



# ***INTERIM REPORT ON THE OPERATIONAL STRESS INJURIES OF CANADA'S VETERANS***

**Standing Senate Committee  
on National Security and Defence  
Subcommittee on Veterans Affairs**

The Honourable Joseph A. Day  
*Chair*

The Honourable Carolyn Stewart Olsen  
*Deputy Chair*

**June 2015**

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## MEMBERS

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The Honourable Joseph A. Day, *Chair*

The Honourable Carolyn Stewart Olsen, *Deputy Chair*

and

The Honourable Senators:

Daniel Lang

Grant Mitchell

Vernon White

*Other Senators who have participated from time to time in this study:*

The Honourable Senators Beyak, Campbell, Dallaire\*\*, Enverga, Frum, Jaffer, Neufeld, Plett, Wallace and Wells

*(\*\* retired Senator)*

### Committee Staff:

Adam Thompson, Clerk of the Subcommittee

Josée Thérien, Clerk of the Subcommittee

Martin Auger, Analyst, Library of Parliament

Isabelle Lafontaine-Émond, Analyst, Library of Parliament

Maritza Jean-Pierre, Administrative Assistant

Francine Pressault, Communications Officer

Alida Rubwindi, Communications Officer

## ORDER OF REFERENCE

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Extract from the *Journals of the Senate*, Wednesday, April 9, 2014:

The Honourable Senator Dallaire moved, seconded by the Honourable Senator Dawson:

That the Senate Standing Committee on National Security and Defence be authorized to study and report on:

(a) the medical, social, and operational impacts of mental health issues affecting serving and retired members of the Canadian Armed Forces, including operational stress injuries (OSIs) such as post-traumatic stress disorder (PTSD); and

(b) the services and benefits provided to members of the Canadian Armed Forces affected by OSIs, and to their families; and

That the Committee report to the Senate no later than December 31, 2015, and that it retain all powers necessary to publicize its findings until 90 days after the tabling of the final report.

After debate,

With leave of the Senate and pursuant to rule 5-10(1), the motion was modified to read as follows:

That the Senate Standing Committee on National Security and Defence be authorized to study and report on:

(a) the medical, social, and operational impacts of mental health issues affecting serving and retired members of the Canadian Armed Forces, including operational stress injuries (OSIs) such as post-traumatic stress disorder (PTSD);

(b) the services and benefits provided to members of the Canadian Armed Forces affected by OSIs, and to their families;

(c) new and emerging technologies, treatments and solutions to aid mental health conditions such as PTSD for members of the Canadian Armed Forces and Veterans;

(d) how those emerging technologies, treatments and solutions can be integrated into the benefit and services already provided by medical professionals working for National Defence and Veterans Affairs Canada; and

That the Committee report to the Senate no later than December 31, 2015, and that it retain all powers necessary to publicize its findings until 90 days after the tabling of the final report.

After debate,

The question being put on the motion, as modified, it was adopted.

Gary W. O'Brien  
*Clerk of the Senate*

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Delegation to the subcommittee

Extract from the Minutes of Proceedings of the Standing Senate Committee on National Security and Defence of Monday, April 28, 2014:

It was agreed that the order of reference on mental health issues affecting serving and retired members of the Canadian Armed Forces, adopted by the Senate on Wednesday, April 9, 2014, be delegated to the Subcommittee on Veterans Affairs.

The question being put on the motion, it was adopted.

# **INTERIM REPORT ON THE OPERATIONAL STRESS INJURIES OF CANADA'S VETERANS**

## **I. INTRODUCTION**

In the 2<sup>nd</sup> Session of the 41<sup>st</sup> Parliament, the Senate Subcommittee on Veterans Affairs of the Standing Senate Committee on National Security and Defence (referred to hereinafter as the "Subcommittee") initiated a study on the Operational Stress Injuries (OSIs) of Canada's veterans, which includes Post Traumatic Stress Disorders (PTSD). The aim of the study is to examine existing public and private sector programs and services available to serving members and veterans of the Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) suffering from OSIs as well as to explore new technologies and treatments that are emerging to help those individuals recover from their mental health conditions.

The Subcommittee began its study by seeking a clear definition of OSIs as well as an understanding of their prevalence among Canada's veterans. It then turned its attention to the various federal government programs and services provided to serving members and veterans of the CAF and RCMP suffering from OSIs. The Subcommittee held 13 meetings on the subject between February 2014 and May 2015.

This interim report provides an overview of what the Subcommittee has learned to date (up to and including its meeting on 13 May 2015) as part of its ongoing study and offers some preliminary thoughts on the issue. The report is subdivided into three main sections. The first section summarizes what the Subcommittee has heard about OSIs and their prevalence among Canada's veterans. It provides a description of OSIs, clinical treatments and psychosocial support, resiliency and recovery, as well as research in this field. The second section provides a brief overview of the various programs and services offered by the CAF and the Department of National Defence (DND), the RCMP, and Veterans Affairs Canada (VAC) to serving members and veterans of the CAF as well as RCMP members suffering from OSIs. The last section highlights some areas of concern identified by witnesses thus far in the course of this study.

The Subcommittee plans to continue its study in the following Parliament and will complete a final report with recommendations at a later date.

## **II. UNDERSTANDING OPERATIONAL STRESS INJURIES**

### **A. Defining Operational Stress Injuries (OSIs)**

Dr. Jitender Sareen, Professor of Psychiatry at the University of Manitoba, defined an OSI as "any persistent psychological difficulty resulting from an operational duty performed while serving in the Canadian Armed Forces or as a member of the Royal Canadian Mounted Police." It is "used to describe a broad range of emotional problems, including anxiety [disorders], depression or Post-

Traumatic Stress Disorder [PTSD], that interfere with a person's life.”<sup>1</sup> This is the same definition as the one used officially by VAC.<sup>2</sup>

The term OSI was devised in Canada in 2001 by Lieutenant Colonel (Retired) Stéphane Grenier, founder of the Operational Stress Injuries Social Support (OSISS) program, as a way to give “mental injuries” the same legitimacy as physical injuries and thereby help to reduce stigma associated with mental health problems.<sup>3</sup> It is important to note that the term OSI is not a diagnostic. According to the CAF and DND, it only refers to a “grouping of diagnoses that are related to injuries that occur as part of operations.”<sup>4</sup>

According to Dr. Sareen, in any given year, approximately one in four CAF members and veterans experience a mental health problem. This rate is similar to the one found in civilian society. “About one in four civilians will have a mental health problem,” Dr. Sareen emphasized. OSIs represent only a small proportion of the mental health problems experienced by military personnel and veterans.<sup>5</sup> “You have to remember that mental health problems are common and are not necessarily all related to an OSI or a deployment-related issue,” he explained. “Probably about a quarter of those 25 per cent — a quarter of a quarter — have an OSI-related mental problem at any one time.”<sup>6</sup>

The causes of OSIs are complex. Dr. Greg Passey of the British Columbia Operational Stress Injury Clinic, told the Subcommittee that OSIs such as PTSD can “occur virtually in the moment or it can occur years later.” Moreover, the “vast majority” of military personnel exposed to combat, “probably in the neighbourhood of 85%, are not going to develop something like an OSI or PTSD.” As he explained, there is “often a history of trauma or traumatic exposures in a person’s background that makes [certain individuals] more susceptible to develop PTSD” or another OSI.<sup>7</sup> As Dr. Sareen emphasized, operational trauma is often not the only stressor. There are usually other important stressors, such as “financial stress, childhood adversity, a family history of mental health problems, sometimes illicit drug use and, of course, chronic pain and physical health issues.”<sup>8</sup>

That being said, Dr. Sareen pointed out that military “deployments where service members face high levels of threat,” as was the case in Afghanistan (2001–2014), “have been shown to be an important risk factor for OSIs, compared to other missions where there’s lower threat.”<sup>9</sup> Colonel Andrew Downes, the CAF’s Director of Mental Health, concurred, explaining that sometimes “the deployment unmasks the symptoms that existed before the deployment.”<sup>10</sup> In other words, exposure to combat and other operational stresses and traumas can exacerbate those pre-existing symptoms and act as the triggering factor in developing an OSI.

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<sup>1</sup> Senate Subcommittee on Veterans Affairs (VEAC), [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 3 December 2014 (Jitender Sareen).

<sup>2</sup> Veterans Affairs Canada (VAC), “[Understanding Mental Health: What is an Operational Stress Injury?](#)”

<sup>3</sup> Jean-Rodrigue Paré and Melissa Radford, [Current Issues in Mental Health in Canada : Mental Health in the Canadian Forces and Among Veterans](#), In Brief, Publication No. 2013-91-E, Parliamentary Information and Research Service, Library of Parliament, Ottawa, 1 October 2013, p. 2.

<sup>4</sup> Department of National Defence (DND), [Surgeon General’s Mental Health Strategy](#), Canadian Forces Health Services Group, October 2013, p. 4.

<sup>5</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 3 December 2014 (Jitender Sareen).

<sup>6</sup> Ibid.

<sup>7</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 June 2014 (Greg Passey).

<sup>8</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 3 December 2014 (Jitender Sareen).

<sup>9</sup> Ibid.

<sup>10</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Colonel Andrew Downes).



Dr. Passey referred to military personnel and veterans suffering from OSIs as the “unknown fallen,” individuals who have “gone on their tours [of duty], survived their combat and have come home with physical wounds, with mental health issues, and who eventually succumb to those things, whether it’s by suicide or by disease process.” They rarely appear in official statistics related to casualties of war or military operations, Dr. Passey explained, nor are they commemorated. “Yet, they are casualties of their tours and of their duty.”<sup>11</sup>

PTSD is one of the most well-known OSI associated with military service. According to Dr. Passey, research shows that between 5 and 15% of military personnel returning from military operations are affected by PTSD. The problem with PTSD, he stated, is that the upper part of an individual’s brain, which is usually associated with logical thought, rational behaviour, and language, is “no longer in control.” Instead, the lower part of the brain, which is “tasked with keeping us alive, fighting danger or getting us to run away” (i.e., emotions) takes over. As Dr. Passey explained, PTSD is about “that disconnect and trying to get the top part in control again.” What is important is “not necessarily the traumatic event,” he explained, “but the person’s personal perception of the event.”<sup>12</sup>

OSIs such as PTSD are devastating. As Dr. Passey told the Subcommittee, “46% of people with PTSD will think of suicide” and “up to 19% will attempt.” Moreover, “individuals with PTSD are 90 times more likely to have physical complaints and they utilize the medical system 37 times more than the community and military members without PTSD.” He also stated that “there are high rates of relationship dysfunction, and 15% of relationships are in trouble. The divorce rate is double with PTSD, and it is triple the normal population for multiple divorces. PTSD is associated with cardiac disease, increased risk of chronic pain ... eating disorders, irritable bowel syndrome, stroke, cancer ... and about 80% of people with PTSD also have another brain disorder like depression, et cetera.”<sup>13</sup>

PTSD, Dr. Passey emphasized, is not limited to military service. It is also prevalent among police officers and other first responders. He pointed out that the rate of “PTSD and suicide” is “actually higher” among “first responders, ambulance attendants, firefighters, police” officers than among members of the armed forces. He further indicated that RCMP “rates of PTSD are actually higher than the [Canadian] military.”<sup>14</sup>

Moreover, PTSD is not always linked to “personal exposure” to a traumatic event. As Dr. Passey explained, “experiencing repeated or extreme exposure to adverse details of traumatic events” (for example, details of atrocities, child abuse or rape) can also trigger PTSD. Doctors, nurses, psychiatrists, police officers, firefighters, etc. are particularly at risk of developing what is known as secondary PTSD.<sup>15</sup>

## **B. Clinical Treatment and Psychosocial Support**

There are two main components to the treatment of OSIs. The first is the clinical treatment, which relies heavily on “cognitive behaviour therapy, along with some medication.” The second component is psychosocial support (family support, peer support, etc.). As Wayne Corneil, an affiliate scientist at the Institute of Population Health of the University of Ottawa, explained, “clinical treatment in and of

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<sup>11</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 June 2014 (Greg Passey).

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

itself will only take them [individuals suffering from OSIs] so far. ... It's the psychosocial support that will get them the rest of the way, rehab and functioning."<sup>16</sup>

Mr. Corneil told the Subcommittee that PTSD and other OSIs always occur in a social context. Looking at the psychosocial context is therefore important – “not just the exposure to the trauma or to the horrific events that people experience, but how they [people suffering from OSIs] respond to it with others or, in some instance, not and withdraw from others.”<sup>17</sup>

What is important therefore is the “level of support” that the person suffering from an OSI will receive after his or her exposure to a trauma event. According to Dr. Passey, the “support” component “is as important as or more important than any trauma event.” In his view, the “level of support ... will make a difference as to whether or not a person develops PTSD and how severe it is.”<sup>18</sup>

The Subcommittee learned that social support is a critical part of the recovery process. People suffering from an OSI not only need to rely on treatment providers, but also on the support of their families and of their peers for their recovery. “Having that team around the person is really important,” emphasized Dr. Sareen.<sup>19</sup> According to Mr. Corneil, “high levels of social support have been associated with a decreased intensity of PTSD” and other types of OSIs and “a more robust recovery.” That said, Mr. Corneil noted that “friends and non-vets aren't as significant [as family and fellow veterans] in terms of that recovery process.”<sup>20</sup>

Peer support, in particular, has proved highly beneficial. Research has shown that it is critical that individuals suffering from OSIs maintain contact with their peers (for example, serving members of the military or fellow veterans) as it “provides social interaction” and helps them support each other through shared experiences, the Subcommittee learned. The peer support process is therapeutic, Mr. Corneil emphasized. It “reduces their symptoms” and “helps them recover and heal.”<sup>21</sup>

The Subcommittee noted that OSIs not only have an impact on the affected individuals, but also on their families (spouses and children) and their relationships with friends, colleagues and other people (social network). Up to 50% of “partners” report “feeling on the verge of a nervous breakdown” in trying to deal with a loved one suffering from OSIs. Many family members face depression, sleep deprivation, and other problems – it is what Mr. Corneil calls the “caregiver burden.” He indicated that research shows that “the degree of caregiver burden increases with the severity of a serving soldier or veterans' PTSD.”<sup>22</sup> Taking care of those families and providing them with the support they need is therefore paramount.

### **C. Resiliency and Recovery**

The Subcommittee asked several witnesses what could be done from a prevention standpoint to limit the impact of OSIs on serving members and veterans of military and police forces. The Subcommittee learned that while the CAF and RCMP do screen people for mental health conditions at recruitment as well as at other stages in their military or police careers,<sup>23</sup> there is no mechanism to predict how a

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<sup>16</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 11 June 2014 (Wayne Corneil).

<sup>17</sup> Ibid.

<sup>18</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 June 2014 (Greg Passey).

<sup>19</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 3 December 2014 (Jitender Sareen).

<sup>20</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 11 June 2014 (Wayne Corneil).

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Deputy Commissioner Daniel Dubeau, Assistant Commissioner Gilles Moreau, and Sylvie Châteauvert); VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup>

person will react to traumatic incidents before they deploy on military or police operations. There is “no litmus test ... that we can put people through,” Mr. Corneil clarified.<sup>24</sup>

However, as Dr. Passey stated, training can help increase resiliency and coping strategies for individuals. And the more realistic the training, the more resilient individuals will be when exposed to traumatic events.<sup>25</sup> As an example, Mr. Corneil emphasized that pre-deployment preparations and training can help build an individual’s resiliency, what he calls the “battle mind.” Furthermore, when military personnel return from operations, he said, they need to decompress. Militaries are increasingly sending their deployed troops to “third location decompression” centres, where they do a “tremendous amount of peer support and ... therapy,” before returning home. The process helps reduce mental health problems and has proved beneficial in mitigating OSIs.<sup>26</sup>

At the same time, the Subcommittee was encouraged to hear that it is possible to recover from an OSI. As Dr. Sareen told the Subcommittee, “a substantial proportion, probably 50 to 60 per cent” of people suffering from OSIs, will recover “without any psychological treatment or psychiatric treatment” and will no longer “meet criteria for PTSD” or other types of OSIs over time. As he emphasized, “not everybody needs to get treatment.” Many people recover on their own or with social support from families and peers.<sup>27</sup>

That being said, unfortunately not everyone recovers from OSIs. Dr. Sareen explained this using the Rule of Thirds. “The rule in psychiatry,” he told the Subcommittee, is that one third of OSI patients “get a lot better,” another third have a “moderate recovery [they still have symptoms, but they’re able to function well], and a last third “continues to struggle over a long period of time.”<sup>28</sup>

Dr. Sareen described to the Subcommittee that “when there are co-occurring difficulties or other problems, then there seems to be a higher likelihood of persistence.”<sup>29</sup> As he articulated, if an individual suffering from an OSI has “co-morbidity – more than one condition, such as depression, anxiety, alcohol problems and childhood adversity,” then they are “more likely” to experience a persistence of their OSI symptoms over time than if they did not.<sup>30</sup> Moreover, “there’s strong evidence that co-occurrence of alcohol and drug addictions worsen outcomes for people with mood and anxiety disorders.” In other words, self-medication with alcohol or illegal drugs can contribute to the persistence of OSI symptoms.<sup>31</sup> Dr. Sareen also stated that OSIs often interrelate with physical health problems and that these must be treated in parallel. “We need to bring down both the physical pain and physical health issues as well as help the psychological problem,” he explained. “It’s usually complex.”<sup>32</sup>

In sum, “when we see people with ongoing difficulties,” Dr. Sareen remarked, “they often have physical health issues; they have emotional issues; sometimes they have addiction; and they have financial stress, as well as relationship problems in their families.”<sup>33</sup>

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Parliament, 4 February 2015 (Colonel Hugh Colin MacKay); VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 19 November 2014 (Ron Frey).

<sup>24</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 11 June 2014 (Wayne Corneil).

<sup>25</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 June 2014 (Greg Passey).

<sup>26</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 11 June 2014 (Wayne Corneil).

<sup>27</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 3 December 2014 (Jitender Sareen).

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

## D. Research

The world's understanding of OSIs is in constant evolution. OSIs are not a new phenomenon, explained Lieutenant-General David Millar, the Chief of Military Personnel. One hundred years ago, as the First World War (1914–1918) raged in Europe, the term “shell shock” was devised to describe the combat stress experienced by soldiers on the battlefield. But what are now called OSIs were not well understood or discussed at the time. “We didn’t understand the impact of mental illness, trauma and post-traumatic stress disorder back then,” Lieutenant-General Millar explained.<sup>34</sup> Research conducted over the years has since broadened our understanding of OSIs. And we are continually learning about it.

A case in point pertains to PTSD. In Canada and the United States, a diagnosis of PTSD is normally based on the diagnostic criteria established by the American Psychiatric Association in its *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Until 2013, when the fifth edition of the DSM was released, PTSD was classified as an “anxiety disorder.” This definition has now changed. PTSD has since been re-classed in the DSM as a “trauma- and stressor-related disorder.” Colonel Rakesh Jetly, the CAF Mental Health Advisor, explained that “it’s kind of like anxiety, but it’s actually something unique and related to trauma.” In his view, greater understanding of PTSD will further evolve as research related to that type of OSI continues in the future. Looking at PTSD “through the lens of trauma is going to change things,” Colonel Jetly underlined. “We’ll see an evolution as we go forward and look at other aspects” and, as a result, future iterations of the DSM will probably “tweak the diagnostic criteria quite significantly.”<sup>35</sup>

It is clear to the Subcommittee that there is still much to be learned about OSIs such as PTSD. Encouragingly, the Subcommittee learned that more and more OSI research is being done in Canada. Both the public and private sectors are engaged in that type of research and collaborating extensively with one another.

The Canadian Institute for Military and Veteran Health Research (CIMVHR) is the leading private sector research consortium on OSIs in Canada. Founded in November 2010 by Queen’s University and the Royal Military College of Canada in Kingston, Ontario, to foster the development of new military and veteran health research in Canada, the CIMVHR network now includes 37 Canadian universities and involves hundreds of academics and researchers across Canada.<sup>36</sup> CIMVHR’s main emphasis is on physical, mental and social health research, which focuses on prevention, treatment and rehabilitation. Ms. Alice Aiken, Director of the CIMVHR, indicated that “research done under the auspices of CIMVHR focuses on outcomes that will quickly translate into treatments, programs and policies.”<sup>37</sup> She said that CIMVHR is recognized around the world as the “gold standard for what an academic consortium focused on military and veteran health should be.”<sup>38</sup> Witnesses told the

<sup>34</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>35</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Colonel Rakesh Jetly). For more information on the various diagnostic criteria appearing in the latest edition of the DSM (DSM-5), see American Psychiatric Association (APA), *Diagnostic and Statistical Manual of Mental Disorders*, 5<sup>th</sup> Edition, Washington D.C., 2013; APA, “Fact Sheet: Posttraumatic Stress Disorder,” 2013; U.S. Department of Veterans Affairs, “[National Center for PTSD: DSM-5 Criteria for PTSD](#)”; Jean-Rodrigue Paré, [Post-Traumatic Stress Disorder and the Mental Health of Military Personnel and Veterans](#), Background Paper, Publication No. 2011-97-E, Library of Parliament, Ottawa, Revised 3 September 2013, pp. 2-3.

<sup>36</sup> Canadian Institute for Military and Veteran Health Research (CIMVHR), “[University Members](#).”

<sup>37</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 12 February 2014 (Alice Aiken).

<sup>38</sup> Ibid.

Subcommittee that the CAF and VAC both work extensively with the CIMVHR on the mental health research front.<sup>39</sup> Lieutenant-General Millar stated that CIMVHR mental health research “is bearing out the very surgical look at what is behind mental illness, behind the condition, behind PTSD not just as it pertains to military members but as it pertains to families as well. They are broadening the research.” He added that CIMVHR is “conducting the majority of the think tank activity, the research and support of our [CAF] clinical practices.”<sup>40</sup>

In the federal public sector, both the CAF and VAC are actively engaged in the conduct of mental health research. Witnesses from both organizations emphasized to the Subcommittee their commitment to provide leading-edge, evidence-based care to ill and injured CAF members and veterans. And this evidence-based care, they said, must be backed by solid research.<sup>41</sup> The importance of research was recently exemplified when DND announced in December 2014 that the CAF will establish a national Canadian Military and Veterans Mental Health Centre of Excellence in collaboration with VAC.<sup>42</sup> This centre of excellence, explained Lieutenant-General Millar, “will have a forward-looking perspective in research, education and clinical care. The centre will conduct research on unique aspects of military and veteran's mental health and will collaborate with scientific experts in academia, government, private sector, research consortia and with NATO and our Allies to ensure that the knowledge gained from leading-edge clinical research translates rapidly into clinical care.”<sup>43</sup> The CAF are currently in the process of setting up this centre of excellence, which should soon be operational.<sup>44</sup>

The Subcommittee was made aware of several important CAF and VAC research studies and surveys conducted in recent years to better understand the impact of OSIs on military personnel and veterans. “We have undertaken a considerable amount of research in the last several years to make sure that we have a better understanding of just what the implications are for soldiers on operations with respect to mental illness,” explained Colonel Hugh Colin MacKay, the CAF’s Deputy Surgeon General.<sup>45</sup>

The Subcommittee was told that the “most recent and probably the largest study” undertaken by the CAF was the Canadian Forces Mental Health Survey conducted in 2013 by Statistics Canada.<sup>46</sup> It found that one in six among the 6,700 CAF Regular Force members interviewed reported experiencing symptoms consistent with at least one of six selected mental or alcohol disorders, which included PTSD (5.3%) as well as major depressive episode (8.0%), general anxiety disorder (4.7%), panic disorder (3.4%) and alcohol abuse or dependence (4.5%).<sup>47</sup> The study showed, as Colonel MacKay pointed out, that PTSD was twice as high in 2013 as it was back in 2002, when

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<sup>39</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar); VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Lieutenant-Colonel Alexandra Heber).

<sup>40</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>41</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross); VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar); .

<sup>42</sup> DND, “[Canadian Armed Forces Established Centre of Excellence and Names Chair in Military Mental Health Research](#),” 11 December 2014.

<sup>43</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>44</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Colonel Rakesh Jetly).

<sup>45</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Colonel Hugh Colin MacKay).

<sup>46</sup> Ibid.

<sup>47</sup> DND, [Canadian Forces Mental Health Survey, 2013](#),” 11 August 2014; Statistics Canada, “[Canadian Forces Mental Health Survey, 2013](#),” 11 August 2014; DND, “[2013 Canadian Armed Forces Mental Health Survey](#)”; Caryn Pearson, Mark Zamorski and Teresa Janz, [Mental Health of the Canadian Armed Forces](#), Statistics Canada, 25 November 2014, pp. 1-10.

Statistics Canada conducted its previous mental health survey of the CAF. Colonel MacKay said that this difference in PTSD rate can be largely attributed to CAF military operations in Afghanistan.<sup>48</sup>

Canada's mission in Afghanistan (2001–2014) was the country's largest military deployment since the Second World War (1939–1945) and the armed force's first major combat operation since the Korean War (1950–1953). More than 40,000 CAF members were deployed to Afghanistan between 2001 and 2014.<sup>49</sup> According to DND, 158 of them were killed and another 2,179 were physically injured in that mission.<sup>50</sup> In addition, a number of CAF members have sustained PTSD and other OSIs as a result of their service in Afghanistan. A recent CAF study on cumulative incidence of PTSD and other mental disorders showed that over 13% of the more than 30,500 CAF members who deployed to Afghanistan between 2001 and 2008 were diagnosed with an OSI over an average period of follow-up of almost five years. Most of them suffered from PTSD (8%). The remainder (over 5%) were diagnosed with other types of deployment-related OSIs, such as depression and anxiety disorders.<sup>51</sup>

VAC also provided the Subcommittee with an overview of its latest research on OSIs. Dr. David Pedlar, VAC's Research Director, and Dr. Jim Thompson, VAC's Research Medical Advisor, offered a summary of the 2013 *Life After Service Survey*. That survey was conducted by Statistics Canada on behalf of VAC and involved approximately 3,000 interviews with CAF Regular Force members who were released from the military between 1998 and 2012 as well as CAF Reserve Force members released between 2003 and 2012. This is the second comprehensive survey on the health and well-being of CAF veterans initiated by VAC; the first was the 2010 *Survey on Transition to Civilian Life*. The 2013 survey showed, among other things, that 24% of Regular Force veterans and 17% of deployed Reserve Force veterans (Class C) had diagnosed mental health conditions (anxiety disorder, depression and other mood disorders, and PTSD) compared to 9% for non-deployed Reserve Force veterans (Classes A and B). About half of those Regular Force and deployed Reserve Force veterans were VAC clients.<sup>52</sup> VAC told the Subcommittee that additional *Life After Service Surveys* will be conducted in 2016 and 2019.<sup>53</sup>

According to VAC, veterans with mental health conditions represent a growing proportion of its client population; it rose from under 2% in 2002 to about 12 % by 2014. And this trend is expected to grow

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<sup>48</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Colonel Hugh Colin MacKay). For more information on the 2002 survey, see DND, "[The CF 2002 Supplement of the Statistics Canada Canadian Community Health Survey](#)."

<sup>49</sup> DND, "[The Canadian Armed Forces in Afghanistan](#)," 28 April 2015.

<sup>50</sup> DND, "[Fact Sheet — Canadian Forces' Casualty Statistics \(Afghanistan\)](#)," 19 February 2014.

<sup>51</sup> DND, "[Executive Summary for the Report on Cumulative Incidence of Post-Traumatic Stress Disorder and Other Mental Disorders](#)," 27 July 2013. See also David Boulos and Mark Zamorski, *Cumulative Incidence of PTSD and other Mental Disorders in Canadian Forces personnel Deployed in Support of the Mission in Afghanistan, 2001-2008*, Canadian Forces Health Services, Department of National Defence, November 2011, pp. 1-78; David Boulos and Mark A. Zamorski, "Deployment-Related Mental Disorders among Canadian Forces Personnel Deployed in Support of the Mission in Afghanistan, 2001-2008," *Canadian Medical Association Journal*, Vol. 185, No. 11 (August 2013), pp. E545-E552; David Boulos and Mark A. Zamorski

<sup>52</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 22 April 2015 (David Pedlar and Jim Thompson); Veterans Affairs Canada (VAC), *Mental Health and Well-Being of Canadian Armed Forces Veterans: The 2010 and 2013 Life After Service Surveys*, document distributed to the Senate Subcommittee on Veterans Affairs on 22 April 2015. See also DND and VAC, [2013 Synthesis of Life After Service Studies](#), 3 July 2014.; VAC, [Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey – Executive Summary](#), 3 July 2014.

<sup>53</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 22 April 2015 (David Pedlar and Jim Thompson).

in coming years as more and more CAF members who served in Afghanistan transition to civilian life.<sup>54</sup>

### III. FEDERAL GOVERNMENT PROGRAMS AND SERVICES PROVIDED TO SERVING MEMBERS AND VETERANS OF THE CANADIAN ARMED FORCES AND RCMP SUFFERING FROM OSIs

In the course of this study, several senior representatives of the CAF/ DND, the RCMP and VAC appeared before the Subcommittee to provide an overview of the various programs and services their organizations currently provide to serving members and veterans of the CAF and RCMP suffering from OSIs.

It should be emphasized that CAF / DND and RCMP programs and services are only offered to serving members of those organizations. Veterans of the CAF and RCMP can benefit from similar programs and services offered through VAC. Moreover, VAC also offers certain of its programs and services to serving members of the CAF and RCMP.

#### A. Canadian Armed Forces and Department of National Defence

When CAF members are either physically or mentally injured or suffer from an illness to the extent that they cannot function in their regular duties, they have access to a comprehensive framework of physical and psychological care programs and services known as *Caring for our Own*.<sup>55</sup> Launched in 2012, *Caring for our Own* organizes the CAF “programs and services offered to ill and injured CAF members and their families into an integrated system of care that ensures they receive the care and support they require through the successive phases of recovery, rehabilitation, and reintegration,” which is popularly known as the 3R approach.<sup>56</sup>

The main goal of *Caring for our Own* is to return as many ill and injured CAF members as possible to their full duties, including those suffering from OSIs. The recovery and rehabilitation phases are mostly handled by medical experts through the Canadian Forces Health Services Group, which is responsible for providing medical care to all ill and injured CAF members. The reintegration phase, on the other hand, is a shared responsibility between the CAF member, the medical staff and the chain of command. The focal point of the reintegration phase is the Joint Personnel Support Unit (JPSU) and its network of Integrated Personnel Support Centres (IPSCs).<sup>57</sup>

However, not all ill and injured military personnel can be reintegrated into the CAF. Under the CAF principle of Universality of Service, military personnel must be capable at all times of performing a number of fundamental military tasks and be fit for deployment anywhere around the world with little

<sup>54</sup> Office of the Auditor General of Canada (OAG), “[Chapter 3: Mental Health Services for Veterans](#),” *Fall 2014 Report of the Auditor General of Canada*, p. 1.

<sup>55</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Gerry Blais).

<sup>56</sup> DND, *Caring for Our Own: A Comprehensive Approach for the Care of CF Ill and Injured Members and their Families*; DND, “[Caring for Our Own](#),” 22 July 2014. Under *Caring for Our Own*, DND publishes and regularly updates a *Guide to Benefits, Programs, and Services for Serving and Former Canadian Armed Forces Members and their Families*, which provides “serving and retired Regular and Reserve Force members as well as their families with an overview of benefits, programs and services to which they may be entitled in the event of a member becoming disabled, ill, injured or deceased while serving in the CAF.” DND, *The Guide to Benefits, Programs, and Services for Serving and Former Canadian Forces Members and their Families*, pp. 1-81.

<sup>57</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Gerry Blais).

or no advance warning. For example, in order to be deployable, all CAF members must be capable of performing their duties under physical and mental stresses and with minimal medical support.<sup>58</sup> For ill and injured individuals who are no longer able to serve in the CAF, several programs and services are available to facilitate their transition to civilian life.<sup>59</sup> Severely ill and injured personnel no longer able to serve can remain in the military for up to three years before returning to civilian life. Within six months of the person being released, a handover takes place from the case managers at Canada Forces Health Services to the case managers at Veterans Affairs Canada. This is done to ensure that the transition process is as seamless as possible, explained Colonel Gerry Blais, Director Casualty Support Management and Joint Personnel Support Unit.<sup>60</sup>

According to Lieutenant-General David Millar, Chief of Military Personnel, the “provision of care and services to Canadian Armed Forces members with mental illness is a significant priority within our Canadian Forces,” adding that the CAF is committed to ensuring that personnel suffering from mental illness have access to medical care and support services necessary to return them to duty ... or assist their transition to civilian life.”<sup>61</sup> The following section provides a summary of what the Subcommittee heard from witnesses on those various CAF and DND programs and services.

## 1. Mental Health Programs and Services

Each year, approximately 15% of serving CAF Regular Forces members access CAF mental health programs and services.<sup>62</sup> The Canadian Forces Health Services Group is the main provider of those programs and services.<sup>63</sup> The CAF Mental Health Program, in particular, offers two levels of services: psychosocial services and mental health services. According to DND, psychosocial services provide “first-line mental health care that CAF members may access directly without a physician’s referral.”<sup>64</sup> Psychosocial services offered include psycho-educational information, counselling for individuals, couples and families, crisis management and interventions, addiction consultations, administrative support, and pre/post deployment screenings.<sup>65</sup> Mental health services, on the other hand, are a secondary-line of “specialized services structured to provide multidisciplinary, evidence-based care” and treatments.<sup>66</sup> To access mental health services, CAF members must have a referral from a physician.<sup>67</sup>

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58 DND, “[Medical releases: Universality of Service and Support to Our Ill and Injured](#),” 15 May 2014; DND, “[Defence Administrative Orders and Directives \(DAOD\) – DAOD 5023-0: Universality of Service](#)” and “[DAOD – DAOD 5023-1: Minimum Operational Standards Related to Universality of Service](#).”

59 VEAC, [The Transition to Civilian Life of Veterans](#), June 2014, pp. 46-47.

60 VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Gerry Blais).

61 VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

62 DND, [Surgeon General's Mental Health Strategy](#), Canadian Forces Health Services Group, October 2013, p. 5.

63 DND, “[Canadian Armed Forces Mental Health Services](#).”

64 DND, [Surgeon General's Mental Health Strategy](#), p. 16.

65 Ibid; DND, “[Canadian Armed Forces Mental Health Services](#).”

66 DND, [Surgeon General's Mental Health Strategy](#), p. 16.

67 Mental Health Services are subdivided into three main programs: a General Mental Health Program, an Operational Trauma and Stress Support Program, and an Addictions Treatment Program. The General Mental Health Program “provides assessment, individual and group treatment for those suffering from a broad range of mental health concerns,” such as depression, anxiety, and insomnia. The Operational Trauma and Stress Support Program “provides assessment, individual and group treatment for members suffering from an Operational Stress Injury,” such as PTSD. The Addictions Treatment Program “provides assessment and treatment for individuals experiencing dependence or problem usage with alcohol, drugs or other compulsive behaviours.” DND, “[Canadian Armed Forces Mental Health Services](#).”



The CAF Mental Health Program is mostly delivered through the CAF's network of 30 mental health clinics and 7 Operational Trauma and Stress Support Centres (OTSSCs).<sup>68</sup> The mental health clinics vary in size from base to base and provide general mental health care to CAF members.<sup>69</sup>

Lieutenant-Colonel Alexandra Heber, Psychiatrist and Section Head of Clinical Programs at the Canadian Forces Health Services Group's Directorate of Mental Health, told the Subcommittee that multidisciplinary teams of psychiatrists, psychologists, social workers, mental health nurses, specially-trained addiction counsellors and clinically-trained chaplains work together in those clinics to provide "the best treatment available for the condition from which [CAF] members suffer." The ultimate goal, she said, is "to return members to full duty if at all possible."<sup>70</sup> The OTSSCs, on the other hand, were established in 1999 as specialized clinics to specifically serve CAF members suffering from OSIs as a result of deployments on military operations. Lieutenant-Colonel Heber explained that multidisciplinary teams of highly skilled clinicians work at the OTSSCs to "assess, diagnose and treat" CAF members suffering from OSIs.<sup>71</sup> The OTSSCs are located in Edmonton (Alberta), Esquimalt (British Columbia), Gagetown (New Brunswick), Halifax (Nova Scotia), Ottawa (Ontario), Petawawa (Ontario) and Valcartier (Quebec).<sup>72</sup>

When he appeared before the Subcommittee, Lieutenant-General Millar stated that there was a minor shortage of mental health care professionals in the CAF network of mental health clinics and OTSSCs. He explained that as of January 2015, 94% of the 455 established positions for mental health care professionals within the CAF had been filled. However, he reassured the Subcommittee that "efforts are continuing to fill the remaining positions," but noted that this remains a "dynamic situation" as the CAF must continuously compete with the civilian sector for clinicians. That being said, Lieutenant-General Millar emphasized that "there are also over 3,000 civilian mental health professionals registered as service providers to the Canadian Armed Forces that we can refer our patients to in order to ensure timely access to service."<sup>73</sup>

## 2. Initiatives to Enhance Mental Awareness and Resiliency

In recent years, the CAF has launched several new initiatives to enhance the mental health and mental resilience of its members and to reduce stigma associated with OSIs and other mental health conditions. As Lieutenant-General Millar explained, many of these efforts have been a direct result of CAF participation in the war in Afghanistan. He further stressed, "I believe the trauma and the experiences from Afghanistan have ... opened our eyes to the need to prepare, train and educate ourselves and to make us more resilient in preparation for the types of trauma and hardships we will see when we deploy."<sup>74</sup>

In October 2013, for example, the CAF released the *Surgeon General's Mental Health Strategy*, which outlines how the military plans to "improve the mental health of CAF members and reduce the impact of mental injury and illness on operations."<sup>75</sup> More specifically, the strategy looks at the state and the impact of mental illness in the CAF and in Canadian society, analyses current CAF mental

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<sup>68</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>69</sup> DND, "[Backgrounder: Mental Health Services in the Canadian Forces](#)," 12 September 2012.

<sup>70</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Lieutenant-Colonel Alexandra Heber).

<sup>71</sup> Ibid.

<sup>72</sup> DND, "[Canadian Armed Forces Mental Health Services](#)"

<sup>73</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>74</sup> Ibid.

<sup>75</sup> DND, [Surgeon General's Mental Health Strategy](#), p. 1.

health programs and services, identifies areas where there are opportunities to improve the CAF mental health system, and sets strategic priorities and key areas of focus over the next five years.<sup>76</sup>

As another example, in 2009, the CAF introduced the Road to Mental Readiness (R2MR) mental health education, awareness and skills training program. According to DND, the R2MR program provides a “package of resilience and mental health training that is embedded throughout Canadian Armed Forces members’ careers, including the deployment cycle. R2MR training is layered and tailored to meet the relevant demands and responsibilities CAF personnel encounter at each stage of their career and while on deployment.”<sup>77</sup> R2MR was designed to ensure that the most appropriate training available was provided to CAF members so that they can be as prepared mentally as possible to deal with the various challenges that they may encounter throughout their military careers and while deployed on operations.<sup>78</sup>

Witnesses told the Subcommittee that the R2MR program was introduced to increase mental health education and knowledge within the CAF, decrease stigma associated with OSIs and other mental health conditions, enhance psychological resilience to traumatic events, and improve the performance and well-being of CAF members in response to operational and other sources of stress. According to Lieutenant-General Millar, R2MR is focused on making the men and women of the CAF “more resilient, more aware and understanding of the symptoms and signs of mental illness, and more willing to seek treatment much earlier.” The “training and education program starts when you are a brand new recruit coming to the Canadian [Armed] Forces,” he explained, “and continues throughout your career.”<sup>79</sup> Lieutenant-Colonel Heber told the Subcommittee that R2MR is “all about preparing people for combat, for stressful situations, but also for members and leadership to be able to identify when somebody is starting to struggle ... It’s also a program that helps decrease stigma ... We want to teach everybody that mental health is something we should all pay attention to. It’s like physical health.”<sup>80</sup>

The R2MR program “is working,” Lieutenant-General Millar indicated. “We have seen evidence of significant improvement in mental health knowledge and attitudes, and steady decreases in stigma and other barriers to care.” The CAF is, in fact, extending the R2MR program.<sup>81</sup> The success of the R2MR program is even recognized outside of the military. The Calgary Police Service and the RCMP, for example, have already implemented parts of the R2MR program into their respective police forces. Other police forces, firefighters and first responder organizations have also expressed interest in adopting the R2MR program. Colonel Jetly told the Subcommittee that R2MR has become

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<sup>76</sup> Ibid., pp. 1-27.

<sup>77</sup> DND, “[Road to Mental Readiness \(R2MR\)](#).”

<sup>78</sup> The R2MR program consists of two main training components for CAF members: Career Cycle Training and Deployment Cycle Training. Career Cycle Training begins at recruitment and is delivered throughout a CAF member’s career. Deployment Cycle Training consists of two main phases: Pre-Deployment Training and Post-Deployment Training. For example, as part of Post-Deployment Training, CAF members who return from deployment on military operations receive Deployment Transition and Reintegration Training, whose purpose is to educate and help them detect mental health problems early on. The CAF also provides Third Location Decompression to CAF members who return from deployment on international military operations as well as Enhanced Post Deployment Screening, which includes participation in screening interviews designed to promptly identify CAF members returning from military operations who might have developed mental health problems. DND, “[Career Cycle](#),” “[Deployment Transition and Reintegration Training](#),” “[Third Location Decompression](#),” and “[Enhanced Post Deployment Screening](#).”

<sup>79</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>80</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Lieutenant-Colonel Alexandra Heber).

<sup>81</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

“such a hit that we [CAF] were getting calls from every community to help.”<sup>82</sup> As a result, the CAF has partnered with the Mental Health Commission of Canada to “civilianize” and adapt the R2MR program to “civilian workplaces and to pilot training and education based on the R2MR continuum.”<sup>83</sup> When he appeared, Colonel Jetly reported that the Mental Health Commission of Canada was “now ... in the process of rolling it [civilian R2MR program] out nationally.”<sup>84</sup>

### 3. Casualty Support

CAF members suffering from physical and/or mental illnesses or injuries that preclude them from returning to work for a period of six months or more are normally posted to the Joint Personnel Support Unit (JPSU) and its network of 24 Integrated Personnel Support Centres (IPSCs) and 7 satellite offices across Canada.<sup>85</sup> The JPSU/IPSC network provides those ill and injured CAF members with a one-stop location to access the recovery, rehabilitation and reintegration programs and services available to them under the *Caring for Our Own* initiative. “There is a team dedicated to looking after those individuals,” Colonel Blais explained. “We have public servants who look after all the services side of things, and military people [who] act as their chain of command.” As the Subcommittee was told, the JPSU and its IPSCs bring together in one location family, spiritual, social and financial support specialists, along with Canadian Forces Health Services case managers and representatives of VAC and the Operational Stress Injury Social Support (OSISS) program.<sup>86</sup>

The JPSU/IPSC network currently employs more than 375 military and civilian personnel. Over 2,000 ill and injured CAF members are currently posted to the JPSU and its IPSC network, many suffering from OSIs.<sup>87</sup>

The aim of the JPSU/IPSC network, the Subcommittee heard, is to return to work as many ill and injured CAF members as possible. The reintegration of those ill and injured military personnel into the CAF is largely coordinated through the CAF’s Return to Work program.<sup>88</sup> At the moment, according to Colonel Blais, the “success rate for those entering a Return to Work program and returning to their units to full service is approximately 35 per cent.”<sup>89</sup> That said, with specific regards to OSIs, Lieutenant-Colonel Heber provided interesting return to work statistics based on a 2011 CAF study of 792 soldiers from a Gagetown infantry battle group who had deployed to Afghanistan in 2007. That study showed a “PTSD rate four years out [of] about 25 per cent,” Colonel Jetly emphasized to the Subcommittee.<sup>90</sup> Lieutenant-Colonel Heber reported that 45% of those treated for PTSD recovered, went into full remission and were able to return to “full duty” and that another 28% who were not in full remission, but whose condition had improved, were able to return to “some duties.” Only 27% showed minimal signs of improvement and had to be transitioned to civilian life. According to Lieutenant-Colonel Heber, these statistics speak to the success of the Return to Work program.<sup>91</sup>

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<sup>82</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Colonel Rakesh Jetly).

<sup>83</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 28 May 2014 (Howard Chodos).

<sup>84</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Colonel Rakesh Jetly).

<sup>85</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Gerry Blais).

<sup>86</sup> Ibid.

<sup>87</sup> Ibid.

<sup>88</sup> Ibid.

<sup>89</sup> Ibid.

<sup>90</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Colonel Rakesh Jetly).

<sup>91</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Lieutenant-Colonel Alexandra Heber).

For those ill and injured CAF members transitioning to civilian life, the CAF offers them a number of programs and services under the auspice of CAF Transition Services.<sup>92</sup>

#### 4. Peer and Family Support

CAF members suffering from OSIs also have access to a national peer support network known as the Operational Stress Injury Social Support (OSISS) program.<sup>93</sup> Established in 2001, OSISS is a partnership program managed by both the CAF and VAC that provides confidential, non-clinical, peer-based, social support to CAF members and veterans affected by an OSI as well as to their families.<sup>94</sup>

As Colonel Blais explained, OSISS offers “peer support from people who have been in theatre and have themselves suffered mental health issues.” These peer support coordinators help individuals suffering from OSIs by listening to them, sharing personal experiences, and making sure that they are getting the help that they need.<sup>95</sup>

According to Colonel Blais, OSISS peer support services are delivered across Canada by 54 “screened and trained” peer support coordinators “employed as public servants, as well as a robust network of trained volunteers,” all of whom bring “first-hand experience and practical knowledge of what it is like to struggle with an Operational Stress Injury or to live with someone who has an Operational Stress Injury.” OSISS, Colonel Blais emphasized, “complements the clinical care provided by the Canadian Armed Forces mental health professionals.”<sup>96</sup> In November 2014, DND announced that the OSISS program would expand over the next five years and that up to 2,200 veterans and their families would benefit from that expansion.<sup>97</sup>

Aside from the importance of peer support, several witnesses also spoke about the significance of family support. Colonel Russell Mann, the CAF’s Director Military Family Services, told the Subcommittee that the “family dimension ... is very important” to the mental health of CAF members. “When there’s a stable home front,” he said, “there is mission focus when it comes down for [CAF members] to deploy.” Spouses and partners are really “the strength behind the uniform.”<sup>98</sup> Taking care of military families, particularly those of ill and injured military personnel, is important to the CAF. “We know that mental health injuries are never suffered alone or in isolation,” Colonel Mann explained.<sup>99</sup> “As serious as physical or mental health issue is for the military member,” Colonel Blais said, “the pain and suffering is shared by their families.” This is why the CAF provides a range of programs and services to assist and support military families.

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<sup>92</sup> For more information on CAF Transition Services programs and services, see VEAC, [The Transition to Civilian Life of Veterans](#), June 2014, pp. 1-98; DND, [The Guide to Benefits, Programs, and Services](#), pp. 8-12; DND, “[Backgrounder: Canadian Armed Forces Transition Program](#).”

<sup>93</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>94</sup> DND, [The Guide to Benefits, Programs, and Services](#), p. 26.

<sup>95</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Gerry Blais).

<sup>96</sup> Ibid.

<sup>97</sup> DND, “[News Release: Government of Canada Takes Action to Strengthen Mental Health Support for Canadian Armed Forces Personnel, Veterans and their Families](#),” 23 November 2014; DND, “[Backgrounder: Government of Canada Takes Action to Strengthen Mental Health Support for Canadian Armed Forces Personnel, Veterans and their Families](#),” 23 November 2014.

<sup>98</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Russell Mann).

<sup>99</sup> Ibid.

The bulk of military family services are provided through a network of 32 Military Family Resource Centres (MFRCs) located in military communities across Canada. The Subcommittee heard that most of the MFRCs are co-located with the IPSCs in order to facilitate the delivery of services to CAF members and their families.<sup>100</sup> MFRCs provide a wide range of programs, services and resources to assist military families, which include, among other things, the provision of mental health education and counselling services.<sup>101</sup>

Moreover, in 2008, family liaison officers were introduced to specifically assist the families of CAF members coping with a physical or mental illness or injury. These are social workers who are employed by the MFRCs, but operate within the IPSCs. “Family liaison officers endeavour to support the IPSC team in delivering family-centred, consistent care, service and support” to the families of ill and injured CAF members, Colonel Mann explained. “Their services include crisis counselling, community outreach and education, as well as consultation and coaching to ill and injured family members.”<sup>102</sup> There are currently 32 family liaison officers working at 28 locations across Canada. The Subcommittee was told that the number of military families assisted by family liaison officers has been on the rise since 2008. “Despite the end of major combat operations in Afghanistan,” Colonel Mann commented, “family liaison officers continue to be routinely confronted with military families who are facing family relationship difficulties, physical injuries, mental health challenges, periods of grief and transition difficulties, which may include financial and/or employment issues.” By fiscal year 2013–2014, family liaison officers served no less than 1,585 different family units annually.<sup>103</sup>

The Subcommittee also learned in the course of its study that OTSSCs have extended certain services to military families. As Lieutenant-Colonel Heber explained, this includes “couple and family counselling as well as support and education about Operational Stress Injuries to the partners and family members of [OTSSC] patients.”<sup>104</sup>

In addition, military families can also partake in certain components of the R2MR program, particularly those related to pre-deployment and post-deployment training.<sup>105</sup> They can also participate in the OSISS program, which, as Colonel Blais emphasized, includes a “component geared to family members living with those suffering the effect of an Operational Stress Injury.”<sup>106</sup>

## B. Royal Canadian Mounted Police

Like the CAF, the RCMP offers several mental health programs and services to its members suffering from PTSD and other OSIs, some of which are provided through Health Canada.<sup>107</sup> In addition, in May 2014, the RCMP launched its first ever *RCMP Mental Health Strategy (2014–2019)*,<sup>108</sup> which, according to Lieutenant-General Millar, has been modelled on the CAF’s *Surgeon General’s Mental Health Strategy*.<sup>109</sup> The purpose of the five-year strategy, highlighted Deputy Commissioner Daniel Dubeau, the RCMP’s Chief Human Resources Officer, is to “address stigma,

<sup>100</sup>

Ibid.

<sup>101</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>102</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Russell Mann).

<sup>103</sup>

Ibid.

<sup>104</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Lieutenant-Colonel Alexandra Heber).

<sup>105</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Russell Mann).

<sup>106</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Gerry Blais).

<sup>107</sup> Royal Canadian Mounted Police (RCMP), “[Mental Health Services Available to RCMP Employees](#).”

<sup>108</sup> Ibid., RCMP, [RCMP Mental Health Strategy \(2014-2019\)](#), 1 May 2014.

<sup>109</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

maintain and/or improve employee mental health, and to continually improve on how the RCMP is addressing mental health issues.”<sup>110</sup>

## 1. Mental Health Programs and Services

Deputy Commissioner Dubeau underscored that “all RCMP employees and their families have access to 24-hour, 7days-a-week Employee Assistance Services (EAS) through Health Canada.”<sup>111</sup> This is the result of a memorandum of understanding (MOU) between the RCMP and Health Canada.<sup>112</sup> As Deputy Commissioner Dubeau explained, “this confidential service can provide access to counselling for up to eight hours per issue for an unlimited number of person or work-related issues.” This includes mental health issues.<sup>113</sup>

The Subcommittee also heard that the RCMP offers a Peer to Peer Program to its employees, which gives them access to internal peer to peer coordinators.<sup>114</sup> According to Deputy Commissioner Dubeau, the Peer to Peer Program serves as a “conduit to Employee Assistance Services” and as a focal point to access other resources within the RCMP that could be of assistance, “including, but not limited to, our Occupational Health Services, our Informal Conflict Management systems, our Staff Relations Representatives, our Bargaining Agents and our Chaplains.”<sup>115</sup>

In addition, Deputy Commissioner Dubeau told the Subcommittee that under the RCMP’s Occupational Health Care Program (OHC), “serving members experiencing a psychological crisis or those who require addiction or other therapy can access psychotherapeutic services from psychologists licensed from a provincial or territorial regulatory authority for services they deliver.” These services “may be provided by other mental health professionals when deemed appropriate by the RCMP psychologist.”<sup>116</sup> The Subcommittee learned that OHC represents an “extra level of care that the RCMP may choose to provide to minimize limitation and restriction that affect a members’ fitness for duty and to maximize employability.”<sup>117</sup> Below are a few examples of mental health support services that the RCMP provides under its OHC program:

- *RCMP Occupational Health Services*: Offers a number of support services, including confidential psychological support services either individually or in a group for psychologically traumatic incidents; confidential psychological services for the RCMP’s Undercover Drug Program; suicide prevention and post-mortem assessment; psychological interviews in an attempted suicide; psychological assessments and debriefings; preventative activities; and short-term counselling and/or therapy.<sup>118</sup> The RCMP operates 11 Occupational Health and Safety Services (OHSS) offices across Canada. According to the RCMP, the OHSS health services teams that assist RCMP members suffering from mental health problems include medical doctors, psychologists, occupational health nurses,

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<sup>110</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Deputy Commissioner Daniel Dubeau).

<sup>111</sup> Ibid.

<sup>112</sup> RCMP, “[Mental Health Services Available to RCMP Employees](#).”

<sup>113</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Deputy Commissioner Daniel Dubeau).

<sup>114</sup> RCMP, “[Mental Health Services Available to RCMP Employees](#).”

<sup>115</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Deputy Commissioner Daniel Dubeau).

<sup>116</sup> Ibid.

<sup>117</sup> Ibid.

<sup>118</sup> Ibid.

occupational safety officers, disability case manager, return to work facilitators and duty to accommodate coordinators.<sup>119</sup>

- *RCMP Supplemental Health Care Benefit Program*: Provides serving members of the RCMP with personal, group, family and couples counselling by an approved psychologist.<sup>120</sup>
- *Public Service Health Care Plan*: Former members of the RCMP are offered the option to become a plan member under the Public Service Health Care Plan upon retirement. This plan includes coverage for psychological services.<sup>121</sup>

## 2. RCMP Cooperation with the Canadian Armed Forces and Veterans Affairs Canada

For serving members and veterans of the RCMP suffering from OSIs, VAC provides assessment, treatment and support through its network of OSI clinics. The CAF also offers similar services to serving members of the RCMP through its own network of OTSSCs.<sup>122</sup> It should be noted, however, that serving members of the RCMP can only receive treatment at those VAC OSI clinics and CAF OTSSC clinics when referred by their treating physician and approved by an RCMP Health Services Officer. In other words, they have to be referred to those clinics through the RCMP. RCMP veterans, on the other hand, can access the VAC OSI clinics directly if they are receiving a VAC disability pension.<sup>123</sup> As Deputy Commissioner Dubeau explained to the Subcommittee, “Veterans Affairs Canada administers all treatment and benefits, including psychological counselling and use of OSI clinics, for former RCMP members with a pensionable OSI condition.”<sup>124</sup>

The Subcommittee heard that the number of serving RCMP members who have obtained treatment for an OSI at VAC’s OSI clinics and at the CAF’s OTSSCs has increased from 52 in 2010 to 239 in 2014.<sup>125</sup> The Subcommittee also heard that in 2014, 3,095 serving members and veterans of the RCMP were in receipt of a VAC disability pension for PTSD or other OSIs. Of these, more than 1,200 were still serving in the RCMP.<sup>126</sup> In that regard, the Subcommittee was told that the number of serving members of the RCMP receiving a VAC disability pension significantly increased in recent years, from 548 in 2008 to 1,217 by 2014.<sup>127</sup>

In addition, the Subcommittee was informed that serving and retired members of the RCMP have been given access to the OSISS peer support network, which is jointly managed by the CAF and VAC. “Through no formal arrangements to date,” explained Sylvie Châteauvert, Director General of the RCMP’s Occupation Health and Safety Branch, “we’ve had the privilege — we being the RCMP — to use the OSISS program.” The RCMP is currently planning to strengthen its participation in OSISS, the Subcommittee learned. “We are currently in dialogue and working with DND to have a

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<sup>119</sup> RCMP, “[Mental Health Services Available to RCMP Employees](#).”

<sup>120</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Deputy Commissioner Daniel Dubeau).

<sup>121</sup> Ibid.

<sup>122</sup> Ibid.

<sup>123</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Deputy Commissioner Daniel Dubeau, Sergeant Brian Sauvé and Sylvie Châteauvert). See also RCMP, “[Mental Health Services Available to RCMP Employees](#).”

<sup>124</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Deputy Commissioner Daniel Dubeau).

<sup>125</sup> Document provided by the RCMP to the Senate Subcommittee on Veterans Affairs on 6 May 2015.

<sup>126</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Sylvie Châteauvert).

<sup>127</sup> The 548 disability pensioners for 2008 include 455 with PTSD and 93 with other OSIs. The 1,217 disability pensioners for 2014 include 1,014 with PTSD and 203 with other OSIs. Document provided by the RCMP to the Senate Subcommittee on Veterans Affairs on 6 May 2015.

more formal arrangement,” Ms. Châteauevert said, “so that we can further promote it because ultimately the goal is really to destigmatize mental health issues and ensure that members get the help that they need.”<sup>128</sup>

Moreover, as mentioned earlier, the RCMP has been working with the CAF to adapt the R2MR mental health resilience and training program to policing. R2MR workshops adapted to meet the needs of RCMP members were piloted at the RCMP’s “J” Division in New Brunswick. The pilot project showed positive results. “Really the outcome of the study did demonstrate that, through the workshop, through the research, we could increase mental resilience,” Ms. Châteauevert remarked.<sup>129</sup> The RCMP is currently working with the Mental Health Commission of Canada, as well as several Canadian universities to further review the R2MR program and adapt it to the RCMP.<sup>130</sup>

### C. Veterans Affairs Canada

VAC offers a range of programs and services to CAF and RCMP veterans suffering from OSIs and other mental health issues as well as to their families. This includes providing disability compensation, financial support and transition to civilian life services to veterans suffering from service-related injuries (physical and mental) as well as funding health care and re-establishment services to improve the physical and mental wellbeing of veterans and to encourage their independence.<sup>131</sup>

#### 1. Mental Health programs and Services

According to VAC, the number of veterans receiving VAC disability benefits for a mental health condition has steadily increased over the past fifteen years. It rose cumulatively from 2,137 veterans in fiscal year 2001–2002 to 18,071 by 2013–2014. At the end of December 2014, it stood at 19,015.<sup>132</sup> As Dr. David Ross, VAC’s National Clinic Coordinator, explained, this increase has resulted in a growing demand for mental health services.<sup>133</sup>

The VAC programs and services for CAF and RCMP veterans suffering from OSIs include, among other things, access to a national network of Operational Stress Injuries (OSI) clinics.<sup>134</sup> Established in 2002, this network consists of nine OSI clinics located across Canada. These are situated in Calgary (Alberta), Edmonton (Alberta), Fredericton (New Brunswick), London (Ontario), Ottawa (Ontario), Quebec City (Quebec), Sainte-Anne-de-Bellevue (Quebec), Winnipeg (Manitoba), and Vancouver (British Columbia). A tenth OSI clinic is scheduled to open in Halifax (Nova Scotia) in

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<sup>128</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Sylvie Châteauevert).

<sup>129</sup> Ibid.

<sup>130</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Deputy Commissioner Daniel Dubeau, Sergeant Brian Sauvé, and Sylvie Châteauevert).

<sup>131</sup> VAC, [Report on Plans and Priorities 2015-16](#), p. 4.

<sup>132</sup> It rose cumulatively from 2,137 (FY 2001-2002) to 3,501 (FY 2002-2003), 4,894 (FY 2003-2004), 6,491 (FY 2004-2005), 8,385 (FY 2005-2006), 10,250 (FY 2006-2007), 11,045 (FY 2007-2008), 11,888 (FY 2008-2009), 12,689 (FY 2009-2010), 14,111 (FY 2010-2011), 15,304 (FY 2011-2012), 16,673 (FY 2012-2013), 18,071 (FY 2013-2014), and 19,015 (December 2014). VAC, *Operational Stress Injury National Network*, p. 3, document provided to the Senate Subcommittee on Veterans Affairs on 13 May 2015.

<sup>133</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross).

<sup>134</sup> VAC, *Operational Stress Injury National Network*, p. 4, document provided to the Senate Subcommittee on Veterans Affairs on 13 May 2015. See also VAC, [“Mental Health”](#) and [“Backgrounder – Mental Health Services and Support.”](#)



2015. In addition, VAC recently opened a number of smaller satellite clinics to further reach out to people in communities across Canada. These satellite clinics are situated in Brockville (Ontario), Chicoutimi (Quebec), Hamilton (Ontario), Kelowna (British Columbia), Montreal South Shore (Quebec), Pembroke (Ontario), St. John's (Newfoundland and Labrador), Toronto (Ontario), and Victoria (British Columbia). Moreover, VAC's network of OSI clinics also includes a Residential Treatment Clinic and a Chronic Pain Management Clinic, both located at Ste. Anne's Hospital in Sainte-Anne-de-Bellevue.<sup>135</sup>

The Operational Stress Injuries National Network, or OSINN, is responsible for supporting, guiding and performance managing this national network of OSI clinics.<sup>136</sup> These OSI clinics provide a range of clinical assessment, treatment, prevention and support services to veterans and their families. Each clinic is staffed with a multidisciplinary team of psychiatrists, psychologists, social workers, mental health nurses and other specialized clinicians.<sup>137</sup> Veterans can only access the OSI clinics through referrals. As Dr. David Ross described, "the only referrals we can take are through either VAC or our MOU partners [for example, the RCMP] within the stipulated limits, and it's the MOU partner who determines those at this point." A "community physician cannot refer to us directly," he emphasized.<sup>138</sup>

Dr. Ross told the Subcommittee that these OSI clinics are the result of a "partnership based on a gentleman's agreement between the federal government and respective provincial governments." VAC funds the clinics, but the clinics are "staffed by provincial [health] care people and are managed operationally by their own people."<sup>139</sup> "We maximize the provincial health system where we can," said Mr. Michel Doiron, VAC's Assistant Deputy Minister (Service Delivery), "and the OSI clinic is an example of that. The Government of Canada pays the entire cost of the clinics, which are managed by the province."<sup>140</sup> Dr. Ross confirmed the reason for this federal-provincial government approach:

Ultra specialized clinics, if they are going to serve the people who really need them the most, then they need to be well integrated into the local systems of care. If you bring them in and drop them on top of local system of care, it is much harder to establish the referral networks and to develop those hallway relationships that are so important in actually making it work. So for better or worse the decision was, from the very beginning, to go this path, and it has paid off in many ways.<sup>141</sup>

Indeed, the Subcommittee was told that there have been more than 10,600 referrals to those OSI clinics since the creation of the network in 2002.<sup>142</sup> According to Dr. Sareen, "veterans get very high-

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<sup>135</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross); VAC, *Operational Stress Injury National Network*, p. 4-6, 9, document provided to the Senate Subcommittee on Veterans Affairs on 13 May 2015. See also VAC, "[Network of OSI Clinics](#)."

<sup>136</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross).

<sup>137</sup> Ibid; VAC, *Operational Stress Injury National Network*, p. 7, document provided to the Senate Subcommittee on Veterans Affairs on 13 May 2015; VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross).

<sup>138</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross).

<sup>139</sup> Ibid.

<sup>140</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (Michel Doiron).

<sup>141</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross).

<sup>142</sup> Ibid.

quality access to psychosocial treatment [at those VAC OSI clinics] that I don't think our civilian system has the same access."<sup>143</sup>

VAC witnesses informed the Subcommittee that VAC's OSI clinics have "extended some of [their] services to family and children."<sup>144</sup> Dr. Ross said that the VAC provides "screening assessment and couple therapy in all of [its] clinics" and that "some of [its] clinics are also providing help to adolescents."<sup>145</sup>

Aside from its OSI clinic network, VAC provides various other mental health services to veterans suffering from OSIs. The Subcommittee heard, for example, that VAC offers case management for individuals with complex physical and/or mental health conditions. Mr. Doiron said that a "high percentage of [VAC's] case managed veterans," which number approximately 7,000, "have mental health issues."<sup>146</sup> At the moment, there is one case manager for 40 case-managed veterans. "That ratio did not take into account the complexity and the intensity related to manage mental health clients," Mr. Doiron shared with the Subcommittee. He reported that VAC is trying to bring that ratio down to no more than 30 to 1. At the same time, VAC is trying to reduce the time it takes to assign a case manager to a veteran and develop a case plan, which currently stands at between 45 and 60 days. He indicated that the department wants to "bring that down to much faster."<sup>147</sup>

The Subcommittee was also told that VAC has clinical care managers that can be "brought on for a limited period of time to provide a very special level of intense, supportive service" to veterans with complex mental health needs when this is required. VAC has also access to more than 4,000 registered community mental health care professional, who can provide care to veterans suffering from OSIs across Canada.<sup>148</sup>

There are also the VAC Pastoral Outreach and Mental Health First Aid programs. The Pastoral Outreach Program provides veterans and their immediate family with spiritual support when the need arises. Services provided are similar to those offered by CAF and RCMP chaplains to those who are still serving.<sup>149</sup> The Mental Health First Aid Program, on the other hand, is a new initiative launched in partnership with the Mental Health Commission of Canada. Dr. Ross pointed out that this is a training program to "coach a group of people" in a relatively short period of time on "how to recognize, not diagnose, signs of distress; how to make the initial intervention; and how to support them if they need more intensive care." It's a particularly valuable tool, he argued, as "most people with mental health problems are capable of self-directing themselves out of distress, if only they are given the right supports and they have the right options."<sup>150</sup> VAC's plan is to deliver Mental Health First Aid training to about 3,000 veterans, their families and caregivers over the next five years.<sup>151</sup>

The Subcommittee also learned how VAC is using new technologies to enhance mental health awareness and promote its mental health programs and services to the veterans' community. In 2013, for example, VAC launched its PTSD Coach Canada initiative, which is a free mobile app that

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<sup>143</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 3 December 2014 (Jitender Sareen).

<sup>144</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (Michel Doiron).

<sup>145</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross).

<sup>146</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (Michel Doiron).

<sup>147</sup> Ibid.

<sup>148</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross).

<sup>149</sup> Ibid.

<sup>150</sup> Ibid.

<sup>151</sup> VAC, "[Mental Health First Aid](#)"; VAC, "[\\$200 Million for Mental Health Services](#)," 23 November 2014.

can help veterans and their families manage the symptoms of PTSD. “It helps prompt people with how to cope and helps them measure how they are doing over time,” underlined Dr. Ross.<sup>152</sup> He added that there is also OSI Connect, which is another “app that is on your iPhone or Android.” Its “purpose is simply to make services more accessible and more generally known.”<sup>153</sup>

Finally, VAC continues to partner with the CAF in the OSISS program, which, as already mentioned, provides peer support to serving members and veterans of the CAF and RCMP suffering from OSIs and to their families.<sup>154</sup>

#### **IV. AREAS OF CONCERN IDENTIFIED BY WITNESSES**

Witnesses identified a number of areas of concern and possible improvements to the programs and services offered by the CAF / DND, the RCMP and VAC to serving members and veterans of the CAF and RCMP suffering from OSIs. The Subcommittee intends to investigate those issues more thoroughly in the next phase of its study. Below are some of the key areas of concern identified by witnesses to date.

##### **A. The Stigma Barrier**

Several witnesses stressed that eliminating stigma associated with OSIs and other mental health conditions remains a challenge in the CAF and RCMP. “There’s no doubt that there is still a lot of stigma around mental health, whether it’s in the military or outside the military,” Bronwen Evans, Managing Director of True Patriot Love, shared with the Subcommittee. “It’s amplified in the military, because there is an expectation that you’re strong — it’s part of your job.” With specific regards to the CAF, she said that “even though the Department of National Defence and the Military Family Resource Centres [MFRC] might offer some excellent programs for treating mental health issues, for the soldiers there’s a stigma associated with accessing those, whether it’s through the MFRC or through traditional government programs.”<sup>155</sup>

Similarly, she highlighted that military families also experience stigma. “Even for a family member, for a spouse to go into an MFRC and say, ‘You know what, we’re having some challenges at home; I think my husband or wife might be suffering from PTSD,’ they feel in a sense they’re telling on them and it could somehow compromise their job within the military.” Military families, Ms. Evans emphasized, do “pride themselves on being resilient,” so admitting that they are having “a really tough time” can be a challenge.<sup>156</sup> In other words, stigma continues to be a barrier that prevents many CAF members and military families from accessing mental health programs and services.

Clinical and organizational psychologist Dr. Ron Frey held a similar point of view. The “stigma of engaging with a psychologist,” he said, “is still very prevalent” in the CAF and RCMP, in spite of anti-stigma campaigns launched by those organizations in recent years.<sup>157</sup> According to Dr. Frey, the root of the problem lies with the existing military and police cultures.

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<sup>152</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross).

<sup>153</sup> *Ibid.*

<sup>154</sup> *Ibid.*

<sup>155</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 8 October 2014 (Bronwen Evans).

<sup>156</sup> *Ibid.*

<sup>157</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 19 November 2014 (Ron Frey).

There is a lot of talk and many great officers are saying and trying to do the right things, but culturally it's still not accepted. You can talk but if you're not walking the talk, your subordinates, soldiers and police officers, will definitely pick up on that. It creates an unsafe environment to engage meaningfully with clinicians or providers that can help to maintain your resiliency ... I would say there's a culture that encourages suppression ... Nobody wants to embarrass their family, and for these soldiers and [police] officers ... their family [is the] regiment ... or the organization.<sup>158</sup>

## **B. Psychological Risk Management**

According to Dr. Frey, the CAF and the RCMP “continue to struggle in the management of the [psychological] risks associated with protecting our nation.”

Our nation has, over many generations, taken our youth, in the prime of their lives, and shaped them into formidable soldiers and police officers. Trained to do not what normal human beings do in the face of death and destruction, our soldiers, police officers and veterans have been conditioned to fight, not to flee, to show no sign of weakness when the rest of us cower in fear and uncertainty. Although these characteristics have been proven, over centuries, to be the desired characteristics of any nation's armed forces or national police force, little thought has been given to managing the [psychological] risks that result from creating such effective fighting machines.<sup>159</sup>

While Dr. Frey acknowledged that the CAF and RCMP have in recent years attempted to better manage the prevention and treatment of OSIs, he pointed out that in spite of all these efforts, “our soldiers, our police officers, and our veterans continue to experience the devastation of OSIs in often suppressing and suppressive silence.” To explain this situation, Dr. Frey gave the following reason:

From my perspective ... the continued prevalence of OSIs is the product of a governance system that simply has not developed the capability to performance-manage the risks associated with modern soldiering and policing. To further compound this deficiency, there is a culture, deeply rooted in at least policing, of promoting excellent traditionally skilled officers with less than adequate understanding of human and organizational factors that significantly contribute to the overall operational effectiveness of policing in the national and international landscapes. Such a culture means that those few leaders within the RCMP who recognize and vocalize the liability of not objectively identifying, analyzing and mitigating the systemically based causal factors that contribute to OSIs are either penalized for vocalizing these thoughts, promoted out of their positions, poached by private enterprise or even by other parts of the government. In short: The OSI problem is the military and paramilitary culture. The recurrent honing of only one side of the blade of operational readiness is what is ultimately preventing these organizations from realizing effectiveness.<sup>160</sup>

In his view, the solution is “a progressive transformation of culture through performance-based oversight at the governance level and the systemically driven management of risks at the operational level.” He explained what he meant as follows:

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<sup>158</sup> Ibid.  
<sup>159</sup> Ibid.  
<sup>160</sup> Ibid.

To make this transformation, the Canadian Armed Forces and the RCMP must engage with independent professionals — professionals who have the experience of enabling safety and security critical organizations to performance manage all their risks, including OSIs, to a level as low as reasonably practicable ... We have to recognize that ultimately the operational readiness of our armed forces and our national police force is predicated by how effectively their oversight bodies govern and how effectively their senior officers manage their systemic-based human and organizational risk factors. It is only through the honing of both sides of the blade that our men and women will have the capability to continually serve our country honourably and resiliently.<sup>161</sup>

What he proposes would be to develop the capacity and the capability of the CAF and the RCMP to proactively manage their risks as opposed to managing them reactively. It would be “much better if we can prevent the OSIs from occurring,” he said, explaining that it is “much more difficult ... to treat an OSI.”<sup>162</sup>

### C. CAF / DND, RCMP and VAC Cooperation

The Subcommittee heard from several witnesses about how the CAF / DND, the RCMP and VAC are all actively working together to avoid duplication of efforts in the area of mental health care and to improve the delivery of programs and services to serving members and veterans of the CAF and RCMP who have been mentally injured in the line of duty.<sup>163</sup>

Several witnesses spoke about how the CAF, the RCMP and VAC regularly meet with one another through a joint steering committee to improve the transition to civilian life of CAF and RCMP members, to better manage veterans, and to share best practices, research and programs.<sup>164</sup> The Subcommittee was also told about the extensive level of collaboration and sharing of resources between the CAF's OTSSCs and VAC's network of OSI clinics. It learned about how a joint MOU between the CAF, the RCMP and VAC is allowing RCMP members to be treated in the CAF OTSSCs and VAC OSI clinics. The CAF, the RCMP and VAC are also collaborating in the OSISS peer support program.<sup>165</sup> Moreover, the Subcommittee learned how the CAF and VAC are sharing new technologies to improve the delivery of mental health programs and services to serving members and veterans of the CAF suffering from OSIs. A case in point is the Client Reported Outcome Management Information System (CROMIS), an electronic system developed by VAC that helps clinicians to better track and monitor how their mental health patients are doing and to quickly identify if their condition is stable, improving or getting worse. CROMIS is now being introduced into the CAF. It is expected that CROMIS will facilitate the transition to civilian life process for CAF members suffering from OSIs since the CAF and VAC will be using the same system, which will allow the same data to be shared.<sup>166</sup>

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<sup>161</sup> Ibid.

<sup>162</sup> Ibid.

<sup>163</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>164</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (Michel Doiron); VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>165</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-Colonel Alexandra Heber and Colonel Andrew Downes).

<sup>166</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (David Ross); VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar and Colonel Rakesh Jetly); VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Lieutenant-Colonel Alexandra Heber).

That being said, witnesses reported that there are still areas where interdepartmental collaboration could be strengthened and further improved. “I think we’re providing services in most if not all of the areas we need to,” explained Colonel Blais, but “we’re trying to work ... more closely to make sure that when you do leave the Canadian [Armed] Forces that there is absolutely no gap when you go into the care of Veterans Affairs. We are trying to make the programs align as much as possible so that there’s not varying standards of care between the two organizations.”<sup>167</sup>

One area of possible improvement pertains to the transition to civilian life of ill and injured CAF members. Although CAF and VAC officials told the Subcommittee that their organizations are working hard to ensure that the transition of civilian life process is as seamless as possible, Ms. Evans indicated that there are still “challenges” with “the handoff from DND to Veterans Affairs.” As she stipulated, “once you release from the military, you are now essentially a client of Veterans Affairs. The [CAF] and the Department of National Defence are no longer responsible for providing you with any sort of mental health supports that you might need. We understand from veterans that the process of becoming an actual client for Veterans Affairs is quite cumbersome, a lot of paperwork to fill out.”<sup>168</sup> Moreover, as Colonel Downes stated, “the care provided to individuals going through transition can be a complicated matter in some cases because when some people leave the forces, they go to remote areas where there may not necessarily be the range of services that we would like them to receive.”<sup>169</sup>

Another challenge Ms. Evans identified pertains to the civilian employment of CAF veterans suffering from OSIs and other mental health conditions. A few years ago, VAC asked True Patriot Love, a non-government fundraising organization committed to supporting CAF members, veterans and their families, to lead and assemble a Veterans Transition Advisory Council consisting of representatives of the public and private sectors to study and facilitate the employment of veterans in civilian society. “Our mandate was to look at the systemic inhibitor that prevented the transition from the military to civilian employment,” confirmed Ms. Evans. As part of its research, the Veterans Transition Advisory Council uncovered that “there is a bit of reluctance by employers” to hire ill and injured veterans. Many think that “if somebody has served in Afghanistan and witnessed terrible things,” she said, “that they have Post-Traumatic Stress Disorder or a mental condition that might make them unfit for a corporate work environment. That’s something where there is still quite a bit of work to be done.”<sup>170</sup> Witnesses believe there is therefore a continued need for the CAF and VAC to enhance their outreach efforts with the private sector and encourage civilian employers to hire transitioning military personnel and veterans, particularly those suffering from OSIs.

The transfer of medical records from the CAF to VAC is another challenge identified by witnesses. One of the irritants frequently associated with the transition process is the difficulty veterans encounter in accessing their complete medical files. It can take a long time for those records to be pulled together, reviewed and transferred. That said, the Subcommittee was told that the CAF is currently digitizing all of its medical records to accelerate and to facilitate the transfer of those files to VAC. As Lieutenant-General Millar explained:

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<sup>167</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Gerry Blais).

<sup>168</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 8 October 2014 (Bronwen Evans).

<sup>169</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Colonel Andrew Downes).

<sup>170</sup> Ibid.

If you can imagine, traditionally all our medical records are hard copy kept at bases, operational headquarters or even at medical facilities at national headquarters. When a member retires, we have to bring those papers together and transfer the file to another agent, such as Veterans Affairs. It makes it difficult because of the accumulation of paper, so we are digitizing the records. There was a recent decision to enhance our capabilities to allow us to transfer those documents readily.<sup>171</sup>

To further facilitate the process, Lieutenant-General Millar commented, the CAF agreed to integrate VAC staff within the Canadian Forces Health Services Group organization “so that they can have access to those records as we start the medical release process.” As a result, “six months to one year in advance, Veterans Affairs can commence its administrative paperwork so that benefits are available and they are aware of what care is required for our members well in advance to make it a seamless transition.”<sup>172</sup> The Subcommittee was also told that the CAF have decided to give a copy of the medical record to its members upon release so that [those records] are readily available to them.<sup>173</sup>

Another area of concern identified by witnesses pertains to RCMP veterans’ access to VAC OSI clinics. The Subcommittee heard that, unlike veterans of the CAF, veterans of the RCMP can only access VAC OSI clinics if they are receiving a VAC disability pension.<sup>174</sup> In other words, access to VAC’s network of OSI clinics is not the same for retired CAF and RCMP members. This is a problem for some of the witnesses. Some Honourable Senators questioned why retired RCMP members should not be given the same access to those clinics as retired CAF members. The reason for this appears to rest with the RCMP and its current MOU arrangement with VAC. “We [VAC] have an MOU with the RCMP ... to provide the services and they have to be referred to us,” explained Mr. Doiron. “For military veterans, it’s our mandate. It’s in the [Department of Veterans Affairs] Act; it’s clear. It’s still on referral, but it’s paid from our budgets. If one person appears or 1,000 appear, the money is there; we take care of them. With the RCMP, it comes from their budget. We bill them.” That said, Mr. Doiron emphasized that “once they’re in” the OSI clinics, RCMP veterans receive the same level of treatments as CAF veterans.<sup>175</sup> Mr. Doiron added that even if a retired RCMP member did not have access to the OSI clinic network, he or she, like other Canadians, “have access to provincial health care and they can get mental health help there. Although they may not have access to an OSI clinic, they do have access to mental health ... In most communities across this great nation, there are psychologists and psychiatrists that you can see.”<sup>176</sup>

#### **D. Reaching Out to Reservists**

The Subcommittee heard in the course of this study that CAF Reserve Force members tend to be more resilient to OSIs than their Regular Force counterparts. As Lieutenant-General Millar told the Subcommittee:

When you’re speaking about mental illness, our reservists are more resilient than our Regular Force members ... I found that most eye-opening when I reviewed the Life

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<sup>171</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>172</sup> Ibid.

<sup>173</sup> Ibid.

<sup>174</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 6 May 2015 (Deputy Commissioner Daniel Dubeau, Sergeant Brian Sauvé and Sylvie Châteauvert).

<sup>175</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (Michel Doiron).

<sup>176</sup> Ibid.

After Service Studies and when I looked at various reserve studies. I attribute that to [the fact that] a reservist will grow up outside of the military environment — professionally, family-wise — and will be exposed to a much broader experiential baseline, whereas in the military we're all cut from the same cloth; we just look the same. That civilian experience, combined with their military experience, seems to make them more resilient, adaptable, flexible and adjustable.<sup>177</sup>

That being said, the Subcommittee learned that the CAF and VAC continue to experience difficulties in reaching out to those reservists who do suffer from OSIs because the majority of them do not live near or on military bases, where most CAF and VAC mental health programs and services are offered. As Ms. Evans underlined:

We ... hear that reservists, because they don't live on base, aren't aware of the programs that might be available to them ... When you live on base or you are part of the regular forces, information about the programs out there tends to be communicated to you more than it does if you are in the reserves. I don't know so much that it's a question of there not being enough programs to help reservists in terms of mental health supports. I think it may be more of an issue of communication and letting them know what is in fact out there.<sup>178</sup>

Mr. Doiron explained that the “challenges with the reservists” are that “they join, they serve, they go back to their community and they disappear.”<sup>179</sup>

Lieutenant-General Millar and Mr. Doiron both told the Subcommittee that the CAF and VAC are continually trying to improve how they reach out to reservists suffering from OSIs and facilitate their access to mental health programs and services. Investments in tele-health resources, for example, have been beneficial in that regard.<sup>180</sup> That said, Mr. Doiron emphasized that “the big challenge is having them [reservists] come forward and serving them in their various communities.” The “services are accessible to reservists, and if they have a diagnostic we [VAC] take care of them,” Mr. Doiron clarified, but “they have to come forward.” Since VAC transition interviews are not mandatory for reservists, many leave the CAF without being aware of the programs and services available to them at VAC. “I think the gap ... is getting them to know the services are available.” Mr. Doiron pointed out that VAC is currently “working with senior leadership at CAF to ensure that reservists are aware that the services are there.”<sup>181</sup>

## **E. Reaching Out to Homeless Veterans**

Several witnesses spoke about the need to assist homeless veterans, many of whom suffer from OSI and other mental health conditions. Mr. Howard Chodos of the Mental Health Commission of Canada provided interesting information on the Mental Health Commission of Canada's At Home / Chez Soi research demonstration project, which, he reported, is the “largest research project into homelessness and mental illness ever undertaken in the world.” Of the 2,298 participants in the At Home / Chez Soi study – conducted in Montréal, Toronto, Vancouver, Winnipeg and Moncton – 99 (4.3%) were veterans. According to Mr. Chodos, the study found that “while the veterans in the homeless population who are living with severe and persistent mental illness did not differ much from

<sup>177</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>178</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 8 October 2014 (Bronwen Evans).

<sup>179</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (Michel Doiron).

<sup>180</sup> Ibid.; VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 4 February 2015 (Lieutenant-General David Millar).

<sup>181</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (Michel Doiron).



other Canadians who are homeless, they were indeed 1.4 times more likely than other Canadians to suffer from PTSD.”<sup>182</sup>

VAC officials told the Subcommittee that their department is trying to reach out more actively to homeless veterans. As Mr. Doiron stated:

We're working with the homeless communities. We're working with ESDC [Employment and Social Development Canada], which has a homeless project. We have a homeless project that we're assessing now that is jointly with ESDC. We're working closely with the Legions [Royal Canadian Legion]. The Legions have put out an initiative for homelessness. We've actually partnered with VETS Canada. They have boots on the ground, retired military or RCMP officers, who patrol the parks and streets in this great country and identify folks.<sup>183</sup>

But as Mr. Doiron emphasized, “it is not an easy process because there are a lot of mental health issues, addiction issues and physical issues.” That said, he noted that “there are mechanisms there to try to identify and get them into various programs.”<sup>184</sup>

#### **F. Sharing of OSI Expertise**

Some witnesses told the Subcommittee that the OSI expertise being developed by the CAF, the RCMP and VAC could be further shared with other organizations in order to benefit more individuals affected by OSIs. It should be noted that the CAF, the RCMP and VAC do share OSI research with other partners (for example, the CIMVHR) and that the CAF has been working with the Mental Health Commission of Canada to extend its R2MR program to the civilian sector so that police forces, firefighters and other first responders might benefit from it. Nonetheless, some witnesses believe that more could be done to share the OSI expertise.

For example, some witnesses told the Subcommittee that CAF, RCMP and VAC expertise on OSIs could be of benefit to federal public servants, especially those who work for federal government departments and agencies involved in law enforcement as well as national security and defence. Public servants from some of these departments and agencies, the Subcommittee was told, must frequently work long hours in difficult, stressful and sometimes dangerous conditions, where their physical and mental health is put to the test. Canada Border Services Agency (CBSA) agents, for example, are now armed and have been involved in several shooting incidents in recent years. Likewise, Correctional Services Canada (CSC) officers working in correctional facilities are often threatened by inmates and subjected to assaults and various forms of violence.<sup>185</sup>

Moreover, in recent years, numerous federal public servants have served with CAF and RCMP members on military and police operations at home and abroad. As a case in point, hundreds of Canadian diplomats and civilian public servants were deployed to Afghanistan between 2001 and 2014.<sup>186</sup> These public servants served alongside the more than 40,000 CAF members<sup>187</sup> and nearly 300 Canadian police officers from the RCMP and 22 other provincial and municipal police forces that

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<sup>182</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 28 May 2014 (Howard Chodos).

<sup>183</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (Michel Doiron).

<sup>184</sup> Ibid.

<sup>185</sup> Ibid.

<sup>186</sup> DND, [“The Canadian Armed Forces in Afghanistan,”](#) 28 April 2015.

<sup>187</sup> Ibid.

were also deployed to Afghanistan in that same time period.<sup>188</sup> This included more than 155 civilian public servants from DND<sup>189</sup> as well as many others from the Department of Foreign Affairs, Trade and Development (DFATD), CBSA, CSC, the Canadian Security Intelligence Service (CSIS), and Public Safety Canada, among others.<sup>190</sup> These individuals served in the same theatre of operations as CAF and RCMP members and were exposed to similar threats and stresses.

Asked if there was any consideration on the part of VAC to provide mental health services to those public servants, especially those who deployed on military operations overseas, Mr. Doiron responded: "It's something I'm concerned about" and the federal "government as a whole should really look at that."<sup>191</sup> As he explained, the "Mental Health Commission of Canada says that 20 per cent of Canadians will deal with mental health issues" and this includes federal public servants. However, Mr. Doiron emphasized that VAC does not currently have the mandate to provide mental health services to those public servants. He pointed out, however, that he has been contacted by CSC "to see if [VAC] could give [them] access to [its] OSI clinics," but he had to tell them no because VAC does not have "the mandate, the manpower or the funding" to do so.<sup>192</sup>

That said, Mr. Doiron told the Subcommittee that VAC does try within its mandate to provide mental health assistance to federal government departments and agencies. For example, he indicated that VAC "did provide services" to "some of the people" involved in the terrorist attack on Parliament Hill on 22 October 2014 and that the department had "some people on the ground" to help out in Moncton during the June 2014 shootings, which resulted in the death of three RCMP officers and the severe wounding of two others.<sup>193</sup> But according to witnesses more could be done. Mr. Doiron told the Subcommittee that mental health issues are "not just a Veterans Affairs issue or an RCMP issue," nor are they "just an employee of the Government of Canada issue." It should be considered a whole-of-government and whole-of-country issue.<sup>194</sup>

## G. Research

Several witnesses spoke of the need for more research on OSIs and other mental health conditions. Mr. Chodos indicated that an "enormous amount" of work remains to be done to "further change attitudes to mental health and mental illness, and improve access to the services, supports and treatment that people need."<sup>195</sup>

Dr. Sareen concurred. "Although the majority of people with mood and anxiety disorders respond to psychological and medication treatments, approximately 50 to 60 per cent," Dr. Sareen re-iterated

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<sup>188</sup> Royal Canadian Mounted Police (RCMP), "[Canadian Civilian Police Contributions to Afghanistan](#)," 30 April 2014.

<sup>189</sup> DND, "[Fact Sheet – Canadian Forces Deployed on Canadian Forces Operations](#)," 19 November 2012. This does not include the hundreds of DND civilian contractors deployed to Afghanistan; approximately 400 worked in Kabul and another 300 in Kandahar under the Canadian Forces Contractor Augmentation Program (CANCAP). See Christopher Spearin, "Canada and Contracted War: Afghanistan and Beyond," *International Journal*, Vol. 69, No. 4 (2014), p. 527.

<sup>190</sup> DND, "[The Canadian Armed Forces Legacy in Afghanistan](#)," 22 January 2015; Correctional Service Canada (CSC), "[CSC in Afghanistan](#)," 8 April 2014; On CSIS, see Michel Tierney, "[Past, Present and Future: The Evolution of Canadian Foreign Intelligence in a Globalized World](#)," *Canadian Military Journal*, Vol. 15, No. 2 (Spring 2015), pp. 44-54.

<sup>191</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 13 May 2015 (Michel Doiron).

<sup>192</sup> Ibid.

<sup>193</sup> Ibid.

<sup>194</sup> Ibid.

<sup>195</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 28 May 2014 (Howard Chodos).

that, “an important minority, continue to suffer.” And this alone, in his view, should be enough to prompt additional research. In his opinion, there is a need for “more research and evaluation in developing best practices, in helping people who don't respond to the first-line psychological treatment or the first-line medication treatment.”<sup>196</sup> For example, there is currently a lot of interest in the use of service dogs to assist people suffering from OSIs, but as Colonel Blais explained, “there’s not quite enough research” on it to know with any assurance from an evidence-based perspective whether or not it is truly effective. This is why he indicated that VAC is presently conducting specific research on service dogs.<sup>197</sup>

## H. Mental Health Awareness and Education

The Subcommittee heard that there is a continual requirement to enhance mental health awareness and education. For example, Dr. Sareen pointed out that there needs to be more public awareness of the dangers of self-medication with alcohol or drugs.

There's strong evidence that co-occurrence of alcohol and drug addictions worsen outcomes for people with mood and anxiety disorders ... Self-medication with alcohol or marijuana, or other illicit drug-use is often used to cope with insomnia, nightmares and flashbacks. In my opinion, we need to invest in assessment and treatment of addictions among military personnel and veterans. I think we're doing a good job, but I think we can do a better job of helping the person who has both an addiction and a mental health problem. Physical health problems and chronic pain are also common among military members and veterans, and the use and possible use of prescription opiate medications is an increasing concern. Also, the use of medical marijuana in the treatment of pain and post-traumatic stress disorder is highly controversial and hotly debated. We need careful research to determine best practices in treating patients with post-traumatic stress and chronic pain.<sup>198</sup>

Another challenge pertains to the issue of suicides. Several witnesses flagged that there should be more investment in suicide prevention. More specifically, Dr. Sareen suggested that the CAF and VAC enhance their suicide prevention outreach efforts with the media. As he explained:

Almost every suicide prevention policy around the world says that media reports of suicide are sensationalized, where it's front page and the story is told over and over again, and there is a contagion effect that could happen. We've tried to work with the Canadian Psychiatric Association to provide that information to the media. The media is trying to bring knowledge about suicide into the public forum and to change policies and increase awareness. But we're trying to work with the Canadian Psychiatric Association and the military to look at working together with the media ... You need to know that when you tell a story about someone who has died from suicide, within that story you need to provide options of crisis resources and positive outcomes as well. The challenge is that some media feel we're trying to censor them, and that's not the idea. It's trying to have safe reporting ... More stories about victors rather than victims is an important way.<sup>199</sup>

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<sup>196</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 3 December 2014 (Jitender Sareen).

<sup>197</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 29 October 2014 (Colonel Gerry Blais)

<sup>198</sup> VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 3 December 2014 (Jitender Sareen).

<sup>199</sup> Ibid.

In the end, Dr. Sareen suggested the following measures to increase mental health awareness and education with serving members and veterans of the CAF and RCMP.

What can be done at a population level to reduce mental health problems and suicidal behaviour among members of the military and veterans? First we need to continue to raise awareness and reduce stigma among military personnel and veterans on the importance of early treatment of mental health problems and addictions ... If we can improve earlier access to treatment for people with anxiety and depression, we might be able to reduce negative outcomes.

In the media, we need to tell positive stories of recovery and resilience to reduce the stigma associated with mental health service use. We need to consider psychological training and support at the time of entry in the military, and more importantly at the time when they leave the military. That period, in the one to two years after the service member leaves the military, is a highly vulnerable period and we need to improve services. The recent funding will hopefully have an impact on that.

Finally, limiting access to large quantities of prescription medications and firearms among people who are at high-risk for death or suicide is important. We need to think about policies and practices to reduce access.<sup>200</sup>

## **I. Family Support**

The importance of family support was emphasized by Mr. Corneil. "There is no such thing as a soldier without a family," he reasoned. Families living with traumatized military personnel or veterans are usually the ones who first "observe the signs of difficulty." Families "are the primary caregivers." Yet families often do not know what to do when it comes to helping a loved one suffering from an OSI. Moreover, they are "often excluded from the [recovery] process and not considered part of the treatment team." According to Mr. Corneil, "we need to look at how our clinical approach is bolstered with social support and collective treatment" and how families play a key role in the recovery process. He believes families need to be provided with "adequate education, information and training that will enable them to care for the injured."<sup>201</sup> That being said, the Subcommittee noted efforts made by the CAF / DND to include families at every stage in the treatment of individuals dealing with OSIs.

## **V. CONCLUDING REMARKS**

The Subcommittee was struck by the tremendous work already underway to support serving members and veterans of the CAF and RCMP suffering from OSIs, but realizes it has only scratched the surface when studying this issue and intends to continue its study in the next Parliament. In subsequent months, the Subcommittee will invite additional witnesses to appear before completing its final report. The Subcommittee intends to pursue its evaluation of federal government programs and services available to serving members and veterans of the CAF and RCMP suffering from OSIs and to their families. It will also investigate what programs and services are available to veterans through non-government organizations and the private sector. The Subcommittee has already obtained testimony from representatives of the CIMVHR, Frontenac Community Mental Health and Addiction Services, and True Patriot Love, but also plans to investigate the activities of other non-

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ibid.

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VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 11 June 2014 (Wayne Corneil).

government organizations working in this field.<sup>202</sup> The Subcommittee would also like to learn more about what allied countries, such as Australia, the United Kingdom and the United States, are providing and investing in terms of resources to assist their veterans suffering from OSIs and how these efforts compare with those of Canada.

In the final phase of this study, the Subcommittee will then focus on new and emerging technologies and treatments to assist veterans suffering from OSIs. It will examine ongoing research on OSIs as well as peer support treatments, resiliency training, animal therapy, mobile tele-health technology, medical virtual reality therapy, and other technologies and forms of treatments. More specifically, it will assess how some of these new technologies and treatments could be integrated into already existing programs and services structures within the CAF, DND, the RCMP and VAC.

Once these steps are completed, the Subcommittee intends to table a final report in which it will make a number of recommendations to the Government of Canada.

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<sup>202</sup> VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 8 October 2014 (Bronwen Evans); VEAC, *Evidence*, 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 1 October 2014 (Victoria Huehn); VEAC, [Evidence](#), 2<sup>nd</sup> Session, 41<sup>st</sup> Parliament, 12 February 2014 (Alice Aiken).

## APPENDIX 1 – WITNESSES

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Organization	Name/Title	Date Of Appearance
<i>41st Parliament – 2nd Session</i>		
Veterans Affairs Canada	Michel Doiron, Assistant Deputy Minister, Service Delivery  David Ross, A/Manager, National Clinic Coordinator (Veterans Affairs Canada)	May 13, 2015
Royal Canadian Mounted Police	Sylvie Châteauvert, Director General, Occupational Health and Safety Branch (Royal Canadian Mounted Police)  Daniel Dubeau, Deputy Commissioner, Chief Human Resources Officer (Royal Canadian Mounted Police)  Gilles Moreau, Assistant Commissioner, Assistant Chief HR Officer and Director General, Workforce Programs & Services (Royal Canadian Mounted Police)	May 6, 2015
RCMP Staff Relations Representative Program	Sergeant Brian Sauvé, Staff Relations Representative (SRR) and Chair of the National SRR Health Committee (RCMP Staff Relations Representative Program)  Staff Sergeant Abe Townsend, National Executive (RCMP Staff Relations Representative Program)	May 6, 2015
Veterans Affairs Canada	David Pedlar, Director, Research Directorate, Life After Service Studies (LASS) program, Policy, Communications and Commemoration  Dr. Jim Thompson, Research Medical Advisor	April 22, 2015

National Defence and the Canadian Armed Forces	Colonel Andrew Downes, Director of Mental Health, Canadian Forces Health Services Group  Colonel Rakesh Jetly, Mental Health Advisor, Directorate of Mental Health, Canadian Forces Health Services Group  Colonel Hugh Colin MacKay, Deputy Surgeon General, Canadian Forces Health Services Group  Lieutenant-General David Millar, Chief of Military Personnel	February 4, 2015
As an Individual	Dr. Jitender Sareen, Professor of psychiatry, University of Manitoba	December 3, 2014
As an Individual	Ron Frey, Clinical and Organizational Psychologist (As an Individual)	November 19, 2014
National Defence and Canadian Armed Forces	Colonel Gerry Blais, Director, Casualty Support Management and Joint Personnel Support Unit  Lieutenant-Colonel Alexandra Heber, Psychiatrist and Section Head of Clinical Programs, Directorate of Mental Health, Canadian Forces Health Services Group  Colonel Russell Mann, Director, Military Family Services	October 29, 2014
True Patriot Love	Bronwen Evans, Managing Director	October 8, 2014
Frontenac Community Mental Health and Addiction Services	Victoria Huehn, Executive Director	October 1, 2014
Institute of Population Health, University of Ottawa	Dr. Wayne Corneil, Affiliate Scientist	June 11, 2014
British Columbia Operation Stress Injury Clinic	Dr. Greg Passey, Clinical Psychiatrist	June 4, 2014

<p>Mental Health Commission of Canada</p>	<p>Howard Chodos, Director, Mental Health Strategy for Canada</p> <p>Jennifer Vornbrock, Vice President, Knowledge and Innovation</p>	<p>May 28, 2014</p>
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