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MENTAL HEALTH IN THE CANADIAN ARMED FORCES

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MENTAL HEALTH IN THE CANADIAN ARMED FORCES

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MENTAL HEALTH IN THE CANADIAN ARMED FORCES

AIM

1. Over the last two decades the Canadian Armed Forces (CAF) has been working to rebuild the mental health care system after drastic cuts in the 1990s. Efforts include restructuring of the CAF's health system, increased funding, increased access to personnel and programs, increased education and training, and increased research and data collection.¹ The aim of this service paper is to explore what more can be done or how the CAF can best leverage the programs it already has in place to ensure the right services are being provided to the right people at the right time.

INTRODUCTION

2. Since 2000, efforts have been made to reduce stigma and perceived barriers associated with seeking care. There have been increases in the availability of trained service providers and in the variety of both professional and peer based programs. Significant research has been done on suicide prevention and the CAF has invested in resiliency training to be accessed throughout a member's career to help "improve short term performance and long term mental health outcomes".²

3. Much statistical analysis has been done on the CAF mental health surveys from 2002 and 2013, along with the Statistics Canada survey from 2012 which gathered information in a similar

¹ Mark A. Zamorski, Rachel E. Bennett, David Boulos, Bryan G. Garber, Rakesh Jetly, and Jitender Sareen. "The 2013 Canadian Forces Mental Health Survey: Background and Methods." *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie* 61, no. 1 Suppl (2016a): 3S-5S.

² National Defence and the Canadian Armed Forces. "Road to Mental Readiness (R2MR)". last modified 13 Aug 2015, <http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page>

manner from the general Canadian public. A paper published in 2016 completed a statistical analysis on a socio-demographic corrected sample of the general population compared to that of the CAF and it was noted that Regular Force personnel had significantly higher rates of mental health issues, implying that the CAF must scale and resource it's mental health system to address the higher requirement for treatment.³ This paper will look at stigma and perceived barriers to care, the validity of resiliency training, suicide reports from 2016 and 2017, and the effectiveness and value of screening for mental health during various phases of a member's career.

DISCUSSION

4. The CAF is highly invested in reducing stigma associated with mental illness and barriers to getting help. In 2010 a paper examined the stigma and perceived barriers to care across five Western Armed Forces. While there were some variances, the results clearly indicated that "barriers to care continue to be a major issue for service personnel within Western military forces".⁴ The main perceived barriers that were identified were being seen as weak, being treated differently by superiors, and unit members having less confidence in the member.⁵ The CAF is trying to counter this perception by stressing in its training that there is strength in asking for help and that it is not seen as weakness. Another barrier to care that was presented in the paper was the time required for treatment; members felt that they would have trouble getting time off

³Corneliu Rusu, Mark A. Zamorski, David Boulos, and Bryan G. Garber. 2016. "Prevalence Comparison of Past-Year Mental Disorders and Suicidal Behaviours in the Canadian Armed Forces and the Canadian General Population." *Canadian Journal of Psychiatry.Revue Canadienne De Psychiatrie* 61, no. 1 Suppl (2016): 50S.

⁴ Matthew Gould, Amy Adler, Mark Zamorski, Carl Castro, Natalie Hanily, Nicole Steele, Steve Kearney, and Neil Greenberg. "Do Stigma and Other Perceived Barriers to Mental Health Care Differ Across Armed Forces?" *Journal of the Royal Society of Medicine* 103 (2010): 148.

⁵ Ibid. 149.

to attend appointments. This can be countered by leadership ensuring that members are provided the support they need to seek help and follow through with treatment.

5. A UK study completed in 2011 looked specifically at stigma and barriers in the UK Forces and found similar results. Interestingly this study also looked at serving and retired members finding that barriers to care were not reduced when people left the Forces.⁶ The CAF has made strides to address this with the creation of the Joint Personnel Support Units (JPSU) and Integrated Personnel Support Centre (IPSC), however more work is needed. General Vance acknowledged the issue and plans to address it with ‘the Journey’ ensuring that personnel are stepped through the release process and provided with all the transition support they need. Until that time, leaders need to be aware of this short fall and ensure that releasing members have the support structure they need established before release.

6. One of the positive steps that Canada has taken is the Operational Stress Injury Social Support (OSISS) program which puts members in contact with others who have an operational stress injury and allows peer support. Eliminating stigma and barriers to care will require a culture shift in the CAF. While progress has been demonstrated with changes made thus far, the CAF must continue to try to address barriers to care and stigma to complete the culture shift. Research demonstrates that leaders taking an active role in identifying and assisting members with receiving mental health support is particularly useful in helping the individual and helps

⁶ Amy C. Iversen, Lauren van Staden, Jamie Hacker Hughes, Neil Greenberg, Matthew Hotopf, Roberto J. Rona, Graham Thornicroft, Simon Wessely, and Nicola T. Fear. 2011. "The Stigma of Mental Health Problems and Other Barriers to Care in the UK Armed Forces." *BMC Health Services Research* 11, no. 1 (2011): 4.

defeat the stigma that seeking help is a weakness and that leadership will look down on an individual for doing so.⁷

7. Another well-known barrier to care is failure to recognize the need for care. The results of the CAF 2002 and 2013 mental health surveys were compared with the 2012 survey done by Statistics Canada from the general public. The authors determined that Regular Force members were more likely to recognize and receive the care required in 2013 than 2002. Furthermore the study found significantly higher rates of recognizing and receiving care needed in the CAF compared to the general population. This clearly demonstrates that the investments made so far in CAF mental health are paying off.⁸ Nevertheless, there are still CAF members, serving and retired, who are unaware or unwilling to seek help even though they require it. The CAF should create avenues where people can refer or report on what they are seeing in others to help catch some of these cases. As an outside observer, a friend, colleague, spouse, partner or supervisor might see changes that the member is unable to see in themselves.

8. In 2007The CAF developed Road to Mental Readiness (R2MR) training, the goal is a building block approach to institutionalize resiliency. It begins with career training and includes a deployment cycle of pre, during and post deployment that includes resources for family members as well. A longitudinal evaluation of this training has not yet been completed. The US Army developed a resiliency training program in 2009, Master Resilience Training (MRT), as part of their Comprehensive Soldier Fitness program. The 10 day program is administered to

⁷ Ibid. 8.

⁸ Deniz Fikretoglu, Aihua Liu, Mark A. Zamorski, and Rakesh Jetly. 2016. "Perceived Need for and Perceived Sufficiency of Mental Health Care in the Canadian Armed Forces: Changes in the Past Decade and Comparisons to the General Population." *Canadian Journal of Psychiatry.Revue Canadienne De Psychiatrie* 61, no. 1 Suppl (2016): 42S-43S.

senior NCOs and at the end they take the knowledge they gained back to the unit and teach their soldiers.⁹ While the initial results of this training seemed positive there has been much debate on the actual effectiveness of the training to stave off mental illness in soldiers. Researchers for the Coalition of Ethical Psychology argue that the report of success of the MRT “suffers from multiple inadequacies, including problems with methodology, data analysis, and the interpretation of findings.”¹⁰ In 2015 USA Today wrote an article that reviewed the 2014 results of an annual resiliency survey that US soldiers submitted online and it appeared to indicate that not much had changed. Soldiers still indicated a propensity for catastrophic thinking, lack of commitment to their job, and didn’t feel respected or valued by their superiors and peers.¹¹ More longitudinal research is required to assess the long term value of the current R2MR program.

9. According to the Government of Canada website R2MR training is to be delivered throughout a member’s career starting in basic training and being built upon as they take on further leadership roles. Additionally, “more specialized and tailored information is provided before and after deployment.”¹² However this program has not been fully institutionalized as many serving member of the CAF have not had all or any R2MR training. The deployment cycle is very in-depth and resource intensive as it relies on face to face interviews in conjunction with surveys. Care must be taken to ensure that this program is in fact being utilized to its fullest extent. The institution needs to ensure that R2MR training is provided at multiple stages in a

⁹ Karen J. Reivich, Martin E. P. Seligman, and Sharon McBride. 2011. "Master Resilience Training in the U.S. Army." *American Psychologist* 66, no. 1 (2011): 25.

¹⁰ Roy Eidelson, Stepen Soldz. “Does Comprehensive Soldier Fitness Work? CSF Research Fails The Test”. *Coalition for an Ethical Psychology*.(2012) http://www.ethicalpsychology.org/Eidelson-&-Soldz-CSF_Research_Fails_the_Test.pdf

¹¹ Greg Zoroya, “Army morale low despite 6-year, \$287M optimism program,” *USA Today*, 16 April 2015. <https://www.usatoday.com/story/news/nation/2015/04/16/army-survey-morale/24897455/>

¹² National Defence and the Canadian Armed Forces. “Career Cycle”. last modified 26 May 2016, <http://www.forces.gc.ca/en/caf-community-health-services-r2mr-career/index.page>

member's career and that the deployment and families cycles are being completed fully for all members. To enable this, the institution must ensure that it has adequate personnel employed in the mental health care system to allow timely and appropriate services to all members.

10. An annual suicide report is produced by the Directorate of Force Health Protection that statistically analyzes suicide from 1995 to latest year of data on record. Both the 2016 and 2017 suicide reports presented only Regular Force male suicides as data available for females and reservists was too small to ensure confidentiality and privacy concerns were met. Both reports indicated that there is no statistically significant increase in overall suicide rates in the CAF since 1995. Furthermore Regular Force male suicides were not statistically higher than that experienced by the general Canadian population.¹³

11. While these results are promising it doesn't alleviate the need to continue with education, prevention and appropriate services. Both reports indicate certain factors that statistically increase a person's risk for suicide. It is imperative that the CAF use the data from these reports to focus training, education and treatment programs and to hopefully identify individuals in need of help to prevent further tragedies.

12. Most Western Forces have significant screening as part of the initial intake process and often mental health screening is incorporated in the form of a questionnaire or as part of the intake medical. The screening tools are only meant to indicate gross mental health disabilities that would preclude an individual from serving in the Armed Forces and limited secondary

¹³ Elizabeth Rolland-Harris. *2017 Report on Suicide Mortality in the Canadian Armed Forces (1995 to 2016)*National Defence, (2017): 11; Elizabeth Rolland-Harris. 2016. *Report on Suicide Mortality in the Canadian Armed Forces (1995 to 2015)*National Defence, (2016): 38.

screening tools are used at enrollment.¹⁴ The CAF uses several screening tools throughout a member's career. There has been some argument that increasing the screening at enrollment can help reduce mental illness and injuries in the CAF, but early screening can be expensive and time consuming to administer and the results of early screening on actually preventing mental illness are controversial.

13. Studies have shown that pre-enlistment factors such as history of child abuse have a correlation with perceived need for care and accessing mental health services. Additionally a stronger association has been demonstrated between child abuse and suicide in military members than between deployment related traumas and suicidal outcomes.¹⁵ While this might on the surface indicate strong need for pre-enlistment screening, research has indicated that resiliency characteristics can change overtime with significant life experiences so selection criteria at enrollment based on resiliency factors "would have limited benefits in preventing occupational mental disorders in the long term".¹⁶ Therefore resources might be better spent gathering pre-enlistment trauma info from members after enlistment to flag those who are more vulnerable to mental illness or injury. This could be accomplished by making slight changes to the Recruit Health Questionnaire. Mental health follow up screening questionnaires could also be incorporated into the annual medical requirements to ensure the CAF has a current picture of each member's mental health.

¹⁴ Ritchie, Elspeth Cameron and Robert Andrew Cardona. 2007. "U.S. Military Enlisted Accession Mental Health Screening: History and Current Practice." *Military Medicine* 172, no. 1 (2007): 35.

¹⁵ Sarah Turner, Tamara Taillieu, Kristene Cheung, Mark Zamorski, David Boulos, Jitender Sareen, and Tracie O. Afifi. "Child Abuse Experiences and Perceived Need for Care and Mental Health Service use among Members of the Canadian Armed Forces." *Can J Psychiatry* 62, no. 6 (2017): 414.

¹⁶ Kerry A. Sudom, Jennifer E. C. Lee, and Mark A. Zamorski. 2014. "A Longitudinal Pilot Study of Resilience in Canadian Military Personnel: Longitudinal Stability of Resilience." *Stress and Health* 30, no. 5 (2014): 383.

14. There is limited evidence that pre-deployment screening can be used to predict mental health conditions that will arise as a result of deployment related trauma.¹⁷ Research seems to indicate that mental health appears to worsen 3 to 6 months post deployment so screens done immediately after deployment are not sufficient either.¹⁸ Follow up questionnaires and interviews as directed by R2MR are necessary to ensure that soldiers are getting the help they require. A review of the CAFs mental health approach in comparison to our Western Allies demonstrated high quality care but was subject to certain bottle-necks. One of the issues was efficient application in each deployment phase and communication.¹⁹ This is reflected in the Surgeon General's Integrated Health Strategy 2017 with an emphasis on optimizing communications within CF Health Services Group and with civilian partners.²⁰

CONCLUSION

15. The CAF is invested in the mental health of members and their families. Significant improvements have been made to mental health awareness and treatment for all members. This investment and focus must continue and more research is required to continue to best leverage the programs already in place for service personnel. Leadership must be engaged to help identify issues and reduce stigma with accessing mental health services as well as ensuring that personnel are given adequate time to address and treat mental health issues.

¹⁷ Roberto J. Rona, Richard Hooper, Margaret Jones, Lisa Hull, Tess Browne, Oded Horn, Dominic Murphy, Matthew Hotopf, and Simon Wessely. 2006. "Mental Health Screening in Armed Forces before the Iraq War and Prevention of Subsequent Psychological Morbidity: Follow-Up Study." *Bmj* 333, no. 7576 (2006): 4.

¹⁸ Sarah C. Hellewell, and Ibolja Cernak. 2018. "Measuring Resilience to Operational Stress in Canadian Armed Forces Personnel: Canadian Soldiers' Resilience to Stress." *Journal of Traumatic Stress* 31, no. 1 (2018): 90.

¹⁹ David Boulos, and Mark A. Zamorski. "Delay to Mental Healthcare in a Cohort of Canadian Armed Forces Personnel with Deployment-Related Mental Disorders, 2002-2011: A Retrospective Cohort Study." *BMJ Open* 6, no. 9 (2016): 16.

²⁰ Surgeon General's Integrated Health Strategy – 2017, *Integration for Better Health* (National Defence, 2017): 8.

16. There is not yet enough empirical evidence that addition screening will provide any value in predicting, recognizing and treating mental illness in CAF members. What is required is better communication between services and leadership to make sure everyone is aware of vulnerable members and that they are able engaged to follow up with services as required.

RECOMMENDATION

17. The CAF must continue to invest in its mental health program. Continued research is required to ensure our programs remain relevant and proper staffing is required to ensure all members have access to resources when required. Additional screening is not recommended due to cost and limited proof of predicative results. Instead resources should be focused on the programs currently in place and focus should be on interviews in conjunction with questionnaires to ensure vulnerable members are being identified and provided with the help they require.

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