# HANSARD

## NOVA SCOTIA HOUSE OF ASSEMBLY

# COMMITTEE

# ON

# VETERANS AFFAIRS

**Tuesday, September 20, 2022**

**LEGISLATIVE CHAMBER**

**Mental Health Support for Veterans and their Families**

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**VETERANS AFFAIRS COMMITTEE**

Chris Palmer (Chair)

Danielle Barkhouse (Vice Chair)

Larry Harrison

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Hon. Tony Ince

Gary Burrill

Lisa Lachance

In Attendance:

Tamer Nusseibeh
Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

**WITNESSES**

Office of Addictions and Mental Health
Francine Vezina, Executive Director

Mood Disorders Society of Canada
Dave Gallson, National Executive Director

Clannad Counselling & Consulting Inc.
Michelle MacIsaac, Co-Founder, and Veteran of the CAF

OSI Clinic
Patrick Daigle, Program Leader

Veterans Affairs Canada
Dr. Cyd Courchesne, Chief Medical Officer
Shawn MacDougall, Acting General Director, Policy Division

**HALIFAX, TUESDAY, SEPTEMBER 20, 2022**

**STANDING COMMITTEE ON VETERANS AFFAIRS**

**2:00 P.M.**

CHAIR
Chris Palmer

VICE CHAIR
Danielle Barkhouse

THE CHAIR: I call this meeting to order. This is the Standing Committee on Veterans Affairs.

My name is Chris Palmer, MLA for Kings West, and Chair of this committee. Today we'll hear from presenters regarding mental health support for veterans and their families.

At this point, I'd like to ask everybody present to please turn off your phones or put them on silent. Please make sure of that. In case of an emergency, we ask that you please use the Granville Street exit and walk up to the Grand Parade.

At this point now, I'd like to ask all the committee members to introduce themselves for the record by stating their name and constituency.

[The committee members introduced themselves.]

THE CHAIR: I would also like to note the presence of Chief Legislative Counsel Gordon Hebb, and Legislative Committee Clerks Tamer Nusseibeh and Kim Leadley.

Today our topic is mental health support for veterans and their families. I'd like to welcome all of our witnesses, both here in the Legislature and online. At this point I'd like to ask everybody to do a brief introduction of who they are, and then after that, I'll ask everybody if they'd like to give an opening statement and they can do that.

We'll start with the people here in the House today. We'll start with you, Ms. Vezina, if you'd like to introduce yourself.

[The witnesses introduced themselves.]

THE CHAIR: Thank you, everybody, for those introductions. At this point, I would now like to ask anybody who would like to give an opening statement to feel free. We'll begin with Ms. Vezina, and then we'll move on to Mr. Daigle and Ms. MacIsaac from there.

FRANCINE VEZINA: Thank you, Mr. Chair and committee members. Good afternoon, and thank you for the invitation to appear with you here today.

I'd like to begin by extending my gratitude to veterans in Nova Scotia and across our country, as well as all the brave Canadians in uniform who have served and continue to serve in times of war, conflict, and peace. Our veterans have ensured the continued preservation of our country's freedom and the values that we as Canadians hold dear. It is important that we all do our part to support them as they have supported us.

There is no question that this important role can take a toll on the mental health of our veterans. The primary focus of Nova Scotia's Office of Addictions and Mental Health is to ensure that all Nova Scotians, regardless of where they live, or their income, have access to universal mental health and addiction services. This is a significant piece of work, and as the first in the country to undertake this, Nova Scotia is definitely breaking new ground.

We are working to strengthen existing services and find new ways to address gaps in the current system. We are focusing on staffing needs by improving recruitment and retention, and we are collaborating with mental health care professionals, sector partners, stakeholder organizations, patients, and their families to make sure that we truly understand the needs of our people and communities.

Culturally competent services and peer support initiatives also play a critical role in building a system that can truly support all Nova Scotians. The impact of the social determinants of health varies for everyone, and inequalities can have a negative impact on individual wellbeing.

To truly be successful in improving access to care, we need services that respect the diversity of our people. They need to be inclusive, sensitive, and capable of meeting the

social, cultural, and linguistic needs of those they are meant to serve. Similarly, peer support programs and services place emphasis on real understanding of what a person needs. Peer support helps people build community with others who can empathize without judgement. This can support people to stay on treatment, reduce the need for clinical service, and increase independent living and quality of life.

There's no one size that fits all when it comes to mental health and addictions concerns. Having a variety of supports that reflect the different needs of Nova Scotians, our community, and our health system is what's important. Over the past year, we have introduced programs, models, and investment that reflect this need - things like recovery support centre model of care. To date, we've opened Dartmouth, New Glasgow, and Middleton. Seven more centres are expected to open across the province in the next two years.

We've opened the province's first mental health acute day hospital at the QEII Health Sciences Centre. We've also partnered with the Department of Justice to fund PSPNET Nova Scotia, an online cognitive behavioral therapy program tailored for Public Service personnel.

We know there's much more work to do, but we also know that if we continue to innovate and collaborate with our valued partners and organizations, we'll get there.

THE CHAIR: Mr. Daigle.

PATRICK DAIGLE: Good afternoon, Mr. Chair and committee members. Thank you for inviting me to speak about mental health supports for veterans and their families on behalf of the Operational Stress Injury Clinic with Nova Scotia Health Authority. My name is Patrick Daigle, and I am the program leader with Nova Scotia Health Authority's Mental Health and Addictions Program. I am responsible for the Central Zone's Community Mental Health and Addictions, Connections Service programs, the Recovery Support Centres, and the nine specialty programs including the Nova Scotia Operational Stress Injury Clinic.

I echo the comments of gratitude made by my government colleague, Francine Vezina with the Office of Addictions and Mental Health, toward our veterans. It has been a privilege and honour to help provide care and support to the people who have served our country.

I have been invited to speak with you today about the Nova Scotia Operational Stress Injury Clinic, or OSI Clinics. The OSI Clinic belongs to a national network of OSI Clinics funded by Veterans Affairs Canada. OSI Clinics provide mental health services to clients and their families of Veterans Affairs Canada, including Canadian Armed Forces and the Royal Canadian Mounted Police.

An operational stress injury - or OSI - is a persistent psychological difficulty resulting from duties performed, in this case while serving in the Canadian forces or the RCMP. Common types of OSIs include post-traumatic stress disorder, mood disorders, anxiety disorders, substance use disorders, and other conditions that may interfere with daily functioning. Nova Scotia Health Authority has OSI clinics in Dartmouth and in Sydney. However, services are provided to veterans and families across Nova Scotia virtually or clients attending in person.

Our teams consist of psychiatrists and psychologists, registered nurses, social workers, occupational therapists, and nurse practitioners. OSI clinics in Nova Scotia are specialized out-patient programs where veterans and their families work with clinicians with expertise in assessing and treating OSIs to help clients improve their quality of life with treatment tailored to meet each client's specific needs.

We offer assessment of OSIs, evidence-based treatment including specialized individual therapy, group therapy, and medication. In addition, we provide families support and education. Our treatments are based in evidence with these populations. Some of these include prolonged exposure; cognitive processing therapy; eye movement desensitization and reprocessing therapy, commonly known as EMDR; and others that provide evidence-based support to couples, families, and transition into civilian life, to name a few.

We focus on tracking success through a collaborative approach with the veteran, member, or caregiver. We use outcome measure tools approved nationally as part of the Operational Stress Injury National Network to show the treatments we do are successful from a quality assurance lens. As a program, we strive to continuously evaluate new and emerging treatments to help support our veterans, families, and communities.

Nova Scotia Health Authority's OSI clinics take pride in our stakeholder, partner, and community relationships we have developed provincially and nationally. We invite the voices of our veterans, members, and caregivers to provide feedback wherever possible. We have a Client and Family Advisory Council that meets monthly or more often as needed, that helps us shape and provide input to better our programs and services.

In addition, we work with our community and post-secondary partners to educate and train the next generation of health care providers by teaching students from medicine, psychiatry, psychology, social work, nursing, and occupational therapy.

Thank you. I welcome any questions you may have.

THE CHAIR: Ms. MacIsaac, do you have an opening statement?

MICHELLE MACISAAC: I do, indeed. Good afternoon, Mr. Chair and members. It is a pleasure to be here, and an honour to have been invited. As I said, I am a clinical

social worker and have founded in 2017 a private practice in the Annapolis Valley called Clannad Counselling & Consulting. We developed our programs specifically to focus not only on providing individual treatment for mental health, but wraparound services that also include family work and community development.

Our agency has three main streams. We deliver direct client care. We deliver equine-supported therapy services. Our third arm is based on consultation and education. This has included working with some of our hospitals in this province, some schools, most of the schools in the Annapolis region, early childhood educators, and a number of other private industry as well.

Our focus has been on trauma and relationship, the idea that we can heal one person at a time, or we can work on a larger picture and develop a community that can support people in general. Trauma is everywhere. The way to healing is through relationship, so the focus of our organization has been very much with that particular direction.

In 2018, we were given a pot of money - a grant from True Patriot Love, the Nichola Goddard Fund - to offer the SPIRIT program, which we developed specifically for women veterans. I believe in my best awareness that it is the only program specifically designed for women veterans of the military and the RCMP. There are several programs that have been adapted for women across the province and across the country, but SPIRIT was specifically designed with women's needs in mind.

I look forward to having an opportunity to talk more about SPIRIT during our time today, as well as raising the awareness of the particular needs of our women veterans. We have very little research on this population. I was motivated to grow SPIRIT in the first place because I didn't belong anywhere. I didn't want to do some of the other activities, I didn't fit there, there were mixed groups, and truly, there's a lack of safety. When we're talking about women veterans, we're talking about women who have walked away with massive relational trauma. The only way we're going to work with that and heal that is using a relational approach.

SPIRIT is in and of itself a program that we're growing and developing with grant funds from Veterans Affairs, but it's also got a community focus. We hope to develop a SPIRIT community that continues to change and evolve as the needs of our population do as well.

THE CHAIR: I'd like to move on to our online participants. We'll begin with Mr. MacDougall. Do you have an opening statement you'd like to give?

SHAWN MACDOUGALL: I do not, but I believe Dr. Cyd Courchesne from Veterans Affairs Canada has been able to connect successfully. She's our Director General, Health Professionals, and our Chief Medical Officer. I think she's going to deliver opening remarks on behalf of the department.

[2:15 p.m.]

THE CHAIR: Well, maybe without further ado, I was going to bring in Dr. Courchesne in a little bit, but where you've made such a great segue, we'll bring Dr. Courchesne into the conversation. If you'd like to introduce yourself, Dr. Courchesne, and give an opening statement?

DR. CYD COURCHESNE: Thank you, Mr. Chair, Ms. Vice Chair, and committee members. Thank you for inviting us today to appear before you. I'm Dr. Cyd Courchesne, Director General of Health Professionals and Chief Medical Office at Veterans Affairs Canada. I'm with my colleague here today, Shawn MacDougall, who's the Acting Director General, Policy and Research.

We're pleased to speak to you today about mental health supports for veterans and their families. Veterans Affairs Canada currently serves more than 140,000 clients, of which 32 per cent have been awarded a VAC disability benefit for a mental health condition.

According to the Life After Service Survey from 2019, 24 per cent of veterans suffer from PTSD, in comparison to 1 per cent of Canadians. Rates of depression and anxiety are also higher than the general Canadian population. Veterans Affairs Canada is committed to ensuring that eligible veterans have access to the mental health supports they need when they need it.

In Nova Scotia, as of December 31, 2021, the estimated population of veterans was 39,800, with an estimated 17,560 veterans being served in VAC's area offices in the province. We offer a wide range of services and benefits for veterans, retired RCMP and their families to support the transition to civilian life. These include self-service programs like the 24/7 VAC Assistance Service that includes up to 20 counselling sessions, virtual or face to face, and a host of self-directed products through the web-based LifeSpeak.

The newest function of the VAC Assistance Service is the option of online chat. We also offer mental health services through our Treatment Benefits program. Through this, veterans have access to over 12,000 registered community providers across the country. Our national network of operational stress injury clinics is comprised of 10 clinics, one of which is in Dartmouth, Nova Scotia, and 11 satellite sites, which provide in-person and tele-mental health services. In addition, the CAF VAC Operational Stress Injury Social Support Program provides peer support to veterans and families in need.

We also offer a number of online tools and education programs like the Mental Health First Aid for Veterans, a Canadian veterans-specific version of mental health first aid. It offers mental health literacy training to the veteran community located across the country, available virtually through partnership with the Mental Health Commission of Canada.

We also have online tools like PTSD Coach Canada, OSI Connect, and products like the OSI Resource for Caregivers and an online caregiver training program. The Military Family Resource Centres have 32 locations across Canada, where veterans and their families can access the Veteran Family Program.

Among our newest programs is the Mental Health Benefits, implemented on April 1, 2022. Veterans who apply for a disability benefit for certain mental health conditions, as well as those who have already applied and are awaiting a decision, are automatically qualified for Mental Health Benefits coverage. Under this benefit, veterans have up to two years of coverage for treatment for conditions such as anxiety, depressive disorders, or trauma and stress-related disorders.

Another important initiative is our work with the Department of National Defence and the Canadian Armed Forces in developing a peer-support program for those who experience military sexual trauma. This initiative, announced in Budget 2021, is part of the settlement of the Canadian Armed Forces-Department of National Defense Sexual Misconduct Class Action, also known as the Heyder Beattie Class Action. The initiative focuses on the development of a joint peer-support program for survivors of military sexual misconduct.

The first deliverable of this program was the launch of an online peer-discussion platform, Togetherall, in June of this year. It offers a 24-hour, seven-days-a-week, safe, confidential, and anonymous discussion platform with peers, with a clinical oversight. The next phases will be a peer support application and an in-person peer support program. By application, I mean an app, not an application for services.

Lastly, I would like to mention the establishment of the Atlas Institute for Veterans and Families, which is a centre of excellence in PTSD and related mental health conditions. That was announced in Budget 2017 and that opened in June 2019. This institute has a mandate to make advances in applied research for scientific advancement in the area of veterans and military mental health. It has already delivered on providing training to health care providers on evidence-based programs, treatment, and tools, and increased public awareness and the de-stigmatization of mental health illness through its current campaign, “We Don’t See What They See.”

Again, I wish to thank you for this opportunity. We will be pleased to take your questions.

THE CHAIR: Last but certainly not least - waiting very patiently - we’d like to give the floor to Mr. Gallson, if you have any opening remarks.

DAVE GALLSON: I have some short remarks. I just wanted to say, first of all, I’m so pleased to be here with such a wide array of stakeholders who are all contributing so much to this very important area.

Collaboration is a Mood Disorders Society of Canada operating principle. The society fulfills its mandate through an active partnership approach that engages like-minded organizations in the public, private, and voluntary sectors.

MDSC has a long history of working with Veterans Affairs Canada and other veteran-focused organizations. We do this by forming partnerships and joint ventures, recognizing and developing programs to address gaps in services and supports, and by running programs for veterans and their communities.

MDSC has a track record of successful projects that are focused on veterans, such as our Transitions to Communities project, which was launched in September 2016. We partnered with Veterans Affairs Canada, and it was funded by the Employment and Social Development Canada Opportunities Fund. The program at that time had three site locations: Calgary, Toronto, and Montreal. The three-year project provided professional and personal skills as well as mental health knowledge, self-awareness, supports, and coping strategies for veterans.

Other resources we have developed include the *Operational Stress Injuries and Other Traumatic Stress: Therapies and Treatment for Veterans* booklet. We are very well-known for our series of educational handbooks published online and in hard copy for patients, caregivers, families, health care providers, employers, and the general public. Our resource library presents complex subjects so they can be easily understood.

Recognizing a gap, we developed the book with support from the Atlas Institute, formerly called the Centre of Excellence on PTSD and Related Mental Health Conditions. This project included an advisory committee consisting of veterans, veteran family members, and specialists. This publication offers links to additional information and resources to assist veterans and their family members and supports the knowledge needs of Canadian veterans and their families, which was found to be a gap.

Our most recent veteran program was launched in February 2022, called the Improving Veterans Wellness Program, with funding support from the VAC Veteran and Family Well-Being Fund. It is delivered the MDSC peer support team, and is in support of both veterans and their family members. The IVW program is a three-year program. It focuses on social engagement and connecting to others, as we know that this maintains our overall sense of well-being and feeling connected.

There are three unique offerings for veterans and their family members in this program. The first is companionship calls. These are one-on-one conversations with our civilian volunteers and veteran peer members. The second is access to all of our mental health resources. We have a very wide variety of resources, tools and supports for veterans and their family members. The third is for the MDSC Peer and Trauma Support Systems peer support training for veterans and their family members. This is a two-day, online training program that is being very well-received. The waiting list is up to March already.

MDSC was incorporated itself in 2001 with the overall objective of improving access to treatment, inform research, and shape program development and government policies with the goal of improving the quality of life for people affected by mood disorders. We have evolved to become one of Canada's best connected mental health NGOs with a demonstrated track record for forging and maintaining meaningful and sustained partnerships with the public, private, and non-profit sectors.

Our website is mdc.ca. Again, I'm really happy to be here and look forward to our very fulsome conversation, and will answer any questions that I can. Thank you.

THE CHAIR: Thank you, Mr. Gallson. As been mentioned, we definitely have an excellent, wide variety of participants today. I think we're going to get some great information today on this important topic.

At this point, we are going to enter into the question period. As per the procedure of this committee, we do questions by show of hands, and I'll do my best to keep a running order of the questions as they come. I'd like to ask everybody to please wait to be recognized before you answer the question so Legislative Television can turn your mic on as we go forward.

I know I have one question from Ms. Barkhouse, and then Mx. Lachance, and then we can go from there.

DANIELLE BARKHOUSE: Are we allowed follow-up questions? I can't remember, or would you prefer not to? It's totally up to you, Mr. Chair.

THE CHAIR: I think we'll allow a follow-up question if it is to the point of the question previously asked - it's not room for a second question. As long as it follows up the specific point of the question you ask, we will allow that.

DANIELLE BARKHOUSE: First, I'd like to say thank you for your service, Ms. MacIsaac. I saw the emotion and the spirit, if you will, in your eyes when you were talking about SPIRIT. I'm wondering could you tell us about what you have learned about the unique needs of women veterans, and how the SPIRIT Program aims to support them?

MICHELLE MACISAAC: Absolutely, and yes, there's a lot of spirit in there about this particular program, for sure - the name wasn't by accident.

The first question was what needs are we seeing that are unique to women veterans, and I think we're learning as we go. We have several women we've served within our counselling program, and, of course, my own experience. But when we were sitting down to create a program, there was limited research to draw upon regarding what some of those needs were globally. Also, we've been working on the backdrop of all of the media

coverage, and sexual misconduct, and pieces that have been coming to the forefront in the last year and a half.

When we initially began, it was to build a bit of a community to use the horses as a tool to support women to feel a safe connection - to build a safe relationship with each other as well as with the animals. It has grown. In its current iteration, SPIRIT also includes a variety of other therapeutic experiences: art therapy, movement, and educational opportunities on things like women's health, finances, and parenting.

The needs of each woman who comes through the door is different, of course, but there are certainly some pretty significant barriers in terms of them getting through the door.

DANIELLE BARKHOUSE: Does SPIRIT, or your organization, generally partner with any provincial mental health providers?

MICHELLE MACISAAC: No. Our private practice has mental health providers within it. Our partners are with Free Spirit Therapeutic Riding Association and Rohan Wood Stables. We don't have any provincial partners - we've done this on our own.

THE CHAIR: Thank you. MLA Lachance.

LISA LACHANCE: Thank you to everyone for participating online and in person. I have a long family history with serving in the armed forces, and also a great interest in mental health, so this is a great topic of interest for me.

Really, my question is kind of for almost everybody which might create some chaos, but I'm interested in knowing about the data that we're collecting. I know that Dr. Courchesne was able to provide quite a bit of data, but I'm wondering within Nova Scotia Health Authority, within the OSI Clinic and perhaps in the programs of Clannad, do we know first from Nova Scotia Health Authority how many veterans access the services? I'm interested in understanding too if we collect data around gender identity, sexual orientation, race, and other factors. That's really my question. I might have a follow-up.

THE CHAIR: I'll do my best to control the chaos here. I guess we'll direct that question to Ms. Vezina to start.

FRANCINE VEZINA: Actually, I think Patrick is probably in the best position to speak to the data that they collect.

PATRICK DAIGLE: Knowing that the Nova Scotia Operational Stress Injury Clinic is not the only pathway within Nova Scotia Health Authority that veterans can access - veterans can access any part of our Mental Health and Addictions Program across

Nova Scotia - we don't necessarily collect the data around veterans in the entire system, but we do at the Operational Stress Injury Clinic.

[2:30 p.m.]

Currently, we are serving roughly 470 clients in the clinic at this point in time. That has fluctuated, of course, over the course of the pandemic. I believe about eight months ago, we were slightly higher than that.

We do collect a lot of data, which is part of our national network in the mandates, but we do not collect additional data outside of Nova Scotia Health Authority other than what Nova Scotia Health Authority collects for gender, sexual orientation, or identity and otherwise. That is something that has been part of our national conversations though, in increasing that capacity to collect that information.

THE CHAIR: Is there anybody in the panel who would like to answer that question, or we can ask MLA Lachance for a quick follow-up?

MICHELLE MACISAAC: We're just one private practice of many who are offering services across the province to our veteran community. We do not keep specific data around veterans. We also serve current, active serving RCMP and DND as well, so we haven't actually tabulated that.

Having said, that, within our SPIRIT Program, we are trying to gather a bit more information and data, again, to help grow and support other organizations as they develop specific programs for women veterans.

THE CHAIR: Dr. Courchesne, do you have your hand up to actually answer that question?

CYD COURCHESNE: I did want to just complement what Mr. Daigle said. Throughout the national network of OSI clinics, we are collecting data on gender. I don't know if my colleague, Shawn MacDougall, wants to mention anything about the census. In the last census we were able to get a veteran question in there that will give us a lot more information than we were able to collect in the past. Shawn, do you have anything else to say about the census?

SHAWN MACDOUGALL: The census was a really big opportunity, I think, for all Canadians. The last time we had an identifier on the census for veterans was in 1971. You may think all veterans were members of the Canadian Armed Forces, we should know who they are, we should have the data available. We do have a major database of veterans with Statistics Canada - in fact, all veterans in Canada, well over 1 million. But that goes back to all those veterans who have served as far back as the First World War and before.

The real value of the census is how many veterans do we have today in Canadian society. I just pulled up of relevance to Nova Scotia. The census count for 2021 identified 33,200 individuals identified as being a veteran in Nova Scotia on the census. At this point, Statistics Canada releases information on a very methodical basis, so there's limited information that's been released at this point - the number of veterans, where they may reside, age groups, male-female. But there is information about - I want to use the right terminology here - the person's sex at birth and what their gender is. This is just the beginnings of being able to understand the population and have a real rich data set.

What this will really allow us to do moving forward - as the federal government, but also in partnering perhaps with other jurisdictions - is now that we have this veteran identifier question from the census, whenever there are other surveys that are done like the Canadian Community Health Survey or surveys around aging, we can extract the veteran population from that survey data and understand what's going on with those veterans on that given survey. We could get Statistics Canada to oversample the veteran population if we wanted to understand a little bit deeper and richer data around that veteran population and how it compares to the Canadian population.

I used to work in privacy and information management. One thing I will say is, Statistics Canada has all of the proper authorities to deal with that personal information and protect it. What's available to us as other federal institutions is aggregate, anonymized data that doesn't reveal personal information of specific individuals.

THE CHAIR: MLA Lachance for a quick follow-up.

LISA LACHANCE: I just wanted to invite Mr. Daigle and Dr. Courchesne to talk a bit about - it's part of the national conversation, understanding this better. I'm wondering why - why is it part of the conversation?

PATRICK DAIGLE: Just to clarify, why is it, or isn't it?

LISA LACHANCE: Why is it? You said it was.

PATRICK DAIGLE: Yes. It is part of the conversation because women services is a growing need within the services we offer, and the Nova Scotia Operational Stress Injury Clinic is just one component of what we're hearing today. We do not need to be everything for everybody because we want to promote all of the things going on in Nova Scotia and nationally - but I would also add military sexualized trauma, males and females, to that part of the conversation.

We need to start collecting better data on those topics to best support the veterans, RCMP, and active members who we are serving. It's a growing part because we're becoming more aware of some of the issues that are occurring, and we want to adapt to those things.

THE CHAIR: Thank you, Mr. Daigle. We'll move on now to MLA Young.

NOLAN YOUNG: My question would be to Ms. Vezina. Last month, we announced the expansion of urgent mental health and addictions care in rural areas of the province. I'm wondering if you could elaborate on this expansion. My follow-up to that would be: How could this improved access benefit the families of veterans?

FRANCINE VEZINA: Thank you for the question. Crisis and urgent care services are a part of a continuum of mental health and addiction services offered to Nova Scotians. We have included the provincial crisis line which is 24/7, the emergency department consultations, and urgent care appointments for patients who are discharged from the EED who require a bit quicker follow-up.

The piece that you've described fits into the model. It's been piloted in Cape Breton, and I believe Antigonish a little bit after that. It's been found to be quite successful. The current focus is to expand to Western Zone. What it is, is that you have the option to receive virtual care assessment should you show up to a rural ED, rather than having to transfer to a regional site.

I can stop there. I'm not sure if Mr. Daigle might have something to add specific to the services that I might not have mentioned.

THE CHAIR: MLA Young, do you have a follow-up?

NOLAN YOUNG: Just a quick one. To Ms. Vezina, you mentioned that it was going to expand into the Western Zone. Did you have a timeline on when we expected that?

FRANCINE VEZINA: I'm not aware of the timeline right here on the spot. What I do know is that we made a total investment of 3.8 FTEs to contribute to this service and provide that provincial oversight.

THE CHAIR: Thank you very much. I neglected to say that we'll be having question and answers until about 3:40 p.m., so we have about another hour for question and answer. I'll pass it on to MLA Ince.

HON. TONY INCE: Thank you and thank you all for coming. This is an important topic. We can see the challenges that most of our veterans have had and are having even more during this challenging time where most of us have had challenges, and then to add their challenges on top of that.

My question will be more for you, Ms. Vezina. Some of it was already kind of answered. It's more about what direct services the Office of Addictions and Mental Health

offers Nova Scotia veterans struggling with mental health. How do you support them or provide supports during and after their service - if you do?

FRANCINE VEZINA: The Nova Scotia Health Authority, through the OSI Clinic as Mr. Daigle has mentioned, provides the direct service. In terms of government investments, what we look at is the entire continuum of services for Nova Scotians, both the lower intensity rate up to greatest intensity, and across the age spectrum. Our focus is really looking at providing universal mental health and addictions care.

We've been engaged in needs-based planning, which is helping us to map out where those gaps exist and whether that is for veterans or other illnesses or other populations. Once we are able to identify those gaps in a very planned way, what we want to do is to be able to strengthen the services right across the spectrum. That would improve access to mental health and addictions care for all Nova Scotians, not targeted at veterans specifically.

THE CHAIR: Thank you, Ms. Vezina. MLA Taggart.

TOM TAGGART: My question is going to be to Veterans Affairs Canada. I'll let you folks decide who's best to answer this question. I just want to start with a couple comments first.

Twenty-four per cent of our veterans suffer from mental health challenges. I'm thinking that's probably a low number, unfortunately, but I don't know that for sure. In my circle of friends who have served and are serving, I know there are a lot of challenges. One in particular, a good friend of mine, is currently still enlisted and has some significant challenges. I spoke with him the other day and asked him his thoughts. He said: Thank God that this happened, that this triggered before I left the services because I don't know where I would ever be if I didn't have the services I've recently received.

My question is to Veterans Affairs Canada. Can you tell us about the relationship you foster with members who are retired from the services? For example, once a member leaves active service, how are they then connected with Veterans Affairs Canada, and how would any mental health needs be identified? Quite frankly, my friend, I would have sworn that he was made of nails, you know what I mean? This happened - significant. Once again, how would any mental health needs identified with pre-existing conditions be addressed? That's to Veterans Affairs Canada, please.

THE CHAIR: Dr. Courchesne, did you have your hand up to answer that question?

CYD COURCHESNE: I did, Mr. Chair. Thank you and thank you to the member for his question. You're right, 24 per cent, you said, seemed low. The actual number of veterans who receive disability entitlement for mental health conditions today is 32 per cent of all of our clients. The 24 per cent was the incidence of PTSD as compared to the

Canadian general population. Due to the nature of the service, we understand that it's logical that there's a higher percentage in the veteran population than the Canadian population.

[2:45 p.m.]

That being said, we have worked for many years in very close collaboration with our colleagues at the Canadian Armed Forces to ensure that members receive the appropriate treatments for their mental health conditions while they're in service - and while they're in service, it is the responsibility of the Canadian Armed Forces' health services to provide that care. We have made great strides in the past 10 years in ensuring that the transition - as a military member leaves the service - that they are aware of our services so that we can continue to offer them those services.

The establishment of the Canadian Armed Forces Transition Group has done a lot of work to make sure that they accompany people who are identified before they leave the service so that we continue to provide them with services that are provided - that a veteran does apply for our services. We cannot force people to receive our services. They do have to raise their hand, say I was injured during my service, and then we inform them of all the benefits and services they have.

We know from our research, from our Life After Service Survey - that's now the Canadian Community Health Survey - that people come to us anywhere from while they're still serving to 40 to 50 years after they left the service. They can come to us any time. There's no period where you have to apply within a certain number of years. We have veterans who come to us 40 years after they left the service. They say, hey, I think I may suffer from a mental health problem due to my service. With the appropriate diagnosis and information, they will be recognized, and they'll be offered all the services as if they had just left. There's no time frame when a veteran may come to us, and all of the services that they are entitled to will be offered to them.

I hope that answers the MLA's question, Mr. Chair.

THE CHAIR: MLA Taggart, did you have a quick follow-up?

TOM TAGGART: I do have a quick follow-up, and I very much appreciate that answer. With that in mind - certainly, we are very aware in Nova Scotia, and I think across Canada, of the challenges in all different types of health care today, as well as many others, staffing is a challenge everywhere we go. For Veterans Affairs Canada, when it comes to long range planning for services - and I think this is critical - particularly staffing challenges, planning, can you tell us how you are prepared to support the needs and the future needs of veterans?

The demand for mental health care is growing. I'm trying to get a sense of just how prepared you are and how far down the road you're looking. I guess it's kind of a different question, but does Veterans Affairs Canada recognize that they need to staff and train more folks with respect to mental health and PTSD?

CYD COURCHESNE: It's an excellent question. I would like to underline the fact that Veterans Affairs Canada does not provide direct health care to veterans. That is why we have partnered with provinces such as Nova Scotia, and the Nova Scotia Health Authority, to provide those services. But the MLA is correct to say that health resources in Canada are in difficulty right now. What we're doing at Veterans Affairs Canada is looking at other offers of service. I'm always looking into the future to see what is coming in mental health care that can support the provinces in providing direct care to veterans.

I mentioned a number of self-directed resources that people can access themselves online through applications and education programs, but we are looking at internet-based therapy. We're looking at those technologies that are becoming - and that COVID-19 demonstrated were very effective in dealing with mental health problems in the health care sector and apply that to the veteran population. We are keeping our eye on the horizon and new technologies that are coming about.

THE CHAIR: Thank you, Dr. Courchesne. Next, I have MLA Harrison, then MLA Barkhouse, MLA Lachance, and then MLA Ince, in that order.

LARRY HARRISON: Thank you, Mr. Chair. I do very much appreciate the work you do, and being here and just shedding some light on this very important issue. I just want to ask, how can veterans actually access the program?

PATRICK DAIGLE: It's a great question. Veterans can access the Nova Scotia Operational Stress Injury Clinic in three different ways. They can contact Veterans Affairs, who can do a referral to the OSI Clinic. The health services of the RCMP can do the same, or for people who are more so transitioning out of the military, the Canadian Forces Health Services office can also directly refer to the Operational Stress Injury Clinic.

LARRY HARRISON: You did mention that there's a virtual component to this. For example, rural veterans and families have barriers. Certainly, travel is one of those barriers. How do you accommodate that?

PATRICK DAIGLE: Even before COVID-19, the OSI Clinic was already doing virtual care because we were a provincial program, and we were using a virtual care program called Medeo at the time. We were able to service clients virtually if they were not able to come to the clinic.

Historically, back in 2018 and a bit before, we were actually flying people across the province in order to provide care, as well, and virtual care allowed us to do things in a

bit of a different way. That was done based on our literature. Our literature review said that virtual care is no more effective than in-person care but is no less effective than in-person care. That served us well to transition very quickly into COVID-19 with very few days of gaps in services - to the point where the Operational Stress Injury Clinic published a paper called "Transitioning Quickly into Virtual Care during COVID-19."

Definitely, virtual care has been a big component, as well as in-person care. That is also one of the reasons we expanded to a satellite site, which was added in late 2018/early 2019 in the Sydney area, and why we're also now exploring a small satellite site in our Western Zone as well. Veterans Affairs Canada also supplies funding for clients to come to their appointments if needed, including clients who have been paid for their hotels should they need to come into the appointment from a clinical lens to be seen, as well as their mileage. We do have a multipronged approach to make sure the clients are served as best as possible across the province.

THE CHAIR: MLA Barkhouse.

DANIELLE BARKHOUSE: Ms. Vezina, some of my colleagues here touched on mental health, but I'd like to go to universal mental health and mental health care services in general. What role do patients and families play in the designing of our services?

FRANCINE VEZINA: What I had mentioned earlier - the universal mental health and addictions care, and looking at that broad continuum of services - we work with individuals, community-based organizations, and families, looking at getting their input into the universal mental health and addictions care framework that we're creating. We have been engaging in these sessions with all those stakeholders - over 100 organizations that we have had consultations with through 15 engagement sessions, and over 160 individuals who have attended the various sessions.

We believe very highly in hearing that first voice - that experience, family experience or whatnot - in the creation of what comes to be the universal mental health and addictions framework, as well as ensuring that through our needs-based planning, we're correct - that we have indeed identified that continuum of services and where the gaps lie on that continuum of services.

THE CHAIR: MLA Lachance.

LISA LACHANCE: This may also be a follow-up to my previous question around demographics. One of the reasons I was asking those questions was around the changing needs of veterans and what you're seeing coming forth in terms of issues. One of those was, in fact, the more public accounting around the experience of sexualized violence for both men and women and gender diverse folks, for all of them in the Canadian Armed Forces, and the long-term effects of that.

I'm also wondering about the changing needs around other social determinants of health - what you're seeing coming in the door or in your clinical practice around cost of living, housing, and other issues like that. Perhaps I would direct this to the two folks who I think may provide more direct services, so Ms. MacIsaac and Mr. Daigle.

THE CHAIR: We'll start with Ms. MacIsaac.

MICHELLE MACISAAC: I think we've seen a number of trends since the beginning of the pandemic, just in terms of deterioration and isolation being the two big pieces that have come through. The pandemic isolated everybody. For those who were already sitting on the edge, it exacerbated those symptoms and challenges. It's actually been an incredibly challenging phase to be able to reintegrate from that point.

I haven't had a significant level of concern for some veterans in terms of financial security. Veterans Affairs Canada does a good job of supporting our veterans in many ways. There would be a cohort - particularly large families or families with one income - who I would say would be in our at-risk population in terms of housing and food security and those kinds of things.

THE CHAIR: Mr. Daigle.

PATRICK DAIGLE: I would echo the messages I'm hearing and also add the isolation that COVID-19 has caused. Many people did very well in that, but a lot of people also isolated. People are trained to deal with difficult situations in the military and in the RCMP, but also when mental illness sets in, it is very easy to isolate and avoid. We're starting to see some of the effects of that now.

Veterans Affairs Canada does do a very good job of providing the resources that clients need financially, but we still do have veterans who might not be having the ability, due to isolation of that mental illness, to reach out for help. As we identify those individuals, we work with the case managers at Veterans Affairs Canada provincially in order to get the resources that are available to them.

THE CHAIR: MLA Young.

NOLAN YOUNG: My question is to Ms. Vezina or Mr. Daigle, whoever may be more suited to answer. I know you've touched on it some in your opening remarks about options such as PSPNET and OSI Connect. I'm just wondering if you could tell us a bit more about these services and how veterans can benefit from them, please.

THE CHAIR: Ms. Vezina.

FRANCINE VEZINA: February 2022, this year, we partnered with the Department of Justice to officially launch the PSPNET. It's a free online program that provides help to

first responders and public safety personnel. It provides cognitive behavioural therapy, including a combination of both online learning modules and optional weekly support from a registered therapist by secure email or phone call.

[3:00 p.m.]

It helps first responders, and public safety personnel as well, learn skills to manage the symptoms of anxiety, depression, PTSD. It's a low-barrier program. It's free and eligible to all those whom I had mentioned. No referral is required. We're one of just a few at this point, so it's available in Nova Scotia, New Brunswick, P.E.I., and Saskatchewan. To date, we've seen good outcomes, good uptake from it.

NOLAN YOUNG: There's no referral required. It's free. How would veterans typically access these programs?

FRANCINE VEZINA: If you go online to their website, all the information is there. You can either call, or they also have an intake form that you can submit right there online.

THE CHAIR: MLA Harrison.

LARRY HARRISON: There's a partnership between federal and provincial, right? Could you explain a little bit about how that works to provide the services?

THE CHAIR: Mr. Daigle.

PATRICK DAIGLE: There is a memorandum of agreement between Veterans Affairs Canada and the provinces, which are contracted through their health systems to offer the services to veterans. We are 100 per cent federally funded, but we are provincially housed and operated through the health care system.

LARRY HARRISON: How's it working for you?

PATRICK DAIGLE: It's working well, actually. I'm part of a national network. All the managers of the OSI clinics across the country meet monthly. As managers, we are part of that network, so we are collaborating. I have awareness of what's happening in most of the provinces in Canada around veterans, but also generally around mental health supports in those provinces. Not only is it allowing me to have a better understanding of how to improve Nova Scotia for all of our citizens, but it is taking those ideas - those resources, those conversations - so we can universally, across the whole country, provide better services as well.

THE CHAIR: MLA Lachance.

LISA LACHANCE: I want to ask some questions to Mr. Gallson and the services of the Mood Disorders Society of Canada. In your information that you provided prior to the meeting, there was a program called Transitions to Communities and it noted three locations. I'm wondering if that program is ongoing. Is it available in Nova Scotia or is there an online version? I'm just wondering if you have a sense of veterans in Nova Scotia who access your services and resources - how many and what do they access?

THE CHAIR: Mr. Gallson.

DAVE GALLSON: The Transitions to Communities program was a three-year pilot project funded by government. It was basically a test of - the program that I had run prior to that, I had six sites across Canada and six training centres. It was a seven-week program, and we ran it for nine years very successfully. We wanted to see if that program would work with the veteran community.

One thing we found, because we were really targeting the underserved veterans, those who were not being employed and homeless, many of them, and we were struggling to try to find those underserved veterans. What we did learn from that project was finding them and getting them to trust you enough to come into a program was always a challenge. It was only after you had a foundation of so many veterans in each community who would talk to their friends and their colleagues that you would start getting that constant source of veterans to the program. The program is no longer running. Like I said, it was a three-year project funded by the government. Our current program is also a three-year funded program.

I just wanted to say that one of the things that we do as an organization is we look for organizations. We recently signed an agreement with the Women Warriors' Healing Garden out in Sweets Corner, Nova Scotia. We've got some project funding from True Patriot Love Foundation to support their program for Two-Spirit 2SLGBTQ+ veterans.

What we're always doing as an organization is trying to find the gaps, trying to find those programs that are on the cusp of becoming evidence-based. What I hear about staff shortages and challenges of maintaining staff - we are currently doing consultation with mental health organizations, non-profits across the country. We've done 36 so far in the last few months. We've got another 10 to go. What we're hearing across the board with all of these organizations, no matter if they're in British Columbia, Nova Scotia or Newfoundland and Labrador, is that they're really struggling. They're struggling to continue to provide the services that they provide, because they're spending so much of their time chasing the funding grants and the funding dollars instead of doing the work that they need to be doing on a very small staff.

Whenever I hear of organizations like Veterans Affairs Canada or provincial organizations that are reaching out and partnering with these organizations, it warms my

heart. That's where we need to go, I think. I think it does the veterans and their families a great amount of service.

THE CHAIR: Mr. Young.

NOLAN YOUNG: My question would be to Ms. Vezina. In what ways do you envision that the families of veterans will benefit from Nova Scotia's universal mental health care?

FRANCINE VEZINA: Hopefully, I'm not repeating myself too much, but as I mentioned, what we recognize is that there's no one solution that's going to result in universal access. A good example might be providing funding for those without insurance is likely to be a key part of the solution, but without a plan for the recruitment of professionals to meet the demand, for example, we'll be working against ourselves.

Each of these pieces culminate in giving us an idea of what the continuum of needs is, from low intensity - things that community-based organizations, virtual tools and things like that can help with - up to intensity like in-patient crisis services, that kind of thing. We are looking at the continuum. We've started through our gap analysis and needs-based planning to identify where there are pieces missing. Looking at determining staffing needs is important. Building this framework for coverage for those who don't have coverage, and the role that community-based organizations can play in the solutions as well - so looking at what a funding framework could be to add those services to the continuum.

We also recognize that we have current services that folks often say haven't been accessible, or at least not to the degree that they need them to be, so looking at strengthening those existing services and then improving models of care where we can, so doing any reviews to say, is this working, and what are the outcomes? Constantly monitoring that.

All of those pieces, when you put those together, whether it be families or veterans or other populations, we'd be really creating this universal access to an entire continuum of care across the board. But as I said, each component is very important. We've already talked about those recruitment and retention and HHR needs.

THE CHAIR: MLA Young for a follow-up.

NOLAN YOUNG: Not a follow-up, but I just want to thank you and your team for all your hard work that you're putting into this important program.

THE CHAIR: Well said. I have MLA Burrill, then MLA Barkhouse, MLA Taggart, and then MLA Ince. We'll begin with MLA Burrill.

GARY BURRILL: Thanks. Mr. Gallson, I wanted to just ask in a general way about where this work fits in with the overall mission and work of the Mood Disorders Society of Canada. Many of the organizations that are associated with veterans' mental health are organizations that are exclusively identified with that mission and that work. When we think about the Mood Disorders Society of Canada, I think many of us would know it through the Defeat Depression program, the support that comes to some of our mental health organizations in the province through the depression walk, stuff like that. We don't necessarily think automatically of veterans' mental health support when we think of Mood Disorders of Canada. Could you say a little bit about where the veterans' mental health work fits in and is a component of the overall life and mission of the organization?

DAVE GALLSON: One of our primary focuses is on mood disorders, including PTSD. PTSD is an area of our responsibility as an organization - that's number one. The other thing we try to do as an organization is we try to make mental health issues - and mental illness, in particular, of course - more normalized so that people recognize it as being a part of our lives rather than something that happens to us only after a traumatic event or a serious illness.

Once we can start normalizing the fact that in all likelihood, everybody is going to be going through a mental health issue at some time in their life - whether it's because of a serious, unexpected accident, or an illness, or a death in the family, or divorce, or all of a whole other variety of issues that can happen in our lifetimes - that we start dealing with things like depression or anxiety and other mood disorders, then we can really start accepting it as being okay to go for help.

There are certain steps a person needs to take in order to recover from a mental illness. The first two are always going to be recognizing the symptoms and acknowledging that you might have an issue. Those are the key components.

Somebody was talking about the parameters of what goes on in a person's life, and some of those include things like employment. Without having a reason to go to bed at night and a reason to get up in the morning and being able to do something that's going to make you feel proud of your activities, one can lose their way in the world. I guess I don't know if I answered your question, but I hope that you can understand that as an organization, trying to assist people in living as best of a life as possible is where our goals are.

GARY BURRILL: What you've explained is plain, but I was really asking just a more practical question about the extent to which veterans' mental health work particularly is core to the current life mission of the Mood Disorders Society. I think this would come as new news for some people.

DAVE GALLSON: We've been working with veterans on veterans' issues for many, many years. I'm a family member of a veteran; my father was a veteran, my

brother's a veteran, my grandfather was a veteran. Most of the people on our team have veterans within their families. It's a priority. In our peer support group, we have psychiatrists, psychologists, mental health experts. We have veterans, both RCMP and veterans from the serving forces on our PTSD medical team. We work with and train members of Oscar Kilo in Ireland on their peer support, so we've been very, very heavily involved with veterans for many years.

[3:15 p.m.]

THE CHAIR: Thank you, Mr. Gallson. MLA Barkhouse.

DANIELLE BARKHOUSE: I know that feeling. I come from a multi-generational veteran family as well.

This one's for Veterans Affairs Canada. We know that employment can often influence a person's mental health. What support do you offer to those leaving the military in terms of building their employable skills post-service?

SHAWN MACDOUGALL: That's a good question. There are a number of programs that we have. I'll just describe each and the purpose. We have a rehabilitation program, and that's for folks who have needs that are derived from perhaps service-related injuries, service-related needs. They may have psychosocial - first, perhaps basic medical rehabilitative needs. They could have psychosocial rehabilitative needs or vocational rehab needs. They can actually receive retraining, re-education perhaps in a different career than they had in the service to help set them up for post-service employment.

We also have two other programs that are targeted to all veterans leaving the service. They don't need to have a service-related injury. The first is the Career Transition Services Program. It's available to anybody who's leaving, as I mentioned. It's really about helping veterans navigate the private sector labour market, helping them translate their skills from the military context into the private sector environment.

I remember I spoke with a veteran who described his trade in combat arms as one that didn't transfer over into civilian life very easily. In fact, I think he was a sniper. He said initially he didn't understand how his skills would translate into civilian life, but then after working with career counsellors, they were able to talk about things, about focus, attention to detail, ability to prioritize, ability to work under stress. There were all kinds of qualities that were maybe not readily apparent on the surface that are very transferable to a civilian labour force.

We also have a program called the Education and Training Benefit, where when an individual serves a certain amount of time - if they serve six years, they earn an allowance that can be used on post-secondary education, and if they serve 12 years, that allowance is even further. When the program was established a couple of years ago, it was $40,000 for

six years of service and $80,000 for 12 years of service. I could escalate it annually, so I'd have to confirm those numbers. That's a recognition benefit in a sense. You serve a certain amount of time in service to your country, there's a recognition and a contribution towards your next career, your next service.

You don't need to use it on something that would absolutely translate into the labour force. There are short courses that can be funded if somebody has a passion project, if they want to learn to do a particular art. There's a certain amount of the funding that can be used for that.

Those are just three ways. I know that there's more that the department is doing. We're currently working on a national veterans' employment strategy. That's a commitment of our minister, and that work is under way. We know ultimately that there's a very talented labour force. Veterans serve, they're trained, they're disciplined, and they have a lot to contribute after they leave the service.

THE CHAIR: MLA Taggart.

TOM TAGGART: I have to go back to my previous questions to Veterans Affairs Canada. One of the responses was - I don't know exactly how it was framed - we can't answer that, it's a DND question, they're active service, we're not. I know nobody here can speak for DND, but do you believe that you are able to provide equal services through Veterans Affairs Canada funded by the federal government? Clearly, you're not DND, but these are employees of DND who, in a sense, receive these injuries while employed with DND. So are you confident that you're funded to the level that you are able to provide the same services to veterans who have left the service as you are - as DND is?

CYD COURCHESNE: The short answer to the question of the MLA is that we do not provide equal services because we are totally different organizations. The Canada Health Act excludes military members from receiving health care in the provincial health care systems. That is why the Canadian Forces Health Services was stood up, and it's a health service equivalent to the Nova Scotia Health Authority. It's a health authority in and of itself.

Veterans Affairs Canada is not a health care system. We provide recognition and compensation for disability incurred during service. That's why I don't have 6,400 health care workers providing health care to a workforce of roughly 100,000 regular force and reserve service members. When a service member leaves the military, their health care service falls under the province where they reside. We have worked with the provinces to compensate veterans where they have no coverage. For example, psychologists are not covered under most provincial health care programs. If a veteran needs the services of a psychologist in the community, we reimburse them for that. We compensate for that.

When the Canadian Forces started engaging in missions that they had not been engaged in since the Korean War - starting in about 1991 with the Gulf War - the Canadian Forces started seeing a resurgence of mental health issues, and specifically PTSD. That is why we have worked - in the past 20 years - to strengthen our relationships with provincial health care systems to provide for veterans the specialized mental health services that they need, but we can't say we're like the Canadian Armed Forces with no uniforms. We are totally different organizations with totally different missions. I hope that answers satisfactorily the question.

THE CHAIR: MLA Ince.

TONY INCE: Thank you, Dr. Courchesne, for your explanation. I think it's more of a comment I'm going to make rather than a question. I'm a person who believes in prevention. I guess my comment or statement is more around: Is there something set up in the Canadian Armed Forces that better tracks or recognizes or tries to identify those challenges before they start to get to this level of getting out and looking for Veterans Affairs Canada and everybody else to help them?

THE CHAIR: Is your question directed to anyone in particular on the panel?

TONY INCE: No one in particular because it's pretty broad. I'm hoping somebody can give me an answer.

THE CHAIR: The good news is Dr. Courchesne has her hand up, so Dr. Courchesne, we'd like to give you the floor.

CYD COURCHESNE: That's an excellent question. I can't totally answer for DND or the Canadian Armed Forces, but in some respects I can, having served myself 30 years in Health Services.

You're very right, on the question of prevention. Several years ago, if not decades, the Canadian Armed Forces developed a program called the Road to Mental Readiness. This was to increase resiliency and preparation in advance of missions. It was tailored on a program of the U.S. Army, but it was Canadianized, and since then it's been adapted to several populations - medical residents in university, first responders - so that was one aspect of prevention.

The next one I mentioned briefly - the work that Veterans Affairs Canada is doing with the Canadian Armed Forces around transition. We know that transition is that period of time when a service member leaves the services and transitions to a civilian community and civilian life. We have done a lot of work. I mentioned the establishment of the transition group, which is to provide professional services to serving members to prepare them for that transition. The research that we have tracked over the years is that that's a period of vulnerability for people - especially if they have a medical condition. A lot of

work is done there, and the research informs us, so that we can bolster our programs around that period of time in the hope of preventing further problems down the line.

I'd say those are two important aspects.

TONY INCE: I guess what I'd like to make a comment about is that it appears, based on what you described and what everybody else has indicated, that there seems to be a lack of data capturing all of this - from the Army into civilian into your services.

Do you not see that there would be a better use of data? It would then address some of those needs and things that you're looking for, looking to address. How would we capture that data? There is that gap between the DND and the services outside. Again, this is to anybody.

MICHELLE MACISAAC: I served in the military as a social worker, and my husband just released this year, retired from the same. I think there are a couple of pieces in there. It's a transition of data from DND to the broader community, is what I'm hearing. It isn't a straightforward transition of information. In terms of a community provider, I don't have access to their statistics, for sure. They're a separate entity.

What I will say is that I released in 2009, and when I released, at that time, the transition was deplorable. I released medically with PTSD. It was a very different experience watching my husband release medically this year, and be held and supported with the transition centres, seeing how parties collaborated and worked between DND service providers and outside providers, so that when our veterans are leaving, the vast majority, I would say, are actually really well connected with a collaborative group of people to support them in that transition.

We don't have the data, per se. I mean, in 2009, we were still at the peak of the Afghan War. We were still smack in the middle of that. We are learning. I think VAC and DND have done a tremendous amount of work to shift and change the way that looks, and when it goes well, it's beautiful. When it doesn't - it's not perfect, by any stretch, but beyond the fact that we don't have those numbers, they are still a really good stop-gap to support people as they're leaving.

THE CHAIR: MLA Harrison.

LARRY HARRISON: I just want to make a comment before I ask the question. When I asked that very short question at the end last time, I really appreciated the answer because when you're working as you do, it's nice to know that there are other supports in there from people who are doing the same kind of work that you're doing and to be able to collaborate, ask questions and get support. I think it's great. Thank you for that.

My question is on the outcomes for veterans. Do you have a way of measuring those outcomes and the reasons for that way?

[3:30 p.m.]

THE CHAIR: Mr. Daigle.

PATRICK DAIGLE: As part of the national network of OSI clinics, we use a program called CROMIS. Every time a client comes into our office, or if it's virtually, they are emailed it the morning of, they can complete questions. Those questions, even before they're taken into the office for their session, can be reviewed by that clinician to see how they're doing. On a quarterly basis they're uploaded, not identified by the client, but to the national network. We can tell from a province how successful the outcomes are, and we can tell nationally how successful our treatment protocols are.

That being said, it's only really working if you're involving the client in that. Not only are we asking the client to fill those out, but we're talking about those in session. We're showing them the movement they're doing. We're incorporating those conversations into their treatment goals, and that's where the collaboration comes in. The client can say how they're doing and how they're feeling, and then we can say, we can see that, or let's talk about this section of this. What's going on? From those collaborations with the client to verbally tell us how they're doing and how they feel they're doing based on their treatment outcomes, how is life going, and then we can also back that up with our CROMIS data as well.

THE CHAIR: MLA Barkhouse, with about eight minutes left.

DANIELLE BARKHOUSE: Ms. MacIsaac, you had spoken a little bit about Clannad Counselling & Consulting Inc. I'm just wondering if you could talk a little bit more about what the services offer to support veterans and their families.

THE CHAIR: Ms. MacIsaac.

MICHELLE MACISAAC: We offer three pillars of treatment and support, the first piece being direct client care, working with veterans, couple work, working with spouses, children, whole-family support. We do a lot of outreach as well within that work, so direct care. The middle stream is our equine work. It is a treatment modality, a therapy. It also works to build community. At this point our focus is on women veterans. Our third prong is the community capacity-building - working with the larger community to recognize what trauma looks like in our environment, how we work with that.

Even as lay people - I'm not a mental health professional, and that's okay - there are things that we can do in real time that can actually make a huge difference in understanding. That education piece has been a really big part of the work that we're doing

as well in our community. We're a military community in the Valley, so we're supporting schools and pediatric providers and physicians and private industry around recognizing and understanding the needs of that community.

DANIELLE BARKHOUSE: I have a follow-up. Do you have any success stories you might want to share? Can you share one? We're down to four minutes.

THE CHAIR: Ms. MacIsaac, we love success stories.

MICHELLE MACISAAC: There are a lot. If I were to just pull on one that's been really powerful, we've had a veteran who's approached us and looked for direct individual care. From there, we have been able to wrap them into our equine program and support them in finding a place to belong, a community, something meaningful - an organization that understands trauma responsiveness, not just trauma-informed care that we are able to wrap around them and give them a safe place to land.

We also offer support to their child's school, offer support to the larger school organization and leadership, and offer support to the family unit - so, that member with their spouse and their children, in the context of direct treatment. That's not an uncommon thing in our organization, but watching people move through that and find a place in the community. Then they're volunteering within the barn. They're having their children sometimes in riding lessons. There are other pieces that are happening, again moving away from the stigmatized mental health treatment and working toward building community.

THE CHAIR: Thank you, Ms. MacIsaac. I can attest to the local success that you do put on in our area in the Valley, so thanks for what you're doing there.

I'll pass it over to MLA Young, and I believe we'll make this the last question. I'm assuming that all of our panelists would like to give a closing statement of some type? I'm assuming. No? Okay, well never assume, they say. (Laughter) I do want to leave enough time for our panelists to give a closing statement if they'd like to because we do have committee business to attend to after. I think I'll make this our last question for MLA Young.

NOLAN YOUNG: My question would be to Mr. Gallson. In 2012, the Mood Disorders Society of Canada issued a comprehensive report to the Government of Canada on PTSD. I'm just wondering if you could tell us a little bit about how the recommendations detailed in the report have played out since then.

DAVE GALLSON: In 2012, we brought about 70 PTSD experts from across Canada to the Canadian War Museum in Ottawa. The Minister of Veterans Affairs Canada opened up the meeting. We spent about six hours together, focusing on four key priority areas. We submitted the formal report which you can see online on our website to the government, and they implemented a couple of very significant ones. One was the

development of a PTSD training program for family physicians and other health care providers, and the other one was to provide support for the development of a national network on PTSD. We're very proud of that.

What it also did was - like we're doing here almost, right? It brought people together and developed other relationships and other collaborations that came out of that meeting. I think when I hear everybody's discussions today, it all centres around relationships, it all centres around partnerships and supporting each other's work. I think whenever we have the opportunity, one of our focuses is to develop new relationships and new partnerships in order to support the work that needs to be done. I encourage you all to read that report. It gives some really very good insight and thank you for bringing that up.

THE CHAIR: Thank you, Mr. Gallson. That is going to conclude our question and answer period for our committee meeting today, but I would like to offer our panelists an opportunity to offer any closing remarks if they'd like. We'll begin here in the Legislature. Mr. Daigle.

PATRICK DAIGLE: First, thank you very much for the opportunity to speak here today. Just to raise a point that perhaps wasn't just to highlight something for our veterans and our members and their families is really to be able to support and circle around them. Also know that it's the members and the veterans, but just as important are the experts, are their loved ones who are seeing the things that their loved ones are struggling with, and the support that person needs to provide the shared understanding of what's happening.

One of these services that we're offering now is a family psychoeducation program at the OSI Clinic where it's not only the veteran or the member in the room, but it's also their family member so they can understand together what is an operational stress injury, what that person - what each of them - may be struggling with to promote the shared understanding of each of their experiences as they onboard into our clinic. Also, just to promote the resources across Nova Scotia knowing that the Operational Stress Injury Clinic will not be everything to everyone. It will never be able to be that, but there are so many resources out there and we want to make sure that the veterans and the members of the RCMP know what they are.

THE CHAIR: Ms. MacIsaac.

MICHELLE MACISAAC: I just wanted to say thank you for having me here today and giving me an opportunity to speak about my passion and where that lies. As well as a woman and as a veteran, sometimes the voice isn't always heard. Having the ability to come and speak today and talk about some of my lived experience, how that creates and transitions and translates to the work that we do actually means a great deal. Thank you very much.

THE CHAIR: Thank you for your service, and please pass along to your husband thanks for his service as well.

We'll move on to our online panel. Dr. Courchesne.

CYD COURCHESNE: I often say this when I'm invited to give remarks. The saying goes it takes a village to raise a child. I always say it takes a community to look after our veterans. I just wanted to say I'm really appreciative of all the witnesses here today for what they do because we can't possibly do everything. It truly is partnerships, and partnerships with organizations, but also people with lived experience, their family members, the research community, the clinical community. It really needs a partnership to succeed. Thank you very much for the opportunity.

THE CHAIR: Would either of the other panelists like to give a final statement?

DAVE GALLSON: I'd just like to echo what Dr. Courchesne just finished saying. It's been a real distinct pleasure, especially over the last 10 years, seeing the advancements that have been going on within the veteran community and the drastic increase in resources that are being made available.

One of the other things I'd like to say is the importance of supporting those programs that don't yet have the evidence to back them up, but to get those programs evaluated so that they could either be improved or transformed to make sure that they are successful programs. Getting these organizations support, to do the research on their programming, is vitally important.

THE CHAIR: Thank you very much to all of our panellists and our witnesses this afternoon. As we mentioned, great information for us all and collaboration and everything that we know can happen. At this point, that will conclude this part of our committee. Our committee has business to attend to, so we'd like to invite you all to leave now, and thank you very much for coming in.

We'll take a two-minute recess, and then we'll begin our committee business after that.

[3:43 p.m. The committee recessed.]

[3:47 p.m. The committee reconvened.]

THE CHAIR: Order. I'd like to call our committee back to order. We will just follow up on a bit of committee business we have before our time expires.

The first item on our correspondence is the Legion Capital Assistance Program and the guidelines that were sent to our committee in March. Are there any comments or

questions on it - do we all have it? I guess it's an acknowledgement that we received them. We'll just make a note of that for the record. (Interruption) Absolutely. Get that out to all of your Legions, wherever they are.

The next piece of business is a request by the Mood Disorders Society of Canada and Dave Gallson, who just appeared at our committee. They have a request to present before our committee and maybe include them as a topic for the next agenda setting. Any comments or discussion about that? MLA Burrill.

GARY BURRILL: Well, I just think it would be good to think about that at the same time as we think about the overall mix of all the submissions. There's probably no reason to make any decision on this particular piece of correspondence. Why wouldn't we want to just refer this to when we have the whole pot of potential agenda items before us and consider it in light of that?

THE CHAIR: Thank you. MLA Young, any comments?

NOLAN YOUNG: Sorry, just for clarity - I agree. It's typical practice that we'll send this back as a potential topic for agenda setting, so when we have our agenda setting, I'd like to see this go back for a potential topic.

THE CHAIR: So a similar comment to MLA Burrill. MLA Lachance.

LISA LACHANCE: I really enjoyed the presentation today, but I'm also cognizant of the vast array of non-profits and foundations that work in the area of mental health. I'm wondering about a couple of things. One is just making sure that we provide equity in how we welcome participation.

It would also be interesting - and I don't know if this is easy for the clerks to provide - to know a recent history of what organizations have actually participated in the discussions of Veterans Affairs Canada, just to make sure that we're giving as many different perspectives as possible, particularly with Nova Scotia organizations.

THE CHAIR: Are you suggesting that the clerk distribute a list of all the people who have made requests in the past? Is that what you're requesting? I'm just not sure.

LISA LACHANCE: No, but that's a great request. (Laughter)

THE CHAIR: Was it better than yours? Sorry.

LISA LACHANCE: It was pretty good - like the other half of mine. I'm just wondering who has presented at the committee over the last number of years - with a particular focus on NGOs, community groups and that sort of thing.

THE CHAIR: I'll just go to the clerk. Is it a possibility that we could provide a list of those who've presented over the last?

TAMER NUSSEIBEH: Absolutely. It is part of the annual report as well, if you wanted quick access to it. But I can provide a report.

THE CHAIR: Yes, because we will be discussing the annual report here in a second, too. Is there an agreement, then, that that would be good for the clerk to send out to our committee? Okay. MLA Lachance, between the two of us, we've done it. There you go.

Our next item of discussion is the annual report for our Standing Committee on Veterans Affairs. I'm assuming everyone has received it from the clerk. A discussion on it? MLA Young.

NOLAN YOUNG: I move that we accept the annual report as presented.

THE CHAIR: All those in favour? Contrary minded? Thank you.

The motion is carried.

The next topic of discussion is our meetings for November and December. Right now, our next scheduled meeting is on November 15th. That could coincide with timing of the House, not sure, but wanted to put it out for discussion about how we could deal with that at this point.

Option 1 would be to make a change now. Option 2 would be to just leave it and we'll make a decision closer through the clerk by email. I'll just put it out there for discussion.

MLA Taggert.

TOM TAGGART: I think we should proceed with our November 15th date, and our topic would be military transition in skilled trades. That would have to be postponed in the event that the House is sitting, but I think we should proceed. I don't want to push it down the road. If we can have the meeting, I want to have it, and if it ends up that we can't, then we just simply have to postpone it and move it down the road.

I'll make a motion if that's what we want: that we proceed with the next meeting on November 15th and that the topic be military transition in skilled trades.

THE CHAIR: There's a motion - can it be a friendly motion? Okay. There's a motion on the floor. MLA Ince, second. Any discussion? Mr. Nolan.

NOLAN YOUNG: The question that I'm reading here is that Ms. Mitchell-Veinotte is pointing out someone else is more suited for this - Ms. Clattenburg is more fit. Is that what they're asking?

THE CHAIR: Yes, that was the next item of the discussion. The first thing we're talking about is the timing of the meeting, then I was going to bring up the potential witness change put forward by Ms. Mitchell-Veinotte.

If we can get back and just settle the meeting discussion, are we good to leave the meeting the way it is? There is a motion on the floor to keep the meeting time the way it is and then address it the further we get. We have a seconder.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Then our last piece there is obviously at the same meeting. Valerie Mitchell-Veinotte from the Legion has pointed out that one of her colleagues, Director of CAF Transition Services, Sandra Clattenburg, is more fit to speak on that particular topic of skilled trades in military transition. Are we in agreement with that?

It is agreed.

Okay, I guess we can contact Sandra Clattenburg and let her know. Thank you.

Is there any other business? Based on that, our next meeting will be November 15th. Our topic will be military transition into the skilled trades, and our witnesses will be from the Department of Labour, Skills and Immigration, Mainland Nova Scotia Building Trades, Nova Scotia Community College, and the Royal Canadian Legion Nova Scotia/Nunavut Command.

I hereby adjourn our meeting.

[The committee adjourned at 3:55 p.m.]