and parliamentarians on issues of national interest. I think that's where this leadership piece can certainly live. The collaboration piece has never been stronger within the fire service, the fire chiefs, the union representation, and the willingness from academics, as well as provincial and territorial representation, to find solutions to a very complex issue. You could hear academic testimony from some people who are a lot smarter than I am on these statistics, but to be clear, that's where everything has to come together in leadership for government to play.

Ms. Pam Damoff: What about in rural settings? It's one thing to talk about larger urban centres, but when you take it outside into smaller communities, both from a financial and a resource perspective it's going to be more challenging. What are your thoughts on that?

Mr. Paul Boissonneault: The challenge with the fire service in Canada is that there are small full-time departments and there are large full-time departments; there are small volunteer departments consisting of eight or 10 firefighters protecting their community; there are first nations' communities for which again we have provincial legislation that helps drive some of their essentials for establishing and regulating bylaws and the services they provide. But there is such a varying scope.

I think what has to be determined is that this national working group's establishing of some best practice standards, as Mr. Marks has indicated, provides the basis for accessing information for an overall mental wellness road map, saying that regardless of location, “here's a program that could be of assistance, because it has worked in similar-minded areas”, or ”here are best practices that have already been established”—not trying to reinvent the wheel all across Canada, but finding a leadership piece and an advisory role to disseminate.

The CAFC, through our composition, has seven board members, but we are inclusive of all provincial, territorial, and allied associations from across this country that have a seat on our national advisory council.

Ms. Pam Damoff: I only have a few seconds left. I want you both quickly to respond, because I think I know the answer. I want to get it on the record.

Do you think there's a gap in the data we have, in terms of the research on this issue?

Mr. Scott Marks: Absolutely. There's a gap in all fire services data. I know the fire chiefs have worked very hard to build a dataset to start to incorporate not only fire statistics, but the health and wellness statistics for firefighters. We certainly have a gap compared with the U.S., in that regard.

Ms. Pam Damoff: Do you track suicides of retired firefighters, or is it just current members? When you give the statistics, do they include retirees?

Mr. Scott Marks: I don't know that they're captured, to be honest with you.

Mr. Paul Boissonneault: Specific organizations may capture that data. The challenge is that it's not kept in one location or is not nationally recognized.

We are currently working on a national fire incident database. Those are some of the issues that can be propelled into an evidence-based research that is specific to Canada.

Until the NFID project was introduced there was no national standard for statistics across Canada. They were provincially held.

● (1125)

Ms. Pam Damoff: Thank you.

The Chair: Mr. O'Toole.

The Honourable Erin O'Toole (Durham, CPC): Thank you both for appearing and for your perspective and for your work and the work of the people you represent.

Certainly this study has been helpful in getting viewpoints from a cross-section of people, both from a research standpoint and also from an operational standpoint. When we talk about first responders, we're really talking about the unique nature of these roles, uniformed service leading to operational stress, and about how we can reduce that stress and share information.

I'm going to ask a couple of questions. The first is a difficult one. It builds a bit on my colleague Ms. Damoff's information about data tracking. Part of the challenge I feel we face, and I saw this at Veterans Affairs, is that if there is a suicide related to someone who serves or did serve, privacy and respect obviously surround it, but because of the uniformed service component, there is almost a "bright line" default position that it was because of an operational stress injury. In some cases it's not, but in some cases it is.

How do you feel we should report this in a way that pays respect to family members and to the person who was lost, but how can we make progress? I feel sometimes, and I've said this to folks within the veterans community, that if we don't have an informed dialogue on this it will be hard, because I think the public, who are finally aware of what post-traumatic operational stress is—and we're breaking down stigma.... The next step is to have that informed discussion to say that people who put on a fire service uniform or a military uniform are a cross-section of Canadians. They will also have mental health issues unrelated to operations. They will also have financial, marital—a whole range of stresses that can also contribute.

Do you have any suggestions on this? We want to get help for those who are vulnerable, first off, because suicide is the wrong option. We want people to know there is support out there—peer-based and what have you. Do you have any thoughts on how we could best report and discuss this in a way that helps people and explains to the public that first responders are a cross-section of Canadians?

Mr. Scott Marks: I think it's a great point. As we've been suggesting, I think the key to this is, number one, breaking down the stigma. The more we talk about it and the more information we get out there, the more likely we are to build and understand specific individuals.

On the broader concept, I think mental health is being recognized, and is going to have to be recognized as part of a person's general wellness and fitness. In the IAFF, we have incorporated a program that was actually developed in conjunction with the International Association of Fire Chiefs, called the wellness and fitness initiative, which we've encouraged our individual departments to take part in.

That was originally conceived as a physical program on nutrition, health, and fitness to make sure firefighters are, obviously, fit for duty. What we're doing with the mental health component now is incorporating that into our WFI, our wellness and fitness initiative, because we see that as being part of that broad component.

As we go forward with the statistics gathering, with the information we're hoping to capture, it would be no different than being able to look at a person's physical health from the day they came on the job to maybe 15 or 20 years later. If a mental health component is part of their hiring process, and part of looking at their general level of fitness, and if that's properly looked after, as a baseline, then we have a much better ability to determine, as their career unfolds, where the stressors are that are causing these kinds of injuries. Again, if there's proper tracking of incidents of where those exposures may have taken place, then it looks after itself.

I think the key is looking at this no differently from how we look at any other fitness of an individual.

● (1130)

Mr. Paul Boissonneault: I think what we often focus on is the end result. That, of course, is the unfortunate situation where we look at a suicide or loss of life.

While we're looking at some of the five pillars that Mr. Marks mentioned...it's developing that overall strategy and plan. As well as the absolute necessity of dealing with the treatment aspect of those who are either under presumptive legislation and/or defined as "suffering from PTSD", it's also the bigger picture of education, prevention, and programming that can get to the front end of things.

You talked about educating a cross-section of Canadians. We have to continue to educate people. Social media...and every aspect of media components related to mental illness or occupational stress injury are in numerous places in social media, daily papers. Part of that education in changing the narrative will help deal with understanding that advisory role you're talking about.

Hon. Erin O'Toole: With the last few minutes, I wanted you to comment on this. When I was minister of Veterans Affairs, we worked with Defence to make sure that large forces had the option of looking at the road to mental readiness and pushing it out. I was glad, when I spoke at the conference of firefighters recently, to hear York had done the training, and a number were looking at adapting it.

My question here, though, is an interesting one. Federal leadership can be shared, given the veterans and military experience, but where does the province fit into this? What I find with national strategies is that if it's just information-sharing and best practices, that's great. What I don't want to see is the province removing itself from the obligation of those who are under their forces, so the municipal and provincial forces in the case of the OPP or municipal fire.... How do you think the federal and provincial government fit together in this national strategy?

The Chair: Very quickly, please.

Mr. Paul Boissonneault: As I was indicating, our national advisory council includes members such as the Ontario Association of Fire Chiefs. They work directly with the Province of Ontario developing that PTSD legislation piece. So there's the automatic connection piece that needs to exist there. It's to be mindful of the fact that the legislation for the fire code might be a provincial responsibility, but many people forget that there's still a National Fire Code, as an example, and it's also understanding that there is linkage between the two, and it can't be about pointing fingers and missing each other somewhere in the middle. I believe that same philosophy holds true for mental health.

The Chair: Thank you.

Ms. Jolibois.

Ms. Georgina Jolibois (Desnethé—Missinippi—Churchill River, NDP): Good morning. Thank you.

My name is Georgina Jolibois. I'm the member for Desnethé—Missinippi—Churchill River riding. I have various experiences in working with first responders from the RCMP, nurses, doctors, the local fire department, and the wildfire department.

Before I begin, I want to thank them for the work that they do. They are a remarkable group of people across the province of Saskatchewan who provide supportive services to their members, to the staff, including their families, and they keep our communities safe.

That fire that you were speaking about in Fort McMurray is close to the province of Saskatchewan's border, and it is worrisome for the province of Saskatchewan. It affects communities like La Loche, the Clearwater River Dene Nation, Carson Lake, and Black Point. I'm hoping that this discussion will help the province to come up with a really good plan to fight fires and put action on the fire.

January 22 was a bad day in La Loche. I got to observe up close the effects of PTSD on RCMP officers, the local fire department, nurses, doctors, other health care staff, and provincial service providers. What I noticed is that the RCMP have significant resources available to their members to help them deal with PTSD. At the provincial level, the health care staff and the ambulatory care staff have some resources available to them, but the local fire department and the reserve local fire department do not have as many resources to assist them with debriefing and counselling as other areas have.

The strategy is wonderful. Information is significant, but how can we, from the national level, ensure that the provinces, the municipalities, and the reserves get the same kind of support for their first responders?

● (1135)

Mr. Paul Boissonneault: Your point is absolutely well taken. Over 86% of the fire services across this country are volunteer and/or composite-based. Many of those resources that you speak of are often associated with financial challenges as well as the capabilities to deal with things. My neighbouring municipality is Six Nations, which is under federal jurisdiction for fire services, and I can tell you that oftentimes they are challenged for the appropriate minimum fire protection standards that their neighbouring municipalities have as a result of their tax bases.

The strategy speaks to a necessity of best practices that can be employed throughout, from the smallest fire department to the largest fire department in scale and scope and everything in between. Establishing those pillars and making sure that we have a proper action plan will help get the assistance there.

If you were in one of those small communities trying to find out where to get help, maybe some of the larger fire departments that have a critical instance stress management team or have a policy on debriefing can provide some assistance, but again, those are only as good as the resources they have available. Right now there are a significant number of fire departments that do not have the resources that are needed.

Ms. Georgina Jolibois: Certainly in my riding, I see the gaps for first responders that exist in the fire departments for municipalities, reserves, and at the provincial level. From the federal level, again, other information available to first responders is significant, but how can we ensure that the emotional support, counselling services, and debriefing sessions are made available to municipalities, local fire departments, the reserves, the wildfire management teams, and the health care staff? I'm really curious as to how we can make this occur.

Mr. Scott Marks: As we go forward and look at the different options that become available, what you're saying is absolutely true. It not only exists within mental health wellness, it similarly affects those same communities sometimes in public health initiatives. In Saskatchewan a program was initiated via Internet and using Skype to actually assess patients at first nations communities and different things.

I'm not suggesting that we know the way we have to go, but there's no question that what you're talking about will be extreme challenges within those more remote communities. We've already experienced some of that with regard to training for public safety initiatives. Part of what we're suggesting is that the national strategy will give us some ideas on how to do that. It may be that we create some outreach teams that go into remote communities and certainly build on the training and education component. It may be that down the road we rely on some components of self-help through Internet and other electronic means like that.

That's why looking at best practices, looking at the education components as we go forward, I think will be the key to developing the kind of assistance that will be required in the remote communities.

Ms. Georgina Jolibois: Going back to the framework, with regard to first nations and reserves across Canada, right now we are dealing with wildfires throughout the whole northern part of Canada. In the reserves we've lost lives because of the local fire department not being available.

How can we ensure from the federal level a working framework for municipalities or the provinces to assist the reserves to make sure that the local fire department is available?

Mr. Paul Boissonneault: To that very question, I can speak to the fact that the Aboriginal Firefighters Association of Canada has representation from all first nations and aboriginal communities across Canada. Their fire chiefs, and those who are reporting challenges within their communities, have representation on our national advisory council.

I would love to say that there is a magic solution. If I had it on paper, I would hand it out here today: here's a comprehensive plan, one that will work and that will be perfect. But we don't have that. The collaboration piece that I speak of, ensuring that we have the right advisory people with the right members of government, stakeholders, advisers, and academics to find this evidence-based research in the five-step process, will help us get there. It's also about inclusiveness, and their understanding that on the challenges you speak of—small communities, lack of resources, lack of funding—they will provide the information that gets propelled through our organization, through tables such as these, to help find solutions and ways forward.

● (1140)

The Chair: Thank you.

Mr. Spengemann.

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Mr. Boissonneault, Mr. Marks, thank you both for being here. Thank you for your service and your counsel. You come to us at a time when our hearts and minds are with the people of Alberta, and specifically Fort McMurray. Our gratitude goes out to your colleagues in the field who are fighting the fires there and of course anywhere across the country.

You've given us some very sobering and disturbing numbers. If I'm right, you told us there were 45 suicides between last year and today, that up to 35% of your colleagues are potentially suffering from PTSD, and that more than half of your colleagues will not seek treatment. I think I'll use my time allotment and line of questioning to really bring out the human element of the issue that we're dealing with.

I'm wondering if you would take us into the fire hall and just give us a flavour of how the conversations are going, how things may have changed from 10 or 15 years ago. If you imagine a critical incident or a major deployment, how are your colleagues dealing with this afterwards? What kinds of resources are they immediately turning to in the short term, and what are they doing in the long term?

Mr. Paul Boissonneault: If it's okay, in terms of the human element, I'd like to speak about a circumstance that I personally dealt with.

Mr. Sven Spengemann: Please.

Mr. Paul Boissonneault: On June 12, 2007, I attended a call. That morning I had taken my five-year-old son and dropped him off at day care wearing a tank top, jean shorts, and a pair of sandals. I was a fire chief of a small community with two fire stations, volunteer in nature, and we got a call for a detached garage fire.

I took the fire chief vehicle and arrived on scene. Two of my volunteer firefighters parked the truck. The truck was eight minutes out from getting there. I was the first other vehicle on scene. They had gone in once and covered their faces. They were in their bunker gear but with no air patch yet, because the truck was still seven minutes out. They did an educated risk assessment that if they waited any longer there would be no viable life inside.

They pulled the child outside, and because I was coming there medically prepared, I had my basic trauma life support, and I did chest compressions. The child had already started to go pugilistic. It was a five-year-old playing with a butane lighter inside a garage.

In dealing with that call, the individual who went into that garage had a child the same age. That day, when I worked on that child who ended up passing away, my son was at day care wearing almost the exact same clothes.

After doing all the media associated with that there was an outcry from those I will call “armchair quarterbacks”. “Why did firefighters go in the building without air packs?” “Do you employ cowboys in that municipality?” I said, “They risked a lot to save a lot, given their experience and training. They did what they were supposed to do, and they're not to be criticized. I have children myself. They are heroes.”

What I can tell you is that members on that department that day saw the same thing I did. Although I don't wake up with haunting nightmares, I can tell you everything about that day: touch, sensation, clothing, colours, and smells. I can tell you all those things. Luckily, I can do so without crippling results.

Others couldn't. Others left the department that day, and that's only 2007. They never came back. What were their whereabouts? The tracking and the evidence-based research we talked about was not there. What has happened to them in a volunteer community? They've carried on with their marriages and their jobs. To what effect, I have no idea.

That is one sobering story to provide the human element of what happens, and those stories happen daily.

Mr. Sven Spengemann: Thank you for that.

I'm glad you told us that story. We needed to hear that, I think.

On a slightly different tack, could you talk about some of the factors that exacerbate, or potentially exacerbate, the condition we're talking about today, such as the workplace environment, shift work, the pace of activity you're going through, and the settings you're going into? In your mind, without being too scientific about it—and you can feel free to be anecdotal—what are those factors we need to pay attention to that are not resulting, necessarily, in the diagnosis we're discussing?

● (1145)

Mr. Scott Marks: I think you named some of the factors there in shift work and in the cumulative effects.

As far as the workplace itself, there are some issues based on traditions within the fire service. It's no different from the police services or the armed forces. You have a service that has relied on traditions and ways of getting through some of those issues that don't necessarily translate too well today. You also have a more diverse work force, which you didn't have.

One of the things we've looked at—and some studies are being done—are gender-based differences in how people deal with some of those types of issues, as well. It may well turn out through the research we get that, based on your gender, there may be better ways to approach debriefings and stress management.

Mr. Sven Spengemann: Do you have some specific observations, anecdotal as they might be, on that? You pre-empted a question I was going to ask. It's an important one on gender. How does that manifest from what you've seen so far?

Mr. Scott Marks: I don't have anything specific, but I know there is a study being looked at by a sociology professor out of Winnipeg who is looking specifically at that issue. I can't speak to it, though.

Mr. Sven Spengemann: Thank you for that.

On the provincial side, you've given us the fact that four provinces are now on board in terms of recognizing the present link between the occupational setting and the condition. Within those provinces that are not yet part of this framework, can you tell us how many of your colleagues are still struggling with establishing causation in the system of obtaining benefits?

Mr. Paul Boissonneault: As far as specific numbers, I can't give those to you, but I can tell you about a sobering aspect on the human element side. At our yearly conference, attended by numerous fire chiefs from coast to coast to coast, and delegations of over 400 every year, usually we have individuals from mental health who provide discussions on stigma, and narrative, and changing and all those human elements that you speak of.

Every year the question is asked. Raise your hand if someone in your department, or someone you know, has being suffering with an occupational stress injury or mental health issue that has not been dealt with appropriately in your opinion. It's almost 100% of the hands that go up. The frustrating piece to it is there isn't the legislation support at the provincial level as of yet, and we're talking national strategy, but again—and I don't mean this disrespectfully—talk is talk, and action is action, and that's what needs to happen.

Mr. Sven Spengemann: Thank you, Mr. Chair. Do I have 10 seconds left for a quick final question, or am I out of time?

The Chair: You're out of time but—

Mr. Sven Spengemann: For the label PTSD, how much stigma is still attached to it, in your profession?

Mr. Paul Boissonneault: Short answer? Lots. There is a lot still associated with that, the narrative being that if I suffer from PTSD then I'm a lost cause. In many cases people indicate that's a challenge, and there needs to be more prevention education to build it out. There is a necessity for clinician diagnosis, but that's only a portion of what we're talking about.

Mr. Sven Spengemann: Thank you.

The Chair: We'll give Mr. Miller a little extra time, but with the committee's indulgence, could I ask a quick question of Mr. Marks?

You're an international organization, as in Canada-U.S. I know we're a unique country. We have unique situations. We have differences in terms of population density and isolated communities, etc. Is there material from your American partners that would be helpful for this committee? Is there research that is of interest? We don't have many international bodies that come to us, and you happen to have a strong affiliation.

Mr. Scott Marks: I think our organization is struggling in the same sense as this country. We have the same issues here. There are studies out there. I don't think in the U.S. they're any farther ahead on understanding these issues.

The Chair: Could we ask you, though, just to double-check that, and if there is something that you think is helpful, from your brothers and sisters in the U.S., could you give it to the committee? One never knows...if you make a specific request. I've been on your website and wasn't finding anything.

The other thing that's helpful on your website is that the five points you put down are a little more fleshed out on the website. I draw the analyst's attention to that. I think you just named the five of them, but they're fleshed out a bit more here from your 2015 event.

We'll get that on the record.

Mr. Miller.

● (1150)

Mr. Larry Miller (Bruce—Grey—Owen Sound, CPC): Thank you, Mr. Chair, and to our witnesses, thank you very much for being here. That was a great presentation, and Mr. Boissonneault, I appreciate hearing your personal experience. It ties in with where my questioning is going to go.

I recall one of my father's barns burned 30 plus years ago, and the local volunteer firefighters showed up and did a great job. I won't give all the details, but some of the cattle had been in the barn, they got out, and of course they weren't that good. One of the firefighters, an older businessman in the community, walked out at the end of that fire that day, and talking to him years after that, he said, “Larry, there are still times I smell burnt hair.”

I think it's that same thing you said you were feeling.

Here's my question. You talked about a data void. Is there any kind of data—this goes for you as well, Mr. Marks—out there? Obviously this situation I'm talking about happened before everybody even heard of PTSD. Is there any data that leads back to instances that firefighters, or any first responders, have had in previous years and are coming to light now?

Mr. Paul Boissonneault: To answer your question, Mr. Miller, right now any data that would currently exist would have to be at the auspice of a departmental-specific initiative. There's nothing required under a standard incident reporting guideline at the provincial or territorial level that would have specific information on that. I think there are groups like Tema Conter and other organizations that are trying to look back and gain information because it is so challenging, as Mr. O'Toole has said about challenges with Veterans Affairs, in finding that information. We currently have our national fire incident database project that is starting up and talking about basic standard incident reporting.

That's the tip of the iceberg to get Canadian-specific evidence-based research. What I'm suggesting is as this national action plan rolls out, there could be an avenue to start collecting data. If we have absence of data, at least there's a starting point for looking at national progress in that area. It is something that can be explored. Historically we may not be able to find it, but for certain we can at least have a good starting point in moving forward.

Mr. Larry Miller: Mental wellness was discussed. I believe that all has to be part of it, but of course confidentiality rules, and what have you, and you have to respect that. However, in order to gain data that's important for the whole thing, how do you get that out of present firefighters or any first responders, including the military? How do you get that out of them voluntarily?

I think it would be that you can't force somebody to talk about that. Do you have any comments on how you deal with that?

Mr. Paul Boissonneault: I think in the fire service, though, we're definitely on the right path forward. There are certainly some other organizations, like our Department of National Defence, and you'll hear I believe from a witness this afternoon from the Canadian Association of Chiefs of Police, where they're a little more advanced in some of the programming pieces in respect to R2MR, as an example.

Finding out what's worked in locations, getting those best practice standards, and importing that into our organizational structure and national action plan are going to be key in moving forward.

As I indicated before, there's no magic bullet solution here. You told the story about how one situation affecting one person would not necessarily affect someone else; but given someone else's personal issues or ongoing challenges, another incident that would normally seem insignificant in nature could be absolutely devastating.

Again, I think we need to look at things such as the Department of National Defence, some of the leadership pieces that are there, what has helped them make gains in changing the narrative and stigma, and working from that to make it adaptable to our organizations.

Mr. Larry Miller: My colleagues around the table here already talked about the difficulty with it in small communities or remote communities. In anything that you do, there is a cost associated with it, and it should be in the whole scheme of things not the issue, but with some small municipalities that I think you've worked in, it is an issue.

How do you deal with that, smaller forces?

I asked some witnesses the other day. When you have a small force, and somebody has a traumatic incident, you want to try to help them. How do you do that? How does the fire department, in this case, still operate? How do you deal with those?

● (1155)

Mr. Paul Boissonneault: Certainly, from my perception, and again I don't have all the answers, but I'm just saying that the basic concept is that if you had a national action plan that could be continued through the provincial aspects and regionalized, where necessary.... So a small department from a specific location, regardless of which province or territory you're at, can know the steps and procedures on what contact information or access to information can be given, whether there's online availability, whether it's through websites, or through communications strategies on getting the information out there.

I think some of those strategies are very cost-effective in understanding what a road map can look like.

Again, we focus at the diagnosis of PTSD, but we look at some of the other substance abuse challenges, and anxiety and depression, and other elements that are along the way. Fire chief Joe Smith from whatever community needs to understand that they have the availability to contact somebody and find out where they can get help, where the help can come from, whether it's regionalized or provincial-based, or whatever the situation is, and understand that it's part of the bigger picture.

The Chair: Thank you very much.

Mr. Erskine-Smith, we have time for five minutes.

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Great. Thank you to both for the presentation.

Mr. Marks, hopefully once we're through this we'll get that building code change that you're after.

My first question is on the mental wellness road map initiative from September of last year. Can you speak to whether there have been results from that, where we're at in that process, and if there's any indication of success in that road map leading us to where we are today?

Mr. Paul Boissonneault: I think there's success in general. As a fire chief, I spoke at the IAFF legislative assembly and it was welcomed with open arms. I think that's always a good sign right off the bat. I think that we're collaborating very well in general. From September what we established was a general terms of reference, where it fits into the bigger picture for the entire road map in general, and establishing who should sit on that committee. There's been no shortage of various organizations that want to be part of this, that want to see change. But understanding the validity of every organization and what they can offer into this process, you want an effective working group, but essentially you don't want it so big that you can never make decisions or determinations working forward.

Essentially, we want to put together a group that is educated in an advisory capacity that can help the national action plan as it moves forward from government, and Parliament in general. To say that there's a tangible takeaway, I can't necessarily provide it today that we're at step five of 10, but what I can say is we feel that we have a good group that's working together. We are very open and fluid in movement, understanding that other groups that present themselves that are vital in nature can be added where necessary to provide good information to those who are making decisions.

Mr. Nathaniel Erskine-Smith: So you view that as fitting in with the national strategy overall, and that will get worked as the national strategy develops?

Mr. Paul Boissonneault: Yes, this is simply an advisory piece to assist in moving forward. This is not to replace, replicate, or change, or do something on our own. This is to ensure that we're showing that it is a priority, that we're working hard, and putting the right people in place to give good advice to government.

Mr. Nathaniel Erskine-Smith: You mentioned stealing other good ideas from organizations like the armed forces. We've heard the same thing from other organizations. Ms. Damoff has suggested there are more local police associations that have developed their own mechanisms that may or may not work, and obviously some are better than others.

To both of you, in your positions, do you see grassroots successes, and are you identifying those to really try to build your own best practices?

Mr. Scott Marks: I think there likely are grassroots successes. There's not a week goes by that I don't get a call at my office from some group, whether they be retired police officers or within the community or within the mental health community, who have started a process on how to deal with these things. Quite frankly, there's so much interest in it now, and people moving in that direction, it gets hard to stay focused. If we start to go out and follow all those, it will take away, I think, somewhat from what we're trying to do here.

I think another key element is that what I have found certainly in talking to people who have been involved is what works for one individual doesn't necessarily work for another individual. So we've got to have that broad base of programs that are out there, and it may well be that there will be different approaches depending on different people.

● (1200)

Mr. Nathaniel Erskine-Smith: Recognizing that, could I ask, if you put out a call to your associations—and I don't know what communication method you use to do this—to say, this committee is studying this and we're interested in best practices among fire associations, the results that you receive from that call, would you be able to relay that information to this committee?

Mr. Paul Boissonneault: Yes, absolutely. The short answer is yes.

Mr. Nathaniel Erskine-Smith: I would appreciate that.

Mr. Paul Boissonneault: At the end of the day, we have, as mentioned, an executive board, but we have a national advisory council board of 27 other members, which I've indicated includes the Canadian Fallen Firefighters Foundation, the Aboriginal Firefighters Association of Canada, every province and territory amongst the Council of Canadian Fire Marshals and Fire Commissioners, and we have a very robust availability and a working relationship with the IAFF.

As alluded to in the question earlier, I did want to mention to the chair as well that the Canadian Association of Fire Chiefs is a division of the International Association of Fire Chiefs, just for further reference. We are the part that makes it international, so, of course, our interest is fairly significant. But, again, it's looking at some very important things.

What I did want to highlight is some of those grassroots programs that are working are fantastic, but, again, there are different programs that may meet the needs. R2MR might be a great program in general, but maybe there's something better that works for a smaller, more remote rural location. Currently, in its current composition, R2MR is an extreme challenge for train the trainer programming, as well as cost associations to small municipalities.

Mr. Nathaniel Erskine-Smith: In the same way the chair asked Mr. Marks to perhaps draw on the international experience, given your affiliation with international as well, I've asked you already to draw from the grassroots, but to the extent you can also draw from the international experience and relay that information to this committee it would be much appreciated.

Thanks to you both.

The Chair: Thank you, both of you.

We're going to suspend for a moment as we get the witnesses from the chiefs of police online, and just thank our guests.

● (1200)

(Pause)

● (1205)

The Chair: I'll bring us back together and thank our witnesses.

We have, from the Canadian Association of Chiefs of Police, Steve Schnitzer and Jennifer Evans. Are you both in Saskatoon?

Mr. Steve Schnitzer (Chair, Human Resources and Learning Committee, Canadian Association of Chiefs of Police): Yes we are.

The Chair: We're going to begin with that, and then go to the Union of Canadian Correctional Officers second, just because, technologically, it's always good to go first with you in case we lose you. We give you 10 minutes.

Mr. Steve Schnitzer: Good afternoon.

Members of this committee, the Canadian Association of Chiefs of Police, CACP, expresses our sincere appreciation to speak here today and to contribute to this important discussion. By way of introduction, my name is Steve Schnitzer. I am representing the CACP as the chair of the CACP human resources and learning committee. Chief Jennifer Evans, from Peel Regional Police, is also here with me and will speak to you in a few minutes.

I have worked in policing for 30 years, and I retired in 2010 as the superintendent in charge of personnel services at the Vancouver Police Department. My role as superintendent was to lead the Vancouver police human resources, training, and professional standards sections. I currently work at the Justice Institute of British Columbia, and I am the director of the Police Academy in British Columbia. The Justice Institute of British Columbia Police Academy is responsible for the training of all municipal, transit, and first nations police recruits in the province of British Columbia.

As the chair of the CACP human resources and learning committee, I would like you to know that the mental well-being of police officers and police support staff is very much a central theme of discussion at all of our CACP committee meetings. In fact, we are video conferencing today from Saskatoon on the second day of a two-day human resources and learning committee meeting, and our discussions have almost entirely focused on wellness for police officers and support staff.

The CACP has for several years worked closely with the Mental Health Commission of Canada, and we are now collaborating with universities and academia to better understand mental health issues that first responders face. Our current president, Chief Clive Weighill, very much regrets that he is unable to appear here today, however, he shares the following, and I quote:

> The CACP fully recognizes that the dynamics of policing dictates that police personnel, and other first responders, are exposed to a unique and difficult set of job-related hazards. Furthermore, we also recognize that the policing culture of needing to be strong and brave can reinforce stigma related to mental illness and it is therefore our challenge to change how we collectively treat and think about mental health problems and illnesses. Our focus, as a national organization, has been to bring police and mental health professionals together with the goal of shifting attitudes, reducing stigma, and finding new ways to address psychological health and safety in the workplace. This includes recommendations to all police services across Canada to ensure that each implements a clear and coherent mental wellness strategy.

In March 2015, Dr. Terry Coleman, a member of our human resources and learning committee, testified at the Standing Senate Committee on Social Affairs, Science and Technology regarding Bill S-208, for the establishment of a Canadian commission on mental health and justice. On behalf of the CACP, Dr. Coleman advised that mental illness represents one of the top five concerns of police agencies throughout Canada. He also emphasized that police are de facto 24/7 first responders to what we refer to as a mental health crisis occurring in our communities.

I am here today on behalf of the CACP to stress to you that effective public safety and security in Canada requires healthy and resilient first responders. Unfortunately, police are experiencing increasing rates of mental health issues, and the policing community is finding it challenging to put into place mental health support systems that are effective and that look after the needs of our police officers, support staff, and their families.

In recognizing the dire need to address the issue of mental health and policing, the CACP has recently partnered with the Mental Health Commission of Canada to deliver two key national conferences on this issue. First, in March 2014, 350 delegates representing criminal justice and mental health leaders, researchers, and people with lived experience met under the theme of moving from crisis to creating fundamental change; improving interactions between police and persons with mental illness.

● (1210)

They discussed what works, what could be improved, and what were promising practices. They sought to find innovative ways to answer the question, how can we make these interactions safe for the person with mental illness, for police personnel, and for the communities in which we all live?

The conference highlighted the growing list of promising practices, including crisis intervention teams, police and mental health workers forming a joint response, most often in larger urban centres, as well as the hub approach, which brings together a wide range of community services, such as police, health, social services, and education, to act collaboratively as early intervenors when a person appears to be at risk.

In February 2015 the CACP and the Mental Health Commission of Canada jointly sponsored a second successful conference with 250 attendees, under the theme of mental readiness strategies for psychological health and safety in police organizations. This conference recognized that before we can best serve others, we must also look after our own. A key outcome was a call to all Canadian police services, as well as police governance authorities, to ensure that a clear and coherent mental wellness strategy is in place for all personnel. Since February 2015 the CACP human resources and learning committee has made it a focus to better understand the problems we are facing and to engage academia for more made-in-Canada research in the area of mental wellness in policing. This is being done in collaboration with the CACP Research Foundation, the Mental Health Commission of Canada, and research and academic institutions.

In fact, in January of this year I represented the CACP at the National Roundtable on Post-Traumatic Stress Disorder. This round table was organized by Public Safety Canada under the leadership of Minister Goodale, and the CACP is thankful to the federal government for taking the initiative to begin this national dialogue on PTSD in first responder occupations. This round table has now resulted in a tri-service working group that will work on developing a national action plan.

A strategic approach is necessary to make meaningful change. A systems approach is also necessary to support the resources and funding necessary for first responder mental health. Finally, we need to fully understand the issues we face and provide solutions that are well researched and are proven to work.

We thank each of you for raising this important issue.

I would now like to introduce the chief of the Peel Regional Police, Jennifer Evans. Chief Evans is one of the 26 members of the CACP human resources and learning committee, and she would like to highlight some organizational wellness initiatives that the Peel Regional Police have recently implemented.

I look forward to responding to your questions.

Thank you.

● (1215)

Chief Jennifer Evans (Chief, Peel Regional Police Service, Peel Regional Police): Good afternoon.

My name is Jennifer Evans, and as Steve mentioned, I'm in my fourth year as chief of the Peel Regional Police. By way of background, we are the third-largest municipal police force in Canada and provide policing services to the 1.3 million residents of the cities of Brampton and Mississauga.

[*Technical difficulty—Editor*]

The Chair: We have a technical problem. We want to be sure we're hearing you appropriately.

Chief Jennifer Evans: Peel Regional Police recognize and value our personnel as being vital to our success and ensuring the safety of those who work and play in our community. We recognize it is so important to take care of the people who are taking care of the community.

In 2008 we established an organizational wellness bureau. We know that creating a healthy workplace is a commitment to a journey and not just a destination. The mandate of the organizational wellness bureau is aligned with strategic goals, namely a member-focused workplace. This simply means that we want to ensure the health and the well-being of our employees.

In our organizational wellness bureau we have a staff sergeant in charge, and currently he overseas a health nurse, a fitness coordinator, a wellness coordinator, a chaplain coordinator, an early intervention strategy coordinator, as well as an addiction coordinator.

Among the health and the wellness resources that we provide in Peel Regional Police to our employees, we have a chaplaincy program. We have five chaplains who provide on-site spiritual counselling. We also provide on-site access to massage therapy, chiropractic care, physiotherapy, dental hygiene, and dietitian services. We also provide access to legal, financial, and family support services, as well as health-coaching services, with naturopathic and nutritional support.

We have a safeguarding program, which is mandated within Peel Police. I ensure that my officers attend annual psychological assessments. These are for the employees who work in the Internet childhood exploitation unit. We're now currently expanding this to include other units, such as the tech crimes unit, the special victims unit, the major collision bureau, our organizational wellness bureau, our homicide bureau, the communications staff who dispatch all the calls, the forensic identification unit, our courts unit, and our major drugs and vice unit.

We have 84 members who are peer support. We've had a peer support team for over 30 years in Peel.

We do educational “lunch and learns” entitled “Boosting Your Positive Outlook” or “Coping with Teenagers” or “Dealing with Seasonal Stress”. These are all designed to offer coping strategies to our employees to help them reduce their stress.

We provide wellness family nights at which we educate families on what to expect and how to prepare and support their loved ones in our stress-filled life.

We also have a database that is an early intervention system. This is a system that tracks prospective risk indicators and flags opportunities for early intervention. It tracks public complaints, use-of-force incidents, internal affairs investigations, our sick time, and exposure to some tragic calls, such as fatal motor vehicle collisions, attending a child death scene, or suicides.

We have 12 members who are assigned to a critical incident response team. They go out and deal with situations. They do debriefings after exposure to serious and/or tragic circumstances.

We also provide a directory of health professionals, and we have a return to work program.

In 2015 we launched our road to mental readiness, R2MR, training, which is mandated training for all employees at all levels in my organization. It's not only helping them understand mental health issues in themselves and co-workers, but is also a stigma-reducing program designed to teach coping mechanisms, acceptance and support of co-workers, as well as strengthening personal resilience. To date we have trained more than 2,600 employees, including 23 of my senior officers.

This is a program, I'm sure you're aware, that was initially created by the Canadian military. After years of trying to use the program to benefit municipal police officers, we were finally permitted to use similar training.

One request that I would respectfully ask is that this committee identify ways to allow training material to pass from the federal government, i.e., the military, to provincial and municipal agencies that could benefit.

I understand that police agencies were only allowed to begin using the R2MR because the Canadian Mental Health Association became the conduit in which to transfer the knowledge. I can tell you that we're hearing really positive feedback as a result of this training.

● (1220)

The Chair: I'm going to ask you to wind up quickly.

Thank you.

Chief Jennifer Evans: We are currently working with Dr. Judith Andersen and her team from the University of Toronto. I believe she testified before you. The program is called the international performance resilience and efficiency program, or iPREP. Her research project is going to be studying the impact of learned resiliency techniques on officer performance in the field.

We have also launched a campaign, “reducing the stigma”. This is to increase mental health awareness and encourage self-reporting.

The topic of occupational stress injury and post-traumatic stress disorder is something we have been focusing on for quite some time in Peel. Now we are so encouraged that this has become a topic of national attention and importance. This is a significant issue that requires that we create and communicate a clear strategy. It also requires a commitment, because I do not believe that one program alone will solve this issue. Peel Regional Police continue to look for opportunities to improve mental health in the workplace through collaboration and research.

I would like to thank each of you for allowing me to speak today. I also look forward to responding to any questions you may have.

Thank you.

The Chair: Thank you very much, Chief. Thank you for taking time out of your conference to fit into our schedule. Mind you, sometimes that quite fun, to get out of a conference, as I know.

● (1225)

Chief Jennifer Evans: Thank you.

The Chair: I'll turn to our correctional officers. Who is going to go first?

Mr. Godin.

Mr. Jason Godin (President, Union of Canadian Correctional Officers): Thank you for the invitation to speak to this committee on this very important subject. Our unique workplace exacts an exceptionally heavy toll on front-line correctional officers, and we are pleased to finally have a forum to discuss measures to address the urgent issue of our members' exposure to mental health injuries.

As the representatives of some 7,400 correctional officers at federal institutions across Canada, UCCO-SACC-CSN is well positioned to ensure that the correctional officer perspective is taken into account in this conversation. Our unique work environment merits that officers continue to have a place at the table during this ongoing discussion.

We are the first responders in the truest sense. We are paramedics, we are police officers, and we are firefighters behind the walls of Canada's federal prisons. We are responsible for policing inmates who could not follow some basic rules in society. It is our duty to ensure that these same inmates follow the rules inside of our institutions. Let me assure you that this role does not always endear us with our inmate clientele.

At the same time, correctional officers are responsible for the safety and security of these inmates. It is correctional officers who must respond when inmate gangs go to war, or who must act to protect vulnerable inmates from attacks by other predators inside.

In each instance, when officers intervene, there is a real possibility that any of the inmates involved will turn on the officers with the intent of inflicting grievous bodily harm. As a result of the unpredictable human behaviour that we deal with every day, 88% of our use of force incidents are spontaneous .

We are the ones who must often compensate for the lack of nursing staff after hours and on weekends. We are the first responders for suicide attempts and for any medical emergencies. For example, in 2010 our members were directly involved in 1,800 medical interventions across Canada in federal institutions. In the last fiscal period of 2014-15, our members were involved in over 2,000 medical interventions.

In the correctional environment, where rates of infectious diseases are higher than any other community in the country, it is our officers' duty to administer CPR to inmates in distress, only a few centimetres away from an inmate's face, usually covered in bodily fluids.

We are clearly the forgotten-about public safety officers who are not in the spotlight of the public eye, within a system that most Canadians would prefer to ignore. Unfortunately, the traumatic effects of the work that we do is not often recognized.

Let me give you an example. I'll recall a personal example where I attended Millhaven after the fatal shooting of an inmate. Another inmate was very seriously shot as well. I remember walking into the institution. The first words out of the officer who had to fire those shots were, “Jason, I tried everything to stop it. I tried, I tried, I tried.” Right from that point, we could tell he was suffering very severely from that incident.

There was also another inmate who was injured in that incident. A few days later I had an opportunity to talk to the officers who responded to that. In that case, those officers had to go into the gymnasium, pull another injured inmate out, and they had to hold his stomach together on the way to the hospital in the ambulance. They eventually saved the inmate's life after eight hours of surgery. If you want to talk about a critical incident, there's a good example of where we're doing both. We're the police officer. We're also the paramedic in that particular situation.

I myself have been personally involved in fires, slashings. I've been assaulted, and I've performed CPR on inmates.

Historically, and despite available evidence of higher incidence of mental stress injuries, correctional officer mental health has received no special attention. Although exact statistics are often difficult to establish, it is noteworthy that all serious studies into the matter have revealed that rates of PTSD and PTSD-like illnesses are quite high amongst our group.

Our stress is cumulative with years of service, so stress for us increases with years of service, which is normally the opposite of most public service jobs, where stress decreases with years of service.

A 1992 study by Lois Rosine placed the rate of occurrence at 17%, just behind post-war Vietnam veterans. During recent testimony by the assistant deputy minister of Public Safety, Ms. Lori MacDonald, before the present committee, she testified that 36% of respondents to a survey suffered from PTSD in corrections.

One thing is certain: correctional officers are repeatedly exposed to traumatic events, perpetrated by some of Canada's most violent inmates, as we fulfill our public safety duties on the front lines within the country's penitentiary system. In addition, conditions such as shift work and conflicting workplace roles, security versus caregiving, create an environment that is conducive to psychological injury.

● (1230)

We have been encouraged by the recent adoption of R2MR, the road to mental readiness program, at CSC. We believe this program meets a very special need of our fine men and women in uniform, and it is undoubtedly a step in the right direction. Our deputy minister is very much behind the program.

However, much more needs to be done to help officers and their families deal with the fallout of the traumatic events they will inevitably encounter at work. Funding for such initiatives needs to be increased and recurrent, rather than a strain on already stretched departmental budgets.

We believe that correctional officers deserve to receive the best possible resilience training available in order to minimize the risk of mental stress injury as much as possible. In the course of the discharge of our union duties, we come across many officers who are psychologically damaged as a result of workplace stressors they have encountered.

Frequently, these officers come to us after a workers' compensation board has denied their claim for mental stress. Sometimes it is the WCB's policy that does not recognize their specific path to psychological injury. Far too often, it is their manager who has not been supportive of their claim. We have seen letters from managers that do not support claims for recognition of PTSD on the grounds that violence is a normal condition of our employment.

I have another example for you from Miramichi, where we had an officer suffer an exposure that we refer to, and excuse my language, as a shit bomb. That is bodily fluids that have all been compiled together and thrown at an officer. This particular case was extremely terrible. In this case, the officer put the claim in, and of course it came back with the response that “this is a normal condition of your employment”. We don't know of a workplace in this country where that is a normal condition of your employment.

In another example of employer disengagement, cases of correctional officers whose injury on duty prevents them from working for beyond 130 days have their pay files transferred to workers' compensation. For officers suffering from PTSD, who are disproportionately represented in this group of officers, the change-over to direct pay represents financial hardship for our members, an additional stress. In addition, the officers' benefits are different depending on the province of employment.

These examples highlight the need for all stakeholders to better understand the effects of their decisions on the officer whose psyche was damaged in the course of duty. We believe that better-educated managers would be less likely to make decisions such as these, which have severe negative impacts on officers suffering from PTSD. More work also needs to be done to favour early recognition of problem signals by co-workers and managers. This can only be achieved through better education.

Recent initiatives have given reason to hope that we are moving away from such ignorance of the problem. This committee is itself reason to believe that the government whom we serve in the interests of public safety intends to take the matter of our mental health seriously. Mr. Trudeau's electoral commitments to UCCO-SACC-CSN on the subject of mental health are a welcome sign that our officers' plight will be given the attention it deserves.

For those who exceed their resilience limits, two provinces, Ontario and Manitoba, have adopted a presumption that recognizes that correctional officers, as first responders, are at an elevated risk of incurring mental stress injuries. The legislation in these two provinces presumes that the mental health injury is a result of the workplace incident.

We believe that the federal government has a role to play to ensure that officers who are victims of mental health injuries are subject to the same presumption, independent of the province of employment. Employee assistance programs also need to be reinforced and adapted to our members' heightened-risk reality in order to help them and their families get on with their lives. The most effective correctional officer should have access to state-of-the-art treatment centres dedicated to their needs.

Finally, in order to best align resources on this matter, research resources need to be allocated in order to improve our officers' prospects for the future.

I thank you for listening.

The Chair: Very good. Thank you very much.

Ms. Damoff.

Ms. Pam Damoff: Thank you all for being here and also for the work that you've done on this issue. It's something that's important, as you mentioned, to our government and to everyone on this committee, and we welcome your being here today.

I'm going to start with the police. I'm wondering whether you have any statistics on suicides among police officers across the country and how many suicides you have had? Do you have access to that data?

● (1235)

Mr. Steve Schnitzer: We don't have it readily available. One of the issues we face across the country in policing is a lack of data. Our committee is composed of 26 individuals from fairly major departments across Canada, but certainly not every police department. We have tried in the past to get some of this data.

One thing that hampers us is that every agency that is a member of the CACP often has problems trying to figure out who really is in need within their agency, because it has to be self-disclosed by police officers and support staff.

I don't know whether Chief Evans has more to say on this, but that is often a frustration of police HR departments—trying to really get a handle on the situation.

Chief Jennifer Evans: We have not been tracking suicides because we have been unable to identify whether the suicide is attributed to the workplace or to personal issues.

I know that just in recent times the police chiefs—in Ontario, at least—are starting to look at and collect the data, because we've have had recent suicides that have actually occurred within the police departments.

We are starting to look at it.

Ms. Pam Damoff: The other side of this is the personal issues being caused by what's happening in the workplace, It's a sort of chicken-and-egg issue. Those personal issues are part of the operational stress injuries that people receive.

We had a previous witness who talked about training. You mentioned that you're actually using her.

I'm sorry; her name escapes me. Is it Dr. Andersen?

Chief Jennifer Evans: It's Dr. Andersen, yes.

Ms. Pam Damoff: Do you find that is a useful strategy on the prevention side?

Chief Jennifer Evans: Right now we've just started the research, but our early indication is that it is, because what it's teaching my officers is—it's for use-of-force incidents—how to lower their blood pressure to calm themselves and be more resilient right after dealing with a use-of-force incident. We're hoping we're going to see great results from that.

Ms. Pam Damoff: Your program has been going since 2008. Do you have any data on changes within your workplace, positive outcomes because of what you've been doing for so many years?

Chief Jennifer Evans: That's a great question. I ask that all the time.

We are tracking sick time. Our sick time continues to increase.

Overall, our morale is higher, and the employees recognize that there are opportunities, as do the family members, because we provide access to family members to come in and benefit from some of the programs. But right now it's difficult to identify how we can measure performance on this.

Ms. Pam Damoff: I want to turn to our corrections folks.

You mentioned R2MR, and a number of groups have mentioned it, generally positively.

What other strategies are being used in corrections? There is peer-to-peer, which we were just talking about with firefighting. I don't think any one tool is going to be the magic bullet to solve things. Are there any other strategies that you're using at corrections?

Mr. Gord Robertson (Vice-President, Union of Canadian Correctional Officers): We've had EAP and CISM for a long time —

Ms. Pam Damoff: No acronyms.

Mr. Gord Robertson: —the employee assistance program and the critical incident stress management program. Unfortunately, we found those didn't really deal with our problems.

The R2MR is very new to us. We only went to it in October. We're seeing some changes coming from it, but really, that's it. We don't have other programs in place.

That's why we went to the commissioner and said that we need to find solutions to what we're seeing. We saw suicide among our members. As Jason mentioned, we saw a lot of cases in which managers were putting forward to the workers' compensation board that threats of rape are part of your job; that if you're in a bad situation, you're trained to deal with it.

We brought all of those to the commissioner and he is taking it very seriously. Mr. Don Head is taking these seriously.

Ms. Pam Damoff: He was here this week, actually, and he shared the suicide stats with us. That's why I'm not asking you for those.

Mr. Gord Robertson: He is taking it seriously. We're looking at all options.

The R2MR is a first step. We're trying to find ways to get people engaged, to break down the stigma, to give our people resilience.

Ms. Pam Damoff: One thing that has come up is that there is a gap in research between our veterans and the military and first responders. Can you comment on the gap again, concerning corrections officers?

Mr. Godin, I read your comments, after Ontario passed legislation, about how pleased you were that you were included along with the other first responders. Can you comment on how you're unique in terms of this whole issue?

● (1240)

Mr. Jason Godin: The statistics are pretty interesting. At 17%, in the study done in 1992, we were just behind post-war Vietnam veterans. There was a recent CBC report that put us actually higher, and I don't mean to disrespect my police colleagues and firefighters, but they said we were around 25% to 27%. Ms. MacDonald testified this week here in front of the committee that the statistics were around 36% in a survey that was done.

The numbers are really right off the chart, and I guess when you put those numbers in perspective, they're extremely high in comparison to other first responder occupations. Obviously, we were ecstatic about the presumption that has been passed in Manitoba and Ontario, because correctional officers have never ever in our history been recognized as first responders.

I can't tell you how pleased we were about that, and the fact that these two governments have taken the initiative to say, look, when there's a diagnosis of PTSD, we're going to fast-track these cases, and treat these people and get them back to work. When you look at the numbers overall, we're way up there, and that's why we continue to insist, with every government, that we are first responders, and we're asking governments to recognize us as first responders, because as I said, we're all three inside. We don't disrespect our colleagues, but at the end of the day, we're doing them all. I don't know whether that's a contributing factor to why the rates might be slightly higher than those of other first responder occupations.

Ms. Pam Damoff: Thank you.

The Chair: Thank you very much.

I'm going to push the time a little bit on this round so we get all four in.

Mr. O'Toole.

Hon. Erin O'Toole: Thank you, Mr. Chair.

Thank you to all our witnesses for being here today, and for representing your organizations and the people within your groups.

I'll start with the corrections officers. When I've talked about operational stress injuries, I often use the term "uniformed service" because I think it was always expansive, and took into consideration a variety of different roles that put people in an operation that has stress and trauma as part of the nature of service.

I've often had the sense, in speaking with corrections workers, and I certainly got the sense from your presentation, that the correctional officers have felt like the forgotten cousin of the uniformed service ranks. We've seen the leadership, including what the chief outlined today, some of the things the big 15 police forces and fire forces are doing, the road to mental readiness training, these sorts of things. Do you find as a branch of uniformed service that corrections officers are behind where others are in terms of tools and training and the ability to combat and build resiliency?

Mr. Gord Robertson: Yes, honestly we feel behind. As mentioned, we've only been using some of the tools since October. It has been a problem breaking down the stigma. I know stigma has probably been mentioned about other departments. It's very difficult when you're dealing in an environment like corrections, where we're expected to be strong. We're expected to just put up with all the things that are going on. We have an issue getting our members to speak out when they need help, before they get to their breaking point. So now I think people are starting to break down that stigma and are willing to talk about what they're going through. That's why we're perhaps going to catch up. We're going to maybe get to the point where we will see the supports that we need, as people are going to be asking for them. They're going to be seeking the help.

So I think that's a good first step, breaking the stigma for correctional officers, breaking that cycle.

Mr. Jason Godin: Just to add to what Gord is saying, we have been ignored for years. We just recently embarked on trying to break that stigma. In fact, Gord was a participant. We participated in a video encouraging our members to come forward and get on board with the R2MR program.

This is really new to us, and you're exactly right, Mr. O'Toole. We have been that forgotten-about, uniformed, public safety officer group. We're just embarking upon this, and we're obviously looking for solutions, and we want to make sure that we're funded. Can we start to introduce some programs that we're not used to? Because it's always been expected that, well, you're the correctional officer, and at the end of the day you guys expect to be dealing with this. You're supposed to be dealing with that every day, and that's part of your job. Yes, we understand, it's part of our job, but we also need help—

● (1245)

Hon. Erin O'Toole: Yes. I found in your presentation there was something I hadn't thought about, but you nailed it exactly. It's also the only uniformed group that we want to be out of sight, out of mind, not because of you guys, but because of the people you take care of.

Mr. Jason Godin: That's right.

Hon. Erin O'Toole: For most Canadians, their romanticized vision of what you do would be from watching *The Shawshank Redemption*, or something like that. Most people have no exposure, whereas they see police, firefighters, and others in their communities, at events. So it's another hurdle, I think, that you guys face.

There is one question that would be helpful for me, and we're talking about federal corrections here. If one of your members had a traumatic incident where there's certainly operational stress—and you described a few—is there the ability through your organization, or a practical way, to withdraw someone from, say, the worst, maximum security, terrible sort of situation into one of the lesser prison contexts? I know sometimes geography will make that difficult, but is it something that the wider profession is looking at?

Mr. Gord Robertson: Yes, we do have that ability. We have a return to work program. If someone does suffer a mental health injury, PTSD, part of getting them back to work is looking at what their limitations or restrictions are, and it may be that they can't go back to that maximum security environment where they were assaulted, or whatever happened. We would then find alternates, transferring them to a minimum or medium security environment where they could work.

We do have that ability, and you're right, it's easier in some places than others. I'm from B.C., so, of course, all the institutions are quite close together. It's quite a lot easier for us than it would be in the prairie region where it's much more spread out.

It is something that we've tried to work on with management and our members to get them back to work and help them deal with that by looking at their restrictions.

Hon. Erin O'Toole: Thank you.

My last question, in what time I have left, would be for our chiefs of police. Thank you for tuning in by technology.

I'm heartened to hear of the rollout of road to mental readiness, and resiliency training, more broadly, and the issue of combatting stigma, which I think even these hearings is helping to do.

When I was in the air force, each squadron would have a flight safety officer. They would be a flying member, but they would have the specific responsibility for being the subject matter lead for flight safety, because it was so critical to our operations. Are large forces considering such expertise with someone in the organization who can be a lead for mental health?

The training is great, but you almost need that permanent expertise, and someone constantly combatting the stigma that the culture of the organization might have.

Do you have any comments?

Chief Jennifer Evans: Yes, I can comment on that.

The staff sergeant in charge of my organization of wellness bureau would be my flight safety officer. He becomes involved in any of the incidents. He leads a lot of the critical debriefings. He organizes the training for the peer support and looks at the trends. He also manages the officers of the early intervention systems, and that's where we're tracking if an officer has responded to too many child deaths or too many motor vehicle fatalities. So he is the flight safety officer for the entire department. I think we're one of the few in Peel, in the organization of wellness bureau.

Hon. Erin O'Toole: My last comment is this. Of the big 15 municipal forces, if all of them had that sort of lead, the organizational wellness officer, is it a role that the federal government could do, once a year, to bring these flight safety officers together for best practice training and that sort of thing?

Chief Jennifer Evans: I think that would a great idea, because I don't think there is.... Right now, we've never had such a forum to do that.

Mr. Steve Schnitzer: I would like to also add that our committee is very much aware of some of the smaller police forces across Canada. While I acknowledge that Peel and Calgary police, which sit on our committee, have excellent in-house resources, there are smaller ones that are definitely lacking. A major goal of our committee is to try to bring best practices to medium- and smaller-sized police forces as well.

● (1250)

The Chair: Thank you very much.

Ms. Jolibois.

Ms. Georgina Jolibois: Thank you very much.

My name is Georgina Jolibois. I'm the member for northern Saskatchewan, Desnethé—Missinippi—Churchill River riding.

I have a question for the municipal police forces, and the RCMP is not here.

Here I am thinking about my constituency, and the majority of the constituents are aboriginal. In my riding, we have an RCMP police force, and in the south it would be the Prince Albert municipality and Saskatoon police services, which I'm very familiar with.

In the back of my mind, I'm thinking about the population that you serve, and then the population that gets in trouble with the law, the so-called criminals who could be aboriginal or non-aboriginal in that framework. On your mental wellness, in terms of race relations with our communities in Saskatchewan and across Canada, what kinds of strategies are there in place within municipal police forces as well as the RCMP to assist the members who are either first nations or Metis, or of another culture?

Chief Jennifer Evans: It is my belief that the RCMP have been doing the training for the road to mental readiness program for quite some time. I'm not sure about the Prince Albert police department, but I think it would be police departments in the west—Calgary and Edmonton—that started the road to mental readiness training. They have been providing that training to officers for quite some time.

Mr. Steve Schnitzer: I can speak for British Columbia. The road to mental readiness has recently been endorsed by all municipal forces in British Columbia as well as the RCMP, who are in the midst of rolling it out to all of their staff throughout not just British Columbia but across Canada.

The Chair: Thank you.

Mr. Di Iorio.

[*Translation*]

Mr. Nicola Di Iorio (Saint-Léonard—Saint-Michel, Lib.): Thank you, Mr. Chair.

I would like to thank all the witnesses for being here today and for their excellent preparation for our meeting today. The work and consideration they have put into this has been very thorough. I also thank them for their fine presentations.

If I may, Mr. Chair, my first questions are for Mr. Godin and Mr. Robertson.

You mentioned something that I find very powerful and that is very relevant to our work. You are in a unique position. Canadians don't know what you do; they are not even aware of what you do. Worse still, it is supposed to be that way. In other words, you perform your duties out of the public view, by definition. Not only does the public not have access to your places of work, they do not want access.

Another particular aspect is that you are surrounded by people who want to harm you. Many of the people you come into contact with on a daily basis would be very happy to cause you serious injury or even to kill you. These are very important aspects of your work.

I would like to you to give us some more information. I am asking the question very candidly without presuming to know the answer.

Can someone do that kind of work for their entire career? You mentioned something important in one of your replies. You referred to the fact that major incidents can occur, such as when you were forced to drive an inmate to the hospital. In addition, you sustain multiple injuries on a daily basis. We are talking about moral injuries and not necessarily physical injuries. Can you elaborate on this?

[*English*]

Mr. Jason Godin: An average day for a correctional officer can be lots of things, and I think that's the part the Canadian public doesn't understand. At one moment during the day I could be stepping into a cell playing the police officer confiscating drugs from an inmate. At the next moment, the inmate may turn around spontaneously and assault me. The following week, I could be engaged in fighting a fire down the range and having to evacuate 50 inmates. The week after that I could encounter an inmate who has hanged himself, and I arrive at the scene, have to cut him down, and have to perform CPR immediately.

I think the Canadian public thinks that we work in such a controlled environment, and this, I think, is where there is much confusion. We're not always in a controlled environment. The frustrating part for correctional officers as first responders, and I have many examples I can provide you, is that there are examples in which we've had officers intervene and save inmates from committing suicide 40 or 50 times—one officer.

On the street—and again with no disrespect to our colleagues—if that were a police officer or a firefighter on the street, they probably would have been given a key to the city; they would have been honoured by the mayor and thanked for doing a great job. But the Canadian public doesn't care whether correctional officers save an inmate 40 or 50 times. This is a huge stressor on our members, because we can go from that one instance to fighting with an inmate on the ground. The next instant we could also play counsellor; we could be an officer trying to talk an inmate out of committing suicide, because at four o'clock, all the professionals are gone. It's us; that's it.

It's a great question, and I appreciate it, because we really want to work at educating the Canadian public about what we actually do in the course of a day. As I said earlier in my testimony, we are all of three of those occupations inside the institution.

I described to you some personal circumstances in which I have performed CPR on inmates, I have cut inmates down, I have pulled inmates out of cells who have slashed themselves. I have talked inmates out of committing suicide. We have evacuated ranges. It's one of those things that the public doesn't understand.

That's the stressor. A correctional officer is here at one moment; the next minute he's here; and the next minute, emotionally he's up here again, depending on the events of the day.

Then there's the stress of the clientele we're dealing with. We're walking down ranges on which the inmate behaviour is unpredictable. In general society we like to think that people act in a certain way, but we can never, when we're walking down a range or inside an institution, predict how an inmate is going to react. I hope that gives you a little bit of—

● (1255)

[*Translation*]

Mr. Nicola Di Iorio: Yes, that 's why there is a second part to my question.

I ask the question very candidly without presuming to know the answer. I simply want to understand the situation.

Can someone do this kind of work for their entire their career, since they sustain daily injuries in this kind of work? I am talking about moral injuries.

[*English*]

Mr. Jason Godin: Again, it's one of those jobs that is the exact opposite of the rest of the public service. Our stress increases with years of service. This is one of the reasons why we push very hard on a pension to allow us to retire early, because these daily stressors that we have, they just continue to be cumulative over years of service. At some point it's going to catch up to you. I remember one officer describing to me that he had witnessed over the course of his career 14 murders. Eventually, it's going to take its toll. Those are examples where it's very difficult.

Our life expectancy, quite honestly, is not very high. There have been some studies done, certainly some American studies, and it's not high because of the cumulative stress that we endure and the occupational stress that we endure over the course of a 25-year or 30-year career. Some officers, they're fine. They go through 35 years, they walk out that door and they say, I've had the most satisfying career of my life. It's been wonderful. And then some officers.... This is why we want to get into the resilience piece, it's to build that resilience up, because some officers don't handle it as well as other officers. Gord and I see that regularly where we know officers who go into work and, it's no problem, this is my job and I'm proud to do my work, and then there are other officers who are proud to do their work, it's just that they don't receive the assistance they need when they're going through those stressful periods.

Sometimes we're like this, we're like a roller coaster. We could have a spike in incidents in an institution, and then all of a sudden it evens out and keels out for awhile, and then there could be another spike. This is, again, a huge stressor on correctional officers.

To say that it's a career where sometimes people are able to do it for that long, and other members.... Gord described an earlier situation where there was an officer suffering from mental stress, and in his case he felt like his employer was abandoning him, and they wanted to pension him off and get rid of him. This guy was basically saying, look, all I want to do is work. I still want to work, I still like my job. I just need the help to get back. We shouldn't be considered null and void if we suffer from a mental stress injury.

● (1300)

[*Translation*]

Mr. Nicola Di Iorio: Would you say that staff selection for such unique and demanding work and conditions is rigorous enough?

[*English*]

The Chair: Very briefly. We're over eight minutes.

[*Translation*]

Mr. Nicola Di Iorio: It seems to me that this kind of work is not for everyone.

[*English*]

Mr. Gord Robertson: Just very quickly on that, we've had discussions before about how in the old days correctional officers were hired to be the muscle, to not be anything but the security, the ones who walked in there and fought with the inmates. They were hired for that. We're hired now because we have to be the social workers, we have to counsel the inmates, we have to talk to them. We do all these other aspects of the job. We're hired because we're more compassionate, or we understand what the inmates are going through. It's part of rehabilitating them. We're hiring people who have that type of mentality, that—

[*Translation*]

Mr. Nicola Di Iorio: In a Canadian penitentiary ....

[*English*]

The Chair: I'm afraid I have to cut this off, we're at nine minutes. Sorry.

[*Translation*]

Mr. Nicola Di Iorio: May I ask one last question, Mr. Chair?

[*English*]

The Chair: No, excuse me. We're at nine minutes, so in respect to all the parties who are given seven minutes, I have to end it. It's at nine minutes, and we're over one o'clock.

Thank you very much. If you'd like to respond in some way to the member, you're able to, but I have to respect all the parties' time.

Thank you very much for coming.

Mr. Jason Godin: Thank you very much.

The Chair: I'm sure we'll see you at this committee on future studies.

Thank you very much.

The meeting is adjourned.