HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

HUMA • NUMBER 036 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Tuesday, December 13, 2016

Chair

Mr. Bryan May

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

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● (0845)

[*English*]

The Chair (Mr. Bryan May (Cambridge, Lib.)): Good morning, everybody. I'm glad to have everybody here this morning.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Monday, June 13, 2016, the committee is resuming its study on poverty reduction strategies.

We are joined this morning by Timothy Diette, Redenbaugh associate professor of economics, from Washington and Lee University. As well, from McMaster Children's Hospital, we have Dr. Peter Fitzgerald, president. Welcome.

Coming to us via video conference, from Hamilton, Ontario, we have Dr. Ellen Lipman, medical doctor, child and youth mental health program. Thank you very much for joining us.

From Pauktuutit Inuit Women of Canada, we have Tracy O'Hearn, executive director.

Welcome to all of you. We don't have as many as we usually have, so we'll give each group 10 minutes today for their opening.

We will start with Timothy. The next 10 minutes are yours, sir.

Professor Timothy Diette (Redenbaugh Associate Professor of Economics, Washington and Lee University, As an Individual): Thank you, Mr. Chair and members of the committee.

I'm honoured to have the chance to share some thoughts based on research I have co-authored with my colleagues, Art Goldsmith of Washington and Lee University, William Darity Jr. of Duke University, and Darrick Hamilton at The New School, regarding connections between poverty, unemployment, and mental health. In addition, my comments are also informed by my work as a faculty member for Washington and Lee University's Shepherd program for the interdisciplinary study of poverty and human capability.

I have listened to portions of the recent meetings of this committee and have been impressed by both the quality of the witnesses and the questions from members. I hope my comments will be helpful in the important work of this committee.

Psychologists and sociologists have argued as far back as the 1930s that unemployment damages emotional health and undermines the social fabric of society. Psychologists draw a conceptual connection between involuntary joblessness and mental health in numerous ways, such as incomplete psychosocial development, feelings of helplessness brought on by a perceived lack of control, and failure to obtain the non-monetary benefits of work.

Erikson postulates that healthy personality and emotional development during adulthood requires that a person believe they are making strides to enrich themselves by contributing to their family and community. Otherwise, self-esteem is compromised, leading to anxiety and self-doubt. Seligman asserts that feelings of helplessness arise when a person believes they have little influence over important events in their life, such as securing meaningful work. In his view, prolonged helplessness can lead to depression. Jahoda contends that unemployment is psychologically destructive because it deprives a person of the valued, but unobserved, by-products of employment, including a structured day, shared experiences, and status.

A widespread conviction in psychology is that the response to stressful events, such as unemployment, takes the form of a progression through stages. Shock tends to characterize the initial phase, during which the individual is still optimistic and unbroken. As unemployment advances, the individual becomes pessimistic and suffers active distress, and ultimately becomes fatalistic about their situation and adapts unenthusiastically to their new state.

The unemployed are expected to exhibit poorer mental health due to elevated levels of anxiety, frustration, disappointment, and alienation. Moreover, these feelings are likely to be more pronounced among those who shoulder greater financial responsibilities and persons with a greater sense of self-efficacy fostered by prior success in a host of domains, including school and work. Thus, the highly educated are particularly vulnerable to the debilitating emotional consequences of unemployment. A host of factors may buffer the adverse psychological impact of involuntary joblessness, including an understanding spouse, parents, siblings, adult children, and friends.

Social scientists from a range of disciplines have provided cross-sectional evidence of a connection between unemployment and various indicators of mental health; however, these researchers recognize the potential for reverse causality, where poor mental health can lead to joblessness and thus call their results into question.

Numerous researchers attempt to address this problem by examining persons who switch over time from work to unemployment; however, their findings supporting the link between unemployment and a decline in emotional well-being, although compelling, are not definitive evidence of a causal link, because something unobserved by the researcher may have changed before the onset of unemployment that damaged a person's emotional well-being, such as disappointments at work or unexpected health problems. A second shortcoming identified by Kessler, Turner and House in conventional studies using both cross-sectional and panel data is the selection into unemployment on the basis of prior mental health. This makes it challenging to decipher if unemployment causes poor mental health.

● (0850)

In a recent study, my colleagues and I apply a new strategy to address both of these concerns. We first restrict our analysis to individuals who have never had bouts of poor mental health prior to the last 52 weeks.

This strategy reduces the likelihood that poor mental health causes the unemployment. It also allows us to interpret the effect of unemployment on emotional health for an individual in good mental health prior to the unemployment spell. Note, however, that our results will apply only to this particular subsample. I should also note that all of this is using data from within the United States, and we're always concerned about applying results from one country onto another country.

Second, we separate those in the sample into three groups based on their employment history over the past year, or 52 weeks: those who are employed the entire period, those experiencing less than 26 weeks of unemployment or what I call the short-term unemployed, and those experiencing 26 or more weeks of unemployment or the long-term unemployed. This allows us to test the hypothesis that short-term bouts of unemployment are less traumatic than are longer spells. Our results shed light on a number of key issues, and can be interpreted as causal with greater confidence than can existing findings in the literature.

First, we add to the evidence that long-term unemployment has large negative effects on mental health. Second, the negative effects —again this is in the context of the United States—are larger for black and Latino individuals. Third, short-term unemployment does not significantly harm mental health. Fourth, the potential buffers I mentioned earlier do not appear to substantially change the odds of suffering from poor mental health. Finally, those with more education suffer a larger emotional penalty for being long-term unemployed.

The body of evidence offered by social scientists, including psychologists, suggests that to ignore mental health costs is to understate the negative effects of long-term unemployment. Thus, public policies aimed at improving labour market performance should account for the mental health costs of joblessness. Our research highlights the importance of implementing policies and programs that reduce unemployment, especially long-term unemployment. Moreover, public policy should be mindful of the support needed by those who are long-term unemployed.

Unemployment is not the only traumatic event associated with negative effects on mental health. In a series of studies with the same co-authors mentioned earlier, I've examined the effects of other traumas, namely, sexual assault, violence at the hands of parents, violence by others in the community, and stalking. All of these traumas, whether experienced as a child or as an adult, are associated with either current or subsequent negative effects on mental health, happiness, and education outcomes for children. We examined those in separate papers.

Unfortunately, these traumas are associated with being in poverty. All of this evidence highlights the importance of taking a full accounting of all the costs associated with poverty. This suggests that while effective tools for fighting poverty may require significant resources on the part of government, the alternative—more people in poverty—carries significant monetary and non-monetary costs to government, individuals, and society as well.

Thank you, Mr. Chair and members of the committee. I look forward to your questions.

● (0855)

The Chair: Thank you very much.

Now from McMaster Children's Hospital, we have Dr. Peter Fitzgerald, who is the president, and by video conference, Dr. Ellen Lipman.

The floor is yours.

Dr. Peter Fitzgerald (President, McMaster Children's Hospital): Thank you.

Good morning and thank you for the opportunity to speak with you today. I am joined by Ellen Lipman by video conference, as you mentioned. I just want to point out that Dr. Lipman is the head of our child and youth mental health program at the hospital, which is one of the largest programs in Canada. She's also one of the lead researchers in this field within Canada. I think you'll find her part of the presentation to be very informing.

I want to start by commending the committee for its work in studying poverty reduction strategies, and particularly its decision to extend the scope of its important work to include mental health issues.

To frame Dr. Lipman's part of the presentation, I want to say a little bit about Hamilton, Ontario. As Ms. Tassi knows, Hamilton is commonly identified with the steel industry, at least historically, but today Hamilton is a diverse city of over 500,000 residents. About one-quarter of our residents were born outside of Canada. While there is income variability across Hamilton, poverty is apparent. The Hamilton urban core is identified as one of the areas in the province of Ontario with the highest percentage of the population living in poverty. Part of Hamilton's vision is to become the best place in Canada to raise a child. However, in Hamilton approximately one in four children lives in poverty. The links between poverty and child and youth mental health are very meaningful for those of us who live and work in Hamilton, particularly for those of us in the health care sector.

Now I would like Dr. Lipman to discuss the very important relationship between child and youth mental health and poverty, and to outline strategies we believe will help with this issue.

Dr. Ellen Lipman (Medical Doctor, Child and Youth Mental Health Program, McMaster Children's Hospital): Thanks very much.

Again, thanks for the opportunity to present today. I am going to talk about the relationships between child and youth mental health and poverty, but I want to begin by giving a brief overview of what we know about child and youth mental health difficulties.

According to the global burden of disease study, mental health and substance use disorders are the leading cause of disease burden worldwide, and Canada is no exception. While we often think of these disorders as disorders of adulthood, it's important to recognize that they emerge early in the life course, with estimates of over 1.2 million Canadian children and youth, or roughly 20%, being affected by a mental health disorder.

There is a large burden of suffering associated with child and youth mental health problems, including the impact on the children themselves and on the families, and costs to the health, educational, and judicial sectors, to name a few. It's troubling that many of these children did not receive specialized mental health services. If left untreated, the consequences are profound, causing significant distress and impairment throughout the life course. Up to three-quarters of adults with mental health disorders date the beginning of their difficulties back to childhood or adolescence.

Many children and youth with mental health problems are exposed to poverty, and there is a dynamic and bidirectional association between child and youth mental health disorders and poverty. While we often think of poverty as a determinant of poor mental health, it's important to acknowledge that poor mental health can contribute to poverty.

First, I'll focus on child and youth mental health problems influencing poverty. We know that these problems are common and can influence children and youth in many ways. For example, children with mental health problems may have trouble doing the things that most children are able to do in that developmental stage, such as progressing in school, having successful friendships, and getting along with their siblings, teachers, and parents.

Prospective studies that follow these same children into early adulthood provide compelling evidence for the long-term adverse effects of childhood mental health problems on young adult functioning. For example, 60% of young adults who experienced a childhood mental health problem report adverse adult outcomes, including high school dropout and unemployment, compared to 20% of those who did not experience a childhood mental health problem.

Additional adverse adult outcomes include physical and mental health problems, problems with social functioning, and legal problems. These impairments in adulthood clearly influence financial and occupational stability and can contribute to poverty.

Second, I'll focus on poverty influencing child and youth mental health. Children living in poverty are two to three times more likely to develop mental health problems. Parental nurturance, cognitive stimulation, and an accumulation of exposure to related psychosocial risk factors can all help explain why children growing up in poverty are more likely to experience mental health problems. For example, children who live in poor households may have parents with their own physical or mental health problems, who have struggled in school and who have difficulties maintaining stable employment or ensuring adequate resources are available to the family. A living situation may be crowded and provide less cognitive stimulation, which may contribute to poor academic outcomes.

Early exposure to poverty has been linked to worse mental health in emerging adulthood as a result of an accumulation of exposure to associated psychosocial risks such as family turmoil and family separation, and physical risk factors such as substandard housing and crowding. It's clear that the experience of childhood poverty modifies dimensions of the personal, familial, school, and community context that children need in order to thrive and contribute meaningfully to society.

I want to end by focusing on six recommendations for mitigating the effects of poverty on child and youth mental health.

Number one, start early. This will allow preventive and early interventions that address early childhood emotional behavioural problems and are likely to have the highest impact, since trajectories of these problems are often established early and tend to persist over time, and the ability to change behaviour and brain plasticity decreases over time.

● (0900)

Number two, provide service at the right time. This will allow a focus on developmentally sensitive periods, such as early childhood and pre-adolescence, early in the course of symptom presentation or illness.

Number three, we want the right identification. From the broadest perspective, the right identification requires increased ability to recognize concerning behaviours, and that means increased education about what the scope is of normal behaviour and what the early signs are of mental illness for youth and children. With the right identification, more systematic identification may occur through established systems of care, such as regular baby and child visits to primary care. This will need associated investments in the primary care system to work. We also want identification that is supportive and not stigmatizing.

Number four, increase the availability of services. We propose increasing the training of allied health professionals and increasing the funding of mental health initiatives for children and youth.

Number five, provide service in the right place. We propose providing universal and targeted programs for prevention and early intervention in community and health agencies, where children at high risk and families with needs will present.

Number six, provide the right intervention. We want to use interventions that target modifiable risk factors, such as caregivers, mental illness and coping, and positive parenting strategies. We want interventions that are multi-systemic and cross-sectoral, so we can target not only child difficulties but also the social needs of families. We also want to use interventions that have evidence or to ensure that interventions are evaluated, if they're used. We certainly don't want to cause harm, and we want to evaluate cost-effectiveness.

We want to thank you again for the opportunity to present in front of this committee.

● (0905)

The Chair: It's our pleasure. Thank you very much.

Now from Pauktuutit Inuit Women of Canada, we have Tracy O'Hearn, executive director.

Thank you.

Ms. Tracy O'Hearn (Executive Director, Pauktuutit Inuit Women of Canada): Thank you very much.

Ullakut. Good morning. *Bonjour*. On behalf of our president, Rebecca Kudloo, we thank the chair, vice-chairs, and members of the committee for inviting us today. We greatly appreciate the opportunity to bring forward the issues and priorities of Inuit women across Canada. President Kudloo lives in Baker Lake, Nunavut, the geographic centre of Canada. She was not able to be here with you today.

We hope our testimony and participation will contribute to fulfilling the Prime Minister's commitment to a renewed relationship with first nations, Inuit, and Métis that is rooted in reconciliation. We also appreciate the Prime Minister's commitment to gender equality. We look forward to a demonstration of that.

My comments today are very much linked to the testimony of previous witnesses, although I bring forward a much broader view. Today I'd like to situate for you the relevant issues in Inuit communities in the context of poverty. After providing a high-level view of different types of these prevalent issues, I will then talk about the three most pressing areas of concern: the lack of housing; violence against women, including the sexual abuse of children; and the pervasive and chronic lack of child care—generally not available—let alone the early childhood interventions and range of services taken for granted in southern Canada.

It's also important to note that Inuit are the youngest and fastest-growing population in this country. From the last statistics that I recall, more than 50% of Inuit are aged 25 or younger. That's significant now, and it's significant for the immediate, mid-, and long-term future.

For decades there's been a housing crisis in Arctic communities that is only getting worse with each passing year. It's important to remember that it's only been two generations since Inuit were moved into permanent settlements. Before that they lived a nomadic, subsistence lifestyle based on a traditional economy. Immediately upon moving into communities, people were faced with foreign institutions of governance, education, and justice. There was an immediate and profound cultural disruption and cultural dislocation, still being felt today.

All of these things were well documented by the Royal Commission on Aboriginal Peoples, and touched upon specifically with regard to residential schools by the TRC. We are very pleased that this government is committed to fully implementing the 94 calls to action as well the United Nations Declaration on the Rights of Indigenous Peoples.

The housing crisis, as part of the Inuit experience of colonization, has created and worsened social issues, including violence against women and children, substance abuse, suicide, and significantly poor mental and physical health status. Poverty reduction in Inuit communities, particularly for Inuit women, cannot be addressed in a vacuum. All of these issues must be addressed in a holistic population- and gender-specific manner.

In a recent survey that we did of 130 Inuit women, they identified housing and homelessness as the most serious and urgent issue in Inuit communities. They also noted the lack of child care as being a significant barrier to education, training, and employment opportunities.

When we arrived here, my colleague reminded me that according to Statistics Canada, in 2014 in Nunavut 45% of young children lived in poverty. That's 45%. Inuit women and children also live in the regions of Canada with the highest rates of violence and the highest crime severity index outcomes.

● (0910)

A recent piece on CBC North reminded everyone that for Inuit in Nunavut, a fairly recent Inuit health survey indicated that 52% of Inuit women and 22% of men reported they suffered sexual abuse as children. Considering these numbers, these rates, in relation to the testimony of the other esteemed witnesses here today, I know you can appreciate the magnitude of the urgent need.

There are 53 communities across Inuit Nunangat, the four Arctic regions of Canada. Of those 53 communities, 70% do not have a safe shelter for women and children, let alone things like wraparound supports for victims and survivors of child sexual abuse. It simply isn't there.

The majority of Inuit communities do not have access to mental health programs, certainly not to the extent available in southern Canada. They're simply not present. In part, because of these issues and other circumstances raised by other witnesses, there is pervasive unresolved trauma. This year we produced a strategic plan for violence prevention and healing. It's available on our website. I didn't want to take up a lot of time with its very detailed recommendations. We squarely talk about child sexual abuse.

To touch briefly on suicide, the estimated number of deaths per 100,000 in each of the four Inuit regions are as follows. It's 61 in the Inuvialuit region, which is the western Arctic. In Nunavut, it is 120 per 100,000. It is 181 in Nunavik, which is Arctic Quebec. It's 239 in Nunatsiavut, the north coast of Labrador. That's compared with the national suicide rates for the Canadian population of around 11 deaths per 100,000.

As noted, poverty contributes to mental stress and other social issues. Mental health challenges absolutely can prevent individuals from building sustainable livelihoods, whatever that may be for that person according to their own measures of success.

Applying a cultural lens, an Inuit-specific lens, is critical to appropriately understanding and addressing the complexity of the situation and certainly the urgency. As I mentioned, we now have an opportunity for Canada to address these and other issues through a full implementation of the United Nations Declaration on the Rights of Indigenous Peoples.

We had an opportunity to read some of the testimony of witnesses who have appeared before you. Without hesitation, we support the recommendations brought forward by Canada Without Poverty and West Coast LEAF.

Through whole-of-government co-operation, we hope to succeed in developing new and more robust strategies for tackling these challenges to reduce poverty, and particularly those experienced by Inuit women.

I thank you very much for your time. I look forward to and welcome your questions.

The Chair: Thank you, Ms. O'Hearn.

You mentioned a website and specific recommendations. You said they were in great detail. You didn't want to talk about them in your opening. Would you mind sending those to the clerk for our consideration?

Ms. Tracy O'Hearn: I brought a copy. It's my pleasure to leave it. We'll be happy to continue our conversation.

The Chair: That's perfect, excellent.

Thank you very much.

I was remiss at the beginning. I didn't welcome a visitor today. We have MP MacGregor joining us.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): I'm happy to be here.

The Chair: Thank you for filling in.

We're going to get started right away with questions.

First up, we have MP Zimmer.

● (0915)

Mr. Bob Zimmer (Prince George—Peace River—Northern Rockies, CPC): Thank you, Mr. Chair.

Thank you to the witnesses for appearing today.

I have two questions, and they're a bit long.

Timothy and Tracy, the study is about reducing poverty. Certainly we've talked about the conditions related to poverty. From my perspective, I'd like to see it prevented in the first place. As I've said before, there's the ER when we need immediate care for people who are in trauma, but we also want to prevent the accident in the first place. You can call the accident “poverty”, if you want to use the comparison.

Timothy, you talked about certain conditions of poverty, the effects of poverty, etc. Because this is a study to reduce poverty, what strategy would you employ to reduce poverty?

The same question goes to Tracy. Especially with Inuit communities, how would you reduce poverty?

We'll start with Tim.

Prof. Timothy Diette: I think you're getting it from the economists, at least from the evidence that we've seen, that prevention is much more effective. Frankly, a couple of the suggestions that were given by fellow witnesses, with the six points that they laid out, particularly starting early....

Thinking about early childhood development, I think of the the work of Nobel Prize winner James Heckman, who focused on early childhood intervention. It's true across disciplines. It's not just economists who are talking about that, as we've already heard today.

Investing early—and we discussed the importance of how much easier it is for these interventions to be successful early on—I think is the most successful. The challenge is always trying to intervene and what you do for older individuals, where we've missed that.

That would be my short answer.

Mr. Bob Zimmer: Tracy.

Ms. Tracy O'Hearn: Thank you for the question, and it is a broad question.

I think there is an immediate need to invest in housing. It's essential to address some of these basic living conditions in Inuit communities that are still described by some as third world. Early childhood interventions, early learning, supports for children, are absolutely critical.

Concurrent with that must be addressing the violence, addictions, and other social issues that far too many children experience, and food insecurity. Children are hungry up north. There are so many needs that are required, but I would say that these are amongst the most urgent, immediate interventions that are required.

Mr. Bob Zimmer: I'd like to talk a bit more about what you just suggested, Tracy.

You talked about certain conditions in Inuit communities. I don't know if you mentioned depression, but I know it's up there. There's a high suicide rate. There are different effects from the conditions.

However, what do you think is the root condition? I think you talked about the original ways of the Inuit people changing in the last 50 years. I don't want to put words in your mouth, but I think you said about 50 years.

Ms. Tracy O'Hearn: About two generations.

Mr. Bob Zimmer: Yes.

In looking at this, “preventative” is a word that's important to me. How would you deal with those conditions? You're talking about housing. You're talking about the rest. You're talking about issues in the home, let's say, and violence in the home. How do we stop that? It's easy to say that we need to reduce it, but how?

I guess that's my question. I look at other conditions in Inuit communities too, such as high unemployment rates. There's not much to do up there. They're literally sitting there, watching time go by.

You had suggested getting back to the ways of their original economy. How do we get back to that, away from these conditions they are now in? Is the community asking to get back to the way it was 50 years ago? If they are, how do we get back to that time and place in their lives where it was good? How do we get back there?

Ms. Tracy O'Hearn: I haven't heard anyone speaking about wanting to return to a nomadic lifestyle and being dependent on the fur trade. We're a long way from that. I think what has changed is individuals' perceptions of having control over their lives—autonomy, self-determination. There's no quick fix. We have to remember, as well, that most communities are only served by a health centre. There are no resident physicians, let alone specialized supports. I think we need to look at alternate ways of delivering services to remote communities.

We would echo many of the issues that Cindy Blackstock has brought forward very eloquently around the number of Inuit children in care. All of those issues affect Inuit children. I wish I could give you one answer, but I think, more broadly, it's to restore control and autonomy.

Through an initiative we did, funded by Status of Women Canada, we had an opportunity to do a culturally relevant, gender-based analysis related to violence and encouraging men to prevent and reduce violence. That's where we were able to develop a lot of qualitative evidence around the changes—immediate changes—to Inuit culture and autonomy, which have disproportionately dislocated Inuit men because they're no longer feeling valued in their traditional roles as hunter, i.e., provider. It can be related to unemployment due to cultural changes.

There's no quick fix. I think there are a number of recommendations that have been made. But we have to start immediately feeding children, making sure that children are adequately nourished, for their bodies, for their minds, so they can grow. I wish I had one solution that I could give you, but it's complex.

● (0920)

The Chair: Thank you very much. That's time, unfortunately.

MP Tassi, please, you have six minutes.

Ms. Filomena Tassi (Hamilton West—Ancaster—Dundas, Lib.): Thank you, Mr. Chair.

I'd like to begin by thanking the witnesses for their testimony and for their work in this very important area.

I'd like to direct my questions to Dr. Lipman. In your testimony, at least five of your recommendations, and arguably six, have to do with access and early intervention, so I'd like to focus on that.

My experience with youth as a counsellor, over 20 years as a chaplain, was that it was very hard to access mental health services. In your practical experience in this area, are youth who are in need of mental health services getting those services? Maybe you could talk about wait times and what the problem is with respect to early intervention and early access.

Dr. Ellen Lipman: That's a great question with a complicated answer. Some of what can be helpful in terms of understanding this issue is one of the suggestions I made, which is really more general education about what the range of normal is and what concerning sorts of behaviour or early signs of mental illness are. Part of the reason for thinking about that education broadly is so that the people who are coming to you for mental health services are the right ones who need that kind of help. That might close the bottleneck, getting the right people to the services that are needed.

Another suggestion might be this idea of broader training for people so that there is more access to mental health services.

Currently, the organization of mental health services is complex. I'd say the place where most commonly children or youth might present would be in their family physician's office. Making sure that family doctors have good knowledge and know about resources in the community is a really important way of getting people to the right services.

Within Hamilton anyway, the services are part of two Ontario ministries. Some are part of the Ministry of Health, and some are part of the Ministry of Children and Youth Services. That makes it complicated as well.

What I can say from the point of view of the Ministry of Children and Youth Services in Ontario is that they have an initiative where, within each region or within a number of specific regions of Ontario, they try to have a really good understanding of what's available in that community so that, at the end of this process, each parent in each community should know, “If my child has trouble, this is where I go and these services are available in the community”. It's called the lead agency initiative.

That's sort of broad. I guess the one thing I didn't talk about was waiting lists.

● (0925)

Ms. Filomena Tassi: Yes.

Dr. Ellen Lipman: I can only comment on our specialized services in Hamilton. We do have a waiting list for people who are coming for consultation and people who are coming for assessment and treatment in the children's mental health sector. We try to prioritize based on a number of things that have to do with risk or presentation to the emergency room, so that the people who are the most acute don't wait the longest. I wouldn't say it's a perfect process, but that's the way we try to manage that.

Ms. Filomena Tassi: What's an average wait time? Can you give us that? Is there such a thing? Is it six months? Is it six weeks?

Dr. Ellen Lipman: The average wait time for a child psychiatric consultation is probably under three months, again with prioritization. That's for consultation. Coming for assessment and treatment is longer than that. I would probably say it's six months or more, again trying to prioritize to make sure that the ones most in need get in the most quickly.

Ms. Filomena Tassi: Okay, so we have work to do there for sure.

Dr. Ellen Lipman: For sure.

Ms. Filomena Tassi: I was interested in what you were saying with respect to the caregivers. I'm actually delivering an S.O. 31 today with respect to suicide prevention and acknowledging the work of the caregivers.

You mentioned that they also are in need of support. Do you have any recommendations for us as a committee that would assist us in encouraging or supporting the caregivers to help them better deal with their children and help them in their journey?

Dr. Ellen Lipman: I think there's a whole range of possibilities.

On one end, in many communities, at least in Hamilton, there are often community-based programs where parents can go to get some help with managing challenging children or children who push the limits. I think making sure that families know about these often free programs to help increase their level of knowledge and skills is on one end of it.

I think the other end of it is that if someone comes in to a family doctor with concerns about their child, also look at how the adult is doing. The child sector is very separate from the adult sector, and it's too bad. It would be great if in an adult mental health clinic you could also do more asking about what the children's needs are, and vice versa in the child sector. We definitely look at the children in the context of their family, but we're not mental health providers for adults.

The Chair: Excellent. Thank you very much.

For six minutes, we will go over to MP MacGregor, please.

Mr. Alistair MacGregor: Thank you, Mr. Chair.

I'd like to thank all the witnesses for appearing today.

Ms. O'Hearn, I was particularly struck by your testimony. Given the relatively small population of Canada's north and how far away it is from the nation's capital, it's really important to hear that.

You stated that poverty can't be addressed in a vacuum, that there are so many spinoff effects from it, it perpetuates a vicious cycle. You concentrate on a lack of housing, the violence against women and children, and the lack of child care spaces available in the north.

We know that violence against women has devastating impacts on physical and mental health, and it further marginalizes women into situations of poverty. As you referenced, in 2011 Nunavut recorded the highest territorial rate of police-reported intimate-partner violence.

Given the federal government's announcements with respect to violence against women recently, do you think the federal government is doing enough to end violence against women, and if not, what more do you think could be done?

Ms. Tracy O'Hearn: There's a great deal more that needs to be done that can be done immediately. From our perspective, we're not having the success we had expected in working with the federal government at this point after the election. I understand from some senior public servants that the departments are having trouble adjusting in any sort of nimble way to this new vision of government. I'm not seeing any meaningful immediate interventions or initiatives being undertaken by the federal government to address violence in Inuit communities.

I know that Minister Hajdu is developing a gender-based framework against violence. We have had really relatively little input and engagement on that. I think the government needs to start demonstrating, immediately, initiatives intended to intervene, or at least provide more public safety in Inuit communities.

● (0930)

Mr. Alistair MacGregor: Thank you.

Moving on to the housing issue, we know that housing insecurity affects mental health, and given the special relationship the federal government has committed itself to—a renewed relationship with first nations, Inuit, and Métis—and the special role the federal government plays with territorial governments, what role do you think the federal government should be playing on the front of housing insecurity?

Ms. Tracy O'Hearn: The technicalities of housing delivery are beyond the scope or mandate of our organization. I know the four regional land claims organizations are actively trying to engage in discussions with the federal government. There just needs to be more.

There are challenges across the Arctic around construction seasons. Materials have to be sent in by barge prior to the beginning of the construction period for that year. A lot of the issues are known. A lot of the solutions are known. I think there's more political will from this government, but it's beyond the scope of our mandate or my expertise to offer you a more detailed response.

Mr. Alistair MacGregor: The investments in housing overall, in terms of solving the whole range of problems that are associated with poverty.... Would you agree that, if we can really get to securing decent, affordable shelters over people's heads, that would do a lot to then cascade benefits into other areas?

Ms. Tracy O'Hearn: Without doubt, absolutely.

Mr. Alistair MacGregor: The other question is on child care.

The child benefit was certainly a welcome increase, and I can relate. I'm a father of young children, and I can relate to my previous life when my wife and I both had to work to get them through child care. I have certainly met with lots of families that.... Even in the southern regions of Canada, the lack of access to child care spaces is a really big issue.

You specifically mentioned in your statement that the lack of available child care spaces—forget the child benefit—is a significant barrier to education, training, and upward mobility, for women in particular.

Can you just expand a little on that?

The Chair: Very briefly, please....

Ms. Tracy O'Hearn: Absolutely.

There is a lack of physical infrastructure, a lack of physical places to house a child care centre. There is a need for capacity building around child care workers. Infrastructure, I think, is one of the biggest challenges. When you consider that in relation to housing.... It's not uncommon to have 13 or 14 people living in the same house, which is probably in need of major repairs. It further limits the options of not only women but all Inuit, and it absolutely hinders opportunities for healthy interventions early in life.

The Chair: Thank you very much.

Now it's over to MP Long, please.

Mr. Wayne Long (Saint John—Rothesay, Lib.): Thank you, Mr. Chair.

Thank you to our presenters this morning.

I come from the riding of Saint John—Rothesay, in New Brunswick, and Saint John—Rothesay, unfortunately, leads the country in child poverty. It's in the top three in teenage pregnancy, and mental health is in a crisis situation. Certainly, providers and support don't know where to turn; there is so much coming at them.

Dr. Lipman, thanks for your presentation. My first questions are for you.

Based on your research, how does the mental health of children born to teen mothers compare with the mental health of children born to adult parents? Can you just elaborate on that?

● (0935)

Dr. Ellen Lipman: What we know is that children who are born to teen parents have more mental health difficulties than children who are born to older, non-teen parents. It's important to try to tease out the reasons for that. Being a teen parent, by itself, may not be the reason or the cause of it. Often, those who become moms when they are teens may be disassociated from their family, live in poverty, or not have very much education. Again, it's these psychosocial risk factors that also contribute to the difficulties.

It's complicated. It's not always just the fact that the woman is a teen that is the reason. It's a lot of the context around it that is important to consider as well.

Does that make sense?

Mr. Wayne Long: It does make sense, and I thank you for that.

Obviously, we are doing this study, and we want to hear from our witnesses and presenters as to innovative ways and ideas that we can bring back to our government to try to make a difference.

With that in mind, what policy changes would you recommend that would more effectively address the mental health of this disadvantaged subgroup? What would you suggest that we do?

Dr. Ellen Lipman: I think that having community supports for women who become moms when they are teens is important, and that can be a variety of things. I know that there are certain places in Hamilton where women can live throughout their pregnancy or early after birth that have some educational opportunities associated with them, so they can continue to do some study if they want to.

I know there are some high schools that have child care on site, which allows teen moms to still go to school, so that's important as well. It's about a variety of things, but I think one of the things that are important is not needing to stop your education. Having a high school diploma is a really important marker of how you do in the future, so helping make that happen through access to education and through what's needed for these moms in terms of child care, and having something that's stimulating for the children as well....

Mr. Wayne Long: We have a wonderful organization in Saint John called First Steps Housing that brings in teen mothers and offers them a lot of support.

I think the last question for you is, can you give me your ideas or recommendations on how we better align federal and provincial governments with respect to delivering support for mental health care?

Dr. Ellen Lipman: That's a great question and a really complicated question.

Mr. Wayne Long: It is, but I'd like your ideas.

Dr. Ellen Lipman: I know the Ontario scene better than anything else. Even in Ontario, it is complicated because we have these two different ministries that are involved. I guess my first thing might be to say, get all the ducks in a row provincially to begin with, to make it as uncomplicated as you can.

I think federal initiatives that provinces can take up would be important to think about as well. I know recently I was at a Mental Health Commission of Canada conference where the focus was really on these transitional-aged youth or emerging adults. For these 15- to 24-year-olds who are moving out of the child and adolescent time and into the adult time, that sort of initiative is something that could be taken up provincially.

Sorry, I guess I'm talking too much here.

Mr. Wayne Long: No, I appreciate it.

I'm just trying to get in as much as a I can. I appreciate your answers.

Dr. Ellen Lipman: Okay.

Mr. Wayne Long: Mr. Fitzgerald, I'm just curious. Does the hospital work with other hospitals to share best practices? Does there need to be a government approach to sharing the best practices with solutions that work? Do you often compare notes with other hospitals?

Dr. Peter Fitzgerald: Yes. I think that's a great question. It actually leads back to your policy comment, or question: how do you share best practices?

● (0940)

Mr. Wayne Long: Yes. How does that work?

Dr. Peter Fitzgerald: There are academic institutions or a variety of mechanisms in doing that. To segue into your previous comment about policy, where the federal government can have an impact is providing resources for research, where we can look at best evidence and where our best opportunity is. We're not going to solve all the problems, even some of the ones brought up today, in a short period of time. We need to concentrate on where we are going to get our biggest opportunity. It's identifying it through best evidence that's the key.

Mr. Wayne Long: Excellent. Thank you.

The Chair: Thank you very much.

Sorry, I'm cutting you short there.

We're now going over to Mr. Ruimy, please.

Mr. Dan Ruimy (Pitt Meadows—Maple Ridge, Lib.): Thank you everybody for coming in today.

We seem to be going around in circles. It's the same thing. If we know that mental health is critical to poverty, what are the barriers that are stopping us from moving forward here, Dr. Lipman? What's stopping us?

If we know that prevention of mental health...and we know that mental health is a big factor in poverty. We have government. We have municipal, provincial, federal, and we all have jurisdictions that we have to try to monitor. What is stopping us from actually moving forward? Is it strictly a money thing, or is it a policy thing? What are some of those barriers?

Dr. Ellen Lipman: I think it's multi-dimensional. I think that access to resources is one part of it. I think that evidence of good interventions or things that can be helpful is.... We have a good body of evidence but we need more. I would echo Dr. Fitzgerald's idea about the ability to increase research to find out what really works in that population.

The other thing is just really the stigma that is attached to mental health problems. I think things are a lot better than they were 20 years ago, but I might be much more likely to tell you about my diabetes than I would be about my anxiety disorder or my depression. I think that some of the celebrities talking about their mental health problems have been helpful in some ways—although, in some ways, there's misinformation out there. However, that has helped a bit. I think access to the Internet and finding information instantaneously has probably helped as well.

I think sometimes there is some reluctance to come forward if youth are concerned or parents are concerned about their kids. They don't really know what's normal and what isn't. They think they might grow out of it. They'd rather not address it.

I think, again, that more systematic stigma, while better than it was 20 or 25 years ago, is probably still a contributor to some extent.

Mr. Dan Ruimy: Again, we come back to the same thing. We're talking about jurisdictions. We're talking about stigma, which does not seem to go away.

I met with my youth council a couple of weeks ago, and they spent two hours talking about youth mental health. These are students in schools. What they're saying is that these pamphlets, these programs, don't work. For whatever reasons, they're not working. If we are ever going to try to resolve things, we need a direction.

We keep saying, “Start early”. What does that really mean? How does the federal government help in starting early? Is that strictly a provincial matter?

That's open to anybody who wants to jump in on it.

Dr. Ellen Lipman: I would say that it's of national interest for people to understand what is normal growth and development, and what are the early signs that we might be concerned about for which you should look for some extra evaluation or help. I think that's an important national stance to take.

Mr. Dan Ruimy: Okay.

Mr. Fitzgerald, is there anything you want to add to that?

Dr. Peter Fitzgerald: I would agree. I think there is a significant role for the federal government to lead in this initiative around child and youth mental health. Of course, the federal government is not the care provider. That is rolled down to the provinces. However, providing "thought leadership" is very important because we want to have a consistent approach across the country. Variation in practice decreases quality.

I think there's a real leadership role the federal government can play in setting standards.

● (0945)

Mr. Dan Ruimy: Timothy, is there anything you want to add to that?

Prof. Timothy Diette: Both to address your question and a few of the earlier questions with respect to education, which I focused on, education also means helping parents be better parents. There are some nice programs out there that intervene from birth, and then start to assist. Nurses visit the household and offer help. They also help to create a community by identifying other new mothers in the area, so that they can have a network of support. In the end, this reduces anxiety and stress in the household.

As was mentioned earlier, housing is one of the things that does that. Some of the research I have done on homelessness and how it increases the likelihood of being a victim of violence speaks to the issue of reducing that. Those would be a couple of comments.

Mr. Dan Ruimy: Thank you.

Ultimately, to me, right now we're failing. All of our governments are failing our children. The role we have today, and what I hope we can pull out of this, is to form concrete policies and best practices, which you mentioned. That is the key here, and that's what we're hoping to get out of this. Ultimately, we are failing our children.

I just found out that in my riding we have 15 young people—children, youth, 14, 15—who are living on the streets. We have another 30 who are couch surfing. I sit here trying to figure out how to help them. I keep hitting up against, "That's not our problem. That's provincial", or "That's medical". This has to stop. We have to find a way of working together in our policies.

I think I'm out of time.

The Chair: Yes.

Mr. Dan Ruimy: Thank you, sir.

The Chair: It's not a problem.

I'll now turn it over to MP Warawa, please.

Mr. Mark Warawa (Langley—Aldergrove, CPC): Thank you so much to the witnesses for being here on this very important topic. Among the thoughts that my colleague Mr. Ruimy shared regarding the struggle of jurisdictional responsibilities—whether something is provincial or federal—I think the common theme is the importance of the federal government's providing leadership. I think that's what was shared, and we've heard it before. Whether it's seniors' care or dealing with homelessness or creating a healthy economic environment in which people can prosper, we need to see leadership from the federal government.

Dr. Diette, I really appreciated your testimony and the importance of finding out the causal link, what's causing poverty. I heard an interesting discussion a couple of weeks ago about what creates wealth, how wealth is created and how poverty is created, and whether it is a choice.

In some cases, it may be, but the federal government leadership we need to create is an environment in which there's an opportunity not for hopelessness, not for depression, such that people feel trapped long term and end up with possible mental illnesses, but for creating an environment in which people have hope, there are opportunities for growth, and people can choose to get out of poverty, if given opportunities.

While flying back—I live in Vancouver and fly to Ottawa every weekend—I saw in the *Financial Post* a very interesting article. It's called "Arrested Development". It highlighted that 129 billion dollars' worth of infrastructure projects is stalled or stopped in Canada right now. This year alone, $8 billion to $12 billion will be lost.

We've heard that there's an indigenous band—I can't remember the name of the person saying this, but he's going to be testifying, hopefully—in which the unemployment rate on the reserve had been 80% and is now zero because of development. If we have a natural resource development that creates jobs and prosperity in mining, forestry, oil and gas, and hydroelectric, when development stops and there's no opportunity for jobs in these communities, then you have the environment of hopelessness.

I found that very interesting, and this is again an example of the government's needing to provide leadership in dealing with this issue. They did make an announcement that there needs to be consultation and working with communities. There also needs, however, to be wise decisions to take us in and create an environment in which people are able to work.

Among your causal factors, you talked about the different stressors. Is a high tax burden also a possible cause for hopelessness, when you have people actually working and working hard to support their families, but never seeming able to get ahead because of the level of taxation? Is that another possible cause of depression and hopelessness, seeming never to be able to get ahead?

● (0950)

Prof. Timothy Diette: That was outside the scope of the research I was doing, but I certainly would agree with the idea that generally these sorts of things, the anxiety and stressors and certainly the notion of a high tax burden that constrains family resources, would generate that sort of stress, absolutely.

Mr. Mark Warawa: There's also an article that I read flying back called "Pension delays contribute to putting more veterans into financial crisis". It says:

> The federal government's inability to get pension cheques into the hands of retiring soldiers in a timely manner is one of the factors contributing to a sharp increase in calls to an organization that deals with veterans in crisis, says a leading member of the group.

There are veterans—in this year alone, we've had hundreds of veterans—who are becoming homeless because they do not have the financial support they need.

These are just a few examples of areas in which the federal, not the provincial, government has responsibility. I'm not going to put the blame on this specific government, but we need to do better. As Mr. Ruimy says, we need to do better in providing. Much of the discussion has focused on provincial, but there are many of ways in which the federal government has been falling down too, and if we create an environment of hopelessness, that puts everybody at risk. Would you agree?

Prof. Timothy Diette: Yes, I would agree with that.

Mr. Mark Warawa: Thank you very much.

The Chair: Okay. Let's go over to MP Robillard, please.

[*Translation*]

Mr. Yves Robillard (Marc-Aurèle-Fortin, Lib.): Thank you, Mr. Chair.

Thanks to all the witnesses for being here this morning.

My question is for Ms. O'Hearn and pertains to aboriginal and Inuit communities.

We know that each community has its own cultural issues. Witnesses have told us that there is a direct link between the ability to keep a job, mental health, and poverty reduction.

What is your opinion of that statement?

Ms. Tracy O'Hearn: Hello.

Thank you for the question. I'm sorry, but I speak very little French.

[*English*]

In Inuit communities, there's often a lack of employment opportunities due to the size of the community. We have also been concerned about oil and gas exploration and development, because of the boom and bust cycle of a lot of these exploration projects. We know from our perspective, having done some qualitative research in partnership with the University of British Columbia, that unless there's adequate advance planning in consultation with the community to anticipate some of these other social issues that may be worsened, such as violence against women, substance abuse, and STBBIs.... There is a need for this advance planning before a site becomes active.

This also gives me an opportunity to touch upon a previous question. It has been some time since I've read the research, but there was research done around economic development and cultural match, and I believe it was at Harvard, the Kennedy School of Government. I've had the pleasure of meeting the researchers, but it was a number of years ago. I would encourage the committee to look at this research. It speaks to best practice. Whether it's oil and gas, or forestry, or fishery, trying to develop new economies, or working with indigenous peoples, cultural match is a critical component of success. Whether the match is language or culture, whatever that match must be for a particular community or peoples, it can be a real contribution to success.

● (0955)

[*Translation*]

Mr. Yves Robillard: Inuit culture has almost completely disappeared, which partly explains the disarray in the communities. There are 14 small communities spread out over the Hudson Bay and Ungava Bay areas. I think each of these communities must take responsibility for itself. It is not always easy. I come to this conclusion based on the two years I spent with the Inuit in Kuujjuaq and Akulivik.

I have another question for you.

A representative of the Mental Health Commission of Canada spoke to us about the Headstrong program. Designed for teenaged students, the purpose of this program is to talk about mental health and reduce the stigma. It is led in partnership with First Nations communities.

Is a program carried out in this way likely to be successful in your communities? How can the federal government assist in the development of effective programs?

[*English*]

Ms. Tracy O'Hearn: Thank you. I think you raise a good point. At our organization, we always look at what may be working in other parts of the country, in other sectors of society, with a view to adapting promising practices and working with Inuit experts, whatever the subject may be, whether it's health or economic development, to do adaptation where we can. I know the Red Cross has actively partnered with the Nunavik Regional Board of Health and Social Services around a program called RespectED, a violence prevention project.

I'm delighted to hear that you spent time in Nunavik. I would say, however, that Inuktitut is one of the three indigenous languages in Canada expected to survive, and I think in Nunavik about 80% of the population conduct the majority of their lives in Inuktitut. It's important to revive and support culture so that it can flourish once again.

I hope I've answered your question. I'm not familiar with the program you were referring to that the Canadian Mental Health Association brought out.

Mr. Yves Robillard: I think Inuktitut is very hard to understand and to speak.

I've learned from talking with people over there that French and English are implemented in school. It's pretty good. The programs are doing very well. Of course, the young generation is more able to speak different languages, if they have this opportunity.

Thank you for your deliberation.

Ms. Tracy O'Hearn: Thank you.

The Chair: Thank you.

Now for five minutes, we have MP Poilievre, please.

Hon. Pierre Poilievre (Carleton, CPC): Thank you.

My question is for Dr. Diette.

The reason I thought your testimony might be particularly interesting here today is that I understand you've done some research on the link between unemployment and mental health. There is a chicken and egg nature to that discussion. It's possible that bad mental health will cause unemployment, but it's also possible that unemployment will lead to bad mental health.

Can you share with us your findings on the impact of long periods without work on the mental health of an individual?

● (1000)

Prof. Timothy Diette: Thank you for the question.

It certainly is a chicken and egg problem, as you say, and I think for good reason, because it does run in both directions. Some of what we wanted to contribute in our research was to look explicitly on the unemployment causing the poor mental health.

Essentially, what we did for that was to isolate. We looked at two different populations. One population had experienced poor mental health earlier, and therefore, we still analyzed them but pulled that out and looked at that separately. The other individuals had robust mental health prior to any spells of unemployment. We looked and found that the effect of short-term unemployment was not harmful. In additional research, we found it quite interesting that in the United States context, among African-American women, that those darker skin women—who are more likely, as previous research has highlighted, to be subject to discrimination—were more likely to suffer from depression from unemployment. We at least hypothesized that it's because their employment prospects are not as strong, which is in some ways back to the prior question about the role of opportunity and how that influences—

Hon. Pierre Poilievre: The hopelessness....

Prof. Timothy Diette: Hopelessness, yes.

To your point, yes. The short-term unemployment was not a problem for those individuals, but the longer-term.... There's nothing magical about 26 weeks. That's what we had within our study. The longer-term unemployment was the one that was associated with poor mental health.

Hon. Pierre Poilievre: It's been said that you need an income for a living, but you need a job for a life. A job doesn't need to be formal employment. It can be raising your children in the home or working on the family farm, but some sort of work is a basic human need. Would you agree that work is a basic human need above and beyond the income that it generates?

Prof. Timothy Diette: Thank you for the question.

Yes, I would agree. I want to highlight—I mentioned a bit in the testimony—the important role of the non-monetary aspects of work, which is the idea of the structure of the day, the purpose, and the meaning that people derive from work, and the way it organizes society, which is what sociologists talk about. Work does play an incredibly important role. For those individuals who experience unemployment or who lack hope, there's the importance of job counselling to help people understand where opportunities and job training might be to help them get those new jobs.

Hon. Pierre Poilievre: I think your remarks are complementary to what I heard from Ms. O'Hearn when she talked about the loss of the culture of hunting and gathering for aboriginal men and how that affects their sense of purpose. The ancient tradition of hunting is not just something that people have done to feed themselves, it's also a purpose in life and it's a vocation. When people lose the ability to work and contribute because of a lack of opportunity, I think we all agree that they suffer.

I wonder if Ms. O'Hearn might expand upon her earlier remarks in that respect.

Ms. Tracy O'Hearn: Thank you.

I welcome the opportunity. We didn't have a lot of time to prepare to be with you today, but when we were talking yesterday about what we wanted to bring forward, we did talk about individuals building sustainable livelihoods according to their own measure of success, and that success is not necessarily monetary. It's not necessarily the accumulation of wealth.

Hon. Pierre Poilievre: Right.

Ms. Tracy O'Hearn: It can be parenting, raising children, and contributing to the wellness of the community and the family. Hunting, as one act, requires a great deal of skill, knowledge, and understanding and interpreting weather conditions and survival in Nunavik, in the Arctic or subarctic, so I think that for work, absolutely, we do that every day and may not even be mindful that what we're doing is work.

I know that traditionally there was a much greater balance and value in the work traditionally done by men and women in Inuit cultures and our communities. Men, in the majority, were the hunters, but women also had to prepare the skins. They had to know how to make waterproof and very warm clothing, so there was a mutual need, a dependence for survival, but also an individual taking pride in that and feeling valued by their family and community, whatever their contribution may be.

Now we live in a wage economy. Not everyone wants a big house in Forest Hill, I think. It depends, subject to our own values, I guess, and wishes. It's a very broad question that you ask.

● (1005)

The Chair: Thank you.

Hopefully we'll have more time in the second round to elaborate on that.

I do have to move on quickly to MP MacGregor for three minutes.

Mr. Alistair MacGregor: Thank you, Mr. Chair.

Ms. O'Hearn, we know that the suicide rate for Inuit is 11 times higher than the national average, and that the majority who attempt it are people under the age of 30. We know that there have been more than 1,000 attempted suicide calls each year in Nunavut, a territory with a population of just over 30,000. Your organization is an organization that meets the needs of Inuit women. Do you have a gendered understanding of suicide in Nunavut? Is this something that we in the federal government need to better understand?

Ms. Tracy O'Hearn: Thank you for your question.

Anecdotally, I think we have a good understanding of some of the gender elements of these rates of suicide. We need evidence. We don't have evidence.

It's very hard in any culture and in any country to gather evidence around the incidence of child sexual abuse. It's very difficult for a lot of reasons. We have the police reported crimes and convictions that help document the known and the reported rates of crime. We don't know, really, what the true incidence is of unreported crime. We know that previous research has indicated that a woman can experience up to 35 assaults in her home before she goes to the police. These things are very difficult to quantify and to develop evidence for, but absolutely, we know through our work that physical and sexual violence is one issue, but there's also the lack of support to survive these traumas, and they become cumulative.

We talk about the continuum of violence across the lifespan. The federal government absolutely can make a significant contribution to supporting our small part of what we try to do. In looking at previous evidence, we can see that there has been work done around adverse childhood experiences that quantifies each trauma experienced by an individual and tries to measure those compounded impacts that can have a really devastating cumulative effect on an individual. To develop appropriate interventions, there has to be an understanding of the extent and depth of whatever those traumas may be.

Absolutely, on the federal government, we're here and we're ready. We need to rebuild a bit of our capacity. That's just one example of work we'd very much like to get into in terms of trying to build some evidence to tailor culturally appropriate supports.

The Chair: Thank you very much.

Ms. Tracy O'Hearn: I appreciate your question.

Thank you.

The Chair: Thank you.

Now we start the second round.

We'll go over to MP Poilievre, for six minutes, please.

Hon. Pierre Poilievre: Dr. Diette, I would like to continue with our earlier line of questioning. You mentioned that mental health problems grew worse as the duration of unemployment grew longer.

Can you tell me what led to this relationship, based on the research you've done?

● (1010)

Prof. Timothy Diette: Unfortunately, the nature of the research and the data we used were not able to get at the underlining mechanisms. Whether it was issues of housing and security, whether it was lack of food, lack of ability to pay particular bills, issues with the marriage, we are unable to actually identify that.

Given the statistical techniques, what we're comfortable saying is that it was caused by the unemployment spell but not necessarily the underlying root of it, if that makes sense.

Hon. Pierre Poilievre: Were you able to ascertain whether it was the material deprivation of lost income or whether it was the absence of daily purpose?

Prof. Timothy Diette: These are excellent questions. Unfortunately, our research does not get directly at it. Certainly, research I've seen from others suggests essentially a combination of those factors, but I've not seen studies I can think of that really put a precise...the relative share of those factors.

Hon. Pierre Poilievre: Were you able to ascertain the financial well-being of the subjects you were studying?

Prof. Timothy Diette: That's another great question. One interesting component I think within that is the largest negative effects were for people who would be likely to be quite well off.

Hon. Pierre Poilievre: Wow.

Prof. Timothy Diette: It was among the highly educated individuals who were among high school graduates, among college graduates in particular, who, if they became long-term unemployed, were even more likely to suffer from depression or anxiety.

We postulate that because they might have an even stronger sort of identity that's based on their work. Therefore, with the idea they have now been separated from that, they would be much more likely to have that loss of self, of who they are.

Hon. Pierre Poilievre: You described this cohort as having a high education. Were you able to look into their net worth?

Prof. Timothy Diette: We did not have data on their net worth.

Hon. Pierre Poilievre: Do you know where we can find research that would provide insight into the causation of depression and mental health problems among long-term unemployed people, on whether it is uniquely found in people whose unemployment causes them material insecurity or deprivation, or if it is also caused among those who have no concerns of material deprivation or insecurity but who, through their unemployment, are nevertheless suffering mental health problems?

Prof. Timothy Diette: Our research certainly is very suggestive of that. I would certainly be willing to provide that after the testimony.

Hon. Pierre Poilievre: What does it suggest?

Prof. Timothy Diette: It suggests that it's not solely the material deprivation.

Hon. Pierre Poilievre: Okay, so there is something quintessential about work—

Prof. Timothy Diette: Yes.

Hon. Pierre Poilievre: —about doing things that are valuable to other people that is essential to a happy human condition.

Prof. Timothy Diette: Absolutely. That would be one way of summarizing our results.

Hon. Pierre Poilievre: If we want to confront the problem of mental health, then we have to liberate people to have opportunities to work.

Prof. Timothy Diette: I think work can be—

Hon. Pierre Poilievre: Not as a panacea, but as one pillar.

Prof. Timothy Diette: I would agree with the caveat of it being appropriate to the individuals, as far as defining work in the way that would be consistent for them is concerned. That might be raising children, or things that have a lot of meaning as work that may not be well-paid work.

Hon. Pierre Poilievre: Absolutely. In the village of Vernon about 45 minutes south of here, there's a young, developmentally disabled man whose job is to walk throughout the entire village on recycling day and return people's recycling bins to their front door so they don't have to do that for themselves. It's unrequited work. It is work that is not forced upon him, but it is work he does. It is something that makes him feel valuable, and he is considered valuable in his community because he does that work.

I fully agree with you that we should never denigrate anybody's work. When they choose to contribute, they are not only building a sense of self-purpose, but they are doing so by contributing to others. In everything we do, whether it's for disabled people, or people who are down and out, or live in remote communities, we should give them opportunities to work and have that satisfaction.

Those are my remarks. Thanks.

● (1015)

The Chair: Thank you very much.

For six minutes, we'll have MP Sangha, please.

Mr. Ramesh Sangha (Brampton Centre, Lib.): Thank you, Mr. Chair.

Thank you to the witnesses.

My question is for Tracy. You have already mentioned here that the suicide rate of Inuit youth is among the highest in the world. It is 11 times the national average. Health Canada is taking steps for the first nations and Inuit communities to enhance mental health initiatives through programs and services, including the national aboriginal youth suicide prevention strategy and the national native alcohol and drug abuse strategy. These steps are already being taken.

How effective are these programs in addressing health issues with first nations and Inuit communities?

Ms. Tracy O'Hearn: Thank you for your question. I must bring up the recent investment of the federal government in suicide prevention for the Inuit. It was very welcome and long overdue. It was a three-year commitment for, I believe, a total of $9 million. I know the Inuit Tapiriit Kanatami is working actively with the four regions across the Arctic to, in some cases, enhance what may be available or to start delivering new programs, dependent on the priorities and needs of those communities and regions.

I haven't read an evaluation of the NNADAP for some time, so I can't speak to the evidence around programs like NNADAP. In the Inuit world in Canada, there haven't been programs over time that can be evaluated and assessed in terms of efficacy and replication, so there's a great need for ITK, the regions, organizations like ours, to develop.... I don't like to use the word “piloting”, but there's a need to work with Inuit experts and others to develop perhaps adaptations to some of the projects that have been referred to earlier, and then the sustainability to deliver them over time so they can be evaluated and adjusted to better meet those needs.

Mr. Ramesh Sangha: Do you think these programs add any value to the national poverty reduction strategy?

Ms. Tracy O'Hearn: I think we need more time to assess that.

Mr. Ramesh Sangha: I have a second question. You said you are going to give copies of the website to us, but it suggests that more than 70% of the 53 Inuit communities across the Canadian Arctic do not have safe shelters for women. It further suggests that mental health is the main health concern facing Inuit communities. This includes a variety of issues associated with violence, abuse, and unresolved trauma.

In your opinion, how effective is this program? What further initiatives can we implement to create accessible mental health services for first nations and Inuit communities?

Ms. Tracy O'Hearn: The recent Inuit suicide prevention initiative is a great start. I know mental health has been identified by the Inuit regions as the number one priority for a number of years, but there hasn't been an investment of resources to develop programs. We need to look at innovative ways of delivering services. For example, in Akulivik, as Mr. Robillard mentioned earlier, it's not realistic to have a full range of mental health supports and other supports, so we would welcome an opportunity to look at innovative delivery. Telehealth is used to a certain degree in Nunavik. It's not face to face, but at least it's a bit of a bridge between somewhere like Akulivik and specialists in Montreal.

We need a mental health strategy for this country, and we need a first nations-, Inuit-, and Métis-specific component to a national mental health strategy.

We need a national housing strategy and program in Canada. That would certainly contribute to a comprehensive and informed approach to increasing even simply the number of housing units available.

● (1020)

Mr. Ramesh Sangha: Do you think the steps taken by the federal government at this time are working?

Ms. Tracy O'Hearn: They're a start. We're only a year past the election. You know, it takes time. It took time for Minister Philpott to work with partners including the Inuit Tapiriit Kanatami. It took time for her to work with those partners to develop the national Inuit suicide prevention initiative. They are now just starting the delivery, so it's too early to say. Any such initiative would be only welcome and helpful.

Mr. Ramesh Sangha: Do you have any suggestion for children with mental health conditions that can be improved in due course?

The Chair: I'm afraid that's time. I'm sorry. If you had a brief answer...but I think that would have been more of an in-depth one.

Ms. Tracy O'Hearn: My answer would be that I'm not a clinician, and that there are other experts who would be more than happy to speak with you.

The Chair: Fair enough.

Excellent.

We move now to Mr. MacGregor for six minutes.

Mr. Alistair MacGregor: Thanks, Mr. Chair.

Ms. O'Hearn, your organization has done some really important work in the area of HIV/AIDS. We know it's a serious issue in northern and Inuit communities, and I think it's obvious that it's, in some ways, connected to mental health and poverty. There's a real stigma attached to it and so on. From the important work that your organization has done on this front and the on-the-ground expertise that you have, can you tell this committee what the federal government should be doing on this front to support Inuit women and communities, please?

Ms. Tracy O'Hearn: Thank you for that very specific question.

We hope the federal government will continue working with us, because unfortunately, as of March 31 next year, 20-plus years of Pauktuutit Inuit-specific work on HIV and sexual health will come to an end. We're trying to hold discussions with Health Canada and other officials. There's a need, as there is with any population, to continue raising awareness and providing information, resources, and tools each year to youth who are coming up, entering maturity, and becoming sexually active. That has to be sustained. It cannot be done through an annual project-based approach, which is also subject to the changing criteria of funding departments.

Broadly, I believe in Health Canada with regard to its 90-90-90 commitments around HIV, and globally, with regard to its contribution to the UN AIDS fund at the recent global pledging conference. We would look for the same level of commitment to addressing HIV and STBBIs, sexual health broadly, and mental health as it relates to sexual health and conversely, as it contributes to increased risk behaviours that can lead to unprotected sex. We know there's a lot of unprotected sex going on in Inuit communities as evidenced in part by the highest STBBI rates in the country. We hope the federal government will continue to work with us.

Thank you very much for your question.

Mr. Alistair MacGregor: I'm doing work on another committee, the Standing Committee on Justice and Human Rights, and our current study is looking at access to justice and specifically at legal aid. We have heard testimony and we've received briefs regarding the strong correlation between access to justice and how marginalized groups really don't have that.

When you look at the clients you serve, the communities you serve, what's the status of access to justice in northern communities and how does that affect poverty? Is that a poverty reduction strategy that could be employed? I'm talking about the current funding and whether you believe it's adequate for the people you serve.

● (1025)

Ms. Tracy O'Hearn: Our funding is not adequate. I wish I could be more informed for you, but we haven't had a working relationship with Justice Canada or Public Safety Canada for a number of years at this moment. We're not a service delivery organization. We work nationally. One thing we're very good at is communicating and developing plain language resources in English and Inuktitut that, hopefully, people across the Arctic can use. We would welcome appearing before the committee for a fuller discussion. I think there are absolutely links between mental health, poverty, crimes of opportunity, and crimes of necessity, but that's a subject for a much fuller discussion. Speaking for our organization, I will say that we need more evidence around that.

Mr. Alistair MacGregor: Yes, because one of the things we've seen is that there's been more of an emphasis on legal aid for criminal cases than civil cases. Of course, women tend to be involved a lot more in civil cases, as in the defence part of it, getting legal aid to try their civil cases.

I am just wondering if, in that aspect, you have seen any results among Inuit women.

Ms. Tracy O'Hearn: There's extremely limited access to justice in the communities. Nunavut is primarily served by the circuit court system, so that's a major obstacle to access to justice, for not only women. There's a shortage of judges in Nunavut who are able to hear and dispense of cases. There are some really fundamental issues around access to justice across Inuit Nunangat.

I would be remiss if I didn't take this opportunity to at least touch upon the issue of human trafficking, the commodification of sex. Far too many Inuit women find themselves in cities like Ottawa, Montreal, Winnipeg, Edmonton, without the education or contemporary survival skills for life in the city. They are far too often very vulnerable, frankly, to being preyed upon by human sex traffickers and being forced into marginalized and very risky circumstances.

That absolutely links to the administration of justice. I can't really speak to legal aid. I'd welcome a further conversation.

The Chair: Thank you very much.

Now, for six minutes, We have MP Tassi, please.

Ms. Filomena Tassi: Thank you, Mr. Chair.

I'd like to go back to Dr. Fitzgerald and your comment about mental health being of national interest. There's no question about that, and also the connection made here by a number of witnesses between mental health and poverty. We know in terms of mental health that there's a moral argument as well as an economic argument for investing in it. I'd like to focus a little on the economic advantages to early intervention.

For you, as well as Dr. Lipman, can we talk a bit about the economic advantages of early intervention, in essence convincing a government to invest because at the end of the day they save by early investment? Then, secondly, what about the the innovative strategies? What can you say to us, as a federal government, in the way of coming up with a strategy or an idea that will give us the best result for our money?

Dr. Fitzgerald, I liked the idea that you mentioned about best practices and the sharing of those practices. That may be one example. Does that go on, and if not, why?

The two questions essentially for the two of you are, the economic advantages of early intervention, and innovative strategies in this area to give us the best result for our investment.

Dr. Peter Fitzgerald: I'll maybe tackle the first part, and Dr. Lipman can tackle the second.

Ms. Filomena Tassi: Very good.

Dr. Peter Fitzgerald: We know now, and have known for probably over a decade, that most mental illnesses begin in early childhood, so intervening early and aggressively gives us the best outcomes, whether it's in the childhood years or as young adults and beyond. The investment has to happen early. We need to get upstream of this problem. Once we get to older teenage years or young adults, we've lost that window of opportunity. We haven't lost it completely, but it's going to cost a lot more. You're going to have impacts on the justice system at that point, the welfare system. Early intervention really is the key piece, as we've pointed out earlier.

With regard to overall strategies, I'll let Dr. Lipman chime in. However, I would again say that's not an easy answer. You need the evidence to see where your best opportunities are. I think a national approach to that is important.

● (1030)

Ms. Filomena Tassi: Dr. Lipman.

Dr. Ellen Lipman: In thinking about strategies, it makes sense to think across a whole variety of levels. I think some of the strategies may be things that are already in place. For example, in Ontario and in other parts of Canada and also internationally, there is the early development instrument. One of the leaders of that is in Hamilton at the Offord centre, Magdalena Janus.

That basically is an opportunity to assess kids in senior or junior kindergarten to see where they're at compared with what you would expect of someone of that age and stage, academically, socially, and those sorts of things. I think there are monitoring systems that can be put in place so you can at least identify kids early, who may be having some difficulties. This is one idea.

Again, I see it as a pyramid. Things can be available in the community that can help many parents that have to do with evidence-based parenting programs and other sorts of educational things that all parents can go to, any parent who is unsure about what's going on, or parents whose kids have significant difficulties at that stage. Then you move up the pyramid to other kinds of more specialized services. Everyone doesn't need to get to the top of the pyramid, but we need more opportunity to offer stuff broadly to people in the community who are feeling the need to get it and then move up so that the specialized services are used in the way that makes the most sense.

I think we also need to think about the fact that everything does not have to be a face-to-face interaction. I think there is definitely a lot of good and bad information on the Internet. There are evidence-based interventions that people can use to start to think about how they manage their anxious or depressed thoughts. I think the idea of using the Internet, and sometimes Internet-based interventions, can be helpful as well. We really need to move in that direction.

Ms. Filomena Tassi: Yes, my personal experience is that the stigma around mental health prevents a lot of youth from accessing the support. In my own community we had a young woman who lost her life to suicide and there was no call for help from that particular young girl. A lot of students would walk by my office and not come in, and I think it is the stigma around it.

What specific things can we do to help alleviate or get rid of this stigma? Some of the suggestions you're making are wonderful in terms of parents and the Internet. Do you have any other specific suggestions?

Dr. Ellen Lipman: I think that having it as part of the curriculum at school makes sense. If you're in high school, in grade nine you get this, or you get it in grade 10 or grade eight or something, and it's talked about in the same way as history, health education, or that sort of thing.

My personal experience is that I had a patient who went to something in high school where they talked about it and then he went to his guidance counsellor and said he thought he had a mental health problem, so that was a way for him to seek help. If it's part of the regular curriculum, I think that could be helpful.

Ms. Filomena Tassi: That's helpful. Thank you very much.

The Chair: Thank you very much.

For six minutes, we have Wayne Long, please.

Mr. Wayne Long: Thanks again, Chair.

Thanks again, to our witnesses.

Mr. Diette, I'll give you two quick examples that I think we all know. I read a story about a business professional who got laid off, had trouble getting a job, fell into mental illness, and unfortunately dropped through the system, if you will, until he hit the bottom. He was homeless and couldn't get support. Another situation was that somebody who had mental illness had trouble finding employment, and similarly ended up homeless on the streets.

We tend to have people on both sides. As I believe a lot of your research shows, they continue to drop through the system without a lot of support. You don't really believe that getting a job is the only fix to the situation for them?

● (1035)

Prof. Timothy Diette: I think having self-worth is important, however that's defined for individuals. Many individuals develop that potentially through a job.

I'm starting to move outside of my area of expertise, so I'm a little....

Mr. Wayne Long: Do you not concur that there's a lot more support needed by those people who are in need other than just employment?

Prof. Timothy Diette: It gets to be a chicken and egg problem a bit there. I do think that it's a very complex problem, and to an earlier comment, the idea of reducing it to one single thing to do is overly simplistic. I think there's a lot of nuance here.

I think a job can be a central part of organizing a day and that sort of thing.

Mr. Wayne Long: You would agree it's part of the solution, but it's certainly not the solution.

Hon. Pierre Poilievre: He's leading the witness.

Some hon. members: Oh, oh!

Mr. Wayne Long: We're not in a court of law.

I wanted to get your comment on that, and I also wanted to get your advice about what policy changes you recommend that we, the federal government, make to help with employment challenges for those who are experiencing mental illness. What policy changes can we make?

Prof. Timothy Diette: Unfortunately, one challenge I immediately have is being a citizen of the United States. I'm slightly ignorant—

Mr. Wayne Long: That's okay. You're here to testify before us, and we really appreciate it. Like I say, I think your research is very good, but again, we're looking for ideas as to what we can do as a government to help. We can implement changes to help those with mental illness. Do you have any ideas for us?

Prof. Timothy Diette: The target is helping individuals with mental illness only...?

Mr. Wayne Long: Yes, employment programs.

Prof. Timothy Diette: I think there are other experts in the room, including Dr. Lipman, who can probably speak to this question more accurately than I can. It really is a challenge of best practices. I think we all often share the same goals, but we all have constraints and budget constraints as far as what we can do.

The issues of stigma are really very important, helping employers realize that they can employ individuals who have mental health histories and challenges with mental health. I would imagine that would be quite important.

I don't have other ideas specifically for those suffering from poor mental health.

Mr. Wayne Long: Mr. Fitzgerald, I think one of the things that frustrates me on the mental health file, if you will, or the poverty file in general, is just the lack of innovation and the lack of new ideas and new ways of trying to do things. Can you share with me some of your ideas, innovative ideas, that you've seen over the past few years on mental health and what ideas you may have moving forward?

Dr. Peter Fitzgerald: Mental health is a very complex field.

Mr. Wayne Long: It is.

Dr. Peter Fitzgerald: I'll start with saying that, but the innovation I think we've seen in our region has been, again, trying to move upstream, more community-based services, and more group services so that we can serve a hundred families at a time as opposed to waiting for an appointment with a psychiatrist. That is scalable across Canada. There are many different ways of doing that.

Again we need—and I don't want to be a broken record—to know where our best opportunities are. As a paediatric surgeon, I wouldn't go in and do an operation that I had just thought of the night before. I would look at the best evidence and the best outcomes, and apply that thinking to the operation. We need the same kind of rigour as we look to the very difficult problem of dealing with child and youth mental health and its relationship to poverty.

● (1040)

Mr. Wayne Long: As you said before when we talked a half an hour ago, you are confident and comfortable that best practices are being shared.

Dr. Peter Fitzgerald: I think we can do more, particularly in the mental health field. I think we're better at it in other areas of health care.

Mr. Wayne Long: How so?

Dr. Peter Fitzgerald: We have large national and international collaboratives around patient safety and quality, for example, but we don't tend to apply those principles as much to the area of mental health. I think there is great opportunity there.

We've come a long way in standardizing approaches for diagnosis and management in mental health, but I think there is still a lot of variation, and I think Dr. Lipman would agree and could speak to that.

Mr. Wayne Long: Do you have anything to add to that?

The Chair: We're out of time. I'm sorry about that.

For the last word, you have about four minutes, MP Warawa.

Mr. Mark Warawa: Thank you.

I appreciate my colleague Mr. Long asking questions promoting government programs over jobs.

On the importance of focusing on the causes of poverty, if we promote government programs over looking at what is causing the problem, we will probably never be successful in solving the problem. I think that's what Mr. Fitzgerald just addressed. We're dealing with complex issues. You need to hopefully find the cause in each individual situation to be able to help the person come out of poverty, come out of hopelessness. Would you agree that it's important that we find the cause?

Prof. Timothy Diette: I would absolutely agree that it's essential to find the cause. Generally, when you look at best practices, those programs are likely the ones getting right to the root of the problem.

To go to an earlier question on homelessness, Housing First seems to be providing quite promising results. In that case, it is the role of jobs versus housing first. Certainly, the success of the program, which I've read about and looked at some of the research, has suggested that in that case, it is possibly the best practice.

Mr. Mark Warawa: I have a quick question on drug use. If you have somebody using illegal drugs and the government has promised to change the marijuana laws in Canada, if we do not get it right, is there a correlation in your studies between hopelessness and the use of illegal drugs?

Prof. Timothy Diette: That's actually a study I'm currently working on. In my head I'm trying to think through some of the results. The preliminary results are at least suggestive that there can be an increase in negative behaviours more broadly and in drug use in general. It's not surprising that this might be a coping mechanism for individuals in despair.

Mr. Mark Warawa: I have one last question. PTSD is a problem we didn't realize we had years ago. How important is it to deal with that to give future hope to people struggling with PTSD?

Prof. Timothy Diette: I didn't get into the details of the research on PTSD. I looked at poor mental health. We looked at diagnoses of depression, general anxiety disorder, and also PTSD. PTSD has been shown to be an important issue in my research and is related to unemployment, sexual assault, and abusive parents. PTSD is absolutely an important issue for our society to deal with.

Mr. Mark Warawa: It could be people suffering because of a sexual or violent assault, but it could also affect first responders and veterans.

Prof. Timothy Diette: Certainly.

Mr. Mark Warawa: All these people would need help to be able to have a future. Without dealing with the causes, they are likely to stay in that state of poverty and depression and hopelessness.

Prof. Timothy Diette: I would think addressing it directly would be the most efficient way.

Mr. Mark Warawa: Thank you.

The Chair: Excellent.

Thank you, sir. That brings us to a close.

I want to thank all of the witnesses for being here today.

I will remind the committee that we are scheduled to meet on Thursday, when we're going to be meeting with the departmental officials. The notices have gone out and I believe the majority of them have accepted. We have to be here on Thursday, assuming we don't rise. The clerk has just informed me that we can't rise. She's done a lot of work to make sure that they can get here. But seriously, if there is an off-chance that we rise before Thursday, I want to take the opportunity to thank this committee and all the individuals who help us run this meeting.

I wish everybody a happy holiday. Hopefully, I'll get the opportunity to say it again on Thursday.

Thank you. This meeting is adjourned.