



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

# House of Commons Debates

---

VOLUME 146 • NUMBER 026 • 1st SESSION • 41st PARLIAMENT

---

OFFICIAL REPORT  
(HANSARD)

**Tuesday, October 4, 2011**

—

**Speaker: The Honourable Andrew Scheer**

## **CONTENTS**

(Table of Contents appears at back of this issue.)

# HOUSE OF COMMONS

Tuesday, October 4, 2011

The House met at 10 a.m.

---

*Prayers*

---

## ROUTINE PROCEEDINGS

•(1005)

[*English*]

### ENVIRONMENT AND SUSTAINABLE DEVELOPMENT

**The Speaker:** I have the honour to lay upon the table pursuant to subsection 23(5) of the Auditor General Act the report of the Commissioner of the Environment and Sustainable Development to the House of Commons for the year 2011.

This report is permanently referred to the Standing Committee on Environment and Sustainable Development.

\* \* \*

### KEEPING CANADA'S ECONOMY AND JOBS GROWING ACT

**Hon. Ted Menzies (for the Minister of Finance)** moved for leave to introduce Bill C-13, An Act to implement certain provisions of the 2011 budget as updated on June 6, 2011 and other measures.

(Motions deemed adopted, bill read the first time and printed)

\* \* \*

[*Translation*]

### COMMITTEES OF THE HOUSE

LIBRARY OF PARLIAMENT

**Mr. Royal Galipeau (Ottawa—Orléans, CPC):** Mr. Speaker, I have the honour to table, in both official languages, the first report of the Standing Joint Committee on the Library of Parliament regarding quorum and the mandate of the committee.

\* \* \*

[*English*]

### NATIONAL STRATEGY FOR SERIOUS INJURY REDUCTION IN AMATEUR SPORT ACT

**Mr. Glenn Thibeault (Sudbury, NDP)** moved for leave to introduce Bill C-319, An Act respecting a national strategy to reduce the incidence of serious injury in amateur sport.

He said: Mr. Speaker, I am pleased to stand in the House to introduce this bill entitled, “National Strategy for Serious Injury Reduction in Amateur Sport Act”. This legislation would mandate that the federal government convene a conference of first ministers of health, as well as members of the athletic, medical and health communities in order to implement a strategy for tackling this growing public health concern.

Specifically, the bill outlines a strategy for the federal government to create a national sports injury surveillance and data collection system, establish substantive concussion guidelines, including a sufficient deterrent mechanism to ensure athletes are not being returned to play against expressed medical recommendations, create national training and educational standards for coaches and other persons involved in amateur sport, and institute incentivized funding guidelines to assist amateur sport organizations in implementing these protocols.

Since introducing a similar bill in the last Parliament, I have received overwhelming support from right across the country on this bill. It is my hope that my colleagues from across the aisle will assist me in getting the national sports injury reduction strategy passed as soon as possible.

(Motions deemed adopted, bill read the first time and printed)

\* \* \*

[*Translation*]

### OFFICIAL LANGUAGES ACT

**Mrs. Maria Mourani (Ahuntsic, BQ)** moved for leave to introduce Bill C-320, An Act to amend the Official Languages Act (Charter of the French Language) and to make consequential amendments to other Acts.

She said: Mr. Speaker, as you certainly know, Quebec is a francophone nation, not a bilingual one. This nation has enacted legislation called Bill 101, the Charter of the French Language, which obviously applies to all the institutions under its jurisdiction as well as to most spheres of life.

This bill, an Act to amend the Official Languages Act (Charter of the French Language) and to make consequential amendments to other Acts, would require the federal government to undertake not to obstruct the application of the Charter of the French Language in Quebec. In other words, it means that that Bill 101 would apply to all federal institutions in Quebec.

*Routine Proceedings*

I encourage all my colleagues from Quebec to support this important bill to protect our language, be it in provincial, municipal, educational or federal institutions.

(Motions deemed adopted, bill read the first time and printed)

\* \* \*

[English]

**CANADA POST CORPORATION ACT**

**Mr. Merv Tweed (Brandon—Souris, CPC)** moved for leave to introduce Bill C-321, An Act to amend the Canada Post Corporation Act (library materials).

He said: Mr. Speaker, I am pleased to introduce this bill, as I have in previous times in the House.

This bill moves to guarantee a postal rate for libraries for interchange and to provide books to Canadians at a reduced postal rate. It also moves to increase the access, including the definition of library material from books, magazines, records, CDs, CD-ROMs, audiovisual cassettes, DVDs and other audiovisual materials.

I would advise members of the House that this bill had been passed unanimously by all members of Parliament in the last session and had gone to the Senate just prior to the call of the election.

I look forward to moving this bill forward again.

(Motions deemed adopted, bill read the first time and printed)

\* \* \*

• (1010)

**PETITIONS****RIGHTS OF THE UNBORN**

**Mr. Blake Richards (Wild Rose, CPC):** Mr. Speaker, I have the pleasure to present a petition today from a number of residents of my riding, mostly from Olds, Alberta. They want to petition Parliament to recognize unborn children as separate victims when harmed or killed during attacks against their mothers.

**ASBESTOS**

**Mr. Pat Martin (Winnipeg Centre, NDP):** Mr. Speaker, I am pleased to present a petition today signed by literally thousands of Canadians from all across Canada who call upon Parliament to take note that asbestos is the greatest industrial killer that the world has ever known.

The petitioners point out that more Canadians now die from asbestos than all other industrial and occupational causes combined and yet Canada continues to be one of the largest producers and exporters of asbestos in the world. They call upon Parliament to take note that Canada also spends millions of dollars subsidizing the asbestos industry and blocking international efforts to curb its use.

Therefore, the petitioners call upon the government to ban asbestos in all of its forms and institute a just transition program for any displaced asbestos workers and the communities in which they live. They call upon the government to end all subsidies of asbestos both in Canada and abroad and to stop blocking international health and safety conventions designed to protect workers from asbestos, such as the Rotterdam Convention.

**FISHERIES**

**Hon. Geoff Regan (Halifax West, Lib.):** Mr. Speaker, I am pleased to present a petition from residents of Nova Scotia who draw the attention of the Minister of Fisheries and Oceans to the need for his department to fund a two year program to restock the Sackville River with salmon.

This request follows an act of vandalism in November 2009 when some idiot cut an oil line to an oil tank and caused the leakage of several hundred litres of furnace oil to run into the Little Sackville River. It was a terrible moment. It was a stupid thing to do.

After more than 20 years of work by residents and, in particular, the Sackville Rivers Association, the once polluted Sackville River could once again support fish life. This, of course, was a setback. That work has been undone by this oil spill.

Therefore, the petitioners ask the Minister of Fisheries and Oceans to immediately fund a two year restocking program for the Sackville River and assist the Sackville Rivers Association in any remediation the river habitat may require.

**THE ENVIRONMENT**

**Mr. David Tilson (Dufferin—Caledon, CPC):** Madam Speaker, I have a petition from Canadians across the country who are concerned about a large mega-quarry in Melancthon Township in Dufferin County, Ontario, which will be the largest open-pit quarry in Canada of over 2,300 acres. It will be about three miles across.

The petitioners are concerned about a number of things, one of which is based on the proposed mega-quarry application. There are distinct issues relating to the use of water operations based on NAFTA considerations that may have a substantially negative financial implication federally and provincially.

These petitioners call upon the Government of Canada to conduct an environmental assessment under the authority of the Canadian Environmental Assessment Act on the proposed Highland Companies mega-quarry development.

\* \* \*

**QUESTIONS ON THE ORDER PAPER**

**Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons, CPC):** Madam Speaker, I ask that all questions be allowed to stand.

**The Deputy Speaker:** Is that agreed?

**Some hon. members:** Agreed.

*Business of Supply***GOVERNMENT ORDERS**

[English]

[English]

**BUSINESS OF SUPPLY**

OPPOSITION MOTION—NATIONAL SUICIDE PREVENTION STRATEGY

**Hon. Bob Rae (Toronto Centre, Lib.)** moved:

That the House agree that suicide is more than a personal tragedy, but is also a serious public health issue and public policy priority; and, further, that the House urge the government to work cooperatively with the provinces, territories, representative organizations from First Nations, Inuit, and Métis people, and other stakeholders to establish and fund a National Suicide Prevention Strategy, which among other measures would promote a comprehensive and evidence-driven approach to deal with this terrible loss of life.

Madam Speaker, I think all of us in the House will recognize and understand that suicide is something that has touched all of us in one way or the other, either as family members or as friends. What we have also come to realize more and more is that this issue can no longer be regarded simply as one of a personal tragedy, which it undoubtedly is, but it also needs to be recognized as a political issue in the sense that it is an issue that the public needs to take notice of. The good news in all of this is that, if we take notice of it and take action, there are actually things we can do to reduce the number of people who lose their lives in this very tragic way.

The statistics, frankly, are overwhelming in the industrial world. We have a relatively high suicide rate in Canada. We are the only modern industrial country that does not have a national strategy to reduce the level of suicide, to save lives in a very significant way.

I think Canadians would be surprised to learn some of the statistics. The fact that over the last 30 years at least 100,000 Canadians have taken their own life, which is a truly remarkable number.

Today, the president of the Canadian Psychiatric Association told us that around the world last year nearly one million people took their own lives. We have developed this capacity as societies to take statistics and to get the numbers but it is important for us as a country to take the steps that will make a difference.

● (1015)

[Translation]

Clearly, if we demonstrate the political will to do something, we can find solutions. For example, non-partisan discussions were held in Quebec and people agreed that the number of young people taking their own lives was far too high and that it was completely unacceptable. The province decided to do something. Quebec insisted that the topic be discussed in schools in order to open the dialogue, fight the stigma and ensure that no subject would be taboo.

We must do everything we can to encourage youth to talk about their emotional health. It should be noted that in Quebec, the youth suicide rate has dropped dramatically in the past 10 years. However, the rest of Canada has not had the same kind of success and within federal jurisdiction we are seeing a completely unacceptable suicide rate among veterans, former soldiers and aboriginals—all in a society known for its compassion and openness.

I hope we can all agree that a good society is, among other things, a place where people care about each other. It is a place where, quite simply, we care about what happens to ourselves, we care about what happens to our families, we care about what happens to our friends. However, our compassion does not end at the end of our garden. Our compassion extends to our neighbours. Our understanding of what we in Canada face has to include the fact that there are a great many Canadians who today are in turmoil. Today, this day, as many as 10 people will take their own lives. We could all through a bit of imagination think about who those people are.

I think of a young girl living on a native reserve. Perhaps she has been abused as a child. Perhaps she is living in a house where there are as many as 10, 12 or 15 people sharing a room. She goes to school and on the computer at school she sees a very different world. She sees a world of wealth. She sees a world of opportunity. She sees a world of affluence. She looks around her community and she sees the opposite. She asks herself, “Where is the hope? What hope do I have?”

I think of a young boy who discovers in his early adolescence that he is gay. He realizes that his sexual identity is not that of the majority of people in his classroom. He sees himself in a different way and is looking to find the ways in which he can be as much a person as the person sitting next to him at school. Because he is seen as different, he is bullied. Perhaps one of his classmates starts making fun of him on the Internet, starts singling him out.

I think of the young teenagers who are in turmoil for all kinds of reasons, all of the biological and hormonal and other changes that are happening and the bewildering world in which they live and in which they have to show themselves to be okay. They are not allowed to be anything other than okay. Perhaps they live in a house where it is hard for them to say, “I’m not okay”.

I think of the veterans who come back from the trauma of the battlefield in Afghanistan who are never allowed to show weakness on the battlefield, who are never allowed to show a moment of vulnerability. When they return, they find a world where they do not know how to be vulnerable. They do not know how to deal with the world in which they are now living, the mundane everyday world in which most of us live every day.

We cannot explain all of the circumstances.

The number of seniors, for example, who take their own lives is remarkably high, maybe for reasons that have to do with their loneliness, with their vulnerability, with their having felt that they have lived a life and now cannot find meaning or purpose to where they are.

Mental health issues affect one in five Canadians, yet it is an issue that is rarely discussed. We have fundraising drives for breast cancer, prostate cancer, heart conditions and all of the other physical maladies, as well we should, but we do not have a run for suicide. We do not do a walk for schizophrenia very often. We do not talk about depression a great deal. We let people suffer in silence. We pretend that it is not a problem.

*Business of Supply*

We have made progress. It is not as bad as it was in days gone by. We have changed the legal structures. We have accepted as a society and have learned how to celebrate sexual identity. The Prime Minister gave a wonderful speech in the House, a statement of reconciliation with the first nations people. We have made some of the steps that we need to make to begin to create a climate of hope, a climate of mutual care, a climate of love, but our actions do not follow the words.

• (1020)

The motion that is before the House today is one which says let us talk about this. Let us have a conversation where we discuss frankly and candidly what should not be happening in this country.

Gay kids should not be bullied in school. Schools need to learn how to help kids celebrate who they are whatever their sexual identity. We should celebrate who we are. That is the meaning of dignity. If we are a society that believes in dignity, compassion and care, every child has to have pride in that identity and pride in who he or she is. And it goes well beyond childhood.

Having talked about the motion with some colleagues and having decided to put it forward as an opposition day motion, I hope we will have the support of the whole House. I hope we will have a good conversation today. I hope this will be an opportunity for the House to show itself as it can be when we want to talk about issues that are important. We are behind the public. The public is ahead of us.

Today I held a press conference with Stephanie Richardson, whose daughter took her own life last year in circumstances that are well known in the Ottawa area and which brought forward an incredible outpouring of emotion, compassion and feeling in the community. That family has done a remarkable thing in turning a terrible tragedy into a moment where they can perhaps teach people what this is all about.

We need to do this as a Parliament. The federal government runs the fifth largest health care system in the country. We are responsible constitutionally for aboriginal people, and we are responsible for veterans and for our armed forces. The federal government can be a leader in this field, but it has not been. People say to me, "What about your party when you were in government?" It did not do enough. Nobody can say from a partisan perspective, "We have done all we can".

Speaking very personally, having lost some friends to suicide, I can tell the House about the sense of bewilderment one feels. What else could I have done? What else could I have said? What else could I have seen?

We know there are strategies that work. We know that if we start to talk about it, it makes a difference. We know that if we begin to create the architecture of support for people and for families, we know if we address the underlying mental health and social and economic issues, we will in fact reduce the level of suicide. We know that we can find a way to address this question, and we know that it is within our realm of responsibility to do so.

I am one of those people who thinks the national government has the responsibility to work with the provinces in a co-ordinated fashion, not to dictate to anyone, because seven out of the ten provinces already have developed strategies. However, none of them

are sufficiently funded. None of them have enough grounding in this national conversation which needs to happen.

On behalf of the Liberal Party, supported by my colleague from Vancouver, I have moved this motion. However, we do not claim any monopoly of virtue on the motion. We do not claim that we somehow have achieved a breakthrough that others are not party to. There is no reason why any member of Parliament should feel that this is being put forward in some kind of a partisan way. It is not.

Yes, there will be questions about what could be done, and there will be issues about how we can allocate the funds we need to make sure the conversation happens, but we also understand there are at times issues that go beyond politics.

• (1025)

I have often wondered why it is that governments have such difficulty in accepting that mental illness is every bit as much an illness as is a physical illness. My own modest assessment is that there are two reasons.

The first reason is that there is a stigma and taboo with respect to mental illness that is still with us. We are not as deep and dark in the dark ages or Victorian times perhaps as before, but we still have to recognize and admit that it is not seen in the same way and it is not discussed in the same way as it should be. We have made some changes, but we need to make more.

The second reason is that people feel, and governments reflect this, that it is an illness but it is not like a physical illness, that it is something different. People feel there is not a whole lot they can do, that it is not something that can be easily or readily solved.

This ignores a very basic fact. We have made huge progress in the treatment of mental illness. Conditions that were a guarantee of a lifetime of incarceration as recently as 50 or 60 years ago are being treated today very effectively with medication and treatment that actually works.

We are behind in research. We are behind in funding. We are behind in support. We are behind in housing. We are behind in all the things that need to be done to integrate all of these services together. These things are solvable. These are matters of political will. These are not conditions which we cannot do anything about.

Over 120 years ago a very famous French sociologist, Émile Durkheim, wrote a text called *Le Suicide*.

• (1030)

[*Translation*]

This gentleman, one of sociology's pioneers, made an important observation. He said that an event such as suicide reflects a lack of solidarity within society. Until then, suicide was considered a personal act that had no social explanation. But Durkheim said that, on the contrary, it could be explained.

The love that each of us must show our neighbours is a permanent sign of our compassion and what it means to be a citizen and be part of a good society.

*Business of Supply*

[English]

A good society is marked by how people care for each other and by solidarity. We are talking about what we owe each other and how our collective failure to reflect that sense of solidarity and connection in our actions contributes to the sense of alienation and bewilderment that is a prelude to a person's decision to commit suicide.

Not all of the explanations are easy. Many of them continue to baffle people. We all have friends who have died in this terrible way and we wonder what could have caused them to do so.

What we do know is there are things we can do. It is not a hopeless situation. We have to take what my grandmother used to call "the human footsteps". Every day we need to move forward by taking the human footsteps that will lead us to the progress we must make as Canadians and as a society. This is a frontier we must cross together. We need to better understand this world of anger, self-anger, of violence that implodes or explodes. We need to share that understanding. We need to address it. We need to take the steps as a society to make a difference.

Hence, we need a strategy that will prevent people from taking their own lives, one that will allow them to return to living full, happy and productive lives. That is what it means to live in a country where we care for one another.

•(1035)

**Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC):** Madam Speaker, I thank my colleague from Toronto Centre for bringing this important issue forward. As he so eloquently stated in his speech, suicide is something that affects us all, our families and our friends. I am certain every member of the House believes that as a government we should be doing more in that regard.

The member is aware that the Minister of Health is from the north where there is an extremely high rate of suicide. She is committed to doing more.

He is also aware of the establishment of the Mental Health Commission of Canada that was endorsed by all of the provinces and territories except for Quebec.

As the member has a unique perspective, I would like him to discuss jurisdictional issues in his capacity as both a federal and provincial politician as well as having been a leader of two parties.

He is aware of the draft mental health strategy put forth by the Mental Health Commission that would likely address the elements of suicide prevention of which he speaks. The government is trying to work collaboratively with the provinces and territories within its jurisdiction.

Does my colleague think that the federal government should dictate how the provinces and territories deliver health care services within their jurisdictions? That has been a challenge with many of these national strategies. Could he comment on that?

**Hon. Bob Rae:** Madam Speaker, as I said in my speech, one of the areas in which the federal government could show leadership is by clearly understanding what it is responsible for. It is responsible for veterans, the armed forces and the RCMP. Many of those people

are affected by significant mental health issues. The federal public service is an area where we can show leadership and do more work.

The member mentioned aboriginal issues and the minister has discussed this as well. We must recognize that we have been unable to do what is required without programs in place at the federal level. We need to be leaders in the field.

I appreciate the member's relatively kind remarks, which I am not used to from the other side, with respect to my previous provincial experience. The provinces are sensitive to the federal government telling them what it is they must do. However, that is not how it works.

I hope that the mental health issue will be front and centre on the table during the government's next round of discussions with the provinces. I believe the provinces will be ready and willing to discuss it. Of course, the provinces will want to deal with the issue of funding. However, the federal government could lead with best practices as the provinces have been doing better than others in that regard and have shown some success at reducing the number of incidents.

We have a universal problem with inaccessibility to necessary services across the country particularly by adolescents. We cannot look in the mirror and say that we have done enough. There have been many instances of kids running away from home with nowhere to go. We do not have the treatment centres we require in Canada at the provincial level.

Those are some ideas. I would be happy to discuss others. If one were to enter into discussions with—

**The Deputy Speaker:** Order, please. I am sure the hon. member will have more time to elaborate.

Questions and comments, the hon. member for Vancouver East.

**Ms. Libby Davies (Vancouver East, NDP):** Madam Speaker, I thank the member for Toronto Centre for bringing this important motion forward. It is good that all parties are having this debate and that we are focusing our attention on this enormously important public health issue. This goes beyond the issue of personal tragedy. It is a public health issue.

The motion speaks to establishing a fund for a national suicide prevention strategy. To follow up on the parliamentary secretary's comments, I believe there is a great vacuum and dearth of federal leadership. We have seen some work done by the Mental Health Commission, but there has not been any focus on a suicide prevention strategy. Rather than suggest that the provinces and territories would have their toes stepped on, I think there would be a welcoming and opening of debate and dialogue if the motion were to pass in the House and the federal government were to act upon it.

Would the member speak more to what he envisions in terms of establishing a national suicide prevention strategy fund?

*Business of Supply*

•(1040)

**Hon. Bob Rae:** Madam Speaker, I have visited the member's riding on many occasions and think that our ridings share many qualities in terms of some of the social challenges they both face.

The reason we discussed a fund is quite simple. It is not about dictating to the provinces. We are saying we do not regard the Mental Health Commission as a boutique project. If it is to succeed it must be followed by a serious commitment to move these programs forward.

To be fair, I believe that the mental health initiative, which I have certainly supported, is an area wherein the Prime Minister actually has recognized that governments have not done enough. There is a lot that we must do. We need to sit down with the provinces and talk about what steps need to be taken, how a fund could be put in place, what it would be used for and how the provinces would draw upon it.

I will use a phrase I have used in another place at another time. We do not need another federal boutique project. We need a serious exercise in partnership. We must recognize that the federal government runs the fifth largest health care system in the country. It is not a bit player; it is a major player and it must take its responsibilities seriously as we move forward.

**Mr. Kevin Lamoureux (Winnipeg North, Lib.):** Madam Speaker, I will pick up on the word used by the leader in terms of partnerships.

As an MLA for 18 years in the province of Manitoba and as a health care critic I am aware that trying to get stakeholders together is an issue. I am talking specifically about stakeholders from the different school divisions and to a certain degree the municipal governments. I do recognize there are stakeholders at the government level, the non-profit level and those individuals who have a vested interest.

Could the leader comment in terms of why that leadership to bring stakeholders together to draft the overall strategy must come from Ottawa?

**Hon. Bob Rae:** Madam Speaker, we have done it before. It has been done regarding cancer. There are a number of issues where the federal government has played a useful role.

We are way behind the experts in the field in psychiatric hospitals, in community-based care systems and associations across the country, and those who have been clients of the mental health care system and are part of very active patient groups in provinces and cities across the country. There is a huge network of people working in this field.

I am not suggesting for a moment that somehow we are inventing answers. As we speak, the Canadian Association for Suicide Prevention is meeting in Vancouver. The association has come forward with a strategy it wants to recommend to government.

We do not need to reinvent anything. We are not imposing anything. We are using this debate to point to specific actions the government can take. We hope that will be the outcome of this debate.

**Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC):** Madam Speaker, I am pleased to rise in the House to speak to the importance this government places on mental health of Canadians and in particular on the prevention of suicide.

What is the face of suicide? Suicide is preventable. Many of those who attempt suicide want to live, but are overcome with grief or emotional pain and cannot find any other way to handle a situation that has become impossible to bear.

Most people who commit suicide give warning signs or hints of their intentions. Community-based organizations across our country help people in their jurisdictions learn how to recognize these signs and how to respond to them. Four out of five people who die by suicide have made at least one previous attempt. Suicide occurs across all age, economic, social and ethnic boundaries.

Statistics Canada's 2007 figures regarding suicide in Canada show it as one of the top 10 leading causes of death in our country, accounting for over 3,700 deaths. Males die by suicide more than three times as often as females, but females are three times more likely to attempt it than males. As well, the survey revealed that over 14% of Canadians have thought about suicide and more than 3% of Canadians have attempted suicide in their lifetimes.

Although suicide rates have traditionally been highest among elderly males, the current impact of suicide on society shows its increasing frequency among our youth. Worldwide it is now one of the top five leading causes of death among young people aged 15 to 34. In Canada in 2005, suicide was the second leading cause of death among individuals aged 15 to 34, second only to accidents and unintentional injuries.

We are keenly aware that suicide rates are higher among certain populations, including aboriginal youth and Inuit living in northern Canada. That is why this government is investing in programs that address this important issue, such as the national aboriginal youth suicide prevention strategy.

Too many Canadian families have to deal with the anguish of losing a loved one to suicide. There is the social impact of losing a loved one to suicide as well. Suicide and suicide attempts have significant impacts on individuals, families and all of our communities. We can also see some similarities between mental health and suicide, as many of the risk and protective factors of suicide are the same as the problems and illnesses associated with mental health. Both have stigma attached to them that tend to curb open discussions and prevention efforts.

Suicide is caused by a number of medical and social factors including mental disorders, family violence and social isolation. These factors increase the likelihood of poor mental health which in turn can lead to suicidal behaviour. Because suicide has many faces and can impact society in a variety of ways, its prevention must involve all sectors including governments, non-government organizations, academia and the private sector.



*Business of Supply*

There are many levels of government that work in various ways with suicide prevention. Several federal organizations including Health Canada, the Public Health Agency of Canada, the Canadian Institutes of Health Research, Veterans Affairs, Aboriginal Affairs and Northern Development, and the Canadian Forces are working to address suicide and mental health issues.

In the delivery of health care in their own jurisdictions provinces and territories are also tailoring programs and services that respond to the needs of their citizens. Collectively we need to promote positive mental health, intervene early and prevent risk factors for mental health problems which often lead to suicide and suicide attempts.

I am very proud that this government is taking leadership and fostering the partnerships with our multiple stakeholders. For example, in September 2010, the hon. Minister of Health, along with provincial and territorial ministers of health, endorsed the declaration on prevention and promotion. Through this endorsement our governments recognized positive mental health as a foundation for optimal overall health and well-being throughout a person's life. In addition to this agreement, the work of the federal, provincial and territorial Public Health Network places a priority on mental health promotion and mental illness prevention.

● (1045)

One of our government's accomplishments, one of the health sectors that I am particularly proud of, is the establishment of the Mental Health Commission of Canada. Collaborating with governments, academia, business and other organizations to mobilize leadership and action is central to the commission's mandate.

The commission is presently working on a national mental health strategy. This strategy is expected to speak to suicide prevention as part of a comprehensive approach to mental health promotion and mental illness prevention in our country.

The Government of Canada also funds the commission to address the stigma associated with mental illness through their Opening Minds campaign. This initiative is meant to enhance the public's education through the mental health first aid initiative.

Through the mental health first aid strategy is a belief that it is critical to deal with physical emergencies quickly, but it is just as important not to neglect a mental health emergency. Mental health first aid refers to the help provided to a person developing a mental health problem or experiencing a mental health crisis.

For over four years the program has taught Canadians how to respond to mental health emergencies, enabling them to better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague.

To date, well over 42,000 people have been trained across Canada. The program is available to anyone interested in learning mental health first aid, including employees such as human resource managers, teachers, counsellors, transit workers, nurses and police officers.

This initiative does not teach people how to be therapists, but it does teach how to recognize the signs and symptoms of mental

health problems, provide initial help and guide a person towards appropriate professional help.

A basic instructor course is also offered, designed to equip those who want to train others in mental health first aid. An instructor course is specifically designed for people who work directly with our youth. Originating in Australia, the program has 505 instructors across Canada and is now available in 17 countries.

I am pleased to have the opportunity today to recognize some of the important and significant programs and activities in the country that are making a real difference in the lives of Canadians. Notably, several provinces and territorial governments, such as Nunavut, British Columbia, Alberta and New Brunswick, have established strategies to promote mental health and prevent mental illness and suicide.

The Nunavut suicide prevention strategy outlines plans and a common direction for the suicide prevention efforts of communities, organizations and governments in Nunavut. Demonstrating the need for and the value of working together, the strategy is a result of a partnership between the Government of Nunavut and Nunavut Tunngavik Inc., the Embrace Life Council and the Royal Canadian Mounted Police.

Another important example is New Brunswick's provincial suicide prevention program. Connecting to Life is a strategy that coordinates suicide prevention activities and intervention services in the province. Community action, continuous education and inter-agency collaboration are central goals of this program.

The Alberta suicide prevention strategy is a 10-year plan that includes actions targeted both at the general populations and at identified priority groups.

In British Columbia, suicide prevention forms a key part of the province's 10-year plan to address mental health and substance abuse.

The government also recognizes, in addition to the provincial and territorial initiatives, the important contribution made by civil organizations such as the Centre for Suicide Prevention. The centre provides resources and training, including workshops and online courses, for professionals, caregivers and community members.

As well, the Canadian Association for Suicide Prevention plays a role in facilitating information sharing, advocating for policy development and supporting excellence in research and in service. The Canadian Association for Suicide Prevention is currently in the middle of its three-day national conference.

A broad array of community organizations also support individuals and families dealing with suicide and mental health problems. Notably, the Canadian Mental Health Association is a national network, with local and provincial branches carrying out public education and providing local support to individuals with mental health problems. Their mandate is to develop a mental health strategy for Canada, and through this the creation of opportunities such that the protective factors are enhanced and the risk factors of suicide are diminished.

*Business of Supply*

● (1050)

There is a belief that by doing this, good mental health can be fostered and, wherever possible, the onset of mental health problems and illnesses can be prevented, thus reducing the number of suicides.

The Mental Health Commission of Canada works with key stakeholders and partners such as the Canadian Association for Suicide Prevention to address the issue of suicide. The work includes a focus on target populations that have high levels of depression, anxiety, substance abuse and suicide. It also pays particular attention to youth suicide and suicide in the senior population. It works together with families and caregivers in recognition of the impact of suicide on families and communities.

The commission, whose members are currently developing their strategy, aims to reduce the number of suicides by improving suicide prevention training for front-line workers such as teachers, police and family doctors and by reducing mortality rates for people living with mental health problems and illnesses.

Through our government's funding, the Mental Health Commission of Canada has established a knowledge exchange centre to provide all sectors, stakeholders and the public with the information they need to address mental health and the risk factors that lead to mental health problems, such as suicide. It is working with the Canadian Association for Suicide Prevention to enhance its work in areas such as establishing community practices; developing tools and resources for health care professionals, including crisis centre staff; overcoming challenges and barriers; and providing a space where health professionals are able to offer each other support.

The Mental Health Commission of Canada recognizes that suicide is a tragedy that leaves scars on families and communities.

There are many common risk factors. Over 90% of Canadians who die by suicide have experienced mental health problems and illnesses.

At a more fundamental level, our government also collects data on suicide through Statistics Canada. We use it to analyze and share information on mortality and morbidity, including figures on mental health in general.

The government also funds, along with the provinces and territories, the Canadian Institute for Health Information, which produces reports on mental health and suicide-related topics.

Our government, through the Canadian Institutes of Health Research, is pleased to support the work of the McGill Group for Suicide Studies, along with other government-supported research. This leading-edge multidisciplinary team is making a significant contribution to the understanding of suicide and its risk factors.

Suicide is also an issue of global concern, and our government also monitors interesting developments at the international level in order to identify success stories that will further encourage and inspire our Canadian stakeholders at home. One particularly significant example is coming out of Scotland. Choose Life is a program in Scotland that has been implemented in a partnership with national and local bodies. This framework focuses on training and building skills while improving knowledge of good suicide prevention practices. It is similar to the Government of Canada's

federal role in research and knowledge development and its related investments in the Canadian Institutes of Health Research and Statistics Canada.

Our government believes that the promotion of positive mental health and the prevention of health problems and illnesses are critical to suicide prevention. We also recognize the need to continue to share knowledge and information and to work collaboratively to make a difference in the mental health of Canadians and the prevention of suicide.

This is an important dialogue and an important issue, one that touches all of us and one in which we can all play a very important role.

● (1055)

**Hon. Jim Karygiannis (Scarborough—Agincourt, Lib.):** Madam Speaker, I want to thank the parliamentary secretary for expressing the same concerns that we have. I also want to bring to the attention of the House a special individual.

Mental illness and suicide certainly play as important factors in all levels of life. In this House, we are probably among the strongest people, in that we keep very heavy schedules, we go back and forth to our ridings, and there is a lot of demand on our time.

Not too long ago a member of my colleague's caucus, the late Dave Batters, who was elected in Moose Jaw, said that he would not be running for election in 2008. In June 2009, he committed suicide. It also affects us in this House that we also are probably one of the toughest breeds of people in existence.

I wonder if my colleague would, in memory of his caucus colleague, agree with me that we need not only methods and best practices but also cash and a program in order to ensure that we have a national strategy, and that we need to put resources to it in order to prevent suicide in all levels of our society, even among the strongest here in the House of Commons.

● (1100)

**Mr. Colin Carrie:** Madam Speaker, I want to thank my colleague for bringing back the memory of one of our colleagues, Dave Batters, who unfortunately died from suicide a few years back. He was a friend of mine and a friend of all colleagues here in the House. That emphasizes the fact that suicide affects all of us.

As my colleague said, it is important that we as legislators put resources toward this important issue. Today in this debate we are building awareness of this important topic. All of us sitting in the House today are committed to bringing this issue to the forefront.

*Business of Supply*

As I mentioned earlier, I am most proud of the Mental Health Commission. It will be bringing forth a strategy for mental illness in 2012, which will likely address suicide prevention and the things that my colleagues are bringing forward today. All of us are looking forward to that. I am also looking forward to a very good debate today.

[Translation]

**Mr. Claude Patry (Jonquière—Alma, NDP):** Madam Speaker, my background is in the manufacturing sector, where we organized within the union with support workers. Committees followed up on such matters.

As we know, many people taking care of this are volunteers. There are support meetings in offices on the weekend and in the evening, and people are trained, but there are not enough volunteers.

Does the government have a plan to find people to work in this area and follow up with people with mental illness and regarding suicide prevention?

[English]

**Mr. Colin Carrie:** As I said in my speech, Madam Speaker, the government is funding different programs and one of them is training professional front line workers to recognize the problems with mental illness, which includes suicide.

Over 90% of the people who commit suicide have mental illness issues. I cannot remember the exact statistics, but thousands of Canadians are now being trained at the grassroots level to recognize the signs and symptoms. The average everyday Canadian is not going to be trained to volunteer as a therapist, but it is important that they be trained to recognize the signs and symptoms of their colleagues, their friends, and family who are having a hard time or having issues, so that they can be provided with and directed to the proper treatment.

Working with our partners, whether it is through the provinces and territories or whether it is through the grassroots organizations, we will really be able to make a difference. All of us here in the House are willing to do more. It is an important commitment to address.

**Mr. Harold Albrecht (Kitchener—Conestoga, CPC):** Madam Speaker, I want to thank my colleague the parliamentary secretary for outlining many of the positive initiatives that our government has initiated over the past five and a half years.

I also want to thank my colleague, the leader of the Liberal Party, for giving us the opportunity to debate this important issue today. Just the fact that this issue is being discussed is important because for far too long this has been shrouded in secrecy and silence. There is also a stigma attached to it.

Members will know that last week I tabled my private member's Bill C-300, which calls on the government to create a federal framework for suicide prevention.

As our colleagues have pointed out today, the numbers are truly appalling. Over 300 people every month end their lives by suicide, or the equivalent of the number of passengers in one large airliner. We have local stories here in Ottawa. Back in my region of Waterloo last year, in one week, three youths ended their lives by suicide.

We have good work going on across the country. Little chapters are doing excellent work. What we need is a federal leadership role, not just in terms of looking at risk factors and prevention but also in what we would term "postvention", in terms of caring for those who are left to deal with the aftermath of suicide.

I wonder if my colleague would comment on the importance of having some part of a framework or a strategy, or a government initiative that would deal with those families and communities that are left broken as a result of suicide.

• (1105)

**Mr. Colin Carrie:** Madam Speaker, I want to thank my colleague from Kitchener—Conestoga for all of his good work. He did mention his private member's bill that was proposed last week. He is truly a leader in this important field.

My colleague brought up something that many of us forget. The tragedy of suicide is not only the loss of a life but its affect on family, friends and loved ones left behind. Our government is ensuring that we work in partnership with community organizations. Each community is different in how it can handle and manage the different services that are required. It is an extremely important service to have available to not only console family members and friends but to help them and co-workers left behind deal with such a tragic loss. I thank him for bringing that forward.

[Translation]

**The Deputy Speaker:** The hon. member for Algoma—Manitoulin—Kapuskwasing has time for only a very brief question.

**Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskwasing, NDP):** Madam Speaker, I appreciate being given the time to ask a question, for this is such an important issue.

The suicide rate in aboriginal and Inuit communities is very high, and the federal government is responsible for granting funds to those communities. I know that many suicides have taken place in the communities in my riding. Can the government tell us why these communities practically have to get on their knees and beg for the funds needed to figure out what is best for them?

[English]

**Mr. Colin Carrie:** Madam Speaker, my colleague points out one of the challenges, particularly coming from the north. There is a higher rate of suicide and, as she knows, the minister is actually from the north and is acutely aware of the difficulty, particularly with the different communities trying to manage this horrible situation.

However, I am proud to say that our government recognizes the high rates of suicide, particularly in aboriginal young people. In budget 2010 we invested \$75 million to extend the national aboriginal youth suicide prevention strategy to 2015, which is a \$10 million increase over previous investments. We provided nearly \$15 million in the last year to the Government of Nunavut.

*Business of Supply*

As I said before, we really have to look at the partnership with the provinces and territories, and the grassroots organizations. We also included \$4 million for the national aboriginal youth suicide prevention strategy because we are committed and we are committed to doing more.

**Ms. Libby Davies (Vancouver East, NDP):** Madam Speaker, I will be sharing my time with the member for Beauharnois—Salaberry.

I am very pleased to participate in the debate today on this very important motion. I thank the member for Toronto Centre for bringing forward this motion. New Democrats support this motion wholeheartedly and are glad there is a thoughtful debate taking place in the House of Commons today. We cannot always say that there is thoughtful debate. This is a very important issue and I know many members will contribute to the debate.

I listened very carefully to the comments by the Parliamentary Secretary to the Minister of Health and while I appreciate that he told the House what it is the Government of Canada has been involved in, I feel there was a lack of information. It seems to me that the debate today, particularly for the Government of Canada, is an opportunity for some reflection, not just about what it thinks it is doing but about what is not being done.

I did not hear that in the parliamentary secretary's speech, which was disappointing because today all sides of the House are willing to hear that kind of debate. We want to hear from the government where it thinks it is not doing enough and we want it to ask the House to support a greater effort toward what needs to be done.

Presumably, we are having this debate because there is a great sense by the Government of Canada and all of us that there is a crisis. The member for Toronto Centre made the point that it is not just the government but all parties. We have not done enough on this issue. I wanted to begin my remarks that way because I am hoping that other government members will be more reflective and make part of the debate what the Government of Canada, from its point of view, needs to be doing in a better way.

One thing I would draw attention to are the underlying risk factors. The fact is that many studies have been done on the prevalence of suicide in groups that are at high risk. We have heard some of that in the debate today, such as aboriginal youth in the north in small and remote communities, but there are other demographics and populations that are at risk, like the LGBT community, veterans and seniors. There are many studies being put forward.

It seems to me that we do not pay enough attention to some of the underlying risk factors. The fact is that suicide is preventable if one understands what is taking place, whether it is on a personal level in terms of someone who may be suffering from depression and mental illness or someone who has gone through some sort of trauma and tragic circumstances, but there are also bigger societal, socio-economic and social conditions that are in effect.

We have seen it many times in our country. How many times have we turned to a particular channel on TV and heard the most tragic story of a string of suicides taking place in some small community? Surely, that has to be setting off alarm bells that there social

conditions in this country to do with poverty, isolation, lack of educational opportunities, overcrowding in housing, and a lack of the basic necessities of human dignity in life. Surely, these are assessments and risk factors that we should be looking at.

Another one would be stigma. If one looks at lesbian, gay and bisexual youth, we know they are at a much higher risk for attempting suicide than heterosexual youth, 28% versus 4% according to the Crisis Intervention and Suicide Prevention Centre of British Columbia. These statistics are very alarming.

The motion talks about a strategy and setting up a fund. We have to understand, grapple, and come to terms with some of the underlying risk factors that are operating within our country.

● (1110)

We think of Canada as this incredibly wealthy place, a place of opportunity, a place of incredible resources, great cities, a great environment, and yet we have these very alarming statistics. We have to ask ourselves why it is that we have a society where the gap is widening between people who are doing exceptionally well and people who are being left behind, people who are living in poverty. I hope that in today's debate we can focus attention on some of those issues.

My colleague, the member for Halifax, recently tabled Bill C-297, An Act respecting a National Strategy for Suicide Prevention. It is an excellent bill. The government would be well advised in supporting this motion to look at that bill and to incorporate the ideas that are in the bill. The bill clearly lays out the need to ensure there is access to mental health and substance abuse services and the need to reduce the stigma associated with using mental health and suicide related services.

The bill also talks about the need to establish national guidelines for best practices in suicide prevention and to work with communities to use culture specific knowledge to design appropriate policies and programs. That is a very important element. There is not a one-size-fits-all approach. It is a matter of understanding what is going on in a particular community, whether it be in a geographic sense or in a demographic sense, to understand those cultural specific risk factors and issues that are at play. The bill also talks about the need to coordinate professionals and organizations throughout the country in order to share information and research, and to support our health care professionals and our advocacy groups who work with individuals who are at risk of suicide.

I was on a Via Rail train a couple of days ago and picked up a magazine that was in the pocket in front of me. As I was looking through the magazine I was surprised to see a major feature about suicide. It focused on the risk of suicide as it affects students, particularly those who are in an environment where the stress of academic excellence produces an enormous amount of anxiety and possibly depression. This particular article focused on the number of deaths by suicide that had taken place at Queen's University. That is where I happened to be going to speak at a human rights conference.

*Business of Supply*

I thought it was quite remarkable that in a *Via Rail* magazine there was a major article about suicide, particularly focusing on a population in our society that we often think is doing all right. They are the students who are motivated, who have all kinds of self-esteem, who are doing really well; they are the elite, the future of our society. It was quite shocking to read the stories of what had unfolded at just one post-secondary educational facility. It was quite shocking to read of the trauma and the impact of the tragedy, and the number of deaths that had taken place in the life of that particular university. I do not mean to single out Queen's because I know this happens elsewhere as well, but it just happened to be the focus of that article. It was truly shocking.

This brings to the attention of all of us that the issue of suicide as it relates to mental health and well-being is very prevalent. The statistics that we see, that 10 people every day commit suicide, are very alarming and shocking.

For those of us in the official opposition, the NDP members, we see this issue as a national priority. We are very happy that the member for Halifax has introduced a private member's bill. It is a very comprehensive bill that gives us the framework for what we need to do to bring forward a national strategy.

I am going to end by coming back to the Government of Canada. Let today be a day where we all participate in this debate and rather than only describe the problem, let us focus on what needs to be done.

• (1115)

Let the government members think about what they are not doing, what they have not been addressing. Why is it that so many aboriginal communities are living in third world conditions? Why is the suicide rate so high in small northern communities? Why is this an issue that affects our youth and the LGBT community? These are the things that we need to talk about in order to come up with an adequate national strategy.

**Hon. Jim Karygiannis (Scarborough—Agincourt, Lib.):** Madam Speaker, we talk about people who commit suicide, people who are distraught and are way down at the bottom of the barrel, one could say.

However, there is something we should have at the back of our minds. We should be thinking about addressing the issue of people who commit suicide involuntarily or who are not cognizant that they are doing it. There are people who go out and drink and then compound their need to get high by taking drugs. Some of those people, through those means, commit suicide unknowingly, not wanting to do that.

Would the member also address the fact that a lot of people overdose, that people drink and take prescribed pills? Should we also, through the strategy that we are talking about creating here today, make sure that we address that particular issue?

**Ms. Libby Davies:** Madam Speaker, I think my hon. colleague is entirely correct. There are broader and bigger issues related to suicide.

I am very involved in my community where people are facing addictions, often because of trauma, often as an issue of self-

medication, often as a result of being homeless and on the street, or having come through residential schools.

This is the point. We see these communities that are incredibly high risk for a number of factors. It may well be that somebody makes a decision to end his or her life. It may be a situation where the person's lifestyle and the behaviours the person engages in are leading him or her to a very early death, which again is preventable.

We have to ask ourselves not only what we can do as individuals but also what kind of strategy we can put in place to address the underlying issues and risk factors that are preventable. If we provided the resources for housing, education, and proper counselling and follow-up, I think the number of deaths would decrease.

• (1120)

**Mr. Harold Albrecht (Kitchener—Conestoga, CPC):** Madam Speaker, that we are having this conversation in a national forum like this is so important. It is important that we end the silence around this topic.

I want to commend a previous questioner who commented about my colleague, Dave Batters. I also want to take this opportunity to thank Denise Batters for her amazing work and for not being afraid to share her story and bring it into the public forum. As members know, my colleague Dave Batters was very open about his battle with depression. For many of us it was a total shock to hear that he had ended his life by suicide. He was always such an encouragement and a great person to be around.

I think my colleague will agree that not all suicides are the result of mental illness. There is, as is pointed in the motion, a public health issue as well.

Would my colleague highlight what her understanding is of the need for a public health part of this, in addition to the mental health part?

**Ms. Libby Davies:** Madam Speaker, I am glad that the motion was framed as a public health issue as well. That allows us to examine the broader aspects in terms of awareness and stigma, and the education that needs to take place.

What a familiar and sad story that when people learn of someone who has taken his or her own life they often say that they did not realize what was going on.

I think there is an element of broader public understanding, in the sense of the family or within the school system, and for all of us, whether we are colleagues here in the House or whether it is in our local communities. This is such an important element because, unfortunately, there is still a stigma associated with mental illness and depression.

Again, I think this is why today it is really important that we urge the Mental Health Commission of Canada and the Government of Canada to focus on a specific strategy that deals with suicide prevention.

*Business of Supply*

[Translation]

**Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP):** Madam Speaker, I would like to thank my hon. colleague from Vancouver East for sharing her time with me. I would also like to say that the NDP will be supporting the Liberal motion regarding a national suicide prevention strategy, since this is a very urgent problem that needs to be addressed.

A national prevention strategy is essential, because it will save lives. To achieve that, however, we need to work together and provide the assistance that people who are suffering need. To ensure that all communities in Canada receive the care and attention they need, we must take a coordinated approach. Over the past 20 years, our society has become more aware of the complex issue of suicide. We now know that at-risk people usually feel isolated and are often suffering terribly. We also know more about the medical, social and economic causes of suicide.

In the 1980s and 1990s, some programs started up in various provinces and they have produced tangible results. Since 1998, Quebec has had a provincial suicide prevention strategy with specific funding. The help centres work together and form a provincial network. There is also a provincial emergency help line and a hotline devoted exclusively to young people, called Kids Help Phone. We now have suicide prevention training for health professionals and the provincial government is funding research in this field. Youth centres, the CLSCs, NGOs and other partners are now working together to offer people at risk the necessary help and aftercare.

Before adopting this strategy, the suicide rate in Quebec was one of the highest in the industrialized world. The suicide rate dropped from 18% in 1981 to 14% in 2009. That is a clear improvement, but much more progress remains to be achieved. The data show that an effective strategy, involving all the players, can be fruitful.

Unfortunately, a number of our country's isolated communities still do not have access to these programs. That is why it is important to focus on local and provincial initiatives and come up with a national strategy to ensure that no one is forgotten. Although suicide is an individual action, it has to be viewed as a public health issue. Quality of life, one's social network and the help available can have a positive impact on a person in distress, if those resources are accessible, of course.

Without help, people in distress are isolated and left alone with their suicidal thoughts. There is a great risk that the person will go through with it. Family violence and drug and alcohol use can aggravate the state of the person in distress. Things such as trouble finding a place to live, a broken heart, failure, rejection, financial problems or any other stressful event that causes anxiety or sadness can trigger suicidal ideas. That is when the straw breaks the camel's back.

The incidence of suicide is higher in some groups. People with mental health problems, the homeless, seniors or youth, for example, are at higher risk. In the case of the homeless, their distress is aggravated by their miserable living conditions. These people often cannot access health services because of their precarious social situation and the fact that they do not have an address. Homelessness remains a phenomenon that is not well understood and the homeless

are often treated with disdain. For that reason any initiative to help these people must be applauded.

I would like to point out that, on October 21, outdoor vigils will be held in Salaberry-de-Valleyfield, which is in my riding, and throughout Quebec. The *Nuit des sans-abri* is organized by the organization P.A.C.T. de rue. These events can help us understand what the homeless experience, their distress, and also their needs and rights, which are often overlooked.

Other groups are also considered to be more susceptible to suicidal thoughts, including aboriginal youth. This has been mentioned several times today. The community of Akwesasne, located in my riding, knows all too well what I am speaking about. In the past 18 months, four young people have taken their own lives. For a community of 15,000 people, this loss of human life is a tragedy. The youth of this Mohawk community often struggle with drug and alcohol abuse. Some of them steal prescription drugs, or are recruited by criminal gangs to run drugs to be sold on the black market.

Mental health services are available in the Akwesasne community, but not all young people will accept help. The reserve's leaders point out the importance of providing services that are tailored to the reality of these young people and would like to set up a help line for aboriginal youth, because there is none at present.

● (1125)

In addition, the adolescent treatment centre in Akwesasne, which provides care for young people with addictions, is still waiting for federal government funding so that staff can continue their work with youth. Thus, it is of the utmost importance that these young people receive help that respects their cultural and spiritual identity. In general, these young people are at a higher risk of suicidal ideation. Suicide is the leading cause of death among youth aged 10 to 24. Adolescence is a critical time involving significant changes. It is a time when young people are building their personal identity and self-esteem. They are experiencing peer pressure and feel pressured to succeed in school. They are also sometimes the victims of schoolyard bullying or domestic violence.

Mental health problems often become apparent during adolescence. The role of psychologists, psychoeducators, social workers, street workers, teachers and others is key in identifying the warning signs. These teachers and health professionals must be trained and given the financial support they need to know how to act and react when faced with the distress of these young people.

It is also important to reduce the stigmatization of young people with suicidal thoughts and behaviour. There are still too many taboos, and people do not dare to speak out about their unhappiness. Consulting mental health professionals and identifying themselves as someone who needs help is not an obvious course of action for them because there is still a lot of prejudice in this regard. Nevertheless, we must encourage these young people to talk to the appropriate people. This will show that they are trying to improve their situation and that they want to regain balance in their lives. That is what we must encourage. Help must therefore be available when people need it.

The bill introduced by my colleague from Halifax addresses a number of aspects of suicide, including prevention. The bill would provide for better training of professionals in the field, better media coverage, and support for research to prevent suicide and better identify risk groups. The bill focuses on collaboration with community organizations and stakeholders in the first nations who already have expertise in the area. It encourages the communities, provinces and cities to work together to prevent suicide. The bill also recognizes the importance of changing attitudes, breaking taboos and being able to speak openly about suicide.

Furthermore, for all of these reasons, countries like Australia, the United Kingdom, Sweden, Norway and the United States have all established national strategies. Canada is one of the few industrialized countries that does not yet have such a strategy. But the clock is ticking. Every day, as we have heard many times, 10 people commit suicide in this country. Every year, 3,500 people choose to end their lives. We must take action. A national strategy would allow us to prioritize listening, helping and offering compassion, and to help those who are suffering across the country.

This is a critical issue, and the elected members of this House must stand united and adopt the motion moved by the Liberals.

We have a responsibility to address this problem. We also have the means to help people in distress. Now it is up to the government to show its political will to take positive and concrete action and get involved in developing and implementing this national suicide prevention strategy that is so crucial and so urgent. We can choose to build a more positive and just society. Let us do it.

● (1130)

[English]

**Mr. Harold Albrecht (Kitchener—Conestoga, CPC):** Madam Speaker, I thank my colleague for highlighting the dramatic reduction in suicides in Quebec. That is a great story that we need to build upon. She also mentioned a number of the NGOs who are doing good work in regard to suicide prevention.

I recently had the honour of working with a group doing online work in suicide prevention called Your Life Counts, which young people can access on the Internet. I mentioned Dave Batters in my previous remarks. His wife, Denise, has done a lot of good work on this. People can search Dave Batters on YouTube to find a 30 second clip that will help us increase awareness as it relates to suicide prevention. I would encourage my colleagues and those who may be watching to take advantage of that.

### *Business of Supply*

What role does the member think it is important for new technology to play? It is important from my perspective to get beyond the pamphlets and the round tables, although they are good, and start to embrace some of the modern technology that is at our fingertips to reach people instantly, especially those in our northern and remote communities where they may have access to those kinds of resources but not to the traditional resources that we are used to here.

[Translation]

**Ms. Anne Minh-Thu Quach:** Madam Speaker, I would like to thank the hon. member across the way for his question.

That is a very appropriate proposal given how youth embrace new technologies and how accessible they are.

However, we cannot forget that this is a human issue and we need to have support workers who can provide youth with tools as well as offer help and active listening. We also cannot forget that networks do not always reach the regions. High-speed Internet is not currently available throughout the country, particularly in the regions.

These issues need to be dealt with and support workers need to be on site so that they can speak face-to-face with and provide friendly help to these people who are already so isolated.

We must not accentuate the isolation felt by the youth facing these issues, although virtual help is another option. These measures need to be accessible to youth.

● (1135)

**Mr. Denis Blanchette (Louis-Hébert, NDP):** Madam Speaker, I would like to thank the hon. member for her speech because she expanded on the issue by also mentioning seniors and the homeless. I think she was the first to mention these groups. It is important to recognize that this is an overall problem. Yes, some groups suffer more than others, but it affects everyone, and that is important to note. I want to thank her for bringing it up.

Many people are affected by this. We often talk about mental health but sometimes it is just a moment of weakness in a person's life story. And it leads some to commit the irreparable.

Can my colleague tell me how she sees the federal government's involvement in this partnership—because I have difficulty talking about leadership—with the provinces and stakeholders to help tackle the problem?

**The Deputy Speaker:** The hon. member for Beauharnois—Salaberry has only one minute left.

**Ms. Anne Minh-Thu Quach:** Madam Speaker, I thank my hon. colleague for the question.

Indeed, the federal government could invest in implementation measures, in treatment programs and in giving a little more power to the people who are already working on the ground, but do not have enough funding.

*Business of Supply*

There are not enough school psychologists. There are not enough street outreach workers to help homeless people who need help often, see no solution to their problems and simply need a little one-time assistance to rebuild their hope and courage and regain control of their lives. We need to recognize the important work being done by these people through financial assistance or prevention programs that provide more measures and more practical solutions.

[English]

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Madam Speaker, I will be sharing my time with the member for Etobicoke North.

The motion today frames the issue of suicide as more than a personal tragedy but as a serious public health issue. That, perhaps, is what we want to talk about. I do not think anyone in this Parliament today would say that suicide is not important. I do not think anyone would say that this is not a real issue that we should all care about. I think we all do.

What we are trying to talk about is that this is something that requires the same kind of initiative that was undertaken when we looked at the Canadian partnership against cancer, which was to encourage, fund and support coordination of cancer care in Canada.

Cancer is a physical disease but perhaps the federal government could bring about a supporting and coordinating structure. Given that suicide crosses every age group, ethnic group, gender and socio-economic lines, it is a number one issue. When we know that it is the third leading cause of death for adult males in Canada, we need to look upon this as an urgent and a serious public health problem that requires this kind of federal leadership to bring it together.

The thing about suicide is that it has been hidden in the shadows for far too long. Everyone is afraid to talk about suicide. The reason is that people believe that if we talk about it, it will encourage others to commit suicide. Everyone talks about the contagion of suicide, the copycat of suicide, but we well know that when we talk about it and discuss the suicidal ideation, the idea, the thought of suicide crossed one's mind at some point in time is not unusual.

In fact, 42% of adults say that the thought of suicide has crossed their mind within the last five days. We know this is something we think about. However, what are the multiple causes that come to bear on this issue that we need to look at and pull together?

Many provinces have anti-suicide strategies and some do not. The point is that this whole issue has been fragmented across the country. It depends on what weight certain provinces put on it, but if we can deal with cancer as a physical ailment, look at a pan-Canadian strategy for cancer and fund it federally, then we need to be able to talk about the fact that suicide needs to be treated in the same manner.

As a physician, it saddens me that I do not know enough about suicide. I have had patients who have committed suicide and patients who have attempted suicide. I sometimes felt powerless because I was not able to see the early warning signs and symptoms that I should have been able to recognize. We know that many people who are successful in committing suicide or who have attempted suicide are often people who, on the surface, seem to be successful and bubbly, people we would never think of.

We need to do a lot of work on this issue. With a pan-Canadian strategy, we could look at the issue of research. There are so many factors that lead to the issue of suicide.

The Canadian Institutes of Health Research is doing some work on this and it says that there may be some genetic factors. It may very well be that we need to look at this from a genome point of view. There may be some genetic components here.

Sometimes there may be an underlying mental illness or an underlying disability, whether it is a mental disability or not, where people feel that they cannot be normal. They do not well at school. Maybe they have dyslexia or a learning disability. They are afraid. They do not want to speak about it. They go through life feeling unnatural and abnormal.

The high rates, five times the normal rate of suicide in Canada, are among aboriginal youth and seven times more among Inuit youth. We see it five times more among people within the LGBT community, especially youth in the LGBT community.

● (1140)

We know that one part of the issue of suicide is the psychological component. It is the concept that if one is different, one must be ashamed of the difference. Sometimes it is the hopelessness of it all combined with bullying. We know that 350,000 episodes of bullying occur every month in this country, and some of it can lead to suicide.

We know that suicide is impulsive. We know, for instance, that somebody may be thinking about suicide for the biological, social or psychological reasons that cause suicide attempts to occur, but sometimes it is impulsive. Seventy per cent of Canadians who had thought about or attempted suicide say that they attempted suicide an hour after a trigger pushed them over the limit. Some 25% have said that within five minutes after a trigger pushed them over the limit, they actually attempted suicide.

I think the problem is that we do not see mental illness as a real problem. Unless it is a psychosis like schizophrenia or bipolar disorder, there is a tendency to think that mental illness is an issue of personal will. It is a pejorative thing that one cannot cope or that it is psychological. The term "psychological" alone is pejorative. It means that a person is less capable of coping, and we know that is not true.

As I said before, we know there are biological, social and psychological factors. If we someone came to us, perhaps a friend, and said that when they ran or when something happened, they got a left-sided chest pain, we would tell them to go and see a doctor because it might be a sign of heart disease. However, when someone tells us that they are incapable of coping or when we see that they suffer from a mental problems or psychological issues, we think it is something to ignore and that those people have less will power than we do or are less able to cope with their problems. However, we know that this is not true.



*Business of Supply*

If a person went to emergency as an attempted suicide, triage would cause them to be seen immediately, just as with a chest pain. The difference is that if the person with a chest pain had a cardiogram that showed an early sign of an infarction in the heart muscle, that person would be immediately admitted. They would be given a bed and follow-up. The follow-up would continue, and the person would have multiple tests.

However, a person who goes into hospital for attempted suicide is taken care of only in the sense that their stomach is pumped or whatever is needed to keep them alive is done, but there are no treatment beds, or very few. There is no place to send them. There are no referrals. We do not have enough health care professionals. Psychologists are not covered under the Canada Health Act, yet they are an essential part of this issue.

When we look at the problem of suicide, we need to look at how to link all these pieces to fit together. That is why we need federal leadership: to pull the pieces together.

For instance, we need to look at the education and training of the people who are the first line. In cases of youth suicide, we need to look at who a young person could meet, such as the school coach or school counsellor. Many are not trained to recognize the early signs and symptoms of suicide.

However, we know that if someone in a school commits suicide, it is important in terms of prevention to take action to deal with the bereavement process immediately and to talk about it. A professional is needed to talk with the young people in school to prevent those who are at high risk from committing suicide because of what happened to a class member or a friend of theirs. We know there is a high risk of that, not because these people are less capable or less able to deal with the trauma, but because we know there are some people who, for biological, sociological and other reasons, may be more at risk and feel that is the way to go.

These are the things we need to talk about. We need to talk about developing counselling in schools and developing an ability to deal with this in schools, as well as how we train family practitioners and public health nurses to recognize the early signs and symptoms.

For instance, today we had Mrs. Richardson talking about her daughter's suicide a year ago. This is a prime example.

• (1145)

Here was a bright, brilliant athlete, a girl who did well in school and seemed bubbly on the surface. What her mother said today in the press conference was really telling. She said, "I want us to talk about suicide every day in our homes, at the dinner table, in the malls, everywhere". What I—

**The Deputy Speaker:** Order, please. The hon. member may elaborate in questions and comments. Her time has elapsed.

Questions and comments, the hon. member for Kitchener—Conestoga.

**Mr. Harold Albrecht (Kitchener—Conestoga, CPC):** Madam Speaker, Margaret Somerville, an ethicist at McGill University, has said, "Hope is the oxygen of the human spirit; without it our spirit dies..." That encapsulates, in a very real sense, the despair that those who may consider ending their lives by suicide might be facing.

My colleague mentioned the importance of dealing with the social, biological and psychological factors as we deal with suicide prevention, and I agree with her 100%. I am wondering if she would agree that we could add a spiritual dimension. For many in this room and in aboriginal communities, there is a spiritual dimension to providing hope that far too often we neglect.

I am wondering if she would comment on her perception as it relates to the need to recognize the spiritual dimension for those who may be facing this despair in their lives.

**Hon. Hedy Fry:** Madam Speaker, that is a very important question. Some suicide prevention strategies have to be specific, but they also have to be culturally sensitive and sensitive to spiritual and religious ideation. They have to be able to deal with the various cultural, religious and spiritual areas that inform how we deal with things, see the world and feel we fit into the world. That is very important.

[*Translation*]

**Mrs. Sana Hassainia (Verchères—Les Patriotes, NDP):** Madam Speaker, I would like to begin by congratulating my hon. colleague on her speech.

As we know, the United Nations and the World Health Organization recognize suicide as a serious public health problem and a priority issue. Many industrialized countries, including Australia and the United States, have national strategies that have proven effective. Canada does not have a national strategy. A commission was established in 2007, the the Mental Health Commission of Canada.

Does my hon. colleague believe that this commission is enough to ensure adequate suicide prevention? Can this commission take the place of a national strategy?

• (1150)

[*English*]

**Hon. Hedy Fry:** Madam Speaker, it is interesting that 30 years ago Canada was a world leader and had the expertise on this issue. We in Canada—not a province, but Canada—held the very first symposia on this issue. The world listened, and 30 years ago countries of the world, such as the United Kingdom, Australia and Germany, picked up this Canadian movement and moved on it. We never did.

As the hon. member for Toronto Centre said earlier today, this is not a blame on anybody. Different political parties formed government, and all tended not to deal with it, I think for the simple reason that we do not see mental illness being as important as physical illness. Mental illness is still not seen as a medically necessary service. We still do not see it that way.

Until we recognize mental illness as part of the continuum of health that is physical, mental, social, psychological and other things, we will not understand that we need to do something about it and we will not follow the extremely good example that we started 30 years ago, after which different levels of government let the ball drop. That is the sadness of the whole thing.

*Business of Supply*

It does not mean we should continue. We should start doing something now. We have the expertise and are in fact able to do this very well.

**Hon. Geoff Regan (Halifax West, Lib.):** Madam Speaker, my hon. colleague noted that psychologists are not paid for under the Canada Health Act, yet psychiatrists are. That does not make much sense, because psychologists would be less expensive. I want to ask the member about that and also about the research into genetic links that has been done in this area.

**Hon. Hedy Fry:** Madam Speaker, the hon. member touched on the important thing, which is that we cannot continue to see suicide as only a psychological issue. We know that there are biological issues. The Canadian Institutes of Health Research are telling us that there may be epigenetic links. We know, for instance, that in families in which someone has committed suicide, there is a five to eight times greater risk of suicide occurring among the children of the parent who committed suicide. We know that is true.

However, it is important to note that psychologists are not considered health providers or paid for under our public health care system because we do not see suicide as an illness, and we need to start looking upon it as a real physical illness.

**Ms. Kirsty Duncan (Etobicoke North, Lib.):** Madam Speaker, I rise today in order to remember family and friends lost to suicide, to provide support to those who have experienced loss, and to remind those suffering that there is hope and there is caring and compassion in community.

I also rise to call on the government to develop a national suicide prevention strategy. Our children, parents and family members, our friends and colleagues, our clients and patients, our neighbours and people from all socio-economic, age, culture and gender groups cannot wait any longer.

Worldwide, almost one million people die from suicide annually. The global mortality rate is 16 per 100,000, meaning that there is one suicide death roughly every 40 seconds and that 3,000 people commit suicide daily. For every person who completes a suicide, 20 or more may attempt to end their lives. In the last 45 years, suicide rates have increased by 60% globally.

No part of Canadian society is immune. Suicide affects all of us and remains among Canada's most serious public health issues, with a mortality rate of 15 per 100,000. In the past three decades, more than 100,000 Canadians have died by suicide. Every year in Canada, almost 4,000 people die by suicide.

Rates are even higher among specific groups. For example, the suicide rate for Inuit peoples living in northern Canada is between 60 and 75 per 100,000 people. Suicide rates for Inuit youth are staggeringly high, as much as 28 times the national average in the case of males aged 15 to 24. Other populations at an increased risk of suicide include youth, the elderly, inmates in correctional facilities, people with mental illness, and those who have previously attempted suicide.

Tragically, when someone dies by suicide, the pain does not end. It is merely transferred to family, friends and community. Those grieving require compassion, support and understanding to help minimize suicide's impact.

For far too long discussion of suicide involved secrecy, stigma and taboo. The secrecy must stop. We must confront the silence, stand up to stigma, and actively work to prevent suicide.

Suicide is a complex problem involving biological, psychological, social and spiritual factors. Specific risk factors include mental disorders such as alcohol dependence, depression, personality disorders and schizophrenia, and physical illnesses such as cancer, HIV infection and neurological disorders.

We know that those at risk for suicide experience overwhelming emotional pain. They want and need help in reducing the pain so that they can go on to lead fulfilling lives. We must ensure that they get the help they need.

Let me raise the plight of many of our veterans, who are struggling when they come home, living with post-traumatic stress disorder and in some cases fighting for their lives.

Before I do, let me thank all our veterans, our World War II veterans and our Korean veterans, our Canadian Forces veterans and all our Canadian Forces in reserves. I thank them; I know each member of this House thanks them, and our country thanks them. There is no commemoration, praise or tribute that can truly match the enormity of their service and their sacrifice.

Veterans Affairs reports that the number of veterans experiencing some kind of operational stress injury, such as PTSD, has tripled in the past five years. According to data obtained through access to information requests, the suicide rate among Canada's soldiers may have doubled from 2006 to 2007, rising to a rate triple that of the general population.

I have had the enormous privilege of working with veterans across our country and I have heard their stories. Examples are a veteran living for 10 years in the bush; my receiving a suicide note from a veteran on a Sunday afternoon; having to find help and having to find the veteran lost in a snowstorm, because no psychiatrist appointment was coming for three months, despite a diagnosis of PTSD for years and years; not hearing from a veteran for weeks and waiting for him to re-emerge from the darkness of his basement; receiving a note from a veteran distraught because a young friend was found dead on the roadside and another dead in the basement. Both had simply stopped living. They had given up eating and taking their medication.

*Business of Supply*

●(1155)

Here are just a few comments from our country's extraordinary heroes and their desperation: "We are all suffering and we need help. It is not only the guys we lose overseas; it is the guys we lose here to suicide. They may as well have died overseas. We have all contemplated it. The thoughts are relentless. When I contemplate suicide, it is relief. It means stopping the pain, no more fights with that. The question we ask ourselves is how can we leave and leave our family in a better position. Everyone else is better without us".

From a physician who veterans call a guardian angel: "What we really need in place for these vets, we need to be able to refer them somewhere nearby where they can have continuous care. They are hurting and their families are hurting. Many wives have contacted me and really do not want to stay with them. They are afraid of them and for them".

It is time we give unprecedented support to our wounded warriors especially those with PTSD and traumatic brain injury which has led too many of our veterans to taking their own lives. We must continue to make major investments, ending the stigmatization of PTSD and traumatic brain injury, improving outreach and suicide prevention, hiring and training more mental health councillors and treating more veterans than ever before. Every veteran needs to be assured that his or her nation will be there to help them stay strong. It is the morally right thing to do.

There are effective strategies and interventions for the prevention of suicide. For example, adequate prevention and treatment of alcohol, depression and substance abuse; restriction of access to common methods of suicide such as firearms or toxic substances like pesticides; and follow-up contact with those who have attempted suicide. However, there is a tremendous need to adopt multi-sectoral approaches including both health and non-health sectors; for example, education, justice, labour, police, politics and the media.

Many countries have developed national strategies to reduce suicide often with the expertise and leadership of Canadian experts. We must all ask why Canada has been so slow in moving forward on this pressing public health issue, so such delay never happens again.

Canada needs a national suicide prevention strategy, an ongoing co-ordinated set of activities which will aim to reduce suicide by a specific amount by a given period. The strategy should be evidence-based, specific and subject to evaluation. Specific goals might include: the reduction of risk in key high risk groups, the promotion of mental well-being in the wider population, the reduction of the availability and lethality of suicide methods, the improvement of reporting of suicidal behaviour in the media, the promotion of research on suicide and suicide prevention, and the improvement of monitoring.

In closing, each suicide is an individual tragedy and the irrevocable loss to society. Suicide is devastating for families and other survivors; economically, psychologically and spiritually. For these reasons the government must make suicide prevention a health priority. No veteran should ever have to utter these words again: "I am a second generation serviceman. My son will never put on a uniform. I'm losing sleep. MPs should be losing sleep. PTSD has

destroyed everything in my life. Dying hangs over me every day of my life".

We as Canadians must end the silence, ease the suffering, and prevent others from experiencing such devastating loss.

●(1200)

**Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC):** Mr. Speaker, my colleague talked about youth suicide in aboriginal communities and that is something very close to my heart and the minister's heart. I want her to know that the government shares her concerns.

For example, the national aboriginal youth suicide prevention strategy provides first nations in Inuit communities with access to services which address specific risk factors and protective factors. In other words, they get access to crisis intervention and post-intervention services. Overall, the strategy promotes culturally safe activities. Through this strategy we are partnering with different communities to ensure that we are working with them in ways that they find effective.

Would my colleague clarify what additional action she feels would be required in addition to all that is currently being done by the federal government and the communities?

**Ms. Kirsty Duncan:** Mr. Speaker, the reality is that they are still dying, and the numbers are among the highest in the world. We need to continue to take action.

I would like to tell the House a bit more about the veterans I have served, and I would like to use their words: "I used to be a productive serviceman, now I'm over 100% disabled. I'm talking for the first time so other veterans don't have to go through what I have. All I think about is suicide. I spend more minutes of every hour thinking about suicide. The military's depart with dignity program is more like coffee hour. I wanted an honourable ending. I have panic attacks, I'm scared of people, places. I can't stand to be around family. I have suicidal tendencies. The stress of going to the doctors went on and on, and is still on-going. I couldn't think about anything but suicide. I couldn't stop crying. I was mad, I was in pain, mad I was alive, mad there was red tape".

●(1205)

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Mr. Speaker, my hon. colleague is aware of this already, but I just want to highlight certain statistics with regard to veterans. In the last five years the number of veteran suicides has increased three times. More veterans in the last five years have committed suicide than actually died in the theatre of war. This is a serious statistic. It tells us that many veterans come back with what is known as post-traumatic stress disorder.

*Business of Supply*

Could the hon. member tell me what she thinks should be done? Does she believe that there is currently any sort of comprehensive program that is easily accessible to veterans to deal with this issue?

**Ms. Kirsty Duncan:** Mr. Speaker, I would like to quote a physician who has treated veterans with PTSD: “I see two types of suicide, outward and another. They don't care. They are chronically helpless, hopeless. They don't take their meds. They stop eating. It is harder to recognize. I had one case...he died of a very serious infection. His wife had to go away, and he just died in his chair”.

Physicians have made the following recommendations. They would like a federal public inquiry. They would like to see an independent oversight body with real power of enforcement and sanction, awareness and education regarding suicide. They feel that no individuals should be released unless they are in the shape they were in when they signed up. They would also like to see a buddy system to check on those suffering with PTSD and back-up psychiatrists.

**Mr. Patrick Brown (Barrie, CPC):** Mr. Speaker, I will be splitting my time with the extraordinary member of Parliament for Brandon—Souris.

Suicide is a tragic event that affects far too many Canadian families. Suicide is one of the leading causes of death worldwide. Each year, several thousand Canadians lose their lives to suicide. The World Health Organization estimates that in Canada the rate of suicide is 15 for every 100,000 people. While suicide rates vary by age, gender and ethnicity in Canada, males appear to be more at risk.

Furthermore, suicide is the second leading cause of death among youth aged 10 to 24, according to the Canadian Psychiatric Association.

Certainly, some of the tragedies in the National Hockey League this summer of some of its alumni highlighted how prevalent this problem is, how prevalent this challenge is.

If there is one silver lining out of these enormous tragedies, it is that it will raise awareness to the critical need to look at mental health.

Our health minister, who is from the north, understands first-hand how very real and tragic this issue is in both first nation and Inuit communities. The suicide rate among first nation youth is approximately five to seven times higher in Canada than for non-aboriginal youth. In Inuit regions, suicide is 11 times the Canadian rate.

While there are many contributing factors to suicide, mental illness is a major one. According to the Canadian Mental Health Association, nearly six million, or one in five Canadians, are likely to experience a mental illness over the course of their lifetime. This is why our government has taken some concrete steps to improve the mental health and well-being of Canadians. We take mental health issues seriously. We would like to recognize two important events related to mental illness that will take place this month. In Canada, this is Mental Illness Awareness Week. October 10 is World Mental Health Day. These events provide opportunities to raise awareness of mental illness and the importance of good mental health.

Studies indicate that more than 90% of suicide victims suffer from a mental illness or substance abuse problem. In addition, many of the same risk and protective factors that have an impact on mental illness can influence the risk of suicide. A recent study by the Centre for Addiction and Mental Health found that mental illness is associated with more lost work days than any other chronic condition, costing the Canadian economy \$51 billion annually in lost productivity.

Mental health and well-being contribute to our quality of life. Good mental health is associated with better physical health outcomes, improved educational attainment, increased economic participation, and rich social relationships. Recognizing the importance that good mental health plays on our everyday lives, in 2007, this government created the Mental Health Commission of Canada as an independent, arm's-length organization. It provides a national focal point for mental illness. This government has invested \$130 million in the commission over 10 years to advance work on mental health issues.

The commission is mandated to lead the development of Canada's first ever national mental health strategy. When released in 2012, the strategy would provide a way for the people of Canada, the mental health community, and the jurisdictions, to work together to achieve better mental health.

The commission's release, in 2009, of “Toward Recovery and Well Being: A Framework for a Mental Health Strategy for Canada” marked the completion of the first phase in developing the strategy. It set out a vision containing broad goals for transforming mental health systems in Canada. It has become an important reference point for mental health policy and practice across the country.

The Mental Health Commission of Canada is now finalizing the first ever mental health strategy that would translate the vision and goals of this framework into a strategic plan. Elements of suicide prevention are expected to be contained in the strategy. The strategy has been informed by the voices of thousands of people and hundreds of organizations with a wide diversity of points of view and experience. This strategy is expected to make a significant contribution to the mental health community.

Another important initiative the Mental Health Commission of Canada has been mandated to address is the stigma associated with mental health issues. Stigma is a major barrier preventing people from seeking help. Many Canadians living with a mental illness say the stigma they face is often worse than the mental illness itself. Mental illness affects people of all ages, from all walks of life. It can take on many forms, including depression, anxiety and schizophrenia.

*Business of Supply*

•(1210)

The Mental Health Commission of Canada has launched the largest systematic effort to reduce the stigma of mental health in Canadian history, known as Opening Minds. Its goal is to change the attitudes and behaviours of Canadians toward people living with mental health problems. Through this initiative the commission is working with partners across Canada to identify and evaluate existing anti-stigma programs. Efforts to reduce the stigma associated with mental illness are currently focused at health care providers, the media, the workforce, along with children and youth. Opening Minds is serving as a catalyst in mobilizing actions of others to make a real difference in the area of anti-stigma programs.

To ensure that all the information on mental illness is accessible to the public and those in the mental health field, the commission is establishing a knowledge exchange centre. This initiative is creating new ways for Canadians to access information, share knowledge, and exchange ideas about mental health. All Canadians will have access to knowledge, ideas, and best practices related to mental illness. Furthermore, this will enhance the capacity for knowledge exchange throughout the Canadian mental health system.

The government has also taken further action to address the issue of mental health among the homeless. Mental illness and homelessness are increasingly related and there is a need for more research in this area.

Just last week in Barrie I was speaking to a nurse in the community, Nicole Black. She works at the David Busby Street Centre in Barrie. She was telling me how prevalent it is and the challenge that is faced when trying to assist with the battle to combat homelessness. It is great that the government recognizes the importance to work in this area. This is why in 2008 the government provided \$110 million over five years to the Mental Health Commission of Canada to investigate mental illness and homelessness. This includes the At Home/Chez Soi initiative, which is the largest research project of its kind in the world.

The project is happening now in five Canadian cities: Vancouver, Winnipeg, Toronto, Montreal, and Moncton. This research project is centred on the housing first model. This means that once a person is given a place to live, the person can better concentrate on personal issues. The innovative approach of this project has the potential to make Canada a world leader in providing services to people who are homeless and living with a mental illness.

By creating and supporting the Mental Health Commission of Canada, the government has recognized the link between suicide and mental illness and has demonstrated its commitment to help address this serious issue.

In Barrie, when I toured the Canadian Mental Health Association offices on Bradford Street and the mental health area of the Royal Victoria Hospital, where there are some of the best doctors in the region who assist with mental health issues, I certainly heard loud and clear that this is a growing concern for Canadians and that we need to do what we can to contribute as a federal government. I am so proud that our federal government, under the leadership of our finance minister, has made this a priority.

It is my pleasure to be in the House today to address this very important topic.

•(1215)

[*Translation*]

**Mr. Denis Blanchette (Louis-Hébert, NDP):** Mr. Speaker, I want to thank the hon. member for his speech.

He spoke at length about the Mental Health Commission and what it is meant to do. The problem with suicide is related to mental health, but it is not always a mental health issue.

I would like my colleague to talk about how the government would be involved, in other words, the concrete measures the government intends to introduce to support a national suicide prevention strategy.

[*English*]

**Mr. Patrick Brown:** Mr. Speaker, there are many interrelations and correlations between mental health challenges and suicide. It will be no surprise that the Mental Health Commission, which has a budget of \$130 million over 10 years thanks to this government, will obviously consider that as one of the central aspects to look at when it conducts this study.

In terms of what is being done to address suicide, mental illness is a major risk factor for suicide. It is estimated that 90% of all suicide victims have some kind of mental health condition. That is why it is very important to look at them in the overall framework, together. The 90% figure would suggest that to look at mental health and not suicide at the same time would be a disservice.

Obviously the government has made it a focus to invest in mental health by virtue of the Mental Health Commission of Canada and associated monetary investments to establish and support that commission.

I certainly concur with the member that they are interrelated.

**Mr. Merv Tweed (Brandon—Souris, CPC):** Mr. Speaker, I am pleased to speak to this very important motion.

The impacts of suicide are enormous, and the factors that contribute to suicide are complex and far-reaching.

We know that people with mental illness, those with a history of abuse or a family history of suicide are predisposed to committing suicide. For example, Canadians who are diagnosed with depression are at a higher risk. We also know that the risk of suicide can be precipitated by life events, such as important losses, conflicts with the law, or rejection by society. The cumulative effect of these biological, social and economic factors, such as discrimination, family violence and limited economic opportunities, contribute to the risk of poor mental health and, in turn, suicide behaviour.

We have gained a significant amount of knowledge on the factors that influence mental illness and suicide, but we will benefit from a better understanding of the most effective interventions from prevention of risk factors to treatment approaches.

*Business of Supply*

To best serve Canadians, we need to be innovative and identify more effective clinical, public health and social interventions. Consistent with our federal role, the government is providing the leadership to pursue the development of such knowledge through funding research and supporting the capacity of communities to address in more innovative ways the complexity of the issues associated with suicide.

Our government is making significant investments in research through the Canadian Institutes of Health Research. I am told that since 2006, CIHR has invested over \$234 million in research on mental health and addiction, and over \$20 million on suicide-related research. CIHR supports population health research to enhance mental health and to reduce the burden of related disorders.

This research is leading the way in identifying the relationship between depression and anxiety, and how these mental health problems affect suicide behaviour. CIHR also supports the advancement of health research to improve and promote the health of first nations, Inuit and Métis people. It does this by putting an emphasis on respect for community, research priorities and indigenous knowledge, values and cultures.

Suicide has deeply affected Canada's aboriginal communities and is the leading cause of death for aboriginal youth. Therefore, CIHR has made suicide prevention for aboriginal communities a research focus. CIHR investments include the suicide prevention targeting aboriginal people initiative and the aboriginal community youth resilience network, a community-led research project aimed at preventing youth suicide.

The goal of this research network is to broaden the depth of social science and health expertise in aboriginal communities and facilitate the exchange of experiences between communities addressing the issue of aboriginal youth suicide.

Our government also provides funding to the Mental Health Commission of Canada to advance research and innovation in mental health and suicide prevention. For example, an investment of \$110 million over five years supports the testing of new programs to better address homelessness among people with mental illness. The commission is also developing a knowledge centre to share the evidence and innovation in mental health with stakeholders across the country.

Our government has also invested \$65 million over five years in the national aboriginal youth suicide prevention strategy that promotes protective factors and the reduction of risk factors for aboriginal youth suicide. This initiative also contributes to the development of new knowledge and best practices on suicide prevention. Budget 2010 provided \$75 million to renew this strategy.

The Canadian Task Force on Preventive Health Care funded by our government is researching and developing clinical practice guidelines for primary and preventive care, including screening for depression.

● (1220)

In addition, the Public Health Agency of Canada's best practice portal provides chronic disease prevention and health promotion information for public health professionals. It has identified best practice interventions for mental illness prevention.

The prevention of suicide starts with building positive mental health and resilience in our children and our youth. Our government is therefore investing in the capacity of Canadian communities to develop and implement innovative approaches to help achieve this goal.

Our government has invested \$27 million to support the nine large-scale mental health promotion initiatives in over 50 communities across Canada, including all provinces and territories. These interventions are focused on improving the mental health of children, youth and families. The goal is to implement and test the number of different programs across diverse populations.

These initiatives target those at higher risk of mental health problems and provide community based support to people living in rural, northern and aboriginal communities.

For example, about 30 aboriginal communities will benefit from these programs. They will also generate significant knowledge on the most effective interventions, which in turn can be shared across Canada with other aboriginal communities.

One such initiative is the mental health promotion for aboriginal youth project. It is directed to children age 10 through 14 years and their parents. This project focuses on a culturally specific approach. It strengthens family interactions by teaching parenting skills, social skills and coping mechanisms.

Another important example is our funding to the Arctic health research network. This will help to address the mental health needs of children, youth and families from Nunavut. This program will engage young people between the ages of 13 to 19 to raise awareness of youth mental health in up to seven communities. This will be done with health professionals, decision makers, families and community members.

The Public Health Agency of Canada also funds initiatives to address risk factors for poor mental health and suicide. We know that bullying, relationship violence and substance abuse are problems among our children and youth which can have harmful long-term consequences.

For example, the WITS program will be implemented in several communities in four provinces, including British Columbia, Alberta, Ontario and New Brunswick. The program works with children, families, local police and other partners to combat bullying.

In addition, funding for the Centre for Addiction and Mental Health will introduce a program for reducing violence and building positive relationships among teens in seven school districts, over 40 schools in three provinces and one territory, including Alberta, Saskatchewan, Ontario and the Northwest Territories.

We know that support for vulnerable families is critical to the future of positive mental health and well-being. Therefore, we are investing in another initiative in Manitoba based on a world recognized model for improving positive mental health outcomes in at-risk families.

This program provides home visiting services to families with children from prenatal to five years of age who are living in conditions of risk. The family-centred program emphasizes positive parenting and enhanced parent-child interaction, improved child health development and use of community resources.

In addition, our government's funding for socially and emotionally aware kids program allows it to operate in three provinces. This program is aimed at building resilience, self-esteem and coping skills in children ages five to 12, as protective factors against poor mental health and risk factors for suicide behaviour.

Early results indicate a decrease in behaviour problems, along with a marked improvement in social relations, focused problem solving and greater emotional awareness. These are the very ingredients for healthy and productive young people.

Our government will continue to collaborate with partners across Canada to build new knowledge, share research results and support innovation to effectively address suicide and its devastating impact on families and communities.

• (1225)

**Ms. Kerry-Lynne D. Findlay (Parliamentary Secretary to the Minister of Justice, CPC):** Mr. Speaker, my colleague made an excellent speech on what is a very sad and troubling topic, I am sure we would all agree.

I am aware of a number of the government's initiatives, as my colleague has pointed out, in the area of mental illness treatment funding and suicide prevention.

I am interested to know to what extent he may be aware of outreach to our ethnic communities. For instance, the Chinese Mental Wellness Association of Canada is in my riding. Problems of language and cultural issues also come to bear on these issues.

I am wondering if this outreach is meant for all communities within Canada.

**Mr. Merv Tweed:** Mr. Speaker, I believe that it is and should be. We are all Canadians and we all have a responsibility to provide the services to the communities in need.

I will speak personally to my own communities in the southwest of Manitoba, Brandon—Souris. We have seen a large influx of new Canadians and the challenges that they go through. A lot of it, as was previously mentioned, deals with language, social interaction and customs from other countries that may not be applicable in Canada. It is important that outreach, particularly in the mental health area, is vital for these people to feel comfortable, to learn, to be a part of the system and be a part of Canadiana. I support those very programs.

• (1230)

[*Translation*]

**Mr. Denis Blanchette (Louis-Hébert, NDP):** Mr. Speaker, I want to thank the hon. member for Brandon—Souris for his presentation. I

### *Business of Supply*

very much appreciated the idea that we have to be innovative in how we look at this problem.

Often an ounce of prevention is worth a pound of cure. Even though my colleague mentioned a number of government initiatives, they do not really address the entire problem.

For example, we could make it easier for aboriginal people to have access to education. Does my colleague agree that we should be more proactive about addressing the problem and give the communities what they need to flourish, rather than simply deal with the fallout?

[*English*]

**Mr. Merv Tweed:** Mr. Speaker, it is important and a lot of the initiatives that our government has undertaken has been to identify those needs and to identify the shortcomings in certain communities and, in my humble opinion, it does not just apply to aboriginal communities. Many communities across Canada have shortcomings. I think that by first identifying them, looking at pilot projects and taking the best of what those offer to communities, this could be a Canada-wide initiative in the sense of what we learn from others quite often can apply to ourselves and how we benefit ourselves and our communities.

**Mr. Patrick Brown (Barrie, CPC):** Mr. Speaker, I thank my colleague for his eloquent speech today and for highlighting the focus of mental health.

As I mentioned in a previous comment, one of the things that was raised at the Busby Centre in Barrie, which is a terrific place that helps with homelessness, was the interrelation with homelessness and mental health issues and the need for government to do more. That would be one of the things the Mental Health Commission could address when it looks at the many different facets of mental health.

Does my colleague from Brandon—Souris share those same concerns in Manitoba?

**The Acting Speaker (Mr. Bruce Stanton):** Before I recognize the hon. member for Brandon—Souris, I ordinarily would only recognize members when they are in their proper seat. I know the member for Barrie was not in the exact spot that he normally speaks from.

The hon. member for Brandon—Souris.

**Mr. Merv Tweed:** Mr. Speaker, I agree completely with what the member for Barrie said. In my community, we have a gentleman by the name of Glen Kruk who manages the mental health issues across southwestern Manitoba. He is an extremely energetic man. Dealing with homelessness, he spearheaded a project in Brandon where we created 63 residential spots. However, he was adamant that many of those spots would be for homeless people and for the mentally ill, and we are accomplishing that. I thank him every time I see him for his sincere work on behalf of mental illness in Canada.

**Mr. Rodger Cuzner (Cape Breton—Canso, Lib.):** Mr. Speaker, I appreciate the opportunity to join in today's debate. I will be splitting my time with the member for St. Paul's.

*Business of Supply*

It will be 11 years next month that I have been in this chamber. I have had the opportunity to join in many important debates in this place but I see none more relevant and more important than the debate we are having here today.

I commend my leader, the member for Toronto Centre, for bringing this motion forward. It is a topic that people want to gloss over, talk around or not get too in depth on because it has such an impact. If anybody engaging in today's debate, whether on the floor of the House of Commons or watching it at home, has not been touched by suicide, whether a family member, a friend or someone close, then that person has lived a blessed life.

We have heard a number of stories and very personal accounts today of having known or having been close to someone who has taken his or her life. It is an emotional and confusing time. We as legislators and lawmakers must do all in our power to ensure that everything that can be done is being done to lessen the numbers and save lives. The purpose of today's debate is just that, and I appreciate the fact that this was brought forward.

Coming up to the Hill this morning, I saw two old friends of mine, one being Francis Leblanc, the former member for Cape Breton Highlands—Canso, and the other being Stephen Hogg. We chatted a bit and they asked me what was on tap for today in the House. I told them about the subject matter of the motion coming forward and it seized both of them. Obviously, Francis understood the importance of it and Stephen, for the most part, choked up. He said that it meant a lot to him because his dad took his life. I asked him if the signs were there and he said that, of course they were and, in retrospect, he could see them in the rear view mirror. He said that it all made sense when his family reached back and followed it up to the final account. They were seized by the anguish and torture that their dad must have felt. They did not understand where he had gotten the unregistered gun that he had used. The planning leading up to the suicide must have been a tumultuous time emotionally and mentally for the man.

There have been accounts shared here today, along with the account that I heard on the way in this morning. My son's young friend took his own life. He came from a strong, supportive family. He was very engaged in sports and was a successful athlete. He was pursuing an education and seemed to have a great number of supportive friends. Then we got the phone call that he had taken his life. When we lose somebody through suicide, it impacts on all of us. It is very easy to stigmatize those who take their own lives and it leaves us sort of reaching for answers.

• (1235)

We are great hockey lovers in Canada. We think that those who take part in our national sport are almost invincible. They are big, physical creatures and we think about them as being pretty tough to play in the National Hockey League. We think they are physically tough, mentally tough, emotionally tough and they need to be to compete at that level. That is the reality.

However, the hockey community was shaken and the country was shaken over the course of the last number of months when we saw three very high-profile professional athletes take their own lives: Derek Boogaard, from Minnesota Wild; Rick Rypien, a former Canuck; and most recently, Wade Belak, a former member of the Toronto Maple Leafs. If anybody followed the careers of those three,

they saw that they did have some common past. The link was made to the fact that they played a very physical role throughout their NHL careers. They were enforcers. They were the guys who dropped the gloves. They were the guys who picked up for their other teammates. If the tempo had to be changed, they were the guys who took that upon themselves. All three of them were very physical and certainly not shy to drop the gloves and become involved. I think Belak had 145 fights in his NHL career.

So, automatically, they sort of linked that together and asked whether the NHL was doing enough to address fighting in hockey. It all became about fighting. However, they missed the whole point in narrowing it down to the commonality of being fighters because, as things played out, we realized that all three suffered from depression.

What about a guy like Belak? I have a piece that Michael Landsberg from *Off the Record* put together in the wake of Belak's death, which I will read later. However, when we saw Belak on television or anything like that, the guy was a big, handsome farm boy with a beautiful wife and two kids. He was loving life, living large and all those things and we have to wonder, why him. However, in the wake of it, we realize that he had a nemesis and that nemesis was depression.

I did not realize my time was going that quickly but I do want to get Mr. Landsberg's comments on record when he talked about depression. He also suffered from depression. He stated:

We can't see depression. We can't biopsy it. Blood tests don't show it. Neither do x-rays. ... Depression is a disease. It's not an issue or a demon, although it may act like one. ... Start accepting depression as a serious and sometimes fatal illness.

I think that was very poignant.

Aaran Sands also wrote about Belak's death. Aaran Sands is a reporter who covered crime stories for a number of years. He talked about the stigma of depression, the stigma of mental illness and the cruel social stigma that comes with mental illness. He said:

Coming forward to seek help for my illness amounted to career and social suicide for me – it's been an extremely painful experience, worse than any nightmare I've ever had.

I hope things eventually change for the better. But until people start to look at mental illness differently, the suicides will continue, not just among suffering sports stars but in all walks of life.

The reason for today's motion, the reason to bring this issue to the fore of the House is to have that open debate on what it is we can do as a nation, what it is the government should be asking itself. Yes, it is taking steps and it is taking measures but is it doing all it can? Is there a better way to deliver services? Is there a better way to share information? What is it we can do? Are we doing the best we can as a nation?

That is the purpose of today's debate and I hope all members in this House see the merit of that, contribute to this debate and support this motion.



*Business of Supply*

• (1240)

**Mr. Brad Butt (Mississauga—Streetsville, CPC):** Mr. Speaker, I am quite pleased to hear members speaking in the House today. We are all speaking with one voice about a serious issue, an issue that could involve any Canadian in any walk of life.

The member suggested that there may be some more things that we could do, and there is no question about that. Our government has done quite a bit. I am quite familiar with the excellent work of the Mental Health Commission of Canada, especially the at home project in Toronto, which links housing and mental illness, and the importance of having a safe, decent home, and helping that individual out.

I wonder if the member would like to suggest to the House today any other specific measures that the government could look at that would work to alleviate mental illness, depression and suicide issues in the country? Does he have anything specific that he could share with the government today?

• (1245)

**Mr. Rodger Cuzner:** Mr. Speaker, there have been some positive contributions today. One thing that has evolved is that the Mental Health Commission of Canada has not been given the resources to carry out some of the recommendations it has put forward. It is important that be identified. Perhaps if the government were to take anything away from this debate and this motion today, it would be to put further resources behind the recommendations coming forward.

There are some good things happening. As my colleague has said, there are some good initiatives province to province. Some provinces are doing better than others. It should not matter about the area code of any Canadian. Any Canadian should have access.

I will just close with the comments made by Aaron Sands:

I have attempted suicide a couple times. Only recently did I come to feel lucky and grateful...thanks to the world-class treatment programs at Homewood Health Centre in Guelph and the Centre for Addiction and Mental Health in Toronto.

People are doing great things. This is about having the best practices. It is about ensuring that all Canadians are aware of those best practices and that they have access to them.

[Translation]

**Hon. Carolyn Bennett (St. Paul's, Lib.):** Mr. Speaker, I am very honoured to speak to today's debate. It is very important that the House urge the government to work cooperatively with the provinces, territories, representative organizations from First Nations, Inuit, and Métis people, and other stakeholders to establish and fund a national suicide prevention strategy, which among other measures would promote a comprehensive and evidence-driven approach to prevent this terrible cause of death.

[English]

Last Wednesday, when our leader suggested this topic, put in motion a week of reflection, a week of memories and regrets tumbling back into every one of us who was worried about what we would say today. I said to the leader this morning that there are certain stories that cannot be told because there is no way to get through them.

The impotence that one feels as a friend, as a family physician is immeasurable. The line of "What could I have done? Did I do all I could?" just kept coming back and reverberating into what we know is largely a preventable occurrence, and "What can we do as a society, a family, as communities to make this preventable tragedy as small as possible?"

I remember having to go to the morgue and open a drawer, and recognize a patient of mine who had jumped off her balcony, previously homeless, when her birth mother came to find her and she felt not worthy.

I remember a CEO of an arts organization who was on her way to the AGM to explain that there was no money and they might have to shut down. She jumped in front of the subway on the way there.

I remember one of my best friends, a prominent lawyer at Blake, Cassels, who I spent the whole summer trying to talk to and keep alive. A prominent lawyer, great job, great relationship, but those sirens that she described were calling her, to see over the other side, and she eventually could not hold back. She hung herself in her basement.

It is often in reaction to depression, to losing a job or losing a relationship or, as we sometimes see, somebody in trouble with the law who is afraid that people will find out. However, it is based on that horrible diagnosis of depression. It is this hopeless, copeless, worthlessness that is really almost 100% of the time quite separate from the facts. To not be able to get over those feelings, and for us as relatives and friends to not be able to unpack it and not be able to deal with the actual changes in the brain, make it impossible for some to get beyond that.

We have seen PTSD in soldiers and we have seen it in our veterans. At health committee we heard from the widow of the RCMP officer who had been told that his depression was over, given back his handgun, and who killed himself that afternoon.

This is no easy task. As the member for Cape Breton—Canso mentioned, it is even in our most revered hockey players. I have a Jordin Tootoo jersey in my office, when he was with the Brandon Wheat Kings. I remember how excited we were that he would be the first Inuit player to play in the NHL.

His brother, Terence, had played pro hockey, and shortly after Jordin was drafted his brother took his own life because he had been arrested for drinking and driving. Even in his final suicide note, it said, "Jor. Go all the way. Take care of the family. You are the man. Ter." Even in that final note, there was hope, in a certain way, that we could not get at and we were not able to do what needed to be done.

Our leader wrote an article in *La Presse*:

• (1250)

[Translation]

Today, 10 Canadians will take their own lives, a per capita rate three times that of the United States', largely due to the staggering number of suicides among aboriginal Canadians.

*Business of Supply*

[English]

I keep thinking about a presentation I did that was entitled “What Could I Have Done”. The first slide was a quote from a youth from the Royal Commission of Aboriginal Peoples. He said that he was strung between two cultures and psychologically at home in neither.

It is amazing that the statistics on suicide for our aboriginal people are so high. The statistics on suicide for our Inuit people show that they are 11 times greater than the rest of Canada at risk.

I remember Bill Mussell from the Native Mental Health Association explaining to me the importance of a secure personal cultural identity and how that builds self-esteem and resilience to handle things when bad things happen to good people. For some people, when bad things happen it just takes them down. As Bill Mussell said in his article in CAMH, “There has been some fine work by the RCAP and the senate committee”, but he also said:

According to the Royal Commission on Aboriginal Peoples, good health is the outcome of living actively, productively and safely, with reasonable control over the forces affecting everyday life, with the means to nourish body and soul, in harmony with one's neighbours and oneself, and with hope for the future of one's children and one's land—

Colonization brought changes that attacked, undermined and devalued the aboriginal world view, while at the same time drastically altering the conditions of life...Colonization brought negative, extreme and rapid changes to aboriginal life, while denying the validity of the tools traditionally used by First Nations to cope with change.

We have evidence to show what works and what does not. We are calling in the House for a strategy to have the audacity to fund what works and not fund those things that just make us feel better but do nothing to change the outcome.

Michael Chandler's unbelievable work at the University of British Columbia shows that the presence of self government in land claims, community-based education systems, health services, police and fire services, cultural facilities, getting back to ceremonies, women in government and child protection services have an impact on suicide rates. Community by community, those that have been able to get all of those things done have watched their youth suicide rate drop to virtually zero. His paper in *Horizons* concludes:

Taken altogether, this extended program of research strongly supports two major conclusions. First, generic claims about youth suicide rates for the whole of any Aboriginal world are, at best actuarial fictions that obscure critical community-by-community differences in the frequency of such deaths. Second, individual and cultural continuity are strongly linked, such that First Nations communities that succeed in taking steps to preserve their heritage culture, and that work to control their own destinies, are dramatically more successful in insulating their youth against the risks of suicide.

We want a real strategy and that means, what, when and how. We want it based in evidence and we want it funded properly. This means that there has to be an ability to use the research and knowledge, and translate that into effective policies, political will, effective programs and practices. It means ongoing applied research that takes us back to better research that can really identify best practices. We then have to have the nerve to put it in place.

In the health goals for Canada that all the health ministers approved in the fall of 2005, belonging and engagement was a very important one, but the government has yet to develop the indicators and targets.

Each and every person should have dignity, a sense of belonging and contribute to supportive families, friendships and diverse communities. We need to continue to learn throughout our lives through formal and informal education, relationships with others and the land. We must participate in and influence the decisions that affect our personal and collective health and well-being. As Nellie Cournoyea said in 1975 in *Speaking Together*: “Paternalism has been a total failure”.

We must work with our aboriginal communities, first nations, Inuit and Métis together to develop a real plan that will really address this national tragedy.

● (1255)

[Translation]

**Mr. Denis Blanchette (Louis-Hébert, NDP):** Mr. Speaker, I thank my colleague for her speech.

We know that other countries have suicide prevention strategies. I would like my colleague to talk about the benefits associated with such strategies. Getting back to Canada, it is not enough to say that we are investing in this or that. I would like my colleague to tell us what we could achieve collectively by adopting a national suicide prevention strategy.

**Hon. Carolyn Bennett:** Mr. Speaker, strategies have already been adopted by other organizations that show the complexity of a true national strategy carried out in partnership with the provinces, the territories and aboriginal organizations.

[English]

However, without a road map or a plan, we go nowhere. These little programs all over the place are interesting, but they have to be measured and they have to be applied in a national strategy.

In both the Canadian Association for Suicide Prevention blueprint in 2004 and then again in 2009, it is very clear that there needs to be strong common purpose, local wisdom and local knowledge to get it done. That is how we approach complex problems. It means there has to be an awareness that suicide is preventable and that the interventions by our first nations, Métis and Inuit people are described by themselves.

We need gun control to remove the lethal approaches to suicide that unfortunately are successful. It is a matter of building a mental health capacity among all of us to recognize the signs and symptoms and to build on the amazing work of Dr. Stan Kutcher at Dalhousie University.

**Mr. Brad Butt (Mississauga—Streetsville, CPC):** Mr. Speaker, I listened carefully to the hon. member because she is a physician and she is her party's aboriginal affairs critic.

I am sure she has done some research, and I ask if she could share with the House some best practices that she has seen in the aboriginal community around mental health awareness programs, treatments, or other successful programs.

I have to admit it is not an area of expertise for me; I am learning as I go, certainly on the aboriginal affairs file, so I would be quite interested to hear of any best practices that the member could share with the House.

**Hon. Carolyn Bennett:** Mr. Speaker, I need only to look in my own riding of St. Paul's, where the homeless shelter called Na-Me-Res, which deals with native men's health, is dealing with homelessness, problems of addiction, mental health problems and depression.

What has been the absolute essential ingredient is that they get back in touch with their culture, with their heritage and their attachment to the land, and are able to once again feel that they have a secure personal and cultural identity that allows them the self-esteem to live in dignity. It is remarkable. I am very proud of them, because many of the people who have gone on to university and have become social workers were once clients in that organization.

It is the same with the communities that are getting back to their seasonal ceremonies, using their council fire and sweat lodges and coming to understand that the ways that were healing before are very valid now, if not more so.

•(1300)

**Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC):** Mr. Speaker, I will be sharing my time with the member for Kildonan—St. Paul.

It is with great compassion that I rise in the House today to acknowledge the many Canadian families who have dealt with the anguish of losing a loved one to suicide. Indeed, I am from one of those families. I lost a brother to suicide 23 years ago.

I want to specifically focus on those in Canada's three northern territories today and to highlight why our government, along with the territories and community groups, is working collaboratively to find better ways to promote mental health among Canadians.

We undertake significant work to improve the health outcomes of aboriginal Canadians, including research through the Institute of Aboriginal People's Health at the Canadian Institutes of Health Research. As well, budget 2010 provided \$285 million over two years to renew aboriginal health programs, including funding for the national aboriginal youth suicide prevention strategy.

It is a sad fact that aboriginal people in Canada's northern communities do not enjoy the same relatively high standard of health and living as do many other Canadians in the south. Health indicators in the territories, particularly in Nunavut, are among the poorest in Canada, and the prevalence of chronic and infectious diseases and mental health problems and suicide is increasing.

Life expectancy for aboriginal people in the territories, especially Inuit, is lower than in the rest of Canada, and infant mortality rates are higher. In addition to these health challenges, many territorial communities are also dealing with socio-economic realities like

### *Business of Supply*

poverty and higher rates of unemployment among their aboriginal population.

Per capita, the number of residential school survivors in the territories is great than anywhere else in Canada, and this legacy has had an immediate and lasting effect on families and individuals that is only now starting to be understood.

It is this young population, the future of Canada's north, that is of particular concern. First nations rates of suicide are 4.3 times the national average, and Inuit regions show a rate of over 11 times higher. Unlike suicide rates for non-aboriginal people, rates of aboriginal suicide are highest among youth. Indeed, injury and suicide are the leading causes of death for aboriginal youth.

Suicide rates in Nunavut for men aged 15 to 24 are 28 times the national average. Our government acknowledges that the high suicide rates in the north, particularly among Inuit youth, are a cause of great concern. That is why our government is taking action on aboriginal youth suicide.

Last year our government tabled a budget that included nearly \$1 billion in investment for aboriginal people. As part of the budget, \$285 million was allocated to aboriginal health programs, including funding to continue the national aboriginal youth suicide prevention strategy until 2015.

To support community-based solutions focused on resilience, embracing and celebrating life, and creating supportive environments, our government has funded the national aboriginal youth suicide prevention strategy.

Some of the highlights of these investments have been the development of a help line in Nunavut for youth having suicidal thoughts; training youth leaders and other community leaders in all three territories in applied suicide intervention skills training; and cultural and on-the-land activities, life skills activities and sport and recreational activities to promote self-esteem and positive identity.

Other activities focus on increasing awareness of suicide risk factors, engaging a wide range of community members in preventive techniques and providing youth counselling.

As well, the "Inuusvit, Our Way of Life" project is a youth engagement project that includes a corporate partnership with Canon. Through this project, Inuit youth work with youth mentors in acquiring skills to use new media technologies, such as cameras and computers, to explore and promote youth mental health issues and to learn and practise traditional Inuit knowledge and cultural practices.

This project contributes to positive youth mental health through engagement in culture, while developing valuable leadership and communication skills and increasing youth engagement with their communities.

*Business of Supply*

•(1305)

The Government of Nunavut, Nunavut Tunngavik Inc., the Embrace Life Council and the Royal Canadian Mounted Police have committed to work together on eight key commitments to improve suicide prevention measures in the territories. These include community-based training and resources for youth, strengthening the continuum of mental health services and research to better understand suicide in Nunavut.

Through the Indian residential schools resolution health support program, Health Canada is providing mental and emotional supports for eligible former residential school students and their families. Services are available in all communities across the north, and include aboriginal mental health workers, elders and cultural events, and access to professional councillors.

Recognizing that reliving these experiences can be very difficult, this year our government is providing \$8 million to aboriginal organizations in the north to provide cultural and emotional support to former students and their families. Part of the healing process is being led through the work of the Truth and Reconciliation Commission, which this spring and summer visited 19 communities as part of the northern tour, ending with a national event in Inuvik, Northwest Territories, in early July.

Over 2,500 participants attended the event in Inuvik, which resulted in over 3,200 interactions with the health support team.

This was a very important and emotional event that brought together former students from across the north who travelled to Inuvik or attended events in their communities. For many it was the first time they were sharing their stories. Our support will continue for these students, their families and others who are still coming forward. The government is working with its regional and national partners to ensure that all former students and families are aware of the services available to them through the resolution health support program.

While the federal health portfolio does not have jurisdiction over direct health service delivery in the territories, or direct mental health care services, it collaborates with territorial governments and other partners to address health issues and supports many health promotion activities that directly and indirectly help benefit the mental health of northerners. This year our government is providing \$15 million to the Government of Nunavut, \$12 million to the Government of the Northwest Territories and \$1.9 million to first nations communities in the Yukon to support a range of health promotion activities.

Our government takes seriously its commitment to support aboriginal communities in addressing mental health and addictions. The national native alcohol and drug abuse program supports community-based prevention, intervention and aftercare with a cultural focus. For example, in Yellowknife a traditional program has been developed that includes a sweat lodge, sharing circles and counselling with elders to support clients to start living, or to continue leading, healthy lives.

In closing, the north's greatest resource is the people who live and work there. Our government is proud to work with the territories to deliver concrete improvements to the medical care that northern

families get. As we can see, our government is committed to helping ensure that people in the north have safe, healthy and prosperous communities.

**Mr. Pat Martin (Winnipeg Centre, NDP):** Mr. Speaker, I thank my colleague for her remarks and the obvious sensitivity that she shows on the issue.

What perhaps struck me most about her speech today was the reference to the over-representation of first nations, Inuit and Métis young people in suicide statistics. We know that suicide is the third leading cause of death among 29- to 49-year-olds generally and the second leading cause of death for the 10- to 24-year-old age group in the general population, but that the suicide rate for aboriginal youth is four to six times higher than that of non-aboriginal people.

Surely that should be a statistic that stops everyone dead in their tracks. Could there be a more revealing social indicator than the despair that must strike first nations, Inuit and Métis youth to take their own lives at such an alarming rate?

Other than people taking their lives due to mental illness, can she elaborate on the social conditions that may lead to the despair that young people feel in first nations, Inuit and Métis communities?

•(1310)

**Mrs. Kelly Block:** Mr. Speaker, the member opposite is quite right in pointing out that there are many circumstances that contribute to why a young person in the north feels hopeless and sees no other way than to end his or her life.

What I would like to focus on is a project that the government has been funding. In February 2011, the government announced \$2.4 million over five years for the Qaujigiartiit Health Research Centre project in Iqaluit, Nunavut, which will help address the needs identified by northerners to ensure good mental and physical health for aboriginal children and youth in their communities.

The project will provide direct support to a number of Nunavut communities by helping to promote positive mental health among children and youth. It will also provide community-based family health education and support, which I believe will go a long way toward addressing those many factors that contribute to suicide being at such a high rate in the north.

**Mr. Kevin Lamoureux (Winnipeg North, Lib.):** Mr. Speaker, one of the most telling statistics is the one which references the clock: every 24 hours 10 Canadians are committing suicide on average. I believe that as a society we can do so much better.

Earlier today I made reference to the fact that many different stakeholders want to see involvement in this issue, in developing that national strategy. Most people acknowledge the need for that national strategy. It is encouraging to hear members from all political parties indicate how they feel regarding such a serious issue. In many ways it affects us all.

*Business of Supply*

In attempting to deal with this issue, and I have heard it now for many years, does the member feel that we need to bring it into some sort of timeframe to help bring the stakeholders together? Is there something that can be done on that front?

**Mrs. Kelly Block:** Mr. Speaker, the Government of Canada recognizes that suicide among aboriginal young people is an urgent matter. We also recognize that a federal strategy for suicide prevention in the north would require the full co-operation of the territorial governments since most activities would unfold within their jurisdictions.

While we recognize this is urgent, I want to highlight that in budget 2010 the government invested \$75 million to extend the national aboriginal youth suicide prevention strategy to 2015. That is a \$10 million increase over previous investments.

As I mentioned in my earlier comments, Health Canada has provided nearly \$15 million in the last year to the government of Nunavut, \$12 million to the government of the Northwest Territories and \$1.9 million to the Yukon first nations to support health promotion activities in the territories and to maintain and improve the well-being of the people, which includes mental health. This is bringing together organizations and those governments to address the issue of suicide in the north.

• (1315)

**Mrs. Joy Smith (Kildonan—St. Paul, CPC):** Mr. Speaker, I stand in the House today to describe the concrete actions the government is taking to help aboriginal communities and families address the tragic issue of youth suicide. It is an important topic that we have been discussing and one to which members from all sides of the House have been sensitive.

Aboriginal populations in Canada are facing many unique challenges. That is why our government is not using a one-size-fits-all approach and is funding a variety of programs and services that target their unique needs.

As members of the House know too well many first nations, their families and communities face widespread social and economic challenges, poor health outcomes and, perhaps most tragically, the loss of children and youth to suicide.

Aboriginal people continue to have significantly poorer health outcomes than other Canadians. For example, heart disease and diabetes rates among aboriginal people are considerably higher than the rates among the non-aboriginal population. Tuberculosis rates among the Inuit have recently been reported as being 186 times higher than the rate among Canadian born non-aboriginal people.

Possibly the most distressing are the aboriginal suicide rates, which are among the highest in the world. The rate among first nations is 4.3 times higher than the national average. Inuit regions show a rate more than 11 times higher. It is significant.

Unlike suicide rates for non-aboriginal people, rates of aboriginal suicide are highest among the youth. Injury and suicide are the leading causes of death for aboriginal youth. The well-being of this demographic group is particularly pressing considering that aboriginal youth under 20 years of age account for over 40% of the aboriginal population and this figure is rising. The health of these youth literally represents the future health of aboriginal commu-

nities. Helping aboriginal young people and preventing aboriginal youth suicide is and must continue to be a public priority.

Our government is taking action on aboriginal youth suicide. In the House last year, the hon. Minister of Finance tabled a budget that included nearly \$1 billion in investments for aboriginal people. This included \$285 million for aboriginal health programs and \$75 million to extend the national aboriginal youth suicide prevention strategy until 2015.

The national aboriginal youth suicide prevention strategy exists in order to ensure that aboriginal families and communities have access to critical supports in order to prevent and respond to the most tragic of problems.

This strategy was developed in close partnership with first nations and Inuit people. It is based on a global review of evidence-based suicide prevention approaches. Health Canada worked not only with key first nations and Inuit national and regional organizations, but directly with aboriginal youth in order to ensure this important investment was relevant and would target those who would need it most.

The strategy incorporates the best available evidence with respect to youth suicide prevention.

Experience and research show that culturally-based services are important for positive health outcomes among first nations and Inuit communities, their families and for individuals. Research has also shown a strong link between cultural identity and youth suicide prevention.

The strategy recognizes that the greatest impact on youth suicide prevention comes from community-driven programming developed according to the unique needs and strengths of the people, and they have many strengths.

The national aboriginal youth suicide prevention strategy focuses on building coping and life skills, and other known factors that can protect youth against suicide, including family and social supports, cultural ties, youth leadership and engagement, and school performance.

The strategy has four main elements.

First, it focuses on primary prevention. These are activities which improve overall mental health at the community level. These activities promote an increased awareness of suicide risk and protective factors within families and communities.

• (1320)

Second, the national aboriginal youth suicide prevention strategy supports first nations and Inuit communities that are most vulnerable to suicide.

Community-based activities are known to have the greatest impact on youth and on youth suicide prevention. The evidence indicates that these approaches produce longer term solutions that move at-risk communities toward better mental health and wellness. Based on this evidence, the strategy supports over 150 community-based prevention projects that target youth who are at an elevated risk of suicide.

*Business of Supply*

The results of these projects are positive. For example, the canoe journey project is yielding tremendous results in several coastal communities in British Columbia. It brings together youth and elders and engages the whole community in traditional activities while building critical life skills and resilience. Participants have described this project as a life-changing experience.

Third, the strategy supports communities by strengthening crisis response capacity in the event of a suicide-related crisis. In many instances this includes partnering with provinces, territories and other sectors to address community needs.

The fourth component of the strategy is the development of new knowledge. This includes work with communities and researchers to build effective approaches to prevent youth suicide. Its partners have included the Canadian Institutes of Health Research, the University of Victoria and McGill University. Some of this research is truly groundbreaking and is helping to inform important programs across the country.

Through all of this work the strategy works closely with national aboriginal organizations, including the Assembly of First Nations and the Inuit Tapiriit Kanatami.

I am pleased to report that the national aboriginal youth suicide prevention strategy is demonstrating measurable success. Communities are reporting that the youth participating in suicide prevention projects demonstrate an increased sense of hope and optimism as well as more pride, discipline and confidence.

We know that people with mental illness issues are often stigmatized and there can be a great reluctance to discuss suicide. It is encouraging to note that the strategy has led to an increase in the number of first nations and Inuit community members who are willing to discuss the issue of suicide.

That is not all. Projects funded through the national aboriginal youth suicide prevention strategy are leading to improved school attendance and performance, the development of safe and supportive community environments, as well as fostering in youth a sense of having skills and being able to contribute to society.

The strategy has also increased the effectiveness of community mental health workers. For example, suicide prevention training funded through the strategy has contributed to an increased confidence among community workers who intervene during a crisis and a decrease in feelings of powerlessness.

As a result of this strategy, front-line workers are better prepared to detect, prevent and intervene in the event of a suicide crisis. Following training, 84% of the workers said they were more attentive to the signs of suicide.

In addition to the national aboriginal youth suicide prevention strategy, our government continues to invest in important long-standing programs that are critical to the long term well-being and health of first nations and Inuit. Due to the success of these initiatives, Canada is considered by many to be a world leader in terms of its innovative and proven aboriginal programs.

For example, the national youth solvent abuse program has been recognized internationally as an effective and holistic interdisciplinary treatment program for youth.

Another successful program in many aboriginal communities is the national native alcohol and drug abuse program. It is an excellent example of a community-based and community-determined program. It is also a leader in incorporating community, cultural and holistic approaches into prevention and treatment programming. Building on the strengths of this program, we are investing \$30.5 million in addiction services for first nations and Inuit as part of the national anti-drug strategy.

Health Canada is working in close partnership with the National Native Addictions Partnership Foundation and many other foundations to help address this serious problem.

● (1325)

**Mr. Pat Martin (Winnipeg Centre, NDP):** Mr. Speaker, I thank my colleague from Winnipeg for her very sensitive remarks regarding this compelling social crisis that we have, and I do not use the word “crisis” lightly because perhaps it is our greatest failure. The statistics that she outlined and that others have spoken to serve as our greatest social failure because there could be no more revealing or telling social indicator than the depth of despair it must take for a young person to take his or her own life. In many of these cases, mental illness is not the driving issue, especially in the first nation and Inuit communities where the prevalence is so high.

Next to the overrepresentation of first nations people in our prisons, the overrepresentation of aboriginal Métis and Inuit people in these suicide statistics should stop people dead in their tracks. Why do we tolerate numbers like this? There seems to be a wilful blindness, or maybe people put it on the too-hard-to-do pile because the statistics are so appalling and the problem is so complex that there has been an unwillingness for politicians to go there.

I would ask her to expand further on the points she made regarding these alarming statistics, just for the enlightenment of the viewing public who might be tuning in today.

**Mrs. Joy Smith:** Mr. Speaker, I thank my colleague for that very insightful question because it is an extremely sensitive issue. Very alarming statistics are coming out, which is why the government has put forth the national youth suicide strategy program.

When the member opposite talked about different aspects of why this happens, we are finding out the cultural identity and all the different issues where we need to have community-based programs. Our government has implemented in 150 communities a national youth suicide prevention strategy to address the down to earth, everyday things that youth face. This is helpful. It makes them feel worthwhile and it makes them feel that they have a lot to contribute.

*Business of Supply*

**Mr. Rodger Cuzner (Cape Breton—Canso, Lib.):** Mr. Speaker, some very compelling statistics have been shared in today's debate, but there have been some good stories as well. There have been some examples shared with the House as to some of the good work going on and where progress is being made.

What is becoming obvious is that there is no real best practices being expressed nationally. What we are seeing is that some provinces are doing better than other provinces, in this case. It should not depend on our area code as to the level of service we get or the opportunities that are presented to us.

Does she see the merit in trying to knit together a national strategy so that all Canadians have the same availability to programs and services when it comes to suicide and depression?

**Mrs. Joy Smith:** Mr. Speaker, again, I am gratified by the member's concern and thoughtful consideration to this project. I am glad that we are talking about this very important issue in the House of Commons today because this is where the nation is represented from coast to coast to coast, where members of Parliament come together and discuss the issues that are foremost in our minds in Canada.

Youth suicide in aboriginal and Inuit communities is certainly one that our government is addressing in large measure with this aboriginal strategy for suicide prevention, a strategy that has actually been implemented in 150 communities. Those are 150 communities that are learning that there are ways to get past this depression and this despair.

Our government has really made great strides in that, and there is more to be done in the future.

● (1330)

[*Translation*]

**Mr. Justin Trudeau (Papineau, Lib.):** Mr. Speaker, I will be sharing my time with the member for Charlottetown.

When I was in grade 11 at Collège Jean-de-Brébeuf, I was the coach of the grade 10 trivia team. Some members were young geniuses, but not really nerds in the traditional sense of the word, no more than any of the other students. They were well-adjusted, sharp, nice, good kids. I worked with them for the whole year. A year later, one of these young people, who had been full of life and potential, was dead. He had committed suicide. This was my first experience with this sad reality. To this day, I remember my reaction, my questions, my shock and confusion. Why? I asked myself what I had not seen, what we had not noticed, what his friends, peers, teachers and family had not seen. And, above all, what could we have done, what could I have said to him, how could I have helped him with his problems? We did not know and he did not talk about them.

Today, we find ourselves in a place where we can do something, where we can act to prevent all these tragedies that are happening to families and individuals every year. That is why I am so proud of our motion that calls for a national suicide prevention strategy, because, despite our individual experiences, suicide is not just a personal tragedy, but also a serious public health issue and a priority that must be included in our political discussions.

As critic for youth, post-secondary education and amateur sport, this issue strikes a chord with me. In Canada, close to 4,000 people commit suicide each year, some of them young people between the ages of 15 and 24. In this age group, suicide is the second leading cause of death and accounts for over 20% of deaths. These numbers rise considerably among the most vulnerable youth. Many of our students fall within this age group. In 2009, a survey conducted on six campuses in Ontario indicated that over 50% of students felt hopeless, one in three was depressed and could not function, and almost 10% had thought about suicide in the past 12 months. Suicide affects all of us. It is not just a health issue. It is a social issue in terms of both its causes and its solutions.

Mental illness, abuse, the loss of a loved one at a young age, a family history of suicide and difficult peer relationships are all factors that can make a person vulnerable to suicide.

Looking at the numbers, we know that every dollar invested in mental health care and addiction treatment saves our health care system and our social productivity \$7 to \$30. Although there are no Canadian statistics on the direct and indirect costs of suicide, a series of reports estimates that suicides and suicide attempts cost around \$15 billion a year. That is a lot of money, but the human cost of suicide is even higher, particularly in terms of the emotional and psychological effects on the friends and families of suicide victims.

The problem is that Canada is worse off than other industrialized countries. We have the third-highest rate among these countries. What is worse is that among our gay, lesbian, bisexual, transgender, transsexual and intersexual youth, the suicide rate is more than seven times higher than in the heterosexual community.

That is why I provide so much support to groups like Gay Line, which provides advice, but also a listening ear to our young people. They are an excellent suicide prevention tool. That is also why a number of us participated in the "It Gets Better" project to show our young people that even though they feel different, they are an important part of our society and our lives. But we need to do more.

The situation is also dire among our first nations. In recent decades, the number of young aboriginals committing suicide has steadily increased.

● (1335)

It has come to the point where the aboriginal youth suicide rate is seven times higher than the non-aboriginal youth rate.

In July 2001 a Suicide Prevention Advisory Group was jointly established by the National Chief of the Assembly of First Nations and former health minister Allan Rock. The purpose of this advisory group was to review the existing research and formulate a series of practical, doable recommendations to help stem the tide of youth suicides occurring in first nations communities across Canada.

*Business of Supply*

The report recommends, for one, that Health Canada initiate and support the creation of a comprehensive national first nations mental health strategy—including mandate, policies, and programs—that integrates holistic approaches to suicides, psychiatric disorders and other critical mental, physical, emotional and spiritual problems in first nations communities. But we need to do more.

Health Canada says that the role of the Canadian government is to help Canadians maintain and improve their mental health, including preventing suicidal behaviour. Within its jurisdiction, the government works to develop and disseminate knowledge on mental health promotion and mental illness prevention; provide leadership and governance; develop social marketing campaigns; and conduct surveillance on health trends in population.

In 2007, the federal government provided funding to establish and support the Mental Health Commission of Canada to lead the development of a national mental health strategy. And it is great that the Canadian government is providing monitoring and information, and I am very pleased that it decided to invest in the Mental Health Commission of Canada. It is a major step in the right direction, but we need to do more.

I often have the opportunity to rise in this House to talk about my father's values and politics. I have also had the opportunity to stand up and talk about how proud I am of my grandfather. He was a soldier who, at the same time, served in the House of Commons. I am also very pleased and very proud to be able to rise today to talk about my mother. Among other things, she may be the only woman in Canada to have had a father, a husband and a son elected to the House of Commons. My mother has suffered from depression and bipolar disorder her entire life. She has gone through some extremely tough times and we, as her family members who love her so, have gone through these tough times with her. Nonetheless, with help, support and much love, she has pulled through and now she is doing extraordinary work across the country to destigmatize mental illness and to remind people and governments that we can do a lot to prevent and heal, and even live very productive lives, despite the mental health challenges.

Make no mistake, suicide is largely linked to victims suffering from mental illness. In fact, some form of mental illness is diagnosed in 90% of suicide victims. A Health Canada report on suicide and prevention shows that almost everyone who kills themselves suffers from a form of mental illness such as severe depression, schizophrenia, borderline personality disorder or bipolar disorder. Often they are also drug addicts or alcoholics. We can help them by taking clear and concrete measures.

We must take action because we can. We need to have a national suicide strategy to reach people in need in every sector of our society. We must put our efforts into improving life for our citizens. That is what we on this side of the House sincerely believe in and we hope the government will act accordingly.

• (1340)

[*English*]

**Mr. Harold Albrecht (Kitchener—Conestoga, CPC):** Mr. Speaker, I want to thank my colleague for his very moving words, especially his vulnerability in sharing his family's journey.

There have been a number of examples shared today during this discussion of good work that is being done. I mentioned earlier Dave Batters' family, which is doing exceptional work and being open about its struggle. If people go on YouTube and search for Dave Batters, they will find a good 30-second promotion to help people be more aware of this issue.

In my own experience, I have worked with a group called Your Life Counts. It is doing good work in terms of an online presence and being available to personally speak with those who contact it. In my riding, the Waterloo Region Suicide Prevention Council does good work. It has a fundraiser golf tournament every year that raises awareness and funds for research.

I have two questions for my colleague. The first is, could he share an example or two from his local area? The more examples we hear of good community work being done will enhance the need for us to see a national leadership role as important. The second is, does he agree that if such a program is initiated, the after care of those who have dealt with suicide is as important as the prevention and intervention work we are talking about today?

[*Translation*]

**Mr. Justin Trudeau:** Mr. Speaker, I thank the hon. member for his question. I would also like to commend the excellent work he is doing with his private member's bill on this issue and thank him for all his hard work in this area.

I am honoured to say that my riding has an organization called Les Déprimés Anonymes, or Depression Anonymous. Representatives from that organization came to see me a few weeks ago to talk about the challenges they face and the resources they lack in addressing this serious issue, which affects so many people in my community, like all communities across Canada. They want to have more than just a call centre. They want to raise awareness and bring people together so they can help one another. Simply calling someone for help is not always enough. People need to feel they are part of a community. For every organization in Papineau like Les Déprimés Anonymes, there are many across the country that would benefit from and be strengthened by a national strategy.

**Hon. Geoff Regan (Halifax West, Lib.):** Mr. Speaker, I thank my hon. colleague for his excellent speech.

Earlier today, our leader, the hon. member for Toronto Centre, talked about the statistics that show a drop in the youth suicide rate in Quebec. I imagine that Quebec must have some best practices that we could talk about here. Would my hon. colleague agree that these kinds of best practices should be integrated into a national strategy?

**Mr. Justin Trudeau:** Mr. Speaker, I would like to thank the hon. member for raising the issue of how this is being addressed in Quebec.



*Business of Supply*

We are very proud of what we are accomplishing in Quebec with regard to suicide prevention and mental health. There is still a lot of work to be done but, as with the focus we put on the rehabilitation of criminals rather than on repression, Quebec is often somewhat on the leading edge with what it is doing. I heard a few hon. members fretting about the fact that the federal government is concerning itself with health, which is an area of provincial jurisdiction. However, I would like to reassure all the members of the House that I know that Quebec will be very happy to see the other provinces and the federal government consider this issue, which is very important to us, and to work together to find solutions and put an end to suicide in Canada.

• (1345)

**Mr. Sean Casey (Charlottetown, Lib.):** Mr. Speaker, it is an honour for me to participate in this debate on the motion proposed by our leader, the hon. member for Toronto Centre.

I would like to read the motion again:

That the House agree that suicide is more than a personal tragedy, but is also a serious public health issue and public policy priority; and, further, that the House urge the government to work cooperatively with the provinces, territories, representative organizations from First Nations, Inuit, and Métis people, and other stakeholders to establish and fund a National Suicide Prevention Strategy, which among other measures would promote a comprehensive and evidence-driven approach to deal with this terrible loss of life.

[English]

We will spend the day speaking about suicide prevention, but the challenge will be to continue to speak up tomorrow, the next day and beyond. Why? It is because suicide is a terrible thing. It ends a life. It is permanent. It is sad. It is final and it impacts families and our communities. It is also a challenge for each of us here to reflect upon what we can do as legislators, as parliamentarians, to develop programs and strategies to prevent these tragedies. We all must do our part to tear away the taboo associated with talking about mental health issues, depression and suicide.

Studies show that suicide is often connected to mental illness and mood disorders. Among youth, it is often stress, anxiety and bullying. Alcohol and substance abuse are also often associated with suicide as well as the loss of a parent or caregiver in early childhood, the loss or breakup of a relationship, and poverty. It is a terrible stain on our country, a country as wealthy as Canada, to find itself in a situation where far too often people take their lives as a result of financial pressures. Suicide is sometimes related to physical, sexual and mental abuse, isolation and loneliness.

Many of us know the feeling of the loss of a loved one, whether as a result of an accident, a terrible disease like cancer, or the loss of a parent or grandparent through old age. We have all experienced these losses. However, there is something deeply and profoundly sad to hear of someone who believes they have no future, suffers depression, or perhaps just wanting to end the pain and decides to end his or her own life.

I am reminded of an incident that happened just two weeks ago, and members will know this as well. It is a story of a beautiful young man with a great future ahead of him. He was a young man who had many talents and abilities. His parents said he was the most loving person in the world. He killed himself at the age of 14. He had his whole life ahead of him. We later discovered the reason for this terrible tragedy was rampant bullying because of his sexuality.

This really does cause the mind and heart to pause and think that in this day and age some young people feel that the only option available to them for escape from their tormentors and pain is to take their own life. This is but one example.

The suicide rate for Canadian youth is the third highest in the industrial world. Suicide is the leading cause of death in men aged 25 to 29 and 40 to 44, as well as women in their early 30s. Suicide rates among gay, lesbian, bisexual, transgender, transsexual, intersex and two-spirited youth is seven times the rate of heterosexual youth. It is critically important that all of us here in this House condemn any and all forms of homophobia in Canada. It is simply unacceptable.

I want to take a few moments to return to the author of this motion, the hon. member for Toronto Centre and leader of the Liberal Party of Canada.

For the many who suffer silently, they often experience feelings of shame and the idea that their feelings are somehow not normal. There is a perception that being a leader means always being tough, that one must exhibit strength and show no signs of weakness or vulnerability. We often hear that a leader is someone who must have pronounced skills and abilities, someone who exhibits great communication and speaking abilities, and the list goes on.

• (1350)

While all of us would agree that the member for Toronto Centre possesses all of these qualities, his real strength rests in his openness about the depression in his own life and his willingness to say so publicly. By going public about depression, the fact of being vulnerable, for putting a human face to what millions of Canadians have felt and feel today, he and others put a human face to what they may be feeling and perhaps provide a sense that they are not alone, that the spiral of pain and sadness can be overcome. Again, we must confront the taboo of mental illness, and today is a good start.

This is not a controversial motion and I expect members on all sides will support it. It is not a partisan issue; it is a human issue. It is an issue that touches many of us.

I want to focus a bit of my time on veterans and the significant mental health crisis that exists among them. In January 2011 the Department of National Defence and the Department of Veterans Affairs jointly released a study called "Survey on Transition to Civilian Life: Report on Regular Force Veterans".

Here are a few facts. The suicide rate for those in the armed forces is nearly three times higher than the general population. Of all the males who enrolled in the regular forces after 1972 and were released before 2007, a total of 2,620 have died. Of all those who died, more than 500 died of suicide. That is more than one-quarter of them. Those are alarming statistics.

*Statements by Members*

Here in Canada, suicide is preventable. We can do more to help and provide necessary resources in this fight. We can work with provinces and communities to provide programs and services. Far too often our health services are fragmented, disconnected, incoherent and lacking a national vision. We can do better and we should. At the very least, we should do more for the people the federal government has direct responsibility for: our veterans and our first nations communities.

Today, for me as a new member of Parliament, is an important one. It is issues like this one and the opportunity to speak openly about mental health and suicide that make me proud to be a member of this House.

• (1355)

**Hon. John McKay (Scarborough—Guildwood, Lib.):** Mr. Speaker, I know the member takes quite an interest in veterans affairs and some of the issues that arise out of veterans affairs.

We do keep careful track of those who fall in the service of our country and those who are injured in the service of our country, but we do not necessarily keep track of those in the military or veterans who commit suicide in the course of their subsequent life after their military service.

I am wondering whether people who commit suicide either while in the military or when they come out and become veterans should be classified really as casualties of war.

**Mr. Sean Casey:** Mr. Speaker, it is absolutely true that there is a crisis within our veterans community with respect to mental health issues. Of all of the veterans who are receiving benefits under the new veterans charter, 60% of them report at least one mental health condition. That is an alarming statistic.

The specific question asked of me by the member is in terms of tracking casualties and the suggestion put forward is that suicide after release from the forces should be counted as a casualty of war. I believe it is an excellent suggestion. Perhaps tracking in that manner would better help the Department of Veterans Affairs and our Department of National Defence to get a real handle on the magnitude of this problem and better approach strategies for prevention.

**Mr. Chris Alexander (Parliamentary Secretary to the Minister of National Defence, CPC):** Mr. Speaker, I think we all thank the member for Charlottetown for touching on the plight of veterans too often affected by post-traumatic stress, as well as serving members of our armed forces returning from Afghanistan and other places. This government has done an enormous amount to meet their needs. We have increased the number of mental health specialists. We have increased the benefits and the monitoring. However, it is clear that there is more we could do and further debate on this issue, perhaps, should do.

Could the member opposite, given everything that he said, highlight for the House what his top suggestion would be? What is the one additional measure or investment he would advise us to make to address this problem of suicide rates among veterans and Canadian Forces members returning from overseas?

**Mr. Sean Casey:** Mr. Speaker, a couple of weeks ago, I spent a full hour with a couple of veterans, one of whom was a medical

doctor who outlined for me in some detail the difficulty in getting support for mental health issues when one is not discharged as a result of medical reasons. It seems as though, if a person is given a medical discharge, it is much easier to access the support mechanisms. It is a real problem for those who either encounter or own up to mental health issues after they are released.

I believe that what we need is a compilation of best practices and to engage in an exercise like that we should be able to identify those specific strategies that have worked in other jurisdictions and employ them here in Canada.

**Mrs. Carol Hughes (Algoma—Manitoulin—Kapusking, NDP):** Mr. Speaker, I appreciate my colleague's speech on this issue. It is near and dear to a lot of our hearts. My daughter's young friend passed away by suicide at the age of 13.

Does the hon. member not feel that we need to make better use and ensure that we put in place a national strategy on suicide given the fact that there are so many difficult areas in the spectrum?

• (1400)

**Mr. Sean Casey:** Mr. Speaker, I am entirely in agreement with the hon. member. In fact, that is precisely what the motion calls for: We need to have a suicide prevention strategy.

I take it from the question that she is also in support and I would urge her and members of her party to vote in favour of the motion.

---

## STATEMENTS BY MEMBERS

[English]

### NORTH SHORE CULINARY SCHOOL

**Mr. Andrew Saxton (North Vancouver, CPC):** Mr. Speaker, across our country, thousands of Canadians spend countless hours of their free time in the service of others. They do this in order to help create a better society for all Canadians.

One such individual is Don Guthro from North Vancouver. Mr. Guthro operates a tuition-free culinary school located in my riding. This program is aimed at teaching homeless and at-risk youth valuable culinary skills that they can then use to find employment and better their lives. The program has been so successful that recently it announced plans to expand.

The North Shore Culinary School offers vulnerable youth an opportunity to gain skills that can help them turn their lives around. The school also helps provide at-risk youth with a sense of pride and personal confidence. The school gives people a chance that they might otherwise not have had. It has truly impacted the lives of hundreds of teenagers and young adults in my riding.

People like Don Guthro make an important contribution to our country and it is important that we take the time to thank them for their hard work. I encourage all Canadians to recognize the people who in their own community work so hard on behalf of others.

### EMPLOYMENT

**Mr. Malcolm Allen (Welland, NDP):** Mr. Speaker, the Conservative government likes to tell Canadians that corporate tax cuts help create jobs.

The fact is that no strings attached corporate tax giveaways to profitable corporations are not the solution to Canada's growing unemployment.

We have just witnessed the latest plant closure in Welland. This past Saturday, over 300 workers worked their final shift at Henniges Automotive. Henniges, just like John Deere three years ago, gladly took the millions of dollars in corporate tax breaks that the government gave them, invested the money in Mexico and laid off Canadian workers. It is shameful.

The Conservatives are out of touch with workers, as witnessed by the comments of a Henniges employee who said, referring to politicians, "They need to take off their rose-coloured glasses and see the real world as it is".

Canadian workers are clearly frustrated by the inaction of the Conservative government. It is time to stand up for working Canadians who ask for no more than a decent paying job to raise their families and build their communities. It is not too much to ask for. We need to get that job done on behalf of Canadian workers.

\* \* \*

### INTERNATIONAL TRADE

**Mr. Lee Richardson (Calgary Centre, CPC):** Mr. Speaker, I stand today to discuss the importance of continuing to expand our markets abroad for Canadians.

Our government recently undertook an important step forward in deepening Canada's economic ties with Southeast Asia by adopting a joint declaration of co-operation with ASEAN, the Association of South East Asian Nations.

Our government is opening new markets for Canadian businesses in Asia, which we know will sustain and create jobs and prosperity for hard-working citizens both here and in Asian countries.

Trade accounts for over 60% of Canada's annual GDP and one in five Canadian jobs. When we trade, prices for goods and services go down, wages, salaries and the standard of living go up, and businesses are able to hire more workers.

That is why we continue to expand and diversify our trade markets. That is why our first trade and investment arrangement with ASEAN is another example of our government's job-creating, pro-trade plan.

Canada's ambitious free trade plan is opening new markets and creating opportunities for Canadian businesses and jobs for Canadian workers.

\* \* \*

### PRINCE EDWARD ISLAND ELECTIONS

**Hon. Wayne Easter (Malpeque, Lib.):** Mr. Speaker, I stand today to congratulate Premier Robert Ghiz and the Liberal Party of

### Statements by Members

Prince Edward Island for their outstanding victory last night in the provincial election.

Electing 22 Liberals out of the 27 seats to foster a second term for Premier Ghiz and his team builds on the progressive and forward-looking policies he established in term one.

The Liberal Party had a strong platform and stuck to their message in the face of negative personal attacks never seen before in Island politics. Improving health care, programs for seniors, early learning and K to 12, bettering post-secondary education, as well as support for our primary industries are part of that positive message.

Interference from the office of the Minister of Citizenship, Immigration and Multiculturalism was unacceptable but Islanders saw through the political games.

I congratulate all candidates and all leaders for their part in making democracy work. The province is better for it.

\* \* \*

● (1405)

### WORLD SIGHT DAY

**Mr. Paul Calandra (Oak Ridges—Markham, CPC):** Mr. Speaker, I am proud to stand in the House to highlight the launch of World Sight Day 2011 and notably visitors in Ottawa participating in this great occasion, including members of VISION 2020 Canada and Mark DeMontis, a blind hockey player currently en route in-line skating from Halifax to Toronto.

October 13 is World Sight Day, an international day of awareness to focus attention on the right to sight, recognizing the global issue of avoidable blindness and visual impairment, in anticipation of eliminating avoidable causes by the year 2020.

Worldwide, an estimated 39 million people are blind and each year more than 45,000 Canadians lose their vision at a cost of \$15.8 billion to Canadian taxpayers, and yet 80% of blindness is avoidable. Positive progress is being made and infectious causes of blindness have greatly reduced over the past 20 years.

I am proud to say the launch of World Sight Day 2011 has members and senators from all parties supporting VISION 2020's goal. I hope both sides can continue this co-operation for Canadians.

\* \* \*

### MENTAL HEALTH

**Mr. Fin Donnelly (New Westminster—Coquitlam, NDP):** Mr. Speaker, I stand today to recognize Mental Illness Awareness Week.

*Statements by Members*

Nearly six million Canadians are likely to experience a diagnosable mental illness in their lifetime. That is one in five Canadians, and yet the federal and provincial governments have downsized institutional care while not increasing community based services.

My riding is home to British Columbia's primary mental health facility, Riverview Hospital. This nearly 100 year-old facility is home to one of Canada's best arboretums and numerous heritage buildings. Instead of investing in this facility and supporting its development as a mental health sanctuary and residential treatment and diagnostic facility for people with mental illness, the provincial and federal governments have closed many of the buildings and allowed this facility to fall into disrepair.

We know the way forward to combatting the stigma associated with mental illness is providing proper care. We have the ability to make Riverview a centre of excellence in mental health and wellness in this country.

Today, during Mental Illness Awareness Week, I call upon the federal government to commit to mental health, bridge the gap in service for those with severe mental illness and invest in Riverview.

\* \* \*

**LACROSSE**

**Mr. Kyle Seeback (Brampton West, CPC):** Mr. Speaker, I stand today to congratulate the Brampton Excelsiors Senior Men's Lacrosse Team for bringing home the 2011 Mann Cup. This is the Excelsiors' 11th time winning this Canadian national championship title, including three out of the past four years.

On September 12, the Excelsiors claimed the Mann Cup with a 6-3 victory over the Langley Thunder. I know my colleague, the member for Langley, was disappointed, but I understand it was their first time in the championship and I commend them on their effort.

Lacrosse has been known as Canada's national game since 1859, making it a fundamental part of our culture, tradition and heritage. It is wonderful to see lacrosse producing some of the finest athletes in sports today.

I once again applaud the Excelsiors and wish them continued success. I look forward to seeing them bring home many more victories to Brampton.

Go Excelsiors, go!

\* \* \*

**FOREST INDUSTRY**

**Mr. Rob Clarke (Desnethé—Missinippi—Churchill River, CPC):** Mr. Speaker, it is my pleasure and honour to announce the reopening of the Big River sawmill by Carrier Forest Products in Big River, Saskatchewan. This mill complex will create over 100 jobs in Big River and the surrounding area, and many more in harvesting, transportation and the reforestation industries.

This is fantastic news. Mills and forestry industries provide jobs and financial growth in my riding in northern Saskatchewan. It heartens me to see that the Big River mill will be up and running and contributing to the financial growth of our Canadian economy. This

mill will also have the opportunity to market its products overseas with the many trade agreements our government has brokered.

The forest industry in Saskatchewan and Desnethé—Missinippi—Churchill River clearly has a bright future ahead.

\* \* \*

[*Translation*]

**STAR ACADÉMIE COMPETITION**

**Mr. Yvon Godin (Acadie—Bathurst, NDP):** Mr. Speaker, it is with great pleasure that I rise today to acknowledge three young women from my riding who are participating in the Star Académie competition: Kelly Blais from Paquetville, Joannie Benoît from Tracadie-Sheila, and Annabelle Doucet from Nigadoo.

In the first round of auditions, Kelly, Joannie and Annabelle were chosen from more than 5,000 people. Last Thursday, in Montreal, Kelly was selected by the judges and earned a spot among the semifinalists. This week, it is Joannie's turn to go on stage for a chance to become a semifinalist. Annabelle will also have the opportunity to show off her talent and earn one of the 30 spots in the semifinals.

Just like Wilfred LeBouthillier and Annie Blanchard, you are proof that Acadie—Bathurst has talent. Therefore, I would like to wish you the best of luck and tell you that we are all behind you. Your families and friends and our community take great pride in supporting your achievements.

\* \* \*

• (1410)

[*English*]

**SIKH COMMUNITY**

**Mrs. Nina Grewal (Fleetwood—Port Kells, CPC):** Mr. Speaker, a British Columbian is making history yet again. Last month, Lieutenant Colonel Harjit Singh Sajjan became the first Sikh in Canada to take command of a regiment, the British Columbia Regiment.

Canada's Sikh community has a proud history of brave military service. Canadian Sikh soldiers have fought in every major Canadian war since World War I, where a Sikh Canadian soldier was wounded at Vimy Ridge.

Lieutenant Colonel Sajjan, a former police officer, is the best and most recent example of how our Sikh community is contributing to our great country.

I am very proud to stand today on behalf of my party and my constituents and congratulate Lieutenant Colonel Harjit Singh Sajjan, a true hero, and thank him for all he has done. He has made us all very proud.

*Statements by Members*

[Translation]

**MARK DEMONTIS**

**Ms. Manon Perreault (Montcalm, NDP):** Mr. Speaker, today is World Sight Day and I would like to highlight the contribution of a very courageous and determined individual. Mark DeMontis is a young man who lost his sight at the age of 17 as a result of a rare illness, Leber optic neuropathy. Nevertheless, he does not hesitate to devote his time to Courage Canada. Since 2009, Mark has been in-line skating from Halifax to Toronto to raise money to start blind hockey clubs, such as the Montreal Hiboux.

Through his campaign, he hopes to raise the public's awareness of Courage Canada's objectives, which include giving visually impaired people the opportunity to participate in our national sport. Today is the 52nd day of his annual journey. I invite the members of the House to meet Mark and congratulate him this afternoon at 3:30 p.m. on the steps of Parliament. I would like to warmly congratulate Mark DeMontis on his involvement and on his remarkable accomplishments.

\* \* \*

[English]

**CONFERENCE ON WOMEN'S ECONOMIC EMPOWERMENT**

**Ms. Lois Brown (Newmarket—Aurora, CPC):** Mr. Speaker, I rise to inform the House of a very important event taking place in Ottawa this week. Thanks to the initiative of the Minister of International Cooperation, CIDA and UN Women are co-hosting a conference on women's economic empowerment.

[Translation]

This conference will bring together entrepreneurs, politicians, researchers and industry and business leaders to find concrete ways to support business opportunities and to improve the security of women around the world.

Our government understands that both long-term, sustainable economic growth and social progress require the full participation of women.

[English]

The participants here in Ottawa represent a diverse group of women and men. Their deliberations will identify concrete ways for women to participate in the economy and strengthen their economic security and rights.

I would like to welcome all the conference participants and wish them the utmost success in their discussions on this incredibly important issue to women around the globe.

\* \* \*

**MENTAL HEALTH**

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Mr. Speaker, this is Mental Illness Awareness Week. Nearly six million Canadians will likely suffer mental illness in their lifetimes. Mental illness is not limited to age, socio-economic status or gender, but we know that some groups are disproportionately affected in our society. The

causes of mental illness are biological, social, psychological and spiritual.

The stigma of mental illness forces patients and their families into the shadows, ashamed to speak out or seek treatment, yet the associated high risk of suicide and substance abuse demands early intervention.

Unfortunately, in Canada far fewer resources are dedicated to research, prevention, diagnosis and treatment of mental illness than to physical disease.

It is time to bring mental illness into the same prominence as physical disease in the health care continuum as core necessary services under the Canada Health Act.

\* \* \*

● (1415)

**CITIZENSHIP AND IMMIGRATION**

**Ms. Kerry-Lynne D. Findlay (Delta—Richmond East, CPC):**

Mr. Speaker, Canadians gave our Conservative government a strong mandate to take fair, reasonable and tough action to prevent the abuse of Canada's immigration system by human smugglers. Canada has a long tradition of opening its doors to those who work hard and play by the rules. However, we must crack down on those who seek to take advantage of our generosity. That is exactly what the Preventing Human Smugglers from Abusing Canada's Immigration System Act does.

Yesterday the NDP member for Honoré-Mercier stated that in bringing forward this bill, Canada was acting as a torturer. I am appalled at such language from Her Majesty's Loyal Opposition. Our country has a strong and proud record of supporting human rights at home and abroad.

I call on NDP members to stop using such inappropriate language for political gain among their radical socialist base and to finally stop putting the rights of criminals ahead of the rights of law-abiding Canadians.

\* \* \*

[Translation]

**NATIONAL QUEBEC WOMEN'S CENTRES DAY**

**Mrs. Sana Hassainia (Verchères—Les Patriotes, NDP):** Mr. Speaker, I am pleased to rise today to highlight National Quebec Women's Centres Day. On the first Tuesday of October since 2003, we have collectively celebrated the contributions these organizations have made in our communities. These centres truly are unparalleled community resources. They provide assistance to women in need and often serve as a refuge for women in distress. The workers in these organizations also contribute to Quebec's economic development by offering training to help women rejoin the workforce.

Although they face many challenges, this year, these pioneers are celebrating National Quebec Women's Centres Day with the theme of "Feminist for the fun of it". They remind us that the fight for equality is above all a fight of love, optimism and hope. I am very pleased to salute their courage and determination.

*Oral Questions*

On behalf of all Quebec women, I thank you for helping to create a just society, and I would like to take this opportunity to call on the government to show solidarity by restoring funding to these centres.

\* \* \*

[English]

**THE ECONOMY**

**Mr. James Bezan (Selkirk—Interlake, CPC):** Mr. Speaker, yesterday we voted on a ways and means motion for the budget implementation bill, yet the members of the official opposition opposed it.

Our government's top priority remains completing the economic recovery. Canadians gave our Conservative government a strong mandate to stay focused on the economy and pass measures aimed at strengthening both our economic recovery and our country. We are following through on these commitments with our parliamentary agenda.

The next phase of Canada's economic action plan will preserve this country's advantage in the global economy. Key tax relief in the plan includes the family caregiver tax credit, the children's arts tax credit, the volunteer firefighter tax credit and tax relief for the manufacturing sector.

Our government is staying the course with our low-tax plan to create jobs and growth.

The last thing the Canadian economy needs is a massive NDP tax hike that would kill jobs, stall our recovery, and set Canadian families back.

---

## ORAL QUESTIONS

[Translation]

**CHAMPLAIN BRIDGE**

**Mrs. Nycole Turmel (Leader of the Opposition, NDP):** Mr. Speaker, the Champlain Bridge is a vital economic artery for Montreal and all of eastern Canada. It is falling apart. This has been dragging on far too long.

Can the Prime Minister confirm that the government will finally respond to the demands of the public and the NDP and announce tomorrow that a new bridge will be built?

**Right Hon. Stephen Harper (Prime Minister, CPC):** Mr. Speaker, our government has taken the initiative of investing money to ensure the bridge's safety on several occasions. It is indeed an essential asset for that region. However, I am disappointed that every time we invested money, the NDP voted against those investments in the greater Montreal area.

\* \* \*

[English]

**THE ECONOMY**

**Mrs. Nycole Turmel (Leader of the Opposition, NDP):** Mr. Speaker, yesterday the Conservatives endorsed the NDP's economic policy. Now that the House has spoken with one voice, will the

Prime Minister finally do something about job creation, strengthening pensions, improving aging infrastructure and maintaining the public sector contribution to the economy?

Will he apply the House's prescription in order to prevent another Conservative recession?

**Right Hon. Stephen Harper (Prime Minister, CPC):** Mr. Speaker, last night we did vote for a resolution that was extremely vague and general in nature, and I guess I congratulate the NDP for that.

What I do not congratulate it for, though, is the fact that immediately afterward we tabled literally hundreds of pages of specific economic actions, and the NDP chose to vote against those.

It is time for the NDP to get beyond vague bromides and start to actually vote for things that are doing good work for the Canadian economy.

• (1420)

[Translation]

**Mrs. Nycole Turmel (Leader of the Opposition, NDP):** Mr. Speaker, the Minister of Finance ignored reality again this morning and predicted that Canada would not go into a recession. He said the same thing in 2008 and we all know how that turned out. Some two million Canadians are unemployed and cannot find jobs. Yesterday, this House voted unanimously for the government to take action.

Where is their job creation plan?

**Right Hon. Stephen Harper (Prime Minister, CPC):** Mr. Speaker, it is important to note that there are analysts and experts who feel that a recession is unlikely for the Canadian economy, but of course the global situation is very fragile at the moment. That is why our government has its economic action plan. Yesterday in this House, we tabled hundreds of pages of specific measures to stimulate growth and create jobs. I encourage the NDP to stop voting against measures that are good for Canadians and our economy.

**Ms. Peggy Nash (Parkdale—High Park, NDP):** Mr. Speaker, workers' wages are not even keeping up with inflation. This government's response is to give billions of dollars worth of gifts to profitable companies.

In theory, eventually all this money will find its way back into workers' pockets. But that is obviously not the case. The result? Record levels of personal debt.

What solutions does this government have to create good jobs and tackle the debt crisis?

[English]

**Hon. Ted Menzies (Minister of State (Finance), CPC):** Mr. Speaker, we put forward a plan in June and, if I recall, the NDP actually voted against every measure in it.

We are going to allow New Democrats to redeem themselves, because we have now tabled budget implementation act number two, which puts in place an extension of our Jobs and Economic Growth Act. In this is the temporary hiring credit for small business.

*Oral Questions*

That is one of many items in this budget implementation act that would actually help create more jobs for Canadians. I would hope that the NDP would vote for it this time.

**Ms. Peggy Nash (Parkdale—High Park, NDP):** Mr. Speaker, just reannouncing their failed or misguided policies is not good enough.

Canadians are worried. Canadians are crying out for immediate action, and they want the creation of decent jobs. The government is squandering billions of dollars on fruitless corporate tax giveaways, but Canadian wages are falling in real terms, partly because of the government's failure to protect the manufacturing sector.

When will the government realize that stale reannouncements and photo ops will not save its misguided austerity strategy?

**Hon. Ted Menzies (Minister of State (Finance), CPC):** Mr. Speaker, there are many quotes that I could use from observers around the world in reaction to a question like that which is all about fear and negativity.

Let me quote *Forbes* magazine, and I know the NDP do not often read this, "Canada ranks No. 1 in our annual look at the Best Countries for Business". It goes on to say, "Canada moves up from No. 4 in last year's ranking thanks to its improved tax standing".

\* \* \*

**SUICIDE PREVENTION**

**Hon. Bob Rae (Toronto Centre, Lib.):** Mr. Speaker, there seems to be a very strong consensus developing in the House and in the debate, which I am sure the Prime Minister has been following today, on the issue of creating a credible national strategy to prevent suicide, which is higher in Canada than it is in most of our neighbouring countries.

The resolution is quite specific. It calls for the creation of a new fund and for the creation of a national strategy. I wonder if the Prime Minister could tell us what specific action he plans to take in response to the discussions and the vote that is coming today.

**Right Hon. Stephen Harper (Prime Minister, CPC):** Mr. Speaker, this is obviously a very important issue. Far too many Canadian households are affected by the anguish of a suicide. As many members will know, we on this side of the House had the suicide of one of our former colleagues. We understand well the pain that this causes.

The government has taken important initiatives, such as the setting up of the Mental Health Commission and specific programs to help with suicide prevention in communities across the country. Obviously, we will look at any specific ideas to see how we can improve on this particular national health problem.

• (1425)

[*Translation*]

**Hon. Bob Rae (Toronto Centre, Lib.):** Mr. Speaker, we were hoping for a more specific answer, but we will try again.

The government clearly has a responsibility towards our country's veterans. Between 1972 and 2006, 500 former soldiers took their own lives.

What will the Prime Minister do to ensure that there is not the same level of suicide and tragedy among the new wave of young men returning from difficult battles in Afghanistan?

**Right Hon. Stephen Harper (Prime Minister, CPC):** Mr. Speaker, all suicides are a tragedy for our families, and we want to prevent this from happening to our soldiers and our veterans. This is a very serious concern. We have doubled our support in this regard, but we are always prepared to look at how we can improve our performance.

[*English*]

**Hon. Bob Rae (Toronto Centre, Lib.):** In the same vein, Mr. Speaker, we have the situation affecting the other large group of Canadians for whom the federal government has a very clear constitutional responsibility and that of course is the aboriginal population of the country.

The rate of suicide among young aboriginals has skyrocketed. It is high right across the board in community after community. We cannot take any pride in what is taking place. Clear action does have to be taken.

I would like to again ask the Prime Minister. Could he please take us through the measures which the government plans to take to ensure that we are leading the way in this question and not falling—

**The Speaker:** The right hon. Prime Minister.

**Right Hon. Stephen Harper (Prime Minister, CPC):** Mr. Speaker, I am reluctant to speak for a minister on this but I can certainly inform the House that we are well aware of this fact. That is why we do have programs that specifically look at this phenomenon in aboriginal communities and try to decide how to deal with it. Obviously, this is a complex phenomenon.

One of the things we want to do besides tackling that program directly is to ensure that we create hope and opportunity in those communities. In many parts of the country where those communities are located there is unprecedented economic opportunity and we want to ensure young aboriginal people participate in those opportunities.

\* \* \*

**AFGHANISTAN**

**Mr. Jack Harris (St. John's East, NDP):** Mr. Speaker, while the Minister of National Defence was jetting around in the Challenger, the Prime Minister was keeping him out of the loop on Afghanistan.

When asked if he and the Prime Minister discussed the idea of a blue ribbon panel on the war, the minister said it was not put before cabinet and admitted, "I didn't know all of the specifics". Canadians are being asked to swallow a lot from the minister, from his jet-setting lifestyle to his judgment on over-priced fighter jets.

How can Canadians trust the minister when the Prime Minister does not even trust him with important decisions?

**Hon. Peter MacKay (Minister of National Defence, CPC):** Mr. Speaker, the overblown rhetoric, the hyperventilating from the member opposite takes away from many of the serious issues that we do discuss. These are issues like suicide and issues that relate directly to the mission in Afghanistan.

### Oral Questions

I give him great assurance that this government takes those issues very seriously and we take the issue of public finance very seriously. We make the investments that are necessary in giving the men and women of our search and rescue the proper equipment. We will continue to act in a fiscally prudent and responsible way. I would give the member the opportunity to do the same.

**Mr. Jack Harris (St. John's East, NDP):** Mr. Speaker, I still have to come back to the disconnect between the Prime Minister and his own Minister of National Defence.

Particularly on Afghanistan, reacting to the Prime Minister's 2008 announcement that all troops would be out of Afghanistan by 2011, this minister said to a journalist, and I quote: "I don't know. I heard it the same time you heard it".

How is it that our defence minister heard about a major change in military policy through the media? How are Canadians supposed to put their trust in him when even the Prime Minister does not?

**Hon. Peter MacKay (Minister of National Defence, CPC):** Mr. Speaker, 2008 was quite a while ago. I am surprised the member is just hearing about this now. We have, of course, extended the mission in Afghanistan and transformed it to the important training mission.

I was in Washington on Friday meeting with the secretary of defence to discuss the important role that Canada is playing there and the important contributions that Canada is making to world peace and security. We have seen that in Libya with the leadership of Lieutenant General Charlie Bouchard and as we are seeing now in Kabul and those training bases in the north of the country. These are important contributions of which all Canadians can be extremely proud.

• (1430)

[Translation]

**Ms. Hélène Laverdière (Laurier-Sainte-Marie, NDP):** Mr. Speaker, the Prime Minister does not trust his own Minister of National Defence. He did not update the minister on important decisions being made about the war in Afghanistan. Yesterday, we learned that he kept the minister in the dark about the mission.

How can Canadians trust the Minister of National Defence when the Prime Minister himself does not trust him?

**Hon. Peter MacKay (Minister of National Defence, CPC):** Mr. Speaker, as I said yesterday, the government, the Prime Minister, the cabinet and I always work closely together towards a common goal, be it in Afghanistan, in Libya or in other places around the world. This co-operation is necessary. I hope that she has the same kind of co-operation from the NDP leadership.

**Ms. Hélène Laverdière (Laurier-Sainte-Marie, NDP):** Mr. Speaker, the Minister of National Defence says that he was not kept in the loop about all of the details of the Afghan mission.

In the book titled *The Savage War*, the minister talks about the decision to strike a committee concerning the mission. He said, "It wasn't discussed with the broader cabinet, no." And he added, "I didn't know all of the specifics."

How can Canadians trust this government? How can they trust a minister who is kept in the dark by his Prime Minister?

[English]

**Hon. Peter MacKay (Minister of National Defence, CPC):** Mr. Speaker, to that I would simply say that Canadians must have had some level of trust because in May of this year they re-elected this government with a majority, national Conservative government.

It is the important decisions with respect to Afghanistan, Libya, our contributions in 16 missions internationally, our various government departments, including CIDA and the Department of Foreign Affairs, that we continue to make Canadians very proud of the efforts that Canadians, in both the armed forces and our professional service, are making around the globe.

\* \* \*

### OFFICIAL LANGUAGES

**Mr. Yvon Godin (Acadie—Bathurst, NDP):** Mr. Speaker, it is a majority of 39%.

[Translation]

The Minister of Foreign Affairs tabled documents in the House of Commons regarding the transfer of Afghan detainees without having them translated. This is in violation of the Official Languages Act.

However, this government refuses to look into why the minister violated the act. His attitude is disrespectful to francophone and anglophone Canadians who want to understand what is happening in Parliament in their own language.

Will the Conservatives finally respect the Official Languages Act and have the documents translated, as provided for in the act?

**Hon. John Baird (Minister of Foreign Affairs, CPC):** Mr. Speaker, yes, I tabled the documents in the House. Before I tabled these documents in the language that the judges used to send them to the government, I asked all of the NDP members whether they were in favour of having them tabled, and all of the NDP members said yes.

\* \* \*

### NATIONAL DEFENCE

**Ms. Christine Moore (Abitibi—Témiscamingue, NDP):** Mr. Speaker, yesterday, CBC revealed that the cost of the F-35s could double by the time they are delivered. Rather than the \$65 million that this government initially told us that each plane would cost, they could cost over \$133 million each.

Why is this government the only one that believes Lockheed Martin's initial cost estimates? Why does this government not see the obvious? The replacement of the CF-18s requires an open and transparent competition.

[English]

**Hon. Peter MacKay (Minister of National Defence, CPC):** Mr. Speaker, our government has been very clear. We have dedicated \$9 billion to this important acquisition of F-35s.

These aircraft, as the House will know, will replace our aging CF-18 fleet of fighter jets. These aircraft, like other aircraft, have served our country extremely well. They are used in Libya today. They have been used in previous missions, but that they aging.



As a matter of course we are taking the responsible step of following a procurement process that has been in place for a significant period of time in which a number of countries are participating.

[Translation]

**Ms. Christine Moore (Abitibi—Témiscamingue, NDP):** Mr. Speaker, while the costs related to the F-35s continue to rise, the Associate Minister of National Defence and the Minister of National Defence claim that the F-35s and their long-term maintenance will cost \$9 billion rather than \$16 billion. While every other country that wants to buy F-35s expects to pay a lot more, this government is the only one that thinks that it can get them for a low price.

Will this government stop trying to mislead the public and tell people the truth: that the F-35s are not going to cost \$9 billion or even \$16 billion but \$30 billion?

• (1435)

[English]

**Hon. Peter MacKay (Minister of National Defence, CPC):** Mr. Speaker, we have been crystal clear. We committed \$9 billion for the replacement of the CF-18. In fact, it not only includes the cost of the aircraft, this will include: spares, weapons systems, infrastructure and training simulators as well as the contingency associated with this important procurement.

We are purchasing the most cost-effective variant at the prime of peak production when the costs will be at their lowest. Even the Parliamentary Budget Officer has admitted to that.

Why are the NDP members constantly against getting the best equipment for the best forces in the world?

**Mr. Matthew Kellway (Beaches—East York, NDP):** Mr. Speaker, the government continues to pour money down the black hole of the F-35 program. That is despite multiple delays, multiple setbacks and massive cost overruns predicted, not only by our Parliamentary Budget Officer, but even by the Pentagon.

The out-of-touch government would rather blow billions of dollars than admit it has made a mistake.

We know the Prime Minister and the Minister of National Defence do not talk, but is the Prime Minister aware that the F-35 jets are an unaffordable sinkhole?

**Hon. Peter MacKay (Minister of National Defence, CPC):** Mr. Speaker, I know the member is new to the file and new to the House. I will repeat for him, \$9 billion have been set aside for this project. We will be receiving these aircraft some time after 2016. This is a result of a pressing need to replace the current CF-18 jets.

This is the best aircraft, the only aircraft, which is fifth generation, available to the Canadian Forces. This recommendation comes from the Chief of the Air Staff. All of the experts agree, this is the best aircraft for the best country for the best forces.

**Mr. Matthew Kellway (Beaches—East York, NDP):** Mr. Speaker, we have submarines rusting in dry dock. We have helicopters being raided for spare parts. Yet, Conservatives insist on writing a blank cheque to the U.S. military. Even John McCain calls the F-35 program “a train wreck”.

### Oral Questions

Other governments are reducing their F-35 orders, switching to other fighter jets or investing in equipment they already have, so why are the Conservatives taking a flyer on the F-35s, even when they are in a tailspin?

**Hon. Peter MacKay (Minister of National Defence, CPC):** Mr. Speaker, so much of what that member just said is completely off base. So much of it is completely disconnected to what the needs of the men and women of the Canadian Forces have clearly expressed. So much of it is against our national defence interests, but I am not the least bit surprised.

Consistently in this House, consistently throughout our history, we have seen the New Democratic Party oppose every step that we take to improve the life, the training, the work of the Canadian Forces. That has been its consistent position.

\* \* \*

### ABORIGINAL AFFAIRS

**Hon. Carolyn Bennett (St. Paul's, Lib.):** Mr. Speaker, from the chief coroner's reports to pleas from the chief and Grand Chief Beardy, the suicides in Pikangikum First Nation, 60 in the last decade and 5 this summer alone, have become a tragedy of national proportion.

The chief coroner had 100 recommendations.

What exactly will the Minister of Health declare that she will do today to deal with this unbelievable tragedy before one more life is lost?

**Hon. Leona Aglukkaq (Minister of Health and Minister of the Canadian Northern Economic Development Agency, CPC):** Mr. Speaker, our government has made the investment in programs to support initiatives under the national aboriginal youth suicide prevention program. To date, we funded over 150 community-based projects with the investments that we have made in budget 2010. This is an area that is of concern to us, as far too many Canadian families have to deal with the anguish, but we are acting on the recommendations through the national aboriginal youth suicide program.

[Translation]

**Mr. Ted Hsu (Kingston and the Islands, Lib.):** Mr. Speaker, in Nunavik, the suicide rate is 25 times higher than the Quebec average, which is already the highest in the country. Earlier this year, two young people committed suicide in less than two months in Kuujuaq, a community of less than 2,200 people. No government is doing enough to address the issue of suicide.

What does this government plan to do to improve support and health services in the community?

• (1440)

[English]

**Hon. Leona Aglukkaq (Minister of Health and Minister of the Canadian Northern Economic Development Agency, CPC):** Mr. Speaker, there is no one answer to address suicide.

*Oral Questions*

Our government has provided significant investments through the Canadian Institutes of Health Research on mental health. Our government also supports many major health promotion activities that have direct and indirect benefits on the mental health of Canadians, including programs like the embrace life council, the national aboriginal youth suicide prevention strategy, the national anti-drug strategy, the aboriginal head start, community action program for children, family violence initiatives, brighter futures, building healthy communities, and so on.

[Translation]

**Mr. Justin Trudeau (Papineau, Lib.):** Mr. Speaker, in Canada, thousands of people commit suicide each year, and far too many of them are young people between the ages of 15 and 24. Suicide is the second leading cause of death among young people in this age group. This already alarming suicide rate among young people is seven times higher among aboriginal and homosexual youth.

As critic for youth, I would like to ask the government if it is prepared to invest specifically in youth suicide prevention, particularly for marginalized and vulnerable youth.

[English]

**Hon. Leona Aglukkaq (Minister of Health and Minister of the Canadian Northern Economic Development Agency, CPC):** Mr. Speaker, since coming into power, our Conservative government has worked to improve the quality of life of all Canadians dealing with mental health challenges.

Earlier this year, I was proud to announce significant funding for the mental health projects to help improve the emotional and social health of children aged 6 to 12 years of age, as well as parents, teachers and community leaders. We look forward to the continued progress of the Mental Health Commission and these projects in promoting mental health in Canada.

\* \* \*

[Translation]

**THE ENVIRONMENT**

**Ms. Megan Leslie (Halifax, NDP):** Mr. Speaker, the Commissioner of the Environment and Sustainable Development is clear: our natural resources are being developed despite the lack of information on the environmental impact. The Minister of the Environment has invested billions of dollars with no results. That is bad management.

The minister has already broken his promise to regulate oil sands emissions this year. When will he implement an environmental plan for developing this natural resource?

**Hon. Peter Kent (Minister of the Environment, CPC):** Mr. Speaker, that question leaves out certain facts.

[English]

I am disappointed, though not surprised, by the opposition's failure to recognize the commissioner's positive words on our government's accomplishments and our commitment with regard to oil sands monitoring. For example, the commissioner says:

In my view, the federal government has taken an important step forward by both acknowledging the deficiencies of the current system and setting out a detailed plan to fix them.

Our government does have a plan and I am glad the environment commissioner acknowledges it.

**Ms. Megan Leslie (Halifax, NDP):** Mr. Speaker, there is no plan and the Auditor General's report spells it out for us in black and white.

It turns out that from day one the government actually planned to fail on fighting pollution and climate change.

Since its first plan was introduced in 2007, reductions are down by 90%, we have a hole in the ozone twice the size of Ontario, we have out of control oil sands pollution and there are ever-rising emissions.

Why are the Conservatives refusing to act? Why have they given up on the environment?

**Hon. Peter Kent (Minister of the Environment, CPC):** Mr. Speaker, our government has definitely not given up on the environment.

I was delighted that the commissioner acknowledged that, in recognizing that beyond Kyoto, the federal government has made new international and national commitments to the Copenhagen accord and the Cancun agreements.

I can assure the opposition that our government is working to ensure Canadians have clean water to drink and clean air to breathe for generations to come.

[Translation]

**Ms. Laurin Liu (Rivière-des-Mille-Îles, NDP):** Mr. Speaker, the report tabled today confirms that the government gets failing marks when it comes to environmental protection. It is just one more example of how this government is not interested in the reality of the situation and has no plan for our environment.

There is a hole in the ozone layer. That is a scientific fact.

Will the government commit to maintaining funding for the monitoring program?

• (1445)

[English]

**Hon. Peter Kent (Minister of the Environment, CPC):** Mr. Speaker, the NDP is all too willing to abandon Canada's interests and to sacrifice jobs for Canadians.

Our government will balance the need to protect Canada's environment with the need to protect jobs for Canadians.

As I have answered many times in the House in recent weeks, Environment Canada will continue to monitor the ozone. The World Ozone and Ultraviolet Radiation Data Centre will continue to deliver world-class services.

**Ms. Laurin Liu (Rivière-des-Mille-Îles, NDP):** Mr. Speaker, the minister might be tired of talking about his reckless cuts to ozone monitoring but there are expert scientists who would love to talk and who are being muzzled by the government.

We have a hole in the ozone twice the size of Ontario. We have increasing pollution, especially in the tar sands, and new evidence today shows that Conservatives have been planning to fail on the environment.

It is no wonder that the minister is so afraid to hear from scientists. Where is the government's plan for ozone monitoring?

**Hon. Peter Kent (Minister of the Environment, CPC):** Mr. Speaker, as we have said any number of times in recent days, Canadians should be proud of the positive and terrific contributions that our scientists at Environment Canada make to international studies, such as the report on the Arctic ozone hole.

We do not muzzle our scientists. Our scientists speak regularly with the media and are available to inform members of the opposition.

\* \* \*

### THE ECONOMY

**Mr. Patrick Brown (Barrie, CPC):** Mr. Speaker, our Conservative government is focused on what matters to Canadians, jobs and economic growth.

We are on the right track with Canada's economy growing in July and nearly 600,000 net new jobs created since July 2009. It is certainly an encouraging sign.

We all know the global economy's recovery is fragile, especially in the U.S. and in Europe. That is why we are working hard to implement the next phase of Canada's economic action plan.

Would the Minister of State for Finance please update the House on the implementation of the next phase of Canada's economic action plan?

**Hon. Ted Menzies (Minister of State (Finance), CPC):** Mr. Speaker, our government is moving forward with the next phase of our plan with the tabling of the second budget bill. This includes pro-job and pro-family items, such as the hiring credit for small business, extending key tax relief for the manufacturing sector, legislating a permanent \$2 billion gas tax fund for municipalities, new tax credits for volunteer firefighters and family caregivers, and a children's arts tax credit.

Most of all, we are forgiving loans for new doctors and nurses in underserved—

**The Speaker:** Order, please. The hon. member for Timmins—James Bay.

\* \* \*

### ETHICS

**Mr. Charlie Angus (Timmins—James Bay, NDP):** Mr. Speaker, we are now 117 days since the President of the Treasury Board started hiding under his desk.

I would like to ask him again about the Lake of Bays project and why he sent out a press release, which was under embargo, bragging about the \$4.5 million cheque that he was about to give to the council, even though the council told him that the plan had no viability, which meant that he had to hightail it out of town, chequebook in hand.

### Oral Questions

Now this would be funny if it did not show such a shocking disregard for the normal checks and balances of spending. Will the minister explain how he got his hands on money for a project that did not exist?

**Hon. John Baird (Minister of Foreign Affairs, CPC):** Mr. Speaker, the member opposite mentions nothing new in his question.

What today does represent is 377 days since the member flip-flopped on the gun registry and still no apology to the people of Timmins—James Bay. I invite the member opposite to get on his feet right now and make that long overdue apology.

**Some hon. members:** Oh, oh!

**The Speaker:** Order, please. The hon. member for Timmins—James Bay.

**Mr. Charlie Angus (Timmins—James Bay, NDP):** Mr. Speaker, I understand why the Minister of Foreign Affairs is changing the channel. It is because the guy beside him is a big political liability. Perhaps he will explain.

Where was he when the rules were being broken by the Muskoka minister? Where was he when the Auditor General was being misled? Was he driving shotgun around the back woods while the Muskoka minister had a \$4.5 million cheque to give out to a project that did not exist?

Does he believe that the rules apply to everybody else except for that minister and the government?

**Hon. John Baird (Minister of Foreign Affairs, CPC):** Mr. Speaker, I can assure the House that no project was ever funded that did not exist.

\* \* \*

• (1450)

[Translation]

### G8 SUMMIT

**Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP):** Mr. Speaker, it sounds as though the Minister of Foreign Affairs is going through customs: he has nothing to declare. I know why, because he was not present at the meetings where the scheme for the G8 summit was worked out. The Auditor General was unable to establish who approved the budget for the G8 slush fund. However, in the documents we obtained, the minister clearly told the mayor that the budget would be determined by the Prime Minister's Office.

If the Prime Minister's Office did not determine this budget, can the minister rise and explain his email?

[English]

**Hon. John Baird (Minister of Foreign Affairs, CPC):** Mr. Speaker, the Auditor General released a report some time ago, a copy of which certainly made its way to the Canadian voters before election day. There is nothing new in this question. The Auditor General came forward and made a number of observations on how we could do an even better job and be more transparent to Parliament. We fully accept those recommendations.

*Oral Questions*

What happened was that 32 projects were funded and all 32 of them came in on or under budget. All 32 projects were also supporting public infrastructure in the province of Ontario.

[*Translation*]

**Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP):** Mr. Speaker, as usual, the Minister of Foreign Affairs is putting on a good show. However, what Canadians want is transparency and the truth. It was not this minister who wrote those emails. He did not attend the meetings. And, contrary to what the Minister of Foreign Affairs claims, the President of the Treasury Board told the mayor that the Prime Minister's Office would determine the budget. He even wrote that.

Is that why the minister is not allowed to answer the questions? Is it because he revealed that the Prime Minister's office was involved in the scandal.

[*English*]

**Hon. John Baird (Minister of Foreign Affairs, CPC):** Mr. Speaker, 32 projects were supported by Infrastructure Canada to support job creation and economic growth. They all came in on or under budget. There were 32 different contribution agreements for each of those projects that I approved. All of those projects provide good benefit to taxpayers now and will in the many years to come.

\* \* \*

**NATIONAL DEFENCE**

**Hon. John McKay (Scarborough—Guildwood, Lib.):** Mr. Speaker, last week, the Minister of National Defence and I, along with others, attended a conference put on by the military called "Caring for our Own". One of the concerns raised by some of the soldiers was the fear that the military would not be there for them in their hour of need. Specific worries included PTSD, suicide ideation and suicide itself.

The next budget will be under severe pressure for cutting these "soft services". Could the minister give the House assurances that our vulnerable soldiers and their families will be protected from these budgetary pressures?

**Hon. Peter MacKay (Minister of National Defence, CPC):** Mr. Speaker, my colleague is correct. My friend was in attendance, along with many members who are specifically tasked with how we deal with the scourge of post-traumatic stress and many of the challenges related to overseas deployments.

I am very pleased to report that Canada has in fact become a world leader in fighting the stigmatization and raising awareness of post-traumatic stress disorder and other operational stress injuries. As well, we have increased mental health awareness and we have increased the number of mental health professionals who are dealing specifically with these challenges.

\* \* \*

**VETERANS AFFAIRS**

**Mr. Sean Casey (Charlottetown, Lib.):** Mr. Speaker, there is a great need to enhance suicide prevention programs in Canada. With respect to our veterans, the data is alarming. The suicide rate in the armed services is nearly three times that of the general population.

According to a departmental study of all males who enrolled in the regular forces after 1972 and were released before 2007, a total of 2,620 died and almost 700 of them were suicides.

Could the minister outline new steps or strategies that his department is undertaking to tackle this crisis among veterans?

[*Translation*]

**Hon. Steven Blaney (Minister of Veterans Affairs, CPC):** Mr. Speaker, I thank the member for his important question.

[*English*]

While mental health was taboo then, it is a priority for our government now. That is why we have established, in conjunction with the Department of National Defence, 17 operational stress injury clinics that provide services to veterans suffering from post-traumatic stress across the country and at various levels that they might experience.

This approach is working. As of June, Veterans Affairs Canada is helping more than 14,300 veterans with mental health conditions and their families, and—

**The Speaker:** Order. The hon. member for Surrey North.

\* \* \*

**ROYAL CANADIAN MOUNTED POLICE**

**Mr. Jasbir Sandhu (Surrey North, NDP):** Mr. Speaker, the Province of British Columbia and its municipalities have pleaded with the government to come back to the table and negotiate a new RCMP contract in good faith. They are ready and willing to break the impasse, but the government would rather play hardball with the provinces and use our front-line officers as bargaining chips.

Why is the government callously playing fast and loose with the safety of British Columbians and why will the Public Safety minister not immediately meet with the B.C. government and move the discussions forward?

• (1455)

**Hon. Vic Toews (Minister of Public Safety, CPC):** Mr. Speaker, as you are well aware, there have been four years of intensive negotiations. Our government is willing to renew contract policing agreements with the provinces, and in fact I am awaiting the suggestions that the B.C. Solicitor General indicated that she would forward to my attention. To date I have not received that. She indicated on September 9 that she would be forwarding those suggestions. I have not heard from her.

**Mr. Randall Garrison (Esquimalt—Juan de Fuca, NDP):** Mr. Speaker, the government cannot seem to get its story straight on this file. First the minister says there is a deadline and no more negotiations. Then on Friday, the member for Port Moody—Westwood—Port Coquitlam, speaking as the cabinet minister in B.C., told B.C. municipalities he was sure the government would strike a deal on the new RCMP contract.

Which is it? Are the government members going to meet and negotiate, or are they going to complain that no one has told them what the issues are?

Will the Conservatives stop trying to play good cop, bad cop and sit down and negotiate seriously with British Columbia so that front-line RCMP officers can focus on their real work, which is keeping our communities safe?

**Hon. Vic Toews (Minister of Public Safety, CPC):** Mr. Speaker, it is quite surprising to hear the NDP members talking about keeping our communities safe when they have consistently voted against every single measure that would keep dangerous repeat offenders in prison. It is a shame that they would have the audacity to stand in the House and accuse this government, after all of the work that we have done to repair the damage that was done by the Liberals, for failing to train appropriate numbers of RCMP officers.

\* \* \*

#### FOREIGN AFFAIRS

**Mr. Kevin Sorenson (Crowfoot, CPC):** Mr. Speaker, the killing continues in Syria and the Assad regime continues its slide into isolation.

The United Nations Security Council is meeting today to consider a resolution against Syria. Media reports indicate that it could be weakened. It may be blocked or even vetoed.

Could the Foreign Affairs minister please tell the House what Canada is doing to support the Syrian people and to ensure that we keep up pressure on the illegitimate Assad regime?

**Hon. John Baird (Minister of Foreign Affairs, CPC):** Mr. Speaker, Canada is concerned about the ever-deteriorating situation in Syria and the plight of Syrian civilians. We will not wait for the United Nations to act. I am pleased to announce that we have expanded sanctions against the Syrian regime and its backers even further.

We will do our part to ensure that the full weight of the world is brought to bear on Assad and those who support him. We stand by the Syrian people in their hour of struggle.

\* \* \*

#### SUICIDE PREVENTION

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Mr. Speaker, suicide is the third-highest cause of death among adult men in Canada. Every day 10 Canadians take their own lives, and for every one suicide there are 100 attempts, with 23,000 hospitalizations a year. These high rates of mortality and morbidity surrounding suicidal behaviour constitute a major public health crisis.

Since the federal government has already established national strategies in other critical areas such as cancer, does it not agree that suicide demands a similar multi-jurisdictional approach?

**Hon. Leona Aglukkaq (Minister of Health and Minister of the Canadian Northern Economic Development Agency, CPC):** Mr. Speaker, as I have stated, we have made an investment in establishing the Mental Health Commission of Canada since we formed government. At the same time, we have made significant investments through the Canadian Institutes of Health Research to

address mental health illness, recognizing that there is not one answer to address suicide.

Our government has made a number of investments, as I outlined in my earlier response, but many of these initiatives are in addition to what we invest in supporting provinces and territories in delivering their health care. This is a collective effort that will continue.

\* \* \*

[Translation]

#### OFFICIAL LANGUAGES

**Ms. Charmaine Borg (Terrebonne—Blainville, NDP):** Mr. Speaker, a woman in my riding is dying from cancer while waiting for access to health insurance. To help her get access, we had to communicate with the department's consular affairs office, but it was impossible to get service in French. Yet the rules are clear, and I quote, "Ministers' offices...must have the capacity to communicate... in both official languages."

Does this government respect our country's bilingualism and its obligation to provide services to its citizens, whatever their language?

● (1500)

[English]

**Hon. Leona Aglukkaq (Minister of Health and Minister of the Canadian Northern Economic Development Agency, CPC):** Mr. Speaker, as the member should know, provinces and territories do deliver health care to their populations.

Our government provides support through the Canada Health Act and transfers to jurisdictions, as I have stated many times, but we have also made significant investments in the area of cancer prevention throughout Canada. We have renewed funding for the cancer partnerships across Canada.

\* \* \*

#### INTERNATIONAL CO-OPERATION

**Mrs. Tilly O'Neill Gordon (Miramichi, CPC):** Mr. Speaker, the G20 research group at the University of Toronto's Munk School of Global Affairs recently released its annual analysis of G20 commitments. The report tracks G8 and G20 members' progress in meeting their promises from the November 2010 Seoul summit until June 2011.

Could the hon. Minister of International Cooperation please update the House on Canada's progress?

**Hon. Bev Oda (Minister of International Cooperation, CPC):** Mr. Speaker, the Prime Minister has said that it is not enough to make pledges at conferences: it is important to pay what is pledged. Under his leadership, Canada met its 2009 food security commitment, and in fact was the first G8 country to do so. That is why he was asked to co-chair the UN commission for accountability in women's and children's health.

*Business of Supply*

The Munk School report says that Canada has fully complied with its official development assistance commitments. In fact, in meeting the G20 commitments, Canada ranked ahead of the U.K., the U.S.A.—

**The Speaker:** Order, please.

The hon. member for British Columbia Southern Interior.

\* \* \*

**TAXATION**

**Mr. Alex Atamanenko (British Columbia Southern Interior, NDP):** Mr. Speaker, thousands of law-abiding Canadians are being made to feel like criminals by the U.S. IRS. The Minister of Finance and the Prime Minister have received a letter from a constituent in my riding. His wife has been working and paying taxes in Canada since 1968 and has only had a Canadian passport. The U.S. government has informed her that she owes the IRS \$70,000 in penalties for failing to file her forms.

I thank the minister for his public stance against this assault on Canadian citizens. Will he now outline what specific measures he has taken to protect the life savings of this couple and others from the U.S. government's cash grab?

**Hon. Ted Menzies (Minister of State (Finance), CPC):** Mr. Speaker, we share the hon. member's concerns. It is absolutely unfair when hard-working, law-abiding Canadian citizens have misunderstood a U.S. law.

These are not high rollers. They are not avoiding taxes. We have called on the U.S. government to look upon these individuals with leniency and we have stressed that we will not, under our Canadian revenue agency, be collecting any of these supposed penalties.

\* \* \*

[*Translation*]

**THE ENVIRONMENT**

**Mrs. Maria Mourani (Ahuntsic, BQ):** Mr. Speaker, the report by the Commissioner of the Environment and Sustainable Development is crystal clear: the Conservatives' so-called environmental plan will not enable Canada to meet its targets. And this situation is unlikely to change considering the mediocre data, which are insufficient to even assess the government's expenditures and efforts, combined with the elimination of environmental programs and the cuts to Environment Canada.

Why is the Minister of the Environment still trying to convince people how serious his government is, when we know that the only thing the Conservatives have reduced is their own greenhouse gas reduction targets—by 90%?

[*English*]

**Hon. Peter Kent (Minister of the Environment, CPC):** Mr. Speaker, again I lament the fact that the opposition will not recognize the positive remarks by the Auditor General's Commissioner of the Environment, but I must say that I was delighted that he acknowledged our international and national commitments to both Copenhagen and Cancun and our commitment to achieving a 17% reduction from 2005 base levels of greenhouse gases by 2020.

Our government was elected to protect both the environment and the economy, and that is what it is doing.

\* \* \*

[*Translation*]

**PRESENCE IN GALLERY**

**The Speaker:** I would like to draw to the attention of hon. members the presence in the gallery of His Excellency Nassirou Bako-Arifari, Minister of Foreign Affairs, African Integration, Francophonie and the Beninese Abroad, of the Republic of Benin.

**Some hon. members:** Hear, hear!

● (1505)

[*English*]

**The Speaker:** I would also like to draw to the attention of hon. members the presence in the gallery of the Honourable Mike Olscamp, Minister of Agriculture, Aquaculture and Fisheries for New Brunswick.

**Some hon. members:** Hear, hear!

---

**GOVERNMENT ORDERS**

[*English*]

**BUSINESS OF SUPPLY**

OPPOSITION MOTION—NATIONAL SUICIDE PREVENTION STRATEGY

The House resumed consideration of the motion.

**Mr. Chris Alexander (Parliamentary Secretary to the Minister of National Defence, CPC):** Mr. Speaker, I will be sharing my time with the hon. member for Northumberland—Quinte West.

I wish to thank the member for Toronto Centre for raising this important issue.

It is a particular pleasure to rise in the House to speak to this issue so soon after both the Minister of National Defence and the Minister of Veterans Affairs replied to questions concerning the relationship of our Canadian veterans and members of the Canadian Forces to this important issue.

Obviously, the member for Toronto Centre is right in saying that suicide is a terrible personal tragedy. When one person takes his or her life, it represents an untold loss of this country's potential. It is a blow to all of us. Suicide carries an especially heavy price for the loved ones left behind.

[*Translation*]

I can say that the issue of suicide prevention remains a priority for our government and, in particular, for Veterans Affairs. I would like to focus on certain departmental initiatives and share them with you.

*Business of Supply*

[English]

The Department of Veterans Affairs is charged with caring for and supporting Canadian veterans and their families, as all members know. What members may not know is that it has made suicide prevention a central mission. The department has a suicide prevention strategy, which is an important element of a broader plan to address the mental health needs of Canada's veterans.

Veterans Affairs Canada in collaboration with the Department of National Defence now has a network of 17 mental health clinics throughout the country which provide specialized services to Canadian Forces members, veterans and RCMP members who suffer from operational stress injuries related to their service. We on this side of the House are proud to say that number has doubled under this government. Let me take a moment to talk about how the operational stress injury clinics work.

[Translation]

During treatment, veterans have periodic appointments at an operational stress injury clinic. In addition to a clinical assessment, clients are offered a variety of treatment options including individual therapies, group sessions, psychoeducation sessions and other resources.

[English]

While continuing to live in their community in other words, veterans attend appointments at the operational stress injury, OSI, clinic. They are offered a clinical assessment and a variety of treatment options. Their family members are invited to join them for these periods of treatment.

The teams are made up of psychiatrists, psychologists, social workers, mental health nurses, and other specialized clinicians who understand the experience and needs of veterans. Referral to other centres may be part of the treatment process, depending on the needs of the client, including any needs related to addiction or substance abuse.

As of today, there are 10 of these clinics operated by Veterans Affairs Canada. Nine are out-patient clinics in Fredericton, Quebec City, Montreal, Ottawa, London, Winnipeg, Calgary, Edmonton and Vancouver. Members from many of those cities have taken part in this debate. The tenth clinic is the in-patient residential treatment clinic for operational stress injuries at Ste. Anne's Hospital, the famous Veterans Affairs institution in Sainte-Anne-de-Bellevue on the island of Montreal. It was built by the Borden government in 1917 and remains a critical element of this network today.

Telehealth services help ensure that veterans are provided with easier access to emotional support when they need it. Coast-to-coast support is available to help these brave men and women overcome the challenges of complex mental health injuries that could lead to suicide if they are not dealt with properly.

We are pleased to report that 4,200 veterans have received help through those 10 clinics. The Canadian Forces offer similar support through its seven operational trauma and stress support centres. As I mentioned earlier, that makes a total of 17 institutions.

In 2006 the veterans charter introduced a full package of programs and benefits to support modern-day veterans. These include

rehabilitation supports, practical help in finding a job, and health benefits. They are all delivered on a case management basis.

Today there are more services and programs available than ever before to support Canadian veterans. There are more front-line health specialists than ever before. There are integrated personnel support centres located on 24 bases and wings to give staff from both departments, working hand-in-hand, a chance to offer early intervention and support.

Working side by side the front-line employees across government develop personalized care plans for each individual veteran. They have also created a very successful peer support network, the operational stress injury social support program. Specially trained peer support counsellors with first-hand experience of operational stress injuries and the loss of loved ones provide vital personal care and support.

I am proud to say that over 5,000 veterans are now part of these networks. Counselling and referral services are available 24 hours a day, 7 days a week through a crisis hotline. More than 2,000 mental health providers are registered in communities across the country to provide professional counselling services to veterans in their own cities and towns.

The services available in principle are substantial, but as the Prime Minister said in question period, there is always room for improvement. That is just what the Department of National Defence and the Department of Veterans Affairs are aiming to achieve.

Pastoral outreach services with a network of over 200 chaplains offer spiritual guidance for those in need.

From this summary, I think it is clear that this government takes the mental health of Canada's veterans seriously.

But even the death of one veteran, Canadian Forces member or family member by suicide is one too many. That is why employees have been given suicide awareness and intervention training on a larger and larger scale in recent years, to help them become part of the early warning network that sees these problems coming earlier. I am happy to report that Veterans Affairs is better equipped than ever before to support at-risk veterans and their families.

Moreover, to address a specific aspect of the motion put forward by the member for Toronto Centre, Veterans Affairs and National Defence have jointly commissioned the Canadian Forces mortality report. The results of this study will allow all of us to better understand what conditions pose a suicide risk so that we can create better solutions and understand better what care is required to meet the needs of those at risk.

This is groundbreaking research; never before has it been done in Canada. It will help us develop an evidence-based approach to the prevention of suicide within the Canadian Forces, among veterans and in society at large.

*Business of Supply*

All of these measures are part of the department's overall mental health strategy. It is the most comprehensive mental health care and support effort in the department's history, and the approach is working. In total, more than 14,000 veterans living with mental health conditions receive assistance and support in some form or another.

● (1510)

We can only hope there will be support on all sides of the House, for our soldiers, for our men and women in uniform and for veterans, for those efforts to be expanded, deepened and extended in years to come.

[*Translation*]

I also have some personal experience with the issue of suicide. When I was a student in Montreal, decades ago now, I volunteered at an NGO called Suicide Action Montréal. We took calls from men and women, often young but sometimes elderly, who were thinking about committing suicide. The calls came mostly at night, but during the day as well, from across Montreal and the greater Montreal area. Some of the callers, the vast majority of those served by this NGO, had already attempted suicide.

I can tell the House that the primary obligation Canadians have regarding suicide is to help find solutions. Each of us must contribute. The most important thing anyone can do for someone who is considering suicide is to listen, to understand where this upsetting emotion is coming from, where this irrational desire to take their own life is coming from. A solution can often be found by connecting on an individual level with the person.

I think that we all need to work on this issue in the long term and keep in mind the often invisible needs of our friends, our colleagues and other members of our communities.

● (1515)

[*English*]

Very few of us in the chamber have experienced war and armed conflict first-hand. It does exact a price not just in terms of lost limbs and lost lives, but in terms of what many veterans of this country's armed services and those of other countries carry with them invisibly for decades to come. Rest assured that this government is taking action to ensure the brave men and women who serve this country get the help and support they need.

**Mr. Sean Casey (Charlottetown, Lib.):** Mr. Speaker, my question for the hon. member relates to the effectiveness of the programs in place. I appreciate his listing the services that are available, but in an environment where there have been 696 suicides by members of the armed forces who have served between 1972 and 2007, clearly there is a problem. Veterans tell me that yes, there are services, but there are not enough.

I appreciate his candid comment that we can do more. My question is a repetition of the question I asked the minister in question period. Are there new strategies and programs, or alternatively, is this a case where the government will commit further resources to the excellent programs the member has outlined and ensure that these programs do not come under the austerity knife?

**Mr. Chris Alexander:** Mr. Speaker, the question of deficit reduction and measures this government will be taking to meet its goals in that field is a separate one. Let me reassure the member opposite that many of the resources mentioned, both on the veterans affairs side and the national defence side, are new resources, new institutions. New resources are being committed and these institutions in many cases are still being built as we speak.

Moreover, it is beyond any question that the services to meet the needs of men and women in uniform and returning veterans are not yet being used by all who really ought to be using them. It is a question of knowledge, familiarity, sensibilisation, as we say in French. That job will continue. This debate today will help us to raise the profile of this issue and to bring awareness of these services to an even larger group.

I can assure the member that yes, the resources have been increased and are being increased. The bigger challenge is to make sure all of our men and women in uniform and veterans do not succumb to this stigma, but instead know that the right thing to do is to contact the professionals to get the necessary support early, as they start to experience the trauma and anxiety that could lead to suicide.

● (1520)

**Ms. Linda Duncan (Edmonton—Strathcona, NDP):** Mr. Speaker, as the member was elected in the province of Ontario, presumably he would be aware of an equally large problem regarding suicide, that being within first nations communities.

If he has not apprised himself of the recent coroner's report prepared by Justice Goudge, I would recommend that he discuss that with his colleagues.

In June of this year, Justice Goudge stated in a coroner's report that Pikangikum is an impoverished, isolated first nations community where basic necessities of life are absent. It has experienced 16 suicides in a two-year period. He also made reference to the fact that was the most severe case of suicide in that area of the country.

Would the hon. member speak to the broader issues faced by the communities in his own province? Should the government act on the recommendations of the coroner dealing with poor health services, lack of safe drinking water, no connection to an electricity grid, high unemployment, significant reliance on social services, overcrowded housing and abysmal health services?

**Mr. Chris Alexander:** Mr. Speaker, I am very much aware of Justice Goudge's report. I had the pleasure of knowing Mr. Justice Goudge at an earlier stage when he was a leading member of his profession in Toronto.

It is an important report that points to perhaps the most critical area requiring further action to prevent suicide. It addresses what has become an epidemic in some communities.

The Minister of Aboriginal Affairs and Northern Development has outlined a huge array of initiatives that the government is taking. The minister is wise enough to know, as we all do, that no one program will end this problem overnight.

We need to study what is working well and what is not as well as determine where we can make a difference with greater or reinforced investments—



*Business of Supply*

**The Speaker:** I will stop the hon. member there as his time has expired.

The hon. member for Northumberland—Quinte West.

**Mr. Rick Norlock (Northumberland—Quinte West, CPC):** Mr. Speaker, I rise in the House today to pay tribute to the many families across Canada, and specifically in the north, who have dealt with the sorrow of losing a loved one to suicide. We recognize that differences in economic circumstances, education, living conditions and physical environment can prevent a proportion of our population from achieving optimum mental health and well-being. This includes children, youth, and families living in the north's remote and rural communities.

Investing in positive mental health is an important step in promoting good health and preventing illness. That is why the government is taking action to help aboriginal children and their families in Canada's north address the tragic issue of youth suicide.

The government is funding programs that build their strength on protective factors such as ensuring family and community support. The national aboriginal youth suicide prevention strategy, the interdepartmental family violence initiative and the building healthy communities initiatives are examples of mental health promotion programs the government is funding to support Inuit and first nations populations in Canada's three northern territories.

Canada's north comprises a vast geography which presents unique conditions and challenges not seen in the south. Nunavut alone, with a population of 33,000, makes up 20% of Canada's land mass and contains 25 communities accessible only by airplane. It also has Canada's youngest and fastest growing population.

The hon. Minister of Finance tabled a budget in the House last year which included nearly \$1 billion in investments for aboriginal people. This included \$285 million for aboriginal health programs including funding to continue the national aboriginal youth suicide prevention strategy until the year 2015.

In the three territories, the national aboriginal youth suicide prevention strategy has provided close to \$4 million over four years to support community-based solutions focused on resilience, embracing and celebrating life, and creating supportive environments.

I am pleased that the Government of Nunavut has also used funds from this initiative to help the Nunavut suicide prevention action plan and has committed to use the federal national aboriginal youth prevention strategy to implement that plan.

The government, along with the provinces, territories and community groups, is working to find better ways to promote mental health among Canadians. Differences in economic circumstances, education, living conditions and the physical environment can prevent a proportion of our population from achieving optimum mental health and well-being. This includes children, youth, and families living in the north's remote and rural communities. That is why earlier this spring the government announced funding for innovative community-based projects to improve the mental health of Canadian children, youth and families across the country through the Public Health Agency of Canada's innovation strategy. As part of this announcement, the government provided \$2.4 million over five

years to the Qaujigiartiit Health Research Centre in Iqaluit, Nunavut to help address needs identified by northerners, to ensure good mental health and physical health for aboriginal children and youth in their communities.

As we work with this generation of youth to build their future, we must at the same time continue our recognition of the legacy of Indian residential schools and the intergenerational impact that experience is having throughout northern families and communities.

The government understands the significance of building healthy communities. As such, investing in health-promoting activities aimed at maintaining and improving the well-being of our aboriginal people in the territories is also a key priority. Research has clearly shown the importance of giving children a positive and early start to education. In the territories, with its young population experiencing rapid change, this is ever so crucial in building a healthy next generation.

• (1525)

The aboriginal head start program in urban and northern communities does just that by addressing the needs of high-risk children and their families. It is creating a supportive and culturally based early learning environment in 19 territorial communities focused on language, school readiness, health promotion, parental involvement, nutrition and social support.

Our government is committed to continuing to help ensure that the north is a safe, healthy and prosperous place to live.

[*Translation*]

**Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP):** Mr. Speaker, if the mental health of first nations is so important to the Conservative government, why was nearly \$500,000 cut from the Wapikoni project, which helps youth who are often at risk of committing suicide? Mental health is a very important aspect of this project. Why was funding slashed?

[*English*]

**Mr. Rick Norlock:** Mr. Speaker, I do not know the specific circumstances to which the member refers. However, had she listened to my speech she would have heard that literally tens of millions of dollars went to individual communities right across this country.

As a former police officer who has worked in the north of Ontario, especially northeastern Ontario and along the James Bay and Hudson Bay coast, I can say that both provincial and federal governments continue to work hard to address the situation of suicide and particularly among our youth.

As I mentioned, the north has some unique circumstances. There are communities located literally hundreds of miles away from the closest road. There are no mines, no forest industry and no opportunities for employment. The struggle is how to encourage employment. How do we create jobs and an economic atmosphere for those communities to enjoy the same kind of lifestyle as those further south that are close to highways and the like?

*Business of Supply*

Inasmuch as the member has referred to some programs that may have been cut, in addition there are many programs that have been created that are addressing not only the circumstances of suicide regarding the young but in communities also.

From a family perspective I can say that I am aware of and understand some of the circumstances mentioned by one of the previous questioners regarding the living conditions in Pikangikum. They relate specifically to the isolation of that community vis-à-vis its closeness to employment opportunities and the tremendous challenges most northern communities have.

• (1530)

**Ms. Linda Duncan (Edmonton—Strathcona, NDP):** Mr. Speaker, the member in response to the question by my colleague made reference to the fact that many of the aboriginal communities are isolated and cannot access benefits from resource extraction. It has been the experience of first nation communities in this country that although they want to participate they have been excluded. I simply mention the Lubicon of Alberta.

I am advised by the people of Pikangikum that the government promised somewhere in the order of \$12 million to assist them. I think that fund ends sometime next year yet very little of that money has been forthcoming. It is one thing to do studies and another to make promises.

What will the government do to deliver on meeting the basic needs of housing, safe drinking water, access to medical services and so forth for that community and all other aboriginal communities in Canada?

**Mr. Rick Norlock:** Mr. Speaker, there are two ways to look at the glass: it is either half full or half empty.

We know that right now there are tremendous challenges in the north. Every person in this House would agree on that. However, what the member left out in part of her question is the fact that the government has invested hundreds of millions of dollars in literally hundreds of communities to improve fresh water and waste water disposal.

One could say that whatever we are doing is not enough. We always admit, both in government and our communities, whether we are dealing in clubs or social groups, that it appears as though there is never enough to completely eradicate some of the problems we have. However, this government has and continues to take action.

As I mentioned in my speech, we are talking about hundreds of millions of additional dollars that are going specifically toward health care in the area of mental health and especially suicide prevention. That is what I said. If the member was listening to the speech, she would have heard me say that there are additional millions of dollars being spent on the issue and we have to keep working at it.

We will keep working at it as a government, but we need to have a collaborative working approach as parliamentarians to address the problem. Pointing fingers and complaining about each other I do not think develops that. If she has some substantive suggestions with regard to the budget, we would listen.

**Hon. Irwin Cotler (Mount Royal, Lib.):** Mr. Speaker, I will be sharing my time with the member for Vancouver Quadra.

It is a shocking fact which almost defies belief that, as the United Nations pointed out in 2009, every year worldwide more human beings kill themselves than are killed in all wars, terrorist attacks and homicides combined. While the motion before us focuses on Canada, it is important to realize that suicide occurs in every country, on every continent, and exists in every religious and age group. It claims almost a million lives annually; yet, despite its existence from the dawn of human history, this global tragedy has yet to receive the attention, and even more important, the action it warrants.

Today as we meet, 10 Canadians will take their own lives. This is a per capita rate three times that of the United States itself, largely due to the staggering number of deaths among aboriginal Canadians.

As well, the member for Toronto Centre pointed this out earlier today.

[*Translation*]

Suicide is the leading cause of death for men aged 25 to 29 and 40 to 44, and for women aged 30 to 34. Furthermore, suicide is the second leading cause of death among youth between the ages of 10 and 24.

• (1535)

[*English*]

Indeed, the suicide rate for youth in Canada is the third highest in the industrialized world. As well, the suicide rate for first nations is shockingly five to seven times higher than non-first nations populations. This is horrific and painful data.

Moreover, suicide is not only the leading cause of death for aboriginal men aged 10 to 19, but the suicide rate for Inuit youth is among the highest in the world, 11 times the national average. Among the most disturbing and painful data available, according to a 2008 study done in Nunavut, nearly 43% of respondents had thoughts of suicide in the previous seven days.

As if these statistics are not troubling enough, let us appreciate that behind each statistic is a human being. I sometimes worry that the abstraction of statistics takes us away from appreciating the full depth of the tragedy in individual and collective terms. The reality is that death by suicide can be prevented.

As for the suicide of adolescents, what goes through a young person's mind before making such a terrible choice is not something one can fully appreciate. Studies indicate that issues of social integration, feelings of alienation, changes in family situations, problems with self-image as well as rage and self-control issues may all contribute to adolescent suicide.

A government report on teen suicide concluded the following.

[*Translation*]

While the reasons for suicide are complex and difficult to define, the experience of adolescence brings unique problems to this high-risk age group.

[English]

Indeed, no part of Canadian society is immune, though certain segments, as I mentioned, particularly the aboriginal peoples are specifically at risk, as well as youth, seniors, Canadians with disabilities, those who identify as a sexual minority, and members of the armed forces.

While the causes of suicide are complex, often involving biological, psychological, social, environmental and spiritual factors, in various forms of combinations, 90% of suicides have a diagnosable psychiatric illness. Tragically, these conditions often go undiagnosed. This is a problem that must be addressed, not only nationally, but internationally, as well.

Again, we are speaking of something that can be prevented. Indeed, a government report from 1990 concluded the following.

[Translation]

The complexity of the issue must not discourage community or government agency efforts to deal with [this] problem...

[English]

In short, I support this motion as a step in the right direction for combating suicide and hope it enjoys the full support of the House when it comes to a vote later today. There is no question here in Canada that what is needed is a national suicide prevention strategy.

Regrettably, in Canada, suicide prevention is fragmented, disconnected, often incoherent, and lacking in a national vision and strategy. The difficult question that arises, therefore, is, what should this vision be? What should this strategy entail?

The government need not reinvent the wheel here. Blueprints for a national strategy from organizations such as the Canadian Association for Suicide Prevention exist and can be used in planning the government's course of action. Indeed, this plan in particular serves as a model for suicide prevention strategies in several provinces and was recommended to the government in a 2006 Senate committee report.

Some of the many recommendations and goals of the CASP strategy included, and I am extrapolating for reasons of time and abbreviating, as well, with respect to the examples: developing a co-ordinated public awareness campaign; developing national forums on suicide, generally, as well as on specific target populations and specific issues. For example, just as when I was minister of justice, we had federal-provincial-territorial meetings of ministers of justice on specific issues. So, in order to highlight a particular issue, there could surely be a federal-provincial-territorial meeting of ministers of health focused on suicide, in particular.

The recommendations and goals of the CASP strategy also included: supporting and also enhancing the number of public and private institutions and volunteer organizations active in suicide prevention. Here the government could initiate a grant program for suicide awareness and prevention campaigns.

They also included: increasing the proportion of the public that values mental, physical, social, spiritual and holistic health. Here the government could create some sort of participation program focused on mental health.

### *Business of Supply*

They also included: supporting the development of specific strategies by and for Inuit, first nations, Métis and all aboriginal peoples; encouraging the development of specific strategies for gay, lesbian, bisexual and transgender persons. Indeed, we have been witness to a troubling wave of teen suicides of gay and lesbian youth in the United States recently, reminding us that we need to work on diversity and acceptance initiatives, as well as anti-bullying strategies.

They also included: supporting the development and use of technology to reduce the lethality of a means for suicide. For example, firearm locks, carbon monoxide shut-off controls, bridge barriers, subway stop barriers, and strengthened medication containers.

Finally, they also concluded: developing a national crisis line network to connect existing crisis lines and websites to provide services, particularly where none exist; and developing and implementing support structures for families living with suicidal people, acknowledging their roles as caregivers and as contributing members of the care team.

In short, there is much that can be done. It is up to the government to act, so that it can be done.

Indeed, the 2006 Senate committee report I mentioned earlier made some 118 recommendations, from legislative changes, such as Criminal Code amendments, to broader recommendations about the delivery of health care services.

Indeed, it is unfortunate that its recommendation "That governments take immediate steps to address the shortage of mental health professionals who specialize in treating children and youth" has not, regrettably, been heeded, and child and youth mental health services continue to be significantly less resourced than physical health services, and service delivery remains fragmented at all levels.

Before closing, I would also like to mention, and this was not entirely the focus of the debate here today, the particular issue of suicide among the elderly. Let us not forget that there is a high rate of suicide among the very old, be it after the loss of a spouse or loved one, or when used as a means to end suffering from illness. This, too, must be addressed as part of a national strategy and vision.

Today is, in effect, a call to action, to fight the stigmas surrounding suicide and mental health, and to come together in common cause to address this issue. We know the statistics and we have plenty of tools at our disposal to act. What we must do, in fact, is to act, and act now, to prevent the preventable tragedies that may yet, and will, occur.

● (1540)

**Mr. Patrick Brown (Barrie, CPC):** Mr. Speaker, I thank the member for his eloquent speech on the importance of mental health and suicides.

*Business of Supply*

Earlier, his colleague, the Liberal Party member for St. Paul's, mentioned that Canada had a suicide rate three times that of the U.S. It is important to note that the information shared by the Liberal Party member is actually incorrect. We just pulled the stats from the CDC website in the U.S. and from Stats Canada and it is identical, actually. It is both 11 tragic deaths per 100,000. It is important that we do not use statistics in the House that are wrong. We hope we can ensure that is not a fallacy that is raised here.

Does the member have any specific suggestions as to how we could improve the formidable commitment that the government made with the Mental Health Commission and the funding that was quite historic in 2007?

**Hon. Irwin Cotler:** Mr. Speaker, initiatives such as the Mental Health Commission are welcome initiatives, but the whole burden of what we have been speaking to today is the need for a national vision and a national strategy to implement it, of which the Mental Health Commission initiative can play an important part.

That is why I sought to identify and, in an abbreviated way, recommend a series of such initiatives that have been recommended by the Canadian Association of Suicide Prevention, which referenced also the issue of mental health, as I did in my remarks.

However, that is but one component, and indeed, in respect of Bill C-10, the omnibus crime bill, that too needs to factor in those issues that may have fallout for suicide prevention in the context of its crime and punishment approach.

• (1545)

**Mr. Scott Andrews (Avalon, Lib.):** Mr. Speaker, this is a very serious issue, as many families are affected by suicide.

I was wondering if the member for Mount Royal might like to explain or share the statistic, something that he knows, that quite often suicide results in murder-suicide, where a person not only commits suicide, but takes another person's life. Many families have succumbed to this.

I am wondering if the member is familiar with any stats on this type of suicide which takes another person's life as well.

**Hon. Irwin Cotler:** Mr. Speaker, I do not have particular data with regard to the issue of murder-suicide, though the phenomenon of course, as my colleague mentioned, does exist.

I do want to say something that has underpinned all my remarks today, and perhaps I am somewhat influenced by the fact that for me, being on the occasion of the Jewish high holy days, the overarching theme during this period is a question of reverence for life; indeed, the sanctity of human life.

This is what the entire debate is all about. This is what the proposal for a national strategy of suicide prevention is all about, the reverence for life, the sanctity of human life, and to prevent these tragedies, as best we can, from occurring.

**Ms. Joyce Murray (Vancouver Quadra, Lib.):** Mr. Speaker, I am pleased to be part of this important debate today on preventing suicide and the need for a national suicide prevention strategy.

I congratulate the Liberal Party leader and member of Parliament for Toronto Centre for bringing this issue forward for a full day of debate. As he stated so clearly, this issue, which has been a taboo,

needs to be aired and discussed. We need to address the shame around suicide that has kept it hidden in a closet.

I also congratulate the Canadian Association for Suicide Prevention and other organizations that have been working so hard to raise awareness of the awful epidemic in our society.

We have heard from a number of members the statistics that show that we have a great problem with suicide in our country, particularly with first nations. I note in the *Globe and Mail* series on suicide that the rate in Nunavut of 15-year-old to 19-year-old men is 40 times the national average. That is completely unacceptable. It is a discredit to our nation in the eyes of the world that we have such a differential rate of suicide between our aboriginal communities and our non-aboriginal communities. It is to that issue that I will be dedicating my remarks today.

Clearly, we need a national suicide prevention strategy. In the province of Quebec, there has been a substantial drop in suicides as a result of its provincial strategy. We know that we can do better in this country.

I was pleased to hear some of the comments by the Conservative members about the actions that governments have taken over the years, but it has been a fragmented approach. The national mental health strategy has no suicide prevention component. There is no coherent vision. There is a disconnect between the national program and pilot projects and what is being done in our provinces and territories. We need an integrated partnership with leadership from the federal government.

There are so many factors behind the tragedy of suicide. There are also so many consequences for the families, friends and communities that experience this tragedy.

As the Liberal Party leader said, none of us are immune from experiencing the grief of suicide, not our families nor our social networks. I experienced that grief as a young woman when one of my closest women friends took her life. It was confusing, distressing and despairing for those of us who knew her that we had not been able to prevent that from happening. This is a humanitarian issue of the highest order and it is time that we grapple with it.

During question period today, the Prime Minister spoke of his government providing hope and opportunity to first nations communities. He talked about the economic opportunities. I do not see that, frankly. It is not reflected in the statistics. Many first nations communities have a woeful lack of activities for their young people. They lack educational success and economic opportunities.

I want to refer to a document put out by the provincial Government of British Columbia that talks about risk and protective factors. Among those factors are school factors. The predisposing factor for suicide among youth is a long-standing history of negative school experience or a lack of a meaningful connection to school. However, a protective factor is success at school. British Columbia has a far lower rate of graduation from schools in aboriginal communities as compared to schools outside of aboriginal reserves, and that needs to change.

• (1550)

Students who are on reserves are part of the federal responsibility and they are shorted the education dollars compared with what is provided by the provincial government off reserves. That needs to be addressed and it needs to change.

With respect to the risk and protective factors in the community, community marginalization and socio-economic deprivation are risk factors but protective factors, opportunities for youth, availability of resources and community control over local resources, are things that can be done.

As the minister of environment and parks in British Columbia, I had the opportunity to visit a number of remote, small aboriginal communities in order to find ways for those communities to connect with economic activities in the extensive B.C. parks system. I learned that these communities, which had once been thriving, self-sufficient, proud communities, were, in many cases, suffering from 80% or more unemployment. When there are no jobs and the young people are seeing no economic prospects, that feeds into the cycle of despair, a lack of motivation, of hope and of opportunity that has the young people drop out of school. That is still a very present concern and that has not been addressed in a systematic way through a strategy by the federal government.

I also want to note that a very important factor is activities and sports for young people. This is true for aboriginal and non-aboriginal alike. We know there are a number of groups that are more likely to not participate in sports and recreation and those are people from lower income families, people with disabilities, new Canadians and especially first nations. Activities, such as sports, are very important for aboriginal youth in remote and sometimes inaccessible communities. They need to have something to do after school and somewhere to go. They need to have productive activities so they can challenge themselves. They can do team sports or individual sports.

I would like to share a personal story on this level as well. I attended a barbecue in Vancouver for a friend who was celebrating a 65th birthday. Among the small group of family and friends was a group of aboriginal people, the chief, his wife and three children, and two councillors. They came from a remote, inaccessible northern community to the barbecue to celebrate my friend's birthday. When it came time to speak, the chief shared that his son had taken his own life and that among his family there had been a dozen young people who had taken their lives over the previous decade and a half. However, that had changed and that had changed because that community, in partnership with my friend's initiative, had begun to take some of the resources in their area, take ownership and create

### *Business of Supply*

jobs, create an enterprise using the local resources. That led to a flow of funding into their community.

When the chief asked the young people what they needed, in the despair of the suicide in that community, and what could be done with the funds flowing into the community due to the enterprise, the answer was that they need a recreation centre and they really wanted a pool. The chief came to Vancouver to testify his personal experience that, since the centre was built and the swimming pool was put into their community, there had not been a single suicide. It was a very moving story and very illustrative of what can be done. Are we doing that in Canada?

• (1555)

We have a sport tax credit that, unfortunately, cuts out those very people. If they do not pay income tax, they do not get access to that sport tax credit.

I appeal to the Government of Canada to do more on the economic front and on the recreation facility front, especially for first nations.

**Mr. John Rafferty (Thunder Bay—Rainy River, NDP):** Mr. Speaker, I listened with interest to my hon. friend's comments.

One of the things that struck me, because she was talking about a national suicide prevention strategy and the difficulties in getting the government to commit to such a thing, I was recalling that this has been on the table for a number of governments in the past and there is still no action on it.

I was wondering if the hon. member would have some insight into why governments are so reluctant to simply declare that it will develop a national suicide prevention strategy, that it will work with all Canadians and that it will find some answers?

**Ms. Joyce Murray:** Mr. Speaker, I think what we are seeing today is an accumulation of clarity about the need for a national suicide prevention strategy.

We have groups coming together and coming to Ottawa. We have a conference in Vancouver this week on the issue. We have the Liberal Party of Canada putting this forward as an opposition day motion so that the issues can be heard, aired and debated, and awareness raised among parliamentarians.

The time is now. I encourage the government to say yes today to a commitment to a national suicide prevention strategy.

**Mr. Chris Alexander (Parliamentary Secretary to the Minister of National Defence, CPC):** Mr. Speaker, the motion today does relate to a strategy, and we all agree that a strategy in this area is needed and it would be good, but would the member not agree that a strategy alone will not get us very far? Would she not agree that we need to focus this debate and our action together as much as possible on the sorts of concrete initiatives, institutional initiatives, outreach initiatives, training initiatives and public health initiatives that will actually reach the people in need, both in aboriginal communities and in other communities that are affected as well.

*Business of Supply*

My own speech a few minutes ago was on the needs of veterans and members of the Canadian Forces. There are some very specific things that have been done. They are not working as well as we would like but they are starting to work.

Could the member tell us what specific institutional enhancements she thinks would make the greatest difference?

• (1600)

**Ms. Joyce Murray:** Mr. Speaker, of course, a proper strategy, as I am sure the member opposite would agree, has clear, specific, actionable items. It has measures, timeframes and mechanisms for monitoring. A strategy is not just words. It is a clear intention and has ways to ensure progress is being made.

I have already given one specific example, which is the sports tax credit that is being doubled by the government but cuts out the very people who need it. Those who have a low income and who are not paying taxes do not benefit from the \$200 million toward sports activities. Why would the government do that?

As for the large profitable corporations that will be receiving billions in additional tax breaks, the corporations that do not create net new jobs, the government should not do that next tax break. It should use those funds for a national suicide prevention strategy, for job training, for apprenticeships, for skills training and for the activities that would be needed in the minister of state's portfolio and others.

**Mr. John Rafferty (Thunder Bay—Rainy River, NDP):** Mr. Speaker, I will be sharing my time with my friend from Halifax.

It is with sadness that I rise today to speak on this issue. I come from a part of the country in northern Ontario where these sorts of headlines about suicide are in the paper almost every day. It is easy, I think, if one lives in a large centre to not have this issue as part of one's daily life, but it is part of everyone's daily life in regions like northern Ontario. However, it does not mean that people are not doing anything about it.

I would like to talk about some of the solutions that have come from northwestern Ontario. I will speak about aboriginal people, both on reserve and off reserve. I will begin with off reserve.

We have a unique situation in Thunder Bay in that we have a first nations high school. It is called Dennis Franklin Cromarty High School. It is a very interesting high school, and a perfect place to do an extensive survey as to what could be done to help solve this problem.

I would like to reference the Regional Multicultural Youth Council of Thunder Bay. Moffat Makuto is the youth adviser. We have been in touch for a number of years on this and other issues. We brought it to the attention to the minister in the last Parliament, but nothing has been done again. I have another letter from him today, and I would like to quote a couple of comments that he makes.

He talks about Reggie Bushie, a student who passed away in Thunder Bay and who went to Dennis Franklin Cromarty High School. He said there is a concern that the inquest is taking too long to begin, because two more students from northern reserves attending Dennis Franklin Cromarty High School in the city have

since died under similar circumstances. In fact, the media are characterizing them as mysterious circumstances.

This is a quote from Mr. Makuto's letter to me. He says:

We must work with aboriginal students and empower them to make a difference. But, our Youth Council lacks funding to create more peer leaders and role models at DFC. This is an effective way of connecting with aboriginal students to counter the aggressive criminal gang recruitment among school drop-outs across the region.

The Regional Multicultural Youth Council, in conjunction with the Multicultural Association of Northwestern Ontario, did a survey in March of this year. I do not want to go through the whole piece, but if anyone is interested in getting a copy, I would be more than happy to make sure they get one.

There are three recommendations for the federal government, and I would like to mention them briefly.

The first recommendation is:

Dennis Franklin Cromarty High School, the Northern Nishnawbe Education Council, Nishnawbe Aski Nation, the Ontario Ministry of Aboriginal Affairs, and Aboriginal Affairs and Northern Development Canada should work with other government ministries and stakeholders to secure funding for a students' residence at DFC, ensure that it is adequately staffed with essential programs, services and supports to guarantee their safety, enhance their well-being, improve their educational performance and increase graduation rates.

The second recommendation is that:

...the Ministry of Aboriginal Affairs and Northern Development Canada, should provide financial resources to create, support and sustain aboriginal peer leaders at DFC who can work with other students to organize activities that reduce risk factors, enhance their safety, improve graduation rates, counter negative lifestyles, and avoid involvement in criminal youth gangs.

Keep in mind that this is from students in their own words.

The third recommendation calls on the government to provide adequate funding for students to meet realistic costs and cover the needs of on-reserve and boarding students, addressing this inequity to match the provincial level of funding per student.

We know that for students at this particular high school, the aboriginal student gets about \$2,000 less than what the equivalent student gets in the Province of Ontario.

I would like to thank the Regional Multicultural Youth Council and Moffat Makuto for their work on this.

I will briefly speak about Pikangikum in the time I have left.

• (1605)

Suicide is an invisible problem in Canada and it is an invisible epidemic among first nations youth. We have known for years that it is our collective failing that we, as political leaders, have not addressed this. It will continue to be our collective failing if we do not address it now, and I thank my friend from Toronto Centre for bringing this motion forward today.

The public safety of first nations youth on and off reserves must be a priority of the federal government. Suicide, particularly suicide among first nations youth, is not a partisan issue but a national crisis.

I asked a question in question period on September 23, about a week and a half ago, which I would like to read again. I stated:

Mr. Speaker, my constituents in Thunder Bay are agonizing over the unexplained deaths of seven first nations students in seven years. One week ago, on Pikangikum First Nation a sixth young man this summer took his own life.

Then I asked the minister if he had read the Ontario chief coroner's report on these suicides, when he would act on its recommendations, and what he is doing to make life safer and brighter for first nations youth on and off reserves.

He stated in part in his response, "We will do everything we can to address the situation". I thank the minister for his answer, but I would like to provide a bit of a historical perspective to what has happened in Pikangikum in the past and what is continuing to happen.

A November 1999 report co-authored by Samson for Survival International, a U.K.-based watchdog, called for immediate Government of Canada action after it found the Innu suicide rate to be 178 per 100,000 people from the 1970s to the 1990s. It is the highest-documented rate in the world.

Then we have Pikangikum, a community of a couple of thousand people in the far north of Ontario, 300 kilometres northeast of Winnipeg. It has an eight-year average of 213 suicides per 100,000 people, a nine-year average of 205 per 100,000 people, and the latest Pikangikum suicides have sent this year's rate soaring to 470 deaths per 100,000 people.

The problem, while it is worst in Pikangikum, is region-wide and countrywide.

The report in 2000 also said that the increase in female suicide is related to third world conditions now prevalent on Canadian reserves like Pikangikum. Grand Chief Stan Beardy of the Nishnawbe Aski Nation said in the year 2000, "In all my dealings with the Canadian government over the last seven years, I've been met with a stony silence". Mr. Speaker, I would put it to you that he is still being met by a stony silence.

It is important to remind people of our history. This motion is a statement and a step that should have come from the federal government. It is still a step forward today, but only if we act on it.

In the time remaining, let me talk about some of the recommendations from the report.

First, the Department of Aboriginal Affairs and Northern Affairs should fulfill its commitment to build a new school in Pikangikum as soon as possible.

Second, the government should be a stakeholder in the housing strategic study.

Third, the government and the Pikangikum Housing Authority should ensure that all homes built in the future are connected to water and indoor plumbing, something the rest of us take for granted.

### *Business of Supply*

Fourth, the government and Pikangikum First Nation should complete its earlier project to connect the first nation to the hydro grid.

Fifth, the Government of Canada should support the Pikangikum First Nation's Whitefeather Forest project.

• (1610)

Sixth, Pikangikum First Nation should develop a community healing treatment centre with funding from the Health Canada Inuit and first nations health branch.

The seventh is the last one I will talk about, although there are more. It is that the Pikangikum health authority should develop a comprehensive mental health and addictions program for children, youth and adults.

**Mr. Charlie Angus (Timmins—James Bay, NDP):** Mr. Speaker, I listened with great interest to the speech of my hon. colleague. The suicide epidemics in his region and my region are an international horror story.

I flew into Moose Factory Island, a wonderful island of great people, to be told that they had 13 youth suicides and 80 attempts, meaning that 93 children attempted or succeeded in killing themselves in one year in the town of Moose Factory alone.

At the time the province was shutting down the Payukotayno child welfare services because it said it was in debt. We saw people in absolute shock.

I see this in community after community, and I would like to ask the hon. member what came out of Pikangikum, because it said specifically that children do not even have access to schools. Children are killing themselves because the government will not even bother to build grade schools for them.

I ask my hon. colleague, given that the communities he represents are like mine because children are starving to have basic rights that other children enjoy as a given, why is it, in a country as rich as Canada, that we have a government that thinks building schools is not something it should even be responsible for?

**Mr. John Rafferty:** Mr. Speaker, that is an important question. My background is in education and as an educator. In fact, I was principal of a high school with a large percentage of aboriginal students, so I have a particular interest in schooling, and I thank the member for that question.

Schools provide a centre for students, a centre for learning and for after-school activities, but more importantly, schools offer an acknowledgement that people care about the students who attend that school and care about the community.

The fact that Pikangikum still does not have a school after so many years of promises is a travesty. It needs an auditorium. It needs a playground. It needs soccer fields. It needs all these sorts of things as just one small key to ending this problem.

*Business of Supply*

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Mr. Speaker, 58,000 men and women died in the Vietnam War. The memorial in the United States shows all the names of those who died in Vietnam. What it does not say is that 120,000 returning soldiers from Vietnam killed themselves in the intervening 40 years. How many people actually died in Vietnam? It is more than just 58,000.

It is a tragedy when people who serve their country end up taking their own lives for whatever reason.

In talking to many veterans across this country, I found frustration, and I am sure aboriginal communities feel the same way about the bureaucratic delay. I am not blaming anyone for the bureaucratic delays in processing veterans' claims, but veterans I know of committed suicide because they just felt that nobody was listening, that nobody would help them, and they felt they had no other way out.

When we notice someone has a problem, could the hon. member suggest to the government and to all of us how quickly we should be acting in order to assist them and their families?

•(1615)

**Mr. John Rafferty:** Mr. Speaker, I was not aware of those figures from the Vietnam War and those who returned. That is an enormous number. It is also reflective of what is happening now, and not just in our armed forces. Our armed forces are much smaller, but the problem is still just as large.

I can reference my comments from the last question. People need to know we value their being on this earth. People need to know that we value the work they have done and the sacrifices they have made. Part of expressing that value is by listening and being ready to help when we need to help.

Coupled with that is an atmosphere in which people feel safe and secure in asking for that help, because we know that is also one of the problems.

[*Translation*]

**Ms. Megan Leslie (Halifax, NDP):** Mr. Speaker, it is easy to give a speech full of statistics, but in this case, we must look at the facts, which are so shocking.

There are about 10 suicides a day or over 3,500 suicides a year in Canada. Suicide is the second leading cause of death among young people aged 10 to 24. Imagine that; we have statistics on children as young as 10. Suicide rates are four to six times higher for aboriginal youth than for non-aboriginal youth. The Inuit suicide rate is more than 10 times higher than the rate for the rest of the population of Canada. Furthermore, in 2002, the WHO reported that nearly one million people had committed suicide that year, which exceeded the total number of deaths by war, homicide and civil conflicts.

[*English*]

Shocking does not even begin to describe those statistics. That is why last Parliament I actually introduced a bill for a national suicide prevention strategy, Bill C-297, as it is known in this Parliament.

I started working on the bill after I received a call from a man in Nunavut, Jack Hicks. He is a suicide prevention educator and researcher. He called our office and said, "You need to know what is

happening in my community" and he told us about what was happening in his community. He talked about suicide and suicide prevention, and we realized we could do something legislatively. We could have a legislative answer to that. He talked about the fact that there is good work being done in provinces, in communities. In the smallest of communities and large cities there is good working being done on suicide prevention, but the problem is that it is not connected. We are not sharing best practices. We are not talking about what is working in different communities. There is no way to connect these things. So, we thought about the fact that we need a co-ordinated approach in Canada and put together this bill for a suicide prevention strategy.

In doing that, I had the great pleasure and privilege of working with the people from CASP, the Canadian Association for Suicide Prevention. They worked so hard on this issue of suicide prevention, generally, but also in helping us with our bill and bringing it forward. I am so grateful to them for their work on suicide prevention and our bill.

When we introduce a bill on suicide prevention, an issue like that, I can tell members that we get a lot of attention from media. For example, when a particular issue arises or a particular event in a community, we are asked to do some public speaking. That has been a journey for me. It has been an amazing experience. Unfortunately, we get to really become immersed in the issue of suicide but, fortunately, it means we get to hear about the stories around Canada and realize that this is such a terrible problem in our country but that there are solutions.

Last year, I was asked by APTN, Aboriginal Peoples Television Network, to do an interview because a boy, eight years old, in a small town in northern Saskatchewan died by suicide.

Can members even imagine an eight-year-old boy knowing that is an option, having seen it in his community, knowing that it was something he could do, thinking it was an answer and, frankly, knowing how to do it?

This is happening in our communities across Canada. It is something we cannot avoid. It is something we cannot hide from any more.

Another incredible experience I have had working on my own bill is being able to work across party lines on this issue. I am thrilled that the Liberals have brought forward this motion today and that we are in this House, in this amazing, wonderful place, debating this incredibly important issue. I am thrilled that we are working on the issue of suicide prevention.

I have also worked closely with the member for Kitchener—Conestoga, on the government side of the House. He is truly a champion for suicide prevention in his own community and across Canada.

In fact, this week, the Canadian Association for Suicide Prevention is holding a conference in Vancouver. It has actually honoured the two of us, both myself and the member for Kitchener—Conestoga, for our work on suicide prevention. We were both very sorry that we were not there personally to accept the award, but it has been a privilege to work with CASP and we were both so honoured to be given this award for our work.



*Business of Supply*

I have also had the opportunity to work with amazing community groups who have endorsed the bill that I introduced, and I presume they would be very supportive of this motion, organizations like the Canadian Psychiatric Association. We have had municipalities come forward and endorse the bill from all around Canada. Also, individuals, mental health workers, the Canadian Mental Health Association, and the Assembly of First Nations. It has been, really, overwhelming and so wonderful.

I also had the chance to work with a young man in my riding, named Scott Chisholm. He is actually now living in the riding of Thunder Bay—Rainy River. He put together a photo exhibit called “Collateral Damage”. They are photos and excerpts from people talking about how suicide has touched their lives. We hosted an art show, actually, in my riding office of these photos. They are stunning. Many of the folks are from Nova Scotia.

● (1620)

It was really a profound experience to walk through the exhibit and see people I knew from my community sharing their stories, people who I had no idea their lives had been touched by suicide. One of the lines or one of the tag lines Scott uses to describe his project is, “Not talking about it is not working.” He is right.

Everybody who is featured in his photo exhibit talks about that, how they have never talked about how suicide has touched their lives, how they have never shared with anybody. It is an amazing experience. He is actually touring the show around Nova Scotia and hopefully will get to some other provinces as well.

In bringing forward a private member's bill, I have often been asked if it is ever going to pass or if it has any hope of being debated in the House of Commons. I have always responded that it is part of a process, it is part of building a movement around suicide prevention. A bill can be a touchstone that people can look at and rally around.

I think that is evidenced here today. When we start talking about issues in the House of Commons, when we bring forward motions or private members' bills, we never know what is next. I could never have predicted, for example, that there would be an opposition day motion on this issue where politicians across the House would have to stand and talk about the issue of suicide prevention.

When it comes to the private member's bill, as well, I have said publicly that I will pull it if it means there is a solution. If the government says it is going to specifically mandate the Mental Health Commission to take on suicide prevention, I will pull the bill. If the government says it is actually going to put this under public health's realm, that it is going to give the jurisdiction to them, I will pull the bill. If the government says it is going to bring forward a bill for a national suicide prevention strategy, I will pull mine.

This is not a partisan issue. This is about prevention. Suicide is a preventable death. If we all work together across party lines, we can prevent suicides in this country. A suicide prevention strategy is exactly what educators and advocates around the country have been asking for. It is all they have been asking for.

The motion is a wonderful step in that direction. I really hope that together we can make it a reality.

● (1625)

**Hon. John McKay (Scarborough—Guildwood, Lib.):** Mr. Speaker, I want to congratulate the hon. member on her speech. I thought it was a thoughtful speech.

The idea behind the motion was to spend an entire day talking about suicide and getting that national conversation going. The member for Toronto Centre is to be congratulated.

I wanted, however, to have the member focus on military suicides. Being from Halifax, I am sure this is a bit of a sensitive issue for her. I am looking at some statistics put out by DND. Of all causes of death, and I do not have the timeframe here but the pool is 2,620 deaths, of that 2,620 deaths, among males, 696 are being described as suicide and an additional 26 from mental illness. In the order of 25% of all deaths in the military during this statistical period, exclusive of females, is from suicide.

I would be interested in the member's observations particularly with respect to being from the Halifax area.

**Ms. Megan Leslie:** Mr. Speaker, I thank the member for his question and for sharing with us this statistic.

Statistics really help us ground our discussion here because who could even imagine that 25% of male deaths in the military would be as a result of suicide.

With that statistic being shocking, I actually want to point that we have the same issue in other groups as well. I think the member would be equally surprised to know that suicide among seniors is on the rise. That is not something I knew before I started working on this issue. It is actually something that is on the rise, and folks do not know about it.

We know that more women attempt suicide, and more men are successful. I think no matter what group we look at, whether it is gay, lesbian youth, youth generally, first nations, or people serving in the military, the numbers will surprise members. I hope they surprise us or shock us to the point that we feel we actually have to act.

**Mr. Harold Albrecht (Kitchener—Conestoga, CPC):** Mr. Speaker, I congratulate the member for Halifax on her good work on this initiative for the past many months, and indeed, I congratulate her on the award as well.

During this debate we have focused a lot on the need for some national leadership, guidelines, and so on. That is at the heart of what we are all agreeing on today. We acknowledge the great work that many national, provincial and regional organizations are doing on this file. I shared earlier today my experience working with the Waterloo Region Suicide Prevention Council on some of its great initiatives.

For me, it is helpful to know what initiatives are being carried out in ridings in other areas of the country. I would ask my colleague to share one or two anecdotes as evidence of the work that is going on in her area, another confirmation that we simply need to provide some resources and glue to help people work better together.

*Business of Supply*

**Ms. Megan Leslie:** Mr. Speaker, it is interesting. I had a great meeting with some folks in Halifax who do injury prevention. I thought they were coming to talk to me about helmets and making sure people wear their seat belts. Actually, what they wanted to talk to me about was suicide prevention. It says a lot to me about interesting innovative things that are happening in communities, that a provincial injury prevention group would tackle the issue of suicide, because it is injury.

With that little example, I would like to pick up on something the member raised about national coordination and federal leadership. We do not know what is happening in these communities. The Canadian Association for Suicide Prevention, CASP, has done a great job of trying to pull together what is going on. The member opposite has done the same thing. I am trying to compile a list of what is out there.

Why do we not have just one person who could say what is working in one community and share that information with Alberta or New Brunswick? This is what we are asking for, a co-ordinated approach to share those best practices and to share those good ideas across the country.

• (1630)

[*Translation*]

**The Acting Speaker (Mr. Bruce Stanton):** Before resuming debate, it is my duty, pursuant to Standing Order 38, to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Etobicoke North, The Environment; the hon. member for Vancouver Kingsway, Citizenship and Immigration.

Resuming debate, the hon. member for Scarborough—Guildwood.

[*English*]

**Hon. John McKay (Scarborough—Guildwood, Lib.):** Mr. Speaker, I will be splitting my time with the hon. member for York West.

I appreciate the opportunity to speak on this important subject. I want to acknowledge the work of my leader, the member for Toronto Centre, who literally has changed the channel here today. I would say that he has changed the channel for the better.

Interestingly, since the motion was introduced this morning, I have had three very intense conversations with random people about this very subject. One occurred at lunch today with a pastor friend of mine who has officiated at the funeral services for 13 people who committed suicide over the course of his pastoral career. He was first on the scene for two people as he cut them down from their hanging. He said that he cleaned up blood on the floor and counselled people two hours prior to their committing suicide. He lives with that each and every day. It affects his ministry. Of course it affects all of the families that are touched by suicide. In some respects, it just never goes away.

Today I am going to take the opportunity to talk about the mental illness aspect of suicide. I do not think there is a person in the chamber who has not been affected either directly or indirectly by someone in their family or close to their family who has a mental illness. My family is no exception.

We have walked alongside our son for the last 12 years as he has battled schizophrenia. He has battled suicide attempts. He has battled addictions. We have pretty well visited every mental health facility in the eastern region of the greater Toronto area. We have been to emergency facilities. We have been to flophouses. We have been to hospitals. We have been to emergency rooms. Dozens of incidents have resulted in heartache for our family, anger, frustration, embarrassment, all resulting from Nathan's illness.

This is personal for us. We are a well-resourced middle-class family. We have access to some pretty good resources. In fact, Nathan's stepmother is a physician. But our family experience in some respects is no different from literally thousands of other Canadian families who are left to cope with this illness. Frankly, were it not for the tireless efforts of my wife in particular but clearly other members of the family, Nathan would be dead. He would be under some bridge or in some flophouse.

Mental illness is like no other illness. It literally robs an individual of his or her life while the individual is still breathing. It is an alienating and isolating illness. It removes the individual from family support. The individual cannot sustain work. The individual simply cannot sustain relationships.

Part of our incomplete response, and it is a very incomplete response, to those who have mental illness had to do with the deinstitutionalization that went on in the 1980s or 1990s. When this occurred a lot of people were put on the street and many of them were simply not capable of handling the street. Not all people on the street have a mental illness, but it is a difficult place to be when the person is fighting mental illness. Life is a lot more complicated than simply being on the street and having a mental illness and thinking about suicide. If it were that simple we could understand it.

• (1635)

I walk to work every day along Metcalfe Street and there are my regulars whom I talk to from time to time. They all at one point had lives. There is a guy outside the Starbucks at Metcalfe and Slater and I wonder what his life was like prior to begging for money.

Our experience has been with psychotic breaks. Nathan was enrolled in a post-secondary institution when he had his first psychotic break, although he may well have had previous ones that we simply did not recognize. When he was 19 he started to hear voices. Sometimes the voices told him to do things that obviously were not things that could be done. Sometimes it involved harm to himself. We have gone through the experience of arriving home and finding him unconscious, but so far, touch wood, those voices have not told him to do harm to others.

Nevertheless, he freaks out some people, particularly his female siblings, and causes all kinds of consternation for those who care for him the most. Probably he is more dangerous to himself than he is to others, but he causes a lot of turmoil for his caregivers. As I say, we are a well-resourced family and I can only imagine how difficult it must be for single mothers or other people who are not as well resourced.

*Business of Supply*

I will try to avoid wearing my partisan hat, but I must admit that I have a tough time with the tough on crime agenda while I am standing for three hours in an emergency line trying to get help. It does not work for me. Yet that is the point at which Nathan is most likely to commit some criminal act. Talking about minimum mandatories to him at that stage does not mean a thing. We deal with the social services that are available to us in our community. These are the secular saints of our community, but all the time they are just scraping for resources. It is just really difficult.

Again, we live in the largest city in Canada. It is not as if there is no money, but the resources are very difficult to access. His mother acts like his advocate because he cannot or will not, and harasses people, intimidates people, yells and screams at people, reasons with people and just continually gnaws at all of the resources that need to be made available, whether it is housing, psychiatric visits, or whatever. If his mother did not do that, I dare say that we might be dealing with a suicide in our family.

This is an extraordinarily difficult issue for us, but as one of the previous speakers said, if we do not start talking about it, nothing will change. I do not think we can carry on in a civilized society like Canada and expect that if we do not get hold of this issue, things will change. Things will not change unless there is a will.

We have heard a lot of statistics in this chamber. I hope Nathan will not become a statistic. He will never be a statistic to us, but there is that possibility.

• (1640)

**Mr. Harold Albrecht (Kitchener—Conestoga, CPC):** Mr. Speaker, I want to thank my colleague for his very passionate speech. My heart, the hearts of members on this side and I am sure the hearts of every member in this House goes out to him and his family. I know that we have prayed for his son many times and we will continue to do that.

Like my colleague, since I have started talking about the initiative of the private members' bills and so on going back to motion no. 388 which dealt with suicide predators, I have had many people speak to me about suicide and inevitably they would share a personal story about something in their own family that they have dealt with. Just this past Sunday, a gentleman, probably in his mid-70s, talked to me about his son who had ended his life by suicide. He shared some of his pain.

I want to thank my colleague for highlighting the willingness to discuss this openly. As I mentioned, my colleague from the west, Dave Batters, was forthright in sharing his story, and now it is his wife, Denise.

The question I have relates to the pain that my colleague, and many of us, experience and the importance of having some piece in this strategy. How does he feel about the importance of having a clear part in this to deal not only with prevention and intervention, but also with the care for the families and communities that are left to pick up the broken pieces?

**Hon. John McKay:** Mr. Speaker, first of all, I want to congratulate my hon. colleague for his work on this file. It has not been unnoticed and it has been well worthwhile.

I guess I am so far into the weeds I honestly do not have an answer. We experience it on a daily basis. We experienced it this weekend. I wish I had the magic bullet. I appreciate the efforts that all governments have made, but it is just way below an acceptable standard.

My observation in working our way through the system is that mental illness is always the poor cousin of everybody and every thing. It is the poor cousin of research and resources.

For instance, in our city when people run around saying that they are going to cut the gravy train, I know where that gravy train is going to get cut. It means, frankly, that Nathan will not have access to his acting or something like that. It is very distressing.

• (1645)

**Mr. John Rafferty (Thunder Bay—Rainy River, NDP):** Mr. Speaker, I would like to thank my friend for sharing his story and the gift of his son, Nathan, with us today.

I think the member brings focus when he speaks about Nathan to the three million Canadians who are affected by this issue. It is not just Nathan, it is his family and everyone like Nathan and their families, co-workers and all sorts of other people. It is estimated that about three million people are touched by suicide every year in this country.

I do not want to ask the member a specific question, but I wonder if he would like to comment on that particular part of the issue and on why we do not do anything about this, and the other issues that he has pointed out.

**Hon. John McKay:** Mr. Speaker, it is actually 33 million who have been touched by this. There is not a person in this room that has not been touched by this. There is not one of our constituents who has not been touched by this. Why do we not do anything? It is probably stigmatization.

I spoke about the event I was at where I asked the minister a question, and a very senior person in the Canadian military talked about his difficulties with mental illness. It is tremendously difficult to avoid the stigmatization, particularly if one is a warrior. They would not be up to speed. Even here, sharing what I have shared, it does not exactly fit with my own image of myself.

These are difficult issues and I think that is one of the major reasons why we do not talk about it. Maybe we are embarrassed, or whatever, and we are just not able to talk about it.

**Hon. Judy Sgro (York West, Lib.):** Mr. Speaker, I have listened to my colleague and others and it is the first time in the 12 years I have been here that we all seem to be talking to each other about something that is really important. It is nice to hear that we all care and we are all saying the right things, but where do we go after today? Will we vote on the motion and pass it after saying nice things, and then wake up tomorrow and go our own way again?

*Business of Supply*

We have been talking about this issue for many years. Never have we talked about it in the context of an opposition day motion that the Liberal leader put forward. I am grateful he did that because it gives us an opportunity to talk about something that nobody wants to talk about. Nobody wants to talk about the suffering that is going on in the streets of our cities, in our houses and our families. The suffering is taking place, but nobody tells anybody else what goes on in their houses.

We all keep it hidden because nobody wants to talk about the difficulties, whether it is a child suffering from a drug addiction or a child with schizophrenia. Nobody wants to talk about that. Everything is wonderful in this world we live in. There are a few people who do not have places to live and a few people that go to food banks, but otherwise everybody in the world is good. It would be great if we could solve all those problems when there are so many people in this country suffering from mental illness in one capacity or another. We heard the numbers today. Another 10 people will die today by suicide because of a feeling of hopelessness and none of us seem to be able to see it.

There was a young man who was part of my extended family and grew up with my son. He was fine and just like any other kid. He did not cause any trouble and went to school. He did not get great marks, but he was doing okay. He was 20 years old in the second year of college and had challenges with his parents because he was not doing well enough. He had been at my house for supper and he and my son did their homework together. We said goodbye and that we would see him on the weekend.

The next day his mother called to see if Shawn happened to be at my house. I said no, he was not at my house, he was at her house. She said he did not come home the night before and she thought maybe he had stayed at my place. We all called around and could not find him. Then we realized his backpack was gone from his bedroom, so we did what people do. We called the police and everybody else there was to call, but there was no locating Shawn.

Some months later his shoes were found on the side of the Niagara Escarpment. His parents had found a prescription for anti-depressants in his drawer at home. The doctor had said that he was being treated for severe depression, which none of us had any idea of. The doctor could not tell his parents because he was 20 years old and he needed their son's permission to tell them. Needless to say, that is how we found out that he was suffering from severe depression. Otherwise, none of us had any idea.

From the day they found his shoes until today, which is 14 years, a day does not go by that I and my family do not think about him and wonder why we did not see any of the signs of depression that he was suffering from. How did we miss it? It is a mistake for all of us. We need to be able to see the signs and know that there are services available to help people when they are suffering from that level of depression. I am sure that as long as I, my husband and especially my son and his family are alive, we will think about him often and blame ourselves for not seeing the signs.

● (1650)

That is only one section of all of this because the problems are severe. If we can find money for everything else in this world of ours, why can we not make it a priority to find money to have a

serious mental health strategy, which would include a strategy to prevent suicide?

Look at how many times in the last couple of weeks we have heard about young kids committing suicide because they were gay, or because they were being bullied and could not handle it anymore. It is way over the hill with these things that are happening, and we are allowing them to happen.

With all the great things we talk about in this House, yet we cannot deal with the issues of mental illness in this country. We must begin to come forward and talk about it as Canadians and find answers.

Those answers are there. It is encouraging to know how much everyone cares today about this issue, and hearing my colleague talk about his own personal problems in his family. What happens to the families that do not have a support system, who do not know where to go, and who have no where to go?

These young people, and these older people, end up on the streets. When we see people begging on the streets, they are not there because they want to be there. They are there because they are not well. They are not mentally or physically well or they would not be sitting on a street corner in the middle of winter begging for money. However, we walk by them and do nothing. To me, it is a major problem when we walk by and do nothing. That individual is one of God's children, just like we are, and deserves help and assistance to move forward.

I would hope that as a result of this discussion today we actually do more than just adopt our opposition day motion, but that we truly make a commitment physically, financially, and mentally that we are not going to stop. We have four years ahead of us before we have to worry about elections. Maybe the one thing that the House could do in the next four years is actually put forward a mental health strategy for the country and put the dollars behind it. I think if we could do that over four years we would leave here feeling as if we actually are accomplishing something.

● (1655)

**Ms. Linda Duncan (Edmonton—Strathcona, NDP):** Mr. Speaker, as a number of people in the House have stated, there is not a single member who has not been touched by this through a friend, family, or in their community. I am fully aware of the fact that those who are well-to-do, as the hon. member previously mentioned, have a hard time struggling with addressing mental health issues in their families, let alone suicide. Most families cannot afford the fees for a psychologist. It is reprehensible in this modern day and age.

As I am sitting here, it is occurring to me, and I would appreciate the member's comment on this, we are moving forward and several years from now we will have a new health accord. There are two issues. Is it not time that we started opening up to the public a dialogue on what the federal responsibilities are and how the federal government should be delivering on its responsibilities, including working with territories, provinces, and first nation governments, which we have to remember is an order of government, in the delivery of our services? Does she agree that mental health, including suicide, should probably be part of that dialogue?

*Business of Supply*

**Hon. Judy Sgro:** Mr. Speaker, I certainly would hope that it would be. Frankly, what we need to do is look at that health accord and start dealing with mental health right at the top. Many of the people who are suffering from a variety of different parts of this package of mental health that we talked about, if they were mentally better, if they were physically and mentally stronger, maybe it would be less of a strain on the rest of the whole health system.

People who are suffering from depression, and so on and so forth, are bound to be at the doctor far more often because of a variety of different illnesses. I would like to see the mental well-being of Canadians to be the number one thing. Start there and all of the other things might fall into place.

**Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC):** Mr. Speaker, I listened intently to the member's very heartfelt speech.

The member mentioned a mental health strategy for Canada. I know she is supportive of the Mental Health Commission of Canada, which is working on the development of a mental health strategy. Consultations are currently under way. The commission expects to release the strategy in 2012. There will be elements of suicide prevention in it.

When we start working together with all the different levels of government and community organizations, it is very important for all of us to be on the same page. We are looking for leadership and local solutions.

Could the member tell us, in her opinion, how can municipalities and communities get together to share their successes to help address this horrible tragedy of suicide?

**Hon. Judy Sgro:** Mr. Speaker, we have to start thinking outside the box.

Let me tell the member about a problem I had in my area as a metro councillor in the city of Toronto. There was a problem with street prostitution. Many of the young women were homeless drug addicts, there for all kinds of reasons. I was tired of moving them from my area to someone else's area with police enforcement. I brought all of the appropriate officials together and we did some serious brainstorming. I developed the first time offender's diversion program, the so-called John school. That was thinking outside the box.

We need to think differently as to how we can solve these problems. The current way is clearly not meeting the needs and is not enough. I do welcome the recommendations that will come from the Mental Health Commission of Canada.

However, everything is taking too long. We are being too bureaucratic in trying to figure out our answers. We need to work with the cities and provinces. We must come together. We all recognize the problem. We need to talk about it every day to figure out solutions. I hope as a result of today's discussion we will do that.

• (1700)

**Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC):** Mr. Speaker, I will be splitting my time with the hon. member for Kitchener—Conestoga, a member who has been a leading and indeed an award-winning advocate on the issue of suicide prevention.

I also want to say to the member for Scarborough—Guildwood that it was an honour to be in this place to hear one of the most courageous speeches I have been able to witness in my young career. I want to thank him for that.

One of the most devastating and tragic events a family, a friend, a colleague or a community can face is the suicide of someone they know. Suicide does not discriminate and it can happen to anyone, as we heard, regardless of age, gender or ethnicity.

We had a very high profile situation right here in Ottawa when young Daron Richardson took her life last year. The grief and outpouring of emotion that was displayed had a profound impact on many parliamentarians. Many MPs were honoured to join the Richardsons here on the Hill this past February to help the family launch the Do It for Daron suicide awareness campaign. This campaign has raised awareness of teen suicide in the Ottawa community.

While there are many contributing factors to suicide, mental illness is the major one. People with mood disorders are at particularly high risk of suicide. Studies indicate that more than 90% of suicide victims suffer from a mental illness or substance abuse problem. By addressing the underlying issues associated with suicide, such as mental illness, we can save lives.

Community engagement is critical for our individual well-being. Support or lack of support from a community can have a significant impact on an individual's mental health and on an individual's decision to end his or her life. Our government believes in the power of Canadian communities and is actively supporting efforts and initiatives that will help contribute to the health of Canadians.

I will tell members about the ways this government is helping communities understand the factors contributing to mental illnesses.

In 2007 the government created the Mental Health Commission of Canada as an independent arm's-length organization to provide a national focal point for mental illness. The government has invested \$130 million in the commission over 10 years to advance work on mental health issues. The commission has extended its reach into Canadian communities through many of its initiatives, such as its anti-stigma campaign and work to improve access to information and best practices. The commission is also developing a national mental health strategy which is to be released in 2012.

The commission is undertaking a groundbreaking project to investigate mental illness and homelessness. In 2008 the government provided \$110 million over five years for this project. The project is taking place in five Canadian cities: Vancouver, Winnipeg, Toronto, Montreal and Moncton. This project provides housing to homeless people with a mental illness so they can concentrate on improving their mental health.

We can agree that improved mental health will contribute to reducing the risk of suicide. This innovative project has the potential to make Canada a world leader in providing services to homeless people living with mental illness. This project has taken more than 1,000 mentally ill and homeless people off the streets and has facilitated access to community mental health services, including suicide prevention programs for many more.

*Business of Supply*

In Vancouver the program is focusing on homeless people with mental illnesses and addictions. Over 450 people have been involved and over 220 have been housed.

In Winnipeg the program is working to address homelessness within the aboriginal population. As hon. members may know, the Winnipeg homeless population is estimated to be 75% to 80% aboriginal. In that city over 400 people have been involved and over 119 people now have homes.

In Toronto 30% to 40% of the homeless people come from minority communities. Racism, discrimination and stigma are barriers that can impact mental health. The project is working to address the removal of these barriers. Over 440 people have become project participants in Toronto, and as of March of this year, 175 have been housed.

• (1705)

In Moncton and Montreal the projects are providing services for homeless people in English and French speaking communities. As of March, work in these cities had resulted in over 580 mentally ill homeless people joining the program and 259 being housed.

When we speak of community well-being, we must also recognize the unique needs of first nations and Inuit communities. Our Minister of Health is from the north and knows first-hand the impact and rate of suicide in these communities.

Our government recognizes that suicide among aboriginal young people is an urgent matter. We are working to reduce the rates of suicide among aboriginal youth across Canada and in the north.

Through Health Canada, the government invested \$65 million from 2005-10 to establish the national aboriginal youth suicide prevention strategy. Budget 2010 provided \$75 million from 2010-15 to continue this support to communities and address aboriginal youth suicide. This is a \$10 million increase over five years.

Aboriginal youth suicide programs are one of several Health Canada initiatives that fund communities to address mental health and addictions. Other services include access to mental health counselling, addictions treatment and prevention, and mental health promotion activities. These programs are demonstrating positive results, including increased youth engagement, skills development, and improved coping and leadership skills.

Our government is also supporting broader efforts to understand the mental health of Canadians. That is why in 2012 Statistics Canada will administer a mental health survey as part of its Canadian community health survey program.

This mental health survey will provide a comprehensive picture of mental health among the Canadian population. It will provide insight into the extent and distribution of selected mental disorders. It will also examine access and use of formal and informal mental health care services and supports. Policy makers and researchers will use this information to adjust and develop policies and programs to meet the mental health needs of Canada's population.

Mental health in the workplace is also important. Many of us spend more time at our place of work than anywhere else. Good

mental health at work is important not just for the individual, but also for the employer, the community and families.

Our government supports positive mental health in the workplace. On June 16 of this year we announced funding of \$320,000 for the development of a national standard for psychological health and safety in the workplace. This is a collaborative undertaking led by the Mental Health Commission of Canada in partnership with the Canadian Standards Association, the Bureau de normalization du Québec, Human Resources and Skills Development Canada, Health Canada and the Public Health Agency of Canada.

The objective of the national standard is to provide employers with a set of best practices which, when properly applied, would lead to measurable improvements in psychological health and safety in the workplace. This project will make it easier for employers to take steps to promote mental health in the workplace. Canada will be the first country in the world to develop such a standard.

In closing, our government's investments in understanding and addressing mental health at the community level is just one way that we are demonstrating our commitment to improving mental health and reducing the rate of suicide in Canada.

**Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC):** Mr. Speaker, I have the honour of sitting on the health committee with the hon. member for Chilliwack—Fraser Canyon. I appreciate all the support he shows for health issues for Canadians, especially the Mental Health Commission of Canada.

Given that the federal government has already made huge investments, particularly with the first nations and Inuit mental health and addiction programs, from mental health promotion to addictions prevention, crisis counselling, treatment and after care services, I am wondering if my colleague could respond as to why the government should continue targeting aboriginal people, particularly aboriginal youth.

**Mr. Mark Strahl:** Mr. Speaker, I would like to thank the parliamentary secretary for his service in this area as well.

As we have heard throughout the day today, the suicide rate in aboriginal communities is disproportionately high. We need to take concrete steps to address that. We need to assist those communities.

As I said in my speech, we believe in a community-based approach where we are not imposing a standard on a community but working with the community to come up with ways to address the issue.

*Business of Supply*

We have invested \$65 million over five years, from 2005-10, and have increased that to \$75 million over the next five years to renew that strategy. We have been funding mental health counselling, addictions treatment, youth suicide prevention and other things to address the specific concern the member has. We need to take concrete steps to address the issue of the high rate of suicide among aboriginal youth.

● (1710)

**Hon. Gail Shea (Minister of National Revenue, CPC):** Mr. Speaker, there are many aboriginal communities in Canada and many in his province of British Columbia. We know that suicide is a very horrific issue for families to deal with.

I wonder if the member would share with this House everything the federal government is doing to address the high rates of suicide in aboriginal communities in particular.

**Mr. Mark Strahl:** Mr. Speaker, as I have indicated, we have been there with funding in the amount of \$65 million between 2005 and 2010 and \$75 million going forward.

As I also indicated, the issues of a first nations community in my riding of Chilliwack—Fraser Canyon are different from the Minister of Health's riding in the north. We want to ensure that we are working with the communities, with the first nations and with the provinces and territories to come up with the best strategies and the best practices. Funding is part of it, but part of it is how we work with our partners in the provinces and the territories and with the first nations to deliver services that will benefit those at-risk youth, including in aboriginal communities.

**Mr. Harold Albrecht (Kitchener—Conestoga, CPC):** Mr. Speaker, I thank my colleague from Chilliwack—Fraser Canyon for his insightful remarks. I also extend my thanks to the leader of the Liberal Party for bringing this motion forward today and to the member for Halifax for her work on suicide prevention and for tabling a private member's bill in regard to that.

It is important that we, as a Parliament, are the leaders in doing all that we can to end the silence around this very tragic epidemic. We need to do what we can to reduce the stigma of those families who have been the victims of suicide. On this side of the House, we are committed to doing all that we can.

Last Thursday, I had the honour of tabling in this chamber my private member's bill, which deals with this very issue, Bill C-300.

We have a lot of good work already being done by hundreds of community groups throughout Canada, and most of these, if not all, are volunteer groups. We have the Canadian Association for Suicide Prevention. It has done amazing work over the years developing its blueprint. I congratulate the association on its efforts. It works with very little encouragement from other levels of government, but it has done amazing work for us.

We have the Ontario Association for Suicide Prevention. In my own area, we have the Waterloo Region Suicide Prevention Council, which has done just amazing work in the Waterloo region. Just recently I had the honour being in my colleague's riding, the Minister of State for Science and Technology, for a golf tournament that was raising funds to raise awareness of suicide prevention issues. I thank them for that good work.

Another agency with which I have had the honour of working over the last two years is called Your Life Counts. This is a group of people who voluntarily do work on the Internet. They provide Internet resources to young people especially who are dealing with suicidal thoughts and struggling with issues in life that are difficult for them to handle, challenges that face all of our youth. They are doing good work in providing that Internet access but they do not end just simply with the Internet access. They then offer personal services to people who contact them.

I will highlight another story, which we have all heard numerous times today, for those who may not have been here earlier. The story is about my colleague, Dave Batters, who tragically ended his life a few years ago. I congratulate his family for the great work they are doing in bringing awareness to this issue. I have had contact with Denise Batters since we started this initiative. She draws our attention to the YouTube video that highlights some ways that we can raise awareness around this issue.

Those groups have worked hard on our behalf and all they are asking for is some federal coordination, some federal leadership, and that is exactly the motivation for my private member's bill.

I will not read the entire bill but I would like to highlight some of the actions that my bill would ask for.

The bill would formally define suicide as a public health issue and a health and safety priority. It would improve public awareness of suicide and its related issues. It would make statistics publicly accessible, promote collaboration and knowledge exchange. I think this is one of the things we have heard many times today. If we could exchange the best practices that are already being implemented across our country, we could do so much more.

The bill would define and share the best practices and get the research that is being done out of the classroom, so to speak, and into the hands of those who are actually doing the work on the ground.

Finally, there would be a responsibility on the part of the government agency to report back regularly to Canadians.

The number of suicides in Canada is a great tragedy. We have heard many personal stories today. We have heard the story of the Richardson family. Many of us will remember the story of the Kajouji family here in Ottawa who lost their daughter. This particular suicide was done at the hands of an Internet predator who used the Internet to actually encourage suicide.

● (1715)

My motion in the fall of 2009 was to encourage our government to implement within the Criminal Code clarity as to the penalties for those who would encourage suicide. We already know that encouraging someone to commit suicide is punishable by up to 14 years in prison. What was not clear is whether that included technologies such as Internet and computer system. That was my motivation for that motion.

*Business of Supply*

It is estimated that there are 10 suicides a day in Canada. If we take that on a monthly basis, that is the equivalent of a large airliner going down every month and every person in that airliner dying. If that were happening, I think there would be a huge call for action. That is exactly what we are hearing today with this motion. That is the motivation for my private member's bill. It is my hope that, through these initiatives and others, we will actually see some action on these issues.

I just want to read the motion for those who may be watching because it is important to get the entire context of what is said here.

That the House agree that suicide is more than a personal tragedy, but is also a serious public health issue and public policy priority; and, further, that the House urge the government to work cooperatively with the provinces, territories, representative organizations from First Nations, Inuit, and Métis people, and other stakeholders to establish and fund a National Suicide Prevention Strategy, which among other measures would promote a comprehensive and evidence-driven approach to deal with this terrible loss of life.

At this point I will stop for a moment and offer my heartfelt condolences and sympathies to those who have had to deal with this tragedy. It has been mentioned many times in this chamber today that there is not one person who has not in some way been touched this tragedy, some closer than others, some immediate family members and others close friends and colleagues.

The grief that people experience when they lose a loved one who is close to them can only be described by the people who going through that grief. My family and I have had our own share of grief over these past five months. In fact, it is five months ago today that Betty passed away. I can say that the grief is real but I cannot imagine how much more profound that grief must be for those who are left with the question and the additional emotional burden of wondering what they could have done, what they should have done or why they did not see the signs, all of those questions that I assume must come crashing in on them.

I think part of our overall approach to this issue needs to include, at some point, ways and means in which we can encourage communities with resources as to how they can walk alongside those who have experienced this tragedy.

I indicated earlier today that one of my favourite quotes as it relates to suicide prevention is the quote by Margaret Somerville, the famous ethicist from McGill University. She says:

Hope is the oxygen of the human spirit; without it our spirit dies...

I think that capsulizes what we are looking at here. We are trying to find ways to give hope, hope to people who are dealing with suicidal thoughts, for sure, needs to be our motivation, but also hope for those who are working on the ground and who have been struggling as volunteers without adequate resources, as they struggle with their efforts.

Any of the investments that we make in trying to move this ahead need to keep at the heart of it the hope that we are trying to give to people.

I will conclude with some of the statistics that I think will shock us into action in terms of the number of Canadians each year who are losing their lives to suicide. It is roughly 4,000 a year. Among our aboriginal population, estimates show that it is five to seven times beyond that, and that is just counting the suicides. It does not

counting those who may have tried to commit suicide and their emotional trauma.

At the heart of what we are trying to do here is to extend that hope to people who are dealing with suicidal thoughts and to provide the framework that will actually help those organizations on the ground that are trying to continue the good work they have started.

• (1720)

**Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC):** Mr. Speaker, I take this opportunity to offer my heartfelt thanks to my colleague from Kitchener—Conestoga not only for all the work he has done on this issue but also for Bill C-300 which he brought forward.

He opened his speech by saying that we must end the silence. We have had that opportunity today in the House. I commend all members who have contributed to this debate and discussion because it is something that affects all Canadians.

My question for my colleague regards the link between mental health and suicide. He is aware that the World Health Organization estimates that: 90% of all suicide victims have some kind of mental health condition, often depression or substance abuse; suicide is the most common cause of death for people with schizophrenia; both major depression and bipolar disorders account for 15% to 25% of all deaths by suicide in patients with severe mood disorders.

Would the member explain how important it is for the government to continue funding research through the Mental Health Commission of Canada?

He mentioned best practices. Does the member have any ideas as to how we could better work with the municipalities, communities and different service groups in order to bring these best practices together?

**Mr. Harold Albrecht:** Mr. Speaker, I will start with the last question first.

In terms of best practices, that is exactly what the motion today and Bill C-300 speak to, the fact that we do not know what all those best practices are. There are many groups doing excellent work. By having a central repository as well as the coordination of research and statistics we will do a better job of that.

I applaud the work of our government in funding the Mental Health Commission of Canada. In addition, it has provided the aboriginal youth suicide prevention strategy with \$75 million in funding over a five-year period I believe it is. There are 150 community-based projects that are being funded.

I must clarify that not all suicides are a result of mental health issues. People working in the field of suicide have underlined this fact. We must not miss this public health aspect and need to address that in our suicide prevention strategy with a desire to move forward on those issues.

• (1725)

**Mr. Charlie Angus (Timmins—James Bay, NDP):** Mr. Speaker, I will follow up on my colleague's last comments which clarify the issue of there being suicides that are related to mental illness and then another swathe of suicides.



When we look at the suicide epidemic—and “epidemic” is a horrific word to use in connection with suicide but I do not know what other word to use—in first nation communities, we must look at children in communities like Kashechewan who experience feelings of hopelessness. When I visited Attawapiskat and Fort Albany I spoke with children in grades 3 and 4 who said they were giving up hope. That is a staggering indictment.

We have seen a slate of suicides in northwestern Ontario where young people have been forced to go to school because there are no schools in their communities. They just disappear. They are missing for days, weeks and months. It seems as if there is a black hole.

What would my hon. colleague suggest to the first nation youth who are falling through the cracks at an astounding rate? What steps are needed to ensure that when a first nation child is in need, that child is not just left to die?

**Mr. Harold Albrecht:** Mr. Speaker, it is important to recognize that the government can do a lot in those situations. We have invested a lot of resources not just in terms of bricks and mortar but also in terms of personnel to help in that regard.

The primary thing we can do is offer hope and opportunity, especially economic opportunity, to these first nation communities that have often been left out of the loop. We can provide meaningful jobs for them so that the leader of the home, whether it be the husband or wife, can provide for their children.

The other aspect of the aboriginal question that I raised this morning when my colleague from the Liberal Party spoke is to recognize the importance of the spiritual aspect of suicide prevention as well. We talk about the psychological, physiological and biological aspects. However, too often in this chamber we are afraid to address the very real benefit of that spiritual foundation, regardless of what faith that is. For me it is my Christian faith. To allow these people to embrace that part of their culture as well is an important piece of this puzzle of suicide prevention.

[*Translation*]

**Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.):** Mr. Speaker, I will be sharing my time with the hon. member for Malpeque.

I want to commend the hon. member for Toronto Centre and the leader of my party for showing such vision, wisdom, compassion and humanity by making the urgent need for our government to establish a national suicide prevention strategy the topic of today's debate on this Liberal opposition day in the House of Commons.

I also want to commend all my colleagues who have contributed to this debate by sharing their accounts and allowing us to better grasp and understand this troubling problem, the scourge that is suicide. I would like in particular to acknowledge the very moving speech by the hon. member for Scarborough—Guildwood who made us think about the priorities we set as a society and as a government. We cannot help but think about the government's crime agenda and the resources it might take away from our efforts to combat suicide.

I would like to dedicate my speech to the memory of a young man whom I unfortunately never had the honour and pleasure to meet, but whose doings throughout his far too short life were known to me because his grandparents and parents are long-time friends of my own family.

### *Business of Supply*

This young, brilliant, athletic and talented man who was deeply loved by his family and friends was named Jack Windeler. He was in first year at the prestigious Queen's University in Kingston when tragically, at the age of 18, he took his own life. That was just under a year and a half ago, when his life was so full of potential.

● (1730)

[*English*]

Jack's tragic passing highlights a public and mental health problem that to date has received much too little attention, that being the vulnerability of our young people who, despite appearances, are often in a difficult transitional period from late high school to college or university and to independent living generally.

In his honour and memory, as well as to help others in trouble before it is too late, Jack's loving parents Sandra Hanington and Eric Windeler have launched the Jack Project. Its goal is to transform a painful personal loss into positive transformational action that helps our society achieve meaningful progress in combatting the scourge of youth suicide.

[*Translation*]

Before I go on, I would like to comment on the mental health of our young Canadians.

The image that we have of young people—the image portrayed by advertising and the media in general—is of a dynamic, fulfilled, connected generation that is open to the world and walking or even running toward a promising future. However, one-quarter of young Canadians are dealing with mental health problems.

In fact, 50% of mental health problems begin before the age of 14, and 75% begin before the age of 24. Based on objective measures, 6.5% of young people between the ages of 15 and 24 have experienced major depression in the past year. In addition, only 25% of young people with mental health problems were able to obtain the help they needed from a mental health professional.

Unfortunately, of all the age groups, 15- to 24-year-olds have the least access to the help they need to overcome their mental health problems and the pain that these problems cause them.

[*English*]

The mission of the Jack Project is to help our young people achieve and sustain their optimal mental health as they transition to independent living, which often occurs during the move from high school to college and university. The Jack Project is innovative. It does not work to reinvent the wheel. It focuses on two realms of particular relevance to young people: the online world and, of course, school.

*Business of Supply*

There are many fragmented services available for those contemplating ending their lives. However, because of funding constraints, many are not available in the world where today's youth live: the world of computers and cyberspace.

First, the Jack Project works to interlink, and here I quote:

—Key youth-oriented and youth-servicing partners together in a coordinated online support system to pioneer e-mental health technologies in Canada. Invest in online chat and mobile applications linking teens and young adults to the trained professionals at the Kids Help Phone.

Second, the Jack Project is working with leading mental health organizations, namely, content developers, service providers, researchers and educational professionals, to create a mental health “model of care” and a best practices “toolbox” for transitioning teens and young adults across secondary and post-secondary environments. The goal is for this model of care to become a national standard to be introduced before too long in as many as 300 high schools and 30 colleges and universities.

I imagine that most of those would be in Ontario, but the potential for expanding this national standard, this model of care, beyond of Ontario to the rest of Canada is enormous. In fact, a national suicide strategy would probably help in the goal of making this model of care more widely available from coast to coast to coast.

To say suicide is a complex phenomenon is a profound understatement. Like all complex challenges we face as a society, preventing suicide requires a comprehensive, strategic and co-ordinated approach.

In Canada, that means federal leadership. It is leadership at the level of government that takes a national view of issues and that has the experience of bringing other levels of government together in common purpose to achieve goals of interest to all Canadians.

We need a national suicide prevention strategy in Canada to gather our resources and insights together for the purpose of saving lives threatened by mental health challenges, among others, that too often lead to the ultimate end.

Almost 17 years ago, at a conference held under the auspices of the United Nations in Calgary and Banff, held in these locations precisely because of Alberta's recognized leadership in the area of suicide prevention, a solemn commitment was made among nations, many of them G8 nations, to give priority to creating national suicide prevention strategies. Sadly, we still in Canada have not developed and implemented such a strategy.

The message of today's debate is that it is never too late. We lost Jack, but hopefully with greatly and urgently needed political will encouraged by the courageous and visionary work of his parents, Sandra and Eric, work further aided by this debate today, Jack's life and memory can help all of us save others.

• (1735)

**Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC):** Madam Speaker, I want to thank my colleague from Lac-Saint-Louis for his comments. He mentioned the Jack Project, which is an innovative approach to mental health, especially for our youth.

Given there has been significant investment by the federal government in risk factor reduction, such as the national drug strategy and the anti-stigma initiative of the Mental Health Commission, I was wondering if the member could clarify further the types of programs that are a priority for his national strategy. What does he see the federal government's role to be in his home province of Quebec?

**Mr. Francis Scarpaleggia:** That is a very good question, Madam Speaker.

Indeed there are many good programs available. We all recognize that there are programs available in the provinces, at the grassroots level and in communities across the country, but what is needed is the coming together of people and programs in a directed approach. That really requires coordination, and it is only through the leadership of the federal government that we can have national coordination and the sharing of best practices from coast to coast to coast.

Of course there are good programs. We do not want to reinvent the wheel, but when we want to make progress on an issue, it is best to give particular attention to that issue. This is why Liberals are calling for a national suicide prevention strategy. It is not because measures do not exist in different government programs, but if one wants to champion an issue, one has to raise its profile, and the best way to do that is to focus particularly on that issue. That is why we want a national strategy.

**Mr. Charlie Angus (Timmins—James Bay, NDP):** Madam Speaker, I listened with great interest to my colleague. He spoke generally about the issue of suicide, but I want to speak about the crisis that is affecting the children in my region, children who have been completely abandoned by the federal government. In fact, there are communities with no schools. I do not know if my hon. colleague read the suicide report from the coroner about the crisis in Pikangikum, which specifically identified the fact that children without schools have a sense of hopelessness.

I would like to bring the member's attention to the fact that the Shannen's Dream campaign, which has been fighting for equal rights for children, has been stonewalled time and time again by the government. This issue is actually being taken to the United Nations in February. There will be an unprecedented situation: children from northern reserves are going to challenge Canada at the international review of the Convention on the Rights of the Child for Canada's systemic negligence toward children. It is this systemic negligence that has led to hundreds and hundreds of suicides across the northern territories as well as children being incarcerated and dropping out.

I would like to ask the member what he thinks it says about a country when children have to take their fight to the United Nations to get attention to the fact that they are not even being provided with schools.

*Business of Supply*

• (1740)

**Mr. Francis Scarpaleggia:** Madam Speaker, in this case we see an urgent need that is falling through the cracks. When children have to take their country to the United Nations, obviously the ball has been dropped.

That is why we need a kind of national prism that a national strategy provides. Until we have a national vision, we do not see the picture as a whole, which means we cannot always see where the lacunas are that require some attention.

That is why a national strategy is so important. It would give us the tool we need to perceive the problem as a whole and to see the entire picture. It would prevent us from missing anything, which is apparently what has happened in this case.

**Hon. Wayne Easter (Malpeque, Lib.):** Madam Speaker, the leader's remarks in terms of the action component were that we need to establish and fund a national suicide prevention strategy, which among other measures would promote a comprehensive and evidence-driven approach to deal with this terrible loss of life by suicide.

The key point is that suicide is preventable. Our leader said in his remarks that the suicide rate is three times higher in Canada than in the United States. Many others here have expressed part of the reason for that difference. Those numbers are just plain unacceptable.

It has been moving to listen to the heartfelt remarks by members in the House today from all parties. Now we have to turn that emotion, that concern and that expression into action. We all say, when suicides happen, "If only..." We do not want to be back here in a year after other situations occur and say, "If only..."

Yes, we can talk about the numbers, but the numbers are a person whose death is so hard on families and friends. Such a loss is human, but it is a loss of social and economic potential.

We all know of people we have lost from our communities. I know of one who worked on my election campaign in May. A week after the victory celebration we heard the word that he had committed suicide. He was a farmer who left a family and two kids. He left 70-year-old parents whose hopes and dreams for their retirement were destroyed, because this young fellow in his late thirties was doing the farming. That was their future. That was their hopes and dreams.

There was much horror and destruction in that family. I can remember the night of the victory celebration and dance. Everyone was happy, and this happened a week later. We all asked the question, "Why? What did I miss? What did we miss as a whole?"

I recall vividly my days as a farm leader during the farm financial crisis of the 1980s, when interest rates were at 23%. Some of us in the House do not believe interest rates were ever that high. The minister of financial institutions certainly does. We were both in that movement together at the time, with an interest rate of 23.5%. Farm debt was coming out our ears, and we all felt that pain. That was the time of penny auctions, and farm suicides were at the highest they ever were.

Two friends of mine in Saskatchewan committed suicide. One, aged 27, committed suicide one day, and his 28-year-old friend committed suicide the next. What worked reasonably well was that we set up farm crisis hotlines through which people came together.

We all think we are tough. We can abuse people in the House and we can take abuse in the House, but during those times I would walk across the yard at 5:30 a.m. and say, "My pride is shot. I am the one who could potentially lose this farm. Is the world better off without me?" Those are the thoughts that go through one's mind, and those are the actions that some of our colleagues in the farm community took at the time.

• (1745)

What worked reasonably well was setting up farm crisis hotlines. They were in Ontario, the west and Atlantic Canada. People with some expertise came together to sit down, and people could sit down and talk about their problems. They would find out that their neighbours had pretty near the same problems that they did. It was being able to talk about it and be open that gave people the courage to face their problems and move ahead.

It is one of those things. When people with financial problems or mental problems are walking down the street, sometimes people will walk to the other side of the street. It is not like a physical ailment, for which people will come and offer support, and I think we have to recognize that. Understanding that reaction has to be part of a national strategy.

One other example I will give out of those times is of a friend I had in Alberta. I personally was working on his case with the farm finance issue. We were just a couple of weeks from a deal; through this restructuring, he was going to lose half his farm. He called me one night, late, and I happened to answer the phone at one o'clock in the morning P.E.I. time. I think it was ten or eleven o'clock in the province he was in.

He basically said, "Thanks for your effort, but that is it. I am packing it in."

Now, I happened to answer the phone. I talked to him for a bit. I called a friend who was not an hour from his place. That guy did not do what he intended to do; he lost half his farm, but he has lived a pretty good life since that time.

It just shows the importance. It is not just mental issues. It is stress issues or family issues, and things happen quickly. We need to develop the understanding and the encouragement for people to talk and to accept help in those times of personal trauma that cause us to do things we otherwise would not think of doing.

The bottom line is, as my colleague previously said, we do need a national strategy. We are a federation, a country, and we can do much together. This is an area where I think we basically all agree in this House. Much more needs to be done.

*Business of Supply*

As a country we have a history of doing much together, but what it requires to get to that action I talked about earlier is federal leadership. I encourage the federal government to not only support this motion today but to turn it into action, to call the necessary meetings with the appropriate people in the provinces across the country and to act on what the motion says. It is the action that at the end of the day will prevent us from having to say why we did not act.

I will close with this quote from Dr. Nizar Ladha, president of the Canadian Psychiatric Association. She says:

Canada stands alone as one of the few developed nations without a national strategy for the prevention of suicide. It is astonishing that more isn't being done to stop this serious yet often preventable public health problem. We need leadership from our federal leaders to advance good health policy. Many psychiatric disorders lead to untimely deaths by suicide in all ages. This can change if we tackle this complex problem with a nationally coordinated and multi-faceted approach.

That is the action we need to see as a result of this motion.

• (1750)

**Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC):** Madam Speaker, I want to thank my colleague for his comments. He and I, I suspect at that time, went through those. I remember those at the end of the 70s and early 80s. As much as we thought we were growing and expanding, there were some incredibly stressful times, and it is amazing what that will do to someone.

One of the things he talked about was the crisis hotline, but there were also debt review boards that were put in place. I only mention that because what it did is it gave an avenue to communicate and to talk. It gave an avenue where a person who had issues with finances was able to talk to someone who actually understood it. They had the opportunity to give people some options, to give them what we have been talking about today, hope about how they would continue to do their business.

One of the things that has always astounded me is, over time we have the brightest of doctors and medical researchers and we still do not understand the human body and the mind. With those complications in front of us, I would ask my colleague what he would do to help establish more communication? How can we go about that? Because I think communication is one of the key components.

**Hon. Wayne Easter:** Madam Speaker, it may sound like a simple answer, but I really think it is just being open about the issue. This is not a situation that we should hide from.

In terms of the experience that both of us had in the farm crisis, with hotlines and the debt review boards, it was people recognizing that others had the same problem. It was recognizing that their neighbours, governments, and the community could come together to assist them in a number of ways. It was basically just being open about it, that this is not something to be afraid of, to admit there is a problem.

Stepping out that door and admitting they have a problem is the first step. We have to give people the encouragement to do that and the acceptance of society if they do.

• (1755)

**Hon. Judy Sgro (York West, Lib.):** Madam Speaker, I want to thank my colleague for his insightful comments.

Of the 307 people that are in the House today, many of us have spoken about the desire to see this move forward in a constructive way. What would the member suggest as far as the action that we could be taking following today, as parliamentarians of all parties, to be out there publicly talking?

I think today we have made a huge step forward by talking about this in the House of Commons. Where do we go after today and how do we move this forward tomorrow and the next day, given the fact that we all are very committed to the same issue? How do we get that public airing to start so that we can constructively move forward?

**Hon. Wayne Easter:** Madam Speaker, I think the leader of the party said that very vividly in his remarks when he opened this discussion, when he made the motion and that is, that this issue requires federal leadership. It could be any number of things. It could be utilizing one of the ministers, whether health or others, to set up a committee to look at a national strategy on suicide. It could be the Prime Minister, in what he should be doing anyway, calling a first ministers meeting on a number of issues and putting that down as one of the agenda items.

The key point I want to make is that under our system of government and the various constitutional responsibilities, and there are certainly split jurisdictions in this area, in order to get the kind of action that is needed, it will require leadership from the Prime Minister and executive council.

**Mr. Rod Bruinooge (Winnipeg South, CPC):** Madam Speaker, it is a pleasure to rise and speak on this topic today as it reminds me of one of those occasional days in the House when we do have meaningful debate that sets aside a lot of partisan-charged rhetoric. These kinds of debates allow us to have really good discussions and allow us to bring good ideas forward. That has happened today, and I want to commend the mover for bringing forward this motion.

Coming from an aboriginal family and living in an aboriginal community for much of my life, I have seen this issue unfortunately occur in many families. Others in the House have talked about that because we have all experienced the effect of suicide in our lives.

I do recall hearing a simple statement over the years and it is a simple statement that bears repeating, and that is that no one ever wants to commit suicide, he or she just wants the pain to end. So that is where I will start.

I would like to also extend my sympathies to all of the families that have been affected by suicide throughout the years. This tragedy exacts a terrible toll in grief and heartbreak, and leaves no one unaffected.

My hon. colleagues today have spoken about initiatives undertaken by the Public Health Agency of Canada regarding this issue. I want to speak a bit about how, through its initiatives and investments, our government is working with its partners to break the cycle of hopelessness and despair that still exists in some aboriginal communities.

*Business of Supply*

Our government has invested in many programs and initiatives that are playing a critical role in improving the quality of life for aboriginal people, building safer, healthier and stronger communities. In the time I have today, I will only talk about a few of them.

We recognize that it takes more than bricks and mortar to build and sustain a healthy community. That is why our government is working with its partners to strengthen what is the cornerstone of any community, the family.

I would like to point out that we introduced just last week Bill S-2, family homes on reserves and matrimonial interests or rights act. This bill offers a balanced and effective solution to long-standing injustice that affects people living on reserves, particularly women and children.

In the event of a relationship breakdown, death of a spouse or common law partner or family violence, many of the legal rights and remedies relating to matrimonial interests in the family home that are available off reserve are not available to individuals who live on reserve, with potentially very serious consequences. I am looking forward to the passage of this important legislation because I truly believe all parties in this place would prefer to see women and children protected rather than being left vulnerable by this legal void.

In order to further support the family our government initiated and continues to be engaged in an ongoing reform of the first nations child and family services program with a focus on results. We are working with our partners in the provinces and first nations themselves to implement what is called an enhanced prevention focused approach aimed at providing better outcomes for children and their families.

This is a new model designed to ensure the best practices in prevention-based services are brought to first nations communities. It broadens the tool kit of culturally appropriate services, which will help first nations family and child services work with families during breakups and keep children in their homes.

We launched this model in 2007 with a signing of a tripartite agreement with the province of Alberta and Alberta first nations. Today, tripartite agreements are also in place with our first nation partners in Saskatchewan, Manitoba, Quebec, Nova Scotia and Prince Edward Island. With these six agreements in place, enhanced prevention services are reaching close to 70% of first nations children who live on reserves in Canada.

Aboriginal Affairs and Northern Development Canada also works with a broad range of stakeholders on the co-ordination of family violence programming to better protect the interests of first nations women, children and families.

• (1800)

Partners in this effort include the National Aboriginal Circle Against Family Violence, the Native Women's Association of Canada, the Assembly of First Nations and of course the provinces and territories as well as many of the departments within our federal government.

By providing family violence prevention and protection services, we can enhance the safety and security of first nation women and

children, and achieve a more secure family environment for children on reserve.

We recognize, however, that even with the best efforts at prevention, crises can befall families, first nations families, all families in Canada. This is partly why Aboriginal Affairs and Northern Development provides operational funding of some \$18 million a year to support a network of 41 shelters, serving approximately 300 first nations communities.

Every year, approximately 1,900 women and 2,300 children access these services. We would prefer they were not needed, but it is a reality throughout society that we must face.

These are just a few examples of what our government is doing to protect the welfare of first nation children and families, to keep those children safe, to keep families together and build stronger, healthier communities.

This group of government programs I have described do not work in isolation. They are part of a much broader, co-ordinated effort by our government, developed in partnership with aboriginal people and organizations.

We continue to listen to aboriginal people and we have heard their concerns. We are taking action, and will continue to do so. For example, in June, the hon. Minister of Aboriginal Affairs and Northern Development and the National Chief of the Assembly of First Nations announced a Canada-First Nations joint action plan. The goal of the action plan is simple: to improve the lives of first nations people across Canada, and in doing so, contribute to a stronger and more prosperous country.

The action plan is based on common goals and shared principles. It states our commitment to work together to achieve concrete and practical progress, to build effective, appropriate and fully accountable governance structures, which is important, and empower the success of individuals through access to education, opportunity and property. It reflects our commitment to implementing the programs and investments that enable strong, sustainable and self-sufficient communities, and to creating conditions to accelerate economic development opportunities for all Canadians.

Of equal importance, this action plan reflects our shared commitment to respect the role of first nations culture and language in our history and in our future. The plan also specifically has important goals in relation to four areas, education, accountability, transparency, economic development and negotiation, and implementation.

I would like to speak a bit more, though, about education, as I see it as a key and important area which will help alleviate much of the hopelessness that we see in first nations communities. This engagement process that I spoke of recommends a framework for providing modifications to the way we deliver K to 12 education in first nations communities.

*Business of Supply*

The national panel is holding a series of round tables and other activities across the country to engage parents, students, teachers, elders, educators and anyone, in fact, who has an interest in improving first nations education. These round tables are enjoying strong participation.

The panel will make recommendations to the minister and to the national chief on options for positive change for first nations students. This could include the possibility of new legislation to improve the governance framework and clarify accountability for first nations elementary and secondary education. We look forward to receiving this panel's report and recommendations by the end of the year.

The action plan commits Canada and the Assembly of First Nations to pursue initiatives that increase the transparency and accountability of first nations government through their respective constituencies. This would include initiatives to improve first nations electoral processes, such as those advanced at regional first nations organizations, such as, the Manitoba Assembly of Chiefs, which has called for a common election day as well as a four year cycle. Changes such as this will greatly improve the transparency process of their electoral practices.

In many remote locations, first nations communities can be especially vulnerable to fire, flood and other natural disasters. The action plan also includes a joint commitment to continued development and implementation of emergency management frameworks.

• (1805)

Perhaps the most vivid illustration of our action and real improvement in the aboriginal quality of life is Canada's economic action plan. When the government unveiled the first action plan two years ago, we made sure that this comprehensive blueprint for economic renewal focused on priorities that were and remain foremost in the minds of Canadians: the construction of more reserve housing; improving on-reserve health; developing training and skills development opportunities for young people taking part in these construction activities; and accelerating ready to go projects in first nations communities in three key areas: schools, water and critical community services.

By means of the economic action plan, we invested \$1.4 billion over the past two fiscal years on things that matter most to all Canadian families, aboriginal and non-aboriginal alike. I believe all of these investments have made a difference in supporting our first nations communities and I look forward to the opportunity to see the fruits of all of this investment in the years to come. Unfortunately, though, it does take time.

I believe that our efforts as a government will continue to put aboriginal people's interests first and I look forward to being a part of that plan.

**Hon. Judy Sgro (York West, Lib.):** Madam Speaker, I thank the hon. member for sharing his government's plans.

Given the overwhelming number of suicides within first nations communities, I would think that must be an issue of grave concern to my hon. colleague. Following the adoption of today's motion, would

you become one of what I hope to be 308 champions of mental health?

**The Deputy Speaker:** I would remind all members to direct their questions through the Speaker.

The hon. member for Winnipeg South.

**Mr. Rod Bruinooge:** Madam Speaker, I know the member is also very supportive of improved outcomes in aboriginal communities. I, of course, would be happy to champion this issue. I have in the past and will continue to do so in the future.

• (1810)

**Mr. Don Davies (Vancouver Kingsway, NDP):** Madam Speaker, during his speech, my hon. colleague spent a great deal of time focusing on the particular challenges of mental health in first nations communities.

I am struck by the fact that the government proposed Bill C-10 in the House, a bill that consists of 152 pages and puts nine previous bills into one bill. We know the federal prison system is grossly and disproportionately represented by first nations, many of whom suffer from mental health issues and 80% of whom have addictions issues, which in itself is a mental health issue.

I am wondering how my hon. colleague from Winnipeg South squares his government's focus on legislation that does nothing to address mental health or addictions in our federal prison system when it is so clearly and profoundly a source of problems for our first nations.

**Mr. Rod Bruinooge:** Madam Speaker, I, of course, live in a province that has one of the most significant aboriginal populations and we also have a significant aboriginal population that is incarcerated. The flip side of that incarceration, unfortunately, is that much of the aboriginal crime has been committed against other aboriginal people. Aboriginal people deserve not to have crimes continuously foisted upon them. The aboriginal people in my province, unfortunately, have seen many of their community members become incarcerated. However, they also appreciate being safe from some people who become quite violent and want them incarcerated.

It is a challenging issue but at the same time the high crime rate is mostly against aboriginal people themselves. It is very concerning. I am not one who wants to create new laws that exempt aboriginal people from certain types of crime. I do not want a second set of laws for aboriginal people because I do not think that is at all fair in our country.

**Mrs. Joy Smith (Kildonan—St. Paul, CPC):** Madam Speaker, our government has implemented a national youth suicide prevention plan and there have been so many positive things that have come out of that. Perhaps the member could outline a few of them to reassure this House about the good work we are doing.

**Mr. Rod Bruinooge:** Madam Speaker, I know the member has spent a lot of time on the health committee and has a number of things that she has already spoken of today.

I will go back to one part of my presentation that I did not get to develop as much as I would have liked. It is in relation to Bill S-2 and what we would be implementing in relation to matrimonial property rights. I think this would be a fundamental improvement to the lives of first nations people where women, in particular, when a marriage breaks up, would be able to have access to the family home via this new legal vehicle. I believe it is perhaps the first time in our history as a country that aboriginal people on reserve would be able to remedy situations that they find themselves in with this legal device so that they could actually retain a family home instead of perhaps having it simply taken from them in a marriage breakdown, even though they have young children and would prefer to live there.

**The Deputy Speaker:** It being 6:15, it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply.

The question is on the motion. Is it the pleasure of the House to adopt the motion?

**Some hon. members:** Agreed.

**Some hon. members:** No.

**The Deputy Speaker:** All those in favour of the motion will please say yea.

**Some hon. members:** Yea.

**The Deputy Speaker:** All those opposed will please say nay.

**Some hon. members:** Nay.

**The Deputy Speaker:** In my opinion the yeas have it.

*And five or more members having risen:*

**The Deputy Speaker:** Call in the members.

● (1840)

[*Translation*]

(The House divided on the motion, which was agreed to on the following division:)

(*Division No. 37*)

YEAS

Members

Ablonczy	Adams
Aglukkaq	Albas
Albrecht	Alexander
Allen (Welland)	Allen (Tobique—Mactaquac)
Allison	Ambler
Ambrose	Anderson
Andrews	Angus
Armstrong	Ashfield
Aspin	Atamanenko
Aubin	Ayala
Baird	Bateman
Bélanger	Bennett
Benoit	Benskin
Bernier	Bevington
Bezan	Blanchette
Blanchette-Lamothe	Blaney
Block	Boivin
Borg	Boughen
Boulerice	Boutin-Sweet
Brahmi	Braid
Breitkreuz	Brosseau
Brown (Leeds—Grenville)	Brown (Newmarket—Aurora)

Brown (Barrie)
Butt
Calandra
Cannan
Caron
Casey
Chicoine
Chisu
Choquette
Clarke
Coderre
Côté
Crowder
Cuzner
Davidson
Davies (Vancouver East)
Dechert
Devolin
Dionne Labelle
Doré Lefebvre
Dubé
Duncan (Etobicoke North)
Duscault
Easter
Fantino
Findlay (Delta—Richmond East)
Fletcher
Freeman
Galipeau
Garneau
Gill
Goguen
Goodale
Gosal
Gravelle
Groguhé
Harris (St. John's East)
Hassainia
Hayes
Hillyer
Hoepfner
Hsu
Jacob
Julian
Karygiannis
Kenney (Calgary Southeast)
Kerr
Kramp (Prince Edward—Hastings)
Lapointe
Latendresse
Laverdière
LeBlanc (LaSalle—Émard)
Leitch
Leslie
Liu
Lobb
Lunney
MacKenzie
Masse
Mayes
McColeman
Menegakis
Michaud
Moore (Abitibi—Témiscamingue)
Moore (Fundy Royal)
Morin (Notre-Dame-de-Grâce—Lachine)
Morin (Saint-Hyacinthe—Bagot)
Murray
Nash
Nicholson
Nunez-Melo
O'Neill Gordon
Oda
Papillon
Patry
Péclet
Perreault
Poilievre
Quach
Rafferty
Rathgeber
Raynault
Reid
Richards

*Business of Supply*

Brunooge
Byrne
Calkins
Carmichael
Carrie
Charlton
Chisholm
Chong
Christopherson
Clement
Comartin
Cotler
Cullen
Daniel
Davies (Vancouver Kingsway)
Day
Del Mastro
Dion
Donnelly
Dreeschen
Duncan (Vancouver Island North)
Duncan (Edmonton—Strathcona)
Dykstra
Eyking
Fast
Finley (Haldimand—Norfolk)
Footé
Fry
Gallant
Garrison
Godin
Goldring
Goodyear
Gourde
Grewal
Harris (Scarborough Southwest)
Harris (Cariboo—Prince George)
Hawn
Hiebert
Hoback
Holder
Hughes
James
Kamp (Pitt Meadows—Maple Ridge—Mission)
Kellway
Kent
Komarnicki
Lake
Larose
Lauzon
LeBlanc (Beauséjour)
Leaf
Lemieux
Leung
Lizon
Lukiwski
MacAulay
Martin
Mathysen
McCallum
McKay (Scarborough—Guildwood)
Menzies
Miller
Moore (Port Moody—Westwood—Port Coquitlam)
Morin (Chicoutimi—Le Fjord)
Morin (Laurentides—Labelle)
Mulcair
Nantel
Nicholls
Norlock
O'Connor
Obhrai
Opitz
Paradis
Payne
Penashue
Pilon
Preston
Rae
Raitt
Ravignat
Regan
Rempel
Richardson

*Adjournment Proceedings*

Rickford	Ritz
Rousseau	Saganash
Sandhu	Savoie
Saxton	Scarpaleggia
Schellenberger	Seeback
Sellah	Sgro
Shea	Shipley
Shory	Simms (Bonavista—Gander—Grand Falls—Wind- sor)
Sims (Newton—North Delta)	Sitsabaiesan
Smith	Sopuck
Sorenson	St-Denis
Stanton	Stewart
Stoffer	Storseth
Strahl	Sullivan
Sweet	Thibault
Tilson	Toet
Toews	Toone
Tremblay	Trost
Trottier	Trudeau
Truppe	Turmel
Tweed	Uppal
Valcourt	Valeriotte
Van Loan	Vellacott
Wallace	Warawa
Warkentin	Watson
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)	
Weston (Saint John)	
Wilks	Williamson
Wong	Woodworth
Yelich	Young (Oakville)
Young (Vancouver South)	Zimmer— 272

## NAYS

Members

Fortin

Bellavance  
Plamondon— 3

## PAIRED

Nil

**The Speaker:** I declare the motion carried.**ADJOURNMENT PROCEEDINGS**

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

● (1845)

[English]

## THE ENVIRONMENT

**Ms. Kirsty Duncan (Etobicoke North, Lib.):** Madam Speaker, tonight I implore the government to reconsider the proposed cuts to Environment Canada's atmospheric ozone research program and scientists, to end the international witch hunt for those who had the courage to speak out against the cuts, and to unmuzzle its own world-class scientists.

The proposed cuts would reduce Canada's ability to monitor earth's life-giving atmosphere and respond to problems. They would reduce our country's ability to explore the links between ozone and climate change. They would further threaten international science and Canada's reputation.

The ozone layer is expected to recover over the coming century; however, surprises are possible. Detection of the largest ozone depletion ever measured in the Arctic occurred in the spring of 2011. Models suggest that the effect of climate change may in fact lead to an excess in ozone over Canada in the long term. Therefore, there is

an urgent need to understand how climate change will affect ozone in the coming decades. Thus, it is crucial to continue ozone research, monitoring and assessment.

The minister and the parliamentary secretary have told the House of Commons that ozone monitoring services are not being cut. On the other hand, the assistant deputy minister has told reporters that budget cuts will mean that the ozone monitoring network will be reduced.

Furthermore, Environment Canada scientists responsible for managing the ozonesonde network and other aspects of the monitoring program have received letters saying their job functions are in jeopardy.

Can the government explain how its statements are consistent with these facts?

More disturbing than the government's failure to get its story straight is its failure to understand ozone science and the tremendous need for ozone research. We continue to hear the same discredited and ridiculous argument that there are two existing ozone monitoring networks, and that they need to be streamlined and combined. The reality is that the system is already streamlined and optimized.

The parliamentary secretary has given her assurances that Environment Canada will continue to measure ozone in the upper atmosphere. What will happen to monitoring in the lower atmosphere?

I have one last question. How does the government plan to implement its newly announced oil sands monitoring program? The air quality monitoring component of the plan lists ozonesonde monitoring and aircraft measurements as major activities.

There is only one person who does ozonesonde monitoring, and that person has been notified that the position is under review. Everyone in the aircraft division has also been notified that their positions are on the chopping block.

Finally, we heard that the government will not close the World Ozone and Ultraviolet Radiation Data Centre. The reality is that the centre is one person sitting behind a desk with a computer and a telephone, managing the world's ozone data. The undisputed fact is that the centre's manager has received a letter saying that that job is in jeopardy, and that letter has not been rescinded.

In closing, the minister and his parliamentary secretary continue to repeat that ozone monitoring and the centre will not be cut. This is inconsistent with the known fact that the scientists responsible for the network and centre have received letters saying their jobs are in danger. Even the assistant deputy minister has told reporters that budget cuts being implemented will mean the ozone monitoring network will be reduced.

How can the claims of no cuts to ozone monitoring stand up to these truths? When will the government rescind the letters to these scientists so they can continue their work, which we all agree is valuable and necessary?



**Ms. Michelle Rempel (Parliamentary Secretary to the Minister of the Environment, CPC):** Madam Speaker, I would like to thank my colleague for her questions and for her deep care for this issue.

We also care about this issue. That is why the Minister of the Environment has no plans to close the World Ozone and Ultraviolet Radiation Data Centre. Environment Canada will continue to measure ozone in the upper atmosphere. Time and again, the Minister of the Environment has made this very clear to the House.

The Government of Canada will maintain its delivery of sound science while remaining cognizant of today's financial constraints. To this end, Environment Canada will continue to ensure Canada has a strong track record in atmospheric ozone measure.

Canada has been on the forefront of the development of ozone measurement methods. Canadians pioneered numerous measurement methods that are now used around the world. For nearly half a century, Canada has been a world leader in atmospheric ozone science.

Since 1966, regular ozone measurements have been carried out at Resolute Bay. Recently a study emerged regarding ozone depletion in the Arctic that was recorded in the spring of 2011. This was reported in a peer-reviewed journal, *Nature*, to which Environment Canada scientists contributed. This government is proud of the contributions its scientists make to academic works.

Contrary to what the member opposite suggests, ozone monitoring remains a priority of this government. As measurement methods change and develop over time, so too must Environment Canada's strategy towards ozone measurements. This will allow Environment Canada to continue to monitor ozone matters, including the ozone depletion issue mentioned in *Nature*.

Environment Canada currently uses two methods to measure ozone: the Brewer network and the ozonesonde network. Our plan is to optimize and integrate these two networks. Implementing this plan includes a review of existing network sites in terms of their scientific validity, which will allow Canada to fully meet its requirements for surveillance of ozone holes and the chemical composition of the atmosphere.

By way of the World Meteorological Organization, the WMO, Canada shares its ozone network data with the rest of the world. The WMO supplies the data to other weather centres and agencies in the U.S. and throughout Europe. Furthermore, Canada has maintained the World Ozone and Ultraviolet Radiation Data Centre for years. Environment Canada is not cutting or closing the World Ozone and Ultraviolet Radiation Data Centre.

Environment Canada staff will remain dedicated to both the World Meteorological Organization and the World Ozone and Ultraviolet Radiation Data Centre, ensuring that quality results are achieved.

Just so it is crystal clear, Environment Canada will continue to measure ozone in the upper atmosphere and the World Ozone and Ultraviolet Radiation Data Centre will not be closed.

• (1850)

**Ms. Kirsty Duncan:** Madam Speaker, in light of the fact that a 2-million-square kilometre ozone hole has been discovered in the

### *Adjournment Proceedings*

Arctic and cuts are being made when we do not fully understand the ozone problem or the future of the ozone layer, will the government rescind the letters to the scientists?

I must also ask, was the government aware of the Arctic ozone hole when it decided to cut monitoring?

The government should have been aware of the research when it told scientists that their jobs were in jeopardy. The *Nature* article was accepted for publication in May and cuts were reported in August.

If the government was not aware of the research, why not?

Regrettably, instead of considering this urgent evidence, the government appears to have chosen to make cuts based on its own ideological agenda.

Finally, yesterday, the minister congratulated a scientist for his contributions to the *Nature* study.

Is the minister aware the scientist received a letter?

**Ms. Michelle Rempel:** Madam Speaker, Environment Canada will continue to measure ozone, maintaining its significant achievements in this area.

Canada's environment is a strong priority for our government. It remains a strong priority, even in tough fiscal times.

### CITIZENSHIP AND IMMIGRATION

**Mr. Don Davies (Vancouver Kingsway, NDP):** Madam Speaker, in recent weeks, the provincial nominee program in the province of Prince Edward Island has come under fire due to an alleged scandal involving bribery and fraud. Government workers have come forward to speak to the large amounts of money exchanging hands, potential political interference and a complete lack of accountability. This, of course, raises the issue of integrity in our immigration system.

All Canadians and all members of the House want to be confident that our immigration system is fair, transparent, accountable and operated with integrity. However, there are many aspects of the immigration system that cause Canadians to wonder if this is indeed the case in other programs as well.

The temporary foreign worker program comes to mind. There are serious issues of enforcement across our country where workers in Alberta, British Columbia or across the Prairies are working in conditions that violate our employment standards in those provinces. There is the possibility of exploitation of those workers, as we saw last year when an employer operated a lumber camp where workers were housed in deplorable conditions and treated far below the standards that Canadians have come to expect.

*Adjournment Proceedings*

We have immigrants who are not on the citizenship track through the temporary foreign workers program. I might point out to Canadians that we now have more temporary foreign work visas issued every year than we have permanent residents coming to this country.

What does it say about our country when we let people come to Canada, not to be part of our society, not to make a life for themselves and their families and not to become citizens, but for their inexpensive labour before we send them home after using them?

We have a backlog that has recently been confirmed by CIC officials to be over one million long. Wait times are unacceptable. We are telling the world that we want people to come here. We invite people to come make their lives in Canada. We need them to come here and build our economy but then we make them wait for years to come, or worse, years to bring over their family members.

There are good economic reasons to increase the number of permanent residents who we accept every year, especially in the case of family reunification. This would only bolster the integrity of our system.

With respect to wait times, it is not uncommon for people to wait 10 to 13 years to bring their parents or grandparents to our country. It is not uncommon to wait five to ten years to bring a skilled worker to this country. Part of integrity in any system is having faith that it can be operated in an efficient manner, and that is not the case right now with many parts of our immigration system.

Then there is the issue of consultations. There is a disturbing trend to the manner in which the government is developing policy. It claims to be doing wide-ranging consultations, however, many people and groups are left out of the consultation process. This was the case last summer. People who are not invited to consultations are told that they can submit an online statement. How can they feel confident that their views will be heard and acted upon? The minister toured the country seeking input about the levels of immigration our country should have and yet many groups and people were not consulted by the minister and their views were ignored.

Last week, the Minister of Citizenship, Immigration and Multiculturalism and the Minister of Human Resources and Skills Development announced that they would be doing consultations on temporary foreign workers in Alberta but the Alberta Federation of Labour is not welcome. It cannot get answers from the ministers.

Canadians want to know that we have good policies. Canadians want to know that our system is administered in a fair and efficient manner.

Live-in caregivers want to be reunited with their families and people who apply for temporary resident visas in this country want to ensure we have a fair program and a fair policy.

Canadians want integrity in the immigration system. I ask the government to assure Canadians and tell us how Canadians can have that confidence, not only in light of what has happened in Prince Edward Island but also with respect to the comprehensive immigration system that we have?

• (1855)

**Mr. Rick Dykstra (Parliamentary Secretary to the Minister of Citizenship and Immigration, CPC):** Madam Speaker, I appreciate my colleague's comments. They are a little more wide-ranging than I anticipated. When I was asked to be here this evening, it was going to be a discussion on Prince Edward Island.

He obviously understands that the matter is under investigation and knows that I cannot comment on it, but I certainly want to comment that it is a little surprising to see that he wants us to get politically involved. I think that if we did that, he would be asking the exact same question as to why we are politically motivated to be involved in an issue that is in fact not being investigated by the government presently.

These are the facts. Individuals provided department officials at Citizenship and Immigration with new allegations and information regarding the provincial nominee program in Prince Edward Island. Department officials acted appropriately and responsibly and have forwarded those allegations to the RCMP. It is now up to the RCMP to look at the allegations and proceed accordingly.

As the RCMP is currently investigating this issue, it would certainly be inappropriate for me to comment further, and it would be irresponsible, quite frankly, to prejudge or interfere with that investigation.

I would like to remind my colleague that the government has acted on the provincial nominee program in Prince Edward Island in the past. If he recalls, in 2008 the government made changes to clearly forbid a passive investment program, and the immigrant partners program in P.E.I. was shut down.

P.E.I. introduced a new program in March of 2011 that complies with the federal immigration laws and its regulations. In order to qualify, applicants have to show that they will have an active role in the day-to-day management or operations of the business in which they are investing. The government has been clear that we will not tolerate another passive investment program, and any such applications will be denied. The focus of the provincial nominee program must be on bringing people with needed skills and entrepreneurship to the province and to our country.

As I have already said, the new allegations were provided to the department and forwarded to the RCMP. I hope the member will allow the RCMP to do the job that it is required to do.

• (1900)

**Mr. Don Davies:** Madam Speaker, it was out of the greatest respect and sensitivity to my friend's need to maintain some sensitivity about the fact that this matter is under investigation by the RCMP that I delicately tried to move this debate away from that particular issue and on to broader issues that I thought he would feel more comfortable talking about.

*Adjournment Proceedings*

In terms of the integrity of our immigration system, I think the official opposition has some positive proposals to make. We want to work together with the government to increase and speed up family reunification. We want to work to improve the visa process, in particular to add a visa appeal system so that we can get families here to visit their loved ones for weddings and funerals and momentous events. We want to make sure that we make our system more efficient by computerizing our system, as Australia has done and as the Auditor General has called for. We want to raise levels close to 1% of population and make sure we get more immigrants to Canada because that, after all, is how we built this great country of ours.

**Mr. Rick Dykstra:** Madam Speaker, we will do just that.

In fact, as my hon. colleague knows, for the next four to five weeks we as a committee will be studying the backlog. We will be looking at and determining issues we can present to the government to work through that backlog as hard as we can to eliminate it.

However, the decisions that are going to have to be made are not going to be easy ones, so I trust in the words I have heard from my colleague that we will indeed do our best to work together in an attempt to work through the issues, whether those be family reunification, foreign credential recognition, issues with respect to temporary foreign workers, or the issue that we have worked so hard on, and so successfully, on this side of the House with respect to highly skilled foreign workers. Put forward in the proper way, I think that is just one example that will lead to success in the backlog issue that we face.

[*Translation*]

**The Deputy Speaker:** The motion to adjourn the House is now deemed to have been adopted. Accordingly, this House stands adjourned until tomorrow at 2 p.m., pursuant to Standing Order 24(1).

(The House adjourned at 7:02 p.m.)

---



## CONTENTS

Tuesday, October 4, 2011

<b>ROUTINE PROCEEDINGS</b>			
<b>Environment and Sustainable Development</b>			
The Speaker .....	1799	Mr. Albrecht .....	1807
<b>Keeping Canada's Economy and Jobs Growing Act</b>		Mrs. Hughes .....	1807
Mr. Menzies (for the Minister of Finance) .....	1799	Ms. Davies (Vancouver East) .....	1808
Bill C-13. Introduction and first reading .....	1799	Mr. Karygiannis .....	1809
(Motions deemed adopted, bill read the first time and printed) .....	1799	Mr. Albrecht .....	1809
		Ms. Quach .....	1810
		Mr. Albrecht .....	1811
		Mr. Blanchette .....	1811
		Ms. Fry .....	1812
		Mr. Albrecht .....	1813
		Mrs. Hassainia .....	1813
		Mr. Regan .....	1814
		Ms. Duncan (Etobicoke North) .....	1814
		Mr. Carrie .....	1815
		Ms. Fry .....	1815
		Mr. Brown (Barrie) .....	1816
		Mr. Blanchette .....	1817
		Mr. Tweed .....	1817
		Ms. Findlay .....	1819
		Mr. Blanchette .....	1819
		Mr. Brown (Barrie) .....	1819
		Mr. Cuzner .....	1819
		Mr. Butt .....	1821
		Ms. Bennett .....	1821
		Mr. Blanchette .....	1822
		Mr. Butt .....	1822
		Mrs. Block .....	1823
		Mr. Martin .....	1824
		Mr. Lamoureux .....	1824
		Mrs. Smith .....	1825
		Mr. Martin .....	1826
		Mr. Cuzner .....	1827
		Mr. Trudeau .....	1827
		Mr. Albrecht .....	1828
		Mr. Regan .....	1828
		Mr. Casey .....	1829
		Mr. McKay .....	1830
		Mr. Alexander .....	1830
		Mrs. Hughes .....	1830
<b>Committees of the House</b>			
<b>Library of Parliament</b>			
Mr. Galipeau .....	1799		
<b>National Strategy for Serious Injury Reduction in Amateur Sport Act</b>			
Mr. Thibeault .....	1799		
Bill C-319. Introduction and first reading .....	1799		
(Motions deemed adopted, bill read the first time and printed) .....	1799		
<b>Official Languages Act</b>			
Mrs. Mourani .....	1799		
Bill C-320. Introduction and first reading .....	1799		
(Motions deemed adopted, bill read the first time and printed) .....	1800		
<b>Canada Post Corporation Act</b>			
Mr. Tweed .....	1800		
Bill C-321. Introduction and first reading .....	1800		
(Motions deemed adopted, bill read the first time and printed) .....	1800		
<b>Petitions</b>			
<b>Rights of the Unborn</b>			
Mr. Richards .....	1800		
<b>Asbestos</b>			
Mr. Martin .....	1800		
<b>Fisheries</b>			
Mr. Regan .....	1800		
<b>The Environment</b>			
Mr. Tilson .....	1800		
<b>Questions on the Order Paper</b>			
Mr. Lukiwski .....	1800		
<b>GOVERNMENT ORDERS</b>			
<b>Business of Supply</b>			
<b>Opposition Motion—National Suicide Prevention Strategy</b>			
Mr. Rae .....	1801		
Motion .....	1801		
Mr. Carrie .....	1803		
Ms. Davies (Vancouver East) .....	1803		
Mr. Lamoureux .....	1804		
Mr. Carrie .....	1804		
Mr. Karygiannis .....	1806		
Mr. Patry .....	1807		
<b>STATEMENTS BY MEMBERS</b>			
<b>North Shore Culinary School</b>			
Mr. Saxton .....	1830		
<b>Employment</b>			
Mr. Allen (Welland) .....	1831		
<b>International Trade</b>			
Mr. Richardson .....	1831		
<b>Prince Edward Island Elections</b>			
Mr. Easter .....	1831		
<b>World Sight Day</b>			
Mr. Calandra .....	1831		

<b>Mental Health</b>	
Mr. Donnelly .....	1831
<b>Lacrosse</b>	
Mr. Seebach .....	1832
<b>Forest Industry</b>	
Mr. Clarke .....	1832
<b>Star Académie Competition</b>	
Mr. Godin .....	1832
<b>Sikh Community</b>	
Mrs. Grewal .....	1832
<b>Mark DeMontis</b>	
Ms. Perreault .....	1833
<b>Conference on Women's Economic Empowerment</b>	
Ms. Brown (Newmarket—Aurora) .....	1833
<b>Mental Health</b>	
Ms. Fry .....	1833
<b>Citizenship and Immigration</b>	
Ms. Findlay .....	1833
<b>National Quebec Women's Centres Day</b>	
Mrs. Hassainia .....	1833
<b>The Economy</b>	
Mr. Bezan .....	1834

## ORAL QUESTIONS

<b>Champlain Bridge</b>	
Mrs. Turmel .....	1834
Mr. Harper .....	1834
<b>The Economy</b>	
Mrs. Turmel .....	1834
Mr. Harper .....	1834
Mrs. Turmel .....	1834
Mr. Harper .....	1834
Ms. Nash .....	1834
Mr. Menzies .....	1834
Ms. Nash .....	1835
Mr. Menzies .....	1835
<b>Suicide Prevention</b>	
Mr. Rae .....	1835
Mr. Harper .....	1835
Mr. Rae .....	1835
Mr. Harper .....	1835
Mr. Rae .....	1835
Mr. Harper .....	1835
<b>Afghanistan</b>	
Mr. Harris (St. John's East) .....	1835
Mr. MacKay .....	1835
Mr. Harris (St. John's East) .....	1836
Mr. MacKay .....	1836
Ms. Laverdière .....	1836
Mr. MacKay .....	1836
Ms. Laverdière .....	1836
Mr. MacKay .....	1836

<b>Official Languages</b>	
Mr. Godin .....	1836
Mr. Baird .....	1836
<b>National Defence</b>	
Ms. Moore (Abitibi—Témiscamingue) .....	1836
Mr. MacKay .....	1836
Ms. Moore (Abitibi—Témiscamingue) .....	1837
Mr. MacKay .....	1837
Mr. Kellway .....	1837
Mr. MacKay .....	1837
Mr. Kellway .....	1837
Mr. MacKay .....	1837
<b>Aboriginal Affairs</b>	
Ms. Bennett .....	1837
Mrs. Aglukkaq .....	1837
Mr. Hsu .....	1837
Mrs. Aglukkaq .....	1837
Mr. Trudeau .....	1838
Mrs. Aglukkaq .....	1838
<b>The Environment</b>	
Ms. Leslie .....	1838
Mr. Kent .....	1838
Ms. Leslie .....	1838
Mr. Kent .....	1838
Ms. Liu .....	1838
Mr. Kent .....	1838
Ms. Liu .....	1838
Mr. Kent .....	1839
<b>The Economy</b>	
Mr. Brown (Barrie) .....	1839
Mr. Menzies .....	1839
<b>Ethics</b>	
Mr. Angus .....	1839
Mr. Baird .....	1839
Mr. Angus .....	1839
Mr. Baird .....	1839
<b>G8 Summit</b>	
Mr. Boulerice .....	1839
Mr. Baird .....	1839
Mr. Boulerice .....	1840
Mr. Baird .....	1840
<b>National Defence</b>	
Mr. McKay .....	1840
Mr. MacKay .....	1840
<b>Veterans Affairs</b>	
Mr. Casey .....	1840
Mr. Blaney .....	1840
<b>Royal Canadian Mounted Police</b>	
Mr. Sandhu .....	1840
Mr. Toews .....	1840
Mr. Garrison .....	1840
Mr. Toews .....	1841
<b>Foreign Affairs</b>	
Mr. Sorenson .....	1841

Mr. Baird .....	1841
<b>Suicide Prevention</b>	
Ms. Fry .....	1841
Mrs. Aglukkaq .....	1841
<b>Official Languages</b>	
Ms. Borg .....	1841
Mrs. Aglukkaq .....	1841
<b>International Co-operation</b>	
Mrs. O'Neill Gordon .....	1841
Ms. Oda .....	1841
<b>Taxation</b>	
Mr. Atamanenko .....	1842
Mr. Menzies .....	1842
<b>The Environment</b>	
Mrs. Mourani .....	1842
Mr. Kent .....	1842
<b>Presence in Gallery</b>	
The Speaker .....	1842

## GOVERNMENT ORDERS

<b>Business of Supply</b>	
<b>Opposition Motion—National Suicide Prevention Strategy</b>	
Motion .....	1842
Mr. Alexander .....	1842
Mr. Casey .....	1844
Ms. Duncan (Edmonton—Strathcona) .....	1844
Mr. Norlock .....	1845
Ms. Boutin-Sweet .....	1845
Ms. Duncan (Edmonton—Strathcona) .....	1846
Mr. Cotler .....	1846
Mr. Brown (Barrie) .....	1847
Mr. Andrews .....	1848
Ms. Murray .....	1848
Mr. Rafferty .....	1849
Mr. Alexander .....	1849

Mr. Rafferty .....	1850
Mr. Angus .....	1851
Mr. Stoffer .....	1852
Ms. Leslie .....	1852
Mr. McKay .....	1853
Mr. Albrecht .....	1853
Mr. McKay .....	1854
Mr. Albrecht .....	1855
Mr. Rafferty .....	1855
Ms. Sgro .....	1855
Ms. Duncan (Edmonton—Strathcona) .....	1856
Mr. Carrie .....	1857
Mr. Strahl .....	1857
Mr. Carrie .....	1858
Mrs. Shea .....	1859
Mr. Albrecht .....	1859
Mr. Carrie .....	1860
Mr. Angus .....	1860
Mr. Scarpaleggia .....	1861
Mr. Carrie .....	1862
Mr. Angus .....	1862
Mr. Easter .....	1863
Mr. Shipley .....	1864
Ms. Sgro .....	1864
Mr. Bruinooge .....	1864
Ms. Sgro .....	1866
Mr. Davies (Vancouver Kingsway) .....	1866
Mrs. Smith .....	1866
Motion agreed to .....	1868

## ADJOURNMENT PROCEEDINGS

<b>The Environment</b>	
Ms. Duncan (Etobicoke North) .....	1868
Ms. Rempel .....	1869
<b>Citizenship and Immigration</b>	
Mr. Davies (Vancouver Kingsway) .....	1869
Mr. Dykstra .....	1870

**MAIL  POSTE**

Canada Post Corporation / Société canadienne des postes

Postage paid

Port payé

**Lettermail**

**Poste-lettre**

**1782711  
Ottawa**

*If undelivered, return COVER ONLY to:*

Publishing and Depository Services  
Public Works and Government Services Canada  
Ottawa, Ontario K1A 0S5

*En cas de non-livraison,*

*retourner cette COUVERTURE SEULEMENT à :*  
Les Éditions et Services de dépôt  
Travaux publics et Services gouvernementaux Canada  
Ottawa (Ontario) K1A 0S5

Published under the authority of the Speaker of  
the House of Commons

### **SPEAKER'S PERMISSION**

Reproduction of the proceedings of the House of Commons and its Committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the *Copyright Act*. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a Committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the *Copyright Act*.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its Committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Additional copies may be obtained from: Publishing and  
Depository Services  
Public Works and Government Services Canada  
Ottawa, Ontario K1A 0S5  
Telephone: 613-941-5995 or 1-800-635-7943  
Fax: 613-954-5779 or 1-800-565-7757  
publications@tpsgc-pwgsc.gc.ca  
http://publications.gc.ca

Also available on the Parliament of Canada Web Site at the  
following address: <http://www.parl.gc.ca>

Publié en conformité de l'autorité  
du Président de la Chambre des communes

### **PERMISSION DU PRÉSIDENT**

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la *Loi sur le droit d'auteur*. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la *Loi sur le droit d'auteur*.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

On peut obtenir des copies supplémentaires en écrivant à : Les  
Éditions et Services de dépôt  
Travaux publics et Services gouvernementaux Canada  
Ottawa (Ontario) K1A 0S5  
Téléphone : 613-941-5995 ou 1-800-635-7943  
Télécopieur : 613-954-5779 ou 1-800-565-7757  
publications@tpsgc-pwgsc.gc.ca  
http://publications.gc.ca

Aussi disponible sur le site Web du Parlement du Canada à  
l'adresse suivante : <http://www.parl.gc.ca>