



SURGEON GENERAL'S MENTAL HEALTH STRATEGY
Canadian Forces Health Services Group

AN EVOLUTION OF EXCELLENCE



National
Défence

Défense
nationale

Canada

FOREWORD

The state of mental health in the Canadian Armed Forces (CAF), its many related factors, and the best approach to addressing them are very complex issues that cannot be easily addressed. I congratulate the Surgeon General and his mental health staff for producing a strategy which does just that. Based on a balance of objective data, extensive lessons learned, clinical experience, and military-specific considerations, it clearly identifies opportunities and priorities for the Canadian Forces Health Services Group (CF H Svcs Gp) to further evolve our superb mental health system to better address CAF needs now and in the future.

This strategy will primarily guide CF H Svcs Gp efforts and priorities, and it highlights the critical role of commanders in supporting the mental well-being of their sailors, soldiers, and air personnel. The World Health Organization's definition accurately captures the concept that health consists of positive well-being as well as the absence of disease. This is not only associated with better enjoyment of life, but also with such military-significant benefits as better performance and resilience under the routine stresses of daily life and the more difficult stresses of military operations. The CAF must succeed in its missions supporting Canadian interests, and good mental health among its members is a pre-condition of success.

This strategy provides excellent guidance and direction to CF H Svcs Gp personnel. I am confident that its implementation will permit the CAF to effectively address its current and future mental health challenges, and I strongly support it as the CF H Svcs Gp roadmap for the next five years. I expect all leaders to continue supporting the related efforts of our dedicated medical staff, while also leading efforts within their own commands to further enhance mental health education and reduce barriers to early care.



T.J. Lawson
General
Chief of the Defence Staff



The health and well-being of Canadian Armed Forces (CAF) members is of utmost importance to me personally, as it is to all Canadian military leaders. I therefore welcome the Surgeon General's Mental Health Strategy for Canadian Forces Health Services Group (CF H Svcs Gp) as a clear definition of CAF mental health challenges and enhancement opportunities. CF H Svcs Gp professionals understand better than anyone the critical importance of mental health to both individual well-being and to military operational readiness. By virtue of their exemplary dedication to protecting and restoring health, they play a critical role not only in the welfare of their colleagues, but also in the defence and security of our country.

This strategy provides an excellent summary of the state of mental health in the CAF, our robust mental health system that is widely considered a best-practice model, and the long-term guidance needed to further enhance it. The strategy aims to ensure that CF H Svcs Gp personnel are equipped with the competencies, tools, and support necessary to provide the best possible preventive measures and mental health care. It includes an expansion of our comprehensive mental health training and education system that has consistently proven its value, as well as continued investment in health surveillance and research that are so critical to optimizing policy, programs, protocols, and resource allocation.

The Surgeon General assesses and advises on the CAF's health needs, while also delivering the necessary health services. The Chain of Command, however, is ultimately responsible for the health and well-being of CAF members, and commanders at all levels can influence the determinants of health outlined in this strategy. The Surgeon General and all CF H Svcs Gp members will have my full support in this regard and in the implementation of this strategy. They can also be assured of my grateful appreciation for their exceptional commitment, sacrifices, and competence in supporting the health of the CAF's most important asset, its personnel.



D.B. Millar
Major-General
Chief of Military Personnel



PREFACE

Since the implementation of the Rx2000 Project's Mental Health Initiative and other program enhancements since Afghanistan combat operations began in 2006, our annual Canadian Forces Health Services Group (CF H Svcs Gp) mental health campaign plan has served to reflect our strategic vision and to guide specific program enhancements. A longer-term and more detailed strategy is now indicated to guide and prioritize our efforts given the coming conclusion of operations in Afghanistan, our major increase in mental health financial resources, clinical-technological developments, and our greater understanding of the current and projected Canadian Armed Forces (CAF) mental health burden through health surveillance and research.



This strategy is necessary to guide optimum use of our resources and data in dealing not only with the CAF's Afghanistan-related mental health burden, but also with our baseline toll of mental illness arising from the routine stresses of military service and from the stresses that affect Canadians generally. We have received many accolades from national and foreign health authorities for our mental health leadership and for our system as a model of multi-disciplinary, comprehensive, high-quality care, but we must and can continue to improve. Despite the reality that perfection can never be fully achieved by any human organization, the unique sacrifices of our combatant colleagues and of our own personnel in protecting our country demand that we endlessly strive for it.

The strategy is primarily informed by, and applies to, our military and civilian experts in the Directorate of Mental Health and at our mental health clinics and centres across Canada. It also, however, applies to all CF H Svcs Gp members given the interdependencies and indivisibility of physical and mental health. It particularly applies to our primary care clinicians who, as in civilian society, provide the bulk of routine mental health care, either independently or through the application of treatment plans established by mental health specialists.

You have earned your worldwide reputation for military medical excellence as a result of extensive training, innovation, sacrifice, and dedication. The welfare of our colleagues and CAF operational readiness demand that we further apply the factors that gave us such great clinical success in operations to our efforts in preventing and treating mental illness and injury. In concert with CAF casualty support, stigma reduction, chaplaincy, and leadership measures, this strategy provides a robust internal roadmap for our health system to further relieve suffering among those to whom Canada owes so much.

A handwritten signature in black ink, appearing to read 'J.J.-R.S. Bernier'.

J.J.-R.S. Bernier
Brigadier-General
Surgeon General

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I — INTRODUCTION

The Canadian Forces Health Services Group (CF H Svcs Gp) has developed and implemented a mental health system that offers a vast array of high-quality programs and services to Canadian Armed Forces (CAF) members and their families. Our system is admired by many external health organizations and has all the core components to be even more efficient and effective in meeting the future needs of the CAF.

Since mental health is a critical component of overall health and well-being, our Mental Health Strategy is integral to all other aspects of the CF H Svcs Gp's strategic priorities. This strategy outline will "paint a picture" of the state and the impact of mental illness in the CAF and in Canadian society, identify some unique opportunities to improve, and set priorities and key areas of focus in the continued advancement of our system over the next five years.

A mental health system consists of far more than just the delivery of care to those who develop an illness. It includes all elements of an organization that could support mental health and, although this strategy is focused on CF H Svcs Gp priorities, it takes into account the requirement to actively engage all levels of the chain of command and all members of the CAF.

We will achieve our vision and protect our centre of gravity by building on the strong and reliable mental health system that exists today. We will focus on the following seven strategic priorities:

- **Optimize Health Outcomes**
- **Invest in Our People**
- **Increase Partnerships with Internal and External Agencies**
- **Optimize Use of Technologies**
- **Improve the Efficiency of the Mental Health System**
- **Expand Mental Health Education and Training**
- **Improve Internal and External Communications**

OUR VISION

Improve the mental health of CAF members and reduce the impact of mental injury and illness on operations.

OUR MANDATE

The men and women who commit to serving their country do so with the expectation that the CAF will help them when required for mental and physical injuries and illnesses.

The Canada First Defence Strategy states that Defence will continue to strive for excellence by providing personnel with the highest level of health care possible. Therefore the CF H Svcs Gp has a mandate to deliver high-quality health care, including mental health care, to members of the CAF.

This important mandate inspires all those working in the CF H Svcs Gp. The Directorate of Mental Health has been given the responsibility of advising, developing and implementing a mental health system that is comprehensive and agile to meet the needs of CAF members.

OUR CENTRE OF GRAVITY

An accessible, high-quality, evidence-based mental health system trusted by CAF members.

II — THE STATE AND IMPACT OF MENTAL ILLNESS IN THE CAF AND CANADIAN SOCIETY

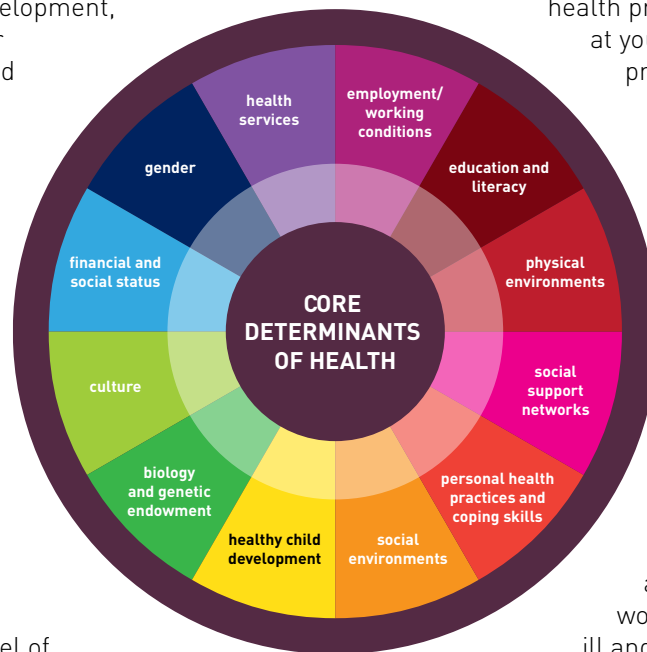
According to the Public Health Agency of Canada, there are 12 core determinants of health: employment and working conditions; education and literacy; physical environments; social support networks; personal health practices and coping skills; social environments; healthy child development; biology and genetic endowment; culture; financial and social status; gender; and health services.

Aside from healthy child development, biology and genetics, gender and culture, the CAF can, and does, influence most other determinants of health in one way or another. All who serve are employed; they have a support network with their peers, families and chain of command; there is continued education through the professional development program; and although they must often work in austere and dangerous environments, that work is done with high quality equipment, training and leadership. Rarely does an organization have this level of influence. It is evident that the CAF impact on mental health goes far beyond the mandate of the CF H Svcs Gp.

The leadership of the CAF is committed to improving the mental health of its members. It has been well recognized that mentally and physically fit armed forces are stronger and more effective. The Chief of Defence Staff (CDS) Guidance to Commanding Officers (Chapter 1901.4) lists expectations for senior leaders to support and promote health among their subordinates. It states:

- Take responsibility for the promotion of health and physical fitness in your unit;

- Lead by example—embrace a healthy and active lifestyle and facilitate the achievement of optimum health and fitness in your personnel. Create and reinforce a culture of healthy lifestyle through local policy initiatives, and support for programs that educate, motivate and facilitate personnel to make positive health choices;



- Support your personnel's access to health promotion programs offered at your unit or Base/Wing and provide support to your local health promotion program's operations and maintenance budget;
 - Work with the Health Services staff to identify and address significant health issues facing your personnel;
 - Scrupulously respect employment restrictions recommended by medical officers. Wherever safe, prudent, and possible, accommodations in the workplace will be made to allow ill and injured members to continue to function in a capacity compatible with their limitations; and

- Create, to the greatest extent possible, a climate of information, trust and understanding around health care issues. CAF members must know that the privacy of their health information is absolute and will be vigorously defended. They must also know that the chain of command will support them to the greatest extent possible, to maximize their chances of recovery from illness and injury.

These fundamental principles cannot be understated in the maintenance of a physically and mentally fit military force.

MENTAL HEALTH

“Mental health is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.”

World Health Organization (2007). What is mental health? Retrieved on January 12, 2013 <http://www.who.int/features/qa/62/en/index.html>



MENTAL ILLNESS

A mental illness has strict criteria for diagnosis that are found in the Diagnostic and Statistical Manual of Mental Disorders. The outcome for each diagnosis depends on the degree of severity and other factors. As with every diagnosis, mental or physical, there is never a guarantee of full recovery to a person's pre-existing state and some may not fully recover even with the best available treatment.

Although the normal expectation is that recovery means a return to a pre-existing state, many people can end up better than they were in many ways. That may simply consist of recognizing vulnerability to illness and a need to better look after one's self.

The most common mental health diagnosis in Canada and the CAF is major depression, while the most common mental illness related to operations is post-traumatic stress disorder (PTSD).

NEED FOR CARE

The CAF is a subset of Canadian society and its members' mental health is reflective of the mental health status of Canadians in general. We are different, however, in that we screen out serious mental illness such as schizophrenia. Conversely, we have a higher incidence of stress injuries as a result of the dangerous environments we operate in.

Mental illness in Canadian society poses a greater burden of disease on the health care system than all cancers combined, and one in five Canadians will develop a mental illness in their lifetime. According to the Mental Health Commission of Canada, every day 500,000 Canadians are absent from work due to mental illness. It is reasonable to conclude that the incidence of poor mental health and mental illness would be similar in the CAF and have the same impact on our organization.

The most consistent finding in all CAF mental health research is that most individuals are free of mental



illness during any given year. A significant minority will, however, have problems during a year, and a much larger group will suffer from a mental illness at some point in their lives. The 2002 CAF Mental Health Survey showed that 15 percent of all CAF personnel experienced symptoms of one of five common mental disorders in the previous 12 months (major depression, social phobia, post-traumatic stress disorder (PTSD), panic disorder, and generalized anxiety disorder).

Studies have demonstrated that the overall prevalence of one or more mental illnesses in the CAF is similar to that in the general population, including the level of alcohol dependence. For reasons that are not yet fully understood, however, CAF Regular Force personnel have almost twice the risk of depression as their civilian counterparts.

The need for support extends beyond those who have an overt mental illness. There is a small, but important, group who do not have a formal diagnosis of a mental illness, but whose levels of distress may be having an impact on their daily lives, whether at home or at work. Of the 12 percent of CAF members on deployment in Afghanistan who reported some job interference due to mental health, more than half did not have a diagnosis of mental disorder.

IMPACT OF OPERATIONS

Deployment has proven to be a risk factor for mental health problems. The CF H Svcs Gp Operational Stress Injury (OSI) Cumulative Incidence Study, published in 2011, showed that 13 percent of personnel who deployed in support of the mission in Afghanistan up to 2008 were diagnosed with a deployment-related mental illness after more than four years of follow-up. Combat exposure and exposure to atrocities are risk factors for post-deployment mental illness. Deployment, however, accounts for relatively little of the overall burden of mental disorders in the CAF. Military personnel experience nearly all the non-operational risks and vulnerabilities to mental illness as their civilian counterparts.



There is no evidence of increased risk of deployment-related mental health problems in CAF Reservists compared to Regular Force members; three large, population-based studies have failed to demonstrate a higher risk of post-deployment mental health problems in Reservists. In fact, the research suggests that CAF Reservists appeared to have slightly better mental health, on average, than Regular Force personnel.

Data from the 2002 CAF Mental Health Survey, the 2010 Operational Mental Health Assessment and the 2011 Operational Stress Injury Cumulative Incidence Study all showed a small increased risk of mental illness with each additional deployment.

Periods of transition may also be stressful for military personnel and may affect mental health status. Transitions occur before and after missions, with changing rank and jobs, as well as during each posting season. For anyone who has deployed on a combat, peacekeeping or humanitarian assistance mission, each is a life-changing event and the transition home may be difficult for some. At the end of a CAF career, there is the transition from military to civilian life. This period can be more difficult for those who are released from the armed forces because of a physical or mental illness or injury.



MENTAL INJURY

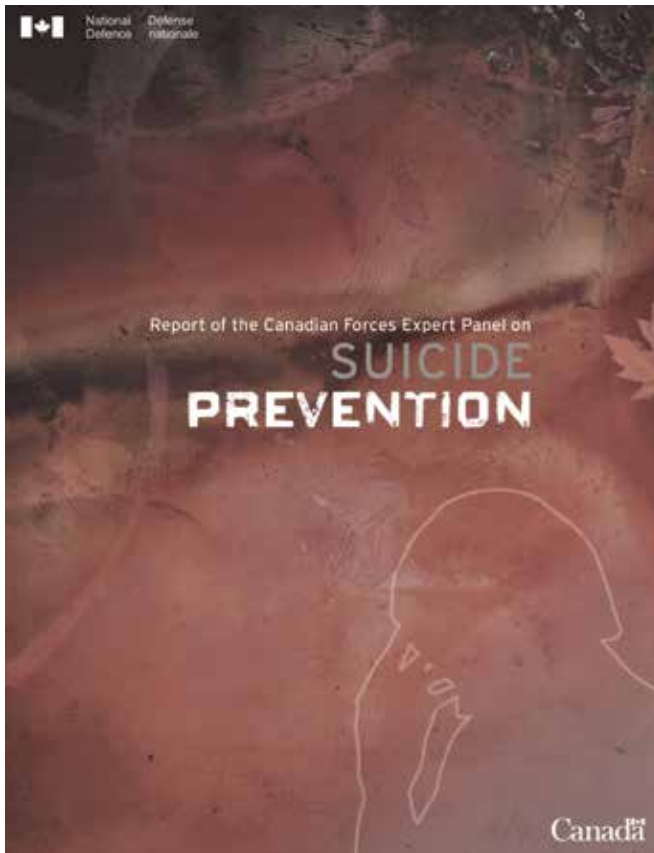
It is recognized that a person can be injured both physically and mentally during operations. The term “Operational Stress Injury” (OSI) is not a diagnosis; rather it is a grouping of diagnoses that are related to injuries that occur as a result of operations. The most common OSIs are PTSD, major depression and generalized anxiety. This term has helped break down several barriers to care and reduce the stigma surrounding mental illness.

This type of description should not, however, create a stigma that other mental illnesses are not as important. Stress in the workplace can have an effect on mental health and can contribute to mental illness.

SUICIDE

Suicide is an important public health problem linked to mental health. It is the second leading cause of death among persons aged 15 to 34 in Canada. Due to the relatively small number of suicides among CAF members each year, it is not possible to identify statistically significant changes from year to year. Rates must therefore be assessed over five-year periods.

The United States Army's suicide rate has doubled over the past decade and there has been considerable attention to the rate of suicide in the CAF. Suicide rates have, in contrast, remained stable in the CAF over the last 10 years. Suicide rates in the CAF are no higher, and are in fact lower, than those in the general population of the same age and sex. There is no increased rate of suicide among those who have deployed versus those who have not.



USE OF SERVICES

Approximately 15 percent of CAF Regular Force personnel access mental health services each year. Care-seeking is also common post-deployment—approximately 30 percent of those deployed in support of the mission in Afghanistan sought specialty mental health care through CF H Svcs Gp within four years of their deployment. While these numbers show that CAF mental health services are accessible and acceptable to many CAF members, less than half of those with an apparent mental disorder will seek care in any given year. This unmet need for care is not a problem that is unique to the CAF. Studies show that CAF Regular Force members with mental health problems are more likely to seek care than their civilian counterparts.

Although CAF efforts have drastically reduced the time our members wait before seeking care, this remains a problem in the CAF and in the general population. While most with persistent problems do eventually seek care, some wait years or even decades to do so. During this period, they suffer unnecessarily, are not as productive as they could be, and their condition may become more difficult to treat successfully.

STIGMA AND BARRIERS TO CARE

The CAF Expert Panel on Suicide Prevention (2010) found that CAF personnel report a broad range of barriers to mental health care. The most prevalent barrier is their own lack of recognition that they have a problem. The next most prevalent barrier is the desire to manage one's problems alone. Other common barriers include negative attitudes towards mental health care (e.g., that it is ineffective or harmful) and concern about the career impact of seeking care. Barriers to care that typically exist in the civilian population, such as inability to pay for care, language barriers or wait times, are not prevalent in the CAF.

Stigma remains a problem that can never be fully overcome, but most CAF members now hold largely forward-thinking attitudes about mental health and

mental health care. For example, only six percent of CAF personnel returning from deployment in support of the mission in Afghanistan indicated that they would think less of someone who was receiving mental health care. In contrast, the Canadian Centre for Addiction and Mental Health statistics indicate that only 49 percent of the general population would socialize with a friend who has a serious mental illness. Concerns among CAF members about how they would be perceived are, however, more prevalent, with 15 percent reporting that they would be concerned about what others might think if they were to receive care. With the ever-changing composition of the CAF, and the fact that members are a part of and influenced by Canadian society, there must be a continued CAF and national effort to address this problem.



OCCUPATIONAL IMPACT OF MENTAL ILLNESS

Mental disorders are prevalent in all working populations and contribute to impaired productivity, short- and long-term sick leave, unwanted turnover and use of disability and health benefits. Impaired mental health that falls short of an overt mental illness can also have an impact on the vitality, creativity, motivation and commitment of workers, with predictable consequences on the organization's ability to deliver high quality products and services. Mental illness and impaired mental health exert a powerful effect on the workplace and on the ultimate success of an organization.

In summary, the state and impact of mental illness in CAF is complex and difficult to measure. The last 10 years have given us the best understanding of the mental health of CAF members that we have ever had. We are at risk of the same illnesses as other Canadians and we serve in dangerous environments around the world. We have a much better understanding of the impact of these operations, now hold very forward thinking views of mental illness and have one of the lowest rates of stigma in NATO.

The mental health of CAF members is influenced by many factors, both within the control of the CAF and outside its influence. The next section describes our comprehensive mental health system that aims to improve mental health, reduce risk of illness, deliver high-quality health care and enhance our understanding of all aspects of mental illness.



III — CAF MENTAL HEALTH PROGRAMS AND SERVICES — UNDERSTAND, EDUCATE, CARE

The CAF was sensitized to the psychological impact of operations as members returned from missions such as those in the former Yugoslavia, Somalia, Rwanda and Afghanistan. While the CAF is now internationally recognized for its operational excellence, the cost has included an increased prevalence of chronic psychological injuries that has required a strong commitment from the CAF to manage.

The CF H Svcs Gp has been in a constant state of evolutionary and revolutionary change, starting with the major resource reductions of Operation PHOENIX in the mid-90s, followed by the reform and reinvestment of the Rx2000 project, and finally, the many new initiatives and resources since the beginning of combat operations in Afghanistan in 2006. All changes were directed by CAF leadership and the final result is our current health system, which delivers a relatively outstanding standard of comprehensive, high-quality care.

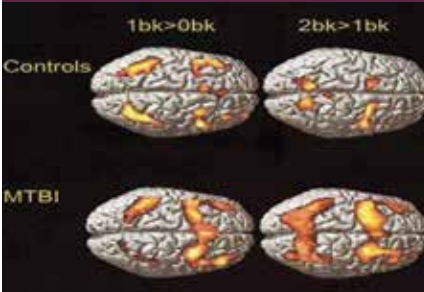
The Rx2000 reform provided the foundation for our current system. It arose from the 1999 Chief Review Services' evaluation of the CF Medical Services which noted significant concerns in many areas of health services, and was informed by findings from the Croatia Board of Inquiry, the Lowell Thomas Report, and the McLellan Report on Care of the Injured. The CAF mental health system was further enhanced since 2006 by such measures as the expert panels on mental health-related issues, the Road to Mental Readiness (R2MR) program, expanded mental health research efforts, telemental health, virtual reality exposure capabilities, and others.

In the CAF Ombudsman's 2012 review entitled Fortitude Under Fatigue: Assessing the Delivery of Care for Operational Stress Injuries that Canadian Forces Members Need and Deserve, Mr. Pierre Daigle commends the CAF for significant improvements over the past decade, and is quoted as saying "I was pleased to see that care and treatment for Canadian Armed Forces members suffering from an operational stress injury has improved since 2008 and is far superior to that which existed in 2002."

The CF H Svcs Gp now has a comprehensive mental health system that consists of strategic, operational and tactical programs and services. The Directorate of Mental Health provides national coordination, strategic assessment and oversight whereas operational delivery of clinical services is carried out through 1 and 4 Health Services Groups. Our mental health system is based on high-quality health surveillance and research to better understand the risks and needs of our population, understand how to improve its health, and improve treatment of illness. We focus on prevention through education and strive to deliver the best possible care. These programs and services essentially cover three components:

COMPONENTS OF MENTAL HEALTH PROGRAMS AND SERVICES

UNDERSTAND
health surveillance and mental health research



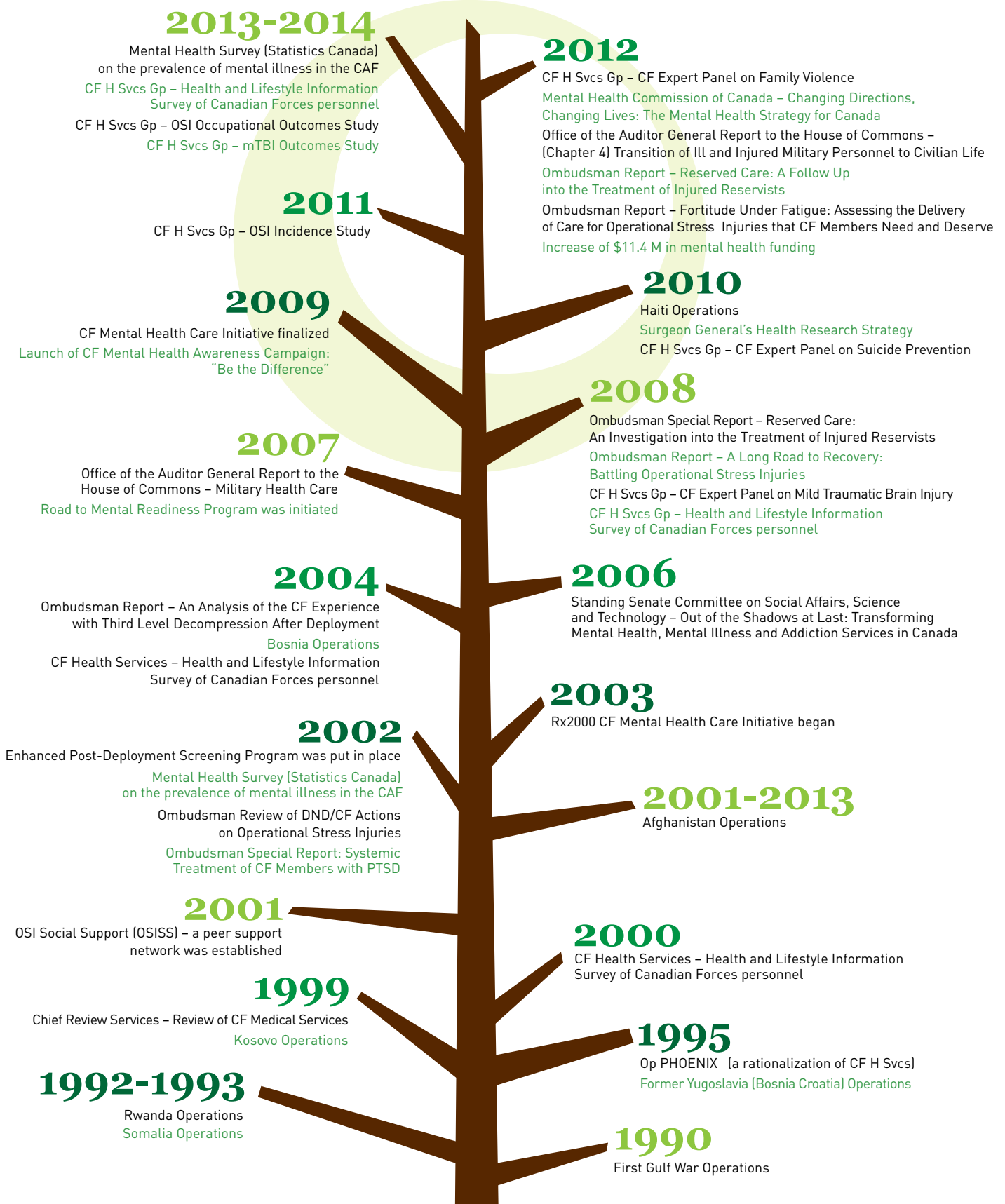
EDUCATE
mental health education and training



CARE
clinical programs and services



CAF MENTAL HEALTH PROGRAMS AND SERVICES—A HISTORICAL PERSPECTIVE





UNDERSTAND

CLINICAL RESEARCH

There are many existing mental health treatments but some are limited in efficacy. The mental health challenges affecting our unique military population require that we maintain close health surveillance and remain on the leading edge of research in order to safely and scientifically integrate new therapies into our existing mental health programs. Along with our allies, we continue to contribute to the scientific literature and conduct research on a number of critical topics, including:

- reducing self-termination of care and increasing tolerance to therapies
- expanding understanding of the psychological underpinnings of PTSD
- identifying potential biological markers for PTSD
- exploring novel therapeutic modalities and their applicability to our unique population, such as:
 - virtual reality-based exposure therapy
 - transcranial magnetic stimulation
 - neuro-feedback
- validating our multidisciplinary approach to PTSD treatment

POPULATION-BASED MENTAL HEALTH SURVEILLANCE, RESEARCH AND ANALYSIS

Ongoing, detailed information on the incidence, prevalence and impact of mental health problems is essential to guide all facets of the CF H Svcs Gp mental health system. This information directs research, assists with resource allocation and contributes to the evaluation of mental health programs and services.

As with all health research, the mental health research program is a component of the Surgeon General's Health Research Program. All research related to mental health is reviewed by the Director of Mental Health (DMH) prior to approval by the Surgeon General. The Surgeon General's Health Research Board's mandate is to identify critical science and technology requirements in order to engage individuals and organizations in research, technology analysis and development, engineering, and evaluation solutions.

The committed group of DMH research professionals works on behalf of the CAF to prioritize and conduct essential mental health research with the support of the Directorate of Force Health Protection. The CF H Svcs Gp also relies on close collaboration with Defence Research and Development Canada (DRDC), the Canadian Institute for Military and Veteran Health Research (CIMVHR) and its university network members, and our military allies.

Examples of current research:

- **2013 CAF CROSS-SECTIONAL MENTAL HEALTH SURVEY**
This survey of approximately 9,000 Regular Force and Reserve Force personnel is conducted by Statistics Canada, focusing on the mental health impact of the Afghanistan mission and the performance of the CAF mental health system.
- **OSI INCIDENCE AND OUTCOMES STUDY**
This study looks at OSI diagnoses and occupational outcomes in a random sample of those deployed in support of the mission in Afghanistan from 2001 to 2008.
- **GROUP RANDOMIZED TRIAL OF ROAD TO MENTAL READINESS (R2MR) IN CAF RECRUITS**
This study randomizes over 1,000 CAF recruits to receive R2MR training or a control intervention. It will evaluate the effect of R2MR on well-being, stress, strain, and attitudes towards mental health care.

MEDICAL PROFESSIONAL TECHNICAL SUICIDE REVIEWS

Although mental health care audits show that most suicides are not preventable, the loss of any member of the CAF is tragic, and losing someone to suicide is difficult for everyone. As with any loss of life, it is imperative that we learn from these events and do everything possible to prevent them. That is why since 2010, the Chief of Defence Staff (CDS) has directed the conduct of a medical review after every suicide to ensure that any indicated improvements are initiated rapidly to optimize prevention. Conducted by both a medical officer and a mental health specialist, these reviews are initiated within one week of a death being

verified as a suicide, and recommendations must be presented to the Surgeon General within 30 days thereafter. The report is also made available to assist the conduct of suicide-related Boards of Inquiry.

During 2011 and 2012, the CF H Svcs Gp completed a Medical Professional Technical Suicide Review (MPTSR) on 90 percent of completed suicides, resulting in over 100 recommendations grouped into four key areas: Clinical Care, Policy, Education and Leadership. These were reviewed and have already helped improve the CAF suicide prevention program and health care system.



EDUCATE

THE ROAD TO MENTAL READINESS

The Road to Mental Readiness (R2MR) is an evidence-based mental health training and education program developed by CF H Svcs Gp to increase mental health literacy and enhance resilience. R2MR is based on the principles of sports psychology and is designed to demystify mental illness, provide individuals with tools for dealing with stressful situations and reduce the risk of developing mental illness. It was introduced in 2007 and has since evolved into a robust program that uses the Mental Health Continuum Model as a foundation for improving CAF members' understanding of mental health and mental illness. It provides a context for the common and reversible distress that many personnel experience during their careers. The mental health continuum was adopted from the United States Marine Corps and adapted for use in the CAF. Although there are clear diagnostic criteria for mental illness, there is also a continuum that exists between the state of good



mental health and a diagnosed mental illness. It has proven to be an excellent tool to understand varying levels of mental health and how people transition from healthy to ill. R2MR encompasses the entire package of resilience and mental health training that is embedded throughout CAF members' careers, including the deployment cycle. It is designed to ensure that the most

This continuum illustrates changes in mood, sense of humour, sleep, energy level and social interaction to indicate where people are in the continuum of mental health. Everyone would ideally be in the green zone but normal stressors can move people into the yellow or orange zone. The R2MR program teaches people how to best manage these normal changes and to recognize when they need help.

MENTAL HEALTH CONTINUUM

HEALTHY	REACTING	INJURED	ILL
Normal mood fluctuations Calm and takes things in stride	Irritable/impatient Nervous Sadness/overwhelmed	Anger Anxiety Pervasively sad/hopeless	Angry outbursts/aggression Excessive anxiety/panic attacks Depressed/suicidal thoughts
Good sense of humour Performing well In control mentally	Displaced sarcasm Procrastination Forgetfulness	Negative attitude Poor performance/workaholic Poor concentration/decisions	Overt insubordination Can't perform duties, control behaviour or concentrate
Normal sleep patterns Few sleep difficulties	Trouble sleeping Intrusive thoughts Nightmares	Restless disturbed sleep Recurrent images/nightmares	Can't fall asleep or stay asleep Sleeping too much or too little
Physically well Good energy level	Muscle tension/headaches Low energy	Increased aches and pains Increased fatigue	Physical illnesses Constant fatigue
Physically and socially active	Decreased activity/socializing	Avoidance Withdrawal	Not going out or answering the phone
No/limited alcohol use/gambling	Regular but controlled alcohol use/gambling to cope	Increased alcohol use/gambling—hard to control negative consequences	Frequent alcohol or gambling use—inability to control with severe consequences

*The MHCM provides a guideline to identify signs that may indicate further assessment from a qualified medical/mental health professional is required.

appropriate training is provided to prepare CAF members mentally for the challenges they may encounter. All CAF personnel are now provided mental health education during Basic Training, throughout leadership courses as they progress during their careers, and at key points before and after they deploy on military operations. The R2MR model provides insight into the varying levels of mental health issues and offers guidance on the appropriate support depending on the severity of the condition.

The goal of R2MR training is to improve well-being and short-term performance, while mitigating any negative long-term mental health problems for both CAF personnel and their families. This is accomplished by teaching early identification of signs and symptoms of mental illness; the importance of peer and leadership support; appropriate leader actions; barriers to seeking mental health care (including stigma); and available mental health resources. Resilience skills, including tactical breathing, mental rehearsal, goal-setting, and self-talk, are also taught, mentored and cued to improve the ability of CAF members and their families to manage both operational and non-operational stresses.



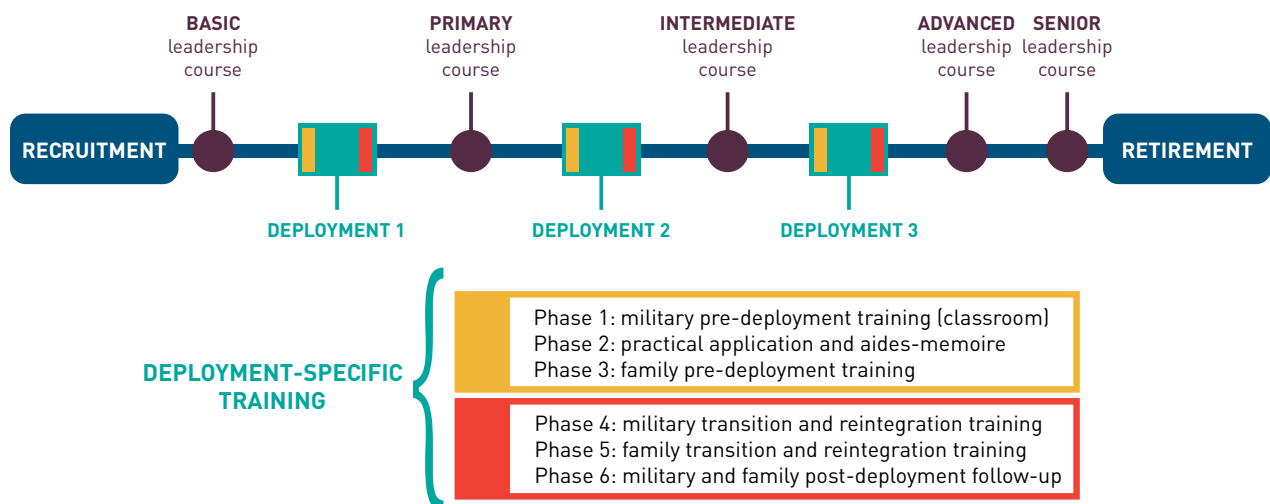
The CF H Svcs Gp's Directorate of Force Health Protection also provides the Strengthening the Forces health promotion program. This important program provides awareness and prevention education and skill development in areas such as suicide intervention, anger and stress management, healthy relationships, family violence, and addictions.

The education of CAF personnel and their families is not the sole responsibility of the CF H Svcs Gp and must therefore be well coordinated among all relevant CAF elements. R2MR is the foundational mental health education program, but harmonization and coordination of all mental health education and

training is conducted by the Mental Health Education Advisory Committee, which is chaired by the Director of Mental Health. Members include representatives from all environments and training centres, the Chaplain branch, the Directorate of Military Family Services, the Directorate of Military Personnel Operational Research and Analysis, and Defence Research and Development Canada.

INSTITUTIONALIZATION OF RESILIENCE

The Road to Mental Readiness (R2MR)



CARE

Tactical-level clinical programs and services are delivered through 19 CF Health Services Centres and 16 Detachments at bases across Canada and in Europe. These Centres vary in size depending on the supported formation, base, wing, station or unit. The smallest clinics provide only psychosocial services, while the larger ones offer a variety of programs to meet all mental health needs of CAF members.

Mental health care is guided by evidence-based best practices and is delivered through multidisciplinary teams that include primary care clinicians, mental health nurses, psychiatrists, psychologists, social workers, occupational therapists, addictions counsellors and mental health chaplains. Current staff levels and the target of 447 established positions represents the highest ratio of providers to service members in NATO. In addition, there are over 2,000 civilian health care providers on the Blue Cross™ provider list who offer varying levels of care to our members across Canada.

The CF H Svcs Gp offers comprehensive treatment to CAF personnel, including unlimited psychotherapy and access to medication as required. When in-patient care is necessary, the CF H Svcs Gp has long-standing relationships with civilian health care facilities. Integration with the civilian health care system is

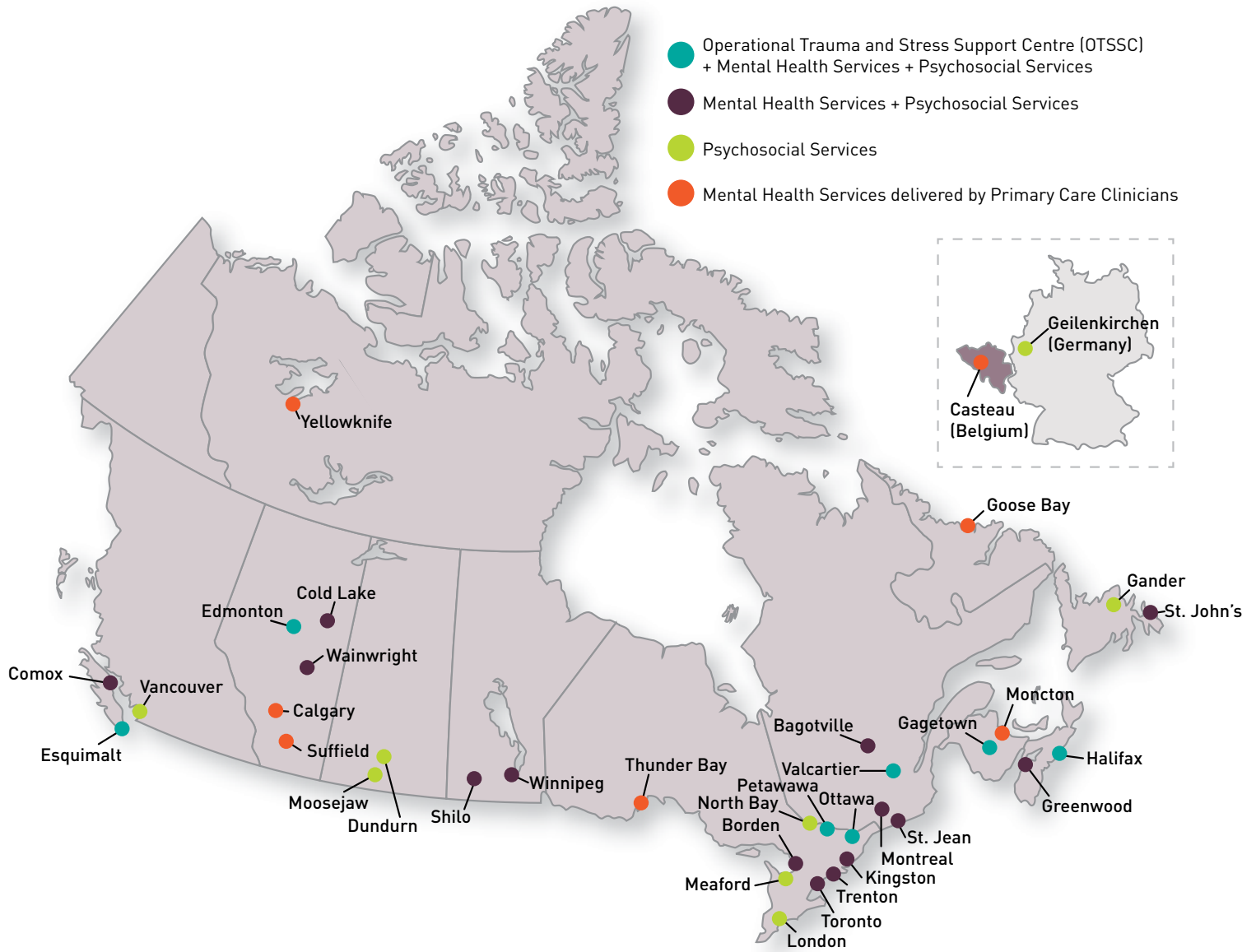
essential to continuity of care for those referred to external providers, as well as to collaborate in shared research efforts.

As in the civilian community, a great deal of mental health care is delivered to CAF members by primary care clinicians. The CF H Svcs Gp is structured on a primary care delivery model in which all personnel receive care through a multidisciplinary health care team in a Care Delivery Unit (CDU). The CDU team works collaboratively with patients to assess their needs and to provide and coordinate care in support of complete wellness. In many cases, the first point of contact for CAF personnel who are experiencing mental health difficulties is their primary care team, which will either provide the required assistance or refer the member to the most appropriate care provider.

CAF personnel undergoing periodic health assessments and deployment-related medical screenings in primary care are also routinely asked questions pertaining to operational stress reactions, depression, addictions, suicide and other mental health conditions. These routine screening questions support the earliest possible identification of emerging concerns, while providing an opportunity for all CAF members to have a discussion with their care provider about mental health and well-being.



MENTAL HEALTH SERVICES ACROSS CANADA



PSYCHOSOCIAL SERVICES

Psychosocial Services provide first-line mental health care that CAF members may access directly without a physician's referral. They are closely integrated with the CDU. Services include individual, couple, and family counselling to military personnel and their families; crisis management; addictions awareness; administrative support for processes such as compassionate and contingency cost moves; and deployment-related screenings. They are available at all CF Health Services Centres.

MENTAL HEALTH SERVICES

Mental Health Services are specialized services structured to provide multidisciplinary, evidence-based care, and require a referral from a physician. These secondary programs are provided by larger centres with regional support responsibilities. Delivery of mental health services is organized around a grouping of programs:

General Mental Health Program

The General Mental Health Program provides assessment and individual and group treatment for those suffering from mental illnesses, such as depression, anxiety or PTSD, that are not attributable to deployed operations.

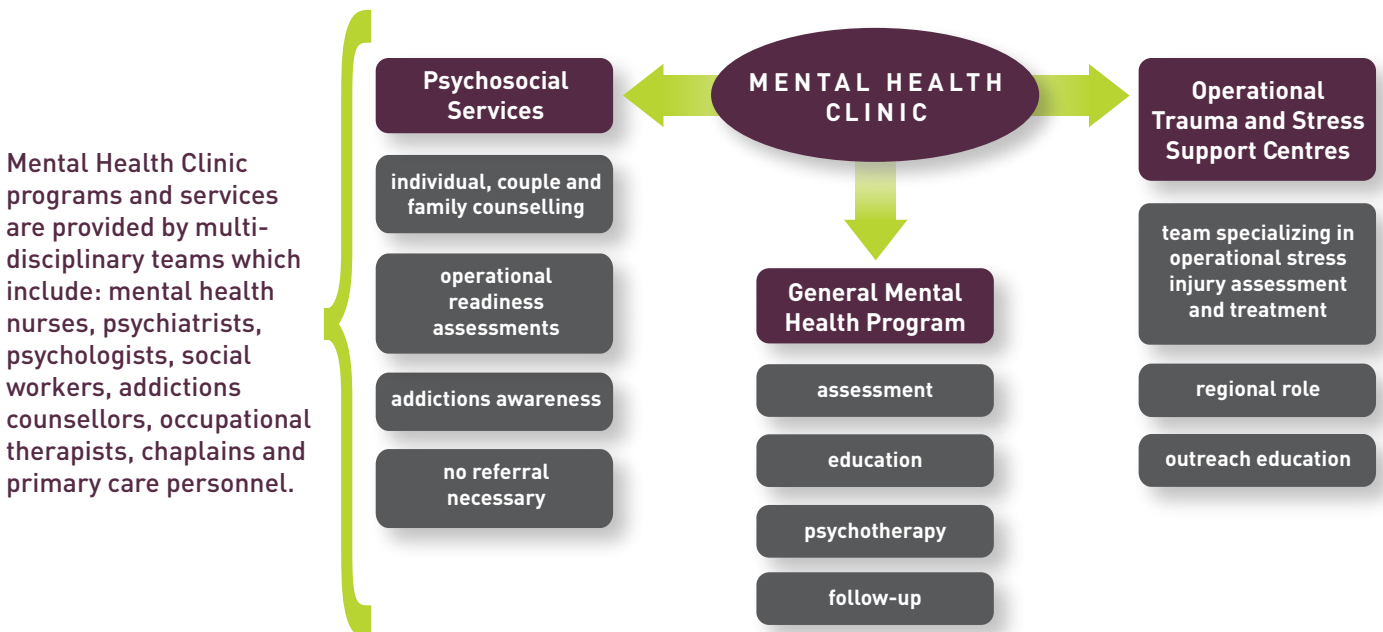
Dr. Fiona McGregor, Past President of the Canadian Psychiatric Association (CPA) stated: "The CAF is right to take pride in its mental health program which has been recognized by its NATO allies and civilian organizations."

Addictions Treatment Program

The Addictions Treatment Program provides assessment and treatment of individuals experiencing dependence or problem usage with alcohol, drugs or other compulsive behaviours. If in-patient treatment is required, it is provided by community resources external to CF H Svcs Gp. Service members are offered a one-year follow-up after treatment. Wherever addictions treatment services are not available within the CF H Svcs Gp, CAF members are referred to the appropriate civilian resource.

OPERATIONAL TRAUMA AND STRESS SUPPORT CENTRES

Operational Trauma and Stress Support Centre (OTSSC) programs are specialized mental health services with regional support responsibilities that ensure comprehensive and consistent assessment and treatment of patients with operational stress injuries using evidence-based best practices. The seven OTSSCs are located in Edmonton, Esquimalt, Gagetown, Halifax, Ottawa, Petawawa and Valcartier. They also conduct educational outreach and research in addition to their primary mandate for assessment and treatment.



In addition to in-garrison mental health care, each deployment is provided mental health support ranging from a medic and a General Duty Military Officer, to a mental health specialist team. CAF members have the opportunity to consult with mental health clinicians in-theatre as well as during the transition from the theatre of operations to home. Members deployed to high-stress operations longer than 90 days participate in a Third Location Decompression (TLD) program, where they are encouraged to speak to a mental health professional and raise any concerns they may have. All CAF personnel returning from international operations of 60 or more days undergo the Enhanced Post-Deployment Screening (EPDS) process between three and six months after their return to Canada. This screening tool assists us in highlighting any difficulties returning members may have with mental health or simply with adjusting to life in garrison and within their

Two successive presidents of the Canadian Psychiatric Association were hosted in November 2012 at Petawawa Health Services Centre by mental health staff.

“We were very pleased to have the opportunity to experience the realities of the Canadian Armed Forces and its medical system. Both myself and past-president, Dr. Fiona McGregor, were impressed with what we saw.” said Dr. Suzane Renaud, President of the CPA. “We recognize the sacrifices that soldiers make and are pleased to see a comprehensive mental health system in place to support them.”

“In particular, the CAF mental health system offers a truly interdisciplinary approach to care with mental health practitioners, such as primary care clinicians, psychiatrists, social workers, mental health nurses, addictions counsellors and chaplains, working as a team to treat patients. As well, the CF H Svcs Gp’s electronic records system and its accredited status through Accreditation Canada are truly impressive.”

After attending an American Psychiatric Association conference, Senator Romeo Dallaire, Chair of the Senate Committee on Veterans Affairs, noted that: “... Canada’s program on operational stress injury was held as the example to be applied in the United States and, they hope, in other countries.”



family unit. It also assists us in connecting them with the appropriate resources. The chain of command plays a critical role in this process by ensuring that all deployed personnel complete their EPDS, in order to support an early identification of reintegration challenges and mental health issues.

Individuals are continually encouraged to seek help throughout the deployment cycle. One half of those who require mental health follow-up have already sought some level of care on their own by the time they complete the EPDS. In order to further reduce barriers to care, referrals can be made directly from theatre or TLD to the member’s local CF Health Services Centre in order to ensure a smooth transition and continuity of care.

Coping with psychosocial and mental health problems can be challenging for CAF members and their families for many reasons and in many ways. CF H Svcs Gp does not have the mandate to provide care directly to family members of CAF personnel. It is recognized, however, that families play a crucial role in a member’s mental health. We can therefore provide mental health services to families when it is a necessary component of the member’s treatment or care. The mental health system provides member-focused family care because there is considerable evidence and professional consensus that family involvement in the treatment process can improve outcomes.

ADDITIONAL PROGRAMS AVAILABLE TO CAF MEMBERS

Canadian Forces Member Assistance Program (CFMAP)

CFMAP is a 24/7 toll-free telephone advisory and referral service for all CAF personnel and their families, and can provide short-term, confidential, external counselling for those in need. 1-800-268-7708

Strengthening the Forces

Strengthening the Forces is the CAF health promotion program and includes awareness and prevention initiatives in areas such as suicide intervention, anger and stress management, healthy relationships, family violence prevention, and addictions. www.forces.gc.ca/health-sante/ps/hpp-pps/default-eng.asp.

Operational Stress Injury Social Support (OSISS)

OSISS is a peer-based support program for CAF members, veterans and their families who are coping with an operational stress injury. www.osiss.ca

Chaplains

As trained religious and spiritual caregivers, CAF chaplains contribute significantly to the spiritual and mental health care of CAF members and their families. They are on-call 24/7 to support members in need and provide support and advice to the chain of command and care providers. www.cmp-cpm.forces.gc.ca/cfcb-bsafc/index-eng.asp

Military Family Services

Military Family Services manages the Military Family Services Program, the Dependent Education Management Program, and addresses issues that affect the quality of life of families on behalf of the Department of National Defence and the CAF. It provides funding and oversight of the Military Family Resource Centres (MFRC) that are located at Bases and Wings across Canada, the United States and Europe. They also provide a 24/7 Family Information Line (1-800-866-4546) that offers bilingual, confidential information and referrals (including mental health) by trained counsellors, an online portal to MRFC, and information useful to all military families. www.familyforce.ca



Veterans Affairs Canada (VAC)

VAC offers a wide range of services and benefits for Veterans, CAF members and Royal Canadian Mounted Police (RCMP) members living with a mental health condition, and their families. It aims to ensure a seamless transition from military to civilian life.

Directorate of Casualty Support Management (DCSM)

DCSM provides policy oversight and manages non-clinical support programs for the ill and injured, as well as transition services for all CAF members. The provision of support services for currently serving and former CAF ill and injured personnel, their families, and the families of the fallen, is done through Integrated Personnel Support Centres (IPSC) and satellites providing services at over 30 locations across Canada.



IV — UNIQUE OPPORTUNITIES WITHIN THE CAF MENTAL HEALTH SYSTEM

The CAF currently has a very strong and comprehensive mental health system that delivers high-quality care. Key factors unique to the CAF environment, however, permit the continued improvement of our system. We will focus our efforts over the next five years in related areas to continue to meet the evolving needs of CAF members—now and in the future.

SHARED RESPONSIBILITY

A balance between the patient, the chain of command and the health system is essential to high-quality mental health care. The CAF can have a significant influence on all three to ensure that they are working closely together in order to achieve:

- 1 an efficient and effective health system focused on high-quality health outcomes
- 2 actively involved patients that personally invest in their health care
- 3 a supportive and engaged chain of command

To achieve this ideal interaction, we must manage patient concerns and right to personal privacy, health professionals' legal obligation to not disclose personal information, and the chain of command's responsibility for the health and well-being of those under its command.

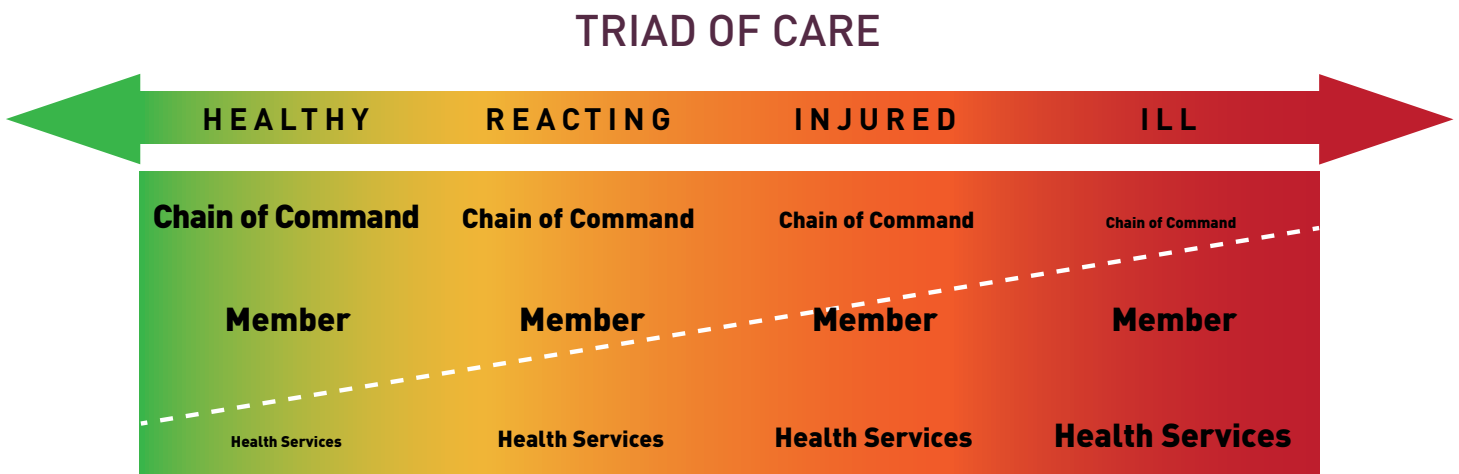
This triad of care calls for CAF leaders to visibly take measures to combat stigma, encourage prevention and

education programs, openly talk about mental illness in the workplace, seek ways to improve mental health among their personnel, work closely with the medical community and support those who need help.

It is critical that health professionals protect the privacy of their patients' health information while also involving the chain of command, where appropriate, in the care of their patients. Military health professionals must understand the occupational complexity and unique operational demands on our patients, and have regular and open communication with the chain of command. Above all, they must deliver high-quality, evidence-based health care through optimal multidisciplinary collaboration.

The assignment of medical employment limitations is imperative for good communication with the chain of command, as well as to protect patients and enable their recovery. They must be timely, clear, and practical without disclosing diagnosis or treatment. They communicate prognosis to the chain of command and help inform the best approach to supporting the member.

Patients are the most important part of this triad of care and must be actively involved in their own care. Those who follow their treatment plans, follow up with their mental health team as required, and are open and honest with their care providers and chain of command have the greatest chance of successful recovery.





PRIMARY CARE/MENTAL HEALTH INTEGRATION

Mental health cannot be isolated from physical health. The two are physiologically linked, yet in many ways, they are artificially separated in the Canadian health care system. The CAF health system is, in contrast, specifically established to ensure a close partnership between mental health professionals and primary care teams. Even when mental health and primary care clinics are physically separated, open and clear communication is facilitated by a common chain of command and clinical leadership.

At a fall 2012 symposium, Base/Wing surgeons universally agreed that it was important to strengthen the connection between mental health and primary care in order to ensure comprehensive and integrated care plans. Where it was working well, the overwhelming reason was strong clinical leadership in both domains. It was also clear that sharing the mental health notes with the primary care team was critical to establishing a comprehensive diagnosis and treatment plan.

PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT

Performance measurement and quality improvement (PM&QI) are essential for all health systems, and CF H Svcs Gp is well situated to deliver high-quality care consistent with best practices. Given CAF's unique role as employer, insurer and deliverer of health services, additional investments in PM&QI will directly lead to enhanced quality of care and health system productivity, as well as decreases in other health care expenses. We measure wait times and patient satisfaction, yet we still share the same challenges of all health systems with measuring health outcomes.

Improving the efficiency and efficacy of care is especially crucial in the context of rapidly increasing health care costs and increasing fiscal austerity. In contrast to civilian health systems, this goal is greatly facilitated by having all CAF health system elements under the control of a single health authority. This permits us to more rapidly and readily determine optimal processes of care and to implement quality improvement measures. Recent developments in measuring expected treatment response will enable a much more robust assessment of patient outcomes and help clinicians tailor treatment to individual needs.

Investment in our PM&QI system will support a more efficient and effective mental health system that improves quality of care.

MENTAL HEALTH EDUCATION

Prevention through education is essential to helping personnel manage stresses and enhance performance, as well as to recognize early indicators of distress and to facilitate care-seeking. CAF mental health education aims to overcome barriers to mental health care, increase mental health literacy, decrease stigma, and enhance well-being and performance in response to occupational and other stressors. Our program aims to demystify mental health treatment and highlight the well-resourced, evidence-based services available to CAF members. While CAF attitudes toward care-seeking have improved significantly in the past decade, there is still work to be done to further reduce stigma and other barriers to care. For example, R2MR is being tailored to address the special needs of the Royal Canadian Navy, the Royal Canadian Air Force, and specific occupations.

CLINICAL COMPETENCY TRAINING

As medical knowledge evolves and promising new therapies emerge, we must ensure that our clinicians remain current with the most up-to-date, evidence-based treatment in order that CAF members receive leading edge health care. This can be achieved through such measures as collective training, conferences and workshops, teaching in academic centres, and research. We must also continually pursue ways of optimizing technological developments.

PROGRAMS VERSUS SERVICES

CF H Svcs Gp's broad range of high-quality services delivers excellent health care, but it must be integrated into more structured programs. For example, several services are available for treating addictions, and many educational tools and services are available for suicide prevention. We can enhance these services as they are consolidated and structured into programs.

With the development of the Canadian Forces Health Information System (CFHIS), we have dramatically improved our ability to capture patient information with each visit. In time we will be able to use this information to better capture the prevalence of various health conditions. With further investment, CFHIS can become a data warehouse to provide senior leadership with a proactive understanding of the health of the CAF population.



MENTAL HEALTH PROGRAM

A mental health program consists of more than just the health services available in a CF Health Services Centre. It consists of a framework that includes quality assurance, performance measurement and effective communication. The core components of a mental health program are:

- an assigned Program Leader
- a clear set of priorities and expected deliverables
- clear and concise guiding policies
- a focus on primary, secondary and tertiary prevention
- an evidence-based approach to assessment and treatment
- quality assurance/improvement processes
- a performance measurement framework
- a communication framework for patients, care providers and the chain of command
- an overarching focus on research

RESEARCH

Through health surveillance, the CAF knows more about the mental health of its workforce than any other large employer in Canada. Elements of the Surgeon General Health Research Program will help increase our understanding of mental health in the CAF and answer such questions as:

- What is the impact of leaders on the mental health of subordinates, deployed and in-garrison?
- What is the overall impact of mental health on CAF workplace productivity and safety?
- What is the impact of the post-deployment screening program?
- What is the effectiveness of the R2MR program?
- Which treatments are effective or ineffective in specific populations?



MILITARY FAMILIES

Military families are often referred to as “the strength behind the uniform.” A family member’s knowledge of mental illness and of abnormal indicators to look for in their loved ones returning from operations is essential for early diagnosis and treatment of operational stress injuries. Families are therefore part of our mental health strategy, including our R2MR program.

MFRCs across Canada, the United States, and Europe provide extensive programs and services including mental health prevention, support and intervention services such as assessment and short-term counselling. MFRC staff are very familiar with community supports and services that offer families more options to meet their mental health needs. Some of these include the Family Road to Mental Readiness Program, Family Liaison Officers, Casualty Support Child Care, tailored programs for children and youth, community referrals, a 24-hour Family Information Line, a 24/7 telephone advisory and referral service through CFMAP, and www.FamilyForce.ca.

Geographic isolation, postings, frequent absences on duty, high-risk deployments and unpredictability are



aspects of military life that put stress on members and their families and may contribute to mental illness. DND and the CAF have implemented many initiatives over the past few years to better support military families. Some of the most common and significant stresses are outside the control and jurisdiction of DND and the federal government, such as access to family health care or loss of spousal employment subsequent to a posting.

Local MFRCs and partner organizations have worked diligently to raise awareness and understanding among service providers about the unique stressors of the military life, and how communities can improve their programs and services to better address the mental health needs of CAF families.

Given the impact of family mental health on CAF members, it is in the CAF’s interest to strongly support the establishment of community health and other services for families within the parameters of constitutional, legal and mandate constraints.



GROUPS WITH DIFFERENT CONSIDERATIONS

The CAF mental health system was established based on CAF needs identified more than 10 years ago. The past decade's high-intensity operations and changing circumstances have, however, highlighted several groups of people that face different barriers to mental health care.

One such group is the Reserve Force. Under the Total Force concept, our Reserve Force population has contributed heavily to every domestic and international operation. Although data does not indicate a difference in the prevalence of mental illness among Reservists, some of them face unique barriers to care such as distance to access mental health clinics, concern about getting Class B contracts, relative isolation from colleagues who share the same deployment experience and the demands of being a part of both the military and civilian communities. Our mental health system is robust but we must work with VAC, our community partners, charitable organizations, and others to better meet the needs of Reservists.

Other groups, such as those who work in special operations, signals intelligence or image analysis personnel, do not have the normal rotation cycles of large Joint Task Force units. Special aspects of their work can be extremely stressful and may potentially harm their mental health. In some cases, barriers to care may be both real and perceived due to the sensitivity of their missions and the information they deal with, but we must ensure that their mental health care is as comprehensive as it is for all other CAF members.

The majority of the Canadian public is only familiar with large CAF missions such as Afghanistan or Haiti.



Few realize that operations are occurring every day in Canada and in small high-risk missions around the world. Among others, examples include search and rescue, maritime patrol drug interdiction, arctic patrol, and United Nations military observers. These operations may place lives at risk, but the CAF members involved often do not undergo the same pre- and post-deployment screening that large deploying contingents do.

Finally, CAF health care providers not only deliver care in Canada every day, but also put their own lives at risk to care for others on deployment where they may see more death and trauma than their colleagues in other arms of the CAF. While health care providers formally have the same access to health care as other CAF members, their dedication to duty, expectations for them to continue providing care to others or privacy concerns may present barriers to their own care. We must be vigilant in ensuring that they are also looked after.



V — STRATEGIC PRIORITIES

Our current mental health system is strong, comprehensive, evidence-based and widely recognized for its excellence nationally and internationally. It can, however, be further optimized and improved, given new technologies, information management and analytical opportunities, external partner support, and extensive support from our political and military leadership. For each of the following Surgeon General strategic priorities there will be a clear action plan with expected deliverables and timelines. This strategy will guide CF H Svcs Gp mental health efforts over the next five years under the day-to-day leadership of the Director of Mental Health.

OPTIMIZE HEALTH OUTCOMES

As with all aspects of health care, the best possible health outcomes for our patients must be our priority. CF H Svcs Gp will:

- Continue to foster the understanding that mental health is a critical part of total health and strengthen the linkages/integration between primary care and mental health
- Formalize our system of evaluating and implementing standardized evidence-based care
- Formally review and report on the latest mental health care treatments
- Continue to actively engage families in the care of CAF members
- Formalize the addictions program
- Formalize the suicide prevention program

INVEST IN OUR PEOPLE

The knowledge, clinical competence, health and well-being of the health care team are critical to the health and well-being of our patients. Understaffing and system inefficiencies may put an excessive burden on our mental health personnel, thus impacting work satisfaction, retention, and potentially, the quality of health care provided to our patients. We must continue to focus on recruiting and retaining the highest quality mental health team members by striving to be the workplace of choice. CF H Svcs Gp will:

- Follow CDS Guidance to Commanding Officers to support the well-being of those who serve in its chain of command
- Maintain an active recruitment campaign to fill the critical mental health positions
- Continue to provide high-level professional development and clinical competency training for all members of the team
- Communicate clear goals and expectations
- Lead by example by effectively addressing the mental health needs of those who work within the health system

“While the CAF’s capacity to meet the PTSD/OSI challenge is functioning, it is doing so largely due to the determination and commitment of the mental health providers who continue to deliver quality front-line care despite being severely overburdened and operating in difficult professional environments.” Mr. Pierre Daigle, CAF Ombudsman

V — STRATEGIC PRIORITIES

INCREASE PARTNERSHIPS WITH INTERNAL AND EXTERNAL AGENCIES

As a component of Canadian society, the CAF's health system functions interdependently with the civilian health system. In deployed operations, CAF and allied military health systems are also mutually supporting and sometimes interdependent. In order to maintain these strong national and international ties, CF H Svcs Gp will:

- Maximize partnerships with Canadian professional health organizations such as:
 - Canadian Medical Association
 - Royal College of Physicians and Surgeons of Canada
 - College of Family Physicians of Canada
 - Canadian Psychiatric Association
 - Canadian Psychological Association
 - Canadian Association of Social Workers
- Continue filling knowledge gaps by advancing mental health research in partnership with:
 - Canadian Institute for Military and Veteran Health Research and its university network members
 - Defence Research and Development Canada
 - Veterans Affairs Canada
 - Canadian Institute for Health Research
 - Allied military health research organizations
- Maintain and strengthen international partnerships with United States, Quadripartite, and NATO allies in health-related clinical, scientific and operational bodies
- Work closely with the Director of Casualty Support Management and Veterans Affairs Canada to optimize transition support for ill and injured CAF members
- Increase collaboration with interested service and charitable organizations to enhance mental health related services to CAF members and their families

OPTIMIZE USE OF TECHNOLOGIES

Mental health care delivery requires effective use of technology for diagnosis, treatment, training, education, consultation, rehabilitation and recovery. Identifying and leveraging innovative technologies that enhance our mental health care capabilities will lead to efficiencies in care delivery. CF H Svcs Gp will:

- Implement a national telemental health strategy and capability
- Assess and incorporate new and innovative technologies that enhance patient care and improve education
- Enhance the current Canadian Forces Health Information System (CFHIS) to better meet the needs of the mental health system
- Use technologies to improve access to care

IMPROVE THE EFFICIENCY OF THE MENTAL HEALTH SYSTEM

The mental health care model developed under the RX2000 project is based on extensive system evaluations and input from many front-line care providers and administrative staff. The concept remains sound, but requires validation given developments over the past decade. CF H Svcs Gp will:

- Validate the existing mental health care model
- Eliminate processes and policies that are no longer required
- Improve the performance measurement and quality assurance framework
- Institute a mental health outcome management/measurement tool

V — STRATEGIC PRIORITIES

EXPAND MENTAL HEALTH EDUCATION AND TRAINING

Our mental health education and training program has effectively supported tens of thousands of CAF members and families. The benefits of mental health training and education are evident at all levels of prevention and treatment and must be expanded and institutionalized within CAF. CF H Svcs Gp will:

- Maintain the most scientifically current mental health education materials
- Ensure that the mental health education program addresses the unique needs of all CAF elements
- Expand R2MR access to groups not currently receiving this training
- Educate senior leaders about the types of available mental health education and training
- Increase the availability of mental health education and training to Reservists
- Assess and incorporate new technology to improve mental health education and training
- Include military families wherever possible

IMPROVE INTERNAL AND EXTERNAL COMMUNICATIONS

Some CAF members may not be aware that the CAF has a high-quality, comprehensive and evidence-based mental health system. CF H Svcs Gp will:

- Develop a comprehensive and proactive communication plan to inform all CAF members of all mental health programs and how to access them
- Ensure that senior leadership is aware of the services available to CAF members and proactively report on CAF mental health and well-being
- Celebrate successes of the CAF mental health system and its members
- With the Directorate of Force Health Protection, publish an annual report of CAF suicides with recommendations from and actions taken in response to MPTSR
- Continue to reduce stigma through an aggressive anti-stigma program in partnership with external agencies, such as the Mental Health Commission of Canada
- Include CAF families in all communications related to mental health



VI — CONCLUSION

Good health is fundamental to the effectiveness of any military force, but only recently has it been truly recognized that mental health is equally or, in some respects, more important than physical health. Mental health also contributes to enjoyment of life and the ability to achieve academic and occupational goals. It helps build and maintain healthy relationships and contributes to good physical health. Good mental health reduces stress, prevents mental health problems and illnesses, and fosters recovery.

As a subset of Canadian society, we face the same risks of developing mental illness as do other Canadians. We differ in that we do not enrol persons with serious pre-existing risk of mental illness, but also in that we are exposed to the unique and sometimes extreme stresses of military service and operations. Our system must be comprehensive enough to meet the larger demand of mental health unrelated to operations, while concurrently addressing the needs of those injured as a result of operations.

Although we must strive to keep improving, the RX2000 project and developments over the past decade have given CAF members the most comprehensive mental health services in Canada. The CAF system's multidisciplinary approach and integration with primary care work extremely well and have been noted by other health authorities as a model to emulate. Our R2MR program is designed to improve mental health and provide tools for dealing with stressors

encountered at home and during deployed operations. As this knowledge continues to be shared with CAF members over their career cycle, we expect continued improvement in mental health literacy, decreased stigma and increased resilience.

The CAF environment and culture present unique opportunities to protect mental health as a shared responsibility between CAF members, the chain of command and health services. We face, however, challenges in meeting the needs of Reservists, our families, and occupations with special circumstances and needs, including health occupations. Ill health among CF H Svcs Gp personnel will degrade our ability to support our colleagues in other arms of the CAF.

Although we are well resourced to implement our priorities over the next five years, sustained effort will be required to translate them into practical action and effects in support of the CAF. Our success depends not only on the quality of our services and system, but equally on establishing the trust and confidence necessary for CAF members to present for, and to remain engaged in, mental health care.

We have the capacity and resources to make a great system even better. This strategy sets the foundation for a continued evolution of our system to remain at the leading edge of mental health knowledge and services in order to best meet the needs of CAF members today and in the future.





MIGHTY OAKS FROM LITTLE ACORNS GROW
(parvis e glandibus quercus)