HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

HUMAN RESOURCES

Tuesday, February 6, 2024

Committee Room

Firefighters' Mental Health Support
and
Appointments to Agencies, Boards and Commissions

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HUMAN RESOURCES COMMITTEE

Chris Palmer (Chair)
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[John A. MacDonald was replaced by Larry Harrison.]
[Hon. Derek Mombourquette was replaced by Braedon Clark.]
[Ali Duale was replaced by Lorelei Nicoll.]
[Kendra Coombes was replaced by Lisa Lachance.]
[Suzy Hansen was replaced by Susan Leblanc.]

In Attendance:

Kilian Schlemmer
Legislative Counsel

Judy Kavanagh
Legislative Committee Clerk

WITNESSES

Halifax Professional Fire Fighters Association (IAFF Local 268)

Brendan Meagher, President

Joe Triff, Vice-President,
and Nova Scotia VP of Atlantic Provinces Professional Fire Fighters Association

Michael Sears, Member

Fire Service Association of Nova Scotia

Greg Jones, President

Rod Nielsen, Past President

Jim Roper, Past President

Office of Addictions and Mental Health

Francine Vezina, Executive Director

Nova Scotia Health Authority - Mental Health and Addictions Program

Dana Pulsifer, Senior Director

Dr. Andrew Harris, Senior Medical Director

House of Assembly
Nova Scotia

HALIFAX, TUESDAY, FEBRUARY 6, 2024

STANDING COMMITTEE ON HUMAN RESOURCES

1:00 P.M.

CHAIR
Chris Palmer

Vice Chair
Melissa Sheehy-Richard

THE CHAIR: Order. I call this meeting to order. This is the Standing Committee on Human Resources. I am Chris Palmer, MLA for Kings West and Chair of this committee. Today, in addition to reviewing appointments to agencies, boards, and commissions, we will hear from witnesses regarding Firefighters' Mental Health Support. Nice to see you all here today.

I'd like to ask all of our committee members and everyone in the room to please put your phones on silent. At this point, I'd also like to ask all our committee members around the table to introduce themselves and state their constituency. We'll begin with MLA Sheehy-Richard.

[The committee members introduced themselves.]

THE CHAIR: For the purposes of Hansard, I'd also like to recognize the presence of Legislative Counsel Kilian Schlemmer on my left, and Legislative Committee Clerk Judy Kavanagh to my right.

I'd like to ask all our guests to sit tight for a few minutes. We have a bit of HR Committee business to attend to. We'll begin with our agencies, boards, and commissions appointments. I'll pass the microphone to MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: There are a few of them today, so bear with me. I will begin with the Department of Communities, Culture, Tourism and Heritage. I move that Grant Machum, Austin Janega, and Raul Rodriguez be appointed as directors to the Art Gallery of Nova Scotia Board of Directors.

THE CHAIR: Motion on the table. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: For the Department of Education and Early Childhood Development, I move that Lindell Smith, Shaniqwa Thomas, and Twila MacDonald be appointed as members at large to the Council on African Canadian Education.

THE CHAIR: Motion on the table. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

MLA Sheehy-Richard. I think you may have missed a few, but maybe we'll ask you to repeat that, and then we'll vote on that again.

MELISSA SHEEHY-RICHARD: I did. My apologies.

For the Department of Education and Early Childhood Development, I move that Lindell Smith, Shaniqwa Thomas, and Twila MacDonald be appointed as members at large to the Council on African Canadian Education. Additionally, to the Council on African Canadian Education, I move that the following be appointed as members to the corresponding regions: Jennifer Desmond, Antigonish-Guysborough; Nevin Jackson, Northern Region; Martin Morrison, Southwest Nova; Darlene Upshaw-Tynes, Halifax; Charmaine Willis, Black Educators Association of Nova Scotia.

THE CHAIR: That's the motion on the table. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: For the Department of Environment and Climate Change, I move that Margaret MacDonald be appointed as member to the Round Table on Environment and Sustainable Prosperity.

THE CHAIR: Motion on the table. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: For the Department of Fisheries and Aquaculture, I move that Neil LeBlanc be appointed member and designated as chair, and Nathan Boudreau, member to the Nova Scotia Fisheries and Aquaculture Loan Board.

THE CHAIR: Motion on the table. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: For the Department of Health and Wellness, I move that Stephan Hicks, Paulette Anderson, and Hammad Mohiy ud Din be appointed as public representatives to the Board of the Nova Scotia College of Medical Imaging and Radiation Therapy Professionals.

THE CHAIR: Motion on the table. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: For the Department of Justice, I move that Ellen Johnson be appointed as member and designated as vice chair to the Accessibility Advisory Board. Additionally to the Accessibility Advisory Board, I move that Birgit Elssner, Amy Lays, Helen “Louise” Gillis, Sarah Moore, and Shellene Sparks be appointed as members.

THE CHAIR: Could you please repeat that again, MLA Sheehy-Richard?

MELISSA SHEEHY-RICHARD: For the Department of Justice, I move that Ellen Johnson be appointed as member and designated as vice chair to the Accessibility Advisory Board. Additionally to the Accessibility Advisory Board, I move that Birgit Elssner, Amy Lays, Helen "Louise" Gillis, Sarah Moore, and Shellene Sparks be appointed as members.

THE CHAIR: Motion on the table. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: For the Department of Justice, I move that Monica Paris, Robin Thompson, Theodore Morrison, Blair Eavis and Natasha Pearl be appointed as commissioners to the Nova Scotia Human Rights Commission.

THE CHAIR: Motion on the table. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

One more time, MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: For the last one - for the Department of Service Nova Scotia, I move that David Martin, Jason (Marc) Charrier, Matthew McCarthy and Shari Burnard Ostrom be appointed as members to the Film Classification Board.

THE CHAIR: Motion on the table. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

Thank you, and thank you to our guests for indulging us as we did a bit of business we had to attend to.

It's great to see everybody this afternoon. Our meeting topic is Firefighters' Mental Health Support. We look forward to the conversation today. We'd like to welcome you all here. I know we have someone joining us virtually today. We thank all the members for getting back to us to have that made possible for one of our guests today.

I'd like to give you all the opportunity to introduce yourselves, and then we'll get some opening statements after that. We'll begin on my left with Mr. Neilsen.

[The witnesses introduced themselves.]

THE CHAIR: We'll just make notice that Mr. Wade Jennings, 1st Vice President from the Fire Service Association of Nova Scotia, is not present with us today.

At this point, I would like to offer those who have opening statements to offer an opening statement. Maybe I'll begin on my right. I believe, Ms. Vezina, you have a statement you'd like to provide.

FRANCINE VEZINA: Good afternoon, Chair and committee members. I've already introduced myself and my colleagues here.

I think we can all agree that it takes a very special person to be a firefighter. It takes skill, compassion, and courage. They risk their lives and endure intense training in order for us to feel protected. They fight to save homes, businesses, and lives. They are there for us when we are experiencing what is often the worst day in our lives.

They put our interests ahead of their own, as we saw during the wildfires experienced this Summer. Our firefighters turned up every day, and even when some of them lost their own homes, they fought to save ours. For everything they give us, it takes a toll. It takes a toll on physical health and mental health.

What we are here to talk about today is mental health. Mental and physical health are equally important components of our overall health. We should care for our mental health the same way we care for our physical health.

I am very proud to be part of a team that is working towards universal mental health and addictions care in this province - a time when all Nova Scotians will get the care they need when they need it and where they need it.

While we work toward this goal, we recognize that Nova Scotians need care now, especially our first responders like our firefighters. This is why we have partnered with the Department of Justice on a program called PSPNET, an online therapy for our first responders, and have most recently launched a new program for volunteer firefighters, and ground search and rescue. This is because often volunteer firefighters and search and rescue volunteers may not have the same access to supports for mental health and wellness through employee assistance programs.

Through this pilot project, TELUS Health Solutions is providing an employee assistance program to Nova Scotian volunteer firefighters and ground search and rescue personnel. We know there's lots more to do, and we're looking forward to the conversation,

and hearing from representatives of the Fire Service Association of Nova Scotia and the Halifax Professional Fire Fighters Association about where they see the gaps, and how we can help work together.

THE CHAIR: Thank you, Ms. Vezina. Mr. Meagher, I believe you have an opening statement?

BRENDAN MEAGHER: We are here to speak about mental health for firefighters, obviously. The other significant concern for firefighters is cancer in the fire service, and it does relate to mental health, so I'd like to bring some awareness to cancer to the committee.

The International Agency for Research on Cancer has recognized firefighting as a Group 1 carcinogen. It's scientifically verified that our work causes cancer. When people become firefighters, they are among the healthiest and fittest members of society, and despite this, 68 per cent of firefighters in North America will be diagnosed with cancer, and firefighters are 14 per cent more likely to die of cancer. We also develop cancers at a younger age.

When we look at some different types of cancer, we develop brain cancer at 103 per cent of the non-firefighting population; non-Hodgkin's Lymphoma at 103 per cent; leukemia, 114 per cent; skin cancer, 139 per cent; colon cancer, 121 per cent; prostate, 128 per cent; testicular cancer, 202 per cent; malignant melanoma at 131 per cent; and multiple myeloma at 153 per cent. In 2022, Nova Scotia changed regulations to cover 19 presumptive cancers for firefighters. This is a significant improvement in our coverage, and we want to thank everybody who participated and supported that process as we move forward - but there's more work to do.

When we look at the issue of identifying firefighter cancers early so that we can improve prognoses for firefighters, there is a gap. Most physicians have little to no awareness about firefighter cancer rates or cancer as an issue for firefighters. Firefighters who have not developed symptoms and appear healthy and strong cannot access screening with the dominant access to screening being symptoms and age of the patient. Doctors frequently and consistently report to our members that they're unaware of cancer as a pandemic among firefighters. We need to do a better job of educating our doctors.

When we look at the benefits of early detection, we know that survivability rates on diagnosis from Stage 1 versus Stage 4: For cervical cancer, Stage 1 diagnosis is 93 per cent survivable versus 15 per cent at Stage 4; breast cancer, 93 per cent survivable at Stage 1, 6 per cent at Stage 4; colon cancer, 74 per cent survivable at Stage 1 and only 6 per cent survivable at Stage 4. Melanoma skin cancer is 97 per cent survivable at Stage 1 and only 17 per cent survivable at Stage 4. Statistics from Ontario: Skin cancer is 26 per cent of firefighter claims in Ontario, and prostate is second. These cancers can be easily screened for early in firefighters.

[1:15 p.m.]

Early detection saves money. Data from Ontario suggest a fatal cancer claim for a firefighter comes with a cost of over half a million dollars, whereas the average cost from a non-fatal claim is under $35,000. The effects to the psychological health issues associated with occupational cancer are unquantified at this time. I can speak from personal experience, unfortunately. It takes a toll watching your co-workers contract cancer at a young age, and in some cases too late to have a good outcome.

As we move from here, we hope action can be taken to educate Nova Scotia's physicians and mandate proper cancer screening for firefighters. We look at this through the lens of not just a physical issue, but a psychological issue as well - that these cancers are indeed taking a toll on not just the people who are diagnosed, but also all of their co-workers who are so connected to them.

THE CHAIR: Mr. Jones, I believe you have an opening statement you'd like to give.

GREG JONES: Thank you, Chair, and thank you to the members of the committee for your time today and the opportunity to be here in front of you. I'm truly appreciative of the ability that I could meet with you virtually. For me, this topic of mental health is truly something that's extremely important to me, something I hold really close, and something that is really important that we need to ensure we have good coverage for within our province for our service members.

Mental health for us in the fire service - it's evident that over the last number of years, we've spent a tremendous amount of time trying to get awareness in the right direction. The one downfall in the consistency and ensuring that it's a priority right across the board has unfortunately become a bit of an issue from time to time, but there's still much more to be done. I appreciate the comments that were made about mental health and what we need to do for our future.

Our men and women across this province who respond at a moment's notice to deal with any situation, regardless of what the situation may be, they have to deal with the effects in the sense of not only going to emergency scenes, but also off the emergency scene. The president just mentioned a moment ago from the IAFF of situation awareness for us when we go to scenes, we deal with it, not just only for things we do, but also around the knowing of the ability of cancer and how it affects us as well in the fire service.

However, I will say we continue to notice that mental health programming that's currently available is reactive. It's not a proactive-type system that we have in place, and we need to have a proactive system so when individuals join the fire service - no matter what community or where they may be in our province - they have training right from day one to help them move forward. The reactive approach, we need to take a newer look at

that. We need to open our lens up a little bit more and see what we can do to make that a more proactive approach instead of when it's too late.

I will say that some fire departments across our province are very progressive. They spend a lot of their own resources to make sure the training is there for their members, but I will also say we also unfortunately have some departments that cannot afford the ability to have those resources to make it happen as well. For us, it's extremely important that we focus on the resources and the financial needs to meet those needs, as well as programming.

One thing that we do have that's an engagement piece for our fire service here in our province that I want to make mention of today is we do have the Fire Service Critical Incident Stress Management Team. It's a team of individuals who truly go above and beyond in our province. At a moment's notice, when they're called by fire departments, they do come out. They provide supports to the fire service on an as-needed basis, but they also provide informational sessions and engagement to give members some information up front to help them offset the stresses of dealing with traumatic issues.

However, it is extremely important that we ensure that the fire service has the tools available to recognize how they feel at a moment's notice, the tools to take care of themselves in the very short-term, the ability to stay connected with the latest information, and also when they do reach out for supports, that the ability to maintain those supports continuously is there. We have many situations where firefighters in our province reach out, they get help, and then once that help is deemed that they have it, the help actually stops. In many cases, members are having issues after the fact. We strongly do need to take a look at that.

There needs to be a collaborative approach with all our fire service stakeholders, and I'm very appreciative of the fact today that some of my colleagues are around the table with you folks as well. It's very important we continue that conversation, and that we develop and implement proactive approaches to move forward. Today we're talking about fire service as of today, and our mental health supports, but many of us are looking at the next 25 to 40 years out for the ones who are coming to cover us afterward.

It's extremely important that we have a proactive province-wide mental health strategy and training program so that when folks start in the fire service they're taken care of from day one.

Just briefly, I'd like to speak as well about cancer coverage and a screening program. I truly appreciate the cancer coverage that did come about in the last few years. It's really important to know that there is support for the fire service to ensure we have the coverage we need, but it's also important that we have a cancer monitoring and screening program as well to offset that. I've had the opportunity in my time as president of our association to hear from numerous individuals across our province where they've had the

inability to be able to screen properly for cancer, and that has caused a mental health issue for some folks within our association.

In closing, to the Chair and the members, thank you very much for the opportunity to speak today. Also, thank you very much for this conversation. It's truly overdue, and it's truly important that we do have an opportunity to speak on this and continue to open doors and collaborate. Thank you very much.

THE CHAIR: Again, thank you all for being here. I think we have a great broad base of knowledge here today for a wonderful discussion. I look forward to this.

I just want to remind all of our members and everybody that this is a show of hands. We go around the table. I'll be getting a member to ask a question of you. I'd like to remind us all to wait until I mention your name so that your red light comes on before we have the question.

We'll have questioning until 2:45 p.m., and then we'll get on to our closing statements, if you have any at that point in time.

Hands are flying at me here, right, left, and centre. I know first was MLA Sheehy-Richard, and then I'm going to put everyone down in order.

MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: Like the Chair said, this is a really important topic and discussion. Volunteer firefighters, professional firefighters and all first responders play critical roles in our communities. I think this last year and a half of events has proven once again how reliant we are on the services that you provide. I have a tight family connection, a very big firefighting history in my family, so I appreciate and understand at some level all the levels of complexity.

In the last committee here, we talked about supports for firefighters. It was mentioned that compared to other jurisdictions, Nova Scotia could improve on the offerings, as Mr. Jones mentioned, on being proactive on mental health support for firefighters, and not just reactive. I'm just wondering if maybe Mr. Jones, as well as the Halifax Professional Fire Fighters Association, might touch on or share some of maybe the best practices in other jurisdictions or some ideas that you might have on what a proactive approach could look like. Maybe Mr. Jones, if you wanted to start?

THE CHAIR: Mr. Jones.

GREG JONES: I will say that right across our country - and also if you look down into the U.S. and the U.K. - there are numerous proactive approaches that are out there. The one thing I want to ask, though, when we speak of and we think of a proactive

approach, is we just pick one. There was a federal mandate letter that came out a few years ago around Christmastime, and unfortunately, when the mandate letter came out, it opened up the doors to numerous proactive programs. The problem is, when we don't just pick one or two programs, it causes, I would say, a bit of a crutch for the fire service on exactly where they should go.

Some of those proactive programs that are out there - Resilient Minds, for example, or Before Operational Stress - each program has different abilities to it and different things that are active. Those are just two examples of many that are available out there.

THE CHAIR: Did you want to hear from someone at the table as well, MLA Sheehy-Richard?

MELISSA SHEEHY-RICHARD: Yes. I didn't know if the Halifax Professional Fire Fighters Association had anything from your jurisdictional scans that might be good information for the committee.

THE CHAIR: Mr. Sears.

MICHAEL SEARS: Yes, similar to last year, I would say that jurisdictional leaders are still in British Columbia. Some things that they're doing - they started a provincial mental health task force for first responders to identify areas of concern, and to provide solutions before you get to that problem of reactive, as President Jones mentioned. They look at things as a very upstream approach, where they try to get education and resources to the members before the demand of their service takes hold, or they are experiencing something like an occupational illness such as cancer.

There's a bit of static jurisdictionally with private industry trying to get in on - obviously, treating firefighters and first responders is big business. There is a lot of static to wade through and tune through. I think where our association is organized across North America, we've got a lot of people to reach out to to determine the difference between what's actually going to be functional and have a great impact, versus something that's a little less effective.

To the same point, the pieces that exist now, a lot of them are - it's a new science, it's a new study. These conversations weren't happening 5, 10 years ago to the depth that they are now. Something to add to this as well is things that are non-traditional - embodiment. Something that I wouldn't have thought had such an effect on us, but as we look at what stress does to our bodies and minds without learning how to understand that - and we're not taught as firefighters. I wasn't. I don't really know anybody who was that I can think of off-hand. It's the clinical, proven methods that exist that are getting good results. There is data in B.C. that supports the results of those materials and their impact on members.

Being creative - we talked last year about having the opportunity to lead and cut a new path. Well, the path is halfway paved by the work that's done in B.C. I look around the room and I see a lot of willingness to continue to lead out here, and I think from my view, that is something coming forward that is imperative.

THE CHAIR: Thank you very much, Mr. Sears. MLA Lachance.

LISA LACHANCE: Great, thank you. I'm building on comments that you made, Mr. Jones, but obviously welcome input from others as well. You mentioned unequal access amongst different departments, so I'm wondering if you can talk a bit more about that, and how unequal access to mental health programming plays out. Sort of like, what's the result of that? Are there solutions that folks have talked about in terms of making sure that all departments have access to an equal level of programming?

THE CHAIR: That's to Mr. Jones?

LISA LACHANCE: To Mr. Jones, and I don't know who else might want to comment from the larger table.

THE CHAIR: I'm going to give this to you, Mr. Jones, to answer the question, but I would like to maybe let all of our members know that normally I allow for a follow-up question if it's related to the original question. If we're going to have a fulsome discussion with three or four of our guests answering a single question, I might just keep that to the single question, so we allow for more questions for our guests today, okay? Just making sure our members understand that.

We will go to Mr. Jones, and then we'll go to the table after that.

GREG JONES: A very good question. One thing I can tell you is that many departments in our province have gone out and they've got separate wellness service and wellness insurance. Many of our departments across the province would have that, particularly volunteer departments, and also on the career side as well.

What I will say, the volunteer departments don't all have the same program. Some have a program provider that provides firefighter insurance across our area, but it's not one solid program. One thing that would be nice to see would be one solid program right across our province that would be led by the provincial government, and every firefighter in our province would have the same exact program. Right now, it's kind of broken up. It's like a big puzzle across our province, to be very honest, and not everybody has the same coverage or the same program backing that you would think would be available.

THE CHAIR: Anybody at the table? Mr. Triff.

[1:30 p.m.]

JOE TRIFF: For the career departments representing the career members in Nova Scotia - the peer support teams, the critical instance stress management teams, the occupational injury coverage - the onboard training that our members go through varies from department to department. There's no set standard. The international association does offer opportunities for departments to take a standardized course, but those departments are bound by municipal budgets and budget constraints when it comes to that training, so there are costs.

Oftentimes, if the association takes the lead on the training, then it can be a little bit more standardized because we invite members from different departments. But when the department has the lead on the resources that are applied, they can vary quite a bit based on the size of the department or the size of the membership or the municipal budget.

THE CHAIR: MLA Young.

NOLAN YOUNG: I just want to say thank you for all the service and all that you do after going through the wildfires in Shelburne this year. I think there were 1,400 volunteers who were there. Just tremendous.

I'm going to pop a question off to the Halifax Professional Fire Fighters Association and the Fire Service Association of Nova Scotia if I could. I'm wondering if you could talk about the support that's offered by your organization or the employer to support mental health of firefighters, and how government programming can perhaps complement these initiatives.

THE CHAIR: Mr. Sears.

MICHAEL SEARS: In Halifax specifically, we have a Firefighter & Family Assistance Program, which primarily provides psychological sessions for support, mostly after a critical incident. Those can be ongoing. We haven't had a point yet where it's been shut down and a member denied care. It's usually done in a pretty prompt manner.

In terms of what else is available, we've accessed a number of partnerships with outside agencies - Wounded Warriors Canada most recently. We've had some support from the Tema Foundation that our department has partnered with in our last recruit onboard. I think they were given three days of education with the recruit level.

We would like to see moving forward, not just in our department - recruit level is great, but it's existing firefighters, new and existing captains, district chiefs, deputy chiefs, and all the way up. It's imperative that they understand what it is that's going on with the members. It's not just the stress operationally. It's the behaviour of the member along the course of their career, and anything that goes along with that.

In Halifax, we also have access to a charity called Fight4Life, which is a registered non-profit that was started after we unfortunately lost a firefighter, Kyle Currie, in 2018 to suicide. Subsequently we lost two more members. There is a need for additional financial resources for programming that's not covered, like out-patient programming - I've had a couple of conversations with people before the meeting - some programming around the province that isn't covered by our current benefits or by our firefighter assistance program. Additionally, some conversations I've had with volunteer firefighters across the province who aren't aware of what they're covered for, whether it's through WCB or their own insurance.

Then there's still - we thought that stigma is gone. It's still alive and well, I'm here to tell you, unfortunately. People need permission to access these programs, and it takes a lot of courage to step up and put your hand up and then do the work.

I hope that answers your question, sir.

THE CHAIR: MLA Young, did you want to hear from someone from the association as well?

NOLAN YOUNG: Yes, if I could, please.

THE CHAIR: Mr. Roper.

JIM ROPER: On the volunteer side of things, we do have some options available. We do, as Mr. Jones mentioned, have a Critical Incident Stress Management team that's been around - probably the oldest one in the country. It's been in the province for over 30 years, and active to assist firefighters and fire departments typically after a critical incident - to get out and talk to members and have them sit around the table to talk about what happened, what they're feeling, and things like that. For the most part, for most members, it does make a difference and help.

There are occasions where it's not enough. They do provide a one-on-one service after that, but they're not psychological professionals. Most of them are volunteers. A lot of them are firefighters. They do have a clinical director who they work under and have certain guidelines that they have to follow. It's an international standard that they use, same as the Halifax team. They do provide that initial - we call it basic mental health first aid. That's what it is.

What happens when that first aid is not enough? Typically, if they can't fix it in the ER, you go to see a specialist. Well, that's the next step. That's kind of where the gap is there. They don't have the ability to take it to the next step. In some cases, as Mr. Jones mentioned, there are insurance programs available. There's a popular one in the province through a private company that provides a Member and Family Assistance Program that

does give one-on-one clinical sessions with a psychologist. But again, it's limited to the amount that the insurance will pay out.

If the individual is fortunate enough to resolve those issues within that time frame, within that number of sessions, then that's good. If not, that becomes the gap, and where does that help come from? Not to challenge the mental health people in the province here, but there are gaps there, and it takes awhile. We could document the number of incidences where people have fallen into those cracks.

The good thing is they leave the fire service. That bad side of it is - I don't want to talk about that. That's one of the gaps. There is the WCB program. There are some issues with that. It's a benefit - again, many of these are also online-based programs. I'm not a mental health professional, and I don't know if there's a benefit or a distraction, but in my opinion, when you're in a mental health crisis, I don't think the laptop is probably the best place to look for your help. I think you have to have access to face-to-face counselling. That's the kind of gap that I think we're looking to fill: Where is that next step? How do we get these people the help they need immediately, and not have them wait in a queue somewhere for a long time, and leave the fire service or worse?

THE CHAIR: MLA Nicoll.

LORELEI NICOLL: It's nice to see some of you I saw at Ali Duale's retirement. Ali had a conflict, so he couldn't be here today and sends his hellos. As I was mentioning to Joe Triff earlier, yesterday we said goodbye to the Westphal-Cole Harbour Fire Fighters former Fire Chief Murray Elliott, so I'm very much mindful of my friends in firefighting, and our conversation today about protecting our protectors.

I just wanted to preface with that, but having been on Halifax Regional Council for 12 years, to hear a lot of this conversation coming late comes as a surprise to me. Having worked in industry myself, knowing that annual medicals and checkups - are they a requirement with firefighters? That's one parcel of it, because I know Michael Sears mentioned about the stigma, but we also know that the statistics do show that men are the highest risk because they very much don't admit that they have a problem in mental health. Given the role as a firefighter, it would be even more amplified in that regard to not show that you are broken and need some help. I recognize that and what was prefaced earlier by the executive director. It is about mind and body.

You spoke of the wildfires that we undertook. I was just wondering, with all the lessons learned, because we saw the pictures and we felt the anxiety that everybody was going through, and you as the protectors feeling it even more so. I just wondered if you could speak of that experience and how a firefighter might share the experience with everyone so that you have some lessons learned, so you can know what to do. In that regard, there was a lot of conversation too - some people not wearing masks, and some were

wearing masks, whether that's a requirement. You speak of the day-to-day work of firefighters and the prevalence of cancer, and the prevalence of cancer in Nova Scotia itself.

I don't know if you have any data for Nova Scotia specifically when it comes to cancer among firefighters, but I was just wanting to understand as well what you would be asking here today for the cancer screening recommendations for Nova Scotia. All in all, like I said, it is mind and body, but to add the cancer piece onto it at a time when many people in Nova Scotia don't have a health provider added on to everything else that they're dealing with day-to-day, I just wondered what it is that you would be recommending specifically for the cancer screening program.

THE CHAIR: Mr. Meagher.

BRENDAN MEAGHER: I have wildfire experience first as a question. I was working on May 28th. I work at the Bayers Road fire station, and this fire started in Tantallon. The city kept some reserve capacity. They sent crews to Tantallon initially. My truck, along with a couple of other apparatus, were originally sent to the Highland Park area as the fire spread toward Lucasville from Tantallon.

When we arrived, conditions were untenable. We had no water supply in the area, a minimal amount of water on the trucks that we carry. We pulled into Highland Park. There were power lines falling down all over the place, multiple homes on fire, including two homes of people I work with who were working that day. While they were in Tantallon, their homes in Highland Park were burning.

We knew we had to leave. We're not fireproof. We turned around and started to leave. Cars were evacuating onto Hammonds Plains Road. They were lined up in the subdivision, and we weren't redeployed at this time, so I got my driver to stop the truck and wait. We couldn't drive by these cars with the fire behind us like that. I felt there was a possibility we were going to have to tell people to get out of their cars and run. We waited a few minutes. The fire stayed to the north of the street we were on. They requested people to go to Yankeetown Road as the fire crossed the street. We pulled out and started to go to Yankeetown Road and were caught on the road between, with fire on both sides of us.

I don't want to exaggerate, but if a power pole is 35 feet high and the flames are twice the height of a power pole - if you've ever opened your oven while you're standing over the door, that was what it was like in the cab of the fire truck. Whatever force led to us not having dozens of people die in their cars that day, I don't know. When we got to the other side of the burned area, we evacuated the homes that were in the path of the fire. There were very heroic efforts made by some of my co-workers that day to get a man with dementia out of his home. They were successful in doing that. They actually left the aerial truck that they travelled in and took the district chief's pickup truck to drive down Yankeetown Road and run in and pull a man out of his house.

After that, we were on the Hammonds Plains side looking at what we could do to limit loss. At this point, you know there's a great amount of loss. We looked at the elementary school that's next to the garage at the end of Pockwock Road. We thought there was sufficient space between the treeline and the school that we could protect the school, and the hydrant was on the wrong side of the road. We would have blocked the evacuation route.

At that point, we thought: How can we make this better? We were asked to go to a nursing home at 297 Pockwock Road with 50 residents, 20 non-ambulatory. As we drove down, there were 60 to 80 cars on the Pockwock Road lined up to try to get off the Pockwock Road onto Hammonds Plains.

The sky was in the ground in terms of the fire being about a kilometre and a half away traveling toward us. I didn't know the nursing home or what the fuel load would be like around it. There was a white horse galloping down the centre of the road next to the cars as we drove in. It was - I wasn't sure we were going to come out of there. As we arrived, we were fortunate that there was a field next to the nursing home, about 100 metres long, which on the south side gave a break in the fuel. We were able to access a hydrant to put two ladder trucks up.

The treeline continued immediately to the north of the nursing home, and as we watched it come toward us, it was slightly south and growing slightly to the north, so coming more squarely at us. We weren't going to leave those people alone, so we made the decision to stay. There was an opportunity, possibly, to evacuate. A transit bus arrived with a driver. It was phenomenal. We made the decision to shelter in place versus the risk of going out on the street.

The fire was about 400 metres from us. An airplane came by and hit the fire four or five times. Then the sun went down, and the wind changed.

The impact - it's cumulative. It's specific and non-specific. It's moments like that over years - and it's different for everyone.

That's a little bit of what it was like for us on Day 1. You make a decision to try to do the best you can. It is very uncomfortable at times.

Nova Scotia data for cancers - we don't have a lot of data. We're a small sample size. We have two members in their forties from our local who are dealing with life-threatening cancers right now. It may not go well.

We know the psychological impact on these members - very severe. We've lost members to occupational cancer as well in recent years. For Nova Scotia's doctors, we would like going to our GPs on an annual basis to trigger tests that recognize that the International Agency for Research on Cancer has recognized our job as the most dangerous

classification of carcinogens. When I walk in and report that I'm a firefighter, I'd like all the screening that will identify these cancers early, and help me and my co-workers, the people I represent, have a better prognosis for an outcome.

[1:45 p.m.]

THE CHAIR: Thank you, Mr. Meagher.

Mr. Triff.

JOE TRIFF: I think there were a couple of pieces I'd like to touch on. Thanks, Brendan, for your personal story.

MLA Nicoll, I've known you for many years, so I know there is no intention, but when we speak about the stigma - I heard the words "broken" and "need help." That's part of the fight. We're not broken. We're having normal reactions to terrible things. That's just to touch on that.

For masks in the wildfire, our personal protective equipment is largely bargained items. They're collective bargaining issues. At times, we have success asking for things outside of our contract, but often we have to bargain those things, so we horse trade for our protective equipment. There are no wildfire masks for us as career firefighters. The wildland provincial firefighters may have them. A lot of firefighters out west and in the U.S. have them for wildfires. We have no respiratory protection provided for wildfires.

For annual medicals, again, it's a collective bargaining issue for our members. There's a cost for medical screening. There's a cost for implementing. There are programs that exist. There are costs to implement those. Again, it comes down to the horse trading at a bargaining session to try to get medical screening.

It wasn't as big a deal for our members when there wasn't a shortage of physicians. We now have firefighters who don't have a family physician. They don't have access to a family physician. That has created a bigger problem to get screening. To go in and convince a physician you've known for 20 years to do a test is different than going into a walk-in clinic to try to advocate with somebody who's never met you before. So those are a couple of the roadblocks.

Mental health support for large incidents like the wildfires exists. They're easy, because everybody recognizes them. It's often those calls that you don't know are triggering somebody. The members who volunteer and work in their communities, who drive by that scene repeatedly; the calls that you can relate to on a personal level, with your family or your kids or your co-workers - those are the problems that we need to really dive down into, the full bucket.

THE CHAIR: Our next round of questioning will be MLA Clark, MLA Ritcey, and MLA Leblanc. MLA Clark.

BRAEDON CLARK: Thank you, Mr. Meagher, first of all, for sharing that story. It dovetails into the question I wanted to ask. Around six years ago now, the Province expanded presumptive PTSD coverage for firefighters, among other first responders, which I think was a great move forward. It's been about five and a half, six years since that took place. I'm wondering - perhaps from the Halifax Professional Fire Fighters Association and the Fire Service Association of Nova Scotia - if you could give us a sense of how that's working thus far, and what lessons we may have learned that we can use to apply to future work so that we do better on this kind of stuff.

THE CHAIR: Mr. Sears.

MICHAEL SEARS: Speaking from my experience as the former Nova Scotia vice president, in terms of the locals in Nova Scotia - presumptive PTSD, we continually hear insurance companies say: Well, that's great you have legislation around PTSD, but we don't. They may be in a different jurisdiction. The intake forms for members when they are applying for an occupational injury such as post-traumatic or occupational stress injury - which as we know can be cumulative or it can be a catastrophic, traumatic event that brings the member to the point where they need assistance and they need it now - to then ask that member to fill out paperwork that lists five minimum on average experiences that could be triggering of the event that they had after they finally get the courage up to come in and ask for help, it's devastating to the member.

I can say personally, when I went through it - the members that I help through it now - it's wildly inappropriate. To have people doing business in the province who don't recognize the legislation of the land is a big problem. We have the Occupational Health and Safety Act. I believe it was MLA Hansen previously who had brought up looking at amending the Act to include psychological safety in the workplace. It's unfortunate, again, where things are cost - and a lot of things in our world are bargained for without the ability to have something legislated - it allows sidestepping.

We talked here last time about the member being caught in the middle as the ping-pong ball bouncing back and forth between who's responsible and who's not. While I respect the fact that there is PTSD legislation for Nova Scotia's firefighters, it really hasn't landed - not for us, not for anyone I've talked to, not for me - respectfully, of course.

THE CHAIR: MLA Ritcey.

DAVE RITCEY: This question is for Ms. Vezina. I'm wondering if you could speak to the partnership with TELUS, and expand on offering to volunteer firefighters and ground search and rescue personnel health and wellness support, such as counselling and stress management.

THE CHAIR: Ms. Vezina.

FRANCINE VEZINA: I want to preface this answer, in addition to all of my answers today for my fellow colleagues at the table: I can speak to the actions, and I can speak to the things that we're doing, but I don't want to suggest that we have a complete solution. I don't mean to suggest that in my answers, but to also let you know that we're open to further discussions. I think it could be the beginning of figuring out something together, and partnering to find those solutions.

The Nova Scotia Firefighter and Ground Search and Rescue Volunteer Assistance Program just launched in December. They provide a range of both physical and mental health services. It's 7 days a week, 365 days a year, and it's confidential and free of charge. The services are available in person, on the phone, and online to support mental illness, grief, loss, post-traumatic stress, and mental health crisis, as well as other wellness services. That's a higher-level view of what the program has to offer.

THE CHAIR: MLA Leblanc.

SUSAN LEBLANC: Thank you for being here, and thank you for your service, everyone, and Mr. Jones. This is the second time I've heard you talk about that fire, Mr. Meagher. It's harrowing, but I know, as Mr. Triff has said, there are those types of incidents that you work with and work on, but then there are so many other scenarios that you're dealing with every day. It's incredible to me, the work you do.

I want to ask a little bit about what you said, Mr. Sears. It's kind of a two-part question, Chair. I kind of need a follow-up.

THE CHAIR: Get them in one question?

SUSAN LEBLANC: All right, I'm going to do my best.

AN HON. MEMBER: I did it. (Laughs)

SUSAN LEBLANC: Yes, that's true.

THE CHAIR: You know what I'm going to say about this.

SUSAN LEBLANC: Yes, and you know how good I am at this.

THE CHAIR: Put it in one question.

SUSAN LEBLANC: What has to happen - legislatively, policy-wise - to fix the gaps that you're talking about there? For the volunteer sector, how do we provide real care for volunteer firefighters who need time off from their other job to get better from the

volunteer firefighting? I see that there are gaps in both places - for the professionals and also the volunteers - because it seems to me that if you used the WCB program for coverage, is that the whole scenario? Does that cover your time off from your other job to get the help you need? That's a big question. Two-parter in one.

THE CHAIR: Okay, I think your first part will go to a representative from the Halifax Professional Fire Fighters Association, and then we'll go to someone from the Fire Service Association of Nova Scotia after that.

Mr. Sears.

MICHAEL SEARS: What has to happen? Legislatively, I think that we need to recognize that there has to be an amendment to the Occupational Health and Safety Act to include psychological safety in the workplace, and mandate the responsibility to the employers of our first responders. (Interruption) Really, a big thing is access. Barriers to care are collectively bargained primarily. It's unthinkable to think that you could be a firefighter and not be issued a helmet, boots, a coat and breathing apparatus - and that's under physical safety in the workplace. Psychological safety does not exist to this point that I'm aware. Having that in the Occupational Health and Safety Act mandates the employers that they have to cover these programs.

We talk about early intake. It's been mentioned here before - ongoing psychological education. The cost up front is way less than having someone off work for years or losing that member. That's one component.

Emergency access: I can't remember who had said it but looking at a computer screen at 2:00 a.m. when you're in crisis is not the time to be doing that, and it has, I suspect anecdotally, not a lot of success at that point. We had a member not that long ago - went right to the emergency room, sat there for four days, was suicidal, and was basically told, "We can't do anything, come back on Tuesday," and that happens, unfortunately. Whether there's a component in triage of recognizing when you have a member of the emergency services community show up at the ER, is it asking for different care and coverage? I think it's immediate, yes. The stressors that those members deal with across our province is unique and should be treated as such.

Even still, when we look at access to funding for programming, a lot of the departments, whether they have varying levels of insurance, if they've got an employer they've negotiated insurance coverages with, a lot of programming - the price is astronomical. Whether an employer offers, "Hey, we'll help you out, but you've got to pay this back," well, that's not help and support, especially for a member who's served for decades and asks for help for a program that could be between $500 to $50,000. That's a big discrepancy. So access to funding to provide those programs is key - whether we look at how we did it with presumptive cancer legislation where it was supported through the Province and then downloaded over time, allows the municipalities and towns the ability

to create budget line items that don't exist currently. That would be a great avenue to go down, as far as I'm concerned.

[2:00 p.m.]

THE CHAIR: Thank you, Mr. Sears.

Mr. Nielsen.

ROD NIELSEN: The biggest thing with volunteers is the variation of coverage across the province. We know there are departments that don't have any coverage whatsoever, as far as insurance goes. The WCB - haven't been in a very long time. We haven't been provided any data of what the amount of usage of it is - not personally, but what the use of it is, and what would be used for mental health. We are in the dark, I guess, to be able to explain or to know what direction to go next.

As far as WCB - again, it's based on their income, too, depending on how long they could be off and what they would get for compensation. Then the other one is how quickly they can be diagnosed, such as what was mentioned by Mr. Sears here. When they get diagnosed, when can the program begin, and when can they start to receive compensation? It's a very mixed bag across the province.

As far as legislation, I'm not sure there's anything that we can actually outline as one thing that we could do for legislation, other than - I guess it wouldn't be legislation, but to provide a province-wide insurance and education to back that up.

THE CHAIR: Our next round of questions will come from MLA Sheehy-Richard, MLA Lachance, and then MLA Young.

MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: Very important conversation here, and so many levels of complexity to all of that. When we speak about changes in legislation, I kind of bring myself back to maybe mental health and addiction. Talking about the 6,000 volunteer firefighters that we have in the province and how we bridge these gaps, maybe you could touch a little bit on the work that you're doing. Our ultimate goal would be universal mental health for everybody with no stigma attached when you're presenting - whether it be in an emergency department or at 2 a.m. What is the work that's happening, and how are all of these conversations being taken into account from maybe the perspective of your end of the group?

THE CHAIR: Ms. Vezina.

FRANCINE VEZINA: I think first I'll speak to universal and what we're in the process of creating. Then I think it would be important to pass it over to my colleagues who may be able to speak to more specifics about what's available through the public health system.

Our work is focused in three areas. First is looking at strengthening the public mental health and addictions system. You would be seeing investments that we've been making over the last number of years in things like Recovery Support Centres, rural access, Integrated Youth Services - enhancing what we can to make that system stronger.

Second, we are looking at tapping into the capacity that exists in community, whether that be through community-based organizations or the private sector. Looking at the investments we've been making in community-based organizations through grants. Two recent pilots that have been happening - one through Dalhousie University and another subcontracting with psychologists to provide diagnostics for ADHD and ASD - are examples of that space.

Finally, looking at that integration: how do we pull it all together to ensure that we have a mechanism for intake services without creating fragmentation? We want to ensure that the care pathways exist, integration to the public system, and looking at appropriate matching of care, so that when someone does reach out for help, they're receiving an assessment and getting connected with the right level of care. That's a broader overview of that whole piece, which is a big piece for us in universal mental health and addictions.

THE CHAIR: Ms. Pulsifer, you're up.

DANA PULSIFER: Before I get into some more detail around what Nova Scotia Mental Health and Addictions Program as a public service area has to offer, I just wanted to kind of touch a little bit more on what Ms. Vezina was talking about for universal. I do want to say thank you for your service. I'm sitting here learning much about your roles, volunteer versus paid firefighters, and just around the numerous tragedies - natural and not-so-natural - that have happened over the last couple of years. Our program has really been exposed to a lot of that, and has really had to think quickly and, as you mentioned, not proactively, but reactively . . .

THE CHAIR: Excuse me, Ms. Pulsifer. Can I please ask you to bend your microphone a little bit closer or maybe come a little closer to the microphone? They're having a hard time hearing you. Thank you.

DANA PULSIFER: . . . reactively provide some responses for that area for those situations.

I also heard you say early on about resilience and preventing some of the things like PTSD, suicidal thinking, and areas in mental health and addiction - presentations that

if there was investment up front. I guess when I think about universal mental health and addictions, that's generally what we're talking about. We're talking about an entire continuum of care. We're talking about leveraging community-based organizations, volunteers, formal services like our mental health and addictions programs, the private sector. We're exploring all of that at the same time because we know from our workforce challenges that we really do have to look at all avenues that are provided, and there is a lack of understanding.

I hear you talk about your members not understanding what might be available or when they need help. I think that's a larger kind of issue that many people in our population face. I think it's really critical for your members to be able to identify when they need support to not feel stigma. Part of universal mental health and part of that continuum of care focuses on that whole spectrum, right up to treatment and to the other end around working with communities, members of communities so that they have more awareness and some training around being resilient. We are a different generation experiencing many tragedies. Many of us weren't brought up with that kind of openness and insight, as I heard mentioned.

To get to the specific question around our services, we provide services along the Tier 3 to 5 - specifically, care for moderate-to-severe mental illness, mental health issues, and substance use issues. Francine mentioned a few examples around recovery support centres. We have day hospitals in two areas of the province with two more being launched in the early Spring. Really, the public is to call our intake line. We have a clinician who will go through a process, and I imagine it is quite intimidating. I mean, to get to that first step, you do have to be courageous and make that phone call. From there, we match the individual through the clinical assessment to what they might require.

I would say from an immediate treatment or assessment support perspective, we triage folks based on how they describe the presentations. If that's more urgent, we're able to provide them an appointment in person or virtual, if they choose, with a clinician to kind of help figure out what's happening at that point. Then I guess from there, we really provide a variety of services and treatments. It really is unique to the individual. I think I might be talking too long. (Laughs)

THE CHAIR: Thank you. I appreciate that.

MLA Lachance.

LISA LACHANCE: I have a couple of questions, but they're very specifically about one thing. I'll just run through them. I think they're going to be in order.

I wanted to ask Ms. Vezina about the TELUS contract for search and rescue and volunteer firefighters. I'm wondering what the annual cost is, whether there was a competition for this contract, how long the contract is signed for, and what evaluation

measures are being used to look at the contract - efficiency, wait times, and effectiveness. What mental health outcome scale is being used when people use this service?

FRANCINE VEZINA: That is the one that I described earlier - the volunteer firefighter program. It is a pilot, so it's relatively smaller scale. We're trying to determine what the volume will be and what will be the utilization rates, to kind of know more broadly how we would go. There is a contract in place that is looking at numerous indicators - not just volume sorts of indicators, but outcomes for clients with TELUS.

I think I'm forgetting maybe some other component of that question.

THE CHAIR: I think there was cost. MLA Lachance, just repeat those three things, please.

LISA LACHANCE: Cost, how long the contract is for, and was the contract put to competition? To clarify too, you talked about mental health outcomes as part of that measurement - what scale is being used? There are a number of evidence-based scales people use in mental health treatment. What scale is being used?

FRANCINE VEZINA: I don't have the information on the scale here on me, or the cost, I'm afraid. I don't have the budget number in front of me.

The contract is for one year at this point.

THE CHAIR: I would just think, MLA Lachance, if you want to follow up with that, maybe you can speak with the executive director after the meeting to have some information passed to you. Or through the clerk. That's fine.

MLA Young.

NOLAN YOUNG: I'm going to have a question for the Office of Addictions and Mental Health and NSHA. Ms. Vezina and Ms. Pulsifer, you've talked how about implementing universal access to mental health and addictions care will benefit firefighters, as well as the general population. I think you touched on a bit of it. I'm just wondering if you could break it down. Could you please outline further explaining how practitioners accessed through the NSHA or other care options can respond to the unique mental health challenges that firefighters face?

THE CHAIR: Who would like to put their hand up to answer the question?

Ms. Pulsifer.

DANA PULSIFER: I think I initially described that around our public service through intake and matching to the patient's needs. Also, if somebody is in crisis, they

would typically call our provincial crisis line or the newly launched 988 federal line. This is for all populations, not specific to firefighters.

[2:15 p.m.]

I think the way that our services work currently is that we need to match the presentation with the appropriate service level. Outside of that, I'm not sure if Dr. Harris might be able to add any insight.

THE CHAIR: Dr. Harris.

DR. ANDREW HARRIS: It's important to know that mental health and addictions care is provided by an ecosystem. It's not just us. We tend to traditionally work within the higher acuity in-patient and out-patient. But a lot of what we talked about today are community organizations - non-governmental organizations who are striving to provide the same type of support and care for various segments of the population. They struggle because they're not funded in the same way as us. The office is one of the funders, but part of the onus for us developing universal mental health - and also some of the legislative changes to the Health Services and Insurance Act - are that we then allow private practitioners to enter the space to be providing some of the care that we would sometimes provide, but might not reach the level of acuity or urgency.

We also need to shift our thinking - as has nicely been talked about today by the Halifax Professional Fire Fighters Association - more toward prevention. It's much cheaper to prevent someone from getting sick. It much improves on the quality of life of the individual. It really should be our primary motivator here, to work ourselves out of a job. I like to say that. People shouldn't get sick enough to see me. We need to intervene earlier. That's across the spectrum, from the cancer issues but also for the mental health issues.

Working with community organizations, municipalities, all the people out there who provide the mental health and additions space to improve wellness, to do mental health first aid, to increase literacy, which is the first step toward addressing some of the stigma that still surrounds mental health disorders. It's a larger and more complex kind of organizational process. We at Nova Scotia Health Authority - Mental Health and Addictions Program provide a part of the care. But there are a lot of other organizations out there doing an awful lot of work - from social groups, from municipalities, church organizations. It happens at tractor pulls, it happens at Tim Hortons, where groups of people gather together and do the peer support.

I think what we can do is look at what the needs are of the firefighter associations, and we should start to think about how we need to integrate special populations of individuals into our planning as we go forward with universal mental health.

THE CHAIR: Our next three questions will come from MLA Harrison, MLA Nicoll, and MLA Clark.

MLA Harrison.

LARRY HARRISON: First of all, I want to thank all of you for what you do. I get to see Mr. Nielsen's commitment and expertise on a number of occasions. I know that, and I'm sure that you folks offer the same thing, so thank you very much. My question is going to be for the department. Could you detail more broadly some of the programs that are available for firefighters to have better access to mental health care?

THE CHAIR: Ms. Vezina.

FRANCINE VEZINA: I think we spoke to some already. Specific to firefighters would be the PSPNET, which is an online resource that we're partnering with the Department of Justice. It's done virtually, but there's also 8 to 16 weeks in which they can receive coaching from a clinician. I've already described the volunteer firefighter program.

That would be what's specific to firefighters. Outside of that, then it would be what Ms. Pulsifer and Dr. Harris have been describing in terms of what may be available through partnerships with community-based organizations. It would be the provincial Mental Health and Addictions Intake, which is available through calling intake services. There are various crisis and urgent care supports that are available, as well as a suite of e-mental health supports that are available.

Again, speaking to what's existing, what we're trying to do with universal in terms of looking at that continuum across, making investments to fill gaps, and a lot of the things that we've been testing and piloting and some expanding, have already been expanded. We've been doing a lot of engagement with various individuals. I can see even just through conversation today, as Andrew spoke to, it's really having a deeper conversation with folks like those who are here today to look at those solutions - that more proactive, up-front prevention/promotion work. It's looking at filling some of the gaps in advance, in addition to ensuring that all of the appropriate services - whether that be ongoing mental health and addictions counselling or support, or if what needs to be available in a mediator crisis situation - are there for all Nova Scotians, but particularly in the circumstances that we've been hearing about today.

THE CHAIR: MLA Nicholl.

LORELEI NICOLL: I'm trying to process all the information that was presented here today. It has been very difficult because my mind and heart are on addressing what the firefighters are dealing with on a daily basis. But from what I'm hearing, what we're doing currently is obviously not enough, and it's getting more complicated the more this

conversation goes on. I know it was mentioned by the firefighters about the PSPNET. Is that different from TELUS and that program? (Interruption) So it's different from that.

I want to ask the firefighters if they're seeing year-over-year an increase in mental health related absences, and if there are large vacancies of firefighters because of it. Also, what you heard here today, is that giving the firefighters some solace as to whether we're doing enough for mental health?

THE CHAIR: Maybe we'll have someone from the professional side, and then someone from Fire Service Association of Nova Scotia offer some thoughts.

THE CHAIR: Mr. Triff.

JOE TRIFF: Without getting into specifics or confidentiality and stuff like that, anecdotally, yes, an increase - and is that related to the call volume? Is that related to the lack of EMS resources in the province, which is creating a higher demand on our firefighters? Is that continuing from COVID-19? We don't have that data to differentiate that. But my two colleagues to the right and I represent well over 10,000 emergency responses between us - all types of calls. I know more and more firefighters who are transparent about the treatment that they receive and the ongoing care they receive to remain in the workplace.

Are we doing enough? No. We're not. Mike alluded to British Columbia as a leader. They really are taking the bull by the horns out there as far as programming and support for firefighters' mental health and first responders in general. We're a lot more aware of the physical impact of our job. We have 100 pounds added to our body every time we get off the truck 10,000 times. We recognize the need to go to physio, to go see those practitioners to keep us at work.

What we struggle to recognize is that resiliency erodes over time. Your resiliency when you're brand-new and full of energy and excitement to be at work, each of those calls add up. Everybody's bucket is a different size, and everybody's bucket fills at a different rate. To have that resiliency education up front is great, but we need to maintain that through people's careers. Thirty years - it's not enough to give somebody some education on Day 1 and say, "Go." We need that access to ongoing care to remain healthy, to remain at work, and to keep being able to do what we do.

THE CHAIR: Mr. Jones.

GREG JONES: Thank you very much for that question. One thing I will say - and Mr. Triff, thank you very much for your comments as well - we're not doing enough in our province around mental health. A prime example I'll give you - I was asked this question last Summer, and I gave the response, and the person I gave the response to was kind of blown away. In our province, we have a website called the Nova Scotia First Responders'

Mental Health. Unfortunately, that website quite often is not updated, so resources that our members would need in the fire service are simply not on the site.

PSPNET was a prime example of that. PSPNET was available with a partnership through the Department of Justice about a year ago, give or take. It wasn't actually on that website until I told somebody that a few months ago. It's concerning that we have a website that our members go to and look at quite often, and the information is not updated. Unfortunately, that causes mental health issues for our members, as well as the amount of information that's being put out and resources for them to use. It causes a vacuum in a bubble. They really don't know exactly where to go, because there are so many different spots for being directed. They just need one focal point to go and get the resources they truly need, not just for now but for the future.

I can tell you of an individual I spoke to a few months ago. He's up in his eighties now. They never had any mental health supports at all when he first started in the fire service, or during his career. Now today, he's truly struggling and had nowhere to go. He felt totally oblivious when he called and asked for supports from his physician, and unfortunately didn't really know where to go. I got contacted as a chief here in the province. The gentleman came and asked me, "Do you know where I go or what I can do?"

We shouldn't have to do that. It should be pretty black and white. Anybody can look at any one site that's on the Province, and see exactly what's available for mental health at any given time, and where to properly go.

THE CHAIR: MLA Clark.

BRAEDON CLARK: I just wanted to follow up with my earlier question to you, Mr. Sears. I think you made a really important point last time when you talked about the presumptive PTSD coverage. You said that it wasn't landing. I think that's really important for us as members to hear. Sometimes it's easy for us to sit in the Legislature, pass a bill, clap and think that that's the end of it, but really that's just the very beginning of the solution - especially when we're dealing with something as complex as this.

I'm wondering if you could clarify for me. You talked earlier about members having to deal with insurance companies and being denied. Could you just clarify for me, in your view, where the bottleneck is, so that what I think is a great intention is not translating to actual on-the-ground help? I think that's critical to know.

MICHAEL SEARS: It's kind of a two-part. The way I see it is, if a member is filing a claim with a business that's doing its operating in this province, it should be incumbent on that business to follow the guidelines set out by the legislation surrounding - especially this issue. If we have presumptive language and you meet a threshold or criteria based on your service, it should be automatic. You shouldn't have to relive the traumatic events or

pick five out of 4,000 or 5,000. That's insulting to the member and the service, and really the whole process and intention of what we're doing.

The other component to it is that there are still senior members in these organizations who don't recognize and understand that this is an actual legitimate injury. The joke is always "Oh, is this the new back injury?" to which I reply, "Do you think the old back injury might have been the original mental health injury?"

It's getting the conversation and the understanding out there, and making it so there are clear guidelines and sidelines, and where's the end zone. You have to be able to put that and quantify it - to allow people to exist and do business here and sidestep it, really for the sake of saving a couple bucks. Well, the people I know are worth that money.

THE CHAIR: Our next round of questioning will be MLA Leblanc, MLA Sheehy-Richard, and MLA Lachance.

MLA Leblanc.

SUSAN LEBLANC: That's an interesting thing that you bring up about management. I was talking a few weeks ago to an old friend of mine who worked in major crimes as a police officer for a long time. This friend said something very similar about the management at the police department, where people are going off and it's really difficult to get support from management to have the mental illness or PTSD validated. It's shameful and difficult to make the step to get the help because of that, or partly because of that.

It makes me think because, again, we also hear this from paramedics. Major job burnout for lots of reasons, but part of it has got to be the calls that the paramedics arrive to and the PTSD that's involved with that or related to that. I feel that if we don't take care of our first responders first and foremost, if we don't get to this issue now - nowsap - everyone in the province will eventually be affected by it. People are going to leave their jobs, and people are going to choose something that's easier or less painful, as it were.

I want to go back to the question about the GPs. I guess my question to you, Mr. Meagher, is: Have you had conversations with Department of Health and Wellness around this? Is there a way to have a directive from the department where all doctors who see patients have to - if you say, Hello, I'm a firefighter, then tick, tick, tick, and it's just not a question? Is that a thing that can happen? If it can, how come it's not?

I guess the same question would be for mental health issues. "I'm a firefighter, I'm a first responder." Yes, okay, you go in this line instead of going to call 988. Like instead of going through that process which, let's face it, we've heard - I've heard - I know that there are many issues with calling that intake line and waiting days and days to get a call back. We know all that stuff about the numbers around mental health services. Is there a

way to - it's like the priority line at the airport where you've got your special badge, and you go that way. Are there any discussions about that?

[2:30 p.m.]

BRENDAN MEAGHER: I haven't been successful in accessing anyone at the Department of Health and Wellness to further this issue. It is my hope that this committee can work toward creating a better awareness at Health and Wellness, and in creating a code at Health and Wellness that if there is the potential for a directive or communication to physicians to be informed about treating firefighters and emergency responders as the common denominator on mental health for other emergency responders.

Cancer, more specifically to firefighters, it's my hope that this committee can take action and move toward the Department of Health and Wellness to create a narrative over there that moves this initiative, so that when a firefighter starts their service in every department in this province, they're provided with a health screening form that they can bring to their physician - and if they do bring that, it won't be the first time their physician sees it. If they don't have a physician, they can have a department reach out and somehow provide access.

With psychological services, there's nothing codified for firefighters. We, in Halifax, are fortunate enough to be resourced with a Firefighter and Family Assistance Program. They have relationships with some providers, so there has been some success through the efforts of our coordinator in getting us some earlier access - but that is for counselling, and it's helpful. However, what we see a lot of as advocates are members who are at a point where they're exasperated, and at the next step in needing more than basic counselling. We don't see the resources there for that. It's been stated here that British Columbia's really got a great head start on us. There is work being done to identify best treatment practices for first responders and getting that down to providers here.

Internally, firefighters haven't totally evolved to move away from the stigma. I'll speak personally for me with fire. About five years ago, there was a large loss of life. I was very open with the people on my job that I sought counselling after that, and I wanted to contribute to the removal of stigma.

I felt concern for my counsellor in terms of what I would be sharing there and so on. That counsellor joined our union in the International Association of Fire Fighters Peer Support Training that our international provides. We brought some of that here. That was so small scale that it's far from systemic. It certainly doesn't extend to the IAFF members in other municipalities, and it doesn't extend to the volunteers in Nova Scotia. There are still significant gaps for the members we represent here.

MELISSA SHEEHY-RICHARD: I think maybe this might be directed more toward Mr. Roper or Mr. Nielsen about stigma and the Critical Incident Stress Management

team in particular. I know with the tragedy in my community, Wendy was there every single day, and our community had never experienced such a tragedy like that before. I found myself struggling a bit. My chief was great with setting things up with the CISM team and that support there, and invited me to come to the very high-level, not incident debrief necessarily, but the open-up, where you can get support and how to start that conversation. I didn't feel myself that I was worthy, that I should be included in that, because you're the ones who are the front lines in doing that.

I have to tell you that just from that group in the room including me in the conversations, it was like this whole weight came off me. There are still challenges. My chief and I grew up together, and he unfortunately - well, fortunately maybe for him - he's left the province for a bit to pursue something else.

I guess where I'm going with this is that I see these young cadets who are coming in and are thrown into these traumatic experiences and the complexities of the issues. We haven't really got over the fires and we had the floods, and it's the same group of individuals there day in and day out. How do we help? What could we do to reduce that stigma to make it be more inclusive? Within the fire department itself, there is sometimes the stigma in the veteran firefighters versus the newer cadets. I'm just looking for some takeaways that we could work on and how we can bring that forward.

THE CHAIR: Mr. Nielsen.

ROD NIELSEN: Yes, (inaudible) and to me, that education is consistent. To get that out there, our CISM team does do education sessions. The stigma of having the education team there is an issue as well. That team also encourages them to have their family and their guardians or whomever to come to the sessions as well to understand, so we can recognize it early.

The other thing is to understand our CISM team. The way it's funded, it makes it difficult for them to do anything on a long-term - or to put stuff out to the groups, the fire departments, and especially individual fire departments. It's easier to maybe do a group or an association. Right now, for them to be financially supported, it could be - if we had some sort of system, they could do that on a more consistent basis so we could make sure that we get to every firefighter. That takes me back as well, the volunteer fire service in Nova Scotia is mandated by the municipalities. The Province doesn't have jurisdiction for fire service, other than investigation and prevention.

We have a gap, again, with municipal arm's-length dealings. I think we could benefit with the Province having more guidelines similar to British Columbia, which include some guidelines around mental health, training and how departments operate.

THE CHAIR: MLA Lachance, about five minutes.

LISA LACHANCE: I was wondering if folks from both sides of the service could talk a little bit about - we've talked about uneven access to programs. I'm wondering about the ongoing treatment or sustainability of current programs, and what some barriers might be in terms of access to medication or the cost of other therapies that might be prohibitive, and ideas you might have around ensuring that ongoing treatment and support are there for folks.

THE CHAIR: Who would like to begin with that?

We'll start with the Halifax Professional Fire Fighters Association and Mr. Meagher, and then we'll go to our friends from the Fire Service Association of Nova Scotia.

BRENDAN MEAGHER: For me, as an advocate, one of the most stressful experiences I have is when I don't have the resources to provide what the person I'm trying to help needs.

We do have some things in place in Halifax in our system. It does help a lot of people. But we have these occasions where it's not enough - access to in-patient treatment or things that are not standardly covered. For us, the charity Fight4Life has provided almost $200,000 in resources for education and treatment of our members in the last four years.

I had a member call me a couple of years ago in June and say they needed help. The IAFF has created a centre for addiction counselling. It's trauma informed. It deals with responders, and accessing that is expensive and not covered by plans. When someone has to go for treatment and if they want that option - I had a member ask me to go there a couple of years ago, and my immediate response was, "How am I going to get this person there?" I called the chairperson for Fight4Life, who told me they could have a board meeting and get me an answer within a day, and within a day I had funding for that person to go.

I know we need a standard, and I support President Jones's comment that we need a standard, fixed target so that everybody knows how to direct people, but that, I believe, is more so for entry and more high-frequency situations. When people are exasperated and need other things, being able to resource in-patient treatment and less conventional opportunities is quite a challenge, and something that, if there was a pool of money created with minimal bureaucracy and time delay to access, it would be a great asset.

THE CHAIR: Who would like to represent the Halifax Professional Fire Fighters Association?

Mr. Jones, we'll give you the last word here this afternoon to answer this question. We have about a minute to go.

GREG JONES: Thank you for that, and thank you very much for the question. One thing I would say is that across our province, some departments do have, as I mentioned earlier, an employee assistance program to help offset some of their costs, but many of them don't. Unfortunately, without that, quite often folks fall through the cracks.

As President Meagher just mentioned, if we had a fund that could be used to offset that, it would greatly improve that. Also, the same thing as for Critical Incident Stress Management - or CISM - team. If they're to fund and support the job and the work that they do for mental health in our fire service, it would be greatly appreciated as well.

There are many programs out there. The career side of professional firefighters - they have some other resources that we don't have on the volunteer side, but it's really important that we all have the ability to have a universal fund available to support the need.

THE CHAIR: That concludes our time for questions from our MLAs to our guests today. Would anyone like to offer any closing statements this afternoon? Mr. Triff, we'll begin with you.

JOE TRIFF: We touched on PTSD as a diagnosis. For our members, it's a spectrum. We've got members with PTSD who are doing great self-care, professional care, maintaining their ability to work, and we've got members who struggle to get out of bed and aren't in the workplace. We've got to have resources for everybody in between.

That barrier to early intervention is that stigma that we talked about. There's a fear of the impact of the diagnosis, the impact on their personal life, the impact on their professional life, fear of not returning. There's no firefighter I know who doesn't want to be at work, who doesn't want to be able to respond. There's guilt, there's shame, there are a lot of emotions involved with seeking help.

It comes down to cost, and with all of the increased costs that everybody is facing right now with inflation and the cost of living - $1,500, that's what we have access to for our benefits, $1,500 a year. It's about $200 a session for conservative pricing, so seven sessions a year for someone to be able to maintain their psychological health and stay in the workplace.

It's not enough. It's something that we need help addressing, and we're hoping that you folks have heard us today. We thank you for listening, and we look forward to continuing to work with you.

THE CHAIR: Mr. Jones.

GREG JONES: Thank you to the committee members and my colleagues who are here today for this session - truly appreciate the conversation. My hope is that we can collaborate and continue this conversation.

[2:45 p.m.]

One thing I will say is that everything we talked on today, we've talked on over numerous years. This hasn't just started. One thing we need to focus on is the proactive approach of education, and also the point of having a long-range plan of how we're going to look at mental health for the fire service, but also for first responders. It's one thing that was neglected for a long time, both by members and also by the public. We do need to turn our mind to that as well.

The other thing I will say as a reminder is that the volunteer fire service in our province, just remember, most of our folks work every day during the day, and any programming that does become available for them during the day, folks simply cannot attend it. Please have a focus on having things available in the evenings and weekends to support our members, so they have an opportunity to be involved, to get the information, and move on. Thank you for your time today, folks, and thank you very much for the conversation.

THE CHAIR: Is there anyone from the department who would like to offer closing statements? Ms. Vezina.

FRANCINE VEZINA: Just thank you again for the invitation. Thank you very much for the conversation. I've learned things today. I do appreciate that there is more that I think I need to understand about what's available and not available. Extending the invitation to continue the conversation - let's chat again. Thank you very much to the committee for having us here today.

THE CHAIR: Again, I think I speak for all of our committee when I say to all of you who put yourselves in harm's way, thank you so much for the service that you do on behalf of our communities and all of Nova Scotia. Thank you very much for coming today. We will take about a two-minute recess to allow our guests to leave, and then I think someone has mentioned we have a bit of committee business here. Thank you again, everybody. We'll take a two-minute recess. We are in recess right now.

[2:49 p.m. The committee recessed.]

[2:52 p.m. The committee reconvened.]

THE CHAIR: If we could ask our guests to leave the room, and then we have a bit of committee business that we apparently have to attend to.

Order. We will get back to our committee business. I had notice from MLA Leblanc that she wanted to have some committee business, so we'll go to MLA Leblanc first.

SUSAN LEBLANC: I just thought, given what we've just heard, that it might be a worthwhile use of this committee to send a letter on behalf of the committee to . . .

THE CHAIR: MLA Nicoll, I had recognized MLA Leblanc, and then I'll recognize you.

SUSAN LEBLANC: I would like to make a motion that the committee send a letter to the Minister of Health and Wellness asking about this question. Just asking why the fire service hasn't been able to make contact with someone in the department, but also what the minister might do to consider this directive to GPs, family care providers so that firefighters and other first responders could get testing for the presumptive cancers that are covered.

This is a clunky motion, but the gist of it is that the committee write a letter to the Department of Health and Wellness asking what is being done to make sure that firefighters who have pre-exposure or exposure to 19 various cancers can be tested on a yearly basis for those cancers.

THE CHAIR: I think there's a motion on the table. I think there's wording that . . .

SUSAN LEBLANC: Yes, I just clarified it.

THE CHAIR: Okay. Is there any discussion? Yes, I'm not 100 per cent sure either. There's a lot in there, MLA Leblanc, where we don't have a copy of it here. MLA Leblanc.

SUSAN LEBLANC: That's right. You don't have a copy of it because I believe these committees should be a little bit flexible and reactive to what we hear in committee. This is coming from what I have directly heard from our committee guests. The motion is that the committee write a letter to the minister of Health and Wellness, asking what processes would need to take place in order to have firefighters be able to be tested for cancers on an annual basis, even if they're asymptomatic and not of the regular age for that cancer.

THE CHAIR: That was a little clearer. Is there any discussion on the motion? (Interruption) MLA Young, (laughs) I think that groan was a bit of a - that you want a discussion. MLA Young.

NOLAN YOUNG: I appreciate that. Sorry, I was thinking at the same time - I was just processing the motion.

I don't - incredibly important for cancer testing, and incredibly important for firefighters and first responders. I get that. I don't totally understand the process of what the department - what I'm asking for, I guess, is would it make sense to write a letter asking for what is currently in place? Like, give us an update on the relationship to this specific

ask. Give us an update on how this working relationship or how this - what the department is doing in regard to this.

THE CHAIR: Are you asking for an amendment of the motion?

NOLAN YOUNG: I'm trying to get discussion here for this. I'm not totally clear on MLA Leblanc's motion, because I don't understand what the relationship is already within the department and within the service.

SUSAN LEBLANC: I'm happy to discuss. Sure, yes. What I'm trying to say is that we heard from Mr. Meagher that he has not been successful in communicating with the Department of Health and Wellness around this issue. My initial thing was, why don't we write a letter as the committee asking: Why is the Halifax Professional Fire Fighters Association having trouble connecting with the department on this very important issue? That is, to your point, to give us an update of what's happening. I would be fine with that. Then a follow-up letter maybe as well. Let's communicate with the fire department and let's make sure that our firefighters are getting the testing that they need, even if they're asymptomatic or not of the age of regular testing.

Listen - let's discuss. We're going to run out of time. I'm happy to rescind my motion. With unanimous consent, I will take my motion off the table and then say: Let's write a letter to ask for an update on the relationship. I'm happy with that.

NOLAN YOUNG: Just for clarity, what I'm talking about is the broader relationship between - I'm not talking about an individual's personal medical history. We're talking about the greater relationship, or an update on how that working relationship is.

THE CHAIR: MLA Leblanc, are you rescinding your motion then?

SUSAN LEBLANC: I believe I need unanimous consent to do that.

THE CHAIR: Yes - with unanimous consent.

The motion is rescinded.

MLA Nicoll.

LORELEI NICOLL: In the interests of time, I'm going to be very quick. I believe I shared it with the clerk, and I think she shared it with everybody. It will contribute - and I know that it's very supported by people who presented here today. Chair, based on the recommendations today, I'd like to put forward a motion to write to the Department of Health and Wellness to ask if a meeting could be held with the Halifax Professional Fire

Fighters Association and the Fire Service Association of Nova Scotia to discuss pre-screening needs in firefighters.

THE CHAIR: There's a motion on the table. Is there any discussion around that motion?

MLA Young.

NOLAN YOUNG: My apologies. I'll just ask if MLA Nicoll would be able to read that motion one more time? She just read it quite fast.

THE CHAIR: MLA Nicoll.

LORELEI NICOLL: Based on the recommendations today, I'd like to put forward a motion that this committee write to the Department of Health and Wellness to ask that a meeting be held with the Halifax Professional Fire Fighters Association and the Fire Service Association of Nova Scotia to discuss pre-screening needs in firefighters. In essence, everyone we heard from here today who was presenting, and President Jones as well, to understand - just to have a conversation . . .

THE CHAIR: Order. The time for our meeting has come to an end. Our next meeting will be Tuesday, March 5th from 10:00 a.m. to 11:00 a.m. - or it might be 10:00 a.m. to 10:05 a.m. - for Agency, Board and Commission appointments only. Because the House is expected to sit that day, we will only meet briefly in the morning.

With that, our meeting is now adjourned.

[The committee adjourned at 3:00 p.m.]