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Chair

Mrs. Joy Smith

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• (0850)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): We will begin now.

Today, pursuant to the order of reference of Wednesday, February 15, 2012, we're doing Bill C-300, an act respecting a federal framework for suicide prevention.

Pursuant to Standing Order 75(1), consideration of the preamble and clause 1 is postponed.

(On clause 2—*Framework*)

The Chair: We'll go to the first amendment, which is NDP-1.

Go ahead, please.

[Translation]

Mr. Dany Morin (Chicoutimi—Le Fjord, NDP): Thank you very much, Madam Chair.

I move that Bill C-300, in Clause 2, be amended by replacing lines 12 and 13 on page 2 with the following:

b) establishes a distinct national coordinating body for suicide prevention to operate within the appropriate entities in the Government of Canada and to assume re-

Although the Mental Health Commission of Canada does an excellent job, I am moving this amendment since unfortunately people also commit suicide for reasons that are not necessarily related to mental health. We might say that the Commission cannot cover all the reasons why someone might want to commit suicide. That is why there has to be a separate agency responsible for the prevention of suicide.

From the witnesses' submissions sent to us in our offices, we can see that there is a consensus for an independent agency other than the Mental Health Commission of Canada, one which would not have ties with the Commission. That is why I am moving this amendment.

[English]

The Chair: Dr. Morin, the clerk informs me that we can't admit this one. It concerns funding, so it's not appropriate.

I'm sorry about that.

[Translation]

Mr. Dany Morin: Perfect. Madam Chair, I realized this would require a royal recommendation, but since all the witnesses were unanimous regarding their needs and this bill, I still wished to move this amendment. I actually wanted it to enrich the debate and let the

government know that that was the wish of the witnesses, including the Canadian Psychiatric Association. It is an independent organization. It might be interesting to keep this idea in mind for later.

[English]

The Chair: Fair enough.

Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): I was just going to bring that forward, so thank you very much.

The Chair: Thank you.

Ms. Davies.

Ms. Libby Davies (Vancouver East, NDP): First of all, just on the amendment, I do remember that when we had the witnesses here, particularly the national association of suicide prevention centres, they felt very strongly that there needed to be a separate national coordinating body. I remember asking the question.... My initial thought was, "Why wouldn't this be within the Mental Health Commission? They're doing this kind of work." But I remember they were quite clear about it needing to be a particular coordinating body. I think that flowed from UN recommendations and guidelines.

Given what the legislative clerk has said, I'd like to move a subamendment that would make the amendment read as follows:

establishes a distinct national coordinating body for suicide prevention to operate within the Mental Health Commission of Canada

—so it would be within their funding and within their envelope—
in the Government of Canada and to assume re-

I would make that a friendly subamendment, if the mover agrees, and I believe it would probably be in order then.

Mr. Dany Morin: I accept.

The Chair: We will need that in writing, the clerk tells me.

Dr. Carrie.

Mr. Colin Carrie: Whenever you set these things up, it does usually require extra funds, so I think it would be outside the scope.

The Chair: Actually, it is outside the scope in terms of the funding, I've been informed as well. So I don't think it's possible—

Ms. Libby Davies: Could I get an opinion from the legislative clerk on that, please?

The Chair: I'm sorry, Ms. Davies. I've been informed that we can't put it in the bill because it's forming a new body, and it does include funding, so that can't be accepted.

We'll go to amendment Lib-1.

Hon. Hedy Fry (Vancouver Centre, Lib.): Madam Chair, based on what the legislative clerk said, we ran all of our amendments through the Library of Parliament and they did say this one might require royal assent. I think we'll remove it. But I just wanted to say that I also ran it by Mr. Albrecht, and he has agreed with it. He said, though, that the amendments that would require royal assent couldn't stand.

I wanted to make that my preamble to any of the amendments I'm bringing forward.

The Chair: Thank you.

Would you like to move amendment Lib-2?

• (0855)

Hon. Hedy Fry: I'd like to move that amendment Lib-1, which is what we're dealing with, be taken off.

The Chair: It's not admissible. I just told you that, so we'll go on to amendment Lib-2.

Hon. Hedy Fry: Oh, you're going on to amendment Lib-2—sorry.

In Lib-2, I would like to add: "awareness and knowledge about and training on suicide".

The Chair: Dr. Carrie.

Mr. Colin Carrie: First of all, I want to thank my colleague for putting this forward. The goal of Mr. Albrecht and everybody here is to get something put forward promptly.

This would involve training, which would involve more resources. There would be additional resources and it would transcend the scope of the bill.

Could we get a comment on that?

The Chair: Yes, Dr. Carrie is right.

Hon. Hedy Fry: I asked the Library of Parliament, and they told me which ones would require royal assent, and this one did not.

The Chair: Oh, that's fine. Go ahead.

Ms. Libby Davies: As to whether or not some things require royal assent, what we just dealt with reads: "designates the appropriate entity within the Government of Canada". Do we know if that requires a royal recommendation or not? Why wouldn't it?

Obviously there's some function that has to be carried out. I'm just concerned about a contradiction. On the one hand, we're saying if a coordinating body were set up within, and yet we're saying here that it "designates the appropriate entity within". What's the difference?

Ms. Chloé O'Shaughnessy (Procedural Clerk): The main difference from our perspective is that, as it's written in the bill, they would be giving this function to a pre-existing body already within the Government of Canada, whereas the amendments that were proposed, NDP-1 and Lib-1, would involve the establishment of a distinct body separate from that, and that's where we run the risk of an infringement on the—

Ms. Libby Davies: What about the subamendment, though? Because I wrote "within".

Ms. Chloé O'Shaughnessy: It's the same problem. We're just not clear what exactly would be necessary to establish it, even within the

Mental Health Commission. The words "establishing and creating a separate body" is where our concern is. The concern is that we're not sure what finances would be required.

Ms. Libby Davies: Okay. Sorry.

The Chair: That's okay. Thank you.

Is there discussion on amendment Lib-2?

Hon. Hedy Fry: I want to say that Mr. Albrecht actually approved this one.

The Chair: We'll vote on the amendment.

(Amendment negatived)

The Chair: Who would like to speak to NDP-2?

Go ahead, Dr. Morin.

[*Translation*]

Mr. Dany Morin: I move that Bill C-300, in Clause 2, be amended by replacing lines 17 to 22 with the following:

(ii) supporting and enhancing information systems to disseminate information about suicide and suicide prevention, including improvements to federal-provincial surveillance systems so that current statistics about suicide and related risk factors are available to the public,

The federal government has a fine opportunity with Bill C-300 to become a leader in suicide prevention, on both the national and international levels. If the Government of Canada exercised its role as coordinator and worked with the provinces to help everyone in psychological distress, it would be a very good idea.

This amendment would therefore be one way of strengthening the bill, which is basically very good.

[*English*]

The Chair: Thank you.

Mr. Strahl.

• (0900)

Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC): Thank you, and thank you, Dany.

I think if we parse the wording here, we run the risk of requiring additional funds. I see "improvements to federal-provincial surveillance systems". I don't know what that means. I can see that it would require additional funds. I see "enhancing information systems". My concern would be that we would once again be in a royal recommendation situation.

The Chair: Mr. Morin.

[*Translation*]

Mr. Dany Morin: I would like to have the opinion of the legislative clerk on this, please.

[*English*]

The Chair: The clerk has no problem with this particular one.

(Amendment negatived)

The Chair: We'll go to Lib-3.

Hon. Hedy Fry: I think this mirrors very much what the NDP brought out, which was subsequently defeated, so I will remove it.

The Chair: You'll withdraw it.

We'll move on to NDP-3.

[Translation]

Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP): I move that Bill C-300, in Clause 2, be amended by adding after line 19 on page 2 the following:

(ii.1) disseminating information about the determinants of health, including economic status — social environment and access to health services — as risk factors for suicide,

We discussed this in the Standing Committee on Health with the representative of the Mental Health Commission of Canada. He said that there were elements that really affected people with regard to suicide. People are not born equal. If we can find out about the causes that may lead to suicide and act on them, we have a better chance of reducing risk factors and thus suicide.

[English]

The Chair: Thank you.

We'll go to Dr. Carrie.

Mr. Colin Carrie: You're talking about, first of all, disseminating information. You would also have to collect it. You'd be looking at the "social environment and access to health services". For access to health services, you would have to look into provincial jurisdiction, because we all know that the provinces are responsible for supplying and delivering health services. I think this would cause problems, perhaps, when you're putting it forward, with the provincial understanding of what the federal government is trying to do. I think we'd be safe just to leave this one out.

The Chair: Thank you.

Mr. Strahl.

Mr. Mark Strahl: I also think we're already doing much of this through Health Canada's framework, so I would think it would be redundant to put it in this bill as well.

The Chair: Ms. Davies.

Ms. Libby Davies: I don't think it's redundant at all. I think it strengthens that clause. This clause is already talking about disseminating information about suicide, including information concerning its prevention. So I think it strengthens it to include information we already know about. It's not something you have to gather. There are studies. Information is available. It's a matter of getting information out to the public, out to different organizations, and including a broader framework about determinants of health.

So I think it helps strengthen the bill and makes us better understand that people's social determinants—the environment they live in, whether they're homeless or living on welfare and having enormous stress and anxiety—are all socio-economic factors that contribute to suicide risk and its prevention. So I think it helps strengthen the bill, and I hope the members might support it.

The Chair: Thank you.

Dr. Morin.

[Translation]

Mr. Dany Morin: In view of what my Conservative colleagues have said, that is, that they are afraid this requires a royal

recommendation, I would like to ask the legislative clerk whether this amendment does actually require a royal recommendation.

[English]

The Chair: No.

[Translation]

Mr. Dany Morin: In that case, I am going to ask for a recorded vote. I think it is pretty hypocritical that the only argument my Conservative colleagues have against voting in favour of these good amendments to the bill is that they require royal recommendation, when it appears that it is not necessary for the great majority of these amendments.

I would like to know why you refuse, dear Conservative colleagues, to vote for these amendments.

● (0905)

[English]

The Chair: Dr. Fry.

Hon. Hedy Fry: Yes, I want to support this amendment. I think it does not require royal assent, as we heard, and it adds a couple of lines to spell out what the current piece of information, the current clause, asks for. It's just saying including information concerning its prevention. Information concerning its prevention has to do with understanding the root causes. If you don't know what the causes are, how can you prevent them?

So I think this is something we could vote for.

Madam Chair, I wanted to make a comment here with regard to my supporting this. We listened to many witnesses. They liked the bill but they felt that the bill fell short of being able to achieve any real results and outcomes, so they suggested that certain things be added. I can understand the royal assent piece, but I don't understand why, when the person who brought the bill forward likes some of these amendments and feels they strengthen his bill, that there's a vote against it. I don't understand it. If we listen to witnesses and then ignore what they say, why are we bothering? Why don't we just rubber-stamp every single thing that comes through this committee?

If you support something, you want to see it work. And if the intent of the person who brought it forward was to make sure that it did make a difference, as I know Mr. Albrecht wishes, then when he suggested some of these things are appropriate, I fail to understand why people would vote against it. I really don't understand that. I want to support Mr. Morin in that question, but I think somebody should explain why they think this is a bad thing to do.

The Chair: Dr. Carrie, would you like to answer that?

Mr. Colin Carrie: Thank you very much. Yes, I would.

We're not arguing that things are good or bad. What we're discussing is Mr. Albrecht... What you say about what Harold has said to you is hearsay, as far as I know. I spoke to Harold—

Hon. Hedy Fry: Are you accusing me of lying?

Mr. Colin Carrie: No, no, no.

Hon. Hedy Fry: We did consult with the mover of the bill.

Mr. Colin Carrie: And so did we. And when we had it analyzed and discussed, he was supportive of our analysis.

If you listened to what I said earlier, and maybe I wasn't as clear as I should have been, the clause as it is right now states "disseminating information about suicide, including information concerning its prevention". You're changing it to "disseminating information about the determinants of health" and then you're getting into "including economic status—social environment and access to health services—as risk factors for suicide". You're getting very specific. You're getting into issues the provinces are dealing with. This is a federal bill, and we want to keep it within a federal scope. The way it's worded now I think is very clear.

By getting into these very specific concerns with how it's being defined here, my concern is that there might be some misinformation at different levels, because this is talking about provincial determinants.

The Chair: Thank you, Dr. Carrie.

Ms. Quach.

[*Translation*]

Ms. Anne Minh-Thu Quach: If you read carefully, it is written: "including economic status." This is one of the many determinants of health. We emphasize these elements because they largely affect economically disadvantaged people, who have a hard time getting access to health services and who therefore run a greater risk of suffering from suicidal ideas.

These are just elements of prevention. They are really consistent with this bill. We offer more prevention so as to keep people from committing suicide. I think this is good for everyone. It was requested by several witnesses. It should be important for everyone. This is additional information that is already provided, which is readily available. All it involves, as Ms. Davies said, is being able to publish, to disseminate information on a large scale so that people have a better understanding and can react and act more effectively.

• (0910)

[*English*]

The Chair: Mrs. Block.

Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC): Thank you very much, Madam Chair.

I concur with my colleague. I think by starting to list certain factors, we run the risk of excluding others. I think the more succinct we can keep this bill, the less opportunity there is for us to exclude things that may not have been listed here. I think we need to keep it as succinct as possible.

The Chair: Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

I just want to repeat, we don't want to put anything in here that could increase the onus on the provinces. This is a federal bill. We should be clear on federal jurisdiction.

I know a lot of these amendments are well-meaning, but at the end of the day I agree with my colleague: once we start getting really specific, we may be doing things that may have unintended results.

The Chair: Dr. Fry.

Hon. Hedy Fry: I want to ask a very simple question.

We heard various reasons why this is an unsupportable amendment. First it was that it would need royal assent. Then we were told that it wouldn't need royal assent. Then we were told that it was too prescriptive, it added too many items to the list. Now we're told that it wasn't that it added too many items to the list, but that it left off many items from the list.

Madam Chair, I would like to register that I have an e-mail, and what Mr. Albrecht had to say is in it. But I want to say that this committee is fast becoming a farce, because we ask witnesses to come and then we totally ignore what they have to tell us. We know that it doesn't really matter what amendments we bring forward. Even when we do our homework and we ensure that it doesn't require royal assent or that it is in keeping with whatever the bill is suggesting, it's going to be voted against. An automatic against vote will happen.

It would seem to me that it would be better if we all did some work in our offices and had a recording here that said yes for some of us and no for others, and it will always fail. This committee doesn't seem to get to the bottom of really wanting to make a difference.

I want to register that I find it extremely frustrating and it nullifies the work of the committee. I want to put that out.

The Chair: Thank you.

Dr. Morin.

[*Translation*]

Mr. Dany Morin: I fully agree with my Liberal colleague, Dr. Fry. All we have to do is look at the number of proposed amendments to this bill in order to understand all our goodwill, on the part of both the Liberal party and the NDP. We are truly seeking to improve this bill.

As my Liberal colleague said, many witnesses have shared their recommendations with us, either in person before the committee, or in their submissions sent electronically. They represent organizations and associations as prestigious as the Canadian Psychiatric Association.

Unfortunately, within the committee we can see that partisanship generally prevails. It seems that anything produced by a government member of Parliament is perfect and cannot be touched. This is really a shame. We are proposing some very good amendments. I am convinced that the majority of the population would agree with us. Let us think about past governments. Under them, now, we could have the majority of these amendments approved. Unfortunately, we are up against a lot of close-mindedness.

I encourage my Conservative colleagues to take their distance from the instructions they have received from on-high, not to accept any amendments to this bill. I really think that this is a mistake that all potential suicide victims will suffer from. Thank you.

[*English*]

The Chair: Thank you, Dr. Morin.

Dr. Carrie.

Mr. Colin Carrie: I really don't want to get into this too much. We should just....

The Chair: I will call the vote then.

Ms. Libby Davies: A recorded vote, please.

(Amendment negatived: nays 6; yeas 5)

The Chair: We will now move to amendment Lib-4.

Dr. Fry.

Hon. Hedy Fry: This one may require royal assent. I would like to ask for the comment of the legislative clerk on it.

• (0915)

The Chair: There is no problem with this one, Dr. Fry.

Hon. Hedy Fry: All right.

As we heard very strongly, one of the most important things we need is to have everyone talk about what they do that works, so that we don't have to reinvent the wheel and we don't spend a lot of time, money, and resources looking at whether or not everybody is doing the same thing over and over, costing a lot of time and resources.

By disseminating best practices, which in fact the federal government could easily do as the coordinating body.... If we read the beginning of this bill, it says that the Government of Canada must establish a federal framework, so within that framework disseminating best practices could be done on a website. It doesn't require any extra resources to do it, and I would hope that it would help everyone to at least be able to get on the same page and look at practice standards.

The Chair: Thank you.

Dr. Carrie.

Mr. Colin Carrie: Thank you very much.

I want to thank my colleague for putting forth this amendment. I do want to let her know, though, that the development of the best practice registry would be duplicative. The Public Health Agency of Canada already manages the Canadian best practices portal, which could be used to place information on suicide prevention. In addition, the Mental Health Commission of Canada is also developing its own knowledge exchange centre, which could potentially be used as a vehicle for information on its initiatives.

The Chair: Thank you.

Dr. Fry.

Hon. Hedy Fry: Based on what I just heard from Mr. Carrie, I would like to amend this amendment by suggesting "defining best practices through the registry of the Public Health Agency", which obviously exists. I'd just like to add that instead for suicide prevention, "defining best practices through the registry at the Public Health Agency for suicide prevention", so that we go straight through.... All they have to do is add it to the list if they already have a registry, and that's their job. Let's just make sure that somebody types in the "best practices" at some point in time.

The Chair: You can't modify your own amendment, but what you could do is withdraw your previous amendment and make a new motion.

Hon. Hedy Fry: Thank you.

The Chair: Would you like to do that? That's virtually what you want to do.

Hon. Hedy Fry: Yes, I would. Sure. I'll send it to you in a few minutes.

Thank you.

The Chair: Okay, we will just leave that one for a moment. Amendment Lib-4 is withdrawn for the moment, and Ms. Fry will work on that.

We'll go to amendment NDP-4

[*Translation*]

Mr. Dany Morin: I move that Bill C-300, in clause 2, be amended by adding after line 30 on page 2 the following:

(vii) establishing national standards for the training of persons engaged in suicide prevention, so that, in their interaction with potentially vulnerable populations, they may better identify individuals who are at risk and direct them to the appropriate assessment and treatment services.

My colleague Colin Carrie mentioned a bit earlier that personnel training was a provincial jurisdiction. That is indeed so. When speaking of training itself. That is why I am happy that this amendment calls for the establishment of national standards. We are not telling the provinces how to do their work, but we are making recommendations that all provinces can use to provide better training for their workers in suicide prevention.

This issue is very complex. These are people who are playing with people's lives. One wrong answer or a wrong word from them might be enough for someone to carry out their idea. People must thus have as many skills as possible.

I think that we could establish national standards for the training of persons engaged in suicide prevention. That is what I had to say on this amendment.

[*English*]

The Chair: Dr. Carrie, go ahead.

Mr. Colin Carrie: Again, I want to thank my colleague for the recommendation, but it is clear that those standards are provincial jurisdiction. Whether you're a medical doctor, a chiropractor, all these different professions, the federal government can't enforce national standards in an area of provincial jurisdiction. So I don't think this would be necessary, and it could cause a conflict.

• (0920)

The Chair: Dr. Morin, go ahead.

[*Translation*]

Mr. Dany Morin: Would it be possible to amend the amendment slightly by writing "recommend national standards" instead of "establishing national standards?"

This change meets the concerns of my Conservative colleague. I think that "recommend national standards" is very reasonable. This would not force the provinces to follow a federal guideline.

[*English*]

The Chair: Ms. Davies, go ahead.

Ms. Libby Davies: I'll move a subamendment.

The Chair: Okay, you move a subamendment. You can't modify your own.

Ms. Libby Davies: Yes, and I've got another addition to it as well.

The Chair: Okay, just one moment.

Dr. Morin, Ms. Davies is going to amend your subamendment.

[Translation]

Mr. Dany Morin: I approve.

[English]

The Chair: Are you in agreement with that?

[Translation]

Mr. Dany Morin: With the term "recommend."

[English]

The Chair: Okay. So you just replace the word "recommend" and it's okay?

[Translation]

Mr. Dany Morin: We are replacing "establishing" with "recommending."

[English]

The Chair: Okay.

Dr. Carrie, go ahead.

Ms. Libby Davies: I haven't actually finished yet. I've got another change.

The Chair: With Dr. Morin's?

Ms. Libby Davies: Yes.

The Chair: Okay.

Ms. Libby Davies: I would move a subamendment, and I'll hand it to you in a second—"recommends national standards in cooperation with provinces and territories", and then continuing with the rest of the clause.

The Chair: Okay, "in cooperation".

[Translation]

Mr. Dany Morin: This is a subamendment that I like very much. Thank you, Ms. Davies.

[English]

The Chair: Dr. Carrie, go ahead.

Mr. Colin Carrie: Again, Madam Chair, with many of these amendments being brought forward, my argument would be that these areas are clearly provincial jurisdiction. The federal government cannot be even suggesting these without discussion with them first, in advance. The provinces and territories are well within their jurisdiction to set their own standards, depending on what their population needs. The standards of people may be different, whether it's in Iqaluit or downtown Toronto, and those standards could be different in different territories, different provincial jurisdictions.

The Chair: Thank you.

Dr. Morin, go ahead.

[Translation]

Mr. Dany Morin: I will answer my colleague Carrie that this is precisely why my colleague Davies moved the subamendment. She added a term that is very important, "in cooperation with provinces." That way a dialogue between the federal government and the provinces is ensured.

I wish to come back to my Liberal colleague's argument. There is a dialogue between the two parties sitting on the committee. We are proposing things. You are raising problems, we are cooperating fully. We are proposing things to attenuate any problems with these amendments. We are doing so to please you and so that you can vote in favour of these amendments. But every time we propose a solution you find another problem.

I doubt...

[English]

The Chair: Dr. Fry, go ahead.

[Translation]

Mr. Dany Morin: Just a minute. I am not finished yet, sorry.

[English]

The Chair: Sorry, I thought you were done. You were repeating yourself. Do you have something?

Go ahead. You can talk it out.

Hon. Hedy Fry: It's only once. He can repeat himself if he wants.

[Translation]

Mr. Dany Morin: Thank you, Madam Chair.

I will tell you when I have finished. It will be quite clear. I will not be right in the middle of a sentence.

As I was saying, it is very clear that we have...

I am sorry. You made me lose track of my idea.

[English]

Dr. Fry, go ahead, please.

Hon. Hedy Fry: Thank you very much, Dr. Morin.

I wanted to say that Dr. Morin used a very important word here that everyone bandies about. It's called "cooperation". The "co-" means "between", and therefore cooperation is not a one-sided thing. I just wanted to say that.

Dr. Carrie made a comment about standards having to be dependent on the provinces. Dr. Carrie is a health professional, and therefore he should know that there are international standards around the world for practice, for the way things should be done, for the standards that must be achieved if there is to be good practice. How that is done, where it is done, and by whom it is done is the jurisdiction of the provinces.

The setting of standards has a national and an international scope. That's how it works in the professional practice of medicine or engineering. It works this way so that around the world we don't have people doing whatever they feel like doing. I can feel comfortable going to London tomorrow and getting the care I require because there are international standards, or I can feel comfortable going to Saskatchewan tomorrow and getting the standard of care that I need based on national standards. Standards do not remove the ability of the provinces to make a flexible decision about who delivers the care, where the care is delivered, and how that care is delivered. That is a provincial jurisdiction, and I would refer Dr. Carrie to the Canada Health Act if he wants to understand the issue a little better.

• (0925)

The Chair: Have you collected your thoughts, Dr. Morin?

[*Translation*]

Mr. Dany Morin: Yes, I have remembered my conclusion. All I wanted to say was that, in light of the lack of cooperation by the government's members, I doubt their goodwill, their good faith and their willingness to improve this bill.

[*English*]

The Chair: Okay. Are we ready for the vote?

Ms. Libby Davies: A recorded vote, please.

The Chair: This will be a recorded vote.

We'll vote first on the subamendment proposed by Ms. Davies.

(Subamendment negated: nays 6; yeas 5)

The Chair: Now we'll go to a recorded vote on the amendment itself.

Ms. Libby Davies: This is also a recorded vote.

(Amendment negated: nays 6; yeas 5)

The Chair: Let's go back to Lib-4, with Dr. Fry.

Hon. Hedy Fry: I would amend clause 2 by replacing lines 26 and 27 on page 2 with the following:

(v) defining best practices for suicide prevention through the Public Health Agency's already existing registry, and

The Chair: Comments?

Dr. Morin.

[*Translation*]

Mr. Dany Morin: I feel that this amendment is a very judicious one, which takes into account the concerns of my Conservative colleagues. I recall their concerns during the discussions surrounding the first version of the amendment. So I am going to approve it. I hope that the my Liberal colleague's goodwill will be enough to satisfy the Conservative members of the committee, but I doubt it.

[*English*]

The Chair: This is actually new. It's not an amendment to an amendment. Dr. Fry made a new one.

Mr. Strahl.

Mr. Mark Strahl: If we look at the section in context, we see in clause 2 that "The Government of Canada must establish a federal framework for suicide prevention that...(b) designates the appropriate entity within the Government of Canada to assume responsibility for...(v) defining best practices for the prevention of suicide...".

I think that handles it perfectly. Prescribing where it goes after that is redundant. The bill already says to designate the appropriate entity for this. We don't need to say it has to go to the Public Health Agency, as opposed to the Mental Health Commission. The bill is instructive that we need to find the most appropriate entity. So I think the amendment is unnecessary.

The Chair: Dr. Fry.

Hon. Hedy Fry: Madam Chair, it would seem that it really doesn't matter what anyone here does; there's going to be a reason put up here to stop it. It seems that if a Liberal or NDP member of this committee makes any change, it is going to be unacceptable just because it was made by the Liberal or the NDP member.

I am responding to the reason I was given as to why this was an inappropriate recommendation. The reason I was given was that the Public Health Agency of Canada has a best-practice registry. So I asked if we could put it into the Public Health Agency. Now I'm told that it's redundant. Now I'm told that I'm being prescriptive, when I was told exactly that by the parliamentary secretary.

Madam Chair, I would not be surprised if witnesses refused to come to these meetings to waste their time. Seriously. We may just have to sit here and drink coffee, and possibly wine and cheese, and have a good time when we have meetings from now on.

• (0930)

The Chair: Are you ready for the vote?

Mr. Dany Morin: Can we have a recorded vote?

The Chair: It will be a recorded vote.

(Amendment negated: nays 6; yeas 5)

The Chair: We'll now go to amendment NDP-5.

[*Translation*]

Mr. Dany Morin: I move that Bill C-300, in Clause 2, be amended by adding after line 30 on page 2 the following:

(vii) conducting studies on the reduction of access to means and methods for persons to harm themselves.

We realize that, where suicide prevention is concerned, there are many unknowns. Unfortunately, when people commit suicide, we do not necessarily know why they killed themselves. Nor do we know what we could have done to prevent it. That is why I think it is important that studies be done, regardless of by whom, to find out more about suicide and, in this case, to reduce access to means and methods for persons to harm themselves. Thank you.

[*English*]

The Chair: Thank you.

We'll go to Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

Again, with respect to conducting studies, studies are already being done. Depending on what is meant by that, they could cost significantly more money. So I think it would be outside the scope of the bill.

To repeat, we discussed it with the author of the bill, and he is good with the way it's written.

The Chair: Ms. Davies.

Ms. Libby Davies: I certainly support the amendment. As we've seen with the other amendments, these are all issues that have come from the study of the bill and from hearing the witnesses, in particular the Canadian Association for Suicide Prevention. I really think they made a huge effort to support and strengthen this bill. They did their homework and brought forward very credible information.

I know that one of the issues they raised was this issue of looking at how one reduces access to lethal means. I don't think that's something we would necessarily have thought of, or that Mr. Albrecht would have thought of. It's the people in the field who kind of know the parameters of what needs to be done.

I think this actually strengthens the bill, and we should look at supporting it. It will allow the work to be done and will add another facet to the work that can go ahead. So I support it.

The Chair: Thank you.

Dr. Morin.

[*Translation*]

Mr. Dany Morin: Further to the concern of my colleague Mr. Carrie, I would like to ask the legislative clerk whether this amendment requires a royal recommendation.

[*English*]

The Chair: No, it does not.

[*Translation*]

Mr. Dany Morin: In that case, I presume that my Conservative colleague will vote in favour of this amendment, unless he has some other objections, other flaws in this amendment that I do not see. I would like to offer my Conservative colleagues a chance for them to explain why they are not going to vote in favour of this amendment. Which would not surprise me.

[*English*]

The Chair: Mr. Strahl.

Mr. Mark Strahl: Without getting into justification for the way one votes or not, I think subparagraph 2(a)(vi) already covers what this amendment tries to address.

The Chair: Are we ready for the vote?

Ms. Libby Davies: I would like a recorded vote, please.

(Amendment negatived: nays 6; yeas 5)

The Chair: Next is NDP-6.

Dr. Morin.

[*Translation*]

Mr. Dany Morin: First I wish to say how sad it is for the victims and their families that we cannot do these studies.

I therefore move that Bill C-300, in Clause 2, be amended by adding after line 30 on page 2 the following:

(vii) conducting studies on the means to reduce stigma associated with being a consumer of mental health, substance abuse, suicide prevention, intervention and bereavement services.

Yes, suicide is a taboo subject in society, especially for people who wish to admit to a member of their family or to the population

in general that they have already had some dark ideas or have tried to commit suicide. Stigmatization in this regard is very important. I believe, as do many of our witnesses, that conducting studies to reduce such stigmatization would be healthier for people who have already thought about suicide or are going to think about it in the future. The problem with suicide is that people retreat into themselves. They feel alone and cannot ask for help for many reasons, including stigmatization. This is why I think, like many other witnesses, that it would be good to do some studies.

Studies do not require a royal recommendation. But I wonder whether the Conservatives are going to oppose this amendment too and, through their lack of action and proactivity within the committee, leave all those people in bereavement.

• (0935)

[*English*]

The Chair: Thank you, Dr. Morin.

Ms. Block.

Mrs. Kelly Block: Thank you very much, Madam Chair.

It goes without saying that throughout this entire study we heard from many witnesses, as Ms. Davies pointed out, who are experts in this field. They are doing this kind of research and conducting these kinds of studies.

We heard from the Mental Health Commission that they had just released a study regarding the stigma associated when one is accessing mental health services or suffering from depression.

These studies are ongoing. So it seems to me that we are calling upon the federal government to do something that experts are already doing, which is why I would not support this amendment.

The Chair: Dr. Carrie.

Mr. Colin Carrie: I'd like to add to that, Madam Chair.

If my colleague would read the bill again, it says:

The Government of Canada must establish a federal framework for suicide prevention that...(b) designates the appropriate entity within the Government of Canada to assume responsibility for...(vi) promoting the use of research and evidence-based practices for the prevention of suicide.

That would take this into account already. If you look at what he wrote in (vii), it talks about intervention and bereavement services, but communities already do that. They may be trying to improve the bill, but it's redundant and doesn't have to be there.

The Chair: Ms. Quach.

[*Translation*]

Ms. Anne Minh-Thu Quach: I would like to move a subamendment. To avoid the words "conducting studies," I move that we replace them with "promoting studies by health experts that have already been done."

I will send you the written version.

[*English*]

The Chair: We can continue on NDP-6

Are you ready for the vote on the subamendment?

Dr. Morin.

[Translation]

Mr. Dany Morin: Madam Chair, I simply wanted to thank my colleague, Ms. Quach, for her subamendment, which is designed to correct a flaw pointed out by my colleague Kelly Block. I agree that studies have already been done. Why not use them then? So I am going to vote in favour of Ms. Quach's subamendment.

• (0940)

[English]

The Chair: All in favour of the subamendment?

Ms. Libby Davies: I'd ask for a recorded vote.

The Chair: Yes, a recorded vote.

(Subamendment negated: nays 6; yeas 5)

The Chair: We'll go to the amendment.

Ms. Libby Davies: I'd like a recorded vote.

The Chair: Yes, a recorded vote.

(Amendment negated: nays 6; yeas 5)

The Chair: We'll now go to NDP-7.

[Translation]

Mr. Dany Morin: My amendment looks a little like that of the Liberals, LIB-4.

I therefore move that Bill C-300, in Clause 2, be amended by adding after line 30 on page 2 the following:

(vii) establishing national guidelines for best practices in suicide prevention based on evidence in key areas of mental health care.

I do not think that anyone is opposed to having the best possible practices and the best national guidelines respecting best practices. So I would like to hear my Conservative colleagues' reason for not voting in favour of that.

[English]

The Chair: Mr. Strahl.

Mr. Mark Strahl: I'd be happy to oblige. I believe that the spirit behind this amendment is covered in subparagraphs (v) and (vi). Therefore this is redundant.

The Chair: Dr. Carrie.

Mr. Colin Carrie: I'd like to add the same argument that I have in the past. As for establishing national guidelines, again that's a provincial jurisdiction and could be construed as interfering with provincial jurisdiction. And then establishing national guidelines, I do think there would be a cost in that.

The Chair: Dr. Morin.

[Translation]

Mr. Dany Morin: My colleague, Mr. Strahl has referred to certain clauses. Can he tell me what they are? I have not learned the bill by heart.

You mentioned some articles, Mr. Strahl, which ones were they?

[English]

Mr. Mark Strahl: It's in front of you.

The Chair: Go ahead.

Mr. Mark Strahl: I certainly can.

I think we all have a copy of the bill in front of us. It's subparagraph 2(b)(v), and it says "defining best practices", which is part of the amendment there for the prevention of suicide, and subparagraph 2(b)(vi), "promoting the use of research and evidence-based practices for the prevention of suicide". I think this amendment certainly would fit within those broader clauses there.

The Chair: Dr. Morin.

[Translation]

Mr. Dany Morin: I wish to say that I do not approve of the argument according to which the amendment is covered by these clauses, although this is subject to debate. I believe actually that the amendment aims to strengthen the bill.

Still, if the Conservatives prefer to have a weak bill, then that is up to them.

[English]

The Chair: Are we ready for the vote?

Ms. Libby Davies: I'd ask for a recorded vote.

The Chair: Yes, a recorded vote.

(Amendment negated: nays 6; yeas 5)

The Chair: We'll now go to NDP-8.

Dr. Morin.

[Translation]

Mr. Dany Morin: Madam Chair, I move that Bill C-300, in Clause 2, be amended by adding after line 30 on page 2 the following:

(vii) assessing access to appropriate and adequate health, wellness and recovery services, including mental health and substance abuse services, for all Canadians, as well as for families and communities.

One of the reasons for this amendment, in addition to the fact that the witnesses we consulted recommended that this be included, is that when we talk about suicide there are vulnerable populations. I will not necessarily name them.

I know that Mr. Albrecht did not want to name them in his bill, but it is very important that the committee consider access to services for vulnerable populations. Since, in the end, even with the best bill in the world, if we do not identify whether these vulnerable populations have access to services, it will be a shortcoming in our suicide prevention strategy. The amendment is designed to make up for this shortcoming.

• (0945)

[English]

The Chair: Thank you.

Dr. Carrie.

Mr. Colin Carrie: Thank you very much.

Again, Madame Chair, it's provincial jurisdiction.

The Chair: Thank you.

Would you like a recorded vote?

Ms. Libby Davies: Yes.

(Amendment negatived: nays 6; yeas 5)

The Chair: We go on to amendment NDP-9.

Dr. Morin.

[*Translation*]

Mr. Dany Morin: My amendment is aimed at that.

I therefore move that Bill C-300, in Clause 2, be amended by adding after line 30 on page 2 the following:

(vii) assessing and adopting, where appropriate, the recommendations and objectives outlined in the Blueprint for a National Suicide Prevention Strategy of the Canadian Association for Suicide Prevention.

I hope that the Conservatives do not see in this amendment an intrusion into an area of provincial jurisdiction because, seriously, I do not see any such thing in this amendment.

The reason why this is being proposed is that we have to trust the experts when it comes to suicide prevention. The Canadian Association for Suicide Prevention is the right body with which we should work on suicide prevention and not regard ourselves as experts on the subject, when we are simply members of Parliament, in spite of all our goodwill. We have to work with the Canadian Association for Suicide Prevention and have respect for the many years they have dedicated to suicide prevention.

I hope that our Conservative members for once will agree to improve this bill.

[*English*]

The Chair: Dr. Carrie.

Mr. Colin Carrie: Again, Madame Chair, if my colleague would look at the bill, in clause 2 it reads:

The Government of Canada must establish a federal framework for suicide prevention that...(b) designates the appropriate entity within the Government of Canada to assume responsibility for...(iv) promoting collaboration and knowledge exchange across domains, sectors, regions and jurisdictions....

I think that would cover the spirit of this without making any further comments.

The Chair: Would you like a recorded vote?

Ms. Libby Davies: Yes, please.

(Amendment negatived: nays 6; yeas 5)

The Chair: On amendment NDP-10, Dr. Morin.

[*Translation*]

Mr. Dany Morin: I therefore move that Bill C-300, in Clause 2, be amended by adding after line 30 on page 2 the following:

(vii) studying the funding arrangements to provide the treatment, education, professional training and other supports required to prevent suicide and assist those bereaved by a suicide.

We are talking about vulnerable populations. We are talking about a Canada-wide approach, assistance, while respecting and protecting provincial jurisdictions. I am not going to talk for much longer.

My colleague, Ms. Block, mentioned that studies on another subject had been done. I would like to ask her whether any studies have been done on this topic.

[*English*]

The Chair: Ms. Block, did you want to answer or not?

Mrs. Kelly Block: Do I need to respond to it?

The Chair: No, you don't.

Does anybody want to?

Dr. Carrie.

• (0950)

Mr. Colin Carrie: Again, Madam Chair, it talks about studying the funding arrangements to provide treatment, education, professional training—provincial jurisdiction.

The Chair: Thank you.

Would you like a recorded vote?

Ms. Libby Davies: Yes, please.

(Amendment negatived: nays 6; yeas 5)

The Chair: On amendment Lib-5, Dr. Fry.

Hon. Hedy Fry: Madam Chair, I am removing amendment Lib-5 and replacing it with the new amendment that I will read for you.

The Chair: Okay.

Hon. Hedy Fry: I move that clause 2 in Bill C-300 be amended by adding after line 30 on page 2 the following:

(vii) providing suicide prevention guidelines for training, certification and accreditation for Canadians who work with Inuit, first nations, armed forces, and veterans.

These are all areas within federal jurisdiction, and for which the federal government has direct responsibility for service delivery.

Madam Chair, I move this amendment because we heard from witnesses, we have seen the data, and every piece of evidence tells us that Inuit have an eleven times greater suicide rate than any other group of Canadians; veterans and armed forces tend to come back with post-traumatic stress disorder, which results in a very high level of suicide, again higher than the normal population; and of course first nations have a seven times greater suicide rate.

These are all people who are completely within federal jurisdiction, for whom the federal government delivers services. Therefore the federal government, if it's going to establish a framework, should be establishing and providing suicide prevention guidelines for training, certification, and accreditation for people who work with these very high-risk groups.

The Chair: Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

Currently training models are available in Canada. For example, the Mental Health Commission of Canada offers the mental health first aid course, and the applied suicide intervention skills training program—ASIST—is available to all Canadians. These programs have been provided to some populations within federal jurisdiction.

Enhancing certification and training guidelines for Canadians would entail additional resources and go beyond the scope of the bill. This amendment may require royal recommendation, as it has resource implications and is not feasible within existing resources.

The Chair: Dr. Fry.

Hon. Hedy Fry: Madam Chair, I wondered if I could read the words of this amendment again. It doesn't say "enhancing"; it just says "providing suicide prevention guidelines".

My colleague suggested these guidelines already exist, and as a physician I can tell you they do not exist, because I have worked with people who have mental illness and who have attempted suicide and committed suicide. Therefore, if, as my honourable colleague tells me, they do exist, then surely as the federal government accepts this bill and provides the framework they can put them all in one place for this group for whom they are absolutely responsible. If they don't wish to do this they would be reneging on their responsibility to this particular group of Canadians, who are already at extremely high risk.

The Chair: Dr. Carrie.

Mr. Colin Carrie: Thank you, Madam Chair.

Of course I don't agree with my colleague's evaluation. As I said, these programs are available to all Canadians. Mr. Albrecht was very specific; he didn't want specific populations put in his bill. He did his homework on this bill.

I think we should vote this down.

The Chair: We will have a recorded vote.

(Amendment negated: nays 6; yeas 5)

The Chair: Dr. Fry, do you want to speak on Lib-6?

Hon. Hedy Fry: Madam Chair, as you can see, that reads "... providing guidelines to support persons impacted by suicidal behaviour and suicide". I don't think I need to speak to it; it's particularly clear.

• (0955)

The Chair: Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

The inference of this amendment is to provide guidelines to family members impacted by suicide. Public health guidelines are developed for medical practitioners and other professionals only. Developing guidelines for Canadians impacted by suicide is beyond the scope of the bill.

The Chair: Dr. Fry.

Hon. Hedy Fry: I didn't think I would have to speak to this, Madam Chair, but I guess I'm going to have to.

I'm actually supporting persons impacted by suicidal behaviour. For those of us who do work within the health care field, and work with mental health and people who have attempted and committed suicide, I can tell you that when I was a minister and I went up to areas such as Iqaluit and into first nations reserves, we're talking about whole communities here, not simply individuals. It is outside the scope of medical practice to provide that kind of support system, because it is too large.

In schools where a child has committed suicide, the whole school needs to have some sort of ability to provide support systems. They require some guidelines to know how to do this really well, because we well know that school counsellors do not have that ability. Whole communities grieve and are bereaved by a suicide of a person in the community.

In Inuit and first nations communities, this is not just one person. I have been to communities in Iqaluit where I sat with my own deputy minister, and the two of us had tears rolling down silently on our faces when we heard a grandmother tell us that every single one of her children, 12 of them, had committed suicide within the last five years, and that the last one to do so was a son who was 20 years old and who committed suicide on Christmas Eve. She said she was glad that he did, because she knew that at least he would be at peace and not have to live with the pain and stress he lived with.

If a mother has to say that she's pleased that her child has passed away, I have to tell you that this is something that requires help, because everything we know about suicide is that when a person commits suicide in a community, the whole community becomes immediately at risk, especially in school systems.

This is an essential part of what the intent of this bill is, which is to establish a federal framework for suicide prevention and to look at the Federal Framework for Suicide Prevention Act, which this is. Secondary prevention will occur when you give support to bereaved communities and not just to an individual.

The Chair: Thank you, Dr. Fry.

Ms. Block.

Mrs. Kelly Block: I'm fine, thank you.

The Chair: No? Okay.

A recorded vote?

Ms. Libby Davies: Yes.

(Amendment negated: nays 6; yeas 5)

The Chair: For Lib-7, Dr. Fry.

Hon. Hedy Fry: Madam Chair, I move that Bill C-300, in clause 2, be amended by adding after line 30 on page 2 the following:

(vii) establishing a national distress line network and a national suicide bereavement support network.

Madam Chair, I put this forward because it is already there. I will not withdraw it, but I know that it will not pass, so I won't even bother to speak to it. It is, again, self-evident.

The Chair: Dr. Fry, you're on the wrong one.

Hon. Hedy Fry: Oh, I'm sorry.

The Chair: Could you please go to Lib-7? Thanks.

Hon. Hedy Fry: Thank you.

I move that Bill C-300, in clause 2, be amended by adding after line 30 on page 2 the following:

(vii) promoting trauma-informed care and practices.

I will not speak to it, Madam Chair. It is a useless thing for me to do. It's self-evident, anyway.

The Chair: Okay.

Recorded vote?

Ms. Libby Davies: Yes.

(Amendment negated: nays 6; yeas 5)

The Chair: On Lib-8, there are funds that are required around this particular amendment, so we cannot address that today.

Sorry, Dr. Fry.

Hon. Hedy Fry: No, that's fine. We heard that from the Library of Parliament.

• (1000)

The Chair: Okay.

Lib-9...

Hon. Hedy Fry: I move that Bill C-300 be amended by adding after line 30 on page 2 the following:

(vii) advancing a comprehensive federal, provincial, and territorial public and private sector response to suicide prevention, as called for in the guidelines published by the United Nations and World Health Organization in 1996 entitled *Prevention of Suicide: Guidelines for Formulation and Implementation of National Strategies*.

I was in a government of the time that signed on to this particular thing, so I'm just asking the federal government, who signs on at the World Health Organization, and to the provinces, that actually we should then keep our word, having signed on to this guideline.

The Chair: Go ahead, Ms. Davies.

Ms. Libby Davies: I certainly support this amendment by Dr. Fry, as I do the other amendments. I just want to actually thank her for all of these amendments, because I think they're eminently sensible and would have improved the bill. The process we're going through here, where they're being shot down, is difficult.

But this one particularly gives a reference to the bill. Again, we heard from the witnesses that the work we do here in Canada needs to be informed by the guidelines, by the United Nations and the World Health Organization. So again, I think this strengthens the bill and makes it clear that Canada is part of an international effort and that we're in line with other states and organizations that are doing it within the framework of the UN and the World Health Organization.

To me, this is a very good amendment. I think it really fills out the bill, and I hope it will be supported.

The Chair: Thank you.

Go ahead, Mr. Strahl.

Mr. Mark Strahl: Again, going to the broader provisions that are already in the bill, this would fall under subparagraph (iv).

The Chair: Do members want a recorded vote?

Ms. Libby Davies: A recorded vote, please.

(Amendment negated: nays 6; yeas 5)

The Chair: Shall clause 2 carry?

Ms. Libby Davies: Are we doing NDP-11?

The Chair: I'm sorry, it's under another clause. We'll get to that. (Clauses 2 and 3 agreed to)

The Chair: Now we'll go to amendment NDP-11.

Hon. Hedy Fry: I'd like to note that I abstained on both those votes.

The Chair: Okay. Dr. Fry abstained on those votes, but they're still carried.

Hon. Hedy Fry: Oh, yes.

The Chair: Thank you.

(On clause 4—*Report*)

The Chair: We turn to amendment NDP-11.

[*Translation*]

Mr. Dany Morin: I move that Bill C-300, in Clause 4, be amended by replacing line 11 on page 3 with the following:

4. Within one year after coming into

From what I gather, the bill would not require the first status report on the situation to be available for four years. I feel, however, especially in politics and for people struggling with suicide or their families, this is really a very long time. I think it would not be unreasonable to ask that a report be made one year after this bill has been passed.

[*English*]

The Chair: Thank you.

Is there any discussion?

Do you want a recorded vote?

Ms. Libby Davies: A recorded vote, please.

(Amendment negated: nays 6; yeas 5)

The Chair: We turn to amendment NDP-12.

Go ahead, Dr. Morin.

[*Translation*]

Mr. Dany Morin: I move that Bill C-300, in Clause 4, be amended by replacing line 12 on page 3 with the following:

force of this Act and every year thereafter,

I wish to say how disappointed I am to see that the Standing Committee on Health has become a farce and that the Conservatives do not clearly wish to have a strong bill. I think they just want to have a piece of paper to show their voters so that they can say that the Conservative government is committed to suicide prevention. But this is obviously not the case. They lack respect for both future victims of suicide and their families.

The saddest thing about this is that I am moving amendments and the Conservatives do not even deign to comment on them, to discuss them or say why they are not going to support them. This shows a lack of cooperation and goodwill. This is a sad day for Canadian democracy. The Conservative members of this committee reject all the amendments moved by the opposition parties. But these amendments were submitted to us by witnesses and various important organizations in Canada. It is really a sad day.

•(1005)

[English]

The Chair: Mr. Strahl, go ahead.

Mr. Mark Strahl: Thank you, Madam Chair.

I could make comments about grandstanding and all the rest of it, but I think what we have here is a Conservative private member who brought forward an excellent bill. He did so after doing much background research. He is a leader in this country on this issue. To suggest that he simply put this forward to grandstand with his electors is an insult. Certainly his bill is an excellent piece of legislation. It took into account many of the arguments made on the other side, and I have no problem certainly ceding to his expertise, knowing that he did the work necessary to draft an excellent bill.

The Chair: Dr. Fry, go ahead.

Hon. Hedy Fry: Thank you very much, Madam Chair.

I don't want us to leave this bill without making my comments as well.

I think that Mr. Albrecht put this bill forward with best intentions. I'm not going to presume to challenge his intentions. But, Madam Chair, having been a minister in government for six years when the government brought forth many government bills, I think that part of the process of moving a bill through its first, second, third reading, and committee is to be able to see whether a government, with all of a department's expertise at its fingertips, with many pieces of expertise coming from every area where the government consulted in order to bring forward that bill.... We went to committee stage mainly to hear from experts and witnesses who worked for years on the issues, who in fact were able to help us to strengthen bills, make our bills effective, so that eventually they would achieve the outcomes we were hoping they would achieve.

The concept, Madam Chair, that a single human being could do all the research and have all the knowledge and all the information on a particular issue, which is not even the person's area of expertise and profession, is a joke. No one has; not even governments, not even groups of people sitting around a table do. That's why we seek all of the input that we seek, in order to make these bills effective when they come to the floor.

I think I understand. I concur in some ways with what Dr. Morin is saying. What happens then is you put forward a bill....To have said that we do not support and we're not collaborative in this committee is a ridiculous and an unfair thing to say, and untrue. It is not borne out by any evidence at all. We have bent over backwards as opposition parties to support government agenda, to bring forward whatever they suggested we should study. Nothing we ever brought forward was ever agreed on by the government. When we look at bills and try to strengthen them and try to bring them forward, we do not have that same sort of collaboration.

It seems to me that it really doesn't matter what one says. If I inserted an amendment saying "Can we all have a banana, please", it would be voted against. I think it makes a farce of the committee, and I want to put that on record.

I want to apologize personally as a member of this committee to all of the witnesses who travelled across this country to come here

and present to us. They hoped against hope that this bill was the beginning of something they had been fighting for and it would really have desired effects and outcomes that would eventually put an end to the tragedy of suicide, only to hear that not a single thing they proposed, and none of the recommendations coming out of CASP, or any of the groups, has even been given a second thought that could enhance the bill.

We hear over and over that an individual, intelligent as he is, as well-meaning as he is.... I am not going to say anything pejorative about Mr. Albrecht, because I support his intent in this bill, but to imagine that an individual would have all that knowledge makes every single witness who came here seem redundant. I heard the word "redundant" spoken many times here. And to hear that none of them, when pitted against the wise knowledge and complete and total omniscience of the member who brought forward this bill, had anything new to add really disturbs me. So I apologize fully to the witnesses who came here with hope in their hearts, which has been dashed today.

Thank you.

•(1010)

The Chair: Ms. Davies.

Ms. Libby Davies: Thank you, Chairperson.

First of all, I certainly appreciate, and I think we all appreciate, the work that Mr. Albrecht did in bringing forward this bill. It is an important bill.

The witnesses we heard were really good. Some of them spoke from their own personal experiences, and others were very involved in front-line services. I feel pretty bad that all of the amendments got shot down, but that's the new reality. We understand that.

One thing we can do—because this bill is going to pass and go back to the House, and I'm sure then go on to the Senate—is we can all commit that we will follow this bill. Especially when the Mental Health Commission will be coming out with its report, that's something I want to commit to.

With this bill now going forward, we have to continue this work. I think it has been flagged for all of us.

This is an issue that was not talked about much in Parliament, and now it is being talked about. That's good. We're taking small steps. If we can follow up on this work with the bill and monitor what the Mental Health Commission is doing, then I think we will have made some progress.

I hope we'll focus on that and there will be a commitment from everybody to do that. We don't know who will be on the health committee in a year or so—changes happen—but we'll talk to our colleagues. I think we have to make sure we really do follow through and we don't let this issue go.

The Chair: Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

I want to take this opportunity to thank Mr. Albrecht and all the witnesses for helping put together a strong federal bill that can be implemented promptly. I know Mr. Albrecht did consult with stakeholders exhaustively before drafting this bill. He worked to make sure this was a strong federal bill. It respects provincial jurisdiction. It doesn't require more spending on royal assent, and it is not duplicative.

I want to thank him for putting forth such a strong federal bill. I'm happy to support it.

The Chair: Thank you.

Dr. Morin.

[*Translation*]

Mr. Dany Morin: I simply wanted to say that, when I referred to showing a piece of paper to the voters, I was not referring to Mr. Albrecht, but rather the whole Conservative government.

I sincerely think that the lack of openness of the Standing Committee on Health, formed on last May 2, can be attributed to an instruction from the Conservative government to systematically refuse all amendments moved by the opposition.

In contrast, when Mr. Albrecht appeared before the committee, I told him it was a good bill — as Dr. Fry also said — that could have been improved by the members of the Standing Committee on Health. I hope that the Senate will have better luck at making amendments, but I doubt it, with this attitude of the Conservative government.

[*English*]

The Chair: Thank you.

We have to vote on NDP-12. A recorded vote.

(Amendment negatived: nays 6; yeas 5)

(Clause 4 agreed to)

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

The Chair: Shall clause 1 carry?

Some hon. members: Agreed.

The Chair: Shall the title carry?

Some hon. members: Agreed.

The Chair: Shall I report the bill to the House, which will be on the Monday after break?

Some hon. members: Agreed.

The Chair: Thank you, committee.

I'm very pleased, as Ms. Davies said, that this is really the first time this has been put forward in committee. I'm very proud of what Mr. Albrecht has done with his research. It's a very good bill.

Thank you.

The meeting is adjourned.

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