HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

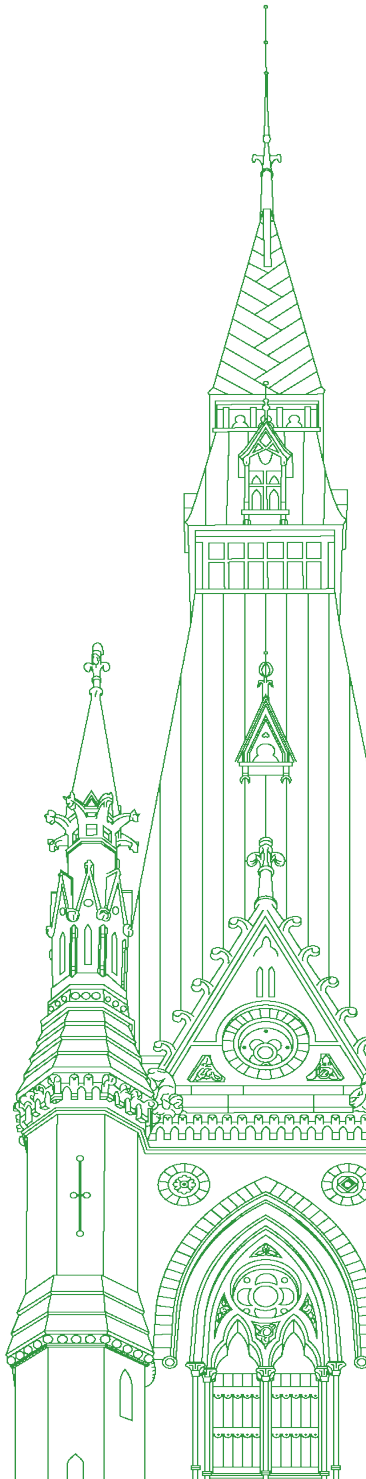
43rd PARLIAMENT, 2nd SESSION

Standing Committee on Health

EVIDENCE

NUMBER 011

Friday, December 4, 2020



Chair: Mr. Ron McKinnon

Standing Committee on Health

Friday, December 4, 2020

● (1305)

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): I call this meeting to order. Welcome to the eleventh meeting of the House of Commons Standing Committee on Health. The committee is meeting today to study mental health aspects of the emergency situation facing Canadians in light of the second wave of the COVID-19 pandemic.

For the first hour we have, from the Centre for Addiction and Mental Health, Mr. Paul Kurdyak, clinician scientist; from the Hub Town Brewing Company, Lisa Watts, founder and chief executive officer; from MOSAIC, Saleem Spindari, senior manager, refugees and migrant workers programs; and from Ordre des psychologues du Québec, Christine Grou, president, and Isabelle Marleau, director, quality and development of the practice.

I'll leave the list of witnesses for the second hour until later.

I'd like to start the meeting by providing you with some information.

Following the motion that was adopted in the House on Wednesday, September 23, the committee is now sitting in hybrid format, meaning that members can participate either in person or by video conference. All members, regardless of their method of participation, will be counted for the purpose of quorum.

The committee's power to sit, however, is limited by the priority use of House resources, as determined by the whips. All questions must be decided by a recorded vote, unless the committee disposes of them with unanimous consent or on division.

Finally, the committee may deliberate in camera, providing that it takes into account the potential risks to confidentiality inherent in such deliberations with remote participants.

The proceedings will be made available via the House of Commons website. So that you are aware, the webcast will always show the person speaking rather than the entire committee.

To ensure an orderly meeting I would like to outline a few rules to follow.

For those participating virtually, members and witnesses may speak in the official language of their choice. Interpretation services are available for this meeting. You have the choice at the bottom of your screen of either the floor, English or French. Before speaking, click on the “microphone” icon to activate your own mike. When you're done speaking, please put your mike on “mute” to minimize any interference.

I'll remind you that all comments by members and witnesses should be addressed through the chair. Moreover, should members need to request the floor outside of their designated time for questions or to intervene on a point of order raised by another member, they should activate their mike and state that they have a point of order.

In the event that a debate is under way—and we do not debate points of order, by the way—members should use the “raise hand” function; this will signal to the chair their interest to speak and will create a speakers list. To use this function, you should click on “participants” at the bottom of the screen, and when the lists pops up you will see next to your name that you can click “raise hand”.

When speaking, please speak slowly and clearly. Unless there are exceptional circumstances, the use of headsets with a boom microphone is mandatory for everyone participating remotely.

Should any technical problems arise, please advise the chair. Please note that we may need to suspend for a few minutes, as we need to ensure that all members are able to participate fully.

For those participating in person, proceed as you usually would when the whole committee is meeting in person in a committee room. Keep in mind the directives from the Board of Internal Economy regarding masking and health protocols.

Should you wish to get my attention, signal me with a hand gesture or, at an appropriate time, call out my name. Should you wish to raise a point of order, wait for the appropriate time and indicate to me clearly that you wish to raise a point of order.

With regard to speaking lists, the committee clerk and I will do the best we can to maintain a consolidated order of speaking for all members, whether they are participating virtually or in person.

I want to thank the witnesses for appearing today. You have seven minutes for your presentations.

I'm going to try something new for this committee—at least for me. When we get to the “one minute remaining” time, I will display a yellow card. I don't think it really shows up as yellow. When your time is up, I will display a red card. Please wrap up quickly after that.

I will do likewise for members when they are asking questions.

We will start now, with the Centre for Addictions and Mental Health and Mr. Paul Kurdyak, clinician scientist.

Please go ahead, sir. You have seven minutes.

● (1310)

Dr. Paul Kurdyak (Clinician Scientist, Centre for Addiction and Mental Health): Thank you for the opportunity to testify.

To start, there's no question about why there's concern about the mental health consequences of the pandemic. It's for all sorts of reasons, but you have provided five questions or areas of interest.

The first two—the mental health impact of the pandemic on specific populations, and gendered impacts—reflect a desire to understand the mental health needs of the population, including specific groups. The second two areas—availability of support programs and the role of virtual care—are related to a need to understand accessibility of services. The final area covers the role of the federal government in meeting these needs.

These are all important questions to consider. However, the main point I would like to make is that if we had properly functioning mental health systems, including properly integrated information management systems in each province and territory, this information would be readily available.

The implications of not knowing population-based mental health or addiction needs, or the services required to meet such needs, is not limited to the COVID-19 pandemic. We have never known much about the mental health status of the Canadian population or the services that exist to meet such needs. The availability of such information is required to monitor mental health system performance, and the absence of such information means that policy-makers will not know how to adequately respond to need.

How have we determined population need in in Canada? The main source of information has been generated by Statistics Canada surveys. While surveys have been incredibly useful in measuring the prevalence of the most common mental disorders, they measure mental health status at a point in time. A pandemic, however, is highly dynamic.

In the void of timely, accurate information, small, low-quality surveys and polling firms have generated sensationalist results. My colleagues, Dr. Scott Patten and Senator Stan Kutcher, have commented on why these surveys are not a substitute for proper surveillance, and why relying on them to respond to the mental health needs of Canadians is bad policy.

Since 2015, in Ontario, the Ministry of Health has funded the ICES mental health and addictions research program. We are a team of scientists, epidemiologists and research analysts who work in close collaboration with policy-makers.

We use Ontario's health administrative data to map the performance of Ontario's mental health system. We have uncovered a lot of detail about access to care and the outcomes of certain populations prior to the pandemic. Here are some highlights:

Between 2009 and 2017, the rate of mental health and addictions-related emergency department visits nearly doubled in transitional-age youth—that's youth aged 16 to 24. Nearly half of those youths who had an emergency department visit for mental health and addictions-related reasons had no prior outpatient access, meaning they were showing up to the emergency department—half of them—as their first point of contact.

Only two out of five individuals who visited an emergency department for a suicide attempt saw a psychiatrist within six months following that attempt. All of these indicators we can measure readily, and they indicate pre-pandemic that the system was not particularly responsive.

We are also busy using the same data to understand the impact of the pandemic. For example, we would determine whether or not people who were accessing services prior to the pandemic continue to receive services with the massive shift to virtual delivery. We also want to understand whether there is more demand for services as the pandemic progresses, including addiction and suicide-related indicators.

Prior to the establishment of the ICES mental health and addictions program, Ontarians knew very little about the performance of their mental health system. The same type of data we use in Ontario exists in each province and territory. With a small and coordinated investment, the capacity to measure the mental health system in each province and territory is feasible.

Organizations like the Canadian Institute for Health Information, or CIHI, could have a federal coordinating role. There are also initiatives emerging, like the Health Data Research Network, that could also be leveraged for this kind of activity.

Moreover, this same data can measure the impact of investments over time. The kind of work we do at ICES is useful for showing what is happening with the data we have available. It is not useful at measuring population-based need. For this, we need new infrastructure. Currently, the services for individuals with mental illness and addictions are the furthest thing from coordinated.

In Ontario, we are planning on developing regional centralized access. Establishing centralized access will serve a number of functions.

First, it will be one central place individuals can access for their mental health needs instead of having to understand the various services in their niche patient populations. Second, over time, it will characterize the populations seeking care so that need can be measured dynamically. Third, once that need is understood, a determination can be made of whether the services in a given region are capable of meeting need, and there will be an opportunity to realign services. This is exactly what has happened to support cancer, cardiac, stroke, and other services in provinces and territories.

● (1315)

When I think about the questions posed by the standing committee, my main questions is, why have we not built the infrastructure to answer these questions with actual data? If we believe mental health is a priority, we need to commit to developing infrastructure that has resulted in developing world-class health systems in other areas of the health care sector and to apply such knowledge and expertise to the mental health system.

Historically, in the mental health sector we have addressed problems by funding interventions and building programs and simply hoping they meet needs as designed. What we have not done is systematically measure population-based need for these interventions and programs. We have also not systematically measured whether the funded interventions achieved outcomes as intended.

If we proceed with responding to mental health and addiction-related needs of the COVID-19 pandemic based on hypothetical needs and with no measurement framework in place, we run the risk of propagating an already fragmented response to the mental health needs of Canadians. Canadians with mental illnesses and addictions deserve a mental health system that is responsive to their measured needs and accountable for achieving certain outcomes.

The only way this will happen is by developing system-building infrastructure, which has occurred in other areas of the health care sector. Avoiding this critical step will result in responses to need based on conjecture and advocacy, with no capacity to measure the impact of such investment.

Thank you.

The Chair: Thank you, Doctor.

We'll go now to the Hub Town Brewing Company, with Ms. Lisa Watts, founder and chief executive officer.

Please go ahead, Ms. Watts.

Ms. Lisa Watts (Founder and Chief Executive Officer, Hub Town Brewing Company): Thank you.

My name is Lisa Watts. I am the president, CEO and co-founder of Hub Town Brewing, a small microbrewery in downtown Okotoks. We opened our doors in September of 2019 after four long years of planning, writing and rewriting business plans, strategizing, fundraising, and growing our brand and building our community.

I'd like to start by saying thank you for having me here today to speak a little on how the pandemic has affected Hub Town, us as owners, and everyone we've worked with over the past nine months as we navigated both our first year in business and a global pandemic that has essentially forced us to move in directions we had never considered, in an effort to survive.

I think the best way to describe the feelings that have at times completely overwhelmed us and at other times have sat almost mutedly dormant in the background, from the early days in March through to now, is to say that it's been a roller coaster. As each terrifying obstacle was put in front of us, such as closing down our taproom, which provided 99% of our revenue stream, or reducing the capacity to below survivable numbers when we were able to reopen, we seemed to follow most of the stages of grief, holding tight to some of those stages a little more, while experiencing moments of elation and pride in between.

Like jumping over hurdles, each of which is higher than the last, the obstacles that we face and continue to navigate have done a couple of things for us. They have forced us to find a lot of solutions, testing our ability to stretch our limits and to find new paths that were never ever in the plan, nor ever a consideration. It actually managed to boost our confidence in our ability, teaching us that we and our business can survive more than we ever thought possible.

The side effect of this, however, is that roller coaster I spoke of. We would fluctuate from panic mode—trying to find new ways of bringing in revenue when those who provided the revenue to us were being coached to stay home and avoid us—to pure elation, when we would find an unexpected revenue stream that shot us into almost rock-star status with our target market.

What never changed, however, was the mental and physical anxiety that came with each of the highs and each of the lows; the weird new habits that I've taken up, such as chewing on ice all day long. I can't even explain where that came from. The anxiety just produced the desire to crunch on something constantly. There was no other way of getting out what was going on. And there was waking in the morning with a racing heart, wondering what was in store next, good or bad.

As I began to work through what I think I was identifying, for the first time in my life, as anxiety, I would have conversations with my husband and business partner Mark, picking apart every daily update from our federal or provincial governments that we worried would once again threaten our path.

These conversations spilled over into talks with other business owners, our staff, our patrons, our families, our friends, teachers, nurses—you name it. We all talked about it. If it wasn't on the TV, it was on the radio, and it never left our brains.

Even a couple of days ago, when we tried to disconnect from TV, radio and talking about the pandemic, we went shopping at Costco and noticed a flurry of shoppers—on a Tuesday at 4 p.m. In our town, this is abnormal. Immediately we knew that something must have happened on that day's update to cause some panic and that we had better listen to it to see how our worlds were about to change once again.

If the anxiety and elation were the only two things, the only giant swings that we had to manage throughout the pandemic, I think we would have been a little better off. But throw in a little anger and resentment and you have the third and fourth valleys of our roller coaster ride.

● (1320)

As a business, we are subject to criticism and jealousy, like everyone else. When we were positively growing our business during the pandemic, when many were suffering, and we were trying to dodge the obstacles, so too came the anonymous complaints. This would mean that our AHS inspectors would come to see us, measure that all of our tables were six feet apart back to back, reconfirm for the umpteenth time that we had sanitizer available for everyone there and of course that our staff were all wearing masks non-stop.

It didn't matter that the rest of the world didn't wear masks to protect us and our staff, nor bring their own sanitizer, nor ask to sit further away from people but would rather sit closer, if at all possible. We as a business were responsible for ensuring that the world didn't infect each other, and we somehow had to do this without angering them into never patronizing us again.

This was and always will be the hardest position we and our staff have ever had to be in. We were heavily judged for not forcing people to mask, when there was no bylaw, and we were heavily judged for having a sign up reminding people to wear masks when the bylaw became a part of our reality.

It was a lose-lose situation, and we had to coach our team on how to deal with each and every attitude that walked in the door, when honestly, we didn't know what the heck we were doing ourselves; nor did we know what the right thing to do was.

The inconsistent rules between businesses and schools helped further grow our anger and resentment, and although we continued to ride the roller coaster of highs and lows, the anger was drowning everything else out until just over a month ago, when we hit bottom.

Let me just say that I've never had my own experience with depression before. In fact, I was the person who said that depression was an emotion we could probably all control—we just needed to want to try.

When my anger hit an all-time high and was followed by the feeling that I could barely think past 20 minutes ahead—nor did I care to—I realized that I might be experiencing this depression thing.

My motivation to figure out how to manage the next obstacle was gone. My desire to find a new revenue stream, in light of all of the items that come and were being put in our face, was gone. I was tired and wanting nothing more than to just stop.

The Chair: Ms. Watts, can you please wrap up?

Ms. Lisa Watts: Sure.

This is when I said aloud that whatever happens will happen. With teenage and adult children, aging and lonely parents, and a business that was impossible to predict from one week to the next, we finally got off the roller coaster and sat still for awhile—no planning, no ideas, no solving problems, nothing, for just a little while.

Although writing this down has brought a lot of those thoughts and feelings back to the forefront, I think we're finally starting to get into a place where we can figure it all out, or at least believe that we have the capability.

In summing up the way this pandemic has affected us, I'll always go back to the visualization of that roller coaster and all that it brought, the good and the bad. I hope that what we've gained from this experience will alway outweighs the losses in the end, because there have been a lot of both.

Thank you.

● (1325)

The Chair: Thank you, Ms. Watts.

We'll go now to MOSAIC, with Saleem Spindari, senior manager, refugees and migrant workers programs.

Please go ahead.

Mr. Saleem Spindari (Senior Manager, Refugees and Migrant Workers Programs, MOSAIC): Honourable Ron McKinnon, chair of the Standing Committee on Health, and honourable members, it's an honour to appear before this esteemed committee.

Before I begin, I would like to acknowledge that I am speaking today from the unceded ancestral territories of the Coast Salish people, namely the Musqueam, Tsleil-Waututh and Squamish first nations. I'm honoured and privileged to have the opportunity to play, live and reside on their land.

My name is Saleem Spindari. I'm the senior manager of refugees and migrant workers programs at MOSAIC.

MOSAIC is one of the largest settlement non-profit organizations in Canada. We serve immigrant, refugee, migrant and mainstream communities in Metro Vancouver and the Fraser Valley, as well as throughout the province of B.C. and overseas via online programs.

MOSAIC's work is derived from its vision that “Together we advance an inclusive and thriving Canada.” At MOSAIC, I oversee programs that support migrant workers, refugee claimants, privately sponsored refugees, international students and other marginalized groups. I will provide brief remarks about the impact of COVID-19 on these groups.

In early March I received from Immigration, Refugees and Citizenship Canada a notification of arrival indicating that one of the families that MOSAIC is privately sponsoring would arrive in early April. A visa was issued and travel arrangements were made.

Here in Vancouver, we made all of the arrangements for the arrival of the family from Africa, with the help of a host family who volunteered to provide support to the family upon arrival. Then travel restrictions were imposed, and the flight was cancelled. This had a huge impact on the mental well-being of the family, as they continued to live under deplorable conditions in the refugee camp.

The government recently allowed privately-sponsored refugees who had had their visas issued prior to March 2020 to travel to Canada, but many others are still waiting. Most of the visa offices overseas are still closed, and this is having a huge impact on the lives of refugees who are waiting and have sponsors ready to welcome them.

In British Columbia, we are fortunate to have the first pilot project to support migrant workers, otherwise known as temporary foreign workers. I'm proud to be leading a community capacity-building project to support migrant workers and groups working with them. This project, which is funded by Employment and Social Development Canada, has provided the much-needed funds to support a group that provides an immense contribution to our economy.

Regrettably, the temporary nature of the migrant workers program makes them vulnerable, and it continues to break families. The impact of COVID-19 has been huge on migrant workers as they worry about their family members who are left behind. More restrictions are imposed on their movement. In many cases they cannot even leave their places of employment, and they face difficulties meeting their immediate needs.

I'm glad that the government is currently looking into creating guidelines for migrant workers' accommodations. It is a great first step, but much more is needed.

I call upon the Government of Canada to extend funding to other provinces and to make the B.C. pilot permanent, as the project has been very successful in supporting the mental health, well-being and other needs of migrant workers. Staff at my program have been able to meet migrant workers during their 14-day isolation while following health guidelines, to help them address their needs there.

Refugee claimants who arrived before or during the closure of offices faced challenges in finding accommodation, in obtaining required documents to apply for benefits and employment or to get a hearing date. All of this had a huge impact upon their mental health at a time when they are away from the families they left behind while seeking protection in Canada.

With funding from the B.C. government, MOSAIC has been working closely with other partner organizations to support the mental well-being of refugee claimants during these uncertain times. Of course, these programs are now offered via Zoom and MS Teams.

● (1330)

In closing, I want to remind the esteemed committee that refugees, migrant workers, refugee claimants and international students continue to make immense contributions to Canada's economy. I call upon Canada to offer a pathway for permanent residency to all migrant workers, as not all of them have that. If they are good to work here, they are obviously good to stay here.

Those temporary and permanent residents who are internationally trained professionals should be given the opportunity to practise in Canada. They continue to prove that they are capable, willing and have the skills needed to practise their professions. We have seen the contributions they have made during COVID-19. I call upon the Government of Canada to ease the restrictions and remove the existing barriers toward their licensing.

Thanks again for the opportunity to speak today. I look forward to your questions.

The Chair: Thank you, Mr. Spindari.

[*Translation*]

We now move to Ms. Grou, President of the Ordre des psychologues du Québec.

You have the floor for seven minutes.

Dr. Christine Grou (President, Ordre des psychologues du Québec): First, my thanks to the House Standing Committee on Health for giving us the opportunity to talk about the impact of the pandemic on mental health.

I am Dr. Christine Grou, psychologist and neuropsychologist. I am a clinician specializing in mental health. I am accompanied by Dr. Isabelle Marleau—

[*English*]

The Chair: Excuse me, Doctor.

For the interpreters, the sound levels for the witness and interpretation are at the same level. I'm on the English channel, so perhaps I made that happen by trying to speak French on the same channel. I wonder if you could have a quick look at that and see if you can address it.

[*Translation*]

Dr. Grou, you may continue.

Dr. Christine Grou: Okay.

I'm accompanied by Dr. Isabelle Marleau, a clinician specializing in pediatrics.

We will talk about the impact of the pandemic on mental health. We looked at two components for this. The first part is a review of the research on mental health during the COVID-19 crisis. The second part is the observations of our members—

The Chair: I apologize, Dr. Grou. I'm sorry, we still have the problem.

Mr. Clerk, can you fix the problem?

The Clerk of the Committee (Mr. David Chandonnet): I'm checking.

[*English*]

The Chair: I'm sorry to interrupt.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, I would like to suggest something, if it has not already been done. At the bottom of the menu, there is the "participant" icon. This is also where we can select the French channel, when we speak in French. This means that the sound of the French channel will not be at the same level as that of the English interpretation. We often have this problem during our meetings. I'm not sure whether this has already been tried, but you can try clicking on the centre icon at the bottom of the screen.

The Chair: Dr. Grou, can you check that?

[*English*]

Please check to see if you are on the right channel.

Dr. Christine Grou: I just changed to the French channel. Is that all right?

The Chair: I think that will help.

[*Translation*]

Thank you.

You may continue, once again.

● (1335)

Dr. Christine Grou: Okay.

So we looked at two aspects. The first is a review of the research on mental health during COVID-19. The second is the observations of psychologists, members of our order, regarding the deterioration in the health of clients, both in the public health network and in private practice.

The observations reported in the literature and research on mental health and those of our members converge fairly well.

First, quite a significant increase in anxiety has been observed. We know that, in a matter of months, people had to adapt to a lot of things. For some people, grief has accumulated. For others, and I would even say for the majority, fatigue and psychological wear and tear have set in.

An increase in depression or symptoms of depression has also been observed. This often manifests itself through loss of energy, loss of pleasure, feelings of self-deprecation, feelings of inadequacy, a state of discouragement or despair, or difficulties with sleep and appetite.

There is also an increase in other more serious mental disorders, particularly in people who are experiencing cognitive loss as a result of aging. Their condition is worsening, particularly as a result of increased stressors. Less attention is being paid to these individuals and, for some, the pandemic is causing a disruption in mental health services.

In addition, there is an increase in alcohol consumption and dependence on other substances.

Furthermore, health care workers are particularly vulnerable. Many studies show an increase in anxiety and depression among health care workers.

The lockdown leads to an increase in psychological distress and feelings of discouragement.

In 96% of people affected by COVID-19, some symptoms of post-traumatic stress disorder were observed at the end of their quarantine.

The young and the elderly were particularly affected by the lockdown. Seniors were affected by loneliness, isolation, lack of work or activities, and sometimes even by not being able to leave the house. For young people, their social and emotional development was impeded.

We surveyed the members of the Ordre des psychologues du Québec. First, 86% of them responded that they had observed an increase in anxiety. Second, 67% of our members observed that former clients had returned for treatment. Also, 65% of our members told us that they had managed crisis situations or emergencies. In addition, 70% told us that they had seen an increase in the symptoms of depression. To a lesser degree, 44% of them observed relational or parental difficulties as well as an increase in alcohol consumption, break-ups and suicidal issues.

Let me briefly talk about telepractice or virtual practice adaptations. Studies have previously shown that telepractice is effective. Many psychologists who had previously used telepractice minimally began to use it. According to the literature, 86% of them have used it. Half of our members said that it met the needs of people during the pandemic. However, more than half said it had an impact on communication and interaction during treatment.

I will briefly mention what we have done to support the public.

At the beginning of the pandemic, we released general advice on how to stay psychologically healthy. We provided advice for parents, children, adolescents and parents of children with attention deficit hyperactivity disorder. We also offered advice for the bereaved, people whose loved ones were in long-term care centres and died from COVID-19.

● (1340)

We also conducted more than 200 media interviews in an attempt to understand the psychological effects of the pandemic. We also produced short videos to help people.

For psychologists in Quebec, we prepared specific training, such as training on telepractice and crisis intervention. We communicated extensively with our members to provide them with practice and ethical advice that could support their practice during this exceptional period.

With the support of the Ministère de la Santé et des Services sociaux and the Ministère de l'Éducation, of course, we also worked to find possible solutions to adapt services and protect people from the difficulties and psychological distress that may arise.

In conclusion, it is imperative to increase mental health care and services for the public. A form of mental health pandemic is developing at the same time, and it is likely to last longer than the pandemic itself. It is therefore important to increase the availability of mental health services, but also to diversify them in order to meet all the needs of Quebeckers. Access to psychotherapy, a treatment shown to be effective, must also become universal and free.

Thank you.

The Chair: Thank you, doctor.

[*English*]

We will start now our round of questions. We will have time for one round.

Mr. Barlow, I understand that you're first. Go ahead for six minutes, please.

Mr. John Barlow (Foothills, CPC): Thank you very much, Mr. Chair, and our witnesses that are presenting to us today. The timing of your presentation, I think, is very apropos, as we saw the latest statistics released by the Canadian Mental Health Association yesterday. I think the numbers are quite sobering when you see that more 70% of Canadians are worried about the second wave, and 40% have said that their mental health has deteriorated since March.

When one in 10 Canadians is having suicidal thoughts, I think we have a very serious problem that we need to address.

Ms. Watts, I really appreciated your intervention, the passion and obviously the feelings that you've had as a small business owner. I think that one area we do not talk enough about is the impact this is having on our small business owners. Is this anything that you've ever experienced in your previous career before becoming a business owner? The mental health impacts of this have been nothing like anything else you've ever experienced as a business owner, by the sound of it.

Ms. Lisa Watts: It's definitely a different experience. I've been in non-traditional careers my entire life. I was in oil and gas as an engineer, a pipeline specialist actually. I worked on the Trans Mountain pipeline, trying to certify it for fitness for service. There was always lots of arguing and lots of things that were quite difficult, if you want to look at it from mental health perspective. There were always challenges to what we were putting in place to try to protect the pipelines because they didn't make money. In the long term, they saved money, but people.... There were a lot of challenges there. There was always something that I've had to work through in my professional life because that's just the nature of the businesses that I was in.

This took me to a different level. I think I'm extremely passionate and extremely motivated, and I'm able to find solutions in the worst of situations, but when the solutions were piled with more and more problems, on top of being a brand new business, I think there was just a breaking point. I never knew that I had a breaking point, to be honest with you. I never knew that was in my makeup. I just was not that person. Yes, it was different than anything else.

Mr. John Barlow: I'm assuming that as a business owner you have a network of people who are in similar positions. I am going to make the assumption that you are not alone in this, that this is a very common situation amongst business owners throughout your community, maybe in your network across the country as a craft beer owner.

● (1345)

Ms. Lisa Watts: Absolutely. We're watching other breweries shut down right now, simply because the narrative that's out there is, “Why are we allowing alcohol producers to be open and schools to be shut? How dare they want to make money during a pandemic? How dare they not protect the public?”

We're watching the people in our industry close their doors because of the narrative. It's very harsh. It's difficult to balance the desire to bring in revenue and the requirement to protect the public's health.

When we talk with other business owners, there's no question; we have all cried. We have all screamed and yelled, and wondered how in the heck we are going to get through this. It's probably more than most can handle.

Mr. John Barlow: By the sounds of it, you're talking about a lot of the unknowns—just not knowing what's going to change, and when the changes do happen, how quickly they'll happen. We see that other countries have access to rapid testing, home-based testing, and now we see the United Kingdom and the United States ready to roll out their vaccines and have them distributed to their citizens.

What kind of difference would it make to you as a business owner if you had access to rapid testing, if Canadians had home-based testing, and if you were able to see a pathway to recovery and keep your business open in a more predictable way?

Ms. Lisa Watts: It would be immeasurable. For obvious reasons, what we're looking for is for the public to feel confident in whatever decision they're making. That comes with knowing that they're healthy and that the people around them can determine if they're healthy. That is a critical piece of the puzzle.

Mr. John Barlow: Thanks, Ms. Watts.

Dr. Kurdyak, you were talking about some of those mental health statistics. What is the impact of that lack of information, not knowing when access to a vaccine will be available, for example, or the inability to have home-based tests? Is that having an impact on the mental health of Canadians? I mentioned the statistics that were released yesterday. I find them very disconcerting. We need to provide solutions.

Dr. Paul Kurdyak: I think you've heard lots of testimony today about the impact of the general uncertainty of the pandemic, the consequences of social isolation. Ms. Watts testified eloquently about the financial stresses of small business owners, and the financial stresses of most households, to be honest.

Obviously, the certainty of knowing when this will end would help immeasurably. To me, this is a tough question to answer because of course this is also a public health crisis. Balancing needs is kind of what contributed to Ms. Watts' roller coaster.

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

We go now to Mr. Van Bynen, please, for six minutes.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you, Mr. Chair. I offer a special thank you as well to our witnesses for sharing their experiences and their expertise with us.

I was happy to hear Dr. Kurdyak talk about the importance of accurate data. I think it is critically important that we do have this new infrastructure, so that we are making sure that we're doing the right things as much as we are making sure we're doing things right. That's a very critical decision point that we need to give some consideration to.

We certainly are facing a harsh narrative, but the situation itself is very harsh. We're facing an unprecedented pandemic, so it's important for us to be strategic and surgical in the way we approach things.

My first question is to Dr. Kurdyak. I recently met with members of our youth council, and during introductions I asked each of them to outline the areas of concern to them. As you can imagine, most of them said mental health.

It is my understanding that CAMH has recently released a report outlining the results of a survey on youth mental health in Ontario. Could you please share with the committee some of the findings of the survey and, based on these findings, what some of your recommendations would be?

Dr. Paul Kurdyak: The first thing I would say is that CAMH is a large place. I wouldn't know the specific details of that survey, so perhaps you could share them.

What I can say is that before the pandemic, we had been closely monitoring the youth. I think what's happening with youth is complicated. I suspect there was something going on pre-pandemic with the weird circumstances of this generation being steeped in social media like we were not. Sociologists and anthropologists have more to say about that than others, but we definitely noticed around 2019 a dramatic uptick in help-seeking behaviour amongst 16-to-24-year-olds that just keeps going up and up.

I work in a psychiatric emergency department. In my clinical work, we are also seeing dramatic increases in presentations amongst youth. The issue is that, as I said, the mental health system has never been particularly responsive to need. The entirety of the work that came out of my team in Ontario suggested that there really isn't a system.

You could choose many populations to focus on. I think transition-aged youth is as good as any because of the work that has been documented by surveys and by the phenomena that we're observing in our provincial data.

I think the equally important thing is that if we choose to intervene in a particular area, we have to do so in a way that allows us to iteratively measure—in other words, to learn consistently as we go, like we do for cancer.

Every cancer patient in Ontario not only benefits from evidence but contributes to it, precisely because information is routinely collected and used to constantly improve. That's kind of what we would like to see happening and what we are building towards in Ontario.

● (1350)

Mr. Tony Van Bynen: I see you're referencing the ICES, and I have received a summary of their report. I'm wondering if you might just expand on the mental health and addiction system, and their performance indicator that's included in the material that was circulated.

Dr. Paul Kurdyak: There are many indicators, but essentially what we see at a sort of middle level, in Ontario and in every province and territory, is that there's a fixed number of hospitalization beds, so hospitalizations are going up a little bit, but because they are a fixed resource, the only way they can go up is if you reduce the length of stay. We're seeing a slight increase in hospitalizations, with a slight decrease in length of stay over time. If that gets squeezed more and more, we're going to start seeing adverse consequences, “bounce backs” and so on.

We're seeing a relatively flat rate of outpatient care, to the extent that we can measure it. I have to apologize; we do not have information from psychologists like my colleague Dr. Grou and others have discussed. This is just physician-based care in Ontario for which we have data, but it is flat.

Then we come to the emergency department, and we have seen—between 2009 and 2017—a 35% increase in demand. In that 16-to-24-year-old category, we see a 100% increase, a doubling. All that tells me is that the system is constrained. There are not enough resources, and people are going to the only place they know, the open door of the emergency department, which, by the way, is not a particularly therapeutic environment for people in crisis.

Mr. Tony Van Bynen: Thank you.

I think this goes back to reinforcing the importance that you place on data in order that we are strategic and surgical so that we get the best results for the resources that we apply to that.

I'd also like to now go to Mr. Spindari.

In an effort to slow the spread of COVID-19, we're encouraging people to stay physically distanced, stay at home and stay connected virtually. As discussed in a recent interview with CBC Vancouver and MOSAIC CEO Ms. Stachova, some families and individuals in vulnerable communities face a digital divide. How has COVID-19 impacted these families and this divide, and what impact has that had on their mental health?

The Chair: Please give a quick answer.

Mr. Saleem Spindari: Thank you for the opportunity.

This is one of the challenges when we are told to maintain physical distancing. For you and me, it's easy to do. We stay indoors from our offices. For migrant workers that's not a possibility because they tend to live in group settings, and the accommodations normally are not huge.

We have done, within our organization, in terms of the digital inequity that exists, is to partner with great organizations such as the BC Technology for Learning Society to provide free, refurbished desktop computers to refugee families and to migrant workers to be able to use that.

After our CEO, Olga Stachova, issued the plea for people to donate, we've received really great support from the community to provide used smart phones so that people have access to technology and are able to access online programming.

● (1355)

The Chair: Thank you, sir.

[*Translation*]

I will now turn the floor over to Mr. Thériault for six minutes.

Mr. Luc Thériault: Thank you very much, Mr. Chair.

My thanks to all the witnesses for shedding specific light on this issue.

First and foremost, I would like to address the representatives of the Ordre des psychologues du Québec.

Thank you for accepting our invitation. I assume that we will have access to your speaking notes a little later. I am very much looking forward to reading them again. I found the literature review very interesting.

Before we get to the heart of the matter, I would like to ask Dr. Marleau a question.

We have all these data on adults, but how are our younger children and toddlers doing? Do you have data on that as well?

Dr. Isabelle Marleau (Director, Quality and development of the practice, Ordre des psychologues du Québec): We have significantly fewer data on children and adolescents. However, the trend is the same as for adults, meaning that there are many more mental health issues. We are looking at anxiety and depressive symptoms. For adolescents, there is some partial data. In fact, those data still come from a few studies or small samples over the last five to six months.

In any case, the trend is quite clear. For adolescents, we have some data that are consistent with the data for adults. I think there are concerns about substance use in this population as well, and that could become a major issue.

Dr. Grou could complete my answer.

Mr. Luc Thériault: Okay.

Otherwise, I have another question.

You talked about telepractice. Your members consider it to be effective, but there seems to be a problem—the word may be a bit strong—with respect to interaction during treatment. In other words, it's better than nothing, but in the long run, it may not be a comprehensive approach to helping people.

Could you elaborate on that?

Dr. Christine Grou: Telepractice actually has some advantages. For one thing, it provides a secure environment. Second, it is helpful for some individuals who have difficulty getting around and who would otherwise not seek consultation. So telepractice still has some advantages.

Almost all of our members have switched to telepractice. That said, 60% to 65% still find that it has an effect on the relationship and the communication. Of course, it depends on the clients, the comfort with technology and the health issue. In addition, the situation is most likely different when the relationship with the patient is already established and the treatment continues through telepractice, compared to situations when a relationship is established entirely through telepractice.

I think we need to conduct further research on telepractice. However, the preliminary data tell us that, while there are some advantages, there are some disadvantages. But it does, in fact, meet the needs of the general population.

● (1400)

Mr. Luc Thériault: I assume that the situation where patients are in a helping relationship with their therapist in the therapist's office can be very different from telepractice, where the patients are in their living environments, surrounded by family members who come and go.

Dr. Christine Grou: That has been one of our challenges during the pandemic. For people who were confined to their homes with spouses and children, it could be difficult for them to have an appointment virtually. You still need to have a confidential, calm and quiet space during a session. It has been a challenge.

It certainly has advantages for some people. Let's take a single mother, for example. She can put her children to bed at night and have an appointment without the need for a babysitter. Think of a farmer who would normally drive two hours for an appointment. Telepractice allows him to have a consultation without losing half a day's work.

However, telepractice can be more difficult for a person with severe mental health issues, for an elderly person who is not well versed in technology, or for a person who has a greater need for closeness in the relationship.

In general, telepractice has proven to be positive, to the surprise of some.

Mr. Luc Thériault: You suggested that it is important to make access to psychotherapy universal. In a pandemic, lessons must be learned.

Can you remind us why access to psychotherapy is not universal?

Dr. Christine Grou: You have to understand that mental health, compared to the rest of health, has always been sort of a poor cousin. But we have to look at health globally. We cannot underestimate the effects of mental health on people's overall health.

Right now, there are two ways to get treatment in psychotherapy. First, it is possible through the health network, but these services are difficult to access. Second, it is possible to have access to services in a private office, but unfortunately not everyone can afford it. Therefore, there should be funding so that anyone with a mental health problem can be treated.

Mr. Luc Thériault: Of course.

The Chair: Thank you, Mr. Thériault.

[*English*]

We now go to Mr. Davies.

Mr. Davies, please go ahead for six minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair, and to all of the witnesses for their testimony.

Mr. Spindari, thank you for your testimony about the impact of COVID on the mental health of some very vulnerable populations: refugees, international students, migrant workers and immigrants.

I know that in June MOSAIC launched a survey seeking input from refugee claimants in British Columbia to gather information on how to enhance services during COVID-19. Can you tell us whether services are currently meeting the needs of refugee claimants and their families and, if not, what steps the federal government can take to enhance them?

Mr. Saleem Spindari: Thank you very much, Mr. Davies.

We did issue the survey, and the response was really great from the refugee claimant population. Throughout the province of B.C., we tried to reach out to as many people as possible.

As you know, refugee claimants are still not eligible for services funded through the federal government. They rely on provincial funding to do that. Maybe the best thing to do is for the Government of Canada to extend services that are offered through IRCC to refugee claimants as well so that they have access to it.

We heard loud and clear that there is a huge need for mental health support. We did hear that housing is one of the big things that refugee claimants encounter when coming here, because, upon arrival, it would take them a while to get documentation from the Immigration and Refugee Board, IRB. As you know, the board is moving toward virtual services, and for the refugee claimant, it was an additional challenge not having access to technology or being able to reach out to somebody in person at the Canada Border Service Agency office or the Immigration and Refugee Board to get an ID document. It caused a a huge delay and impact on refugee claimants being able to access services and, of course, later to get work permits so they could find employment in British Columbia.

● (1405)

Mr. Don Davies: Thank you.

Now, more broadly about immigrants generally, MOSAIC's recently released 2019-20 annual report said the following:

> It's a shocking statistic: five years after arriving in Canada, the average newcomer is generally in worse health than when they first arrived.
>
> Factors impacting the social determinants of health after migration include poor living conditions, social isolation, unemployment and challenges adapting to a different language and culture.

Clearly, COVID-19 would have exacerbated, I think, those factors. So, in your view, what steps should the federal government take to break down barriers to newcomer health more broadly?

Mr. Saleem Spindari: Recently in B.C. they have started a community health network, and for me that's a really great first step. MOSAIC has been really active in working with partner organizations and groups to be able to do that.

I encourage the federal government to work closely with the provinces and especially with the idea of having community health centres there, and to provide more funding to organizations so they can carry out the much-needed services for newcomers.

As you know, at MOSAIC the majority of our staff are people with lived experiences and we do have individuals with a background in the health sector. The senior manager of our specialized program, for example, is an internationally trained medical doctor. She is not practising here in Canada right now, but with the experiences of many others as well—

Mr. Don Davies: Could I just stop you there? I'd like to get one last question in, because I'm running out of time.

I want to turn to an important area with respect to mental health. In the first nine months of 2020 the Vancouver Police Department reported a 116% rise in hate crimes in Metro Vancouver compared with the numbers during the same period in 2019.

I'm just wondering, with many immigrants and refugees coming from different areas of the world and being from racialized communities, what the impact of that increase in race-based hatred has been, in your experience. Do you have any suggestions for what we could do to address it?

Mr. Saleem Spindari: At MOSAIC we do our best to raise awareness around issues of racism that people are targeting. I think recently the provincial government, for example, started Resilience BC, and there are many initiatives that are coming.

I encourage the federal government to do the same, to work with organizations that are there. Also, sometimes the messaging that comes from politicians contributes to rising tension. We know clearly that what happens down south has an influence on the messaging and the response that people here have as well.

The Chair: Thank you, Mr. Davies.

That wraps up the questioning on this panel.

Thank you, witnesses, for sharing with us your wisdom, your expertise and your knowledge, and for sharing with us your time today.

With that, we will suspend as we bring in a new panel. Thank you, everybody.

● (1405)

(Pause)

● (1415)

The Chair: The meeting has now resumed.

I'd like to welcome our witnesses on this panel. Today we have, as an individual, Professor Charlotte Waddell, university professor, children's health policy centre, faculty of health sciences, Simon Fraser University. From Natural High Fitness, we have Andrew Gustafson, owner, manager; from the Mental Health Research Canada, John Trainor, adjunct lecturer, department of psychiatry, University of Toronto; and from Statistics Canada, Jeff Latimer, director general for health, justice, diversity and populations, and Ron Gravel, director, centre for population health data.

Just for the benefit of the witnesses, you may speak in the official language of their choice. Interpretation services are available for this meeting, and you have a choice at the bottom of your screen of the floor, English or French. I would encourage people who wish to speak in either official language to make sure that when they're speaking in that language, they are on the corresponding interpretation channel.

Before speaking, click on the microphone icon to activate your own mike, and when you're done speaking, please put your mike on mute to minimize any interference. As a reminder, I note that all comments by members and witnesses should be addressed to the chair.

With that, we shall get under way. Witnesses will have seven minutes for statements. We will start with Professor Waddell.

Professor Waddell, please go ahead for seven minutes.

Dr. Charlotte Waddell (Professor and Director, Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University, As an Individual): Thank you so much for the opportunity to speak with you this afternoon about COVID-19 and children's mental health in Canada.

One basic message, and perhaps the most important, is that pre-pandemic, children's mental health needs were extremely high. Looking at epidemiological evidence, we estimate that 13% of children ages 4 to 18 years at any given time—800,000 young people in Canada—were experiencing mental disorders pre-COVID that needed treatment. Those disorders include 12 common ones, such as anxiety, attention deficit, behaviour problems, substance use, depression, and autism through on to schizophrenia. We know how to intervene for all these disorders, but pre-pandemic, fewer than half of these children were actually receiving any interventions for these conditions, shortfalls we would never accept for physical health problems like childhood cancer or diabetes. Pre-pandemic, then, we already needed to double down on children's mental health services.

The second major point is that needs are expected to rise significantly during and after COVID. Based on data from previous disasters like SARS, or natural disasters like earthquakes or floods, we may see as much as twofold to tenfold increases in problems like childhood anxiety, depression and behaviour. Making things worse, some kids will be more affected than others. For example, families who were already experiencing economic hardship are expected to suffer more greatly, and already are, during the pandemic. Children who had pre-existing mental health and developmental conditions, even if they were getting adequate services, have now had disruptions in what they were getting.

Racism is another issue that affects children's mental health. It's a pressing issue for all Canadians, but there have been flare-ups during COVID—with anti-Asian racism, for example. Indigenous communities make up another group that will be severely affected. They were already coping with the legacies of colonialism with strength and resilience, but now they're coping with COVID with fewer resources than other Canadians. Needs were high before; needs will rise a lot.

Even though this is an unprecedented public health challenge in Canada and globally, there are still some unprecedented policy opportunities. I want to highlight three where federal policy leadership can be crucial and can make a huge difference to addressing these problems.

The first policy opportunity involves making a plan. We haven't done this. Make, implement and sustain comprehensive children's mental health plans nationwide. Comprehensive means covering all kids zero to 18 and covering all 12 common mental disorders, at a minimum looking at promoting healthy development, preventing disorders and treating all the kids with disorders as well as tracking outcomes. In my view, federal leadership is crucial, because it's the only way to coordinate efforts nationwide to keep kids on the national public policy agenda.

The federal government can also offer economic incentives for children's mental health programming to provinces and territories, building equitable access across the country. We've done this before very successfully. In the year 2000, the early child development accord led to funding going out to provinces and territories with strings attached. The benefits have been enduring. We need to do that now for children's mental health.

The second policy opportunity involves ensuring adequate budgets and effective services. If we're going to meet those pre-COVID shortfalls, at a minimum, again, we need to double down. We need to double children's mental health budgets. That's to treat all kids with disorders. We know how to do this. We know of effective preventions. The question is obvious: How do we pay for this?

Here's where the promise of funding new prevention programs also comes in. For example, preventing just one case of a severe childhood mental health problem, such as conduct disorder, can yield lifetime savings of up to $8 million. Similarly, a prevention program like Nurse-Family Partnership, which starts in very early childhood, has shown to improve child mental health and yield benefits of over $6,000 per child when you look at whole-of-government savings in services not needed because of this program. There is potential there to start to pay for some of the increased costs we need to incur. Addressing social disparities will simply help with all of this. The federal government has already been showing leadership there.

● (1420)

The third opportunity is to track our collective progress. To quote Clyde Hertzman, what gets counted counts, and we haven't been counting our kids very well. How else do we know how we're doing? Tracking child outcomes is essential.

It's also a way to measure success as we ramp up these new investments, presuming that we would be able to, and we have unique opportunities. Statistics Canada's very high-quality 2019 Canadian Health Survey on Children and Youth has one of the few data sets in the world with which comprehensive work was done pre-pandemic. We can and should repeat that survey on an ongoing basis. Doing that would position us as a global leader in being able to track those outcomes. The federal government is ideally situated to support that survey continuing.

Just to conclude, I recognize that there are many competing demands on public budgets right now, but I would say that if we don't address children's health now, we're going to have far greater societal costs down the road if these problems persist unabated and unnecessarily into adulthood.

Annual costs are estimated to be at $68 billion in Canada for mental health problems writ large, but beyond the economic costs, if we don't address this, we risk seeing a generation of young people scarred by this pandemic to our great collective detriment.

We need this generation. These are our future front-line workers, nurses, teachers, doctors, and parliamentarians. So children and children's mental health need to be at the front of the line in our pandemic response.

I'll just end with a quote from *The Lancet* medical journal: “Although the COVID-19 pandemic has threatened child health, it can also be a catalyst to start afresh. Children’s rights must be central in the recovery phase.”

Thank you.

● (1425)

The Chair: Thank you, Professor.

We will go now to Mr. Gustafson, owner-manager of Natural High Fitness & Athletics.

Please go ahead, sir, for seven minutes.

Mr. Andrew Gustafson (Owner-Manager, Natural High Fitness & Athletics): Thank you, Mr. Chair and committee members.

Let me begin by saying that I have no licence to speak for business at large. I'm simply a business owner, and I really thank you for the opportunity to speak today about my experiences as a business owner and, more specifically, to speak to my state of mental wellness. Hopefully, my state and my story can bring some light to what others might be feeling as well. It is not something that I've really spoken about before, and certainly not publicly, but the mental health of business owners in 2020 is fragile, I think, and needs to be considered, so this is a great opportunity, and thank you for that.

I'll begin by saying that I am not fine. This is not a cry for help. It's just me being sort of vulnerable and truthful. I'm not fine. There are moments when I'm okay, but truthfully, I float on a spectrum anywhere between okay and completely miserable. That's not a description of my mental state between March and today. That describes me minute to minute, hour to hour and day to day.

Business owners are facing a myriad of emotions based on the ever-changing daily reality. People have their fingers resting squarely on their subconscious panic buttons, ready to push and explode at the smallest of triggers. We have a national heightened readiness for interpersonal conflict, so I'm walking an emotional minefield every day. One wrong word, misstep or misinterpretation risks an explosion of emotions, so we're all a little compassion-fatigued.

When speaking of mental health, the bigger terms that come to mind for me as a non-expert are “anxiety” and “depression”. While these words are sometimes a little too lofty or too clinical, they do, I think, accurately describe the current mental state of many in the small-business world.

Other words are emotional exhaustion, worry, doubt, loneliness, anger, frustration, insecurity and fatigue. These are words that describe the emotional roller coaster that I'm riding every day, and I'm a well-adjusted, well-supported, stoic and strong person. I believe that for a proud person like a business owner, one of the biggest challenges is to admit that times are challenging and to engage in a conversation about these types of feelings, so I believe that the situation is likely understated.

Dealing with my emotions is so low on the triage list right now that I risk spiralling, I think, because the more pressing matters at hand for me are supporting my kids and their now online school reality; sharing my office space with them, so that the time I do have to dedicate to creativity in my business is disrupted; supporting my household both emotionally and financially, such as paying a mortgage without a secure income; and, ensuring that the 30 staff and contractors who depend on my sound business management aren't themselves feeling the brunt of this crisis.

The primary weight of this is carried by me, as the owner, and let the truth be known: I'm only surviving right now due to the generosity of my landlords, a generosity that can't possibly last much longer, which piles further anxiety onto me at an almost suffocating level sometimes.

I see no clear and precise mental health picture that can be painted for this committee, because every corner of our nation and every demographic is facing different challenges and is equipped to deal with those challenges in different ways. I've heard over and over that we're all in the same boat. That is not true. We are in the same storm. Some are in a luxury yacht and others in a rickety and sinking canoe.

The important point to remember, in my view, with all respect to everybody else on the panel, is that this is not an academic exercise. This speaks to real people, real business owners like me, with real thoughts and feelings that I'm thinking and feeling.

My belief is that the best cure for this anxiety that I speak to is information. This has been sorely lacking. It's unclear to me, but it seems likely that biases in today's media are hindering the accuracy of the information reaching the public's consciousness. The burden of fact-checking currently rests in the hands of the populace, so the fact of or the lack of timely and possibly accurate information is the norm.

We've been told that before restrictions can be lifted we need mass vaccinations, but we don't have a timeline for that, so we ready ourselves for continued restrictions and the threat of further lockdowns. We have no cases at our business and no confirmed transmissions, yet we have further lockdowns. Perhaps more subsidy and relief are coming, but when and how much? The information we have is not enough to squelch this underlying anxiety.

All of this leaves me feeling very uncertain for my future, and not my long-term future, but the viability of my business over the coming few months. Do I follow my 10-year capital replacement plan and invest in needed infrastructure upgrades or sink money into repairs until such time as I regain confidence in my cash flow? I don't have enough information or trust in the information that I do have to answer that. At this point, our best prediction, if everything went fully back to normal today and my revenues and expenses returned to pre-COVID levels immediately, is that the borrowing, coupled with lost revenue of 2020, will require a seven-year recovery for us.

● (1430)

I have been applauded in my community over the years for being a generous supporter of local initiatives. I have long believed that business involvement is an integral part of the community fabric. That's not a reality anymore. I don't know when or if it will be again. I am losing my community perspective as I struggle to focus on anything beyond my bank account balance. What are the long-term community ramifications if more businesses are feeling that same pressure? These are the things that bring people together. They provide purpose and satisfaction, and pride in owning a business that makes a difference. Losing this is another trigger for further anxiety and possibly depression.

I have constant and real stress. I am consistently reinventing my business, which takes energy and resources and creates a stressful dynamic for my members and staff, who simply long for stability and job security. My staff and their families are depending on me to make this work. At this point, I have very little confidence that I can.

I need to feel confident that a lockdown is not forthcoming. I need my local, provincial and federal decision-makers to know that our actions and responses as business owners at large are virtuous and seek the right balance between our needs and the needs of the public. I need information, specific timelines and continued recognition of my financial insecurity so that I can regain control of my planning and hopefully mitigate some of the emotional exhaustion I've been suffering for many months. I need the powers who drive the messaging around COVID-19 to acknowledge the damage they've done to my entire industry through their destructive painting of my industry as dangerous, such as the recent misguided targeted measures aimed at restaurants and group fitness, specific to me.

These challenges are immense. The decisions are difficult. I understand that. But we can't come to difficult conclusions without the involvement of us—those who are affected. This hasn't felt like a common practice in 2020. To have this opportunity to speak feels like a step in that direction, and so I thank you for your attention.

The Chair: Thank you, Mr. Gustafson.

We go now to Mental Health Research Canada and Mr. Trainor, an adjunct lecturer in the Department of Psychiatry at the University of Toronto.

Mr. Trainor, please go ahead for seven minutes.

Mr. John Trainor (Adjunct Lecturer, Department of Psychiatry, University of Toronto, Mental Health Research Canada): Thank you very much. I appreciate being invited to speak with you today.

I am the chair of Mental Health Research Canada, which is a national charity dedicated to advancing knowledge on mental health, and today I offer some comments about mental health in the pandemic. I also want to outline the COVID-19 mental health polling project that our organization has been involved with.

In addition to my brief remarks, I submitted a report to the committee, and my organization would be happy to offer briefings to any committee member on further details.

First of all, let me applaud your committee for focusing these hearings on mental health and for listening to a wide range of views. Our organization is also fundamentally committed to listening to stakeholders as a way of determining what kinds of knowledge need to be developed to support mental health.

For us, stakeholders are not just professionals and researchers but a much wider range of people, including family members, those who directly experience mental illness, indigenous people, and people at high risk for reasons such as racism and discrimination, as well as many other examples.

I am sure that you, as members of Parliament, are hearing a great deal from your constituents about mental health issues, and this is extremely valuable information. Good information on how Canadians are coping is really essential to dealing with this crisis.

When the pandemic hit, we committed our organization to helping with the crisis. We launched the national polling initiative to provide good and timely data to governments and stakeholders on the mental health impacts of COVID-19. To date we have conducted three polls, and a fourth poll is being started today as we speak. When it's done, we will have engaged more than 10,000 Canadians and developed an extensive and complex dataset, and we plan on continuing this work every eight weeks into 2022 to monitor Canada's recovery.

Our work is enabled by its scale, because only with large samples can we be sure to get sufficient data in the many areas we explore. We're looking at a number of things. We're looking at types of distress people are feeling, fears they have, how they're coping, demographic data on such things as family status, income, employment, gender, and access to mental health supports as well as other areas.

Here are some headlines from what we've found. High levels of anxiety have quadrupled since the start of the pandemic and high levels of depression have doubled. Surprisingly, these levels have not moved substantially from April in wave one despite changes between the waves and then the onset of wave two. The levels of distress have remained pretty constant across the country.

High anxiety and depression levels are more prevalent in younger populations and in women, but there's a surge in levels in men at the very highest distress categories when we look at symptoms. We know from other work that men often do not report mental health challenges until they become quite severe.

Treatment is now harder to access. There has been a drop in one-to-one counselling, and visits to family doctors have been dramatically reduced. I should note that we are sharing all of the above information with governments and professional associations across Canada.

Looking broadly, we can see that levels of distress are not evenly distributed in the population. People working in certain sectors such as retail, front-line health care, teaching—and I would add small businesses, having heard Mr. Gustafson—are more anxious. Family situations are also important. We find that people living alone and those with small children are dealing with more anxiety. Finally, lower income levels predict more distress. We are taking and sharing that information with governments, professional associations, school boards and others.

People who are adhering less to social distancing guidelines are experiencing increased depression and negative mental health, particularly around the economic fallout of the pandemic. If we look at coping, we find that social media and watching the news do not help most people. Activities such as reading, exercising or interacting even virtually with friends were rated as helpful in the early stages of the pandemic, but are now losing their positive effect as we exhaust their use and find them repetitive.

Canadians now rate going outside or spending time in nature as the number one helpful activity, and we're sharing this finding with parks and recreation organizations, provincial and municipal governments and others across the country.

It's also important who is delivering the message. Canadians want to hear information about mental health from professionals. This includes doctors like those from the Public Health Agency of Canada or their provincial or territorial counterparts, but also local family health providers and doctors. The messages themselves need to be accurate but to emphasize hope and advice on how to cope.

● (1435)

What do we suggest in the long run or, I guess, in the medium term?

First of all, it's important to keep trust high. Our national response to this, looked at globally, has been quite coherent, especially and dramatically in comparison to the United States.

Also, continue to build knowledge. Our data is part of a mosaic of information that's being built by many organizations. From this, we now have a unique and replicable dataset on how specific groups, including at-risk groups, are responding to mental health stresses during the pandemic. We need to share this and to keep dialogue open. Those living alone, younger Canadians and lower-income Canadians, as well as those with pre-existing mental health challenges, are all groups that we need to focus on.

The work of Wellness Together Canada, which is serving as a hub with information and resources for those who need help and those who care for them, is an important resource that I know is supported by the federal government.

Let me say thank you very much for inviting us to appear. We will work with you in any way we can to help with the response to COVID and to support the mental health of Canadians.

Thank you.

The Chair: Thank you.

We will now go to Statistics Canada for seven minutes.

Mr. Latimer or Mr. Gravel, please go ahead.

Mr. Jeff Latimer (Director General, Health, Justice, Diversity and Populations, Statistics Canada): Thank you very much, Mr. Chair. I appreciate the opportunity for public servants to appear before such a committee.

At Statistics Canada, we have been tracking the direct and indirect consequences of this pandemic on Canadians. One thing we've observed in the recent period is an unprecedented reduction in the self-reported mental health of Canadians, but this reduction is not felt evenly across the country.

My colleague, Mr. Ron Gravel, will present to this committee a series of statistics related to the varying impacts of the pandemic on particular population groups. I'd like to ask Mr. Gravel to finish the presentation.

Thank you.

Mr. Ron Gravel (Director, Centre for Population Health Data, Statistics Canada): Thank you.

Referring to the impact, it can be experienced in many different ways, including feelings of depression, grief, fear, panic and anxiety, which can be normal responses to situations where day-to-day routines are significantly disrupted.

It's important to note that today's presentation focuses on data collected in the first few months of the pandemic, that is, the first wave. The overall presentation provides a profile of how the impact on mental health has varied across a number of demographic and social groups. These include youth, immigrants, groups designated as visible minorities, gender-diverse populations, indigenous people and Canadians with disabilities.

I'm referring now to slide 2 of my deck. Since there are many graphs with details in this deck, I will first start with a summary of the key messages and then draw attention to select findings in each of the slides.

The first message—

● (1440)

[*Translation*]

Mr. Luc Thériault: Excuse me, Mr. Chair, but the sound keeps cutting out and the interpretation cannot be done. There is a problem with the sound and the interpretation has been interrupted for some time.

I'm sorry to interrupt you, Mr. Gravel.

Mr. Ron Gravel: Okay.

Is it better now?

[*English*]

The Chair: Mr. Gravel, I think you lowered your microphone from when the sound check was done. Maybe try that. Just say a couple of words to see if the translation works.

Mr. Ron Gravel: Does that work?

The Chair: Translation, does that work?

Maybe say a few more words.

Mr. Ron Gravel: Since there are many graphs with details, I will start with a summary of key messages and then draw your attention to select findings on the other slides.

[*Translation*]

The Chair: Mr. Thériault, is it working now?

Mr. Luc Thériault: Yes, it's better.

The Chair: Thank you.

[*English*]

Mr. Gravel, go ahead, please.

Mr. Ron Gravel: Thank you.

Our first message is that the pandemic has negatively impacted the mental health of most Canadians. When we look at life satisfaction as an overall measure of positive mental health, we see that it has declined to the lowest since 2003. Whereas before the pandemic almost three-quarters of Canadians rated their life satisfaction as high, only 43% indicated such a level during the pandemic.

Finally, fewer Canadians are reporting being in very good or excellent mental health, with young Canadians showing the largest declines. The top graph in slide 3 illustrates that youth have experienced the largest declines in life satisfaction since the start of the pandemic. Focusing on the bottom graph, there are some suggestions of emerging inequalities for immigrants. Whereas levels of satisfaction were generally similar among immigrants and Canadian-born before the pandemic, it was lower for immigrants in June 2020.

Slide 4 looks at self-rated mental health, which is a powerful indicator of overall mental health status. As previously noted, a consistent finding across studies is that the impact on mental health has affected more youth.

The graph on slide 5 shows that the proportion of Canadians reported an increase in their cannabis, alcohol or tobacco use during the pandemic compared with before the pandemic began. This is an interesting fact, because it shows that, compared with other age groups, youth report increasing their use of cannabis the most. About 12% of them reported increasing their cannabis use during the pandemic. As well, the greatest increase in substance use was reported among those aged 35 to 54, with an increase in alcohol use.

Turning to slide 6, since the pandemic we see from crowdsourcing results that gender-diverse individuals were substantially more likely than female or male participants to report fair or poor mental health. Gender-diverse Canadians also were twice as likely as females and three times as likely as males to report some symptoms consistent with moderate and severe anxiety.

Looking at slide 7, past studies suggest that, generally speaking, immigrants arrive in Canada with better self-perceived mental health than Canadians, but this perception declines after a period of time in Canada. Results from our crowd-source survey suggest the opposite pattern during the pandemic—that is, 28% of recent immigrants who participated in the crowd-source survey reported fair or poor self-rated mental health, compared with 20% of established immigrant participants and 24% of Canadian-born participants. Recent immigrant participants were also more likely to report symptoms of anxiety than other Canadians.

[*Technical difficulty—Editor*] is one where it shows what was presented in the previous slide, and it reports essentially [*Technical difficulty—Editor*]. Overall—

● (1445)

The Chair: Pardon me, Mr. Gravel. Your sound is breaking up.

Maybe if you turn off your video, we'll get a little bit more bandwidth for the audio. We have your charts here.

Mr. Ron Gravel: Okay. Is that good?

The Chair: Let's give it a shot.

Thank you.

Mr. Ron Gravel: Overall, immigrants reported more concern about their health and social consequences of the pandemic than did Canadian-born individuals. These concerns are about issues such as their own health, household members' health, risk of civil disorder, violence in the home, family stress from confinement, and maintaining social ties.

On slide nine, turning to the health of Canadians designated as visible minorities, we see signs of poorer mental health compared to those identifying as white Canadians. Almost 28% of those designated as visible minorities reported fair or poor self-rated mental health compared to 23%. Reporting of moderate or severe symptoms of anxiety was also higher for visible minority Canadians than for those identifying as white Canadians.

On slide 10, crowd-sourced data also indicates more impacts of the pandemic on first nations people, Métis, and Inuit. The slide reflects mental health disparities between indigenous and non-indigenous people, with higher percentages of indigenous participants reporting worsening mental health, high stress and symptoms of anxiety. When asked how their mental health has changed since physical distancing began, 60% of indigenous participants indicated that it has become somewhat worse or much worse. A higher percentage of indigenous women also reported worsening of their mental health.

Slide 11 shows some of the factors that influence the mental health disparities, observed on the previous slide, between indigenous and non-indigenous Canadians.

I'll skip now to slide 12. On that slide, the final group that we will profile today are Canadians living with long-term conditions and disabilities. Using crowd-sourced data, we see that over half of the participants with long-term conditions or a disability reported having worse mental health than they had before the start of the pandemic. During the June-July collection, more than half reported that their mental health was fair or poor.

On the last slide, slide 13, the data presents a relatively consistent picture of how the pandemic has had negative impacts on the mental health of Canadians as a whole and has had greater impacts across a range of already vulnerable groups in Canada.

Statistics Canada is committed to working with partners to increase the information available on the impact of the pandemic on mental health. To showcase some of how we're moving forward, I've listed here a few examples of initiatives: the two independent waves covered by the Survey on COVID-19 and Mental Health, the survey of mental health and stressful events, as well as our active participation in Health Canada's expert round table on mental health data needs and related challenges.

[*Translation*]

Thank you very much.

[*English*]

The Chair: Thank you.

We'll start our questioning now, beginning with Mr. Barlow.

Mr. Barlow, please go ahead for six minutes.

Mr. John Barlow: Thank you very much, Mr. Chair.

Mr. Trainor, I can attest that people are finding the outdoors to be the best relief for COVID. My riding is in the foothills of southwest Alberta, where all the hikers from across western Canada spent their summer, which was great to see, but I've never seen numbers quite like this before.

Mr. Gustafson, I really appreciated your presentation today. You're very passionate, obviously, as a business owner and with what you've endured.

I'd just like your opinion. You talked about that lack of information. This week we've heard the United Kingdom announce that it has a COVID vaccine and will start distributing that to its citizens. The United States has mass access to rapid testing and home-based testing. They are now reducing their quarantine times. Australia has now announced its COVID vaccine distribution strategy. But here in Canada, we don't have any of those answers. What kind of stress is that putting on business owners—not knowing how long this will go on or being able to make those plans?

● (1450)

Mr. Andrew Gustafson: It's significant stress. My industry was welcomed into a town hall discussion, on the phone, with the Alberta government, with Deena Hinshaw, the chief medical officer for Alberta. She was very clear in her presentation to us in that town hall meeting that we will continue to see restrictions on our businesses and we will continue to see the threat of lockdowns until we have mass vaccinations. What she said was that that is just a reality that we're going to have to deal with. She said that will continue at least through the winter and possibly through the summer. We should probably be prepared for this into the fall, so for another year. I just don't know that my business can suffer that. I don't know if my members and my staff will be patient for that. Is that impactful to me? Yes. I need a timeline, and then I can plan for it, and hopefully the timeline is as short as possible so that I can see a little bit of recovery sometime soon.

Mr. John Barlow: Yes, I can sense your frustration there when we are asking for a vaccine strategy and how that vaccine will be distributed, and we keep getting different answers and different timelines. I think it's frustrating because I don't think that elected officials understand, oftentimes, the ramifications and the implications of these delays. They say “We'll have it, we'll have it”, but when we see the stats that came out from the Canadian Mental Health Association yesterday—40% of Canadians have said that their mental health has declined and one in ten Canadians is having suicidal thoughts—the implication of these delays is profound.

You had a really good point, Mr. Gustafson, about how even if you had a vaccine today and you had mass vaccinations, and your business was able to open, you have seven years of recovery ahead of you financially. Do people understand that and the financial strain of these past eight or nine months and the damage this has done to your business and your mental health? The anxiety is not going to be done when a vaccine is available. This is ongoing.

Mr. Andrew Gustafson: It is ongoing, and your question is, do people understand that? I suppose that I can't speak fully to what other people are feeling, but I don't get the impression that people are understanding that.

I get the comment quite frequently that I got a $40,000 loan and if I pay it back in time I get $10,000 free and it's interest-free until that point and whatever, but people don't recognize that it was already a fairly lean business before COVID-19 struck, and now I have to cash-flow that. At some point along the way, I have to figure out how to find more cash flow in my month, on top of the already tight business that I run, to come up with that over the next couple of years, which means that other debt servicing and other projects are going to be put on hold until after that.

Yes, right now, for our borrowing and whatnot, I'm looking at about a seven-year payback. That's if we go back to our pre-COVID numbers today, and I just don't believe that we're going to do that, because I don't believe the confidence is there right now in the public.

Mr. John Barlow: Mr. Gustafson, when the Prime Minister comes on and says that we need to lock down so that our economy can come back stronger, does it make sense to you as a business owner that with a lockdown and more lockdowns, especially through Christmas, the economy would come back stronger? Would businesses be there after another lockdown?

Mr. Andrew Gustafson: No. It might make sense to me if the numbers for where the transmission of COVID-19 is happening supported it. Our premier has said that 0.7% of COVID transmissions are traced back to restaurants and group fitness programs, but on November 13, he put further restrictions on restaurants and group fitness programs.

I immediately said that this was not going to solve the problem, that this is a solution that's targeted at—"targeted" measure is the word he keeps using—0.7% of the transmission. I said that the numbers were going to continue to go up, and they did, so they put more restrictions on us. The targeted measures needed to be put on social gatherings. I think that's where the numbers are. They've done that now, but I think it's too little, too late.

Mr. John Barlow: For the representatives from StatsCan, I'm not sure which one would answer this question, Mr. Latimer or Mr. Gravel. In your studies and your results, I didn't see this in the documents. In the work that StatsCan is doing, has there been any polling on the mental health impacts on small business owners ?

Mr. Jeff Latimer: Thank you very much for the question.

Actually, unfortunately, I am not aware of any of that. I think it is a gap in our information at this point in time.

● (1455)

Mr. John Barlow: Thank you very much, Mr. Chair. I appreciate the opportunity.

The Chair: Thank you, Mr. Barlow.

We go now to Ms. Sidhu.

Ms. Sidhu, please go ahead. You have six minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair, and thank you to all the witnesses for being here with us.

It is a very important issue that we're talking about. First, I would like to acknowledge that our government takes Canadians' mental health very seriously. That is why our most recent health accords specifically allocated over $5 billion in additional funds to provinces and territories for mental health. However, today the context is the pandemic.

My first question is for you, Dr. Trainor. As we know, seniors are now even more at risk of social isolation than they were before the pandemic. My region of Peel is under the lockdown, and there are regulations preventing visitors from seeing parents and grandparents in long-term care. That's combined with the fact that some seniors are not tech savvy, so there is loneliness, with less access to technology. It is a serious issue in terms of staying in touch.

Can you let us know what is the impact of social isolation on seniors and if any of the impacts are unique to that population? What actions can be taken by the federal government to assist seniors with mental health conditions?

Mr. John Trainor: That's a big territory to think about. I certainly agree with you that seniors, and especially seniors in care homes, have been unusually hard hit by this, both in terms of isolation and the physical risks and high rates of death.

I don't have specific data on that from our polls, but, from my own experience and people in my own family, there's been a major effort to build the social connections through digital means. Even in cases where seniors themselves are not so savvy, it's proven possible to connect people through social media and other things that seem to have a good effect.

It's very difficult to weigh the difference between increasing social isolation, which of course has its own negative health outcomes, and limiting it due to your attempt to stop the spread of COVID. That's a difficult balancing act.

I think that the main thing, from our work overall, would be that seniors need to know that there is a way forward from this. The rolling out of the vaccine was mentioned, and I think that's interesting because we are looking at our next survey, which is rolling out now. What is the impact of this news? What is the impact of the good news that something is coming? We think it will be dramatic, but we really don't know. I think seniors will be among the chief recipients of that. Also, of course, in most discussions, they will be early recipients of the vaccine, because of their high risk levels. I think that will make a big impact.

Ms. Sonia Sidhu: Thank you.

Mr. Trainor, a few weeks ago, it was revealed over 600,000 Canadians across the country have used a new federal virtual mental care portal, Wellness Together. This free portal has been developed with experts and has a variety of resources available to Canadians.

In your view, are virtual platforms like this effective means of providing support to individuals in need of mental health supports? What are the barriers that you're aware of to Canadians using these platforms?

Mr. John Trainor: I couldn't agree more that this is a very important platform, and it's interesting that Canadians who are using it are looking for two things. They're looking for help for themselves and support in various ways, and are also asking the question and wanting advice on how to effectively help others. Frankly, for your own mental health, helping others is a very good strategy.

What we found in looking at that—and we've been in close contact with and working with Wellness Together Canada—is that one of the barriers is people's concern about privacy and how their digital information will be used. I think that Wellness Together Canada has taken steps to allow people to come in and get information, without having to identify themselves or take too many steps that share their own information.

That's the biggest barrier we've seen, a general distrust of a digital platform. I guess it's because of all the things we hear in the news about hacking and that sort of thing. It's an effective tool, and I think it's a useful one in this context.

● (1500)

Ms. Sonia Sidhu: Thank you.

I have one more question for you. You spoke about your organization's study that suggests that the best activity to support positive mental health is being outside with winter approaching. This will become less of an option as seasonal depression typically begins.

Can you offer any suggestions for how Canadians can cope with COVID-related mental health issues as we head into the winter months?

Mr. John Trainor: It's interesting. I can give you one example from where I live in Toronto, and that was a major announcement by the municipal government that they are going to be opening more trails, they are going to be keeping rinks open, they're going to be taking a whole series of steps so that going outside safely and maintaining distance is going to be much easier.

When we found that this was emerging as the number one thing that Canadians were reporting as helpful, we moved to share those results with parks and recreation departments, municipal governments and provincial parks associations, so they could take active steps so the barriers to getting out there and enjoying our winter are reduced.

That will be very important. Canadians are pretty good at handling winter.

The Chair: Thank you, Ms. Sidhu.

[*Translation*]

Mr. Thériault, you have six minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

Mental health and mental illness have always been the poor relations of the health care system. We must be careful not to make the mistake of failing to learn from this pandemic. Once people have been vaccinated, once we get our heads out of the barrel and the pandemic is behind us, we shouldn't think that we don't need to invest more in mental illness prevention and mental health promotion. This is a great opportunity to re-prioritize and invest where we can save money in the long term, as Ms. Waddell said.

It was a general comment.

In addition, experts who appeared before us in committee spoke to us about the increased challenges to the mental health of staff in the health care field. We know that 82% of the health care workforce in Canada is female. During the first wave of COVID-19, the situation of health care employees really deteriorated because of the longer working hours and stressors associated with the pandemic.

Mr. Trainor, I'd like to hear your opinion on this. Do you feel the health care staff are receiving adequate support?

How could we make this support better? How can we make these people less stressed and less affected by the pandemic?

[*English*]

Mr. John Trainor: Well, I certainly think you're right. Our polls have shown that health care workers are extremely strongly impacted by this and have experienced one of the highest levels of increase of mental distress. I think at the beginning of the pandemic there was a great deal of anxiety generated by the fact that we weren't really ready. There were shortages of various kinds of protective equipment. I think felt they were being put into very dangerous situations. Now that the situation has become more stable and the supplies and that sort of situation are better, I think people are doing better.

We found that people are afraid of becoming ill themselves, but are even more afraid that illness will strike their families. You hear many stories of health care workers who come home and before they come into the house are changing their clothes, putting everything in the wash, and that sort of thing.

Generally speaking, in situations like that people need a work environment that recognizes what they're going through and provides supports and opportunities for counselling and for people to be able to come forward and talk about what's happening to them without fear of reprisals in the workplace. They need a mentally healthy workplace. I think they also need what is now coming—messages of hope and messages of support that will affect their own lives. Most health care workers are very anxious about people who don't maintain social distancing and act in ways that make the illness more common. We see across the country now that the pressure on the health care system and the rates in emergency rooms of serious illness are rising very quickly, and in some cases reaching the breaking point.

Like everybody, I think, health care workers need that message of hope, but they need a supportive workplace and the kind of recognition I think they often get publicly, that they are really appreciated as some of the heroes in this whole enterprise.

● (1505)

[*Translation*]

Mr. Luc Thériault: As part of your series of national polls on the effects of COVID-19 on the mental health of Canadians, your second poll, released on October 1, indicates that the number of Canadians reporting high levels of anxiety or depression has remained stable even though restrictions were eased over the summer.

Why do you think the anxiety level hasn't gone down? We might have thought that the relaxation of measures and vacation would have lowered the anxiety level. The anxiety level was probably quite high.

How do you envision the post-pandemic period? Do you think it will be difficult to quickly return to normal anxiety levels, so to speak? How long might it take?

[*English*]

Mr. John Trainor: Is that for me? I'm sorry, I'm having a little trouble with my sound.

[*Translation*]

Mr. Luc Thériault: I was quoting from your study.

[*English*]

Mr. John Trainor: Okay, our second poll.... We were surprised that levels of anxiety and depression had not changed since the beginning of the pandemic; they did not improve in the summer. They have not changed in areas of the country that have higher case counts or more lockdown measures. The levels went up and they've stayed stable. That's a surprise to us. I can't really explain that.

As to what happens to pull us out of this, I'm not sure.

[*Translation*]

The Chair: Thank you, Mr. Thériault.

[*English*]

We go now to Mr. Davies for six minutes.

Mr. Don Davies: Thank you to all the witnesses for your excellent testimony.

Dr. Waddell, you authored a report titled “COVID-19 and the Impact on Children's Mental Health”. Among many things, it found that for children who had been isolated or quarantined, 30% exceeded the clinical threshold for post-traumatic stress symptoms. I find that an astonishing figure, and considering that this is an acute reaction to the situation, do you have any recommendations for steps we can take to provide an immediate response that might help those children suffering from post-traumatic stress?

Dr. Charlotte Waddell: I really appreciate that comment.

There are very effective treatments for post-traumatic stress disorder in children. Principally, they comprise cognitive behavioural therapy. These are therapies that can be done online or by telephone or by video. The current restrictions are not an impediment to them. The real impediment is what I mentioned in my remarks, that we had such severe service shortfalls pre-COVID, and now we've been caught quite flat-footed. We need to ramp up the responses [*Technical difficulty*]. What those studies in our report also showed, speaking of the word “hope”—most children do get through this. [*Technical difficulty*] if their parents are coping better, if their families and communities are coping better.... It's highly relevant to all of the conversation you've just been having about how adults are doing. It's obviously very central to how kids are doing. Nonetheless, we need to really significantly increase those services. The treatment I just mentioned, cognitive behavioural therapy, is a brief treatment. You can give that effectively to even very young children in just, say, 12 sessions, and get kids in a much better place very quickly. We didn't have the pre-pandemic capacity; we need to get it now.

● (1510)

Mr. Don Davies: We did hear a little testimony that as conditions improve and perhaps as a vaccine is disseminated and the general optimism in society rises and stress comes down, it may have a positive impact on people's mental well-being, and we also know that children are very resilient. Might we expect a natural reduction in the trauma of children as general conditions get better? I don't mean that to be an excuse for doing nothing. I'm just wondering what the impact of a general improvement will be.

Dr. Charlotte Waddell: A general improvement for families that were struggling economically—for them to get further help, as an example—would definitely help kids. The studies we reviewed in our report showed that most kids do recover. We still have to address those underlying deficits in children's mental health services. It's not something that Canadians appreciate. I think it's an invisible problem. But what kind of children's health problem would we tolerate having less than 50% treatment rates for full-blown disorders? I want to keep mentioning that because it's quite astonishing.

Mr. Don Davies: Would I be correct in assuming that one of the mental health challenges, particularly for children, is their inability to identify it, recognize it and ask for help? Is that an additional barrier?

Dr. Charlotte Waddell: That's one barrier. I think a larger one is still our continuing failure to fully appreciate that virtually all mental disorders start in childhood. When they first start, they may appear milder. They aren't going to appear the way they would for a 40-year old, for example. So they're a little harder to detect, but we don't ask kids. We could. And right now, if we do ask kids and find out there are problems, it can be very difficult for them to get service, because again, fewer than half the kids with disorders can get services. You can ask someone and then you can't get them help.

Mr. Don Davies: I'd like to move to that. I think to the Liberal government's credit, a few years ago they allocated, I believe, $6 billion over 10 years or a period of time specifically to the provinces for mental health. I think it doesn't do violence to any party to recognize that Canada is actually below the OECD average in the percentage of our health dollar allocated to mental health.

So I think those are welcome funds. I'm wondering of you are seeing that money actually result in additional services yet.

Dr. Charlotte Waddell: I just want to say that it was a terrific initiative. In our policy brief to the standing committee, we mentioned that there could be invigorated opportunities to build on that earlier precedent. We didn't see those dollars going towards children. I think it was actually a really helpful move by the federal government to put strings attached for mental health, but the majority didn't go near children.

What I'm suggesting, and what the data we presented in our brief to you suggests, is further earmarking for children's mental health. Otherwise, kids may never see the benefit. It's a great form of initiative to do that earmarking so that we increase mental health spending.

Mr. Don Davies: Thank you.

If I can squeeze in a final question—

The Chair: Mr. Davies, I'm sorry. Your time is up.

● (1515)

Mr. Don Davies: Thank you.

The Chair: That brings our round of questions to a close.

I'd like to thank all the witnesses for helping us with our study today and for sharing their time and expertise. We have a little bit of committee business now. Feel free to withdraw, if you wish. You don't need to stick around for this.

The clerk has sent to all committee members a couple of PDFs of the budgets for these particular studies that we are now engaged in. These budgets, I understand, are primarily to pay for headsets and so forth for witnesses. Monies that are not spent will be returned to Parliament.

I would like to draw your attention to the first one, the amount for the PMPRB study of $3,000.

May I ask the committee if they approve this budget? Are there any questions or concerns? I'm going to ask if there is unanimous consent for this first budget. Is there any dissent?

(Motion agreed to [*See Minutes of Proceedings*])

The second one is for the COVID study that we are also now engaged in. That's an amount of $8,500.

Do we have any concern or discussion on this? We're looking for unanimous consent. Is there any dissent?

(Motion agreed to [*See Minutes of Proceedings*])

Thank you, everybody, for your time today and your great questions.

I'd also like to thank the interpreters specifically. I know it's a challenging environment to work in. I really do appreciate how you slog through the troubles and travails of all of this. I thank you all.

Mr. Don Davies: Mr. Chair, I have a quick question for the clerk on the PMPRB study.

Part of the motion that was passed requested that each potential witness fill out a basic conflict of interest screen document and also declare whether they're in receipt of any money from the pharmaceutical industry. I'm wondering if the clerk can advise the committee on where we are with that. I haven't seen any standard document or report. I'm wondering what the status of that part of the motion is.

The Chair: Mr. Clerk.

The Clerk of the Committee (Mr. Jean-François Pagé): We have four witnesses confirmed for Friday of next week. Two of them have signed the document. It was prepared by the law clerk. Yes, as soon as I have the four witnesses ready to sign the document, I will send to all the committee members the documents signed by the witnesses.

Mr. Don Davies: Thank you.

As a follow-up, does that document also indicate whether they are in receipt of money? There are really two aspects to the motion: the potential conflicts of interest and the receipt of money from the pharmaceutical industry. Are both of those covered?

The Clerk: I think so. I will have to read that again, but I think so, because I sent the motion to the Law Clerk, and he based his document on the motion that we adopted.

The Chair: Thank you, Mr. Davies.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Chair, I have just one quick question about Monday.

The Chair: Ms. Rempel Garner, please go ahead.

Hon. Michelle Rempel Garner: I have a simple scheduling question. I know there were some questions offline about when Mr. Webber's private member's bill would be referred to committee.

I'm not sure that the notice of meeting for Monday includes that, so I'm wondering if you have any clarification on what Monday's agenda is going to be.

The Chair: At this point in time, I can't give you any more advice on that. I do understand that there may be an amendment coming forward. I think that's going to be discussed with Mr. Webber, and if there is no objection by Mr. Webber and the other parties to that amendment, we may well be able to do this on an expedited basis. Otherwise, we may have to delay until after the break.

I'm certainly hopeful that we can do this for Mr. Webber. I have worked with Len for a long time, and I really do support his work. His frustration has been that something that was passed unanimously two or three years ago, or whatever it was, died in the Senate.

I thank you all for your support on that. I will advise you as soon as I can.

Clerk, if we're able to do this at the end of the day on Monday, we will certainly advise the members ASAP.

Again, thank you all. Are there any more questions that I have missed? Okay.

The meeting is adjourned.