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OPERATIONAL STRESS INJURY: A WICKED PROBLEM

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JCSP 40

Exercise *Solo Flight*

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OPERATIONAL STRESS INJURY: A WICKED PROBLEM

This paper will conduct an analysis on Operational Stress Injury (OSI) and the related issues and policies, which are not in full alignment with the existing programs in the Canadian Armed Forces (CAF). The analysis will show that OSIs, the comprehensive care package required and keeping up with programing is a wicked problem as compared to the Horst Rittel and Melvin Webber framework.

A *wicked problem* is a problem that is difficult to solve because of incompleteness or changing requirements that are often difficult to recognize. The effort to solve one part of a wicked problem could create other problems.[1]

Operational Stress Injuries (OSIs) have been labelled many different things in the past. Combat Stress Reaction, Combat Fatigue, Post-Traumatic Stress Disorder (PTSD) and Shell Shock just to name a few.[2] OSIs continue to torment soldiers and must be observed and monitored very carefully. The adverse effects of OSIs often will not manifest themselves until years after a deployment.

SUPPORT FOR OSI

There are many different support programs that exist within the CAF for the care of our soldiers. These programs can be simple programs, up to and including the comprehensive program called the Road to Mental Readiness (R2MR). CAF promotion of mental health awareness and provision of a comprehensive program of support for soldiers is a moral obligation, but it also fosters an environment of resilience. This proactive approach will aid in the future of mental health awareness at the institutional

[1] Wikipedia. "Wicked Problem," http://en.wikipedia.org/wiki/Wicked_problem.

[2] Wikipedia,"Combat stress reaction," http://en.wikipedia.org/wiki/Combat_stress_reaction, last accessed 22 May 15.

level. The CDS has articulated an emphasis on mental health and disseminated it through the various levels of command. The execution of this still remains a responsibility of all members and leaders. This is easier said than done; as situations change, having the right care at the right time is critical and very challenging.

ROAD TO MENTAL HEALTH READINESS

The *Road to Mental Readiness (R2MR)* training is a package on resilience and mental health training throughout the CAF members' career. *R2MR* training is task tailored to meet the relevant demands and responsibilities CAF personnel encounter at various stages of their career. This is to ensure that CAF personnel get the right training at the right time to help them prepare mentally for the challenges of CF service. Resilience is a cornerstone in this process. The focus on resilience is designed to help members so that they can have a functional and robust career to meet the associated challenges.[3]

STRENGTHENING THE FORCES

One of the main programs in the CAF is "Strengthening the Forces" (STF).[4] It is geared towards all CAF members, DND civilians and their families. Its intent is to look at the all-encompassing health of the CAF, not just mental health injuries or OSIs. The idea behind the program is as stated on the website is:

> The Strengthening the Forces (STF) health promotion program provides CAF leaders and personnel with the information, skills and tools necessary to promote and improve their health and well-being.[5]

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[3] Department of National Defence, "Road to Mental Readiness." http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page, last accessed 22 May 2015.

[4] Department of National Defence, "Strengthening the Forces: The CAF's Health Promotion Program" http://www.forces.gc.ca/en/caf-community-health-services-wellness/index.page, Last accessed 22 May 2015.

[5] Department of National Defence, "Strengthening the Forces: The CAF's Health Promotion Program" http://www.forces.gc.ca/en/caf-community-health-services-wellness/index.page, Last accessed 22 May 2015.

There are many related health issues in the CAF, as well as Canadian society, which have a broad scope and continuously change. STF aims to ensure the wellness of our members across the many different health areas. It assists in the health and physical fitness of our personnel, which is very important in our chosen profession. STF achieves this goal through a plan, using health-based solutions. It was designed to be robust and be able to respond to the preventive health area to ensure mission capability and success. STF targets risk factors and has mitigating education in areas of Addictions Awareness and Prevention, Injury Prevention and Active Living, Nutritional Wellness, Social Wellness, Initiatives and Challenges. To ensure that STF is effects based and contemporary it is governed by a multi-disciplinary Health Promotional Advisory Committee.[6]

STF and many of the other related programs that are offered exist to provide members with options as to how to best promote health and wellness. Ultimately these programs help to decrease the risk to soldiers and make soldiers more resilient through mitigation strategies.

OSISS

This peer support program is offered by VAC and DND.[7] The mission of the OSISS program is, "to establish, develop and improve social support programs for CF members, veterans, and their families who are affected by operational stress."[8] The vision is "To be an exemplary model of standardized peer support to Canadian Armed Forces

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[6] CFB North Bay, http://www.cg.cfpsa.ca/cg-cg/NorthBay/EN/HealthPrograms/HealthPromotion/Pages/MissionStatements.aspxl, last accessed 22 May 2015.

[7] OSISS, "Leave None Behind", http://www.osiss.ca/en/index.html, last accessed 22 May 15.

[8] *Ibid*.

(CAF) personnel, Veterans and their families."[9] OSISS has been in existence for approximately 15 years and provides services to all members and their families. This program is highly publicized as a support mechanism for soldier care. It functions through the use of peer support, a proven successful technique for assisting veterans and their families.

CARING FOR OUR OWN

This program is developed for the care of soldiers through all phases of a soldier's career life cycle, including deployment and associated OSIs. The *Caring for Our Own* program is a comprehensive approach that covers all phases of treatment and rehabilitation – to the return to work. It covers integration and coordination of services available through the military health care system, administrative and social support system, and the transition and veteran support system managed by VAC.[10]

Caring for Our Own has a goal to help member's meet the Universality of Service (U of S) requirements.[11] If a soldier fails to meet the U of S, a second MOC can be examined; or the CAF has other initiatives that take into account other employment opportunities, including a transition to civilian life. There is a belief within society that releasing an injured soldier who served their country is wrong. The CAF remains cognizant of their approach to soldier care, but there must be a standard by which the military defines the U of S based on its mission. Balancing the requirement to meet the U of S and the obligation to wounded soldiers is a highly sensitive topic. Recent coverage in the media of this issue has reinforced to the CAF leadership that a soldier should never be abandoned or treated differently; this leads to stigma.

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[9] *Ibid*.
[10] Department of National Defence, *Caring for Our Own*, 3.
[11] *Ibid*, 4.

As stated in the policy, "continuous quality improvement is a fundamental aspect of an effective health care culture; practitioners continually acquire new knowledge and develop new skills to update practice, improve health care outcomes and adapt to changing circumstances."[12]

MENTAL HEALTH FACILITIES

Caring for Our Own discusses mental health rehabilitation and states:

> The psychological fitness of military personnel is an essential component of operational effectiveness, and the provision of mental health care is a key part of the fundamental obligation of the CF to promote the well-being of their personnel. This challenge has become all the more pressing in recent years given the increased reporting rates of mental health disorders among CF military personnel and the heightened risk of operational stress injuries among members returning from deployed operations.[13]

OSIs are to be addressed within this concept. Operational Trauma and Stress Support Centers (OTSSC) were created throughout the CAF "in response to the increasing prevalence of PTSD and other OSIs."[14]

The Joint Personnel Support Units (JPSUs) and Integrated Personnel Support Centers (IPSCs) were stood up in 2009 to help coordinate support with the following mandate:

> The Joint Personnel Support Unit (JPSU) provides personal administrative support and programs to ill or injured CAF members of the Regular and Reserve Force who have a medical condition that precludes them from returning to their normal place of duty for a period of six months or more.[15]

The CAF stood up the JPSU/ IPSC as part of a comprehensive approach to support services that are a requirement for CAF soldiers. These centers are designed for soldiers

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[12] *Ibid*, 11.
[13] *Ibid*, 21.
[14] *Ibid*, 23.
[15] Department of National Defence, "Casualty Support", http://www.forces.gc.ca/en/caf-community-support-services-casualty-support/contact-info.page, last accessed 22 May 2015.

who hope to return 'fit full duties' and those who must transition to civilian lives. This initiative will standardize services and should also help with soldiers who could "fall through the cracks" of the system. The JPSU and IPSCs are meant to help coordinate care and those soldiers that could fall the cracks such as the Primary Reserves (PRes).[16]

Another resource for the CAF is medical health services across Canada.[17] There are many different expertise, "psychiatrists, psychologists, social workers, mental health nurses, addictions counselors, and mental health care chaplains with advanced training in pastoral counseling."[18] Soldiers usually must obtain the services by self-identification.

PRES CHALLENGES

In 2008 Mary McFadyen's special report "Reserved Care – an Investigation into the Treatment of Injured Reservists" explained that the CAF has different standards for RegF and Pres; this is viewed as simply unfair. PRes are exposed to the same conditions on deployment and in some cases unique conditions and should be afforded equal access to health and dental care. McFadyen said these problems have existed for decades, but the increased role of the PRes in operations today has made the problem worse. In 2012, a follow-up report was released to audit the government's progress on the implementation of recommendations made in the 2008 report. It was identified that only four of the 12 recommendations had been fully implemented, another six were partially completed and two were not addressed at all. This demonstrates the difficulty in implementing services policies, programs and services that benefit the PRes.

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[16] Department of National Defense, "Evaluation of Support to injured CF Members and their Families" http://www.crs-csex.forces.gc.ca/reports-rapports/2009/145P0827-eng.aspx#MHC, last accessed 22 May 2015.

[17] *Ibid.*

[18] Ibid.

At present there is nothing compulsory to force a soldier to see a mental health professional when they have not been on a deployment; this leads to soldiers not receiving required care. This is why leaders must foster a culture of mental wellness.

With respect to the programs and services highlighted, there is evidence to suggest that the CAF has moved forward in a positive manner to ensure the quality of its care is continually getting better. Many of these initiatives still have their hiccups. It is still very important that CAF leaders know how to access required services and that they recognize warning signs in order to counsel soldiers, thereby ensuring no soldier goes without receiving required care.

Some of the main issues that I have observed are difficulties for PRes soldiers to access care that is largely on large Canadian Forces Bases. The reality is that many current and former-serving Reservists live in locations geographically dispersed from these bases. This issue is further compounded by the lack of knowledge on the part of the chain of command regarding programming, difficulties in accessing proper care, and tracking soldiers after deployment. Coupled with this is the lack of understanding of civilian employers and the care requirements to treat OSIs for their "employees" who are affected. The general public's understanding of a soldier's experiences and reintegration difficulties when transitioning back to civilian life may not be taken for granted – an issue a soldier in the Reg Force would not encounter. PRes units' areas are also spread across provinces and can be an extremely long distance; this is a potential inhibitor to receiving proper care.

All of the CAF programs presented above are identified as applying equally to the PRes as they do to the Reg Force. The reality is that access to programs in a timely and effective manner is different depending upon the components.

Chain of Command engagement and advocacy is critical in the implementation of an effective PRes soldier care program. Leaders must understand all of the programs, their benefits, and have a consistent education program for their subordinates with a view to increasing knowledge on how to access resources.

> Reserve unit chains of command must be intimately and proactively involved in ensuring their returning personnel complete the post deployment process on time, including all necessary administration, interviews and medical appointments. Where individual Reservists are undergoing continuing care and treatment after full-time service, Reserve unit chains of command must remain in regular contact with CFHS case managers and take an active interest in the soldier's treatment program.[19]

Institutionalizing training for PRes soldiers in the IT, CT and PD cycle is very important. In PRes the delivery of training on programs will be different and potentially shorter, resulting in an ongoing challenge to institutionalize.

Issues with the PRes have been identified and acknowledged. Not all of the recommendations have been addressed. As the system moves forward and policies are developed, the PRes soldier contribution and employment dynamic must be taken into account. PRes soldiers require access to mental health care and comprehensive support services like JPSUs through a network of local IPSCs to address the issues of geographic isolation. Service via the Internet or 1-800 is not as effective in matters of mental health as face-to-face interaction. The PRes leadership must take a deliberate approach and follow the lead of the Reg Force.

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[19] http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=4129696
Report of the Standing Committee on National Defence, The Honourable Maxime Bernier, 53.

As leaders we must continue to educate ourselves on programs and policies in order to address our sick and ill soldiers in the PRes with OSI. Otherwise, it will make rehabilitation more difficult.

OSIs AND RELEVANT CARE IS A WICKED PROBLEM

OSIs and the related issues are in full alignment of wicked problems. Wicked problems arise when an organization must deal with something new, with change, and when multiple stakeholders have different ideas about how the change should take place. Although OSIs are nothing, new there are certainly multiple stakeholders and lots of change. They are social problems dealt with by planners and that make them wicked.[20]

If requirements are volatile, the constraints keep changing, stakeholders can't agree and the target is constantly moving, in all likelihood, you are dealing with a wicked problem. If considerable time and effort has been spent, but there isn't much to show for it, this may also indicate a wicked problem. According to Horst and Webber, wicked problems have the following 10 characteristics.

"There is no definitive formulation of a wicked problem."[21] Operational stress injuries come in many shapes and forms and the most common is PTSD. Although these symptoms may onset directly following a traumatic experience, in other cases they may appear year's later which makes it even more difficult to formulate the problem meeting this characteristic of a wicked problem. You never know when it will pop up.

OSIs are subtle physical changes in the brain. They occur when stress is too intense or lasts too long. These injuries affect the brain's ability to handle and adapt to stress, sights, sounds, movements, and memories. Stress injuries are true physical

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[20]Horst Rittel, Melvin Webber. *Dilemmas in a General Theory of Planning. Policy Sciences* 4, no. 2 (June 1973), 160.

[21]*Ibid,* 161.

injuries. Being in combat isn't a prerequisite to experiencing a stress injury. Stress injuries can be caused by a traumatic event (or events) or the build-up of low-level stress over time. To fully understand the problem and the solution is very difficult. Every time we attempt to create a solution, the problem can change. You can never be clear on which program or service may help until you try and it could be wrong in the end. The CAF has learned that the treatment of OSIs requires an individual case management process, as the contributing factor is unique to each member. A process of individual assessment and treatment takes time; there is no "cookie cutter" approach. Some of the contributing factors to the creation of an OSI are genetic, degree of exposure, environment conditions, addictions and other external stressors, all of which are unique to the member.

"Wicked problems have no stopping rule."[22] Because it is difficult to fully understand and define the problem, it is difficult to tell when it is resolved. The problem solving process ends when there are no resources left, stakeholder's loose interest or political realities change. This could happen with OSIs. As discussed above, you never know when OSIs will manifest. OSIs can appear many years after the triggering event. If it were to pop up again 20 years from now, you may not be able to predict what care and support mechanisms will be in place.

"Solutions to wicked problems are not true-or-false but good-or-bad."[23] In a wicked problem the criteria for deciding if the problem is resolved is ambiguous and getting all stakeholders to agree that a resolution is 'true-or-false' can be a challenge. The problem with OSIs: if we claim the resolution is in place and is 'true', that could mean potentially no follow up, then the issue could be dropped. Lives could be at stake.

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[22] *Ibid*, 162.
[23] *Ibid.*

OSIs can pop up years later. So, good enough for now is sometimes all you get until you see positive or negative outcomes. It is especially hard for PRes due to the fact there is no mandatory care outside of the military. As stated earlier, soldiers need to self-identify, and it is even more difficult for the PRes who are not near large military bases.

"There is no immediate and no ultimate test of a solution to a wicked problem."[24] Solutions to OSIs can generate many different consequences, and it is impossible to know how all of the consequences will eventually play out. A lot of time is involved in solutions and the development of a comprehensive care plan suited to the PRes member and based upon the services that are available locally. The bottom line: there is neither an ultimate test that can be used to diagnose OSIs in advance, nor a comprehensive care package that suits everyone. Education, chain of command awareness of members, and access to individual treatment is critical.

"Every implemented solution to a wicked problem has consequences."[25] For example when a solution was sought and we decided to hire teams of psychiatrists, psychologists and health care workers, we all thought this was a great solution. However, the issue arose that these systems were being put in place and the government was having issues finding qualified people. This created another problem.

"Wicked problems do not have a well-described set of potential solutions."[26] Various stakeholders such as health care workers, soldiers, politicians and society will have differing views of acceptable solutions. Depending upon who is in charge of the solution at the time, there could be many different solutions. It is a matter of judgment as to when enough potential solutions have emerged and which should be pursued.

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[24] *Ibid*, 163.
[25] *Ibid.*
[26] *Ibid*, 164.

"Every wicked problem is essentially unique."[27] There are no 'classes' of solutions that can be applied to a specific case. As there are so many different types of OSIs, you will never know what type of solution to apply; every soldier is different. This is part of the art of dealing with wicked problems: the art of not knowing too early on what type of solution to apply.

"Every wicked problem can be considered a symptom of another problem."[28] A wicked problem is a set of interlocking issues and constraints, which change over time, and which are embedded in a dynamic social context. So, for example, a soldier with an OSI may be part of a larger problem. Society could question that why would we send our soldiers overseas if a high percentage of them come home with PTSD. This is a different issue that would be addressed with different stakeholders.

"The causes of a wicked problem can be explained in numerous ways."[29] There are many stakeholders, such as the government, soldiers, health care workers, and society in general, who will have various and changing ideas about OSIs, what might be causing them, and how to provide care for OSIs.

"The planner (designer) has no right to be wrong." [30] A scientist is expected to formulate a hypothesis, which may or may not be supportable by evidence. In the case of OSIs, health care workers do not have this same luxury; they are expected to get things right. As discussed before, there are different care plans for different soldiers and if you do not get it right, consequences can be life threatening.

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[27] *Ibid.*
[28] *Ibid*, 165.
[29] *Ibid*, 166.
[30] *Ibid*.

This paper has conducted an analysis on Operational Stress Injury (OSI) and the related issues and policies which are not in full alignment with the existing Canadian Armed Forces programs. The analysis has demonstrated that OSIs, the comprehensive care package required and keeping up with programing is a wicked problem, as compared to the Horst Rittel and Melvin Webber framework.

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