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Chair

The Honourable Kevin Sorenson

Standing Committee on Public Accounts

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• (1535)

[English]

The Chair (Hon. Kevin Sorenson (Battle River—Crowfoot, CPC)): Good afternoon, everyone. This is meeting number 61 of the Standing Committee on Public Accounts, Wednesday, May 31, 2017. I would remind all our committee members, as well as those in our audience today, that we are televised. We will have time for committee business after our first 90 minutes with the witnesses.

Today we are considering “Report 4—Mental Health Support for Members—Royal Canadian Mounted Police,” of the spring 2017 reports of the Auditor General of Canada. We have as our witnesses today, from the Office of the Auditor General, Mr. Michael Ferguson, the Auditor General of Canada; and Joanne Butler, principal with the Office of the Auditor General of Canada. From the Royal Canadian Mounted Police, we have Commissioner Bob Paulson. He is accompanied by Daniel Dubeau, deputy commissioner and chief human resources officer, as well as Joanne Pratt, assistant commissioner and chief audit and evaluation executive.

Welcome.

I understand that both of our witnesses have opening statements. Before we turn to questions by members of Parliament, I'll invite our Auditor General to give his statement at this time.

Mr. Michael Ferguson (Auditor General of Canada, Office of the Auditor General): Thank you.

[Translation]

Mr. Chair, thank you for this opportunity to discuss our spring 2017 report on mental health support for members of the Royal Canadian Mounted Police, or RCMP.

[English]

In May 2014, the RCMP introduced its five-year mental health strategy to contribute to a psychologically healthy and safe workplace and to provide greater support to its employees. The strategy defined mental health as a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.

Our audit focused on whether RCMP members had access to mental health support that met their needs. We examined selected mental health programs and services that supported two key areas of the RCMP's mental health strategy: early detection and intervention, and continuous improvement. We concluded that overall, members

of the RCMP did not have access to mental health support that met their needs.

The RCMP took the important step of introducing a mental health strategy; however, it did not make implementation of the selected mental health programs and services a priority and did not commit the necessary resources to support them. Therefore, these programs and services were only partially implemented.

Through our representative file review, we found that although 57% of members received easy and timely access to the mental health support they needed, 16% did not. For 27% of members, the RCMP didn't have records that allowed us to assess whether they received the help they needed when they needed it.

Support for members doesn't stop with providing access to mental health treatment. Health services staff and members' supervisors are responsible for monitoring and supporting members while they are on off-duty sick leave and when they are ready to return to work. However, we found that members' supervisors and health services staff didn't always monitor members on leave as they were supposed to and they did not adequately support members when they were ready to return to work. Some members told us that this lack of support exacerbated their mental health conditions and delayed their return to work. We found that one in five members who sought mental health support from a health services office didn't return to work or took a discharge from the RCMP.

• (1540)

[Translation]

Finally, we found that the RCMP did not have performance measures to evaluate its mental health strategy and to ensure that it worked as intended to support members' needs. The organization did not have a quality assurance framework or monitor its activities to support continuous improvement. As a result, the RCMP did not systematically collect or report information on the results of the programs and services designed to support the strategy.

For the strategy to succeed, the RCMP must know whether the programs and services meet members' needs, provide value for money, and reduce negative personal and organizational impacts.

These findings matter because the RCMP is only as strong as its members. If the organization does not effectively manage members' mental health and support their return to work, members will struggle to carry out their duties, their confidence in the RCMP may be undermined, and the RCMP's effectiveness may be reduced. Ultimately, the poor mental health of some members can affect the RCMP's capacity to serve and protect Canadians.

The mental health strategy is important for the RCMP, for Canadians, and for the government as a whole, and it has to succeed. The problems we identified must be fixed to ensure the strategy's successful implementation.

The RCMP is in the third year of the strategy, and there is still an opportunity to make the necessary improvements.

We are pleased to report that the RCMP has agreed with our seven recommendations.

Mr. Chair, this concludes my opening remarks. We would be pleased to answer any questions the committee may have.

Thank you.

[English]

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

Now we'll turn to our commissioner of the RCMP, Commissioner Paulson.

[Translation]

Commissioner Bob Paulson (Commissioner, Royal Canadian Mounted Police): Good afternoon, Mr. Chair and members of the committee, ladies and gentlemen. Thank you for this opportunity to speak with you.

I will be giving my presentation mainly in English, but you have the French version in front of you.

[English]

At the outset, let me thank the Office of the Auditor General for their report. The overall well-being of RCMP members and employees is of great importance to me as commissioner, and to the RCMP as a whole. A healthy workforce is critical to the RCMP's ability to achieve its mandate. As we continue to implement our mental health strategy, the OAG's recommendations will certainly assist us in our efforts, and I am confident that we will continue to improve. Indeed, mental health services and programs need to be continuously evolving. Accordingly, we have accepted all seven of the OAG's recommendations, and we look forward to working quickly to fully implement them.

This notwithstanding, I would like to highlight several areas that were not addressed or perhaps were reflected in an unnecessarily negative light in the OAG's report findings.

In 2014, the RCMP was one of the first federal departments to implement a comprehensive five-year mental health strategy. This strategy, which is still in the process of implementation, focuses on five key areas: promotion, education, prevention, early detection and intervention, and continuous improvement.

Of these five areas, only two—early detection and intervention, and continuous improvement—were examined by the Office of the

Auditor General. As a result, the audit does not provide a complete view of all the work that is being done within the RCMP to address mental health.

The audit's scope included the following programs, services, and activities: the road to mental readiness training, the peer-to-peer system, periodic health assessments, RCMP health services offices, RCMP health care entitlements and benefits, and disability case management. However, it did not include key programs and activities, such as Health Canada's employee assistance services, a confidential service available to all RCMP employees 24-7; the RCMP chaplain program; the member workplace services program; the work of the national and divisional mental health champions; the significant efforts the organization has made to reduce the stigma around mental illness; and the overall success of the RCMP mental health strategy.

Several of the OAG's recommendations relate to disability management of RCMP members. Due to the timing of the audit, the OAG was unable to assess the RCMP's enhanced disability management and accommodation program, which we launched on April 1, 2017, with a significant investment of new resources from our existing appropriations. In 2016, the RCMP allocated \$4.8 million in ongoing funding for the program, including funding for 30 disability management advisers. To date, 25 disability management advisers and seven disability management coordinators have been hired.

During the course of its audit, the OAG reviewed a small sample of RCMP regular and civilian members' medical case files, 51 in total, selected on the basis of services received. In 37 of the files, the OAG determined that there was sufficient information in the file to assess whether members received access to mental health services in a timely manner, and determined that 78% of these members did receive timely access. However, members' medical files do not capture early intervention measures that do not fall under health services, such as the confidential counselling provided through employee assistance services. Furthermore, this review was completed by individuals who do not have medical expertise to assess the type of information found within the files.

The OAG also surveyed active and off-duty sick members. As the RCMP was only in year two of implementing its mental health strategy at the time of the audit, a number of off-duty sick members surveyed were not aware of the strides the RCMP had made in supporting members with mental health injuries. As a result, the responses of those members who were off-duty sick since prior to the release of the mental health strategy may not have reflected the RCMP's current reality.

The statistics as presented by the OAG highlight areas for improvement, but overall they are relatively positive. For example, the survey results show that 73% of active-duty respondents feel that RCMP members have easy access to mental health programs and services if needed, and 75% feel that access is timely.

In addition, findings from the file review show that four out of five members, or 80%, who were off-duty sick for mental health reasons will return to work in either full or accommodated capacity.

•(1545)

The reality is that we will likely never achieve a 100% return-to-work rate, especially given the nature of the mental health issues being experienced by some of our members. These issues have caused some members to take more than one period off-duty sick, or ODS. Furthermore, given the type of work our members perform, it is not realistic to expect that all members ODS will be able to return to work and/or carry out the same duties they performed prior to their illness.

The RCMP is committed to delivering the road to mental readiness program training to all 30,000 employees by March 31, 2018. It is already part of the curriculum at the RCMP's training academy, and all new RCMP members have this foundational mental health training before they start their first day as a police officer.

Additionally, the peer-to-peer program has evolved over the last couple of years. Today, employees have access to 442 peer-to-peer coordinators and advisers across the country with more due to come on strength in June 2017. While the audit concluded that the RCMP did not consistently or completely implement programs across all divisions, this is a positive example that our programs are still growing.

It is equally important to note that the RCMP is not denying mental health services to its employees. Although the RCMP provides a range of mental health benefits under its health benefits program, not all services are covered. Our health services officers are not treating physicians, and we rely on medical services and support from the public health care system, the same as other Canadians. For the RCMP to have its own network of treating physicians and clinics would require a significant investment of resources to implement and sustain.

The OAG noted in its report that the RCMP did not provide sufficient funding and human resources to support new programs. I want to stress that the RCMP has a dedicated health services team who do a commendable job supporting RCMP members. The RCMP recognizes that additional resources are required in certain areas, and we are currently conducting a thorough analysis of our resource requirements to identify an adequate level of funding to support all initiatives stemming from the OAG's recommendations as well as those initiatives not covered by the audit.

In the interim, the RCMP continues to offer new mental health programs and services to its employees. These include a two-day applied suicide intervention skills training and online suicide prevention and awareness training from the Canadian Police Knowledge Network; a 10-year longitudinal research study of RCMP cadets to identify variables that may be associated with the development of operational stress injuries; a three-year fitness strategy; and an RCMP-led operational stress injury peer support program based on best practices of Veterans Affairs Canada and the Department of National Defence to provide assessment, treatment, prevention skills, and support to RCMP members with a mental health disorder resulting from such an injury.

•(1550)

[Translation]

In closing, I would like to stress that the RCMP is fiercely dedicated to taking care of our employees, including their mental health. This includes changing our culture and any outdated attitudes that mental illness is in any way less serious than a physical injury. We will continue working hard to ensure that any employee impacted by a mental health related issue is supported and will have the necessary resources and services that meet their needs.

My colleagues and I would be pleased to respond to any questions. Thank you.

[English]

The Chair: Thank you very much, commissioner.

We will now turn to our first round of questions.

[Translation]

Mr. Lefebvre, you may go ahead for seven minutes.

Mr. Paul Lefebvre (Sudbury, Lib.): Thank you, Mr. Chair.

[English]

Thank you for being here this afternoon.

As you know, when we receive these reports by the Auditor General, we always look at the ones that we want to look at first and the ones we would personally like to emphasize.

For me, seeing the mental health strategy that had been suggested back in 2014 and where we are now at, *les lacunes*, in terms of the still pervasive issues at the time of the audit is very disturbing. I'm glad to see that there was progress. However, we've seen this record before at this committee.

One of the issues that keeps coming up is that a lot of departments have plans. They have a strategic plan that they put into place, and they have this great vision. The strategic plan is there, but there's no back-up plan to implement it, so there's no critical path. I'm always shocked to see that happen so consistently, and this follows that same road.

Before I ask Mr. Paulson a few questions, I would like the Auditor General to comment on his statement "About the Audit" in his report. In the statement you say, "RCMP management refused to confirm that the findings in this report are factually based, because of disagreement about the approach used to report statistics from the file review and member survey."

Can you comment on that? That's a disturbing statement to make that there was disagreement on the data that you collected with respect to the RCMP.

Mr. Michael Ferguson: Thank you, Mr. Chair.

That's a standard practice we have when we are doing an audit. We ask the entity to confirm that the findings were factually based. In this case, the RCMP would not agree that the findings were factually based because of their disagreement about the approach used to report statistics from the file review and the member survey. I think we just heard the commissioner mention that we said in the report that 20% of members were not able to return to work. I think the commissioner referred to the other side of that being the 80%. But really, in those statistics you have 20% who were not able to return to work, 30% who were able to return to their duties that they were doing before, and 50% who were able to return to work but had to return to other duties, not to the job they were originally doing. That can have an impact on the RCMP's staffing, because they have people they hired to do one job who go off-duty on sick leave and have to come back to another job.

I think some of these disagreements were about the way we characterized it. For example, we said that 20% were not able to return to work. We think that's the right way to characterize it. The RCMP obviously has their view on how that should be characterized. We feel that what's important here is understanding that 20% were not able to return to work, and in fact 50% had to return to reduced duties. In our view, that shows significant room for improvement on the results of this program.

• (1555)

Mr. Paul Lefebvre: How often, Mr. Ferguson, are there disagreements in your audits with the department you're auditing?

Mr. Michael Ferguson: It doesn't happen often. I can't think right now of another time it has happened since I've been in this job that the organization would not sign off on the findings as factually based. We're not asking them to sign off on our conclusions, or on what we are drawing from the findings, but just that the findings are factually based. I believe this is the first, or, if not, it would have happened only one other time since I've been in this role.

Mr. Paul Lefebvre: Thank you.

Mr. Paulson, I'd like to hear your comments on that. It's disturbing to see that after many, many audits by the Auditor General's office in the past number of years, this is the first time the characterization of statistics or data or findings in a report has actually been contested by an organization. Can you just clarify that for us, please?

Commr Bob Paulson: I will. First of all, let me say that we take no issue with the recommendations and the results of the audit, so that's not what we were doing.

I think where the issue came about—and I'll ask my chief audit executive to put some precision around that—is that it's a very broad program that we have. It's a very ambitious program that we have. The Auditor General's work was value-adding, in the end, because we accept all of the recommendations. But I think the possibility of the sort of sweeping condemnation—my words—is very strong in terms of the RCMP's resolve and intention to provide proper services for its members.

In the eliciting of the information that the Auditor General relies upon, it's there, I think, where we took some exception. That's not to say we disagree with the findings; we disagree with the manner in which some of the data was used to produce those findings or produce those recommendations.

Maybe Joanne can add to that.

Assistant Commissioner Joanne Pratt (Assistant Commissioner and Chief Audit and Evaluation Executive, Royal Canadian Mounted Police): Yes, in our opinion, the statistics could have been presented in a balanced way to allow the reader of the report to understand the extent or the scope of the issue. For example, on the survey results in the report, our total regular member and civilian member population is 22,237; of that, 6,769 active members responded to the survey. The survey was sent in hard copy to our members currently on ODS, meaning those off-duty sick for 30 days or longer. Our ODS member population was 828, and of those, 261 members responded to the survey.

When you go into the exhibit that's in the report and the manner in which it's represented, it focused on the very negative aspects of that, as opposed to the balance of, say, the 73% of active members and 46% of ODS members who responded that they had easy access; the 75% of active members and 49% of ODS members—and when you look at the 49% of ODS members, it would be 100-and-some members responding—who said they had timely access; and the 77% active and 53% of ODS respondents who were aware of the mental health strategy; and the 74% of active respondents and 64% of ODS respondents who knew how to access mental health services.

The Chair: Thank you. I have a feeling we may be coming back to some of this.

We'll now move to Mr. McColeman, please. You have seven minutes.

Mr. Phil McColeman (Brantford—Brant, CPC): Thank you, Chair.

Thank you for being here today to go over the points that the Auditor General has put before us.

I want to get a sense of the kinds of disabilities you're dealing with. Give us some examples of the kinds of disabilities within the ranks that are referred to throughout the report, in terms of disability case management and setting up the solution for that. Expand, if you can, on how that disability case management solution will help facilitate members' receiving the support they need to return to work as soon as it is safe for them to do so. What kinds of recurring disabilities are you seeing, if any? Are they one-offs? What might they be?

• (1600)

Deputy Commissioner Daniel Dubeau (Deputy Commissioner and Chief Human Resources Officer, Royal Canadian Mounted Police): Thank you. I'll take that question on recurring disabilities.

One of our issues that I think the audit did pick up, and rightly so, is that our software doesn't pick up these disabilities as much as we would like it to. We use a certain system, but we're purchasing another system.

If you use the VAC data—we go with Veterans Affairs and they provide us data—and you look at serving members, one of the broadest and most recurring disabilities for most of our serving members would be PTSD. We have a high incidence of PTSD, which could be very broad because PTSD is just one symptom. For instance, there is depression. We have done research in certain areas where alcoholism or drug dependency is not high, so that's the good news, but you would see more mood swings and depression. PTSD is one that many of our serving members will get a pension for. Those would be the types of injuries they'd have. Then you would also have physical injuries along with those. Those are probably what you would call the “recurring” ones. That's a trend that we're seeing.

We're trying to drill down on that. That is part of our role, trying to get that software up so we can get a better idea of what's going on across the force, what types of injuries are happening, so we're able to do something with that and, hopefully, prevent these from happening. That was—

Commr Bob Paulson: The case management aspect of your question is to have case managers working on the specific cases to make sure that the support and the care are being aligned quickly and directly, with the view always being to get people back to work. Get them well, get them back to work.

Mr. Phil McColeman: Both the Auditor General's audit on support for members' mental health and the RCMP's 2014 internal audit of RCMP members' long-term sick leave identified problems with supervisors fulfilling their roles and responsibilities to support members on off-duty sick leave. This relates, in the report, to paragraphs 4.85 and 4.86. What does the RCMP believe the reason is for this lack of support? What steps are you taking to address the problem?

Commr Bob Paulson: I'll start, and maybe I'll ask Dan to weigh in.

What we're talking about, at least in 2014—and I would defer to the Auditor General to elucidate their findings—was that supervisors get a note from their members to say they've got a doctor's note. They're not coming to work. They're sick. There is a certain tension, or at least there was a certain tension around the privacy-related aspects of that sickness and how far a supervisor could inquire about it. Our focus is to have the supervisors, in a preventive, anticipatory role, to notice or participate in getting members' support prior to that declared absence from work. The view of most supervisors—and some of it's accurate, frankly—is that some members don't want to be getting calls from the office about when they're coming back to work. It's about the interface with the employee once they've gone off-duty sick.

D/Commr Daniel Dubeau: Regarding the disability management role, the adviser role, when you hear us talk about disability managers, they are people we will hire with those skill sets to help the supervisor, to actually coach them through this, because at times our supervisors aren't really sure how to approach a member who may be suffering from mental health issues or may be on sick leave. It's to become the link, to help coach along, and also bring the whole team along—supervisor, our health services, our workplace advisers, as well as the employee—to work together to come to a solution and

to get the right treatment. That's the key part for us: to bring them up, which is why we are deploying that program.

Mr. Phil McColeman: I'm sure the RCMP has various categories of employees it is required to hire. Not all of them are front-line officers and able to go on patrol and to do the things that a normal police constable has to do. What is the RCMP's policy, if any, for hiring people with disabilities?

D/Commr Daniel Dubeau: To be a serving police officer?

Mr. Phil McColeman: No, not to be a serving police officer. A lot of people with disabilities would not be able to function in that—

D/Commr Daniel Dubeau: We do hire—

Mr. Phil McColeman: Do you hire people in other categories—

D/Commr Daniel Dubeau: Yes.

Mr. Phil McColeman: —within the RCMP? What's your policy?

D/Commr Daniel Dubeau: Our policy is that we respect the Canadian Human Rights Act. We will hire people with disabilities, and we do hire people with disabilities. We have serving police officers right now who would identify themselves as having disabilities, so we have both, even in the serving ranks.

Mr. Phil McColeman: Can you give me an idea of the proportion of people within the ranks who have disabilities?

D/Commr Daniel Dubeau: I have it in here, bear with me, sorry. I don't want to lead you astray.

In our ranks now, 1.9% of our serving police officers who would self-identify as having disabilities.

• (1605)

Mr. Phil McColeman: Okay. Thank you very much. It's 1.9%.

Now, with the Auditor General's findings and your acceptance of the recommendations and the fact there's an action plan in place, I think there's still a tone today, Commissioner—I say respectfully to you—that essentially you're agreeing, but in some ways disagreeing. Am I correct in sensing that?

Commr Bob Paulson: No.

I think you're correct in sensing the tone, and it's not anything other than the fact that the organization, as the Auditor General identified, was one of the first departments to organize itself and develop a mental health strategy and an action plan and deploy them. Apart from its being in 2014, we had two pieces, two tranches, of that strategy audited, and very critical results.

I think all I was trying to do was to put a context around it to say that it's not as if we're not working towards our employees' mental health and providing very innovative and, I think, successful strategies for supporting these members. But it's in the policing context, and that's a very difficult context. It's also in a labour context that is changing for the RCMP, so it's a very difficult time.

I take no issue at all with the fact that we got some tremendous advice and recommendations out of this, and we're going to act on those and implement them, and we'll be accountable for that. But it came at a time when other reports were coming out, the broken-wall report by the CRCC on workplace harassment, and the other reports, and it's perhaps a little defensiveness on my part.

Mr. Phil McColeman: Yes, I noticed that defensiveness—

Commr Bob Paulson: We have a mental health strategy and we have a series of initiatives that we are funding from within our own appropriations, and we're doing it, not as well as we could do obviously, but we're doing it. I think we need a little recognition for that.

The Chair: Thank you, Commissioner. We'll come back.

We'll now go to Mr. Christopherson, please, for seven minutes.

Mr. David Christopherson (Hamilton Centre, NDP): Thanks, Chair.

Thank you for being here today.

I feel the need, just because of the subject matter, to begin with my own respect for, and my own involvement in, policing—not at the federal level but the provincial level. As a former solicitor general of Ontario, I know a little bit more about policing than most civilians, and am close enough to it to have the greatest respect for policing and to understand the challenges. But I've got to tell you, Commissioner, I am woefully disappointed in this approach.

I listened to your last remarks, and you feel like the RCMP's feelings have been hurt, that you're not getting enough credit for the things you do right.

Let me finish, sir, and I'll give you the floor, sir, when I am done.

The Chair: Carry on.

Mr. David Christopherson: Thank you.

I'm expressing my own opinion, and I welcome your response to it, but I take this to be a very defensive document. I'm very disappointed in your approach, that it wasn't that this is really important, that you failed to do what you should have done, and that you're going to make the necessary changes.

You can say that you accepted the recommendations, but that's easy to say. I'm going to tell you, too, with regard to this business of challenging whether or not the documents are fair and whether or not our Auditor General is fair is key to the work we do. I hope we spend a little time at the end talking about it further, because at some point, I'm ready to bring in an outside body. The RCMP is an important international organization. If they are accusing our Auditor General of being unfair, I want that pursued.

If the Auditor General's being unfair, we'll deal with that, but if he's not, then I'm not going to accept department heads and agencies coming in here and questioning the professionalism involved. You either accept it, or condemn it and prove it. At the very least, I would hope that you put your issues with it in writing and send it to us, because we will take it seriously. If this document is not fair, we need to know that, because it's a key thing we're working with.

We're going to go on the assumption that what's here is correct. Again, I'll get to my questions, Chair, it's just that we've been around and around with the RCMP on these things. First of all, it's so hard to get them to accept when they've made a mistake or when things aren't perfect. Then we finally get to that point, and they're forced to do something. We just had a report from the CRCC the other day on another failed implementation. Again, they did all the right things, made all the right announcements, but it's the follow-up. It didn't happen. That's what we're about here.

My very first question is regarding page 5 of the report, where the Auditor General says:

Overall, we found that the RCMP did not adequately meet its members' mental health needs. The RCMP was one of the first federal government organizations to introduce a mental health strategy. However, it did not make the strategy's implementation a priority or commit the human and financial resources needed for the strategy's full and effective implementation.

I'd like to know your response to that overall message, Commissioner, and I would welcome a chance for you to take as much latitude as you want to respond to anything I said and my tone. Go for it.

• (1610)

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

Mr. Paulson, please.

Commr Bob Paulson: I agree with the Auditor General's findings, as you've described them. I agree that we failed to deliver adequate mental health support to our members. I also would like to stress that we are engaged, and were engaged, in an active undertaking to do so. We were doing so at the time the audit took place, and even more so now with the assistance of the Auditor General's recommendations.

To characterize this response to the Auditor General's work as anything other than helpful is incorrect. We took issue with some of the methodology, as I think we are entitled to do. If you'd like us to send it to you—because we sent it to the Auditor General—we'll send it to you, and you can make your own findings. We didn't do it because we're defensive. If there's anything I would like to stress to you, sir, is that we are not defensive. I am open to principled, evidence-based criticisms and suggestions on how to make this organization better.

The Chair: You have another minute, if you want it.

Mr. David Christopherson: That's great, thanks. Let's jump into it then.

I'm with the Auditor General here. You did a great thing in announcing it. It's so important to the government for this to work, but it doesn't look as if it was treated that way. That's the problem.

On page nine, paragraph 4.38, the Auditor General says, “We found that the RCMP did not put a business plan in place or allocate resources to support its new Mental Health Strategy”.

Your response, sir, is, “The purpose of the action plan is to identify the components of the strategy that will receive particular attention...to identify the specific...to address.... As the annual action plan does not include resource requirements the RCMP will transform it into a business plan designed specifically to guide implementation efforts for the final two years of the strategy”.

Why wasn't money put up front rather than your coming in here the last couple of years and saying you're doing all of that and you're going to make it all fine? The criticism here is that you didn't do that from the get-go. Why not?

The Chair: Thank you, Mr. Christopherson.

Commissioner.

Commr Bob Paulson: The way I understand the criticism is that there wasn't a business case, in the classic sense of what a business case is. In other words—and again I defer to the Auditor General—there was no aligning of specific funding allocations, in a document, to specific initiatives. That's what I understood. But we can sit here for the next 15 minutes, and I'll tell you how much money we've put towards all of these initiatives, because we have done that.

Mr. David Christopherson: Did you have a formal business plan, sir?

Commr Bob Paulson: I didn't have a formal business plan, but we had a strategy and an action plan, which didn't constitute a business plan—

Mr. David Christopherson: Because it didn't have any money—
•(1615)

The Chair: Just let him carry on.

Mr. David Christopherson: Yes, I'm sorry.

The Chair: Carry on.

Commr Bob Paulson: I'm done.

The Chair: Thank you.

We'll go back to Mr. Arya now, please.

Mr. Chandra Arya (Nepean, Lib.): Thank you, Mr. Chair.

I would love to have seen the Auditor General comments on the other two areas he did audit: early detection and intervention, and continuous improvement. I wish he had audited the first area of the strategy, namely, on the promotion of mental health.

Several RCMP officers have come to me and expressed their frustration at the lack of diversity within the RCMP's middle and top management ranks. When I say “diversity,” it includes women. It includes indigenous people. It includes visible minorities. It includes people with disabilities.

I know that frustration leads to mental illness problems.

Now, coming to specifics, I'll continue with what Mr. Christopherson was asking. The Auditor General clearly says that you did not commit the human and financial resources needed for the full and effective implementation of the strategy. Specifically, he says that the RCMP did not allocate budgets to support it.

I know you spent some money, but the question is whether the amount you allocated was adequate.

Commr Bob Paulson: In some areas, I think the criticism is that the money allocated was inadequate. I think the major criticism, as I understood it, was that there wasn't a sort of comprehensive business approach to estimating, securing, and providing commensurate funding for all of those initiatives. That's what I understood to be the principal criticism.

Mr. Chandra Arya: My point is that we are in the third year of a five-year plan. It's almost two-thirds over. At this point, to say that there was not an adequate budget for implementation is a problem, because we only have two years left.

You also said that the Auditor General examined only two of the five years, so he did not provide a complete view on the work being done.

What is the work being done on the promotion side of the strategy?

Commr Bob Paulson: Okay, I'll invite Dan to speak to that.

There are multiple approaches to the promotion of the strategy across the existing hierarchy of the organization. It is a very decentralized organization, with commanding officers in each division charged with the identification of champions, who exist in all of the divisions with initiatives. We can name a series of initiatives that happened across the organization. That is, by and large, the promotion component of the strategy.

Mr. Chandra Arya: In the middle and top management levels, how much diversity is there now?

Commr Bob Paulson: I thought it was very good. We have very good numbers in terms of diversity. I take advice from a number of committees on diversity and gender issues. Dan will have our numbers, but they're very good.

Mr. Chandra Arya: Would you kindly pass on those numbers?

Commr Bob Paulson: Yes.

Mr. Chandra Arya: Thank you.

I have a question for the Auditor General.

When is it possible for you to go back to look at the remaining parts of the strategy, the first three areas of the strategy?

The Chair: Mr. Ferguson.

Mr. Michael Ferguson: Thank you.

Currently, we don't have any plans to do that. I think part of what might be important, though, is our finding in the course of the audit that the RCMP didn't have an approach to really report on the overall success of the plan.

If they were to develop a way to measure whether the strategy was doing what it was supposed to do, we would expect that should include all of the components of their strategy. We would hope that at some time in the future, the RCMP would be able to report on the success of the strategy, including the components that we didn't look at in the audit.

Mr. Chandra Arya: You mentioned that the RCMP did not allocate budgets to support the components and that these were only partially implemented. Can we get some sort of numbers? How much was spent and how much do you think should have been spent?

Mr. Michael Ferguson: I'll ask Ms. Butler to provide the details, but I think, fundamentally, we asked for some numbers about what was spent, and the RCMP wasn't tracking the numbers at that level of detail at that point in time.

I'll ask Ms. Butler if she has anything to add.

Ms. Joanne Butler (Principal, Office of the Auditor General): Thank you, Mr. Chair.

As the Auditor General said, we made inquiries at the national level as well as the divisional level to find out the costing for the mental health programs being implemented. It was explained to us that practices differed across divisions, but most importantly the programs, as they were being implemented, were being done, in some circumstances, on a voluntary basis. Salaries are obviously documented, but the actual time spent implementing, for example, R2MR or the peer-to-peer support would be difficult to cost, so that type of explanation was provided to us.

• (1620)

Mr. Chandra Arya: Commissioner, the Auditor General reported that one in five members who sought mental health support from a health services office did not return to work or took a discharge from the RCMP, and you seem to imply that is not a big number. At least for me, and maybe I don't have experience in organizations like the RCMP, that 20% appears to be a huge number. How can you imply that is not a big number?

Commr Bob Paulson: I don't think I implied that it wasn't a big number. I was relating that we've had success, and one of the successes of our approach has been to secure an 80% return to work. There was a time in 2012, when I first became commissioner—and I spoke to some of these people in the room here today on the state of our health care in the organization—there were many people on unsupervised sick leave who had been on sick leave for years and years. Part of the success of our strategy in mental health, and, indeed, across the broader health management issues for the organization, is taking an approach, consistent with our efforts at transforming the culture, to have people come back to work, to be accommodated at work. There is a tension between the idea that people are police officers and that in order to be a contributing member of the RCMP you have to be able to carry your gun and be fit and make arrests and do all the things that go along with that, and we've evolved our thinking in that regard. I don't dispute that 20% is a big number; I'm just saying that 80% is a positive outcome.

The Chair: Thank you, Mr. Arya.

Thank you, Mr. Commissioner.

Now we go back to the opposition side.

Mr. Jeneroux, go ahead, please, for the second round for five minutes.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Great. Thank you, Mr. Chair.

Thank you for being here today.

First of all, to the members of the RCMP, thank you for your service, particularly for what you do for us here on Parliament Hill. It's a service that we all certainly appreciate. Please pass that on to other members of your force.

Before I get into the line of questioning I was prepared to do, I do want to give the Auditor General an opportunity to respond to some of the criticism that was levied towards the report, particularly the comments that the report wasn't presented in a balanced way.

I would like to clarify that for the record, Mr. Ferguson, if you wish to do some of that.

The Chair: Mr. Ferguson.

Mr. Michael Ferguson: Thank you, Mr. Chair.

First, I want to point out that we acknowledged in a number of places, and I've acknowledged every time that I've talked about this report, that the RCMP was one of the first organizations to put a mental health strategy in place. That was an important step, and I think I've acknowledged that. We acknowledged it in writing and I've acknowledged it every time I've spoken to it.

I think I've also said this is an important strategy that needs to succeed. It's not just important to the RCMP that this succeed, but also for the government as a whole because the RCMP is one of the first organizations to have this strategy in place. The whole government should be invested in helping the RCMP make this succeed. That would be the first thing.

In terms of some of the percentages, yes, you can look at the percentages both ways. What we were concerned about, for example, was the result in the survey indicating that 51% of the people on sick leave said they did not have timely access to mental health programs and services if they needed them. You could have put that as 49% said they did. We put it as 51% said they did not.

Of on-active-duty members, 25% essentially said they would not have timely access if they needed it. So we could have put it as 75% said that they did. We put it as 25% saying that they didn't think they would, because we feel that's an important number: 25% of the people, most of whom have probably never had to access these services, were saying that they were not sure they were going to be able to get access to the services if they needed them. To us, that's the significant message.

Yes, you can talk about 75%, for example, feeling as if they would, but the important thing is that when they do need the services and they are off-duty sick and they're getting them, then all of a sudden the number goes to 51%.

A much smaller number of people have had to access those services. The 51% is of a small number, the 25% is of a large number. I'm not trying to say that the RCMP is not taking this seriously or that they don't see this as important. What we're trying to say is that we think there's still significant room for them to improve on this. It's important that they improve and succeed and that they get support from other organizations to help them succeed. When 25% of the active members who responded to the survey say they're essentially not sure they would get timely access to mental health services if they needed them, we think that shows significant room for improvement.

• (1625)

Mr. Matt Jeneroux: Thank you for that.

Commissioner, I want to talk a little about the process of the return to work. I'll read a quote from a Canadian Press story:

A number said they were not offered meaningful work when they returned from sick leave, or believed the organization was encouraging them to accept a medical discharge.

I think I have about 30 seconds left, but do you mind just walking us through as much of the process as you can on how they are assessed and who eventually makes the decision on allowing them to come back or not? I say that in the context of the 50% who would come back to work, but not to the job they were doing prior to being on sick leave.

Commr Bob Paulson: One of the challenges we have in bringing people back to work and engaging in the management of their case is the stigma that attaches to members coming back to the work site and not fulfilling “the normal duties”: get in the car; take calls; investigate; get on the road; strap on your gun; and do those things.

In some cases we need to have a progressive return to the work site, because a number of conditions are put on the person's return to the work site that prevent them from doing those things. I can see how some members would feel a stigma is attached to their returning to less than full duties. That's part of the challenge we have to make sure they are managed, that their supervisors and the team are lit up to the fact that you have to help bring these people along.

That's why our securing of almost 30 case managers across the country is huge. Because we rely on the health care of all the provinces where we could use the professional services of, say, some of the existing organizations that help other professions get back to work, that's what we're creating on our own initiative within the organization.

It is a work in progress. It's getting better. We're improving our rate of getting people back to work. I say this somewhat anecdotally, but I know there is data to support it, that we are improving in terms of the stigma issues attached to the mental health disability.

The Chair: Thank you very much, Commissioner.

Now we'll go back to Ms. Mendès, please, for five minutes.

[*Translation*]

Mrs. Alexandra Mendès (Brossard—Saint-Lambert, Lib.): Thank you, Mr. Chair.

I'd like to thank everyone for being here.

I'd also like to say how commendable it was to introduce a mental health program for your members, and it continues to be a worthwhile initiative. As Mr. Ferguson said, the entire government should follow your example.

That leads me to this question for Mr. Ferguson.

Mr. Paulson talked a lot about the fact that your audit focused on just two of the strategy's areas. Could you tell us why the audit did not take the other three areas into account?

•(1630)

Mr. Michael Ferguson: Thank you for your question.

When we plan an audit, it's important to establish which elements we can examine. It's not possible to examine every aspect of a program, so we have to decide how much work can be accomplished within the scope of an audit. The process simply involved evaluating the risks associated with the various aspects of the program, and we focused on the two strategy areas in question.

Mrs. Alexandra Mendès: Thank you.

That's what I thought, but I wanted to make sure it was clear and on the record.

My next question is for Mr. Paulson. It has to do with the lack of measures to ensure the strategy's effectiveness, which Mr. Ferguson flagged in the report. Specifically, I am referring to measures that would allow you to determine whether all of the steps taken under the strategy produced the desired results, particularly when it comes to promotion.

Promotion doesn't refer to job promotions but, rather, to efforts to promote the strategy so that members are aware of it. Is that correct?

Commr Bob Paulson: That's correct.

Mrs. Alexandra Mendès: I just wanted to make sure we were clear on what promotion meant.

Did you meet your objectives for strategy promotion?

In terms of strategy education, do you run programs or information sessions for members?

What do you do to ensure prevention, and how do you measure results?

I think those aspects of the audit involve the last two areas of the strategy—well, ultimately, the entire strategy. It's uncertain whether appropriate measures are in place to evaluate performance in those areas.

Commr Bob Paulson: Thank you for your questions.

The challenge of implementing mental health strategy performance measures is something all organizations face, not just in the government, but also countrywide. It's easy to identify how many members of the RCMP are affected and have submitted claims, but even then, it's not always clear. What isn't easy is figuring out how we are going to show critics that we have been successful or, even, that challenges still exist. We have—

Mrs. Alexandra Mendès: Let's begin with promotion.

Commr Bob Paulson: My apologies.

Mrs. Alexandra Mendès: I imagine promoting the program among your membership was one of the first steps?

Commr Bob Paulson: Yes.

Mrs. Alexandra Mendès: You introduced the strategy to them, then. Is that correct?

Commr Bob Paulson: Yes.

Mrs. Alexandra Mendès: What did you do and how did you measure the effectiveness of those efforts?

Commr Bob Paulson: I'm going to ask Mr. Dubeau to give me a hand, but I can say that every commanding officer around the country took steps to inform their employees and management teams. Employee awareness campaigns were conducted in every detachment. Emails on the program were also sent out. A number of methods were used to communicate the program's existence and importance.

Do you have anything to add, Mr. Dubeau?

D/Commr Daniel Dubeau: That about covers it.

Mrs. Alexandra Mendès: Very good.

How did you measure how successful your efforts were?

D/Commr Daniel Dubeau: We received reports. The divisional champions would meet with the national champion to report on initiatives managers had put in place.

Training was also provided. This included the road to mental readiness, or R2MR, training program, which was given to all members, and our goal was to have 100% participation.

We relied on these reports to measure the success of initiatives.

Commr Bob Paulson: When a member takes the R2MR training program, it's recorded in our computer system—

Mrs. Alexandra Mendès: —for human resources management, basically.

[*English*]

The Chair: Thank you, Ms. Mendès. That's appreciated. Our time is up.

Before I go back to Mr. Jeneroux, I want to mention that we've been very fortunate to have the Bangladesh public accounts committee with us over the last few days. We met with them as a committee, dined with them, and compared notes. Unfortunately, they have to leave right now.

We want to thank you for joining us again here today and wish you all the best as you go back and continue to do a good job in Bangladesh. Thank you, sir.

We'll now go back to Mr. Jeneroux, please, for five minutes.

• (1635)

Mr. Matt Jeneroux: Thank you, Mr. Chair.

While we are recognizing our members in the audience today, I would like to take a moment to recognize a former member of Parliament, as well as a constituent of mine, the Honourable Laurie Hawn, who has also joined us here today.

Perhaps you could give me some leverage with that.

The Chair: Very little.

Mr. Matt Jeneroux: I am not going to take the full five minutes here, Mr. Chair. I just have one quick follow-up on the line of questioning that was happening earlier, and also with regard to the RCMP's opening remarks here today. On page 4, the third paragraph from the bottom says:

...we are currently conducting a thorough analysis of our resource requirements to identify an adequate level of funding to properly fund all initiatives stemming from the OAG's recommendations, as well as those initiatives not covered by the Audit.

I have a simple question. When do you plan to have that analysis completed?

D/Commr Daniel Dubeau: We're shooting for the end of June to have the full analysis done. We've been working with our health offices, and that's what we're shooting for, to give us an idea of the type of resourcing or the gaps so we can then reach to our commissioner and our minister and have that discussion.

Mr. Matt Jeneroux: Excellent.

Will that be public, or do you send it to the minister?

Commr Bob Paulson: It can be.

Mr. Matt Jeneroux: I appreciate that. Thanks.

That's all I have, Mr. Chair.

The Chair: Thank you for yielding your time to me.

I'm interested in the peer-to-peer work that you do, because it was mentioned. Can you give us some concrete examples of how that works, and possibly even beyond that? I'm sure you've witnessed the successful integration of someone who has had some issues and has come back to the force. Without giving the names of the people, obviously, are there any actual cases that you could talk about? How does the peer-to-peer process work?

Commr Bob Paulson: One of the things I can add is that every week, on Wednesday, I have all the COs of the country on a big video screen with all the department heads in Ottawa, and we go across the business of the nation, as far as the RCMP is concerned.

Every commanding officer who reports on a particularly traumatic event... In fact, there was one this morning. I won't talk about it because it's still under way, but officer-involved shootings, child deaths, and high-profile investigations that happen across this land are reported in. We hear about what they're doing, and every one of those reports from the COs now features an engagement for the mental health of the individual officers who are engaged. That way we have secured peer-to-peer support for the member.

The peer-to-peer program takes away the weight of management assessing the officer's reaction to the event. It's designed to support employees in a confidential way to make sure that they have someone to lean on and that this person can interface with our health services, with supervisors, and with commanding officers to make sure that the officers are getting the support they need. It happens all the time.

Again, this is somewhat anecdotal, but there is certainly a shift that has happened in recent years in how managers and senior officers are acting in the moment to help prevent the impact of those traumatic events. Peer-to-peer is central in all of that.

Mr. Phil McColeman: Thank you.

The Chair: We still have one minute, so as part of the same party, I'm going to ask a very quick question as well. Then, we'll come back here.

I have a very close friend right now in the RCMP who is off on sick leave after being involved in a shooting. At first he believed there was no issue and that he would be all right, and then he found out that he isn't.

We've heard people say there's an expectation that sometimes you play while hurt. It's like when you're a hockey player and you end up having to play hurt, or you suck it up and get back out there.

We've been through a lot over the last couple of years with our veterans, and we've seen the same kinds of issues. These guys come back not expecting there are going to be issues and finding out all of a sudden that there are. It may not just come on like that; it may be over a long period of time. There are challenges.

I guess, I'm thinking here, from the testimony and the frustration in some cases, that one may want to see this succeed and another may say that it's just another report that, while it's not condemning the force, is coming down hard on you.

Is there an issue here with access to that health care? You say we access health care.

We know that in Veterans Affairs, sometimes it was tough finding enough psychologists and psychiatrists. Is that part of it?

Is there an issue of a rural/urban split?

I'm from a rural area. I know that access there to some of this health care is not available like it may be if you're in downtown Vancouver, Toronto, or Ottawa.

Are there areas where we can say that you're working on it and plugging away at it but that demographic and geographical factors are involved?

Maybe you could make just a few comments, then we'll go to Mr. Harvey.

• (1640)

Commr Bob Paulson: Well, first of all, I think that's accurate. There are geographic disadvantages to some locations where our folks are, because there are just no services there. That falls to the organization, and it also falls to the second part of my answer, which is the challenge of recognizing that people need help. That is very challenging in the mental health business for police.

Someone may begin to act out in ways that get them either in disciplinary proceedings or in trouble when, really, the underlying problem is a mental health issue that perhaps was overlooked by a supervisor. Perhaps the individual is not willing to self-identify as needing help. That's all part of our strategy. It's a very complex problem, particularly given how the organization is spread out.

However, within the reality of the deployed, decentralized model that we exist in, we have developed strategies that aren't the same for a two-person detachment in one of our territories versus someone who's in the metro area of the Lower Mainland and has access to all sorts of support.

Those challenges feature in our strategy and we're trying to address them. One of our systems—which I have direct knowledge of myself—is the availability of support through the 1-800 line. When we learn of somebody calling in, we leap into action and get people flown out, or get people flown in.

It turns on identifying the problem as a mental health issue and also overcoming the geographic barriers.

The Chair: Thank you very much. We did go a little over time because of me. I apologize.

Mr. Harvey, please.

Mr. T.J. Harvey (Tobique—Mactaquac, Lib.): You're forgiven this time.

Mr. Commissioner, I want to thank you and your staff for being here today. I have the most respect for you and what you do.

I have a couple of quick questions that are centred around where we are today, where we've come from, and where you're going. I commend you and your organization for taking this on and being a pioneer in it. Absolutely, over the last five years there have been tremendous strides made in the mental health portion of health care and in recognizing some of the deficiencies. I think it's important that we take all those factors into account here today.

Reflecting upon how we got here today with the Auditor General's report and the intricacies of your job, if you could go back in time, what things would you have preferred to do differently, or would not have done differently over the last period of four or five years?

One thing is for sure; I'm not an RCMP officer, nor am I a mental health expert, so I'm looking to you for some guidance as to the best practices you would have changed.

• (1645)

Commr Bob Paulson: I think it goes back to the Auditor General's report and the recommendations, and in most cases the findings are accurate. Had we done that and had a more structured, clinical strategy and—as it's referred to—a business case with sufficient funding and more milestones.... We did it on the back of a strategy and an action plan that have come under criticism. I think we could have done that better, and I would like to have done that better.

I'm very proud of the work we've done in terms of socializing the organization. It's somewhat like working on an airplane in flight. It's hard to do, because there are a million things that are going on and any number of reasons why you don't focus on these kinds of things. But a more focused prevention....

What I was about to say I'm proud of is the way the channel has changed within the organization in terms of how we talk about it. People are less inclined to be judgmental. They're very inclined to be supportive of their colleagues.

So, I think a crisper, more precise business plan and more careful attention....

Mr. T.J. Harvey: I want to make sure I'm being respectful in the way I ask this question, because I have the utmost respect for the Auditor General, and I want to make sure he understands that I have the utmost respect for him. My question isn't centred around this audit, because I think the audit was very well done.

My question for you, though, Mr. Paulson, is whether you feel that, had the audit focused on all the pillars and segments together, it would have painted a different picture of the program in general, or do you feel that the pillars stand somewhat on their own? I'm just looking for a little bit of reflection from you.

Commr Bob Paulson: Sure.

I think the recommendations, as they were produced, would have been produced in any case, and likely there would have been recommendations in respect of our other pillars as well.

My defensiveness—and I hate to use that word, because I've resisted being labelled “defensive”—is around the idea that, in the simplest terms and perhaps just in my little head, we deployed, in the face of a stagnant sort of environment, a mental health strategy and an action plan. We have engaged within our existing appropriations to do a lot of things. While we are appreciative of the recommendations, as we've seen from the style of some of the questions, it's being seen as a sort of condemnation—again—of another thing we haven't gotten right. That is difficult for me.

Mr. T.J. Harvey: That's the end of my questions, but I really want to thank you, sir.

The Chair: We'll have a chance to come back for a full round for you.

Mr. Christopherson.

Mr. David Christopherson: Thanks, Chair.

Yes, your characterization is absolutely correct, and I think that's fair. I think that's the history of the RCMP in terms of these big things and making the changes.

That's why I felt the need, in this environment, to lay down my bona fides in policing. I understand the complexities and all of that, but yes, there are legitimate criticisms, and there seems to be a huge problem with, first of all, getting the attention of the RCMP, then getting them to do what needs to be done, and then making sure that it gets done properly. At the end of the day, we get there, but oftentimes it's through a whole lot more angst than one would hope.

I do want to reflect, Commissioner—again, this is my own personal opinion—that in the course of your answers, the tone had been different. Had those basic things you said about the audit and the findings during the course of the discussion been reflected in your opening remarks, certainly my tone would have been different. That's what put me on the wrong foot to start with. It was the tone. I'm sorry, sir, but in my opinion it comes across as defensive, as borderline arrogant in terms of a refusal to acknowledge when a problem is real.

Now I want to go back to an area, because this issue of fairness is really important. I mean, these are tough meetings. This is not meant to be fun. None of us likes to be held to account. We are all the time—every day, actually—but here's what I want to focus on. Again, having been the civilian head of the Ontario Provincial Police, I'm somewhat familiar with policing budgets, at least as they were in my day. I fully understand that you can have a program and that just because you don't have a business case, it doesn't mean that you're not doing anything.

On the fact that you're bringing a lot of resources from across the organization and bringing them to bear, I get that, but I think it's fair to say, and I think, Commissioner, unless I'm mistaken—I don't want to put words in your mouth—you said as much: that in the beginning, had the strategy been there, and had there been a business plan attached to the action plan and the funding there, you probably would have had a different outcome. Again, I think it's fair criticism to point out that while you may be spending other money, the absence of an actual plan that spoke to the resources is a fair criticism.

Do you not think so, Commissioner?

• (1650)

Commr Bob Paulson: Yes, I do.

Mr. David Christopherson: Sorry?

Commr Bob Paulson: Yes.

Mr. David Christopherson: Yes? Good. Thank you. I appreciate that.

See? As we move along, things get better and better.

The Chair: You're out of time, Mr. Christopherson, but I'll give you another minute.

Mr. David Christopherson: Well, we're not adjourned yet, so...

The Chair: No, you're good. Keep going.

Mr. David Christopherson: Okay? All right.

In your opening remarks, Commissioner, you mentioned some of the things that you've found. I don't think anybody has said it yet, but there is an appreciation and I thank you for your service, because I do think you've announced that you're stepping down, correct? At some point, we need to acknowledge that this doesn't reflect your whole time, and many thanks for that effort and dedication, truly.

Commr Bob Paulson: Thank you for that, but it does reflect my whole time.

Mr. David Christopherson: Well, no, not to me.

Commr Bob Paulson: This is my strategy, and we put this strategy in place in 2014. That was me, so it kind of does.

Mr. David Christopherson: Well, had you approached it differently, it even might have gone differently. That's just my opinion.

Commr Bob Paulson: But you talked about outcomes, sir.

Mr. David Christopherson: Yes. Go ahead.

Commr Bob Paulson: Okay. Well, we're three years into the plan, and the place isn't sinking and nothing's on fire.

It's valuable criticism. It's good, helpful criticism. I accept it as that, and we're working on it. We've accepted those things. We're going to implement them. We're not going to give short shrift to any of those recommendations. All we wanted is a little dignity to have our position understood on how this thing unfolded. That's all.

Mr. David Christopherson: Well, if you want some credit for the things that were done right, absolutely.

Commr Bob Paulson: I don't want credit; I want dignity. I want some dignity.

Mr. David Christopherson: Well, I agree, you should be seeing some dignity, and we'd like our security people around here to be shown some dignity, too, in the negotiations that are going on, if we're going to have a rather wide-yielding discussion about this. They'd like to see some respect—

The Chair: Our time is up, David.

Mr. David Christopherson: Okay. I want to come back to the report, though.

The Chair: Okay. The time is up. We'll go to Ms. Mendès.

I'm sorry. We have Ms. Shanahan and then Ms. Mendès.

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Thank you, Chair.

Thanks to you, Commissioner and Auditor General, and to your teams, for being here today.

Coming in on the end of this, I feel strongly that we have come through something during this session, and it's very apropos that it's about mental health, because a few years ago nobody was talking about mental health, and now everyone is talking about it. You took the initiative in 2014 in an environment that I can imagine was not amenable, either externally or internally, to doing this kind of work. Kudos to you on that.

That said, I think we can all learn something from a session such as this. As members of this public accounts committee, we rely on the Auditor General and his team for the integrity of the work they do. Questioning the data collection methods is not helpful, but it is something that we do need to bear in mind: the knife cuts both ways.

That said, this is not at all about “gotcha”—certainly not the way I feel, and I know we've had discussions on this. This is really about taking what has been a process over time.... The Auditor General can correct me if I'm wrong, but I believe there's a two-year or 18-month process, usually, from the audit to preparing the report. Your responses are there. There is time to have the report scheduled and to have it publicized that we've decided to hold the meeting, and then there's an action plan reported. That action plan goes forward in time, and we reserve the right to come back and request updates, so please regard it in that light. This is really a management tool, and it's only meant to be constructive criticism in every way, shape, and form.

That said, my question was partially answered before. I was concerned about recommendation 4.43 from the AG's office on the preparation of the business plan. In the action plan, it does say that the completion date is June 30, 2017. Where are you in that business plan? What can you tell us about that?

[Translation]

Mr. Dubeau may be able to answer that.

• (1655)

[English]

D/Commr Daniel Dubeau: Thanks for the question.

At this point, to create our business plan, we've now engaged all the health offices across the country—they're decentralized—to understand what the issues are and where the biggest gaps are so that we can start building on the gaps and asking what resources we need on the ground.

Two years into the strategy—and Joanne is correct in picking this up—we've learned a lot about where the needs are, and now it's, “Okay, then, how do we address these needs?” That's where we are on that. We have the team, a working group, working on this with our divisions to put together this business case so that we can actually come down to how many resources that equates to, because it will mean resources.

Keep in mind, though, that when we talk about resources with our provincial counterparts, we have to get involved with our contracting

partners, because they fund those resources too, so there is quite a lengthy process before we actually get the resources on the ground, but yes, we're going to land in June saying, “What do we need to get this working to start with?”

Mrs. Brenda Shanahan: Yes. An important part of the equation is identifying those resources.

The other thing—and this is a theme that has come up a number of times in other departments—is the quality of data collection. That's where there was a difference of opinion, but your own data collection was not adequate, so we need to address that.

Perhaps, Commissioner, you or one of your team can address where you are at now in data collection.

Commr Bob Paulson: I'll start, and maybe Dan can add to this.

Even in the course of the audit, there were some sensitivities identified around how we are able to extract and make judgments on the back of what is the very personal and private information contained in some of these medical files. That's one of the challenges of getting a dataset that informs management's reaction to changes in the organization. We're working with our divisions to try to overcome those and make sure that our employees are reassured, because there is a school of criticism around how the organization manages private and personal information vis-à-vis their jobs. It's a very difficult challenge.

Maybe Dan can speak to some of the things they're doing around the data.

D/Commr Daniel Dubeau: In the short term, once again, the disability managers and the advisers in play would be part of the role to make sure that we start documenting the data. Unfortunately, right now, much of the data we have is paper-based, which doesn't suit our needs. By 2018, we're hoping to have, depending on contracting and everything else, and on the market, another software purchase that we can plug into our human resources system. That would just be for case management, where you'd have a lot more data and it would be more electronic, and then you can start pulling up trends and ensuring that privacy is protected in there. That's a gap that we have found: the system we currently use doesn't allow that type of information to be captured. So we're going to purchase one from a provider. It's disability management software that health professionals will be able to use. Since we are using public health care, we still have the issue of how do you interface? When I go to see my doctor, and my doctor writes something on the file, how do we get it back into my organization? We just want the occupational stuff. We don't want the other personal stuff, we just want the occupational stuff.

We still have some work to do on that, but it's where we're going with the data, the integrity piece.

• (1700)

Mrs. Brenda Shanahan: The aggregate data. Okay, thank you.

The Chair: Thank you.

Our time is up, but I'm at the committee's disposal here. Mr. Christopherson wants one more question. We have the last half hour for committee business, and there are some things we have to do on the report and on the question.

What's the consensus of the crowd? Do you want to carry on, or do you want to shut this down right now?

Mr. David Christopherson: I just have one more question.

The Chair: Mr. Jeneroux.

Mr. Matt Jeneroux: We're scheduled till 5, are we not?

The Chair: Yes.

Mr. Matt Jeneroux: And then you need half an hour for committee business?

The Chair: Well, that's what's scheduled.

Mr. Matt Jeneroux: I'm supportive of shutting it down, then.

The Chair: All right.

Mr. David Christopherson: That's one person.

The Chair: Yes, okay.

Mr. David Christopherson: Heads are nodding over here.

The Chair: All in favour, then, of concluding this aspect and moving to committee business?

Mr. David Christopherson: I only have one more question.

The Chair: But a five-minute question is—

Mr. David Christopherson: No, no—

The Chair: Then Ms. Mendès has a question, and I'm not going to start on that back and forth.

Mr. David Christopherson: Well, wait a minute—

Mrs. Alexandra Mendès: Can I just make a comment here, if I may, Mr. Chair? And I agree that we should shut it down. We need to deal with committee business.

There are still some questions that are left over. Is it possible to put down our questions in writing and send them to both the Auditor

General and the commissioner, and then ask for answers? I'm asking because I have no idea if it's possible.

The Chair: That is possible. And it's possible for them at any time to submit answers, to supplement their answers and to....

Mrs. Alexandra Mendès: I ask because I do have a question, but it's reasonably complicated, and I wouldn't expect it to be answered in three minutes.

The Chair: Well, I'm not going to extend it for one. I have others who have said they wanted....

I'll take that, then, as a motion to adjourn this portion of the meeting.

I want to thank you for coming today and for your testimony.

Commissioner, we obviously do thank you for your service. I know you are taking a well-deserved retirement this summer. I think you can look back on a great deal of accomplishments at the RCMP. In areas like this we all realize, whether it's the RCMP or others, that this evaluation was done midway through the delivery of the strategy. However, we expect that the Auditor General's recommendations will be responded to in an orderly way and that we'll see improvement. I think you can pretty well expect that by next fall, you'll be required to come back to at least update us on how these things are going. We're talking about people's lives here. Everyone expects that these types of mental health issues, although they're very difficult to understand and deal with, are being dealt with. So we can expect that.

Thank you for being here. All the best.

And to our Auditor General, thank you, again, for a good report.

We will suspend for two minutes so they can take their leave. Then we will go in camera to deal with some very important committee business.

[Proceedings continue in camera]

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