



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

44th PARLIAMENT, 1st SESSION

Standing Committee on the Status of Women

EVIDENCE

NUMBER 038

Monday, November 14, 2022

Chair: Mrs. Karen Vecchio



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• (1100)

[*English*]

The Chair (Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC)): I would like to call this meeting to order.

Good morning, everyone. Welcome to meeting number 38 of the House of Commons Standing Committee on the Status of Women. Pursuant to Standing Order 108(2) and the motion adopted on Tuesday, February 1, the committee will resume its study on the mental health of young women and girls.

Today's meeting is taking place in a hybrid format, pursuant to the House order of June 23, 2022. Members are attending in person in the room and remotely using the Zoom application.

I would like to make a few comments for the benefit of the witnesses and members.

Please wait until I recognize you by name before speaking. For those participating by video conference, click on the microphone icon to activate your mike, and please mute yourself when you're not speaking. For interpretation for those on Zoom, you will have the choice, at the bottom of your screen, of floor, English or French. For those in the room, you can use your earpiece and select the desired channel.

Looking at who's in here today, I think we have some professionals participating. We should all know how to use this, so we should be in good shape.

As a reminder, all comments should be addressed through the chair. For members in the room, if you wish to speak, please raise your hand, and for members on Zoom, please use the "raise hand" function. The clerk and I will manage the speaking order as well as we can, and I would appreciate your patience and understanding in this regard.

In accordance with our routine motion, I am informing the committee that all witnesses have completed the required connection tests in advance of the meeting.

Before we welcome our witnesses, I would like to provide this trigger warning. This will be a difficult study, and we will be discussing experiences related to mental health. This may be triggering to viewers, members, or staff with similar experiences. If you feel distressed or if you need help, please advise the clerk.

I would now like to welcome our guests.

On our first panel today, we have the Honourable Marci Ien, Minister for Women and Gender Equality and Youth, and Marci is

online here today. I'd like to welcome, from the department, Frances McRae, who is deputy minister; and Lisa Smylie, director general of the research, results and delivery branch. Thank you all for coming here.

I will be providing five minutes to the minister for her opening comments. When you see me start swirling my hand, that means your time is up.

Minister Ien, I pass the floor over to you for five minutes.

[*Translation*]

Hon. Marci Ien (Minister for Women and Gender Equality and Youth): Thank you very much, Madam Chair.

[*English*]

Thank you, colleagues, for the opportunity to speak with you today as part of your important study on the mental health of young women and girls.

I want to begin by acknowledging that I am speaking to you from the traditional territory of many nations, including the Mississaugas of the Credit, the Anishinabe, the Chippewa, the Haudenosaunee and the Wendat peoples.

I have the fortune of regularly meeting with extraordinary young people from right across the country who, I can tell you, are more diverse, more socially engaged, and much more educated than ever before.

[*Translation*]

These remarkable young people fill me with profound hope for bright and prosperous days ahead. They are not just the leaders of tomorrow—they are the leaders of today.

[*English*]

For young people, mental health is an everyday topic. It is not separate from work, community, school, or family; it is part of their daily lives. With their voices, we will create a healthier, more inclusive Canada.

As you know, the lead on mental health is my colleague, Minister Bennett, whom you'll be hearing from later today. I work with Minister Bennett and all of my cabinet colleagues to ensure that mental health support is accessible, and that our young people are protected. Looking toward the youth section of my portfolio, as well as on a very personal level, I have a keen interest in ensuring that we think about what we can do in a holistic way to improve the lives of young people in Canada.

The pandemic disrupted and impacted many aspects of our lives—school closures and disruptions, social isolation, more time spent online to stay connected, increased family stress, and fewer options for those experiencing gender-based violence. All of these factors have resulted in a greater number of young people struggling with their mental health.

Along with this, systemic inequality worsens mental health challenges and symptoms for young people with intersecting lived experiences. For their part, 2SLGBTQI+ youth report notably high rates of mental health struggles—60% reporting moderate to severe anxiety, 41% reporting symptoms of depression, and nearly 30% reporting suicidal thoughts.

[*Translation*]

It is essential that youth have access to the mental health services and support they need.

• (1105)

[*English*]

Young women and girls who have experienced gender-based violence have a high risk of distress and immediate or long-term mental health issues, such as depression, post-traumatic stress disorder, substance use issues or suicidal thoughts. To address this and to help create awareness on gender-based violence, my department recently developed a campaign designed for youth called “It’s Not Just”. It will help empower young people to identify and challenge views and actions in their environment that contribute to GBV.

While it’s clear that there are challenges, there are opportunities and successes as well that we must continue to bring forward. I cannot stress enough the significant role that community-based organizations play in the space of youth well-being and mental health. Such programs as the youth employment and skills strategy, Canada summer jobs and the Canada service corps have wraparound support services, such as mentorship and coaching, built in to help young people navigate not only job and volunteer opportunities but also a key period in their lives as they learn about the world of work and transition into adulthood.

During the early days of COVID-19, Prime Minister Trudeau took the time to talk about mental health and to talk about such resources as Kids Help Phone. Representatives from that organization tell us that on that day, Kids Help Phone had the highest level of engagement ever. The PM’s youth council, of which I am vice-chair, is a diverse group of young Canadians who provide non-partisan advice to the PM and the Government of Canada on issues of importance to them and to all Canadians.

The world has changed so much, and the unique challenges and pressures young people face in their lives are significant. It’s our job as a government to support them and reduce barriers wherever possible. That comes through concrete support, such as the \$30-million investment to crisis hotlines across Canada, \$14.8 million specifically for Kids Help Phone; fighting online harm; and taking measures to reduce financial pressure on students, such as permanently freezing interest on federal student loans.

The actions and investments I have described cannot on their own put an end to ongoing mental health impacts experienced by young women and girls. We know that.

[*Translation*]

The committee’s study promises to contribute another important piece to finding larger solutions that address the root causes and challenges affecting the mental health of young people.

[*English*]

Thank you, Madam Chair and committee members. I am very happy to take your questions.

The Chair: Thank you very much, Minister.

We will now begin our first round of questions. Each group will have six minutes.

I’ll be starting off with Dominique Vien.

Dominique, you have the floor for six minutes.

[*Translation*]

Mrs. Dominique Vien (Bellechasse—Les Etchemins—Lévis, CPC): Thank you, Madam Chair.

I welcome each of you.

Minister, thank you for being with us this morning.

To follow up on what we’ve heard here, I was rereading the mandate letter that the Prime Minister sent you when you were appointed. You have a lot on your plate.

One of the tasks that the Prime Minister gave you is of particular interest to us: “the development of a 10-year National Action Plan to End Gender-Based Violence”. In that letter, you were also asked to “begin negotiations with the provinces and territories within a year, and accelerate the establishment of a dedicated Secretariat” to address violence against women.

With the year almost over, where are you in achieving these three tasks assigned to you by the Prime Minister?

Hon. Marci Ien: Thank you for your question.

[*English*]

It’s such a great opportunity to talk about this.

Last week, on Wednesday, November 9, I was so happy to stand beside my provincial and territorial counterparts, from whom we got the go-ahead, I’ll call it, after speaking for two days in Pictou, Nova Scotia, and launch our national action plan to end gender-based violence. It was an opportunity to speak with my counterparts, as each province is unique and each province is rare, with regard to what they’re seeing and how gender-based violence is addressed, to hear and to listen.

At the beginning of that meeting, the first day, it was national indigenous leaders and representatives who were at the table. Here's what I'd like to tell you: All of us, to a person, sat in a circle. We heard from the national indigenous leaders and representatives about their struggles, their challenges and, frankly, how we've all helped. It was listening and it was learning. The two days after that, we did the same with provinces and territories.

• (1110)

[*Translation*]

Mrs. Dominique Vien: What came of it?

Minister, what the witnesses told us during our meetings on the issue was quite worrying: organizations are not adequately funded, young girls are harassed and bullied on social media and so forth. Everything you can imagine, we've heard it here.

How will the action plan resolve the problems of violence against women and girls that we've been told about here?

Hon. Marci Ien: That's a good question.

[*English*]

Eighty per cent of the recommendations for the national action plan to end gender-based violence came from the provinces and territories, because we know, as I said earlier, that they are unique. They know what they need. They know the grassroots organizations that are doing the work to help the women and girls and provide the wraparound services. Each is unique.

We are at a stage now when we will begin our negotiations—bilateral, province by province—to hear everything that each province has heard from those who are experiencing gender-based violence, because that's what this action plan was built on: survivors, those who are in the space, the experts. We couldn't have gotten there without them. That's what this plan is based on.

Now it is coming together with the provinces and territories one by one to find out. We will continue to bring that plan forward.

[*Translation*]

Mrs. Dominique Vien: It's a matter of establishing a secretariat dedicated to addressing violence against women. What will that secretariat's response be to the horror stories that we're hearing from people on the ground?

[*English*]

Hon. Marci Ien: The provinces and territories that we hear from as well.... This is a joint effort. There's nothing like hearing from grassroots organizations, hearing from survivors, hearing from those who have spoken to you in this very important forum after reading, understanding and learning from this very important study. This is who we need to hear from; this is who we have heard from. Really, it is about the provinces and territories negotiating with us and saying, "This is what survivors are telling us. This is what we need."

We have a floor. Each territory will get at least \$4 million, and each province will get at least \$2 million. There is a shared cost and, of course, there will be a public accounting of all of this. My ministry will work hand in hand with each province and territory to make sure that we're addressing the very needs you talk about.

[*Translation*]

Mrs. Dominique Vien: Minister, you talk a lot about the future. There's some consensus on the need to move forward. How much time are you giving yourself to conclude negotiations with the provinces, before we'll be able to see concrete actions on the ground?

[*English*]

Hon. Marci Ien: We are seeing concrete actions on the field. This is why we knew that there was a need for an action plan that brought together provinces, territories as well as the government to push this work forward.

The Chair: That's perfect.

Hon. Marci Ien: We didn't just get here. We've been doing this work a long time.

The Chair: Thank you very much, Minister Ien.

I'm going to pass it over for six minutes to Sonia Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Madam Chair.

I'm splitting my time with Emmanuella.

Thank you, Minister Ien, for being with us today. I know you're working very hard on the ground for women and girls across this country.

Minister, we heard from the witnesses that early intervention is important for young women and girls with intersecting identities who experience unique mental health challenges.

I know you are also the minister for youth. Can you expand on the importance of culturally relevant supports and how early intervention is important for young women and girls?

• (1115)

[*Translation*]

Hon. Marci Ien: Thank you for your question, Ms. Sidhu.

[*English*]

It is such an important one. It is about early intervention.

Young people these days are bombarded by social media. They face so many issues at school in their spaces, so it's about meeting them where they are.

First and foremost, I want to put a spotlight on Kids Help Phone. Why don't we start there? When I say meeting kids where they are, the \$14.8 million that was provided to Kids Help Phone meant that kids could text. This is what they do. They could get in touch. They can pick up the phone wherever they are.

When we talk about the intersectionality of this—racialized, indigenous, Black—we need to know that help has to be available 24 hours a day. Kids Help Phone does that. Crisis help lines do that. Why is that important? Because, if they are faced with an abuser within their household or in the space that they're in, they can send a text. They are able to call—I've seen the numbers—in the middle of the night when there's availability 24 hours a day to get the help they need.

I will add one more thing on an intersectional lens and the 2SLGBTQ community. About a year ago, I met with Berkha Gupta. They operate the LGBTQ youth line. It's a hotline. Berkha wanted to be what they didn't have because, when she was no longer welcome in her family, she didn't really have a place to reach out. She created this youth line so that young people could call. They were part of the \$20-million capacity funding. They were able to use that funding to expand to rural and other places outside of the urban areas in this country. When you talk about intersectionality, Berkha is on the front line. They hear it all. They have trauma-informed crisis counsellors on those lines to help everybody who calls in, whenever they might call or text.

Ms. Sonia Sidhu: Thank you.

I'll pass it over to Emmanuella, Madam Chair.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thank you, Madam Chair.

Thank you, Sonia.

Minister, thank you for being with us today to answer our questions. We know that this is an important topic for you as well. We hear in your voice that you're passionate about it, so thank you for the work that you're doing.

Early on in this study, we heard directly from a young lady who has attempted to take her life several times and knows the struggle of depression all too well. She spoke to us about the need to include young people when coming up with a plan to help youth who are struggling with mental health issues, as they are the ones who know what they need more than anybody else.

What are we doing to ensure that young girls have access to mental health services? Are we consulting our young people when coming up with a plan to give additional supports to this population?

Hon. Marci Ien: “Nothing for us without us”: That's what I've heard right across this country.

I'm the vice-chair of the Prime Minister's youth council and, might I say, the council doesn't mince words. Mental health has been the priority and is the priority. There was a state of the youth report as well that puts that squarely as the top priority for young people, women and girls across this country.

When we look at what we need to do, it's important not to start when young women and girls are 14, 15 and 16 years old. It's also important—and I hear this from the youth council and young people I speak to across this country—to include men and boys. An elder told me a while ago that an eagle cannot fly with one wing. She was talking about gender-based violence and including boys and men as well as young women and girls.

I want to highlight right now how important it is to have programs and services that address gender-based violence and mental health at a young age, not just for young women but for boys and for men.

I was in Nova Scotia last week, and there is an organization called Guys Work. It's grade 6 to 12 in schools right across Nova Scotia. They do excellent work. Here's what I was hearing from the boys who attend in grade 6: “This is a safe space. I can be who I am.” They talk about masculinity, what it means, how to help and how to engage with girls and young women. It's amazing. You cannot have one without the other: “nothing for us without us”.

• (1120)

The Chair: Perfect, thank you so much.

We're now going to pass the floor over to Andréanne.

Andréanne, you have the floor for six minutes.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Thank you, Madam Chair.

Minister, thank you as well for being with us today.

It's a sad day, however, given that a 14th femicide has been committed in Quebec, near my home, in Saint-Jean-sur-Richelieu. I offer my sincere condolences and my full support to the family of Donna Callahan.

That femicide occurred with the days of activism against gender-based violence around the corner. During that period, on December 6, we will mark the sad events at Polytechnique, where women were killed because they were women.

I'm bringing all this up because I know that it has repercussions on the mental health of women and girls. Witnesses have told us that today.

Previous questions addressed the national action plan to end gender-based violence. Last week, you had a meeting with the provinces and territories, which obviously approved it, except Quebec. The Government of Quebec said that it approved of the action plan's objectives, but that it would not sign it because it wants to retain sole responsibility for areas under its jurisdiction. The Government of Quebec expects full financial compensation from Ottawa for its own programs and services.

Will your government and your department commit to fully compensating Quebec?

Hon. Marci Ien: Thank you for your question. It's a very important one.

[*English*]

It was a privilege and a pleasure to have excellent conversations prior to the meeting in Nova Scotia last week with my counterpart in Quebec.

[Translation]

Minister Biron is excellent.

[English]

She knows what the province of Quebec needs. We will always work and always partner with Quebec. We are looking forward to bilateral negotiations with Quebec. The action plan to end gender-based violence in the last budget, in 2021, included \$3 billion over five years to advance initiatives to prevent violence, and that includes money that has gone to Quebec. We are not new to this. We look forward to those negotiations. Quebec was a full partner at the table. Madame Biron was represented extremely well. The conversations went extremely well, and I look forward to the next steps.

[Translation]

Ms. Andréanne Larouche: I also intend to meet soon with Ms. Biron for discussions, as I did with her predecessor.

I spoke to you about what we experienced during the pandemic. I asked you this specific question because you know that the federal government's encroachment into areas under the jurisdiction of Quebec and the other provinces always delays payments to the provinces of crucial funding to help improve their capacity and their resources on the ground.

I'll give you a concrete example that happened during the pandemic. In contacting Quebec's status of women secretariat and public safety department, I learned that the transfer of funds was up to six months late. Do you find that acceptable?

Quebec already has the infrastructure and expertise to address the issue of women's and girls' mental health. It has led the way, releasing a report entitled "*Rebâtir la confiance*", which includes about a hundred recommendations.

During the pandemic, you held women who were victims of violence hostage.

Will you now give the provinces the means to act by increasing health transfers? That request from the provinces and from Quebec is unanimous.

• (1125)

Hon. Marci Ien: Thank you for this question, as well.

[English]

I would like to draw your attention to the height of the pandemic, because I think it speaks to what you're speaking to here.

During the pandemic, Quebec received approximately \$17 million of the \$100 million in funding that was given to shelter organizations, on-the-ground organizations. We have an excellent relationship with Quebec. We have shown that when Quebec needs to be supported, it will be supported. We have signed agreements, and we will sign more, but this is not something that is new to us at the table. We understand the urgency. Quebec understands the urgency. Madame Biron and her team understand the urgency, and we will always be at the table.

The Chair: You have 10 seconds.

[Translation]

Ms. Andréanne Larouche: Minister, what happened during the pandemic happened because you tried to impose conditions. It's not me who's saying that the transfer of funds to Quebec was delayed; it's my counterparts in Quebec and the former minister responsible for the status of women. I'm certain that the new minister will also take on this file.

[English]

The Chair: You have five seconds to respond. Do you have any response?

Hon. Marci Ien: I would just say that I look forward to the negotiations, and, as always, we remain at the table.

The Chair: Excellent.

We're now going to turn it over for six minutes to Lisa Marie Barron.

Lisa Marie, you have the floor.

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Thank you very much, Chair.

Thank you to the minister. I'm happy to be here today for this important work. I want to first convey regrets from my colleague, MP Leah Gazan, who is unfortunately unable to be here today but will go back to watch this entire meeting closely, I'm sure.

My first question today is about November 20, the Transgender Day of Remembrance. I feel it's important for us to talk about this when we are looking at the mental health of young women and girls. We know that transgender youth face much higher risks and rates of mental illness than youth in general. The Ontario chapter of the Canadian Mental Health Association, for example, noted that 2SLGBTQIA+ youth have 14 times the risk of suicide and substance misuse than their heterosexual counterparts, with transgender youth accounting for 77% of those seriously considering suicide.

Those numbers are really appalling and concerning. I wanted to bring them forward, because I know that recently, Minister, there was a 2SLGBTQIA+ action plan that was put forward, which can be applauded, of course, for the work that's happening in the right direction. But we also know we're hearing from the Canadian Centre for Gender and Sexual Diversity, Wisdom2Action executive director Fae Johnstone and the Enchanté Network, who are talking about some critical gaps, flaws, and a lack of funding integrated within the plan specific to the unique challenges experienced by transgender, non-binary and gender non-conforming people. There are also some gaps being highlighted around the need for disaggregated data to better understand the unique experiences of transgender youth.

I'm wondering, Minister, if you could please tell us how you and your government plan to address the critical gaps in demands identified by 2SLGBTQIA+ individuals that end up leaving queer and trans people behind, and why this hasn't been developed long ago.

Thank you.

Hon. Marci Ien: Lisa Marie, thank you so much for the question.

That is precisely what the 2SLGBTQIA+ action plan is about. It was built by community and grassroots organizations and was \$100 million. I'm so happy to hear you talk about disaggregated data, because it is something I preach 24 hours a day.

Seventy-five million dollars of that plan went to organizations on the ground—Enchanté and others included—and \$25 million is where the disaggregated data and support for the 2SLGBTQIA+ secretariat come in. We know we need the data.

Thank you also for acknowledging Trans Awareness Week, which starts today and, of course, the day is on the 20th, as you said. I proudly represent Toronto Centre. As the member of Parliament for Toronto Centre, I serve those in Church-Wellesley, the historic gay village, and this plan and serving them well means a lot to me personally.

Here's what I'll tell you. On Saturday, I was at The 519. On behalf of Minister Lametti, Parliamentary Secretary Anandasangaree and I stood beside a young man who fled his homeland of Jamaica. He is a refugee here, and he is now one of the executives at The 519. We were there to announce just under a million dollars. This million dollars will go towards helping trans people with regard to justice issues, and his speech outlined very well how important it was to have trauma-informed counsellors and advisers on hand. He outlined very well how the trans community, as you mentioned, has to deal with violence, police brutality and mental health issues at a far greater rate than, frankly, anybody else. This just under a million dollars that we announced is going to help with that. It's going to provide support with regard to justice, help and wraparound support.

I hear all too often, after members of the trans community are hurt in any way, that they're afraid to walk into hospitals because they don't know what kind of treatment they might get there. These issues are systemic and we cannot fix systems overnight, but we can hit that and hit that, and work away every single day to make things better.

I so appreciate your question.

• (1130)

Ms. Lisa Marie Barron: I only have 15 seconds, so I'm just going to highlight how much I appreciate the attention that you're paying to the needs of transgender youth and young people. I really look forward to working together to identify the gaps in the hope that we can start making their lives better.

Thank you.

The Chair: Thank you.

We're now going to pass over to our second round, and we will start off with Anna Roberts.

Anna, you have five minutes.

Mrs. Anna Roberts (King—Vaughan, CPC): Thank you, Madam Chair.

Thank you, Minister Ien, for participating today.

I have a two-part question. The first part is, being new to the committee, could you explain the youth council to me? When did they last meet and what is their progress?

Hon. Marci Ien: Are you talking about the Prime Minister's youth council or my personal youth council in Toronto Centre?

Mrs. Anna Roberts: Both.

Hon. Marci Ien: My personal youth council in Toronto Centre meets monthly. We have a meeting coming up. We like to focus on specific goals, so right now we're focusing on food security. We are focused as well on identifying those who might help in our community with regard to that.

For example, I have a university in my riding that grows food on its rooftops, so my youth council will be getting in touch with said university to find out how food that isn't sold or is left over can be used to help our communities. My Toronto Centre youth council focuses on community issues, and food security is the one that we've chosen, Anna. That's what we'll be working on in the coming months.

With regard to the Prime Minister's youth council, we last met this past August, and I am in touch via text and social media with many of the members all the time.

• (1135)

Mrs. Anna Roberts: My second question is in conjunction with my first question.

I'm an individual who had personal experience with youth violence many, many years ago.

There's no discussion about housing. We have young women and youth who are in an atmosphere that is detrimental to their health and well-being. How is the government working with the provinces to ensure that the social network and the social services of the provinces work together to ensure that violence against youth and women is not escalated? I can tell you from personal experience that I haven't seen a huge improvement.

[*Translation*]

Hon. Marci Ien: Thank you for your question.

[*English*]

I so appreciate this opportunity to speak about that.

When it comes to youth mental health, it's important that those who take care of young people—parents, guardians, caregivers of any sort—are well supported.

Here's what I know as a mom of two. If I'm stressed in any way, if my mental health is challenged in any way—and it has been challenged—my kids feel it.

First, it supports those who support our young people, and that's exactly what we're doing. When it comes to housing, providing rent support for the lowest-income earners means something. It makes a difference.

I was born in St. James Town, which is part of the riding I serve. It is all apartment buildings. It is mostly immigrant families trying to do the best they can, most of whom, by the way, work on the front lines. Help with rent goes a long way. Help with dental care so that kids 12 and under can go to the dentist helps. It helps—

Mrs. Anna Roberts: I'm sorry to interrupt. My time is limited, and I want to get this question in.

Here is the situation. If we don't understand the cultures where these youth and young women come from, and we send in children's aid to provide them homes through foster care or whatever situation.... If that situation is not dealt with quickly, in a timely manner, then the abuse will continue.

The reason I ask that question is this: How do we train the individuals who are supposed to support our young and youth to ensure there is no repeat violence?

Hon. Marci Ien: I'm not sure I understand when you say—

The Chair: Minister, I'm going to give you about 20 seconds to respond because we're a little over time. You have about 20 seconds.

Hon. Marci Ien: I appreciate that, Madam Chair.

I just want to understand what “cultures they come from” means. What does that mean?

Mrs. Anna Roberts: There are certain cultures that have certain beliefs. If we interact with those cultures while not understanding the cultures, we put the youth and the young women at risk.

Hon. Marci Ien: Certain cultures that have certain beliefs...like what, Anna?

Mrs. Anna Roberts: For example, there are certain cultures where women and youth do not have a say in the family home.

The Chair: First of all, I love this line of questioning and where it's going, but it's taking away from every other person, so we can't expand this anymore.

Mrs. Anna Roberts: That's no problem.

The Chair: I'm sorry about that.

I'm going to take this time and turn it over to you, Jenna, for your five minutes.

Perhaps, Anna and Marci, you could talk about that.

Hon. Marci Ien: I'd be happy to.

Ms. Jenna Sudds (Kanata—Carleton, Lib.): Thank you very much, Madam Chair.

Thank you, Minister Ien, for all your hard work and for being here with us today.

There was a question that started down the line of what was happening with respect to the national action plan to end gender-based violence. I think we should underscore what a monumental achievement this national action plan is. I'd really love it if you

could take a few moments to dive a little deeper into the impacts of violence on mental health for young women and girls and the impact or the outcome this national action plan to end gender-based violence will have for these young women and girls.

• (1140)

Hon. Marci Ien: Jenna, thank you so much for the question.

It is not a small thing to have all of the provinces and territories sign on to something like this. It's not a small thing; it's a monumental thing, as you point out. The impact is huge—and it will be huge. We have seen, through this pandemic, who was disproportionately impacted. Women and girls—and then you put an intersectional lens on that—were at the head of the pack, which is why our government responded the way it did, with half a billion dollars towards ending gender-based violence.

I have to reiterate that this was born and we would not be at this point.... It was the community that came together and told us, grassroots organizations and survivors who said, “This is my story. How can we do better?” Provinces said that they really appreciated the way these discussions were going, but they needed to go back to their indigenous leaders in their various provinces and territories and talk to them, because this is about inclusivity. It's about getting it right. It's about doing it right and it's about saving lives. I cannot underscore enough how this is going to impact women, girls, men and boys across this country.

One example, if I might, is Velma's House in Winnipeg Centre, Leah Gazan's riding. When I visited last summer, there were women under the porch, on the porch, and it was at capacity inside. It is a low-barrier house that accepts anybody. Whether they have addictions, mental health issues, whatever, they're accepted—except they were full.

Weeks ago, Leah was so instrumental, and others as well. We were able to provide \$1 million from our ministry to keep the doors open for the time being, and then Minister Hajdu, with \$2 million dollars for Velma's House to buy a Ronald McDonald House that was bigger, which would give them the opportunity to help more women and have trauma-informed support and counsellors.

They are moving shortly. We made the announcement in the new Ronald McDonald House, the centre where they will be. Lives will be saved. That day, survivors spoke—survivors who are on the streets, who found Velma's, and who are now counsellors themselves.

That is one of many places that will be served by this action plan. There are so many others, but I'm happy to speak to that.

Ms. Jenna Sudds: Thank you very much, Minister Ien.

That's a fantastic example, and there will be many more to come.

I think we have about a minute left—

The Chair: You have about 13 seconds, actually, because you have a five-minute block.

Ms. Jenna Sudds: Okay, well, maybe for the benefit of my colleagues, I did want to touch on the funding that you've announced for crisis hotlines, and an update on that. Maybe someone else will pick up that very important question as well.

The Chair: Awesome. Thank you so much, and I'm sure we absolutely will.

Andréanne, you have two and a half minutes.

[*Translation*]

Ms. Andréanne Larouche: Thank you, Madam Chair.

Minister, thank you again for being here as part of our study of the mental health of women and girls.

In answering questions, you said that your department funded several programs to promote and protect mental health.

However, Quebec has its own measures and its own network of community resources specific to mental health. The network also involves the province's health and social services authorities. Since that's how it works, would it not better serve women and girls in Quebec for the Quebec government to manage the funds and programs, itself, instead of duplicating the work?

• (1145)

Hon. Marci Ien: Thank you for your question.

[*English*]

We have been pleased to sign agreements with Quebec. We are always pleased to be at the table with Quebec. As I said, my counterparts, Minister Biron and her team, were actively participating, actively listening, exchanging important information, exchanging ideas. I look forward to doing this. We will begin negotiations. We will always, always be at the table for Quebec and for each and every province and territory across the country.

[*Translation*]

Ms. Andréanne Larouche: Again, there must be assurance that this will not delay anything, which happens often.

I'd like to come back to sexual violence, because there's a link between partner violence and mental health.

When you appeared before the committee as part of our study of intimate partner violence, I mentioned to you that many witnesses were advocating for stable and recurring funding to address the problems. Once again, several mental health organizations were seeking the same thing.

In Quebec, community mental health organizations already receive funding from the Government of Quebec. If the federal government increased health transfers to Quebec and the other

provinces to the requested levels, wouldn't that also help those community organizations increase their assistance to victims on the ground?

[*English*]

The Chair: You have 20 seconds to respond.

[*Translation*]

Hon. Marci Ien: Thank you for your question.

[*English*]

As we have seen during the pandemic, we were able to transfer monies needed. We will always be at the table with Quebec. I completely understand and empathize with those you are speaking of—

The Chair: Perfect. Thank you so much.

We're now going to turn it over to Lisa Marie.

Lisa, you have two and a half minutes.

Ms. Lisa Marie Barron: Thank you, Chair, and thank you, Minister.

I was pleased to hear you talking about Velma's House, in my colleague MP Leah Gazan's riding of Winnipeg Centre. I just want to acknowledge how much I'm celebrating that work, as it's been a critical call from the community for years to support women and gender-diverse individuals. It's that leadership and advocacy from the community that made this happen, so I'm happy to see the action that has resulted from that community advocacy and the funding that has resulted: a big applause on that.

I wanted to ask a question about missing and murdered indigenous women and girls and two-spirit people. I'll give you some context, and I know that this story is definitely not in isolation. My friend and local indigenous woman from Nanaimo, Lisa Marie Young, went missing in 2002 at the age of 21. I'll tell you that her family and loved ones continue to search for her, continue to have marches and awareness of her. It's so sad to see that there are still no answers as to what happened to her. There are just so many stories, as you know. I'm sure you're hearing about other women and girls going missing with no answers.

I wanted to see if you could speak to the \$724.1 million that has been allocated as part of the National Inquiry Into Missing and Murdered Indigenous Women and Girls, which has been, as I'm sure you're aware, largely unused to date. As my colleague said, there's money sitting in the docket while women and girls and 2SLGBTQIA+ individuals continue to die. I'm wondering if you can provide some specific timelines and commitments as to when this money is going to be spent, and how it's going to be spent.

Thank you very much, Minister.

The Chair: You have 30 seconds to respond.

Hon. Marci Ien: Goodness, okay.

Lisa Marie, thank you so very much.

Listen, the violence that we see all over this country is.... I don't even want to say "heartbreaking", because it's more than heartbreaking. We wholeheartedly, in a fulsome way, support the MMI-WG action plan and we supplement it with our national action plan to end gender-based violence—

• (1150)

The Chair: Fantastic. Thank you so much.

We're now going to go into our final round. In our final round, there are only two questions because this is the final for this, so we'll give four minutes to Michelle Ferreri and four minutes to Marc Serré.

Go ahead, for four minutes.

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Thank you, Madam Chair.

Thank you, Minister, for being here. I know you deeply care, as we all do.

Minister Ien, under the Liberals, when it comes to childhood welfare, we have fallen from 10th to 30th place. How do you respond to that?

Hon. Marci Ien: Michelle, it is about, as I said before, supporting the caregivers. As a mom, I know my children don't do well if I'm not doing well, and I'm speaking from a mental standpoint, so—

Ms. Michelle Ferreri: I want to be quick, and I want to get through as many questions as I can.

Under your government, under the Liberals, we have fallen 20 spots. What could be done differently? What are we missing? Why have we fallen so much? I understand that. Are you saying that we're failing in caring for our caregivers?

Hon. Marci Ien: I'm saying that it matters how we take care of our caregivers and also our kids.

Last week I was at Acadia University in Wolfville, and I was talking about the fact that we have now eliminated interest on student loans—of course for the federal portion—and when I spoke about that, I spoke about mental health. I know what it's like to be in school and know that you have a burden of debt, that you have to work a job and that you can't ask your family for anything else. That impacts mental health. I had conversations with kids after who thanked me for mentioning that, because that's exactly—

Ms. Michelle Ferreri: Minister Ien, I appreciate this. I have to get through as much as I can.

I think we're all aware of that. I was asking a direct question about what specifically has happened. We are 35th out of 38 in teen mental health and suicide.

Hon. Marci Ien: We continue to support our teens and our young people. That's exactly what we—

Ms. Michelle Ferreri: What I think people need to hear right now, Minister Ien, is that we can do better. That's what people really need to hear from you. I know you care. I know you're a mom. I know this is important to you, but I think people need to hear a bit more.

We have the highest use of food banks in history. We had Mr. Owen Charters here from the Boys and Girls Club. The cost of living and inflation are a massive stressor on our children. It is down-loaded to them. It is impacting their mental health.

When you say you have a dental plan that nobody is going to be held accountable for, there's going to be no audit for that dental plan. It's a cheque going to parents, which is increasing inflationary spending. That is a problem. November 20th is the national day of the child.

Minister, I've watched you work, and this is a tough conversation, but people need to hear that you—

Hon. Marci Ien: It's a conversation, Michelle, that I have every single day, and I'm having it with young people. I'm having it with people—

Ms. Michelle Ferreri: But it is worse. Things are worse.

The Chair: I call time out as the chair. The time goes to the questioner.

Marci, I will give you time to respond. This is a really important topic, and I really appreciate everything on this.

Michelle, carry on.

Ms. Michelle Ferreri: It is tough. I don't want to push this as if you don't care, because I can't stress enough that I know you do, but things are worse.

I guess the number one thing I would say to you is that to call it a dental benefit that you are shipping out to parents.... Is there going to be audit or any accountability? A dentist asked me this weekend how you will show that people are spending that cheque on dental care.

The Chair: Ms. Ien, I will give you 25 seconds to respond to everything there because your time is up.

Go ahead.

Hon. Marci Ien: It's hard to respond to everything in 25 seconds, but how about I do this? We are talking about systems here, and you don't break them down overnight. The reason I ran was to be part of a system that I could help change, and that is work on a daily basis. It's listening to the people who are living this life.

You know what, Michelle? If you put an intersectional lens on everything that you're talking about, Black and indigenous kids and families, 2SLGBTQI+ people and their families and communities, it's all exacerbated, and we know that, but day to day we do the work.

The Chair: Thank you very much, Minister.

Hon. Marci Ien: Thank you.

• (1155)

The Chair: Now we'll go to our last part and four minutes with Marc Serré.

Marc, you have the floor.

Mr. Marc Serré (Nickel Belt, Lib.): Thank you, Madam Chair.

Thank you, Minister, for all the work you've done and for all of the immense work that is needed to move forward.

If we're looking at specific results, specific actions, I will follow up on a question asked earlier by my colleague Jenna Sudds. You made the announcement last summer related to the crisis line responding to gender-based violence across Canada. I just want to give you an opportunity here specifically to update the committee on the signed bilateral agreement that was done with each of the provinces—congratulations on that hard work with the provinces—to see how this bilateral agreement will help more women at risk get the help that they desperately need.

[Translation]

Hon. Marci Ien: Thank you very much.

[English]

I so appreciate this question.

In Nova Scotia last week, \$700,000 is what we put forward for the crisis lines there and, of course, the province is doing its share with my provincial counterpart, Minister MacFarlane. The most important thing about that announcement, though, was hearing from people on the ground, hearing from those who work the lines and are there when people call in.

One such person was Anna. What Anna said to me after the press conference was that what this means is that somebody is there on the other end of the line 24 hours a day. She could not stress that enough, because there weren't enough people: There weren't enough people in place for rural calls. What they found was that a lot of these calls were coming in the middle of the night when they didn't necessarily have staff there—trauma-informed staff—and this funding will help with that.

The other part of this, Marc, is that 8% of the people calling in to these lines are now men and young men. Here's what they're saying: "I am not feeling well. I think I might hurt my partner. I think I might hurt somebody. I need help." They're calling in to ask for help. This is how important crisis lines are, not just for young women and girls, but for men and boys as well. We're seeing the numbers, and already we're seeing the difference that this is going to make.

[Translation]

Mr. Marc Serré: Thank you very much, Minister.

During the pandemic, the federal government allocated funds to the Horizon Women's Centre, in Sturgeon Falls, in my riding. Very concerned about these issues, the province gave the centre an equivalent amount of funding. The federal government was thus a leader in supporting agencies, and rallying the provinces for assistance and support.

Can you describe the roles that the provinces and the federal government must play to ensure that the national action plan to end gender-based violence will be implemented as quickly as possible?

[English]

The Chair: Marci, you have about 30 seconds. Go ahead.

Hon. Marci Ien: Thank you so much, Madam Chair.

Yes, the negotiations are about to take place. As I mentioned before, Marc, with regard to the action plan, from a federal perspective the floor is \$2 million for provinces, and the floor is \$4 million, at least \$4 million, for territories. Again, it's about coming together—80% of these recommendations were made by provinces and territories—to the table and understanding that each province and territory is unique and bringing that to the table.

The Chair: Thank you so much.

We have now wrapped up our first hour. On behalf of the committee, Minister Ien, I really would like to thank you very much for coming, and say a special thank you to Ms. Smylie and Ms. McRae for being here as well.

We're going to suspend for just seconds. Minister Bennett is about to join us. We'll suspend for about a minute if you want to grab something and come back to your seats.

• (1200)

(Pause)

• (1200)

The Chair: I would like to call this meeting back to order. Thank you so much.

On our second panel today, I would like to welcome the Honourable Carolyn Bennett, Minister of Mental Health and Addictions; from the Department of Health, Heather Jeffrey, associate deputy minister, and Eric Bélair, associate assistant deputy minister, strategic policy branch; and, from the Public Health Agency of Canada, Candice St-Aubin, vice-president, health promotion and chronic disease prevention branch.

We'll start off our first five minutes with Minister Bennett.

Minister Bennett, you have the floor.

[Translation]

Hon. Carolyn Bennett (Minister of Mental Health and Addictions): Thank you, Madam Chair.

I would like to begin by acknowledging that we are on the unceded, traditional territory of the Algonquin people, who have been stewards of this land and water since time immemorial.

I am pleased to be here today to speak to this truly timely study examining the factors contributing to mental health of young women and girls.

Women and girls are significantly more likely to report low life satisfaction and have more problematic social media use, and are hospitalized for anxiety, depression and eating disorders more often, when compared with their male peers.

[English]

It was over 70 years ago that Canadian war vet and psychiatrist, Dr. Brock Chisholm, the first director general of the WHO—and I heard a really neat interview with him this weekend—stated that “without mental health there can be no true physical health”.

I think that we are now really facing a problem with stigma, which has resulted in way too many people struggling with mental health alone. However, I do think there's hope because I think COVID has allowed more of us to admit when we're struggling, to admit, maybe, to a little bit more substance use than usual, and to talk about our own mental health. That is something that helps reduce the stigma because stigma is such a serious barrier to care. As you've heard in these hearings, the care has to be there when people need it, and sadly, during this time when so many more people, Canadians, have needed support, that support was all too often not included in our cherished publicly funded health care system.

Since 2015, we have made historic investments to support mental health: the \$5 billion to the provinces and territories to increase the availability of mental health; another \$600 million for distinctions-based mental health and wellness for indigenous people; \$270 million for the Wellness Together portal; \$45 million to develop national standards; and then many other targeted investments in substance use and mental health promotion innovation. The \$5-billion investment through the provincial and territorial bilateral agreements is currently providing \$600 million of additional funding until 2027.

We want you to know that we remain totally committed to investing an additional \$4.5 billion through a Canadian mental health transfer and that we are working with the Standards Council of Canada and our provincial and territorial partners to develop national standards for evidence-based mental health and addiction services in the priority areas identified with our provincial and territorial colleagues. We are particularly encouraged by the incredible early progress on national standards for integrated-use services.

Last week, at the FPT health ministers' meeting, we visited Foundry in Vancouver, Foundry Vancouver-Granville, which started the IYS movement in Canada. I just have to say that I had the privilege of meeting a young woman, a refugee from Saudi Arabia, who has found her confidence, a second family, and all of the social and mental health supports to positively transform her outlook on her path forward as a lesbian. That is the transformational power of integrated-use services.

It was then wonderful the next day, Wednesday, to join representatives from every single province and territory, as the IYS movement is now growing to serve young people up to the age of 25 with individual, multidisciplinary, evidence-based wraparound services that are trauma-informed, culturally safe, and designed for and by young people coast to coast to coast.

I'm also pleased to say that the online portal, Wellness Together Canada, linked with Kids Help Phone and its companion app, PocketWell, has assisted thousands of young Canadians in getting the help they need, not just directly but also as a stepping stone to receiving the resources and advice about where they can achieve more specialized care.

• (1205)

We welcome, of course, the CRTC's decision approving the new 988 three-digit suicide prevention line, and we are working to ensure that it has the capacity for a successful launch next fall. We want all of you to know that you can help. We are not waiting for the help; it's at 1-833-456-4566. We want to demonstrate to Canadians that we share their concerns. We've been listening to those who have lived and living experiences, the experts, the people on the front line, but we need the disaggregated data to show that we are leaving no one behind.

[Translation]

I look forward to expanding on my brief remarks through your thoughtful questions.

[English]

The Chair: Absolutely. Thank you so much, Minister.

We're now going to start our six-minute rounds.

I'm going to pass the floor over to Michelle Ferreri for the first six minutes.

Ms. Michelle Ferreri: Thank you, Madam Chair.

Thank you, Minister, for being here. I appreciate your time.

Minister, the fall economic statement came out, and I'm wondering how you feel about the fact that the term “mental health” was mentioned only three times.

Hon. Carolyn Bennett: As you know, the fall economic statement is an update on changes that are happening. I think our commitment to mental health and substance use has been unwavering. It's what we do every day—now, as a separate minister for mental health and addiction.

I think there's an exciting change, not only in what we're doing but in how we're going about it, in that partnership with provinces and territories, municipalities, and especially in listening to those with lived and living experience and the people on the front line of this parallel epidemic.

Ms. Michelle Ferreri: It's good to hear you say that the Liberals have unwavering support. I guess the question would be whether you're okay with it being mentioned three times. The Liberal commitment, as you know.... I'll read this for you:

Commit to permanent, ongoing funding for mental health services under the Canada Mental Health Transfer, with an initial investment of \$4.5 billion over 5 years. Including the existing bilateral agreement on mental health services signed in 2017, this would bring federal support for mental health services to \$2.5 billion per year by 2025-26. This is in addition to further investments we will make to support First Nations, Inuit, and Métis communities with better access to trauma and mental health services.

Can you give everyone at this committee an update on where that \$4.5 billion is?

• (1210)

Hon. Carolyn Bennett: As I said in my remarks, the \$5 billion is there for 2017-27. That means there is an additional \$600 million going to provinces and territories every year.

We are now working with provinces and territories to build that action plan. We will make sure that the data is there and that the results will be there as we invest the next \$4.5 billion. That's the work we're doing on national standards. It's the exciting work that's happening on integrated youth services—

Ms. Michelle Ferreri: Sorry, Minister, but I have to be quick, because we only have so much time.

To clarify, the election promise of the \$4.5 billion is gone. It's not off the table; you're saying it's from 2017. So that 2021 election promise of \$4.5 billion doesn't exist.

Hon. Carolyn Bennett: It exists, absolutely. The \$5 billion was 2017-27, and now there is the work being done to make sure that \$4.5 billion will be distributed to provinces and territories within an action plan that will be part of the mental health transfer.

Ms. Michelle Ferreri: Could you table what that action plan is, or when they're going to see it?

We've seen a lot of witnesses in this committee, and multiple committees, quite frankly, who have been waiting with bated breath. We heard, even from your colleague prior, about helping and supporting frontline workers who are burnt out, and that this money you've promised is a matter of life and death.

Where is that action plan?

Hon. Carolyn Bennett: The action plan is about transformation. It's about changing the way we've done things. It is about putting mental health as a full and equal part of our most cherished social service.

In the changes that took place in cost containment, when social workers and occupational therapists, psychologists, were moved out of hospitals, that moved into the private sector and the social services sector. We want this back inside.... It is taking that kind of work, listening to people on the front lines, to ensure that the \$4.5 billion will be part of that change, as it has been with the integrated youth services.

This is so inspiring, Michelle. I hope everybody will get to see an IYS centre. Of course, Ontario and Quebec have been very much in the forefront, taking the lead from Foundry and Dr. Steven Mathias of British Columbia.

Ms. Michelle Ferreri: Foundry is absolutely an amazing place. I was able to go and visit it.

Hon. Carolyn Bennett: I forgot that you went to see it.

Ms. Michelle Ferreri: With all due respect, Minister Bennett, I think people would really disagree that it is inspiring when you have people who are dying on waiting lists, people who are choosing MAID instead of having access to treatment. We need recovery centres. We need treatment centres. I've been very vocal to you

about about Peterborough—Kawartha. We have upwards of 20 people a day dying from overdoses.

Where is the plan? Where is the strategy to intervene, but to offer a place of treatment and recovery?

Hon. Carolyn Bennett: As you know, treatment and recovery is a provincial service delivery. What we're trying to do, as a federal government, is to take the pressure off that by using the money we are sending in substance use and addiction programs, mental health innovation and promotion, and to lift up the three million people who are using Wellness Together. That was put in place because of—

Ms. Michelle Ferreri: Would you say that it would be important on a national level, as a federal government, to implement a strategy? You mentioned eating disorders and youth mental health—which, if not treated properly, develops into addiction—and access to treatment and recovery. Would it not make sense on a national level, when we talk about a national framework, which you've been very vocal about, that we have a treatment and recovery plan in place?

Hon. Carolyn Bennett: I think, Michelle, what we're saying is that integrated youth services are that interdisciplinary plan that is the future of health and health care. That is a different way of doing things—

The Chair: Fantastic. Thank you very much.

Hon. Carolyn Bennett: —including the peer support, which is—

The Chair: Thank you very much.

We're now going to move our time over to Anita Vandenbeld.

I'm going to try to be very cautious with the time. I know there's so much in this, so when I do interrupt, that means quiet in the room and we'll get everything organized.

Anita, you have the floor for six minutes.

Ms. Anita Vandenbeld (Ottawa West—Nepean, Lib.): Thank you, Madam Chair.

Thank you very much, Minister, for being here today on this very important study on the mental health of young women and girls. I think the fact that you are a federal minister dedicated just for mental health shows the incredible importance our government puts on this issue of mental health.

I'd like to pick up on something you said in your opening remarks about national standards for integrated youth services. You gave an example about how this has the potential to be truly transformative. My understanding of it is that this is a way of combining community-based health and social services with online tools and resources and creating a one-stop shop.

I wonder if you could explain a little bit more about this and about where we're going with that.

• (1215)

Hon. Carolyn Bennett: What's exciting about it, Anita, is that really it began just five or six years ago with “one-stop” in Van-Gran, and it is now up to 25 sites. It is the future, because it's a stepped-care model. People get the most appropriate care in the most appropriate place by the most appropriate provider at the most appropriate time. One of the appropriate places is virtual.

As that young person walks in the door, they're greeted by a peer support person, someone with lived and living experience. They have a primary care provider. If they need a social worker, a psychologist, or an addiction medicine specialist, even virtually or online, or they need help with housing, help with education or help getting a job, it's all uniquely wrapped around and integrated into the rest of the system. If they've been to emergency on Friday night, their primary care provider knows that. This is what we have to do.

I have to say, Anita, that, as you know, our friend Dr. Karen Breeck, as the physician for the Snowbirds, once asked me why the veterans didn't have this. I hope one day we'll be able to get that kind of wraparound support for everybody.

What's also exciting is that this is for ages 12 to 25. It means that there's already a consensus that you can't let kids drop off the map at 18 in a pediatric setting. This is right to 25. It includes a lot of their challenges post-secondary or other challenges they're facing, including gender identity.

Ms. Anita Vandenbeld: One of the things you just mentioned was having social services and health supports and other kinds of supports. Why is it important that when we're having this conversation, we're talking not just to mental health professionals but also to teachers and to social workers, we're talking about peer support and we're engaging everyone in a holistic way as opposed to looking at it piecemeal and focusing in on just the mental health and not the whole person?

Hon. Carolyn Bennett: It's a really good question. A lot of the children or youth with serious challenges may be in a group home. You actually need to have everyone who is able to help that young person thrive. As we heard from the young woman last Tuesday in VanGran, this is family. It is a place where it's safe, where people feel safe. But as we know, the medical model....

I mean, Tommy Douglas said a long time ago that we shouldn't be waiting for people to get sick and then patch them up. That is the medicine wheel, keeping people in balance mentally, physically, emotionally and spiritually. This is an approach that is holistic, with individualized care, and I think it's very exciting.

It's also evidence-based. The CIHR is studying each of these. I think we'll be able to show how cost-effective it is too.

Ms. Anita Vandenbeld: We've heard a lot in this committee about intersectionality and about how people's differing identities impact significantly their mental health and whether or not they're having a mental health crisis or get the supports they need.

You mentioned veterans earlier, but there's also, of course, another group of people in Canada that is under federal responsibility, and that is indigenous peoples. I wonder if you could tell us a bit about their particular needs and the crisis that is affecting indige-

nous young women and girls and, as well, some of the things that we're able to do about that.

Hon. Carolyn Bennett: As you know, a lot of the intergenerational trauma has had a terrible effect in terms of people without parenting, with residential schools and with children being apprehended and taken out of their language and culture. Everything we're trying to do now is to make sure that if the mom needs some help, there's someone in the community—that healthy auntie, a healthy grandparent—who can do wraparound care while mom gets some help and we don't take that child out of the community.

We also know that in the wonderful summit Minister Hajdu had just after Parliament resumed—the indigenous mental wellness summit—it was inspiring to see all of these indigenous-led programs that people know are working. It's very important that we are supporting indigenous ways of knowing and doing, whether it's on the land or whether it's on the importance of language and culture—all of those things, I think—and it's also the fact that within our school systems it has to be led that way.

• (1220)

The Chair: Thank you so much.

We're now going to move for the next six minutes to Andréanne Larouche.

Andréanne, you have the floor.

[*Translation*]

Ms. Andréanne Larouche: Thank you very much, Madam Chair.

Minister, I thank you for appearing before the committee today. The evidence that we've heard as part of this study on mental health is terrifying.

Groups are seeking support, so that brings me back to the financial issue, because you talk a lot about amounts that the federal government wants to invest in mental health. However, I remind you that health is the jurisdiction of Quebec and the provinces.

Hearing you talk about money, I think that it would be much better invested in transfers, which the Government of Quebec believes should come with no strings attached, as it has said.

In your mandate letter, you talk about a national action plan and national standards. Quebec doesn't want that.

Above all, Minister, I wonder what expertise do you have that Quebec's health minister and health department don't have. After all, they manage hospitals, the health system and social service providers on a daily basis. What expertise do you have that we don't have in Quebec?

Hon. Carolyn Bennett: In my opinion, that's not the issue. It's essential to share best practices and listen to the provinces and territories about their challenges and the solutions. Quebec is a leader in day care and integrated youth services.

Last Wednesday, there was a meeting of integrated youth services networks, and Quebec was there. With its ACCESS Open Minds program, it shows such important leadership.

However, the funding that supports integrated youth services in Quebec is also very important for the entire country. That's part of the 10-year agreements entered into with the provinces in 2017, so it's a partnership.

Health and health care are the responsibility of all levels of government, but health services are under Quebec's jurisdiction.

Ms. Andr anne Larouche: Minister, you are aware that there was an attempt to impose standards when you know very well that Quebec and the provinces don't want that. Also, last week, the federal government tried to negotiate bilateral agreements with each province and with Quebec to try to divide and conquer. However, the response was unanimous. The united front still stands, and the demands remain.

You are also aware of the increase in cases. Quebec could invest that money into its health system and try to reduce wait times. As well, Quebec community groups already have their plans for working on the ground with victims.

What you're doing is holding people hostage when they are suffering terribly. I'm extremely concerned to see this paternalistic attitude from the federal government, which thinks these standards will resolve the problems in the health system, particularly in mental health.

Minister, I ask you again: when will you agree to transfer funding to Quebec and the provinces without any conditions? I repeat that I recently received confirmation that Quebec would not accept conditions in the form of national mental health standards. What Quebec wants is a substantial increase in health transfers, up to 35% of the costs of the system—as consistently requested—so that it has more resources to deliver concrete help to people on the ground.

In the next round, I'll come back to what you can do as a federal government. For now, however, I'd like to hear your opinion on this request because, last week, you did not listen to what Quebec and the provinces were calling for.

• (1225)

Hon. Carolyn Bennett: I hope the discussions about human resources in the health sector and more recent data will be mentioned. There must be expertise for francophones in Quebec, including doctors and specialized nurses. That's very important. For—

Ms. Andr anne Larouche: Minister, in the economic statement presented two weeks ago, before the break week, there was no response to the urgent requests, no money to invest in the health system.

You're instead trying to negotiate piecemeal agreements, when you had the opportunity to send a clear message. We are coming out of a health crisis. It's urgent to reinvest massively in the health system and not make cuts. People are waiting.

[English]

The Chair: Thank you very much.

We will be able to come back to you, Minister Bennett, in the next round with that.

I'm going to pass it over to Lisa Marie for six minutes. You have the floor.

Ms. Lisa Marie Barron: Thank you, Chair.

Thank you to the minister for being here today.

I first want to confirm some information that I have, to make sure that we're talking about the same information.

When was the \$4.5 billion over five years promised for the mental health transfers that you were talking about? When was that first allocated into a budget? Which budget was it?

Hon. Carolyn Bennett: The \$5 billion in 2017 goes for 10 years. Now, each of the provinces and territories is receiving \$600 million more, which is dedicated for mental health and substance use, like the integrated youth services.

The \$4.5 billion that was promised in the platform is what we're working on now with provinces and territories to be able to have an action plan that will be a bit closer to what's in the child care agreements, where there is an understanding of getting the data back and being able to see the outcomes—

Ms. Lisa Marie Barron: Thank you, Minister.

I appreciate that. I hate to cut you off, but I have such a short amount of time.

How much of that \$4.5 billion has been allocated to date to provinces and territories?

Hon. Carolyn Bennett: Not to date, because the agreements will have to be negotiated....

Ms. Lisa Marie Barron: Okay. What is the delay in the agreements if this funding was promised a year ago? It's just to clarify.

We're waiting on an action plan. Is that correct?

Hon. Carolyn Bennett: Yes. What happened was there was a concern with the \$5 billion. The people on the ground wanted to make sure that \$5 billion got to mental health and substance use.

With the \$4.5 billion, it will be with an action plan that will make sure the money is going—like the \$5 billion—to things like integrated youth services, digital health, better mental health in family care, substance use, substance use human resources and the complex needs. Those are the six things the provinces and territories have been working with us on for national standards and working groups. As we work through that, then the money will be assigned.

• (1230)

Ms. Lisa Marie Barron: Thank you, Minister.

Unfortunately, people are dying. We're hearing this throughout the room over and over, and you're very aware, I'm certain, in your position as well. This is a crisis. We need to see funding being allocated to provinces and territories so that people can get the help they need.

This is an emergency, so I'm curious as to why we need to wait to allocate much-needed funding. I understand that this work needs to be done, but what are your thoughts on implementing the funding immediately so that people can get the help they need, and then continuing the work of better understanding? We saw this during the pandemic. When the pandemic hit, we got help to people—I shouldn't say “we”; the government got help to people, along with the work of the NDP, pushing for people to get that help—and that funding was distributed.

Why can we not see a similar model with regard to the mental health supports?

Hon. Carolyn Bennett: At the beginning of COVID, that is when we set up Wellness Together Canada, and then in January we announced PocketWell. We are doing what we can, in partnership with the provinces and territories, to take that pressure off.

However, I think there's a very clear understanding that we have to do things differently. Having money where we aren't seeing the transformation, where we aren't seeing the use of peer supports, the use of nurses and social workers.... As you saw with Dr. Vigod's testimony here, in her study, of the 40 people needing perinatal mental health and psychiatric support, only two out of the 40 needed the psychiatrist or this very specialized capacity. The rest were helped at all other levels of the stepped-care model.

We want to make sure we are able—as with the integrated youth services, the perinatal mental health and the post-secondary—to deliver the most appropriate care in the most appropriate place by the most appropriate provider at the most appropriate time, including in the middle of the night with Wellness Together and that opportunity to get help 24-7.

Ms. Lisa Marie Barron: Thank you, Minister.

Hon. Carolyn Bennett: This is an exciting transformation in the way we do things.

Ms. Lisa Marie Barron: Thank you, Minister.

I really appreciate your desire to have this funded appropriately. I agree; it needs to be done appropriately alongside provinces and territories. People are dying, and the funding needs to be allocated, so I would like to reiterate the concerns by constituents in my riding—and that I'm hearing across Canada, of course—that this funding is much delayed and needs to be implemented.

In addition to that, I just want to segue to the toxic substance crisis we are seeing. In B.C. just in September alone, we saw 171 people die. I'm hearing a lot of promises being made by the Liberal government to address the toxic drug supply crisis. However, unfortunately, over and over I'm not seeing the actual solutions being proposed and the funding being allocated appropriately.

For example, my colleague MP Gord Johns' bill—the actual title of which is the Health-based approach to substance use act and

which the Liberals did not support, unfortunately—recently came forward, and these are recommendations—

The Chair: Okay, Lisa—

Ms. Lisa Marie Barron: —based on the expert task force—

The Chair: —your time is up.

Ms. Lisa Marie Barron: I have too much to say.

Thank you, Madam Chair.

The Chair: You will come back around. You get two and a half minutes in a second.

Dominique, we're going to pass it over to you for five minutes. We're in a five-minute round: five minutes, five minutes, two and a half, and two and a half.

Go ahead, Dominique.

[*Translation*]

Mrs. Dominique Vien: Thank you very much, Madam Chair.

Good afternoon, Minister, and thank you for being with us.

This is not an easy topic to discuss, and I sense that you are on the hot seat right now. I sincerely think that the 338 members of the House of Commons are acting in good faith. We all want the problems to be solved, and I think you do too. You want things to advance smoothly.

That said, you seem to be a bit optimistic. You listed a slew of figures so quickly that I had difficulty noting them, a profusion of figures, funding amounts, transfers and programs.

Correct me if I'm wrong, but I don't think I'm mistaken in saying that, of all the witnesses we've heard from since the start of this study, not one has said that things were going well. Everyone said that they were having problems related to money, organization and human resources, and that they were unable to meet the demand.

A woman came to speak to us about an organization here, in Ottawa, not some remote place. I can't remember the organization's name—my apologies to her—but she's single-handedly running her organization.

I think a lot of services have to be provided by community organizations, because they are close to the public, schools, parents, family support centres, and so on.

You began your remarks by saying that our study was timely. Why did you say that?

● (1235)

Hon. Carolyn Bennett: It's very important to have an approach to mental health and well-being that applies to all Canadians. Your study is very important in order to increase mental health assistance services and to allow Canadians to better understand their role.

Mrs. Dominique Vien: Minister, do you think our study is timely because there's a gap between needs on the ground and the services and support provided by the government to community organizations that help people with mental health problems, particularly young girls?

Hon. Carolyn Bennett: I'm optimistic because things are changing. Integrated services on the ground for young girls and youth and the potential of virtual services are very important now. Now is the time for transformation, and I hope your report will encourage that.

Mrs. Dominique Vien: That's what we're trying to do today. We're applying a bit of pressure for things to move ahead quickly.

I want to discuss a very specific topic, cyberbullying. Many people are victims of it, particularly young women and girls. Cyberbullying has consequences for the family. Parents and schools are struggling with this problem.

What are you doing in concrete terms to address this problem? What solutions have you come up with to address cyberbullying? Have you implemented any performance indicators to determine whether things are improving? What can you tell us about this?

Hon. Carolyn Bennett: With the contribution of the committee and through legislation, we can resolve the issue of cyberbullying. Resolving this problem, which has gotten worse, as you said, is important to parliamentarians.

[English]

The Chair: Thank you very much, Minister.

We're now going to pass it over for the next five minutes to Sonia Sidhu.

Sonia, you have the floor.

Ms. Sonia Sidhu: Madam Chair, I think Emmanuella is starting.

The Chair: Well, then, let's throw it over to Emmanuella.

Emmanuella, go for it.

Ms. Emmanuella Lambropoulos: Thank you, Madam Chair.

I'll be sharing my time with Sonia Sidhu.

Thank you, Minister Bennett, for being here with us today in order to answer some of our questions on this very important topic.

Many witnesses spoke to us about perinatal mental health. A mother whose mental health suffers will pass that suffering on to her children. There's a link between moms who suffer from postpartum depression, or depression at any point during the perinatal stage, and kids who suffer from depression. These kids eventually turn into adolescents who suffer from depression, and then into adults who suffer from depression. Part of breaking the cycle means taking care of the moms who are in these situations.

Dr. Simone Vigod made a few recommendations. According to Dr. Vigod, perinatal mental illness affects 20% of Canadian pregnancies. That is about 80,000 women per year. She recommended the funding of "training of perinatal health care and lay providers in short-term structured perinatal mental health psychotherapies, so that perinatal mental health care would be integrated." She also recommended funding "the training of personnel for new specialized perinatal mental health teams for underserved regions", making

specialized care more accessible for all Canadians regardless of where they live.

Minister, I was wondering if you support these funding recommendations and concrete measures to improve perinatal mental health care. Is the federal government doing anything to bring these forward?

• (1240)

Hon. Carolyn Bennett: Thank you for the question.

I have to say that I have learned a great deal from Dr. Vigod. Women's College Hospital is the reason I accidentally ended up in politics, trying to save that place and its independence. Dr. Vigod was really instrumental in this movement around perinatal mental health, as well as the collaborative....

On March 9, we did a round table with Dr. Vigod. I think we really felt by the end of the round table that this could very easily be an area where there could be national standards very quickly, as to what any woman should be able to expect, wherever she lives.

I think the idea is that the clusters of expertise in perinatal mental health are not properly spread out across the country. It is going to be important that the stepped-care model means that if women are very sick and unwell then they get the best possible perinatal mental health supports, wherever they live.

It speaks to what I was saying to one of your colleagues from Quebec. It means that we also have to make sure that the mom in Moncton or Sudbury can get the best care in French, if that's the way it should be.

It means that we have this opportunity with virtual care and expertise. We can really build out a system where moms are followed properly. Again, the attachment problems and all of the things that you've described, Emmanuella, are hugely important. No mom should fall through the cracks because she wasn't asked how she was doing or because we didn't really understand the depth of her despair or psychosis.

Ms. Emmanuella Lambropoulos: Thank you very much.

Sonia, go ahead.

Ms. Sonia Sidhu: Thank you, Madam Chair.

Minister, I want to ask about stigmas and stereotypes. I know that in specific cultural communities.... How can we break down these stigmas? How important is it for some communities?

Hon. Carolyn Bennett: Thank you, Sonia, for your leadership on this.

I think you and some of our South Asian colleagues have been very clear about how important and devastating stigma is, more so in some communities than others. Again, people want support, not stigma or judgment.

I think what we're learning is that we need tailored approaches to stigma based on an understanding of what it looks and feels like in certain communities. I was very interested to see the Black therapists network in Edmonton. They know that they are dealing with a great deal of stigma in their community.

Again, what can we do for first nations, Inuit and Métis? The history of residential schools was that emotions got—

The Chair: Thank you very much, Minister Bennett. We're way over time there. I tried to give you a little bit, but we are going in a different direction.

Hon. Carolyn Bennett: Okay.

The Chair: I'm going to pass it over for the next two and a half minutes to Andréanne Larouche.

[*Translation*]

Ms. Andréanne Larouche: Thank you very much, Madam Chair.

Minister, thank you again for agreeing to appear.

Before discussing another topic, I'll come back to what you said in response to questions from my colleague, Ms. Barron. You confirmed that your efforts to implement the national action plan and standards were delaying the allocation of money. However, those financial resources are what's most urgently needed to help victims and people suffering from mental health problems. The more standards that are added, the later the money is in arriving and the more it delays implementation of the plan, meaning that organizations don't have access to the help they need.

That said, I'd like to talk to you about the federal government's responsibility in helping young girls struggling with mental health issues.

My colleague Dominique Vien spoke about cyberbullying. Last week, I met with a member of the team that produced the documentary *Backlash*. The team is currently conducting an awareness campaign on cyber-violence and has put up an online petition people can sign. Their demand of the federal government is clear: stand up to giants like GAFAM—Google, Apple, Facebook, Amazon and Microsoft—and pass a law to counter online hate and cyber-violence.

My colleague asked what the federal government could do to address cyber-violence. This group's demand is one example. Have you had discussions with your colleagues about this? What is the status of the bill to address online hate?

• (1245)

Hon. Carolyn Bennett: I think that act will be very important. Since Amanda Todd's suicide, a number of behaviours have been criminalized. We need the best possible legislation to resolve this problem.

Ms. Andréanne Larouche: The figures I have before me indicate that 85% of social network users have apparently suffered

some form of violence, that 50% of women have reported that on-line platforms are not safe spaces for sharing their ideas, and that women are 27% more likely than men to be bullied online.

In 2020, according to statistics, there were 14,900 offences related to bullying. It must be acknowledged that, without a law...

[*English*]

The Chair: Andréanne—

[*Translation*]

Ms. Andréanne Larouche: Minister, I encourage you to reflect on it and discuss it with your colleagues.

[*English*]

The Chair: Minister, I'll give you about 10 seconds to respond to that, very quickly, and then we're on to the next member.

Go ahead.

Hon. Carolyn Bennett: Candice, would you want to explain what you've been up to?

The Chair: We're not going to have a lot of time, so I'll pass it over to Lisa Marie. Candice, we may be asking for more on that from you.

Go ahead, Lisa Marie.

Ms. Lisa Marie Barron: Thank you.

I have a lot I want to ask in a short period of time, so I'm going to try to keep this succinct. I hope I can get some quick answers from you, Minister.

Following on my last question about the toxic drug supply crisis, and reiterating that currently the government is not following the recommendations of their very own expert task force, I'm wondering if the minister could share with us when the government will begin taking a health-based approach to toxic drug substances instead of a criminal one.

Hon. Carolyn Bennett: Yes, absolutely. You're absolutely correct: We have to move from the criminal justice system into health and social services.

The reason we were able to do the agreement with British Columbia is that they have put those health and social services in place, such that we will be able to choose to work with them on public health as well as public safety indicators, as that decriminalization for small amounts will come into effect in the spring.

We are also at the same time following on the expert task force. Obviously, this community of safe supply is hugely important as we move forward, to make sure that we can.... There is no recovery model for people who are dead.

Ms. Lisa Marie Barron: Thank you, Minister.

The other question I had is around the overrepresentation of first nations people. We know that first nations people are five times more likely to experience an overdose and three times more likely to experience a fatal overdose. This is within British Columbia stats, and I know these stats coincide across Canada. Also, on my recent visit to Nunavut, it was clear that there is a lack of access to many of the mental health supports—and all health supports—for people in northern and remote communities.

This is specific to a call for justice that was brought up in this committee. I don't want to read the whole thing because I will run out of time, but call for justice 3.4 is about providing supports across Canada for all those who need them. I'm wondering if the government will be fulfilling this call for justice to ensure that our first nations communities have access to adequate mental health supports.

● (1250)

The Chair: Minister, you're left with 10 seconds.

Hon. Carolyn Bennett: Absolutely. This is something that I've worked on very closely with my colleague Minister Hajdu. It is also one that, as we expect.... In our urban centres as well, we have to have access to trauma-informed, culturally safe care.

The Chair: Thank you so much.

We're now into our last session. What we'll do is have four minutes each. It's going to be Anna Roberts, Michelle, and then Marc Serré.

I'll start off with Anna. Go ahead.

Mrs. Anna Roberts: Thank you, Madam Chair.

Thank you, Minister, for being here.

You talked about funding, and we talk about the urgency of people dying. We talk about the numbers. I think my colleague Michelle referenced earlier with Minister Ien how we dropped from 10th to 30th out of 38.

Here's my question. We heard from witnesses. One of the things we heard from Chelsea from Covenant House Vancouver was that there were youth issues and street outreach. They're short of outreach shelters to support trafficked youth. Girls are three times more at risk and are left behind in mental health. There's violence against women. Her recommendations—again, I talked about this earlier—were about the need for more housing and the need for more help for the homeless by investing in our youth programs, mental health protection and transportation.

One of the other witnesses—I won't go through all of them—was Gabrielle from Assembly of Seven Generations, who mentioned that 30% of youth show trauma when taken from their homes. There's a housing shortage. She talked about staffing people and professionals with the expertise to assist our mental health situation. She talked about homes for youth.

They go on and on. I don't want to go through the whole list, but there are the poverty issues, the inflation issue and the cost of running these programs.

You talked about the funding. When someone is sick or has a heart attack, they go to the hospital and people act immediately. We're losing people by the minute.

Why are we holding off on the funding when we already know from witnesses that we're struggling?

Hon. Carolyn Bennett: The funding continues in the substance use and addiction programs, and in the mental health promotion innovation fund. Those dollars continue to flow. We are working with our partners to save those lives.

We are also working with my colleagues, like Minister Hussen, on the rapid housing. When you have the need to have social services and wraparound services for that rapid housing, we're working with the provinces and territories to make sure they're there. We know the kids aging out of care have very special needs for housing. We know people coming out of jail have very special needs for housing. We are trying in the national housing strategy to make sure that mental health isn't over here, housing over there and social services over there.

Also, as you say, apprehending children has been a devastating policy. That is what Minister Hajdu and Minister Miller have been working on. They're trying to make sure that it stops forever.

Mrs. Anna Roberts: I'm going to pass it over to my colleague, Michelle.

Ms. Michelle Ferreri: Thank you.

Thank you to my colleague.

Minister Bennett, I'm going to be very blunt. Everything you just said is exactly what is happening. It is all siloed. There are no wraparound services. This is why we've fallen. This is why we have children who are dying. This is why we are 35th out of 38.

There is good intention here, but the execution is desperately lacking. For you to say that people go to the emergency room on a Friday and their family doctor knows on Monday is false. Most people don't even have a family doctor so, no, they don't know.

The other question.... What I would love to see, because I know you care, and we have this great reputation on this committee.... Everybody here cares. Where is this action plan that you're speaking of? Can we see it? What is the timeline? When can we expect to see these results? Everyone around here has heard this over and over again.

The stigma.... We're way past that. We are way past the stigma. This is action time. Where is the action plan? When can we see it? Can you please table it to the committee?

Hon. Carolyn Bennett: Michelle, what I was describing was the promise of integrating youth services. What I was describing was the fact that in that evidence-based approach that has seen such important—

● (1255)

Ms. Michelle Ferreri: Where is it?

Hon. Carolyn Bennett: Six years ago, there was one site. There are now 25 sites. The promise of sites coast to coast to coast.... We are getting there, because we are supporting people doing things differently—

The Chair: Thank you very much, Minister Bennett.

Hon. Carolyn Bennett: —and the CIHR proving what works is very—

The Chair: Thank you very much, Minister Bennett.

We're now going to move it over to Marc Serré for the last few seconds.

Go ahead. You have four minutes.

[*Translation*]

Mr. Marc Serré: Thank you, Madam Chair.

Minister, I thank you for your work, as the first minister of mental health, but also when you were the first minister responsible for the Public Health Agency of Canada several years ago. I also thank you for your visits to northern Ontario, including Sudbury.

You've clearly heard what the witnesses have told the committee about the need for virtual care. Some witnesses were from the Sudbury and Thunder Bay campuses of the Northern Ontario School of Medicine, two cities separated by an 11-hour drive, in a region that includes nearly 110 first nations communities.

Ms. Bennett, can you tell us about the effects of the pandemic on mental health, on the one hand, and about virtual mental health care, on the other?

[*English*]

The question is, what are we doing to support virtual care to implement this more on the self-assessment side when we're looking at youth, at reaching out to youth, and working with the provinces on this?

Hon. Carolyn Bennett: What's exciting about even what we've learned from Wellness Together Canada and that kind of assessment of people just being able to explore their resources online and find out what might be helpful for them, and then, if they need somebody to call, that can happen 24-7.... That, I think, is like the Kids Help Phone, which we know is helping thousands of kids. That's one of the partners in the Wellness Together platform.

This is something that I think has been really accelerated by COVID. Twenty years ago, we wanted to be able to do more things online. Even the teen clinics...hospitals wanted to be able to let the teens have their appointments on the phone. I think this is what's happening now. Some people feel better if they have the original appointment in person and then the follow-up online, but I think it's very exciting, even in the more subspecialized areas of having access to an addictions medicine person who really is the best in the trade.

I also think the idea that we could get that for indigenous people in first nations languages, in Michif, in Inuktitut...but also, I think the push for national licensure is going to be about francophones, wherever they live in Canada, being able to get mental health supports in their own language.

Mr. Marc Serré: Thank you.

I really want to thank you, as well as Minister Duclos and Minister Ien, for the leadership you're providing to get this plan, because, as you indicated, we have to do things differently. This is not working. We've heard from the opposition about things not working, and we really have to look at things like integrated youth services from ages 12 to 25. That's so important. We hear about eating disorders at 18 and the valley of death afterwards...it's just awful.

I want to thank you for listening to the organizations, because they want to have integrated services. We hear it clearly today. This is a good example: In just this one hour, three opposition parties are talking about provinces. We have B.C.'s safe consumption sites. I hope other provinces will follow the lead of B.C. and then work with us. We've heard other opposition parties here saying that we want to have safe consumption sites, but we have the Province of Ontario, which would not even fund that. As an example, in Sudbury the municipality and the federal government supported the safe consumption site that you visited with me just a while back. We really need to ensure that we have those standards.

Thank you for working with the provinces and the community organizations to ensure we have a sustainable plan moving forward into integrated services for mental health and substance abuse.

The Chair: Thank you very much.

Marc happened to just use all of his time, but I think that was his wrap-up statement after a really good meeting. Thank you very much.

Thank you very much to our witnesses. Thank you to Minister Bennett and to everybody who has come for this, talking about mental health and wellness. This is so important.

I would just like to remind everybody that we have a meeting on Thursday. We're still in the process of trying to figure out Thursday's meeting. We will be having trauma-informed training that will be presented to all of us.

One of my requests has been to Heritage Canada to find out what is safe sport and all of these things. I'm still trying to get a briefing for everybody. I'm still working on that. We'll find out, but if not, I'll make sure we're definitely working hard.

See you all on Thursday.

The meeting is adjourned.

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