



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

# **REPORT 4, MENTAL HEALTH SUPPORT FOR MEMBERS OF THE ROYAL CANADIAN MOUNTED POLICE, OF THE SPRING 2017 REPORTS OF THE AUDITOR GENERAL OF CANADA**

**Report of the Standing Committee on Public Accounts**

**The Honourable Kevin Sorenson, Chair**

**NOVEMBER 2017  
42<sup>nd</sup> PARLIAMENT, 1<sup>st</sup> SESSION**

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### **Reports from committee presented to the House of Commons**

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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# **THE STANDING COMMITTEE ON PUBLIC ACCOUNTS**

has the honour to present its

## **THIRTY-SECOND REPORT**

Pursuant to its mandate under Standing Order 108(2), the Committee has studied Report 4, Mental Health Support for Members - Royal Canadian Mounted Police, of the Spring 2017 Reports of the Auditor General of Canada and has agreed to report the following:







# **“REPORT 4–MENTAL HEALTH SUPPORT FOR MEMBERS–ROYAL CANADIAN MOUNTED POLICE,” *SPRING 2017 REPORTS OF THE AUDITOR GENERAL OF CANADA***

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## **INTRODUCTION**

According to the Office of the Auditor General of Canada (OAG), the “Royal Canadian Mounted Police (RCMP) is Canada’s national police service, and its mandate and operations are governed by the [Royal Canadian Mounted Police Act](#).”<sup>1</sup> As such, it must “establish and maintain effective occupational health and safety programs that are consistent with Treasury Board policies, standards, and procedures. It is responsible for providing a healthy and safe workplace and reducing the incidence of occupational injuries and illnesses.”<sup>2</sup>

To that end, the RCMP provides support to address members’ mental health; as an example, “it requires that members in high-risk postings undergo mandatory health assessments, and it sometimes offers debriefings to affected employees after a critical incident.”<sup>3</sup> Furthermore, “the federal government’s Employee Assistance Program services are available to all public service employees, including RCMP members. However, these services are short-term and are not specifically designed to address the complex needs of RCMP members, such as those with operational stress injuries,”<sup>4</sup> defined as follows:

Any persistent psychological difficulty that results from operational duties and causes impaired functioning. Included are diagnosed medical conditions such as depression, post-traumatic stress disorder, anxiety, panic attacks, and less severe conditions.<sup>5</sup>

The OAG reports that in May 2014, “the RCMP took the important step of introducing its five-year Mental Health Strategy to contribute to a psychologically healthy and safe

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1 Office of the Auditor General of Canada (OAG), “[Report4–Mental Health Support for Members–Royal Canadian Mounted Police](#),” *Spring 2017 Reports of the Auditor General of Canada*, para. 4.1.

2 Ibid., para. 4.2.

3 Ibid.

4 Ibid.

5 Ibid.



workplace, and to provide greater support to its employees.”<sup>6</sup> The strategy defined mental health as follows:

[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.<sup>7</sup>

Additionally, the strategy had the following three goals:

1. to take proactive steps to help employees maintain or improve psychological health,
2. to eliminate the stigma associated with psychological health problems within the RCMP, and
3. to continually improve the management and review of programs and services that support psychological health and safety.<sup>8</sup>

Lastly, the strategy “also identified five key areas to better manage mental health within the workplace:

- promotion,
- education,
- prevention,
- early detection and intervention, and
- continuous improvement.”<sup>9</sup>

According to the OAG, the “health services office in each RCMP division is responsible for facilitating access to external psychological and physical health treatment providers for RCMP members who need them. It does not directly provide mental health treatment to members.”<sup>10</sup>

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6 Ibid., para. 4.3.

7 Ibid.

8 Ibid., para. 4.4.

9 Ibid., para. 4.5.

10 Ibid., para. 4.6.

Moreover, health services staff “work closely with members and their supervisors, using a team-based approach to manage the medical files.”<sup>11</sup> Lastly, the regular members “can access the services of health services offices whether or not their condition is work-related, but civilian members are eligible for assistance only for work-related conditions. For non–work-related conditions, civilian members have access to the same health services as used by other federal public service employees. Under the [Canada Health Act](#), all residents of a province or territory are entitled to receive health services, including mental health care, under the terms of their provincial or territorial health care plans.”<sup>12</sup>

The OAG reported that the RCMP’s health services officers and/or divisional psychologists are responsible for

- recommending to the commanding officer or delegate for occupational health and safety services whether members’ conditions are work-related,
- recommending or referring members to external treatment providers,
- reviewing treatment plans and recommending their approval,
- reviewing and revising fitness-for-duty assessments, and
- recommending whether members on off-duty sick leave – defined in this audit as an absence of more than 30 days due to illness – are ready to return to work or should consider taking a medical discharge.<sup>13</sup>

According to the OAG, although “the RCMP does not provide treatment to members directly, the health services officer has the authority to pre-authorize medical treatment and services and can recommend the approval, rejection, or revision of a treatment plan. For example, officers may reject or revise treatment plans if they believe that the proposed treatments are controversial or not evidence-based, and are not covered under the RCMP’s Health Care Entitlements and Benefits Program.”<sup>14</sup>

Finally, it should be noted that the “RCMP has partnered with Veterans Affairs Canada to provide members, retirees, and their families with access to more complex mental health programs and services than those available through the publicly funded health

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11      ibid., para. 4.7.

12      ibid., para. 4.8.

13      ibid., para. 4.9.

14      ibid., para. 4.10.



care system. Veterans Affairs Canada has developed partnerships with the provinces to establish specialized assessment and treatment services for operational stress injuries, including post-traumatic stress disorder.”<sup>15</sup>

In the spring of 2017, the OAG released a performance audit to determine “whether RCMP members had access to mental health support that met their needs,” with a focus on the following two elements of the “RCMP’s 2014–2019 Mental Health Strategy:

- early detection and intervention, and
- continuous improvement.”<sup>16</sup>

The OAG notes that it did not “audit the overall success of the RCMP Mental Health Strategy,”<sup>17</sup> nor did it “directly examine the causes of members’ mental health conditions.”<sup>18</sup>

#### Data Issue

In September 2016, the RCMP estimated that about 900 regular and civilian members were on sick leave. [The OAG] asked RCMP officials how many of the approximately 900 members were on sick leave for mental health reasons. They could not provide an answer because the organization did not collect and report this information. The officials explained that obtaining this information would have required a manual review of paper files for all cases.

Source: Office of the Auditor General of Canada, *Mental Health Support for Members – Royal Canadian Mounted Police*, Report 4 in *Spring 2017 Reports of the Auditor General of Canada to the Parliament of Canada*, para. 4.26.

In addition to the case study presented here, OAG findings regarding the collection and use of data can be found in paragraphs 4.38, 4.48, 4.53, 4.61, 4.68, 4.84, 4.106, 4.108 of the audit.

On 31 May 2017, the House of Commons Standing Committee on Public Accounts (the Committee) held a hearing to study this audit. In attendance from the OAG were Michael Ferguson, Auditor General of Canada and Joanne Butler, Principal; representing the RCMP were Bob Paulson, Commissioner, Daniel Dubeau, Deputy Commissioner and

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15 Ibid., para. 4.11.

16 Ibid., para. 4.12.

17 Ibid., para. 4.16.

18 Ibid.

Chief Human Resources Officer and Joanne Pratt, Assistant Commissioner and Chief Audit and Evaluation Executive.<sup>19</sup>

## FINDINGS AND RECOMMENDATIONS

### Meeting Members’ Mental Health Needs

#### A. Funding and Implementing New Programs for Early Detection and Intervention

The OAG found that “new programs designed to contribute to early detection and intervention were not consistently implemented across divisions. The RCMP took the important step of introducing a mental health strategy, but it did not develop a business plan or provide sufficient funding and human resources to support the new programs. Staff members assigned to the implementation did so in addition to their regular duties, which limited their ability to support these new mental health initiatives. As a result, implementation was delayed. In addition, supervisors did not always take the required actions to intervene when informed of issues affecting members’ work performance or wellness.”<sup>20</sup>

Additionally, the OAG found that “supervisors required additional training on their roles and responsibilities for providing support to members.”<sup>21</sup> Furthermore, “the RCMP’s lack of resources – combined with the high demand for services, the backlogs, and frustrated members – created a stressful workplace for health services staff. Moreover, health services offices found it difficult to attract and retain qualified medical and mental health practitioners.”<sup>22</sup>

According to the OAG, in 2015, “the RCMP reassigned health services staff across all divisions to review psychological assessments of RCMP recruit applicants. Already under-resourced, the staff had even less time to manage members’ case files and support members’ mental health needs. In December 2016, the RCMP informed [the OAG] that it

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19 House of Commons Standing Committee on Public Accounts, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 May 2017, [Meeting 61](#).

20 OAG, “[Report4–Mental Health Support for Members–Royal Canadian Mounted Police](#),” *Spring 2017 Reports of the Auditor General of Canada*, para. 4.27.

21 *Ibid.*

22 *Ibid.*, para. 4.41.



was in the process of outsourcing the review work so that health services staff could return to managing members' cases."<sup>23</sup>

Finally, the OAG contends that the "lack of support from supervisors at the early detection and intervention stage suggests that more work needs to be done to educate leaders about mental health and about their roles and responsibilities in supporting members. The Road to Mental Readiness program was designed to provide this training, but it was not fully implemented."<sup>24</sup>

Therefore, the OAG recommended that the "RCMP should support the full implementation of the programs and services that support its 2014–2019 Mental Health Strategy by preparing a business plan to guide the final two years of implementation."<sup>25</sup>

In response, the RCMP agreed with this recommendation and committed to transforming its annual action plan on mental health into a business plan that will "clearly articulate resource requirements, highlight specific areas of priority, convey any risks to the full implementation of the strategy, and indicate the strategies that will be employed to mitigate risks."<sup>26</sup> This business plan will be developed by June 2017.

On 30 June 2017, a final draft of this detailed action plan was sent to RCMP senior management for approval. The business plan addresses gaps and resource requirements. However, "it cannot be expected that this Business Plan would be approved for implementation unless there would be additional funding provided to the RCMP."<sup>27</sup>

When questioned about the lack of financial resources, Bob Paulson, Commissioner, RCMP, added the following:

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

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23 Ibid., para. 4.42.

24 Ibid., para. 4.47.

25 Ibid., para. 4.43.

26 Ibid.

27 Royal Canadian Mounted Police, [Detailed Action Plan](#).

level of funding to support all initiatives stemming from the OAG's recommendations as well as those initiatives not covered by the audit.<sup>28</sup>

Given the importance of the mental health of RCMP members, the Committee recommends:

### **RECOMMENDATION 1**

**That, by 30 April 2018, the *Royal Canadian Mounted Police* present to the House of Commons Standing Committee on Public Accounts a final business plan including human and financial resource requirements, areas of priority and risks associated with the fulfillment of its Mental Health Strategy.**

#### **B. Facilitating Timely Access to Mental Health Treatment for All Members/Providing Services Consistently**

The OAG found that "the RCMP's health services offices facilitated timely access to external mental health treatment for many members who needed it (57[%]), but they did not meet the needs of all members. In 16[%] of cases, members did not receive timely access. For the remaining 27[%] of cases, health services staff failed to document the required case management information, so [the OAG] could not determine whether those members received the mental health support they needed when they needed it."<sup>29</sup>

The OAG "also found that mental health service delivery was inconsistent across all divisional health services offices. Members' access to treatment and the nature of their treatment varied, depending on the divisions to which they were assigned. In [the OAG's] survey of members, more than half of respondents on off-duty sick leave and one quarter of active respondents raised concerns about [not] having easy and timely access to the mental health programs and services they needed."<sup>30</sup>

As reported in the audit, the OAG "asked the divisions whether they monitored these members' outcomes to know whether their approaches met members' mental health needs. The divisions responded that they did not yet have a process in place to

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28 House of Commons Standing Committee on Public Accounts, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 May 2017, [Meeting 61](#), 1545.

29 OAG, "[Report 4–Mental Health Support for Members–Royal Canadian Mounted Police](#)," *Spring 2017 Reports of the Auditor General of Canada*, para. 4.48.

30 *Ibid.*, para. 4.49.



systematically collect, monitor, and report on results.”<sup>31</sup> “This inconsistency in approaches between divisions, together with the absence of information demonstrating that the approaches meet members’ mental health needs, may undermine members’ confidence in the organization.”<sup>32</sup>

In light of these concerns, the OAG recommended that the RCMP “should ensure that all health services staff apply policies and procedures consistently. The RCMP should also consider adopting

- national standards for health services delivery, and
- best practices from across divisions and from other organizations.”<sup>33</sup>

In response, the RCMP agreed with the recommendation and explained the following:

The RCMP National Policy Centre will improve communication with health services staff across all divisions to ensure the consistent interpretation of policies and procedures [...]

In addition, in order to develop national standards and identify best practices, a working group will be established with representation from within each health services community of practice to analyze the work activity, level of effort, and associated resource requirements. This will better position the RCMP to articulate national standards for health services delivery.<sup>34</sup>

Since 30 June 2017, a multidisciplinary working group has been established to address this issue.<sup>35</sup> Additionally, the RCMP plans to create national standards and send it for approval to senior management by 29 December 2017.<sup>36</sup>

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31 Ibid., para. 4.68.

32 Ibid., para. 4.69.

33 Ibid., para. 4.74.

34 Royal Canadian Mounted Police, [Detailed Action Plan](#).

35 Ibid.

36 Ibid.



Nevertheless, the Committee recommends:

## RECOMMENDATION 2

**That, by 30 April 2018, the *Royal Canadian Mounted Police* provide the House of Commons Standing Committee on Public Accounts with a report detailing the national standards that have been adopted regarding mental health services delivery.**

### **C. Supporting Members on Off-Duty Sick Leave or Accommodating Their Return to Work**

The OAG found that “one in five RCMP members who sought support for a mental health condition through health services offices did not return to work. In other words, if this finding is applied to the RCMP as a whole, members who take off-duty sick leave for mental health reasons have a 20[%] chance of remaining on sick leave or being discharged from the RCMP.”<sup>37</sup>

Also, the OAG “found that health services staff and supervisors responsible for disability case management, including return-to-work accommodation, did not consistently fulfill their roles and responsibilities to meet members’ needs. [The OAG] found that inadequate oversight of cases, poor communication with members, and incomplete information in case files prevented the RCMP from providing effective support to members on off-duty sick leave who were receiving mental health services. [The OAG] also found that supervisors did not always accommodate members’ return to work as required.”<sup>38</sup>

According to the OAG, a 2014 internal audit of RCMP members’ long-term sick leave revealed similar problems:

- Commanders’ knowledge and awareness of their roles and responsibilities were not sufficient to ensure the accurate and timely recording of long-term sick leave.
- Monitoring and oversight activities were not sufficient to ensure that long-term sick leave was managed appropriately.<sup>39</sup>

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37 OAG, “[Report4–Mental Health Support for Members–Royal Canadian Mounted Police](#),” *Spring 2017 Reports of the Auditor General of Canada*, para. 4.75.

38 Ibid., para. 4.76.

39 Ibid., para. 4.85.



In response to these findings, “RCMP management acknowledged the need to improve the organization’s disability management and stated that ‘concrete actions’ were being taken to address the problems. [The OAG] found that the RCMP did not approve funding for a new disability case management program until almost two years after the 2014 internal audit.”<sup>40</sup>

Moreover, this “new program was to be implemented by the end of December 2016. At the time of [the] audit, the RCMP was still establishing the program, and a number of deadlines had been missed. For example, the RCMP planned to hire and train 30 new disability management program staff by 1 November 2016. The role of the new staff was to proactively work with members, supervisors, and health services [...] to coordinate support for early intervention and return to work. By 16 December 2016, the RCMP had hired and trained only 8 advisers.”<sup>41</sup>

The OAG contends that it has “become essential for the RCMP to take steps toward improving case management for members and improving the support of their mental health needs.”<sup>42</sup> Therefore, it recommended that the “RCMP should ensure that officials responsible for disability case management carry out this responsibility effectively. Specifically, the RCMP should ensure that

- all officials responsible for disability case management have a clear understanding of their roles and responsibilities, and that they fulfill them; and
- the required number of disability management advisers are hired and trained.”<sup>43</sup>

The RCMP agreed with the recommendation and has already started to address these issues: specifically, “25 disability management advisers and seven disability management coordinators have been hired.”<sup>44</sup> Moreover, other deliverables, such as tools, policies and training for supervisors, have been put in place. However, according to the RCMP’s

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40 Ibid., para. 4.86.

41 Ibid., para. 4.87.

42 Ibid., para. 4.88.

43 Ibid., para. 4.89.

44 House of Commons Standing Committee on Public Accounts, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 May 2017, [Meeting 61](#), 1540.

action plan, the French version of the online training for supervisors had not been put in place.<sup>45</sup>

Therefore, the Committee recommends:

### **RECOMMENDATION 3**

**That, by 30 April 2018, the *Royal Canadian Mounted Police* confirm to the House of Commons Standing Committee on Public Accounts that it has fully implemented all of its proposed measures to improve disability case management.**

### **RECOMMENDATION 4**

**That, by 30 April 2018, the *Royal Canadian Mounted Police* provide a progress report to the House of Commons Standing Committee on Public Accounts on the completion rate of mental health training by supervisors.**

The OAG also acknowledged the following:

Mental health is a complex matter, and it is neither reasonable nor desirable to expect that all members with mental health conditions will continue to work or return to regular operational duties. The RCMP Mental Health Strategy aims to reduce the risk that members with identified mental health conditions will be unable to perform their duties. However, it is our view that the RCMP could be doing much more to facilitate a member’s return to regular duties.<sup>46</sup>

The Clerk of the Privy Council and Secretary to the Cabinet is assessing deputy ministers’ performance according to how well they have responded to the government’s priority of building a healthy and respectful workplace with an emphasis on mental health. The RCMP Commissioner is assessing the performance of his senior executives in a similar manner. However, this government priority is not yet part of the performance assessments of the RCMP’s managers and supervisors.<sup>47</sup>

Therefore, the OAG recommended that the RCMP “should assess how well managers and supervisors support and respond to the mental health of their employees and should include these assessments in their performance reviews. For managers and supervisors who are eligible for performance pay, the RCMP should consider linking it to how well

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45 Royal Canadian Mounted Police, [Detailed Action Plan](#).

46 OAG, “[Report4–Mental Health Support for Members–Royal Canadian Mounted Police](#),” *Spring 2017 Reports of the Auditor General of Canada*, para. 4.94.

47 *Ibid.*, para. 4.95.



they have fulfilled their roles and responsibilities related to disability case management, return-to-work accommodation, and the support of members' mental health more broadly."<sup>48</sup>

The RCMP agreed with the recommendation, and reported that as of 30 June 2017, "[o]bjective and performance indicators have been included in the 2017-18 performance review for managers/supervisors."<sup>49</sup> Furthermore, by 31 March 2018, there will be a "[y]ear-end performance assessment on how managers/supervisors have fulfilled their roles and responsibilities."<sup>50</sup>

Notwithstanding all these measures, the Committee recommends:

## RECOMMENDATION 5

**That, by 30 April 2018, the *Royal Canadian Mounted Police* present the House of Commons Standing Committee on Public Accounts with a progress report on how their managers and supervisors have fulfilled their roles and responsibilities regarding the Mental Health Strategy.**

### Monitoring and Improving Mental Health Support

#### A. Performance Measurement and Monitoring

The OAG found that "the RCMP did not develop a performance measurement and monitoring framework to support its Mental Health Strategy, despite its commitment to do so."<sup>51</sup> It also found that the RCMP

- could not report on the results of the programs and services put in place to support the strategy,
- had no reliable baseline information to understand the prevalence of mental health issues in the organization or the nature of members' mental health needs, and
- did not collect and review performance information.<sup>52</sup>

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48 Ibid., para. 4.96.

49 Royal Canadian Mounted Police, [Detailed Action Plan](#).

50 Ibid.

51 OAG, "[Report 4—Mental Health Support for Members—Royal Canadian Mounted Police](#)," *Spring 2017 Reports of the Auditor General of Canada*, para. 4.106.

Furthermore, the OAG also noted that “RCMP divisions had no frameworks or systems in place to measure the success of their mental health programs and services. Any gathering of baseline information (such as information collected from members through a survey), performance measurement, monitoring, or reporting was ad hoc, and the approach was inconsistent across divisions.”<sup>53</sup>

This meant that despite “the efforts of individual divisions, the RCMP as a whole could not track, measure, or report on changes in members’ mental health, or assess the impact of the programs and services designed to support its Mental Health Strategy.”<sup>54</sup>

Thus, the OAG recommended that the RCMP “should develop and implement a performance measurement and monitoring framework in a timely manner to know whether it is achieving the Mental Health Strategy’s objectives. The framework should include performance indicators and specify responsibilities for collecting, maintaining, analyzing, and reporting on performance information that is of good quality. The information should be used to continuously improve and plan for future mental health programs and services. These actions would better position the RCMP to address members’ mental health needs.”<sup>55</sup>

Daniel Dubeau, Deputy Commissioner and Chief Human Resources Officer, RCMP, commented on how the RCMP would address these issues:

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.<sup>56</sup>

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52 Ibid.

53 Ibid., para. 4.108.

54 Ibid., para. 4.109.

55 Ibid., para. 4.113.

56 House of Commons Standing Committee on Public Accounts, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 May 2017, [Meeting 61](#), 1655.



Moreover, the RCMP agreed with this recommendation and established a working group on 31 March 2017. The first draft of the framework for data collection is set to be developed by 31 October 2017 and implemented by 30 November 2017.<sup>57</sup>

Therefore, the Committee recommends

## RECOMMENDATION 6

**That, by 30 April 2018, the *Royal Canadian Mounted Police* present the House of Commons Standing Committee on Public Accounts with a progress report on the implementation of its framework for performance measurement and monitoring of the Mental Health Strategy.**

### B. Quality Assurance

According to the OAG, the RCMP's "Health Services Manual requires that divisional psychologists monitor the services delivered by external treatment providers on an annual basis. Specifically, they are required to maintain a current list of treatment providers by consulting members and providers. They are also required to ensure that treatment is effective by reviewing treatment providers' reports. [The OAG] found that these required tasks were not consistently done. In fact, most divisions reported that a quality assurance process was not in place."<sup>58</sup>

Therefore, the OAG recommended that the "RCMP should develop and implement a quality measurement and monitoring framework in a timely manner to measure whether the mental health services provided by treatment providers are meeting members' needs. The framework should include client satisfaction surveys and quality management indicators. It should also specify responsibilities for collecting, maintaining, analyzing, and reporting on the indicators. The information should be used to continuously improve and plan for future mental health programs and services to help ensure that members' mental health needs are addressed."<sup>59</sup>

The RCMP agreed with this recommendation, and reported that the working group implemented for data collection and monitoring will also be used to create a quality

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57 Royal Canadian Mounted Police, [Detailed Action Plan](#).

58 OAG, "[Report 4—Mental Health Support for Members—Royal Canadian Mounted Police](#)," *Spring 2017 Reports of the Auditor General of Canada*, para. 4.114.

59 *Ibid.*, para. 4.118.

measurement and reporting framework, with the aim of having a client satisfaction survey and quality measurement indicators developed by 30 November 2017.<sup>60</sup>

Thus, similarly to the issue of data collection, the Committee recommends:

#### **RECOMMENDATION 7**

**That, by 30 April 2018, the *Royal Canadian Mounted Police* present the House of Commons Standing Committee on Public Accounts with a progress report on the implementation of its quality measurement and monitoring framework, client satisfaction survey, and quality measurement indicators of the Mental Health Strategy.**

#### **C. Case Management Information Systems**

The OAG found that “the RCMP did not have a case management information system to track members’ treatment, progress, and outcomes,”<sup>61</sup> and that “information related to members’ case management was kept in multiple information systems that were not connected and did not communicate with one another. Members’ medical files were mainly paper-based, adding to the problem of maintaining complete and accurate information. Because information resided in ‘silos,’ the RCMP’s ability to plan and improve its programs was severely limited.”<sup>62</sup>

According to the OAG, “the RCMP planned to put in place a national integrated disability case management information tool by 1 December 2016. However, at the time of the audit, a vendor had not yet been selected, and the timeline for implementation had been moved to September 2017.”<sup>63</sup>

Thus, the OAG recommended that the “RCMP should move forward in a timely manner with its plan to put in place a national integrated case management tool to better monitor and manage members’ cases, including their mental health outcomes.”<sup>64</sup>

The RCMP acknowledged that “the need for a national integrated case management system has already been identified by the RCMP.”<sup>65</sup> On 15 June 2017, the RCMP posted a

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60 Royal Canadian Mounted Police, [Detailed Action Plan](#).

61 OAG, “[Report4–Mental Health Support for Members–Royal Canadian Mounted Police](#),” *Spring 2017 Reports of the Auditor General of Canada*, para. 4.119.

62 *Ibid.*, para. 4.120.

63 *Ibid.*, para. 4.122.

64 *Ibid.*, para. 4.123.

65 Royal Canadian Mounted Police, [Detailed Action Plan](#).



request for proposals for a period of 40 days. Assessment of proposals will then be performed, the contract will be awarded, a security clearance will have to be done, and it will take four to six months to implement the system.<sup>66</sup>

In order to make sure that mental health case management is done efficiently, the Committee recommends:

### RECOMMENDATION 8

**That, by 30 April 2018, the *Royal Canadian Mounted Police* present the House of Commons Standing Committee on Public Accounts with a progress report on the implementation of the case management system of its Mental Health Strategy.**

### COMMITTEE CONCERNS

The OAG also noted that in accordance with its “regular audit process, it obtained the following from [RCMP] management:

- confirmation of management’s responsibility for the subject under audit;
- acknowledgement of the suitability of the criteria used in the audit; and
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided.”<sup>67</sup>

However, “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.”<sup>68</sup>

Mr. Paulson reiterated that the RCMP agreed with all of the recommendations of the OAG’s audit, but that the audit was limited to some of the aspects of the Mental Health Strategy.<sup>69</sup> Joanne Pratt, Assistant Commissioner and Chief Audit and Evaluation Executive, RCMP, added that “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

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66 Ibid.

67 OAG, “[Report4–Mental Health Support for Members–Royal Canadian Mounted Police](#),” *Spring 2017 Reports of the Auditor General of Canada*, “About the Audit.”

68 Ibid.

69 House of Commons Standing Committee on Public Accounts, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 May 2017, [Meeting 61](#), 1555.



of the issue.”<sup>70</sup> Michael Ferguson, Auditor General of Canada, said that he could not think of another example under his tenure of an organization that “would not sign off on the findings as factually based.”<sup>71</sup>

The work of the OAG is factually based, in accordance with the highest standards of public sector accounting and audit practices. As such, the Committee does not agree with the position of the RCMP; rather, the Committee strongly affirms that the work of the OAG and its results are balanced and of the highest quality.

## CONCLUSION

The Committee commends the RCMP for being one of the first federal departments or agencies to implement a strategy on mental health. However, it agrees with the recommendations of the OAG and the general conclusion of its audit, that with regard to the two aspects of the Mental Health Strategy audited by the OAG – early detection and intervention, and continuous improvement – “the RCMP did not adequately meet its members’ mental health needs.”<sup>72</sup> Consequently, the Committee has made eight recommendations aimed at improving the RCMP’s Mental Health Strategy, for the benefit of its employees as well as the Canadians they serve and protect.

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70      Ibid.

71      Ibid.

72      OAG, “[Report4–Mental Health Support for Members–Royal Canadian Mounted Police](#),” *Spring 2017 Reports of the Auditor General of Canada*, para. 4.19.



## SUMMARY OF RECOMMENDED ACTIONS AND ASSOCIATED DEADLINES

Table 1 – Summary of Recommended Actions and Associated Deadlines

Recommendation	Recommended Action	Deadline
Recommendation 1	The <i>Royal Canadian Mounted Police</i> (RCMP) needs to present a business plan to the Committee including human and financial resource requirements, areas of priority and risks associated with the fulfillment of its Mental Health Strategy.	30 April 2018
Recommendation 2	The RCMP needs to present a report to the Committee detailing the national standards adopted regarding mental health services delivery.	30 April 2018
Recommendation 3	The RCMP needs to confirm to the Committee that it has fully implemented all of its proposed measures to improve disability case management.	30 April 2018
Recommendation 4	The RCMP needs to present a progress report to the Committee on completion rates of training by supervisors.	30 April 2018

<p>Recommendation 5</p>	<p>The RCMP needs to present a progress report to the Committee on how their managers and supervisors have fulfilled their roles and responsibilities regarding the Mental Health Strategy.</p>	<p>30 April 2018</p>
<p>Recommendation 6</p>	<p>The RCMP needs to present a progress report to the Committee on the implementation of its framework for performance measurement and monitoring of the Mental Health Strategy.</p>	<p>30 April 2018</p>
<p>Recommendation 7</p>	<p>The RCMP needs to present a progress report to the Committee on the implementation of its quality measurement and monitoring framework, client satisfaction survey and quality measurement indicators of the Mental Health Strategy.</p>	<p>30 April 2018</p>
<p>Recommendation 8</p>	<p>The RCMP needs to present a progress report to the Committee on the implementation of the case management system of its Mental Health Strategy.</p>	<p>30 April 2018</p>



## APPENDIX A LIST OF WITNESSES

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<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<b>Office of the Auditor General</b> Michael Ferguson, Auditor General of Canada Joanne Butler, Principal	2017/05/31	61
<b>Royal Canadian Mounted Police</b> Bob Paulson, Commissioner Daniel Dubeau, Deputy Commissioner and Chief Human Resources Officer Joanne Pratt, Assistant Commissioner and Chief Audit and Evaluation Executive		



## **REQUEST FOR GOVERNMENT RESPONSE**

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to this Report.

A copy of the relevant Minutes of Proceedings ([Meetings Nos. 61, 66 and 77](#)) is tabled.

Respectfully submitted,

Hon. Kevin Sorenson  
Chair

