



House of Commons
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 020 • 2nd SESSION • 39th PARLIAMENT

EVIDENCE

Thursday, April 3, 2008

—
Chair

Mr. Rob Anders

Also available on the Parliament of Canada Web Site at the following address:

<http://www.parl.gc.ca>

Standing Committee on Veterans Affairs

Thursday, April 3, 2008

• (1530)

[English]

The Chair (Mr. Rob Anders (Calgary West, CPC)): Good afternoon, ladies and gentlemen. We're off to the start of another veterans affairs meeting here, where we're studying the veterans health care review and veterans independence program.

I'll have to attempt some of these titles *en français*, so bear with me.

Today our witnesses are with the Ordre des psychologues du Québec, and we have Stéphane Beaulieu, secretary general; Marie-Josée Lemieux, vice-president; and Édith Lorquet, legal counsel and secretary of the discipline committee.

The way it generally works around here is that guests have twenty minutes, so you can split that up however you wish. If you wish to do six minutes and some fraction each, or ten minutes and five and five, or twenty for one person, it will be as you see fit, and then after that we go to this lovely predetermined roster of questioners. First and second rounds have already been predetermined.

Other than that, I guess I will just turn it over to you and say the floor is yours.

[Translation]

Mrs. Marie-Josée Lemieux (Vice-President, Ordre des psychologues du Québec): Thank you very much.

Good day everyone. My name is Marie-Josée Lemieux. I am the Vice-President of the Ordre des psychologues du Québec. I am accompanied by Mr. Beaulieu, Secretary General and by Mr. Lorquet, the order's lawyer.

The primary mission of the Ordre des psychologues du Québec is to protect the public. Our association ensures quality of services provided by its members, promotes development of the profession and defends access to psychological services. Currently, our order has 8,150 members working either in health care, in private practice or the public health care network, in educational institutions or for major companies.

We are aware that the Standing Committee on Veterans Affairs is concerned with access to psychological services for victims of trauma related to operational stress, and concerned with a future shortage of psychologists. So it is a pleasure for us to have accepted the committee's invitation to come and provide information on the following issues: the reasons for the increased educational requirements providing access to the profession of psychologist in Quebec; an overview of training for psychologists within the Province of

Quebec; the changes in the numbers of psychologists given the need for a Ph.D. degree and the aging of the population; as well as strategies to be considered to encourage more psychologists to develop expertise in treating veterans.

For the past two years, psychologists have been required to have a doctorate. This standard came into force following a regulatory change in July 2006. The new regulation on degrees was amended by the Quebec government, pursuant to section 184 of the Professional Code of Quebec, following an extensive consultation process particularly with the Quebec Professions Board, universities, the Quebec Department of Education and the Quebec Department of Health.

Under the old regulations, the order licensed psychologists who had a master's degree. The new regulation means that only those holding doctorates can become psychologists. Students are now enrolling in doctoral studies after they get their undergraduate degree.

Over the past few decades the evolution and diversification of practices in the area of psychology has meant an increase in initial training needs in order to properly prepare psychologists to treat diversified clientele and ensure a constantly changing range of services. For many years, young psychologists coming out of university did not feel sufficiently prepared to deal with the demands of the profession, particularly with regard to practical training. They were then able to access additional training to complete their training.

Six studies conducted during the 1990s indicated that students graduating in the field of psychology and their trainers felt, first, that the theoretical and practical training they received was insufficient and that young psychologists did not feel prepared to exercise their profession without having additional training. Second, they felt that their university courses and activities should focus more on clinical practice. And finally, they felt that the amount of practical training time dedicated to serving clients should be extended and there should be a greater number of hours spent with clients as well as a greater number of hours spent under supervision.

In light of those facts, in order to address those deficiencies, the majority of psychologists sought out complimentary practical training or individual supervision related to the fundamental aspects of their practice once they graduated from university. A large proportion of them said that they felt sufficiently prepared to go into solo practice and sufficiently competent in psychology only when that additional training had been completed.

In light of those facts and pursuant to its mandate to protect the public, the Ordre des psychologues du Québec had a duty to propose a solution that would take into account the changing knowledge and the diversification of professional services provided by psychologists.

● (1535)

Consequently, towards the end of the 1990s, the Ordre des psychologues du Québec, in partnership with Quebec universities, proposed developing a training model based on seven professional competencies. Furthermore, the Order also recommended increasing the number of hours devoted to practical training during the university course work. So, the former standard, which allowed for a 600-hour internship was increased to 2,300 hours. The universities which had up till then been providing professional programs at the master's level, felt that these new requirements could only be offered within a doctoral degree program.

Furthermore, having a Ph.D. standard based on competencies is widespread throughout North America. Most Canadian provinces, as well as most American states, require students to obtain a Ph.D. in order to independently practice this profession.

It should also be noted that the Canadian provinces have signed a reciprocity agreement allowing all psychologists to work anywhere in Canada. This agreement is competency-based, and was inspired by the Quebec training model.

During the consultations that preceded the adoption of the new regulation, various stakeholders consulted expressed some reservations and asked questions about the impact of making students obtain a doctorate on a future shortage of psychologists in Quebec.

At that time, the universities made the commitment to increase the number of spots in programs and to shorten their duration. As a result, since the 2006-2007 academic year, the year that the new regulation came into force, an additional 39 students were admitted into programs in Quebec, a 17% increase.

Furthermore, the Quebec government recently amended the Professional Code in order to give professional associations the regulatory tools they need to facilitate the recognition of foreign credentials. Furthermore, the Department of Immigration and Cultural Communities of Quebec is providing funding to the professional associations so that they can develop in partnership with the universities programs that ensure access to complementary training for candidates from outside Canada who apply to have their diplomas recognized.

The Ordre des psychologues du Québec, in partnership with the University of Sherbrooke, recently proposed a project to the Department of Immigration and Cultural Communities to develop a framework program for such candidates. This measure should help to facilitate access to professional training courses and, consequently, accelerate the licensing of immigrants.

Finally, the Ordre des psychologues du Québec is currently taking part in the round table bringing together the Quebec Professions Board, the Department of Health and Social Services of Quebec, and the Department of Education Recreation and Sports of Quebec in order to update occupational outlook information for health care and education and private practice.

Furthermore, Quebec currently has 2,300 psychologists working exclusively in the area of private practice. A poll conducted in 2005 by our association told us that a vast number of them are interested in a full-time or part-time position within the public network. The marked interest of psychologists in having a public sector position could be of interest to the Department of Veterans Affairs, which is concerned with ensuring ongoing services to veterans.

As I said earlier, the Ordre des psychologues du Québec currently has some 8,150 members, which is nearly half of all psychologists in Canada.

● (1540)

Over the past 10 years, the increase in the number of members has remained quite stable. The average increase in the number of psychologists was 200 a year. Of our more than 8,000 members, at the moment close to 2,000 of them provide care for people with post-traumatic stress disorder. Slightly over 4,500 members provide services for the treatment of anxiety-related problems. Close to 5,000 of them provide services to treat depression and almost 500 provide services for the treatment of alcoholism and drug addiction.

As regards a possible strategy, I should mention that there are a number of training options available in doctorate programs in Quebec universities. I am thinking particularly of options in clinical psychology, neuropsychology, children and families and work/organization, not to mention community psychology. It is mainly the professionals with training in clinical psychology who work with the victims of operational stress and their families.

Internships play an important role within the doctoral training program. Interns are students who do most of their practical training in clinics that specialize in treating trauma caused by operational stress. This can be a good way of ensuring the availability of services geared to the needs of veterans.

For example, the Quebec government is currently considering offering scholarships for interns as a way of recruiting psychologists in areas of practice with the most limited resources. A scholarship program for interns could definitely be an effective way for the Department of Veterans Affairs to encourage students to show an interest in providing services for veterans. Clinical training with veterans would also enable students to develop specific expertise geared to the veterans' needs.

Grants for clinical research, in cooperation with the universities, is another possible way of improving the overall availability of services for veterans. The money being invested by the department to treat trauma resulting from operational stress definitely deserves support from clinical research so as to assess how effective it is and to improve practices.

That completes my presentation. We will be pleased to answer any questions you may have.

• (1545)

[English]

The Chair: Just to let you know, you're at 13 minutes. You still have seven minutes, if somebody wishes to add something to your presentation.

Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ): I'll speak for seven minutes.

The Chair: I know you would, Monsieur Perron.

Mr. Sweet.

Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC): Are there copies of the opening remarks that were just read?

The Chair: I don't have one, sir. I believe they were just oral.

Mr. David Sweet: All right. Thank you.

The Chair: Now we will go to our predetermined list.

We will start with the Liberal Party of Canada, Mr. Russell, for seven minutes.

Mr. Todd Russell (Labrador, Lib.): Thank you, Mr. Chair.

Welcome to our committee, and thank you for that particular presentation.

I believe it is fair to say that there's a lot more focus on this particular area within the military in the last number of years, and certainly with some of the studies, if we can call them that, that have been conducted around people returning from areas like Afghanistan. There is even more of a light being shone on the need for psychology or mental health within the military itself to help veterans and people currently within the military structure deal with certain situations.

We have to segue into this in some way, shape, or form. Your organization is the order of psychologists of Quebec, right? You are a regulatory body that develops standards and that type of thing. Do you have an advocacy role, as such? I see there's an association of psychologists of Quebec as well, which it seems to me would have more of an advocacy type of role apart from a regulatory approach. Is that fair to say?

A voice: There is no such association.

Mr. Todd Russell: According to our notes, there is an association of psychologists of Quebec that speaks on behalf of approximately 1,000 psychologists who have joined its ranks. That is differentiated in the notes from the Order of Psychologists of Quebec.

[Translation]

Mr. Stéphane Beaulieu (Secretary General, Ordre des psychologues du Québec): If you do not mind, I will be speaking French.

In all the professions in Quebec, the role of the association is sometimes included with the professional body. So, of course, there are associations. The main role of the professional body is to protect the public. But the association movement is not as developed in Quebec as it is in other provinces or in the United States. Obviously, there are variations from one discipline to another. In psychology,

the association movement is less developed than in other jurisdictions or other professions.

So yes, sometimes the Ordre des psychologues du Québec plays an advocacy role, as you say in English.

[English]

Mr. Todd Russell: I guess what I'm getting at is that the access to psychologists or that level of professional is far less, I would think, on a per capita basis in rural areas than it is in urban areas. We do have veterans living in rural or northern and remote areas. There's no doubt about that. Is there a strategy for reaching out to those areas to provide those particular services? Is that a role that your organization would necessarily play in terms of reaching out to areas that might not have these particular types of services?

As well, if we want to bring the focus back on the military or the veteran, is there specified...? You say you can go into clinical or some other stream within the broad category of psychology, become more defined in terms of your interest or your field of study. Can one look at PTSD and the needs that exist within the military or with veterans within the scope of study that one would undertake, or is it more broad-ranging in that it applies to a variety of different situations?

• (1550)

[Translation]

Mrs. Marie-Josée Lemieux: You've actually asked two questions. The first is about access to the services of psychologists in the regions, and the other is about training. You ask whether there is specialized training for people who wish to provide services to veterans suffering PTSD. Is that correct?

[English]

Mr. Todd Russell: Absolutely.

[Translation]

Mrs. Marie-Josée Lemieux: With respect to the first question, as I said earlier, the mandate of the Ordre des psychologues du Québec is to protect the public. In Quebec, it works in cooperation with the department of health and social services, which is responsible for providing health care services in all regions of Quebec.

The Department of Health must ensure that services are available in Matapédia and Gaspé as well as in Montreal. So, it is—

[English]

Mr. Todd Russell: Labrador. I throw that in for your benefit.

[Translation]

Mrs. Marie-Josée Lemieux: As I said earlier, the Ordre works with the departments to help them develop strategies to encourage psychologists to go and work in these regions.

As in any profession, if the salary is the same in Montreal, Quebec City and Gaspé, people tend to prefer to live in Montreal or Quebec City. We need some incentives. The departments or the employer in question must come up with some.

Does that answer the first part of your question?

Mr. Todd Russell: Yes.

Mrs. Marie-Josée Lemieux: The second part of your question was about specialized training in PTSD. Earlier, we were saying that there were a number of training options or streams. Students in the clinical psychology stream will be the ones to work with patients with mental health problems. PTSD is one of the mental health problems, as are depression and anxiety.

There are no universities in Quebec at the moment offering a specific program in PTSD. However, there is a psychologist by the name of Pascale Brillon at the Sacré-Coeur Hospital, whom you met, I believe, who does specialize in this field. At the Louis-H. Lafontaine Hospital, a psychologist there, Stéphane Guay, also specializes in PTSD. Both of these psychologists work with trainees and interns from the Université de Montréal, UQAM, McGill and even Sherbrooke University.

During their training, students decide in which area they want to specialize.

Does that answer your question?

[English]

Mr. Todd Russell: Yes, and I'm out of time. I guess my point is that if the curriculum is not there, you can't choose it.

The Chair: He will have copious opportunities to further his questions later, I'm sure.

[Translation]

I will now give the floor to Mr. Perron from the Bloc Québécois. You have seven minutes.

Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ): I would like to thank our witnesses for appearing before us today.

I want to talk about really practical considerations. As you no doubt know, the Department of Veterans Affairs enters into service contracts with psychologists in Quebec.

With respect to services in remote regions, would the Ordre agree to give the Department of Veterans Affairs a say in choosing the best psychologist in a particular region with some experience in the treatment of PTSD?

I would recommend that the Ordre des psychologues du Québec pay a visit to the Sainte-Anne Hospital in Sainte-Anne-de-Bellevue. It does some very good research. Both Mr. Guay, Ms. Brillon and people from McGill work there. Efforts are being made to get more psychologists specialized in the treatment of PTSD, not only for the military, but for people who are rape victims, and so on. This type of stress can be caused by various situations.

I think the Ordre should be more proactive in the media and on television to get the message out. We need experienced psychologists to treat young soldiers and civilians suffering from post-traumatic stress disorder.

•(1555)

Mrs. Marie-Josée Lemieux: Mr. Beaulieu will answer part of your question, and I will answer the rest.

Mr. Stéphane Beaulieu: The main role of the Ordre is to protect the public. One of the ways of doing that is to ensure that our members have the skills required. We do that in two ways. We have input regarding the initial training for future psychologists at

university. We approve university programs. So we ensure that students receive the necessary components of a professional practice in their basic training. When it comes to clinical psychology, since clinical psychologists offer the services, particularly in the case of PTSD—

Mr. Gilles-A. Perron: I'm going to stop you right away, Mr. Beaulieu. You were talking about the internal workings of the Ordre des psychologues du Québec. I am sure you can do your job properly. What interests me are the services you provide and supervise for your clients. In my home town, Évain, in the Abitibi region, can I consult a psychologist with some experience to deal with my PTSD problem? If so, will you work with the Department of Veterans Affairs so that we can get three or four psychologists in the Rouyn-Noranda region who are qualified enough to get the contracts?

Mr. Stéphane Beaulieu: If I may, I will complete what I was saying, because I was coming to continuing education. Once a psychologist is practising, how does he or she go about acquiring new skills? Let us say that a psychologist's main training is in the treatment of depression, and that he or she must provide treatment to PTSD patients. Psychologists must take training in order to provide these services. That is required by their code of ethics. So continuing education is certainly one way of meeting this need. There are many psychologists in Quebec—probably more than in Canada as a whole—who provide treatment for PTSD.

According to information provided by the Sainte-Anne Hospital, there are 900 psychologists in Canada providing services to veterans in private practice. Many of them are located in Quebec. The problem of access to services in the region is probably not as acute as it is in the other Canadian provinces. There are more psychologists working in the regions in Quebec than there are in a number of Canadian provinces.

I hear your comment and your invitation to work cooperatively. That is definitely something we could look at. I think that one of the ways of doing this is to ensure that practising psychologists are qualified and provide a range of services. Does this specific group of clients require particular attention? That is possible.

Mr. Gilles-A. Perron: In terms of statistics—and here I am referring to American statistics, because unfortunately there are none available in Canada—approximately 8% of civilians need to see a psychologist because of PTSD. You may have the same statistics. They come from an American study. The corresponding figure for soldiers requiring treatment for PTSD is 18%.

So there are more clients from the military. The problems is, I don't want people to have to go to Montreal to get care. I want someone in the Abitibi region who knows about the disorder and who will develop the appropriate skills. This is the type of person we could recommend to the Department of Veterans Affairs. We have to have people in the Abitibi region who can do a really good job, because they have the qualifications for that. That is what I would like to see. I would like young soldiers as well as older soldiers to get these services, because PTSD is something that was covered up in the case of 80-year-old veterans. There are more of them who suffer from the disorder than we might think.

• (1600)

Mr. Stéphane Beaulieu: I would like to add something. Accessibility is definitely a problem. We do have psychologists distributed throughout Quebec, and we are pleased about that, but accessibility nevertheless remains a genuine problem. Earlier, in her opening remarks, Ms. Lemieux referred to an approach being studied at the moment by the Department of Health to get psychologists for remote regions or for areas with a shortage of resources.

One of the ways of doing this is to recruit psychologists when they begin their careers or even when they are at university. One approach is scholarships for interns. This would encourage students to specialize in services for veterans. They would therefore get to know this client group and what they need. Once these students are doing their internship, they develop some expertise, and the chances of keeping them are much better, of course. This is something that could be done.

That is not our responsibility, but rather that of the universities. As I was saying earlier, we do work with the universities.

Mr. Gilles-A. Perron: I can tell you that there is cooperation in Quebec City involving Dr. Chantal Descôteaux, the Chief Medical Officer at Valcartier, and a number of psychologists in the Quebec City region. I will come back to this, because I have a number of questions to ask you. I will take up some of the seven minutes that you have.

[English]

The Chair: The witnesses, our guests, can always respond for as long as they like. He's the one who's limited to seven minutes.

[Translation]

Mr. Gilles-A. Perron: My time is limited. You can talk as long as you like.

Mrs. Marie-Josée Lemieux: I see: in that case, if I may, I would like to add something.

We talked about scholarships. We understood from our discussion with Mr. Rossignol that you were looking for some ideas and strategies to get new psychologists. It is not up to us to tell psychologists that they should go to a particular location because there is a shortage there and too many psychologists somewhere else. That is not our job.

However, our members tell us that there is a serious problem at the moment involving the salaries paid to interns during their doctoral training. This is not true in most of the provinces. Most students in doctoral programs in psychology in Canada get paid for their work—either through a scholarship or in the form of a salary. That is not true in Quebec. The culture in Quebec is different.

When Mr. Beaulieu and I met with the Deputy Minister of Health last spring, she told us, that because of the danger of a shortage in some sectors, she was considering offering scholarships to attract students to take further training as psychologists in a particular sector or specialty. When we were talking about scholarships earlier, we were thinking of the Sainte-Anne Hospital, for example.

It is true that there is a specialty offered there in PTSD or operational stress, and this is part of the service provided to veterans. It could be a very good idea to offer scholarships to attract interns to

specialize in services for veterans. In this way, they would develop within the system and be able to offer specialized services.

Would you like to add something, Ms. Lorquet?

Mrs. Édith Lorquet (Legal Counsel and Secretary of the Discipline Committee, Ordre des psychologues du Québec): In practical terms, Mr. Perron, your question could have two parts: it could cover an individual in a particular region who does not know where to go, or it could be someone who knows who to see, but who lives in an area where there are no psychologists.

When individuals do not know where to turn, the Ordre des psychologues provides a reference service. As a result of this system, when psychologists pay their annual dues each year, they state their areas of expertise. If I remember correctly, PTSD is one of the areas that is mentioned in the list.

We have also drawn up a list of third parties that pay the bill, such as those involving workmen's compensation or the SAAQ. Could veterans be added to the list to spark some interest? That is an administrative matter, and it would be simple for us to do that. I promise I will check into that.

• (1605)

Mr. Gilles-A. Perron: You would have to get in touch with the Department of Veterans Affairs to find out what it wants.

Mrs. Édith Lorquet: For example, someone looking for a psychologist specialized in family matters with experience before the courts would use the reference system. Psychology students take the calls and usually direct them toward three people in practise in their region, so that people have a choice. So our inventory includes a geographic breakdown and areas of specialization. In the short term, this is something we could consider doing with the Department of Veterans Affairs.

[English]

The Chair: Wow. Seven minutes of questions turned into 12 minutes of testimony—impressive. That's a record. Consider yourself lucky, sir.

Now we'll go to the New Democratic Party, and Mr. Bevington, for five minutes.

Mr. Dennis Bevington (Western Arctic, NDP): Thank you, Mr. Chair.

It's fascinating sitting here, because of course I don't come to this committee very often. I'm replacing Mr. Stoffer, who is very much into this kind of discussion about veterans. I'm kind of wondering where I would go with this.

Certainly coming from a remote area of the country, the Northwest Territories, I know we have extreme problems attracting psychologists there. I understand the problems you have in bringing professionals into remote locations.

The best way I can serve your time here is to ask what kind of favourable outcome you think could come from your presentation to this committee. What kind of result would you see as useful?

[Translation]

Mrs. Marie-Josée Lemieux: I understand that access to psychological services is a problem for veterans. Are you asking me what would be a favourable outcome for my presentation today?

An Hon. Member: Yes.

Ms. Marie-Josée Lemieux: I wasn't sure I had understood you correctly.

To us a favourable outcome would be to give you some possible solutions and to draw you a rather explicit picture of the way we operate in Quebec. You could use these solutions to increase access to services for veterans.

What we tried to get across in our presentation is that there are many psychologists in Quebec who are deemed to be very competent. Several of them are in private practice. The poll we carried out in 2005 indicated that a large number of them would agree to work within the public network, in a place such as Sainte-Anne Hospital, if they received clinical training.

There is also another option which would involve attracting young psychologists through scholarships. For instance, they could receive on the job training at Sainte-Anne Hospital. Another option would be to provide research grants. The more research grants there are, the more researchers will be interested in this issue, the more researchers you have, the more students you get. It has a snowball effect.

The final option Ms. Lorquet put forward was of an administrative nature. You could add to the third party-payer list a section for veterans, which could lead psychologists to feel they can provide services to this population.

• (1610)

[English]

Mr. Dennis Bevington: Is your organization active in statistical analysis of the issues in Quebec with mental health and how they relate to veterans? Is that part of your ongoing role as an association, as an order?

[Translation]

Mr. Stéphane Beaulieu: Not really. We issue professional practice licenses. We are a professional body and not an association.

[English]

Mr. Dennis Bevington: So who would actually do that kind of analysis? Would it simply be Veterans Affairs? Would it come from a larger organization within Quebec that might look at problems within the whole society?

[Translation]

Mrs. Marie-Josée Lemieux: The clinical aspect of psychological practice, for instance how many veterans suffer from PTSD, is something that would fall under Mr. Stéphane Guay's area of expertise, at the Louis-H. Lafontaine Hospital. I believe that institution partners with Sainte-Anne hospital. Mr. Guay is aware of the evolution of knowledge in that area and of the breadth of the problem. That is not a part of our mandate.

Mr. Stéphane Beaulieu: I wanted to add that the research component is very interesting. Research is being led by universities in clinics where services are offered. So there is a synergy between

the universities and the service providers. It would be very profitable to know more about veterans, the pathologies, the evolution of illness and the effectiveness of treatment. These are certainly areas of research which would perhaps help the Department of Veterans Affairs gain a better understanding of issues of pathology and service provision. In my opinion, that is certainly an area that should be further developed. It's already being done, but based on our information, it could be improved in Quebec.

[English]

The Chair: Thank you. Good timing.

Now we are on to the Conservative Party of Canada, and Mr. Sweet, for seven minutes.

Mr. David Sweet: Thank you very much, Mr. Chairman.

Thank you for your time here. I also wanted to say thank you because we've had successive questioning around what can be done to get more people into the profession, and you came up with a very good suggestion about offering scholarships to encourage people to get into that profession. So it's one of the better ideas we've heard here about the specific number.

There are a number of challenges, but in your opinion, is the number one challenge about adequate service, really about the number of psychologists that are in the profession?

[Translation]

Mrs. Marie-Josée Lemieux: I don't know if you are strictly referring to veterans or the general public. Either way, we do not specialize in veterans health problems. We do know however how things work between Sainte-Anne hospital, the neighbouring clinics and Louis-H. Lafontaine Hospital, for instance. We do not know any specifics about access problems.

Mr. Stéphane Beaulieu: There are two questions. First, how appealing the profession is, and then, how appealing veterans as a client group would be to those entering the profession. It is not difficult to attract doctoral candidates in the area of psychology. That is not the problem. As we mentioned in our presentation, we are currently increasing the number of positions within our doctoral programs.

As stated by the Vice-President of the Ordre des psychologues, Ms. Lemieux, we do not know why it would be difficult to attract psychologists to offer services specifically to veterans. Unfortunately, we have no information on that.

[English]

Mr. David Sweet: That leads me to another thing I wanted to clarify with you. How would you characterize your relationship with Veterans Affairs Canada? Do you have a direct relationship with it? Or is it just specifically that some of your members are contractors with it, and that's the limit to the relationship?

•(1615)

[Translation]

Mrs. Édith Lorquet: At this point, there is no direct relationship with the department. So, as far as I know, at the Ordre des psychologues du Québec, we do not know what the situation is like in Quebec specifically. Is there an access problem? You are telling us that there is, but we have no details to that effect. Are some regions more poorly serviced than others? We do not know which ones. Is there a quality related problem? If there were, we would have received complaints, and there would be a process that would be followed. I do not believe there is a quality related problem, but that remains to be seen. What about numbers? Once again, we would have to see with the department what the situation is like specifically in Quebec, because I would imagine the problem differs from province to province. We have no objections to sitting down with departmental representatives. However, with respect to commercial relationships, which I would refer to as a contract, a mandate, that is something that is discussed between the member and the Minister of Veterans Affairs. We do not negotiate fees nor contract terms and conditions between our members and third-party payers, nor do we negotiate service contracts.

We certainly would be prepared to hold discussions with departmental representatives to try to see with them whether or not we can settle these accessibility problems.

[English]

Mr. David Sweet: But you are open right now to...?

Mr. Beaulieu, I believe you said that for people to get specialty training in PTSD, they had to go outside of the province. Did I capture that correctly? Is that not correct?

Mr. Stéphane Beaulieu: No, I didn't say that—or I don't remember.

Mr. David Sweet: No, that's okay. I thought you had mentioned it.

It was mentioned as well that there are basically two professionals training others. If psychologists in Quebec wanted access to PTSD training, particularly for veterans, there are two professionals at Sainte-Anne-de-Bellevue working with your order. Is that correct?

[Translation]

Mrs. Marie-Josée Lemieux: I think there was a misunderstanding. When we referred to M. Guay et Ms. Brillon, we were referring to people who came to testify before your committee, who have had contact with your committee. We know that Mr. Guay has done research with Ste. Anne's Hospital. Mr. Guay and Ms. Brillon are specialists in the area of PTSD. They are not the only two trainers in this area. Currently, they are two people who happened to stand out from a popularity and research productions standpoint, etc., but they are not the only two trainers in this area.

[English]

Mr. David Sweet: The last witness we had here was an occupational therapist. She actually spends all of her time working with aged veterans from the Korean War and World War II, whom we sometimes call traditional veterans. She was saying that one of the most important aspects of getting occupational therapists up to speed in working with veterans adequately, with dignity and

compassion, is to have those professionals understand the culture of the military, which is unique in and of itself.

I'm wondering if you have plans for your order, in terms of the additional training that you have for your psychologists in PTSD, to call on the services of, possibly, Veterans Affairs Canada to give that cultural indoctrination, so to speak, on how they can best relate to that specific and unique environment a veteran comes from, which is totally different from what the average person in Quebec or the rest of Canada would ever experience.

[Translation]

Mrs. Marie-Josée Lemieux: If I understood your question correctly, we want to know whether the Ordre des psychologues du Québec can provide specific training for psychologists who would want the added value of understanding military culture? Is that correct?

[English]

Mr. David Sweet: *Oui*. It would be part of it, or a component. You can teach all of the specialties around PTSD, how to diagnose it and how to be able to help them, but the cultural aspect is just as important when it comes to a veteran.

•(1620)

[Translation]

Mrs. Marie-Josée Lemieux: Our system is distinctive. The Ordre des psychologues du Québec must ensure that psychologists have adequate training, that they develop the necessary skills through continuing professional development. The Ordre is a regulator and ensures that. It does not offer services, we do not prepare courses on PTSD, for instance. We oversee training, various training programs that are offered, so that they may meet the minimum competency standards of the Ordre.

We have noted that programs are being developed which are a reflection of societal evolution, markets and needs. So, universities need to be kept abreast of these needs.

Having personally work on a few occasions with military personal as a clinical psychologist, I have a good understanding of the component, or a very specific culture which must be considered. But the Ordre cannot provide this type of training.

I think it would indeed be in the interest of the Department of Veterans Affairs to create partnerships with universities so that a type of specialty, if you will, can be developed in this area.

Our role is to ensure that psychologists who work for you have the necessary skills. It is not our job to develop these skills, rather it is the job of the universities.

[English]

The Chair: Thank you very much.

And there you go, seven minutes turned into nine minutes and 41 seconds. Very impressive.

We're on to the second round. Now there are no more seven-minute questions; they're all five now.

We're back over to the Liberal Party of Canada, and Mr. Valley, for five minutes.

Mr. Roger Valley (Kenora, Lib.): Thank you, Mr. Chair.

Thank you for coming in today.

You mentioned a couple of times the things that are working in Quebec and some things that are working in the rest of Canada. Our job is to find something that will work all across Canada. So thank you for that. After your time here today, if you want to send something in writing to us about things that you think should be in place across Canada to help veterans, we'd appreciate that. It would help our researcher if you have any thoughts on that afterwards. So you can think about that.

You're the regulatory body in the province of Quebec. Is there a federal body? Are the other provinces similar to yours? And at any point during the year, do all of you get together to talk about what we can do?

Mr. Stéphane Beaulieu: We do.

[Translation]

There is a Canada-wide organization for all professional psychological bodies which does hold meetings twice a year. That could be an interesting contact for the Department of Veterans Affairs.

[English]

Mr. Roger Valley: I hope this can fit into one our recommendations: that they should be meeting and this should be a place for them to start. I say this because we want to look at the successes, whether they're in Quebec or Alberta or anywhere, and try to get them into place across Canada.

I'm just wondering how many psychologists in your organization would have served in the military. My guess is that it is a very low number, if any.

[Translation]

Mr. Stéphane Beaulieu: It is probable, but we have no information on that.

Mrs. Marie-Josée Lemieux: We have no statistics on that. As Ms. Lorquet mentioned earlier, that is not one of the institutions we have indicators on when we register our members. We know which members work for the Department of Health and Social Services, we know which ones are in private practice, which ones are in private practice for the CSST or the SAAQ, but we have no statistical information on those who work for Veterans Affairs.

[English]

Mr. Stéphane Beaulieu: How many served in the military? Is that what you said?

Mr. Roger Valley: Yes, I'm just wondering who would have military service.

•(1625)

Mr. Stéphane Beaulieu: We don't know, sir.

Mr. Roger Valley: I would suggest that it may be an interesting figure for you to find out. You should do so from the organizations right across Canada, because no one is going to better understand the problems that veterans and serving military people have than someone who has actually been through them. So it would be an interesting exercise to find that out, not from the national

organization but from your national twice-a-year meet and greet session, or whatever you call it.

Mr. Stéphane Beaulieu: The cultural aspect is very important.

[Translation]

I'll continue in French, if you don't mind.

Once psychologists start providing services, they are confronted with this cultural reality. That is when training occurs. The issue is how to draw psychologists in this service network. Initial training, internship... People can do one-year internship. For instance, they can spend a year at Sainte-Anne Hospital or in any of the OSI clinics in Canada. There are five of them at the moment, and there will soon be ten. It certainly is the way of the future, because young psychologists are trained on-site, they understand the culture, they are interested in this clientele. They are more likely to remain.

There's also the issue of ongoing training for psychologists already practising. Almost 2,000 psychologists in Quebec offer post-traumatic stress disorder treatment. Almost 2,000 psychologists offer this type of service in Quebec. It is probable that very few of them are trained to work directly with these clients, because they do not know them. That does not mean they cannot work with them, but they do not have a good understanding of the culture. I think ongoing training could certainly be of interest.

Ongoing training is not mandatory in Quebec. It may become so under a new bill, Bill 50. Through mandatory ongoing training, the Ordre will have oversight on the type of training offered to its members. If there were a need in Quebec to specialize and to provide specific training to our psychologists for them to work with veterans, we would certainly be open to doing so. We would be prepared to assess the content of this training, evaluate supervisors who provide the training, if there is such a need, of course. Sometimes, you create a need. You must start by discussing it and creating an interest. I think that is certainly one approach to consider.

[English]

Mr. Roger Valley: I don't mean to shorten your answer. I would never do that. But are you aware of any psychologists who are actually serving in uniform at this point?

Mr. Stéphane Beaulieu: I'm aware that there are some in Quebec City, at Valcartier, but I can't tell you the exact names.

Mr. Roger Valley: Then I'll lead to my last question, because he is quite mean, the chairman.

You know the level of service you have in Quebec. You've explained some of the successes. We know that there's a twice-yearly gathering. Where does Quebec stand in services for veterans in your field, in the body you're regulators for, across Canada? Are you ahead of the curve? Is there another province that should be emulated? Is Quebec leading? I'm just wondering, if you have 8,000 serving and you have some serving in different areas, as you've mentioned, if there is something we should be following—because Quebec has a lot of services we should be following. I'm just trying to figure out where we fit and how we lead.

The chairman's cutting his throat. I'm not going to look that way.

Help me understand where we sit in Canada on services. If Quebec is doing quite well, where do the rest of us sit?

[Translation]

Mr. Stéphane Beaulieu: I cannot provide specific information with respect to services offered to veterans. When you compare Quebec to other Canadian provinces, psychologists in Quebec are far better integrated within public health care networks and schools.

The two departments—the Department of Health and Social Services and the Department of Education—have hired and continue to hire a large number of psychologists, many more than is the case in other provinces. As I stated earlier, there is a high penetration of psychologists within the entire health care network in Quebec. We are proud of this. It certainly is a model, but the culture is different in other provinces and it is difficult to compare. With respect to veterans, unfortunately, I cannot specifically answer your question.

[English]

The Chair: Thank you.

We'll now go to the Bloc Québécois.

[Translation]

Mr. Gaudet, you have five minutes.

Mr. Roger Gaudet (Montcalm, BQ): Thank you, Mr. Chairman. I will be splitting my time with my colleague so that he can ask other questions.

I've noticed two things. First of all, veterans have never contacted the Ordre des psychologues du Québec. True or false?

Mr. Gilles A. Perron: And vice versa.

Mr. Roger Gaudet: And vice versa.

Mrs. Marie-Josée Lemieux: To our knowledge.

Mr. Roger Gaudet: We have already met with physicians from Valcartier who have appeared before the committee. Do you believe that psychologists who work in the schools would be able to help veterans suffering from post-traumatic stress? It's a simple question.

•(1630)

Mr. Stéphane Beaulieu: Probably not right away.

Mr. Roger Gaudet: That answers my question.

Mrs. Marie-Josée Lemieux: In the schools, do you mean...

Mr. Stéphane Beaulieu: Do you mean educational psychologists?

Mr. Roger Gaudet: Yes.

Mrs. Marie-Josée Lemieux: No, they would not be qualified for that at all.

Mr. Roger Gaudet: The two physicians from Valcartier who came before the committee said that there are not enough psychologists in Valcartier. So not only are there not enough in Valcartier, but it would appear that this is the case everywhere, because everyone is complaining.

That answers both my questions.

Mr. Stéphane Beaulieu: However, we could flesh out our answer, if you don't mind.

Mrs. Marie-Josée Lemieux: In Quebec, psychologists who work in schools with children are not clinical psychologists who are qualified to treat cases of depression or PTSD.

Clinical psychologists who work in hospitals, medical clinics or in private practise may have the training required to treat PTSD. In Quebec, we have Mr. Stéphane Guay and his trainees, as well as Ms. Brillon.

Mr. Roger Gaudet: That's only four.

Mme Marie-Josée Lemieux: How many psychologists, out of the 2,300 who are qualified to treat PTSD, are familiar with the military culture? We don't know. We have given you the names of Mr. Guay and Ms. Brillon, but that doesn't mean that they are the only ones. It is just that they are well known because they are leaders in this field. They are the ones who will train future psychologists. That is what I recommend that you study. If access to services is a problem, ask them what we can do to attract psychologists, whether it be at the Valcartier base or Ste. Anne's Hospital.

Mr. Stéphane Beaulieu: There are psychologists who work in your institutions. There are five in Canada. There are also 900 psychologists who work in private practice and who offer services to the Department of Veterans Affairs. They are paid by a third-party payer, Blue Cross. You probably know this already.

Psychologists in private practice should perhaps be specifically targeted to receive ongoing training in order to develop their skills and acquire new ones. As for psychologists who work in institutions, they are permanent salaried employees. In the Quebec city area, there is a pool of psychologists. We need to recruit people who are not working or who are about to leave their jobs to take another one. This is perhaps more difficult to do.

We need to make this clientele more visible and educate psychologists. We focus a lot on basic training, raising awareness at the university level, practical training as part of internships, but also on research. This whole sector needs to be developed, and this could be a very interesting option for the Department of Veterans Affairs.

Mr. Roger Gaudet: Thank you. My colleague will continue.

Mr. Gilles-A. Perron: I am going to answer Mr. Roger Valley. Ms. Gough, who appeared before the committee on Tuesday, is a psychologist who married a military serviceman. She is an exception, because I do not think that there are many Canadian or Quebec psychologists who have military experience. They represent less than 1%.

Ms. Lemieux this question is for you. You may take all the time you need to answer.

When I refer to veterans, I refer to the treatment of post-traumatic stress, psychological treatment offered to spouses, children, firemen, policemen, all people who are much more likely to suffer such stress. The important thing is to find a way of improving your existing network of psychologists and to train others. You have a great many psychologists to train.

It's your turn to speak, because my time has run out.

•(1635)

Mrs. Marie-Josée Lemieux: I didn't quite catch your question.

Mr. Gilles-A. Perron: We need psychologists. How will you train them to ensure that they can help policemen, firemen, military serving members and their spouses? How will you increase the number of psychologists available? Psychologists make up approximately 0.01% of the Quebec population. Since there are some 7 million inhabitants in Quebec, that is only one psychologist for every 7,000 people.

I would like to hear your comments on that.

Mrs. Marie-Josée Lemieux: Mr. Beaulieu will answer you.

Mr. Stéphane Beaulieu: My answer goes back to what we said earlier. There is basic training and ongoing training. However, I am under the impression that the clinics in Quebec, especially the one in Sainte-Anne-de-Bellevue, are well staffed in terms of professionals. They already have an acceptable number of psychologists. The Department of Veterans Affairs adequately subsidizes this provision of services. According to what I have been told, as demand increases in Quebec, services are made available and staff is hired. These services are not only available to the client, but also to his or her family and relatives.

You referred to firemen and policemen. These services are tailored to their needs, that is, people who have suffered trauma, regardless of the environment. In this respect, Quebec is very well equipped: 1,900 psychologists provide services related to post-traumatic stress. Of course, there are different kinds of post-traumatic stress, as undergone by members of the military and police officers, respectively. For victims of car accidents or street assault, the CSST, the SAAQ and VCI, as third-party payers, pay the psychologists who provide services to this clientele. The array of services available is quite broad.

We're talking about military culture. As I said earlier, it would perhaps be a good idea to establish dialogue and provide more information about this clientele. I think that the department has been doing so for the past 20 years, but there is still work to be done. In my opinion, psychologists in Quebec are prepared to do more. The role of the Ordre des psychologues, however, is nonetheless limited. Under our mandate, we can grant licences, oversee the practise of the profession and the skills of our members and take disciplinary measures. But we should not be expected to overstep the boundaries of our mandate.

I think that we are a major player in the field of psychology in Quebec. We can convey messages and facilitate the process of raising awareness about this clientele. In that regard, if we can help you out, we will be happy to do so.

[English]

The Chair: That was impressive. Five minutes turned into eight minutes and 22 seconds.

Now we'll go to the Conservative Party of Canada, and Mr. Merrifield, for five minutes.

Mr. Rob Merrifield (Yellowhead, CPC): Thank you for being here.

Actually, I'm just catching up on the issue, but I want to ask, what degree of influence do you have with regard to curriculum when it comes to psychiatry in Quebec? Are you involved in that at all, or do you just regulate the psychiatrists once they become professionals?

[Translation]

Mrs. Marie-Josée Lemieux: As concerns curriculum, the Ordre des psychologues du Québec has, by regulation, a training committee. You will find this regulation in the documents that we prepared for you. In conjunction with the Department of Education and university representatives, this committee is mandated to ensure the quality of Ph.D. programs. The committee has established certification standards and minimum qualification standards, which were adopted by the Ordre des psychologues. That is what we oversee and what must be complied with. In terms of content, a given university may decide to place more emphasis on the community aspect. It often depends on its location. Another university may decide to develop a different option.

[English]

Mr. Rob Merrifield: The question was actually just leading, in the sense that when you look at an illness, you look at a two-pronged approach, usually: first, preventing other people from getting the illness; and secondly, how to treat the illness appropriately.

As for post-traumatic stress disorder in the military, which I think is the focus of the study in the committee, is there something we might want to do with regard to impressing upon the military the ways they could perhaps prepare their troops so that they can prevent an illness, rather than just looking at trying to clean up after they come back home? Is there something in their training that you could perhaps assist them with and give them advice on with regard to preparing them for what they're about to have with regard to a traumatic situation?

•(1640)

[Translation]

Mr. Stéphane Beaulieu: I should first like to point out that post-traumatic stress is not contagious. It's not a disease that you catch.

[English]

Mr. Rob Merrifield: It's an illness, though. If you know that they're going to come back with a high percentage—18%—how can we prepare them for it?

[Translation]

Mr. Stéphane Beaulieu: We are not experts in post-traumatic stress syndrome. However, I am a psychologist and my colleague is as well. One would have to validate what you're saying through research, but to my knowledge there is no way to prevent post-traumatic stress disorder. Generally speaking, you can do so for other mental health problems. So members of the Canadian Forces could certainly benefit from receiving treatment aimed at preventing any type of mental health problem, which can have a positive long-term effect. Hiring psychologists to work with the Canadian Forces to help them adopt a healthier lifestyle and mental health care would be a very good initiative.

Mrs. Marie-Josée Lemieux: You cannot completely prevent post-traumatic stress syndrome from developing. Some factors increase the risk of a person developing this syndrome, and other factors can decrease the risk. Mr. Beaulieu mentioned a healthy lifestyle and good mental health. A person who, from the outset, is well grounded, has a good social network and a healthy lifestyle, may be much better equipped to deal with trauma, be it PTSS or drug addiction. Certainly, a lot of research could be undertaken to determine which factors contribute to this situation within the armed forces today.

[English]

Mr. Rob Merrifield: That's where I'm going with it. If you're saying we need more research, perhaps that's fair.

With regard to the military and the people we recruit for the military, we choose a very small number of those who apply. There is the potential, if we could be alerted quickly enough, not to take individuals who are perhaps prone to do danger to themselves because of putting themselves in risk situations, such as a high-stress situation. They might be pruned out early for their own protection.

My question, then, is this. Do we have to reinvent the wheel with regard to research, or are we doing work with other countries that have already gone through this process? Do they have something that perhaps we can learn from them with regard to the prevention side as well as the treatment side—such as working with the United States, Great Britain, or other countries that have been in theatre over many years, with perhaps more experience than we have?

I'll let you answer for five minutes. That's a neat trick; I never get away with this—I chair another committee.

[Translation]

Mrs. Marie-Josée Lemieux: We can't really answer that question. Indeed, it might be much better for you to speak with experts in the field. As far as I know, the military can apply selection tests and psychometric tests. Some employers make potential employees undergo psychometric tests. They do so to find the right person for the job, if they're looking for one type of personality rather than another, so they will base their choice on the results of those tests. The same approach could be taken to help a person deal with the potential fallout from an event before or after it happens. The way trauma is treated can affect the way PTSS develops. So what you're talking about is doing research on the ground within the military.

• (1645)

[English]

The Chair: Thank you.

Now it's over to the Liberal Party of Canada, to Mr. St. Denis, for five minutes.

[Translation]

Mr. Brent St. Denis (Algoma—Manitoulin—Kapuskasing, Lib.): Thank you, Mr. Chairman.

Thank you for being here today.

[English]

We need people like you to help us understand better the challenges we face as we try to assist the veterans.

Much of the discussion today was more about the challenges you face as a professional group, but I'd like, as much as possible, to talk about the veterans specifically.

Within the field of your profession—I'm speaking as a layman when it comes to medicine—you have specialties within the various medical fields. Can one specialize in operational stress, with PTSD injuries? Can somebody say, that's what I'm going to focus my career on?

[Translation]

Mrs. Marie-Josée Lemieux: If you're talking about the medical model, and if you define “specialty” in that way, like a cardiologist is a doctor specialized in cardiology, specialties don't exist per say in psychology in Quebec.

Each psychologist who is a member of his or her professional order is responsible, under the Code of ethics, to provide services and take measures only within the limit of his or her skills, training and rights as a psychologist.

That being said, when it comes to training, certain psychologists choose to work at the community level, others in groups, and yet others in a clinical setting. Clinical psychologists can develop expertise in the treatment of post-traumatic stress syndrome. Yet the field of clinical psychology is extremely vast.

So it really all depends on the area the psychologists has chosen to train in and the environment. The institutions which provide psychological services indicate to universities and other educational institutions the specific areas where psychologists are needed. Some psychologists become extremely specialized in their field, such as working with autistic children.

In Quebec today, there are nearly 2,000 psychologists who have been trained to treat post-traumatic stress syndrome. There are no statistics which might indicate how many of them treat Quebec's veterans. Saint-Anne Hospital has an employee support program which retains the services of 900 psychologists for its people in Canada.

[English]

Mr. Brent St. Denis: *Merci.*

With a shortage of psychologists, one would assume that leads to longer wait times—longer periods of time between appointments, follow-ups, and so forth. I'm assuming that research has been done. Obviously the longer somebody with a heart problem waits, the greater the risk of something getting worse before the next appointment. Is it a fair assumption that for a veteran coming back from service, leaving the service, or still in the service and needing treatment, because of the shortage of professionals there is a longer wait time for service? Do we know whether, on the whole, that actually costs us all more? Not only is it worse for the client—the military person or the veteran—but it's worse for society in terms of costs and impacts on families. Do we have any measures on the cost of the shortage?

Your answer might be a general one, and I'm assuming that a general answer would apply to soldiers and veterans as well. Did I make my point clear?

•(1650)

[Translation]

Mrs. Marie-Josée Lemieux: I will give you a general answer. In Quebec today, there is no shortage of psychologists, but there is a lack of psychiatrists. Further, it is very hard to find a general physician, but there is no shortage of psychologists. The problem lies with the referral process, and that is because people have to wait such a long time to see their doctor. The doctor then refers them to a psychiatrist, and then the psychiatrist refers them to a psychologist. That's what takes so long.

But, generally speaking, there really is no shortage at all of psychologists. On the contrary, with everything happening in Quebec today with regard to the reorganization of the mental health care system, the role of psychologists has become much greater. A psychologist is included in every front-line mental health team. When Bill 50 is adopted, and we hope this will happen soon, the psychologist will have access to the file containing a patient's mental health history and evaluation, and this will compensate for the difficulty in finding a psychiatrist.

I don't want to bother you with the jargon, but psychiatrists will usually step in in extremely complex second- and third-line cases. PTSD is a first-line condition. So if, from the very start, a psychologist is involved and makes a diagnosis, the patient will not have to first wait to find a doctor or a psychiatrist.

Does that answer your question?

[English]

The Chair: Thank you.

Now we're over to the Conservative Party of Canada, and Mr. Stanton, for five minutes.

Mr. Bruce Stanton (Simcoe North, CPC): Thank you, Mr. Chair.

I'm delighted to be here for the first time at this committee, and I'm happy to stand in for my colleague this afternoon. I picked up some of the dialogue in the later part of the meeting today, and I understand that the committee is currently working on a study of the veterans independence program that takes a close look at the ability of veterans and their families to maintain their independence in the home.

Would you be in a position to comment on how that type of ongoing independence in a home-type environment assists veterans and their families from a psychological point of view?

[Translation]

Mrs. Marie-Josée Lemieux: Are you referring to a specific program?

[English]

Mr. Bruce Stanton: The program that is run through Veterans Affairs Canada. It concentrates on assisting veterans and their families to remain in their homes. I wonder if you could comment on the psychological benefits to the veterans of remaining in their home environment. What benefits are gained?

[Translation]

Mrs. Marie-Josée Lemieux: I can't really talk about a program I am not familiar with and I have not read about. But generally speaking, it's best if a person can receive treatment without leaving the people who love and support him or her, as far as that's possible. But we can't say much more because we are not familiar with that program.

[English]

Mr. Bruce Stanton: Maybe I'll try a different line of questioning, then. This is more general.

Because your organization represents your profession in psychology—a very important profession, I must say, and certainly one we have a growing need for, not just in Quebec but across the country—I wonder, do you take an active role in helping to dismiss some of the stigma attached to mental illness in general, and what steps do you take in that regard?

•(1655)

[Translation]

Mr. Stéphane Beaulieu: The Ordre des psychologues du Québec is very involved with public education. We deal with the media on a weekly basis, sometimes even on a daily one. The order has a pool of psychologists who are readily available to answer questions from the media and the public. Of course, newspapers and television are ideal vehicles for us to get our message out. The order has a pool of psychologists who are available to answer any questions with regard to the topic of the day. So we do a lot of education in that regard.

Mr. Bruce Stanton: Very well, thank you.

I will now give the floor to my colleague, Mr. Sweet.

[English]

Mr. David Sweet: I just want to clarify one thing. Mr. Merrifield mentioned psychiatrists, but you regulate psychologists only. Is that correct?

This is more for my personal interest. You mentioned that you had observed in other provinces—I hope I didn't get this one wrong as well—that generally speaking, the PhD students have the capability of working as they're getting their doctoral degrees, but that's not the case in Quebec.

Did I hear that correctly, and if I did, could you tell me why that is? What is the root cause of that?

[Translation]

Mr. Stéphane Beaulieu: You are asking why psychology students are paid while they're still learning, except in Quebec. First, it is true that in other Canadian provinces, there are many more paid internships than there are in Quebec. However, that is not the general situation. It's not true that 100% of the internships throughout the rest of Canada are paid positions, but certainly there are more than in Quebec. When the Canadian Psychological Association grants an institution internship status, it automatically becomes a paid internship, except in Quebec.

I could not tell you why. It is certainly an historical issue. Internships and practicums in the areas of mental health and human relations are not traditionally paid positions in Quebec. However, there are more and more paid internships in psychology in Quebec. But there aren't enough of them and only a minority of internships are still paid. But in universities, there is a movement involving students and professors which is trying to change that.

Mrs. Marie-Josée Lemieux: Therefore, if you want to attract students and get them interested in working with veterans, the department should offer paid internships at Sainte-Anne's Hospital, for instance, and there is no doubt that many new psychologists would want to specialize in that field. There's no doubt about it.

[English]

The Chair: As it turns out, that wraps up Mr. Stanton's time—but Mr. Sweet, you looked at me as though you wanted to potentially continue.

Mr. David Sweet: No, I think I've exhausted the questions that I wanted to make sure were asked.

The Chair: Mr. Stanton, Mr. Merrifield, do you have any follow-up questions?

Okay. Then it's over to

[Translation]

Mr. Perron, of the Bloc Québécois, you have five minutes.

Mr. Gilles-A. Perron: As far as the paid internships are concerned, I'll tell you what the problem is, it's not rocket science. Each province is responsible for its own health care system. So Quebec has chosen its own model. Is it the good one? I'm not criticizing it. However, that's why it is extremely difficult to compare one province with another in the areas of health or education. These are provincial jurisdictions. That's why it is extremely difficult to draw comparisons.

The program you were asking questions about is precisely the one we are studying here. The Standing Committee on Veterans Affairs is trying to find ways to provide better services to three types of veterans: elderly veterans, that is, those 80 years old and over, those who participated in peace missions, and the younger veterans, especially those suffering from post-traumatic stress. We have to find ways to provide them with better treatment.

I am convinced that it would be a good idea for the Ordre des psychologues du Québec to meet with senior officials from the Department of Veterans Affairs. You said that there are enough psychologists in Quebec. If you draw the ratio, there are seven million Quebecers and 8,000 psychologists, which represents about 0.01% of the population of Quebec.

In Afghanistan, there are 2,500 members of the Canadian Forces and 4,000 or 5,000 civilians on the ground, but there is only one psychiatrist and one nurse who has a certain amount of training in psychology or psychiatry, and then there are the chaplains, who save souls. That's all we have to treat our soldiers.

A little earlier, you asked whether we could focus on prevention. Yes, we can. We spend millions of dollars to train our soldiers in the United States for five or six months before sending them out on a mission. They are taught about post-traumatic stress for a couple of

hours, they are told about the symptoms and the conditions. I am referring to what Dr. Chantal Descôteaux said; she is the Chief Medical Officer at CFB Valcartier.

I've been an MP for 11 years and it's barely been two years that the Department of National Defence has been quietly talking about psychological or operational injuries. The talk used to be all about nervous breakdown, semi-nervous breakdown, very nervous, not too nervous, all kinds of nervous breakdowns, but it only ever was nervous breakdowns. Sometimes, members committed suicide, which marks the unfortunate end of post-traumatic stress.

I've met with people my son's age who are suffering from post-traumatic stress. When I saw them, they were all “fucked up”—pardon my English—, they had “lost it”, they were on drugs, they were drunk, and they were divorced because their wives and children had left in fear, and it was really pathetic.

You have your work cut out for out. I am willing to help you make contacts. We could make the Department of Veterans Affairs more sensitive to the need to better train psychologists, to hire more of them, to have them work in isolated regions, not only in Quebec but in the rest of Canada as well. This is not an issue of politics or of country; this issue affects the health and future of our youth, these 25 or 30-year old kids who are all messed up.

That was my final, very emotional, comment. You can respond now. Thank you very much, that was terrific.

● (1700)

Mrs. Marie-Josée Lemieux: May I respond?

Mr. Gilles-A. Perron: Yes, you can say whatever you want.

[English]

The Chair: Please try to respond in parliamentary language, regardless of what....

[Translation]

Mr. Gilles-A. Perron: My language was not parliamentary.

Mrs. Marie-Josée Lemieux: We are all very sensitive to the issues you have raised. The reason we are members of the Ordre des psychologues is because we are sensitive to the suffering of others and we really want to help those people get better and to send them on the road to recovery.

We would be pleased to meet with officials from the Department of Veterans Affairs, if they want to meet with us. As we saw today, we don't have an answer for each and everyone of your questions, but if we can have officials meet with people in Quebec who could help them develop measures, we would be pleased to do so.

Thank you.

[English]

The Chair: Okay, now I believe I've extinguished the list of questioners.

Thank you very much for your presentations today. I hope you'll be okay.

Usually I carry on with some business. I would just like to raise some ideas with some of the committee members quickly before we wrap up.

We have, of course, the trips we're going to be taking to Petawawa and Quebec City. Just after those trips are dealt with, we still have the witnesses Mr. Stoffer of the New Democratic Party wanted us to have. On May 1 we will have Dr. MacKinnon, whom some of you had a chance to meet in Shearwater, and on May 13 we'll have General Semianiw and Surgeon General Jaeger. They've already been scheduled. I get a sense from several parties, though, that there is a willingness to move on to finalize our report and to then carry on from there and move to the next issue.

So I'm just putting it to the committee for their thoughts. I am open to the idea that these witnesses can present written submissions, since we've had a chance to hear them previously in some format, and to allow Michel, for example, to work them into the report we're going to be looking at, at least in draft form, next Thursday. So I'd like to get some feedback from the committee on that.

Go ahead, Mr. St. Denis.

•(1705)

Mr. Brent St. Denis: As we're going to have another cut at the report next Thursday, and since we'll have our two other field trips completed by a week Tuesday, and as impressive as Dr. MacKinnon was and continues to be in Shearwater, if she were willing to make additional comments in writing....

Where are the other people from?

The Chair: They are from the Department of National Defence.

Mr. Brent St. Denis: Are they here in town?

The Chair: I assume so. I don't know. We're not sure. They're all over the place. They're generals.

Mr. Brent St. Denis: In any event, with the uncertainty of timing, I would suggest that it would be reasonable to ask them to put something in writing that would be helpful so we could try to wrap this up, conceivably at the end of April-ish.

The Chair: That sounds copacetic with me. Do we have feedback from other parties around the table?

Mr. David Sweet: What I like about this committee, Mr. Chairman, is that the amount of agreement we have on so many things is just phenomenal. I think it's the case here, as well, on prolonging it another month. I think all of us are feeling that we need to get to this report and get through it line by line and get it done. So I fully agree with Mr. St. Denis.

The Chair: Fair enough.

Do we have any feedback from our friends in the Bloc? Monsieur Perron, there are three witnesses who have been booked: Dr. MacKinnon, whom some committee members had a chance to meet in Shearwater; and on May 13, General Semianiw and Surgeon General Jaeger.

I sense that there are several parties around the table, certainly the Conservative party and the Liberal party, that are of the mind that maybe we can take written submissions from these people. We'll have toured the bases by then. I think people want to get on with the report, finalize it, and move on to the next subject. So the idea is to consider taking written submissions from those people and to move on to the next subject.

Mr. Gilles-A. Perron: Yes, okay, no problem.

The Chair: Okay, so Mr. Perron and the Bloc are in agreement with that. That's just so we touch base with everybody on that. Fair enough. We'll probably inform Mr. Stoffer of that.

With that, I think I'm going to call the committee meeting adjourned.

Thank you very much to our witnesses for your appearance today and for your feedback. Thank you.

The meeting is adjourned.

Published under the authority of the Speaker of the House of Commons

Publié en conformité de l'autorité du Président de la Chambre des communes

**Also available on the Parliament of Canada Web Site at the following address:
Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante :
<http://www.parl.gc.ca>**

The Speaker of the House hereby grants permission to reproduce this document, in whole or in part, for use in schools and for other purposes such as private study, research, criticism, review or newspaper summary. Any commercial or other use or reproduction of this publication requires the express prior written authorization of the Speaker of the House of Commons.

Le Président de la Chambre des communes accorde, par la présente, l'autorisation de reproduire la totalité ou une partie de ce document à des fins éducatives et à des fins d'étude privée, de recherche, de critique, de compte rendu ou en vue d'en préparer un résumé de journal. Toute reproduction de ce document à des fins commerciales ou autres nécessite l'obtention au préalable d'une autorisation écrite du Président.