

HANSARD

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COMMITTEE

ON

VETERANS AFFAIRS

Thursday, May 14, 2015

Legislative Committees Office

Veterans Emergency Transition Services (VETS) Canada

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VETERANS AFFAIRS COMMITTEE

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[Ms. Pam Eyking was replaced by Mr. Iain Rankin.]
[Ms. Patricia Arab was replaced by Mr. Brendan Maguire.]
[Mr. Keith Irving was replaced by Mr. Bill Horne.]

In Attendance:

Ms. Kim Langille
Legislative Committee Clerk

Mr. Gordon Hebb
Chief Legislative Counsel

WITNESSES

Veterans Emergency Transition Services (VETS) Canada

Mr. Barry Yhard
Executive Director

Mr. Jim Lowther
President/CEO

Ms. Debbie Lowther
Treasurer



House of Assembly
Nova Scotia

HALIFAX, THURSDAY, MAY 14, 2015

STANDING COMMITTEE ON VETERANS AFFAIRS

9:00 A.M.

CHAIRMAN
Ms. Pam Eyking

MR. BEN JESSOME (Chairman): Thank you everybody for being here today. My name is Ben Jessome and I'm the MLA for Hammonds Plains-Lucasville. I'd like to call this meeting to order. We're here for the Standing Committee on Veterans Affairs, and with us today we have Veterans Emergency Transition Services Canada, or VETS Canada.

I'd like to start with the members introducing themselves.

[The committee members introduced themselves.]

MR. CHAIRMAN: Thank you. Just a quick reminder to those present to please shut off your cellphones and/or other electronic devices you may have on your person. Also, for information sake, in case we have any guests, head out to the right, take another right, and out the door if we run into a situation where there's a fire or something that we need to get out of here for.

Can I please ask that all comments be directed through myself, the chairman, and I'll recognize you for the purposes of the Hansard crew at the back of the room.

We're going to wrap up around 10:45 a.m., if it proceeds that long, in order to look into some committee business beyond your presentation. At this point in time I'll ask our guests to introduce themselves and proceed with opening remarks.

[The committee witnesses introduced themselves.]

MS. DEBBIE LOWTHER: I guess I'm going to proceed with our presentation this morning. First of all I'm going to talk a little bit about who we are. VETS Canada is a federally registered, not-for-profit charity. It was founded here in Nova Scotia, and our national office is here in Nova Scotia.

We have leadership teams and boots on the ground teams - what we call "boots on the ground" - which are our volunteers who go out into the streets, and those are the volunteers who have face-to-face contact with our clients. We have two paid employees. Our volunteers are right across the country; they consist of military and RCMP members, both still serving and retired, and their spouses and families. We have some exceptions, and those are looked at on a case-by-case basis. For the most part though, our boots on the ground teams and the volunteers that have face-to-face contact with clients do have a military or RCMP background just for the benefit of that peer-to-peer support.

A little bit about who we are as far as relationships with other organizations. We are under contract with Veterans Affairs Canada as homeless outreach service providers; we've been under contract with them for a year now. We have formal partnerships with Wounded Warriors Canada, the Royal Canadian Legion Dominion Command, and CFMWS which is Canadian Forces Morale and Welfare Services. Missing from that list, actually, is the commissionaires - we've just drafted a letter of support with the Canadian Corps of Commissionaires. We're working on relationships with the RCMP and the MFRC, which is Military Family Resource Centres.

What do we do? Our volunteers go out into the streets and the shelters and they seek and find Canada's homeless, at-risk, and in-crisis veterans, and basically facilitate a transition from the streets back into a healthy, productive lifestyle. What we don't participate in is advocacy - we like to remain an apolitical organization. We don't get into advocating for policy change within the government.

How do we do what we do? As I mentioned, we have our boots on the ground teams that go out into the shelters. We have structured and informal teams throughout Canada, so with our structured teams, each province has a team that consists of a team lead and then they may have an operations person, a vice team lead, and a volunteer coordinator within that provincial team. The informal teams would be the boots on the ground volunteers who volunteer when they can, and it's an as-needed type thing.

We have a social media following of over 125,000. Our clients come to us either through self-referral or referral from others. We get referrals from family members who will refer clients to us. Now that we have the contract with Veterans Affairs, they will contact us if they have a client that they think will benefit from our services. As well, we have a couple of doctors in the area that - specifically here in Nova Scotia actually, one of the doctors who is on our board of directors, she's a veteran herself but she's referred a few of her patients to us as well. We also have a free Smartphone app and a 1-800 telephone line that's manned 24/7.

So, basically, our overall model of care describes what we do and in a time-frame basis. In the first 24 to 48 hours, the emergency time frame, we provide the immediate necessities: food, shelter, clothing, and medical assistance if required. Then over the next 30 days we will perform a needs assessment and engage our stakeholders, which would be the Royal Canadian Legion or Veterans Affairs, and provide the short-term necessities that they need to get them through that first little period of time. During that time, we'll hook them up with Veterans Affairs to determine if they're entitled to benefits that they may not be aware of, or a provincial social services department - disability benefits they may be entitled to.

Over the next time period, here we have two to six months and then beyond, 12 months. We do have clients that have been with us on and off for longer than that. We'd like to say that a case is never closed - we will follow somebody for as long as they feel that they need us. For that time period, we'll look after the long-term necessities, get them into some kind of housing. Long-term necessities would be furniture and the things that they need to get them set up in a home, and develop a long-term recovery plan which would be some financial counselling, help with seeking employment, and those kinds of things.

What do our clients look like? They are varied; they range in age from 21 to 88. Some of our clients, we've had WWII veterans, Korean veterans, and all of the other conflicts from then until present day. Afghanistan and Bosnia seem to be two big ones for us, and our clients are from coast to coast, right across the country.

Some of the outcomes that we've seen - we've seen a lot of our clients have a complete turnaround and transition back into a safe lifestyle; some of our clients we've moved into addiction programs so they're still considered in the process of their recovery; a lot of our clients have moved from a homeless situation to more of an at-risk situation where we feel they could go either way; and, sadly, we have clients who have relapsed.

We had one client in particular, I can say, who has popped up on our radar over the last couple of years. He was here in Nova Scotia and we helped him out; we set him up in an apartment, he relapsed and started abusing drugs and alcohol again, trashed that apartment and took off and then, about a year later, he showed up on the radar in Newfoundland and Labrador. We helped him out in Newfoundland and Labrador and then the same thing kind of happened again, and then he showed up in Calgary. At that point in time we discussed that we were willing to help him get into an addictions program but that we couldn't help him financially - he had ample income coming in - but he wasn't interested in that and then he ended up back in Nova Scotia again. We helped him out in Nova Scotia, and then he was in B.C. So wherever he went we helped in some way, shape, or form. Right now he has fallen off our radar again. But that's just an example of one of the less-than-successful stories.

Basically, what we found over the last couple of years, just to give you a little screen shot of the statistics that we've kept over the last little while, and this is based on a sampling of 98 clients: 46 per cent that we found have been homeless, on-the-street homeless

basically; 37 per cent at risk, and at risk would be somebody who is couch surfing, kind of bouncing around from family to friends or staying in a shelter; and then we have 17 per cent who have been in crisis, and in crisis would be somebody who is having a hard time just making ends meet - it might be an exceptionally cold winter like we just had, they need some help topping up their oil tank, so we'll help with those things as well. We look at that as a proactive approach to help somebody out so that they don't end up in a more precarious situation.

As far as mental health, what we have found is as far as PTSD and other OSIs, which are occupational stress injuries such as depression, generalized anxiety disorder, mood disorders - 16 per cent of the 98 clients that we sampled have been undiagnosed but displaying symptoms of PTSD; 30 per cent have been diagnosed with PTSD or some other form of mental illness; and 54 per cent unknown. And basically that's more because it was never really discussed and it wasn't readily apparent.

As far as substance abuse goes - 9 per cent, that's not the same 98 clients, it was suspected that there was substance abuse but not confirmed; 26 per cent had admitted to having substance abuse problems; and 66 per cent unknown. Again, that was either because they're very good at hiding it, or it just didn't come up and it wasn't readily apparent.

To summarize basically what we do - the issues that face in-crisis, homeless, and at-risk veterans are as wide and as varied as the veterans themselves. No two clients - I don't think we've ever seen the same situation twice, they're all very different. The findings that we just shared with you are based on our experiences, not based on formal scientific research. We are all volunteers, not scientists and researchers. Basically our philosophy is that we are here to help solve homelessness for the veteran - to solve it with them, not solve it for them. Just a little quote there in the words of Hillary Clinton: "It takes a village . . ." - I'm not sure if you've all heard that but that's something we believe, that it takes a whole village of like-minded individuals to come together to help solve the problem that we have chosen to take on.

I guess Jim and Barry can jump in and add to anything that I may have missed, or we can take some questions.

MR. JIM LOWTHER: I thought it was great. (Laughter) It was good.

MS. DEBBIE LOWTHER: Thank you.

MR. JIM LOWTHER: Basically we do what needs to be done. This was started here in Halifax five years ago by myself, volunteering at St. Andrew's church, at the St. Andrew's supper, to help out our homeless and at-risk people in Halifax. I ran into a friend of mine who I served with in the military. He was homeless and it was kind of like getting hit over the head with a bat. He pointed out three other veterans at the same dinner who were homeless. I knew there was a situation so we got them help.

I came home and told Debbie, because it was her idea to get me out volunteering in the community again. She didn't believe me, really, so we actually looked it up, and sure enough, there was a small incidence across the country of homeless veterans. Together we formed VETS Canada and now we're a national charity. We've helped probably almost 600 homeless veterans and their families now, and we're still going strong five years later. Hopefully we can end this so there will be no homeless veterans. But, yes, that was great.

MS. DEBBIE LOWTHER: Barry.

MR. BARRY YHARD: These are my employers so I really have nothing negative to say about the presentation. (Laughter) I joined the organization roughly two years ago, I was in the process of releasing from the Air Force and looking for something to do, and I haven't looked back. That volunteer experience for the first year and a half or so ultimately turned into a job for me. I think the organization is a fantastic place both to work but, more importantly, the focus of the organization is critical to the success of our retired veterans.

MR. CHAIRMAN: Excellent, thank you, and just a quick congratulations on your growing success as an organization. It's nice to see a grassroots initiative - something inspired by an encounter that ends up being something that hits the heart. Thank you for your service as well.

Why don't we kick off the questions with Mr. Orrell.

MR. EDDIE ORRELL: Thank you for your presentation. I think it's a great job that we have someone out there who is looking after our veterans who are at risk or who have problems or concerns. I guess one of the first couple of questions I have is, where does your funding come from?

MR. JIM LOWTHER: We have donors - anyone can donate funds. We're a national charity, so we have donors. We have a little contract with Veterans Affairs. With CFMWS, it's not really a contract - an agreement.

MS. DEBBIE LOWTHER: We have an agreement with Canadian Forces Morale and Welfare Services. They provide funding for us, and their funding is specifically to purchase new home items, like furniture and things like that. Our contract with Veterans Affairs is considered fees for services provided, kind of thing. The contract, as I said, we just finished up year one of that contract. That contract is \$300,000 a year for three years, to be looked at, to be renewed beyond that.

Wounded Warriors has been quite generous with us. They provided us with \$40,000 last year and \$50,000 this year, but as Jim said, private donations.

MR. ORRELL: Is that enough to do the work that you're doing? Do you get any money from the provincial government directly, or the federal government directly other than Veterans Affairs?

MR. JIM LOWTHER: No, we don't. We make do, but it's never really enough. We could always use more funds, because the situation is we have hundreds of volunteers and so the more volunteers we have the more vets we find, the more situations we come up against. It would be great for each province to kick in a little bit to help out, if you're suggesting that. (Laughter)

MR. ORRELL: I was, actually.

MR. JIM LOWTHER: Oh, good.

MR. ORRELL: What do you find, through your work, in the last five years is the biggest cause of homelessness among the veterans - is it lack of funds because they weren't in the service long enough, is it substance abuse, is it just the lack of . . .

MS. DEBBIE LOWTHER: What you just mentioned about not being in the service long enough - that is an issue actually. We have quite a few young guys who signed up so they could go to Afghanistan and they were severely injured in Afghanistan so their careers were very short. Unless you've served 10 years, you don't get a pension. So we have seen that. Actually, we just had a situation not that long ago, a guy who was released 71 days shy of his 10 years, and they wouldn't reconsider - that's it, you're done, you don't meet the requirements for the universality of service.

But the big thing is transition issues - not getting the proper guidance through the transition period. My personal opinion is that when a young guy goes to boot camp, basically they're stripped down of everything they believe and they're turned into soldiers, and then when they exit the military they don't get that extensive exit-boot camp kind of thing to prepare them for the civilian world.

As I'm sure these two can probably tell you the military world and civilian world are worlds apart at times, so the transition is a big thing, and mental illness and substance abuse definitely play a big factor.

MR. JIM LOWTHER: You see a lot of PTSD.

MR. ORRELL: So if we were to lobby federal and provincial governments, no matter where you are, for post-exit training, I guess - we get military training, basic training, when you go in - what would that look like or what could it look like, or who would you get involved in doing that? Obviously it sounds like people who are leaving, they've led the structured life whatever length of time they're in - they're told what to do, when to do it, how to do it - you come out of the Forces and you're on your own basically. Is there something that you guys do now to help in your transition role to do that, or is that

a program that could be developed and administered to all who leave the service, at that time?

MS. DEBBIE LOWTHER: It's definitely a program that could be developed. Last month I was in Ottawa, at the Veterans Affairs Canada Stakeholder Committee meeting, and Deputy Minister Walt Natynczyk did touch on the fact that he feels that the pre-release period should be extended to give more of a preparation time. So I know they are looking at that, but it would be great to have a little bit more push to see that happen.

MR. JIM LOWTHER: That would help. I mean, that would have helped me so much to have something like that, a course, right before you get out you learn how to become a civilian. It might sound odd, but for us everything is by the book and you learn how the military works. A lot of us go in young - I was 19 - so you don't necessarily know how it works to be a civilian and it's a culture shock; really, a lot of us have to get out of the military before we're ready, due to injury. We don't want to be civilians; we want to keep our jobs in the military. So that's an excellent idea and we would support that 100 per cent to even help put something together.

MR. YHARD: A good example is if you're released from the military medically, you're released because you don't meet the universality of service due to your medical condition or your injury. When you get out of the service, if you haven't started your Veterans Affairs file prior to getting out, now you have to prove to Veterans Affairs that the reason you were released medically is a valid reason. So there are programs that are supposed to help people getting out of the service, but they can be a lot better and a lot more seamless for sure.

MR. CHAIRMAN: And perhaps a little more inclusive?

MR. JIM LOWTHER: Yes, definitely.

MR. CHAIRMAN: Mr. Wilson.

HON. DAVID WILSON: Thank you for coming and educating us a little more on your organization. My colleague asked a few of the questions already that I was going to ask, but one of the things we try to do as a Veterans Affairs Committee is figure out how we can help groups like yourselves move forward and, hopefully, reach more people and support more people, knowing that your funding comes mostly from the federal government and Veterans Affairs.

Provincially you have mentioned working with a couple of physicians who have referred people to you. Have you had any interaction with - and I'll use this because of a personal example - the EHS system? I am a former paramedic and I have to say working in the city here you know who the homeless people are; they become regulars. They often have medical issues and you pick them up and get to know them. Has there been any kind

of interaction with EHS that might be able to educate paramedics - for example, wait a minute, there's a group here who might be able to support this individual?

There's EHS, there's Doctors Nova Scotia that maybe could get some of these flyers, or a number of areas that the province could - you know, it doesn't cost anything to facilitate some education. Have you had any interaction with EHS or any of those?

MS. DEBBIE LOWTHER: We have not, to be perfectly honest.

MR. JIM LOWTHER: That's a great idea. We definitely have, with the police; the police have been absolutely wonderful with our Nova Scotia team. They will actually call us when they know of a homeless veteran. They'll ask them, have you served? We basically kind of help them to - if you ask someone who was in the military if they're a veteran, a lot of them will say no. They think of a veteran as their father, their uncle, but if you ask have you served, a lot of them will say yes, I did, 15 years. The police know to even ask those questions, and when they do find a vet in need, they call us.

But that is something else that I think would be wonderful, because we've definitely had situations where we've had to call paramedics to assist us with veterans in crisis.

MR. DAVID WILSON: Often the police are alongside EHS, but not all the time. Definitely, if there's anything I can do to facilitate, I'll make sure the people I know within the system reach out to your organization and hopefully expand on the knowledge of what you have to offer. It's important.

I know you had a number of graphs here on the percentages of the clients that you serve and definitely PTSD has been something I've been working on over the last number of years, just to bring awareness around it. Often it's difficult because people don't want to admit it and they're scared to reach out.

I hope you don't take offence to this, but are you aware of - one of the statistics that made my jaw drop was the fact of the number of suicides that has been happening, not only for military personnel, but for emergency personnel - there's a group called Tema Center Memorial Trust which is run out of Toronto but they're reaching across and maybe you're aware of them. They just started recently to kind of calculate and take data and do statistics on suicide and it's staggering. I think last year there were well over two dozen emergency responders who have committed suicide. Are you aware of those numbers - people don't want to talk about it, but it's important to know - are you aware of clients that you have helped that unfortunately have decided to take their own life?

MS. DEBBIE LOWTHER: We have not been made aware of a client that may have taken their own life. All three of us are very aware of the issue that it is. If one of our past clients has taken their own life we don't know about it, but happily, we can say that none of our clients, while under our care, have taken their own life.

MR. JIM LOWTHER: With our 1-888 number, I took probably 12 to 14 calls myself of veterans who were suicidal. In the military I have suicide intervention, so we get a lot of that, and unfortunately it's one of those things that - another reason why we're here is if we get someone who is calling and presenting, we can talk to them.

We started another program within VETS Canada called Guitars 4 VETS. I suffer with PTSD so I know what it's like, and what helped me was playing my guitar. So we started a program which is 10 free lessons and a free guitar for a still-serving member, a veteran, or an RCMP officer - anybody who comes forward and would like to try it. For me, I found it helped me help myself a little bit. Anyone knows about playing music, guitars, you know what I mean. It's definitely one of those things that when you pick it up, it kind of helps with the noise in your head because you're too focused on what you're doing.

That has been very, very successful. We have 11 vets so far and we just started it in the last two months. I had the idea for three or four years but we were so busy with VETS Canada. What really prompted me to push it were the suicides. I kept thinking if we could get to one or two of them - if we could help one or two of them - then it's worth it. So that's the program that we have to help with mental illness.

MR. DAVID WILSON: That's great to hear because I have a lot of colleagues who have not only been diagnosed but have committed suicide. I recently picked up the guitar - could you help me with an F bar chord because I just can't do it? I would agree with you that it does help relieve the stress. I didn't know that, so definitely I'll make sure that I can promote to people.

MR. CHAIRMAN: I'll jump across the table here. If you wouldn't mind, could you just give me a nod if you'd like to address a question just for our folks at the back of the room here, please and thank you? Mr. Maguire.

MR. BRENDAN MAGUIRE: First of all I want to say thank you for all you do. It's one thing to talk the talk but it's another to walk the walk, so we really do appreciate it. How does someone contact your organization about a loved one or a friend who is a former vet, who may be showing symptoms or struggling in civilian life?

MS. DEBBIE LOWTHER: They can reach out to us through our website. On our website we have a little tab that says "request assistance" - it's basically just a form to give the person's name and a little synopsis of what the situation is. They can reach out to us through our Facebook page or the 1-888 phone number, and then we have the Smartphone app as well. So there are a few options.

MR. MAGUIRE: You're in Ontario - so you're right across Canada?

MS. DEBBIE LOWTHER: We're all across Canada.

MR. MAGUIRE: Can you reach out for somebody? Say if the person is not ready or not willing to sit down and receive help, do you have any kind of program where you have a soft approach, where maybe you take them out for a coffee?

MS. DEBBIE LOWTHER: We have had that situation quite frequently where a family member will reach out, or a friend. It's more helpful if the person reaches out themselves - that way we automatically have permission to talk to them. We've also had situations where we've had somebody contact us and say so-and-so hangs out at the corner of whatever, and our volunteers will go there and strike up a conversation - those kinds of things. There have been times where a family member will contact us and say so-and-so is struggling but he doesn't know I'm contacting you, but I'm giving you his phone number.

We had that situation a while back where Jim got the call. The family member slipped us the phone number so Jim just called the guy and said I understand you're having a problem. He didn't even think twice - he didn't ask how you got my number - because once Jim introduced himself and said that I'm a veteran as well and I've struggled with this, he just completely opened up.

So family members can contact us on behalf of a loved one and we will try to reach out to them as best we can, keeping in mind that if the person doesn't want help, there's not much we can do. But having said that, we don't tend to give up very easily. It's building a rapport with somebody - we've had situations where you just keep maintaining that contact and eventually they'll say okay, I trust you enough now, I'm willing to accept the help.

MR. CHAIRMAN: Mr. Lowther, did you want to speak to that at all?

MR. JIM LOWTHER: No, that's perfect.

MR. MAGUIRE: I agree. I think it's much better for a former veteran to reach out because I think it's hard to understand the experiences they're going through and sometimes you can't rationalize it, so I appreciate that.

So they don't necessarily have to be homeless; they can just be struggling with day-to-day life?

MS. DEBBIE LOWTHER: Exactly. We consider it "those in crisis," and we do as much as we can to help those people. As I said before, we consider that a proactive approach to help them out before things get to the more dire situation.

MR. CHAIRMAN: Okay, we'll move down the line to Mr. Horne.

MR. BILL HORNE: I'm interested in getting some understanding of the number of volunteers you have who work with your group across Canada and maybe other partnerships you'd like to facilitate to help, such as Legions. Do you maybe approach

Legions to see if they know of people who have had problems and need your type of work and help?

MS. DEBBIE LOWTHER: We do have the partnership with the Royal Canadian Legion Dominion Command but as you know, as a Legion member, the individual Legions kind of all run according to their own plans. We have reached out to a lot of Legions, depending on the areas that we're in. Usually the first stops we'll make is Veterans Affairs and the Legion.

Partnerships that we'd like to see happen where we're actually working on right now is trying to come up with something with The Salvation Army. We work quite closely with them now but we'd like to see something a little bit more formalized with them. That's probably it as far as partnerships that we would like to see. Yes, the Legion definitely has been a friend to us.

MR. HORNE: I know it wouldn't be a problem to come to the Legions and to give presentations, I'm sure you would do that, but if you had all the numbers of Legions that we have, it would be quite a bit of work.

MS. DEBBIE LOWTHER: Yes, it would be a lot of work but we certainly would do that. We'd be willing to do that for sure.

MR. HORNE: So how many volunteers, just to get back to . . .

MS. DEBBIE LOWTHER: Sorry, I missed that part of your question. I think in total right now we have close to 200 volunteers - yes, about 200 volunteers across the country. We'd like to have more, we're just in the process of kicking off some recruitment drives. Our team in B.C. is going to be doing a couple of recruitment events in June. Strangely enough, our Nova Scotia team seems to have probably the best - I shouldn't say the best group of volunteers, but they seem to have a sufficient amount of volunteers. I think maybe it's because they're our first team, but yes, we're always looking for volunteers - hint, hint.

MR. HORNE: Just another quick question. I read somewhere that maybe a lot of people you're looking for or that need help have to be over a certain age - 58?

MS. DEBBIE LOWTHER: No, not at all. As long as they've served in the Canadian Armed Forces or the RCMP, that's good enough for us.

MR. HORNE: And the time they served is not that important as long as they have served?

MS. DEBBIE LOWTHER: No, that's not an issue at all. In fact, we had a client come on our radar not that long ago who technically never really finished basic training.

She was injured during basic training - it's kind of a complicated story - but we still helped her.

MR. CHAIRMAN: We'll jump back across the table to Mr. Orrell.

MR. ORRELL: I guess a couple little questions I have just to get my head around exactly the type of help you're able to receive with people. We know that mental illness and addiction services are a big concern among veterans who are either released or retired - more probably released than retired because they have a chance to prepare for retirement. How would you describe the available treatment programs for veterans? Once you get in and have been able to help them and maybe recommend they need an addictions counsellor or they need some mental health services, how readily available is that for you guys - here especially because we're here in the province, but in other parts of the country as well, but especially here in Nova Scotia?

MS. DEBBIE LOWTHER: Mental health and addictions treatment is very difficult. One in five Canadians struggles with mental health issues, so that's 20 per cent of the population. I'm pretty sure that 20 per cent of most provincial health care budgets doesn't go to mental health. Mental health resources are something that really, right across the country, we see as an issue. It's really difficult for our clients to get the help that they need. It has been a huge source of frustration.

Addictions programs are really hard to get into and they're expensive. We've been lucky that the clients we've pushed with Veterans Affairs to cover the cost of those treatment programs - we've had a couple veterans from here in Nova Scotia go to addictions programs, but they had to go to Ontario just because there wasn't something here that was suitable for them, and the ones that Veterans Affairs recognizes are in Ontario and B.C. Definitely that's a struggle with mental health resources and substance abuse treatment.

MR. JIM LOWTHER: Like Debbie said, this is a big problem right now in Ontario. In Barrie, Ontario, we have a veteran who is trying to find a psychologist. His doctor has basically put it out there and he can't find a psychologist to do the report for Veterans Affairs that he can turn in to Veterans Affairs to get his PTSD acknowledged. It's definitely difficult and you would think a place like Barrie, right beside Borden, one of our biggest bases, would be a little bit easier. But once you take off the uniform, it's very hard to get help.

I wish we had something in Nova Scotia to help vets with PTSD and mental illness, but unfortunately, like Debbie said, we usually send them all to Ontario - if that's approved by Veterans Affairs, and if not, they're on their own.

MR. ORRELL: Are there psychologists enlisted in the Forces that would deal with that while you're in uniform?

MR. JIM LOWTHER: Psychiatrists. We don't have psychologists who are in uniform. We will bring psychologists in, but there is a mental health facility in Halifax on most bases actually - probably all of them. You do get half-decent care - I did - but it's when you take off the uniform that is the biggest problem, trying to find a doctor, trying to find a psychologist, because once you're out, your professional care team that you had is no longer working with you. They work with strictly military. So yes, that's definitely an issue.

MR. ORRELL: I think I read somewhere that a lot of the problems happen well after you're released from the service. PTSDs and stuff don't seem to surface for - I don't know, I could be wrong when I say this - up to 10 years before you could see some of that. So that could become a real issue.

Would it be beneficial if somehow the Forces, if you were living here in the city and you had issues, could you access that as part of your release, that you could still access some of the medical services that way, that you have difficulty getting as a civilian - would that be something we could recommend?

MR. JIM LOWTHER: That absolutely would be a great fit, because the serving member has the trust built up with that team to begin with. If the veteran still had access to the same team, that would be a game-changer. Yes, PTSD is one of those things, and with some people, it's right away; myself, it was five years and it took another incident - September 11th actually - to trigger mine. With some people, depending, and other people it takes years - World War II, Korea veterans, and they realize that it's actually called something. I personally didn't even know what PTSD was, I just knew that something was totally wrong, and Debbie said go to the doctor. I didn't know, but it was about five years for me.

MR. ORRELL: I guess I really have two questions kind of the same. Has Nova Scotia been able to provide any service for some of your homeless people? The other thing was, I understand that back in 2012 one of my colleagues made a motion, it was supported by the committee, to look toward the government for maybe some office space that you guys could use here in the city that would cut down on your expenses and your costs, that would be surplus that the government has that's just not available - has that happened, to your knowledge, and Housing Nova Scotia, would that be able to help you guys any for someone who just needs that extra little push?

MR. JIM LOWTHER: I remember that; we were actually quite excited about that. No, unfortunately, it didn't happen and we had to find office space a different way. It would be good if it's something that could be looked at again. And what was your other question?

MR. ORRELL: The Housing Nova Scotia part of it, as a resident - and not just Nova Scotia, don't get me wrong when I say that, you'd have the New Brunswick and P.E.I. Housing Authorities - have they been able to provide some assistance or could they provide some assistance as part of a . . .

MS. DEBBIE LOWTHER: The dealings that we've had with provincial housing committees, the waiting lists seem to be really long, so we tend to go in other directions and try to find housing kind of on our own or through other avenues. In some provinces we've developed relationships with some of the bigger landlords. Here in Halifax we have a pretty decent relationship with Killam Properties, but as far as the provincial housing services, as I said, the waiting lists are very long.

MR. ORRELL: There are not a lot of resources there to work with, but I know in working with them they are excellent to deal with as far as we go. I'm just wondering if that might be something that would be discussed at least.

MR. JIM LOWTHER: Yes, we would absolutely, definitely, be at the table for that discussion.

MR. CHAIRMAN: Mr. Wilson, please.

MR. DAVID WILSON: It would be about \$820 million a year if we put 20 per cent into mental health, of the health budget, which I know won't happen. It has been a challenge, I think, for governments for decades. Mental health has been one of the areas where there has been a lot of attention and everybody is playing catch-up now.

It wasn't until just a few years ago that the province didn't even have a mental health and addictions strategy. We have one now and it kind of is a road map forward. I think governments recognize the need to support mental health and addictions better. I think organizations like yourselves and many others are starting to shine more of a light on mental illness and the need to talk about it. That good work that you do is actually going to create more work for the governments, whoever it is. I think that's the important thing to recognize.

One of the areas more recently that I've heard a little bit about is many organizations - and I'll use EHS for example - have like peer-to-peer support groups, which is great. But often, especially if you're dealing with PTSD, that support needs to go beyond that - would you agree with that? Peer-to-peer support, one military person talking to another one is great, but it can only go to a certain extent. It needs to go to another level through a psychiatrist or a psychologist.

I'm hearing now that more emphasis needs to be placed on making sure that they get the professional help, along with the peer-to-peer - that's important. Would you agree with that? Are you finding that your organization can provide great care and support, but there is another level of professional care that really needs to be associated with helping that individual fully?

MR. JIM LOWTHER: Yes, we absolutely do peer-to-peer support. It's one of those things that works really well, as you know, but we do guide them in the direction to get help. Like Debbie said, we have psychologists on our team: we have Dr. John Whelan and

Dr. Heather MacKinnon. We definitely get them the help that they need. Peer-to-peer is great, but like you said, it has to go beyond that to actually address the problem, absolutely.

MR. DAVID WILSON: My last question - I love on the back here: "We Work the Street, Not the Hill." I think that's great. You've taken a non-partisan approach.

More recently with the federal government, I know there has been talk around Camp Hill about the limitations of veterans gaining access to that. Do you have a role in asking for an expansion of that to make sure that more veterans gain access? Do you live by this and won't comment on that? I mean, I don't think it would be partisan to say, maybe we should have Camp Hill open up to a broader definition of veterans. Maybe a comment on that.

MR. JIM LOWTHER: We tend to focus on our job at hand. But if asked by Veterans Affairs - we do attend a lot of meetings with Veterans Affairs and if asked for our opinion on that, we would definitely - my personal opinion is, we would definitely like to see that happen.

We have a lot of vets that we've helped over the past five years that definitely could use a hospital for them and since Camp Hill is going to be shutting down - it's just World War II veterans and I think some Korea vets - it's definitely something that we wouldn't shy away from, but we're not actually going to make it a point of . . .

MR. DAVID WILSON: You're not going to go to the Hill.

MR. JIM LOWTHER: No. The reason why we don't do that is, we don't judge our own and we don't point the finger at anyone. We believe that it's every Canadian's responsibility to help homeless and at-risk vets. So we just do the job and try to get the job done.

MR. DAVID WILSON: I appreciate that. Thank you.

MR. CHAIRMAN: Mr. Rankin, please.

MR. IAIN RANKIN: I just have a quick question relative to the addictions support. You mentioned that the federal Department of Veterans Affairs only recognizes some facilities in Ontario, so there's no facility that we have here that can be funded through that department. Is that correct?

MS. DEBBIE LOWTHER: To our knowledge, the clients that we've had here in Nova Scotia that have gone to addictions programs, they've all gone to ones in Ontario. We don't recommend one facility over another. We push with Veterans Affairs case managers that our client needs to go to an addictions facility and then Veterans Affairs works that out with the client, to determine which facility would be the most suited for that particular case.

To be honest, I don't know if Veterans Affairs would fund a program here in Nova Scotia. That hasn't come up for us yet for the most part. They've all gone to Ontario. One actually went to B.C.

MR. RANKIN: I asked that because I guess that would be a disruption in someone's life to move - especially from Halifax to B.C. when we do have facilities here. I know there's one in my area that's the only one for women in Atlantic Canada - the Marguerite Centre. My mother actually manages that site.

I'm just wondering if there's a process to try to get them recognized. I know there's a methadone thing going into that centre soon, too, and then one for men up in the Sydney area that I visited before. They're great places so I'm just wondering if we could get some recognition for those places.

MS. DEBBIE LOWTHER: That's a conversation I would definitely be willing to have with our contacts at Veterans Affairs. You're right, sending somebody to another province - at times there can be a lot of anxiety around that in itself. We actually had somebody here from Nova Scotia in March who was travelling to Guelph to go to Homewood, and the anxiety surrounding the trip itself was incredible. He doesn't fly so he had to take the train - there are all kinds of things to look at. I definitely would be quite interested to have the conversation with our contacts at Veterans Affairs about those facilities.

MR. JIM LOWTHER: As Debbie said, all we really know of is Ontario and B.C. having facilities. I do know that they even fly veterans to the U.S., to facilities down there. Would it be great to have one in each province? Absolutely, that would be the answer and since Halifax is - I mean, why not? We do have our contacts through Mental Health. It's definitely something that I would like to see happen and we could have that conversation with them.

MR. CHAIRMAN: If the committee would indulge me, I would like to ask if there is a set of criteria that an outgoing military-to-civilian individual would require with respect to psychologists or things of that nature. Do you have any information for our purposes that we could look at?

MS. DEBBIE LOWTHER: Criteria - as far as what criteria they need to fit in order to be referred to a psychologist?

MR. CHAIRMAN: Excuse me - I mean with respect to the services that a given psychologist could provide. Is there a specific type of professional that you would reach out to in Ontario, for example, that we could highlight in Nova Scotia perhaps?

MS. DEBBIE LOWTHER: The professionals we reach out to are psychologists. For the most part Veterans Affairs plays a bigger part when it comes to that. It depends on the person's diagnosis what they would be referred to, which programs.

MR. CHAIRMAN: One more, if you don't mind, Mr. Horne. Can one of you elaborate on what's done in terms of tracking at-risk veterans in your system, from one province to the other, in the event they jump ship and move across the border?

MR. JIM LOWTHER: We're actually the only organization that keeps statistics on homeless and at-risk veterans because we're the national charity across the country that's actually doing it. How we do it is, for each client we have, we attach a zap number and that zap number is anywhere they go in Canada; if they pop up again the number will come up. That's how we keep track of them across Canada and that works really well. Do you want to elaborate, Debbie?

MS. DEBBIE LOWTHER: One of the requirements of our contract with Veterans Affairs is that we have to submit reports to them every month. Our provincial team leads will submit the reports to Barry at the office. He has the lovely task of compiling all those reports. That's basically how we would see if somebody showed up in Nova Scotia and then they showed up in B.C., it would show up in those reports that the provincial teams submit every month.

MR. CHAIRMAN: Thank you. Mr. Horne.

MR. HORNE: I was just thinking here over our conversations and it sounds like you're very involved in finding actual people who have PTSD or other illnesses. You need to promote yourself a lot more, I would say, through programs that you might think will work. Maybe one would be to get involved with 311, 511, or 811. There are quite a few of them - or at least let them know that you would like to have that information if somebody calls up, but I'm sure there are all kinds of different promotional programs that you might want to consider.

MS. DEBBIE LOWTHER: I know we are - Barry, is it 211?

MR. YHARD: Yes, 211.

MS. DEBBIE LOWTHER: We are on their list.

MR. HORNE: Okay, that's good to know.

MR. CHAIRMAN: Okay, just one quick scan around the table - does anybody else have anything they'd like to bring up?

I invite our guests to make some closing remarks, please and thank you.

MS. DEBBIE LOWTHER: I just want to say thank you for having us here and giving us the opportunity to tell you all about what we do and how we do it. It's always great for us to promote that awareness, as you said, to get the word out there about what we do, so thank you for that opportunity.

MR. JIM LOWTHER: I, too, want to thank everyone for having us, and it was a great discussion. A lot of really great points were brought up. Like I said before, we're Maritimers; we started this here in Nova Scotia and we've expanded across the country, and it's just one of those things, a Nova Scotia organization doing good in Canada. And we appreciate the opportunity to come and speak.

MR. YHARD: I, too, just want to say thanks for having us here, and I want to part with the statement that if this meeting has an impact on one veteran's life then we've actually accomplished what we set out to do today, and I want to thank you for your participation.

MR. CHAIRMAN: Excellent. Our collective participation is something that we can all be proud of, I think, so thank you.

All right, we're going to take a quick break to allow our guests to pack up and we'll recess for the next five minutes, please.

[9:57 a.m. The committee recessed.]

[10:02 a.m. The committee reconvened.]

MR. CHAIRMAN: I call the meeting back to order, please and thank you. Looking at committee business, we have several pieces of correspondence to discuss if required. (Interruptions) All right, let's do that - I think we have a motion from Mr. Orrell.

MR. ORRELL: I'd like to make a motion that we revisit Mr. MacLeod's 2012 motion that we write a letter, or revisit the motion that the province and the federal government look into areas where there might be some available office space that's there. The building is heated. If we could do that and donate the office space to a group like that, which helps so many individuals in the province, then they could use their money towards more resources to help those individuals. I so move that, please.

MR. CHAIRMAN: Does anyone have anything they would like to discuss about that? All right, then, I think we're okay to proceed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Mr. Wilson.

MR. DAVID WILSON: I'd like to make a motion that the Veterans Affairs Committee write the federal government and maybe cc the Veterans Affairs Department, requesting that they look at expanding the opportunity for all veterans in essence of the Camp Hill site here in Halifax. I don't know if I need a better description of it.

MR. CHAIRMAN: So you would like to . . .

MR. DAVID WILSON: Just for the committee to write the federal government to look at opening up access to Camp Hill for all veterans in Nova Scotia.

MR. CHAIRMAN: Is there any discussion on the motion? Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

MR. DAVID WILSON: And hand deliver it to Mr. Harper. (Interruptions)

MR. CHAIRMAN: Order. Okay, so back to correspondence. There are six pieces of correspondence, is there any discussion on those?

Hearing none, our next meeting is scheduled for June 11th. Our clerk has a couple of witnesses she's trying to organize presently. We're getting close to the end of our list, so with the consent of the committee, we should do some agenda setting at the next meeting. Is that acceptable?

So at the next meeting we'll have on the order paper to suggest some witnesses for future meeting dates.

That's all I have. Is there anything else on anybody's radar?

Okay, the meeting is adjourned. Thank you.

[The committee adjourned at 10:06 a.m.]