AUSTRALIAN PEACEKEEPER & PEACEMAKER VETERANS' ASSOCIATION
NATIONAL EXECUTIVE
P.O. BOX 552, TORQUAY, VIC, 3228

(INCORPORATED IN VICTORIA)

ABN 59 558 194 094

Patron
Major General John Pearn AM, KStJ, RFD (Ret'd)

Member of:
The National Veteran Mental Health Forum
The National Younger Veteran Consultative Forum
The New Military Compensation ESO Working Group

Telephone: (03) 5261 7332
Mobile: 0419 355 226
Email: president@peacekeepers.asn.au
Website: www.peacekeepers.asn.au
Listed Ex-Service Organisation with the Department of Veterans' Affairs ESO Directory

Friday, 12 November 2004

Colonel Paul Appleton,
PROJECT AKESA

Subject: Australian Peacekeeper & Peacemaker Veterans' Association Response to PROJECT AKESA

Background.

1. The Australian Peacekeeper & Peacemaker Veterans' Association (APPVA) was recently made aware of the Chief of the Army (CA) initiative to develop a strategy to improve personnel support to the serving and former Army members affected by their service. It is noted in particular, that the Army recognises the nature of military service and the potential for soldiers to be exposed to experience traumatic incidents.

2. The APPVA welcomes the opportunity to provide this paper to CA, with a view to provide input from the perspective of members who are no longer serving. However, the APPVA is also cognitive of the circumstances for members currently serving, with particular emphasis on Medical Discharges.

Aim.

3. The aim of this paper is to provide the CA with feedback of the circumstances of current and ex-serving members of the army, who have experienced psychological effects or problems, as a result of their service.

Rehabilitation Strategies.

4. Appropriate time and resources allocated to **Rehabilitation Strategies**, IAW MRCA 2004. The APPVA considers that the Military Rehabilitation & Compensation Act 2004 (MRCA) will enable an extensive rehabilitation program for soldiers. It is understood; that the ADF is to use a holistic approach, regardless of the Compensation Act or Scheme that a

soldier may be eligible.[1] This process is welcomed by APPVA, as the Rehabilitation will provide a comprehensive rehabilitation plan, giving the soldier adequate recovery strategies.

5. **Retraining** or service transfer is suggested to be an option available to those soldiers who may be unable to continue in their chosen or allocated career path.

6. **Retention avenues** IAW MRCA 2004. Retaining the most important Army Resource: The Soldier. The APPVA considers that the retention of soldiers within the army should be a primary consideration. Taxpayers pay many thousands of dollars in order to train, feed, clothe and accommodate soldiers. In addition are the years of experience and knowledge that money cannot buy. Therefore, it is suggested that there is a public expectation that retention avenues are exhaustively pursued, prior to Medical Discharge of a soldier.

7. **Medical Classification Review**, particularly for those who are capable of being employed in non-combat roles, in order to continue with their military career (without detriment). An example of this is reclassifying Established positions for MEC 2 with potential for MEC 3R, or MEC4.

8. Adequate time and resources toward **Resettlement** of those being Medically Discharged. The idea is to allow the member and his/her family to resettle in the location of choice, allowing time for Job Search, Skills acquisition (appropriate to their Medical Condition), seeking of accommodation and settlement of children in new schools.

9. **Drug Rehabilitation**. The APPVA is fully supportive of a “Zero Drugs Policy” within the ADF. We suggest, however that rehabilitative strategies need to be considered for the retention and treatment of those with problems. It has been noted quite evidently by the APPVA in our work with ex-soldiers, that the problem manifests itself, particularly with those who are self-medicating for masking purposes of Psychosis. A "one only warning system", to enable those who may have psychosis or psychological illness as a result of their service, the opportunity to rehabilitate in a similar fashion to those with Alcohol Abuse problems (The RAAF Richmond "Drunk Tank"). Many young soldiers have been found to be foolish enough to experiment or are socially encouraged to take illicit drugs. This may be interpreted as a life mistake, and given the opportunity to learn from this mistake, the army may retain a soldier that will serve indefinitely. The alternative, with the "No Drugs Policy" is to manifest the problem within the soldier, resettle without appropriate rehabilitation and the potential is for the soldier to be a drug addict outside of the army, having a catastrophic effect to their lives. The opportunity must be available for treatment at the earliest opportunity. See attached paper from R. Kennard.

10. **Self-Esteem**. Self-Esteem is something that can be achieved in many ways. The most significant issues faced by the APPVA for ex serving and current serving members are appropriate recognition of their service. This includes medals, honours, and understanding. There are many areas, which place added stressors to those soldiers who have served and seek appropriate recognition. This includes Re-classification of Operations for Rwanda and ATST-EM to Schedule 2 of the Veterans' Entitlement Act (Warlike or Operational Service). Medals of recognition for Operational Service for those who served in Somalia, East Timor, Cambodia, Namibia, Bosnia-Herzegovina and the Gulf War (1991). Medals of recognition for Peacekeeping Service for those who have served with the UN, MFO, PMG, SPPKF, RAMSI etc. AASM for those who served in Rwanda. ASM for those who served with the

[1] Discussion DG DHS & APPVA 9 Nov 04.

SPPKF, CMF Rhodesia. HOSM for those who served on DACC Relief operations in Irian Jaya, PNG, Vanuatu, Samoa. MUC for those who served in the FCU UNTAC and MSF UNAMIR II. Recognition of Peacekeeping/Peacemaking service in the form of a National Memorial in ANZAC Parade in Canberra. All these are symbolic to a soldier, particularly those who suffer illness/injury from their service to the respective operations. Resolution of these awards would promote a better image for the ADF and the Government providing the veteran with satisfaction of being adequately recognised for his/her service toward world peace and security. In other words the soldier does not dwell on the problem and is able to "move on – or get over it"

11. An awareness of **Operational Stress Injury**. A psychological condition or illness that has been identified by the Canadian Forces, of service personnel who have deployed on various Peacekeeping Operations. This may be an illness that does not fit the exact diagnostic criteria of Post Traumatic Stress Disorder (PTSD) or Depression/Generalised Anxiety Disorders; however it may be a hybrid of a combination of all of these conditions. Notwithstanding, Commanders need to be conversant with the signs and symptoms of such illnesses and be prepared to afford understanding and flexibility toward the soldier. An attached paper authored by Lieutenant Colonel Stephane` Grenier for the Canadian Ministry of National Defence (MND) dated 22 October 2004, is highly recommended reading for the PROJECT AKESA Team.

12. **Allowance for Peer Health strategies during and after service**. For example support groups, health groups, fitness groups etc. One area of interest has been a successful program in the Canadian Forces (CF). Called the Operational Stress Injury Social Support (OSISS) and launched in May 2001, it was developed by serving and retired members of the CF, who themselves suffered from OSI, or other psychological problems.[2]

13. The OSISS Project was mandated by the Canadian Armed Forces Council (AFC) in October 2001. The mandate covered:

a. Create a national peer resource network for members, veterans and their families;

b. Validate the development and education of pre-deployment modules, in consultation with health care professionals; and

c. Take a leading role in developing the methodology to effect an institutional cultural change pertaining to the stigma of operational stress.

14. The OSISS has established many support centres across Canada, working in conjunction with MND and the Canadian Veterans' Affairs (CVA).

A Suggested Australian Model.

15. Working in conjunction with the Department of Veterans' Affairs (DVA), the Australian army could conduct a similar project to that of the CF OSISS. Perhaps as a pilot project, initially, the project would be expected to develop nation-wide at most Regional centres and culminate in RAN and RAAF involvement, making it an essentially ADF project.

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[2] Operational Stress Injury Social Support paper, *"A new way to look at an old problem"*, Major S. Grenier, 2002.

16. DVA has established centres across Australia in the form of State Offices and Veteran Area Network (VAN) Offices in rural areas. In addition, is the Counselling service (Vietnam Veterans' Counselling Service (VVCS)), which could be potentially used as ADF Peer Social Support Centres (ADFPSSC).

17. Ideally these ADFPSSCs would be staffed by current and ex-serving members, who have themselves, suffered a psychological illness. These people would be active in education in the ADF and Veteran communities, soldier rehabilitation plans and provide the following:

a. Provide interactive social support for ADF members, veterans and their families.

b. Provide assistance and advice in relation to service and veteran entitlements and compensation claims, through qualified ADFSSC Training Information Program (TIP) training and mentoring.

c. Provide consultation with commanders, staff and members.

d. Advise the Chief of the Defence Force (CDF) and the service Chiefs.

e. Consult regularly with DVA, VVCS and the Australian Centre or PTSD (ACPTSD).

f. Provide interactive health programs, well-being programs and fitness programs.

18. The above list is considered to be non-exhaustive and would ideally have a degree of flexibility.

Suggested Retention Path.

19. The service of a member, who may not necessarily be able to work Full-Time is suggested to be considered for retention in the General Reserve (GRes). The idea is that most GRes units have an Operational Level of Capability (OLOC) of 6-12 months, therefore a longer activation period, as opposed to Regular Army units. Other areas for GRes service is suggested to be within Training, Logistic and Land Command units within HQs, training and development, project management and logistical support.

20. The suggestion above is deemed to greatly assist the army in the conduct of training and operations, provide personnel by not absorbing Permanent FT positions and provide a skilled, experienced and flexible work force, without substantial loss of tax-payer investment and organisational knowledge and experience.

Conclusion.

21. There are many issues that face current and ex-serving members and their families, particularly with the stress of physical or psychological illness or injury. The ability of the army to recognise these issues and resolve them would greatly reduce the anxiety and disillusionment among veterans. The action of the army to be visibly seen as a caring organisation, will not only improve morale, but would have lasting positive consequences for Public Relations and the ability to recruit and retain members, whilst maintaining its operational focus and combat power.

Recommendations.

22. The following is recommended by the APPVA:

a. that the issues highlighted in this paper is considered for review in consultation with the APPVA;

b. that the PROJECT AKESA team consider recommendations for an Australian system of peer social support in the form of the suggested Australian Model in this paper.

c. the PROJECT AKESA team consider the concept of personnel retention by Transfer of medically downgraded members to the GRes.

The APPVA thanks the CA and the PROJECT AKESA team for the opportunity to consult and provide feedback for helping *"The Hidden Wounded"*.

P.A. Copeland,
CBUS (USQ), Adv Dip Comms Mgt, Dip Proj Mgt (UNE), Dip FM (I), Cert Radio Freq Mgt, MAHRI
National President

"Looking after our own"

Attachments:

1. Drug Policy Proposal – WO1 (R) R.S. Kennard.

2. Operational Stress Injury (OSI) – A new way to look at an Old Problem (Maj S. Grenier Canadian Forces).

3. OSI – A Major Change for the Canadian Forces (CF).

PROJECT AKESA

1. Let there be no doubt as to the APPVA supporting the Zero tolerance when it come to taking illicit drugs in the ADF. We strongly support the zero tolerance drug stances in the ADF.

2. The APPVA believe that follow up action should be introduced to the same level as Alcohol abuse is currently in the ADF. Alcohol abuse in the ADF at the moment is a period of time in the Drunk Tank at Richmond NSW, then a follow up period, by the RMO.

3. I believe that the same scenario can be given to those that have a drug problem. At the moment they are discharged with out any further action. I believe that a first timer can go through the same scenario and the member should be allocated a case officer once their time in the tank has finished, the case officer should be a member of the members immediate sub unit i.e. a Tp CPL or Tp SGT

4. A period of three months initial testing and case officer involvement should be sufficient to know if the member is going to re offend, with a further three months with the members case officer as final follow up.

5. It is believed that those members that are first timers or experimenters may have served overseas or been involved in a critical incident during their service and are suffering from a form of psychosis and if this the case then the psychosis needs to be treated as well, this treatment could take anywhere up to twelve months.

6. Case officers should be senior CPL of SGT, gone are the days when they would perform this task in a voluntary capacity, therefore it becomes the role of the members superior to ensure that members does not re-offend.

7. The Commanding Officer should not have the direct discharge authority at his call; this should now move to the Career Managers of the members relevant Corps or Service.

8. I guess what I am trying to say here is that whether a member is high on drugs or high on alcohol he still posses the same threat behind a loaded weapon and therefore should be treated the same across the services.

9. Not all members that have been found to offend with drugs will be able to re-establish themselves back into the Military Community, for those members there can only be discharge but that discharge must come only after there has been an attempt to rehabilitate them.

Robert Kennard (WO1 Retired),
APPVA National Secretary &
Veteran Liaison Officer.

OPERATIONAL STRESS INJURIES (OSI)

A NEW WAY TO LOOK AT AN OLD PROBLEM

By: Major Stephane Grenier

Military organizations have had to deal with the realities of stress induced injuries since the beginning of time. However it is not until 1678, when Johannes Hofer published an article in which he described a disease that afflicted Swiss mercenaries serving in France who exhibited various symptoms described as: dejection, continuing melancholy, incessant thinking of home, disturbed sleep, insomnia, weakness, loss of appetite, anxiety, cardiac palpitations, stupor and fever. Hofer's clear description in medical journals of his day led to the acceptance of "nostalgia" as an ailment that afflicted soldiers during and after conflicts[1].

Since then, a variety of terms have been used to describe the condition that many soldiers develop when exposed to trauma. By the 19th century, physicians were attributing the symptoms of nostalgia to pathological changes in patients' internal organs. Throughout the 20th century, the attitudes towards what were called neuropsychiatric (NP) disorders evolved significantly, but not necessarily for the better. It has even been suggested that treatment given to soldiers with NP symptoms during the Second World War were actually less effective than the treatment provided to soldiers returning from the First World War[2]. Treatment for the ailment evolved and changed over the last century from immediate treatment in proximity to the frontlines, to full evacuation to the rear echelons for those who showed symptoms. At times, forced counseling and electric shock were used on those who were less willing to accept treatment.

It was only in the aftermath of the Vietnam War that medical literature introduced the term Post-Traumatic Stress Disorder (PTSD) when large numbers of veterans reported severe stress-related symptoms after returning home. This new disorder began to appear in the medical literature.

In Canada, members of the military had not been involved in a high intensity conflict since the Korean War until the war on terrorism began and the Canadian Forces sent troops to fight along side the Americans in Afghanistan. That is not to say however, that Canadian soldiers have not suffered the consequences of conflicts around the world. Canadian Forces personnel from all elements have played an important role in practically all of the United Nations and NATO peace missions since the inception of the Lester B. Pearson peacekeeping model.

Over the course of the last decade, our sailors, soldiers, and air personnel have participated in an ever growing and demanding number of military operations around the world. Although they have served Canada with great distinction, this service to world peace and stability has not been without a price. The price of Canadian involvement in peacekeeping and peace support operations has been calculated in

[1] Historical and contemporary interpretation of combat stress reaction – Board of Inquiry – Croatia, Allan D. English, PhD – 26 Oct 1999.

[2] Historical and contemporary interpretation of combat stress reaction – Board of Inquiry – Croatia, Allan D. English, PhD – 26 Oct 1999.

many ways over the years, but none more important than the loss of over 100 Canadian Forces members, during peacekeeping missions alone.

Beyond the official list of casualties however, we can no longer ignore that these operations cost Canada and the Canadian Forces an incalculable and significant amount of wounded service personnel. These casualties are not the victims of stray bullets, land mines or vehicle accidents, but suffer operational stress injuries. Unlike physical wounds, operational stress injuries[3] (OSI) are not outwardly apparent. Often these injuries go unnoticed for months or years by superiors, peers, and in many cases by the injured members themselves. To those who eventually come to realize that they have been injured by operational stress, coming forward for help is not a viable solution due to the negative stigma associated to this type of ailment.

Operational stress injuries such as PTSD translate into very real symptomatic responses which cause various types of difficulties: substance abuse, decreased performance, decreased concentration, family problems, divorce, violent outbursts and even suicide. In many cases, leaders and peers interpret these behavior changes without realizing that these soldiers are in fact affected by an OSI. Those who suffer from OSIs have had their image of fairness or stability of the world so disrupted that they are forced to devote much of their time and energy adjusting to the emotional disturbance this has caused. This struggle alone is believed to be one of the main contributing factors for these reported personality changes occurring after the onset of PTSD. The lack of understanding by the victim's entourage often causes secondary wounding which hinders the recovery process even more.

Veterans Affairs Canada (VAC) conducted a survey in 2000 with 2,700 of its clients serving and retired from the Canadian Forces (CF). Over 70% of the client base responded to the survey. The questionnaire was extensive and included a series of questions designed to reveal the incidence of PTSD. The survey concluded that 15% of respondents presented symptoms consistent with a PTSD diagnosis and an additional 10% presented symptoms that fall short of the diagnosis. Similarly, major depression was also evaluated at 28% during the same survey. This represents the harsh reality of the modern casualties we can expect as we continue to deploy our Forces around the world in the service of global stability. In the future, we must dedicate as much attention to OSIs as we do for physical injuries and look at these injuries in new ways in order to normalize them within the context of military operations.

It has now become obvious that members are not getting the support they need to address this problem. In an attempt to rectify this shortfall, Operational Trauma and Stress Support Centres (OTSSC) were opened in Esquimalt, Edmonton, Ottawa, Valcartier and Halifax in 1999. While this helped address the medical aspect of the problem, it did little to address the socio-cultural environment our members face day to day.

It is a sad reality that most of out members injured by operational stress choose to suffer in silence and in isolation for fear of being shunned and ostracized by their peers and superiors as was clearly demonstrated in the Ombudsman's investigation into the McEachern case[4]. It is now apparent that most members who suffer from OSIs do not receive the support they need to foster a prompt and healthy recovery.

In order to address the non-medical aspects of this problem the Operational Stress Injury Social Support (OSISS) Project was launched in May 2001 by the Associate Deputy Minister Human Resources -

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[3] The term "OSI" is not a medical condition. As defined under the Operational Stress Injury Social Support Project, "OSI" is a new term to be used within a non medical context to generically describe the various types of psychological difficulties and conditions soldiers can develop as a result of military operations. By OSI, we refer to a variety of conditions, which include but not limited to, PTSD, anxiety and depression. The term "OSI" is therefore to be used in this context only and not be interpreted as a diagnosed medical condition.

[4] DND Ombudsman Report – Systemic treatment of Canadian Forces members with PTSD released in February 2002.

Military. Serving and retired members of the CF who have been affected by an OSI have developed this project. It's mission is to establish, develop, and improve social support programs for members, veterans and their families affected by operational stress; and provide education and training in the CF community to create an understanding and acceptance of operational stress injuries. Since the project was launched, it received Armed Forces Council (AFC) endorsement in October 2001 and was given the mandate to:

- Create a national peer support network for members, veterans and their families;
- Validate the development of education and pre-deployment training modules in partnership with health care professionals; and
- Take a leading role in developing the methodology required to effect an institutional cultural change pertaining to the stigma associated with operational stress.

Veterans Affairs Canada agreed to assist the Department of National Defence with the implementation of the OSISS project and it has now become an inter-departmental initiative. The intent of OSISS is to establish the peer support network across the country and, to date, has launched sites in Edmonton, Winnipeg, Petawawa, Newfoundland, Valcartier, Gagetown, Halifax and Esquimalt. Over the next 12 to 16 months, OSISS hopes to launch sites in other communities across the country. Peer support networks are very common in society at large and in many large corporations. OSISS believes that providing support to each other, based on shared experiences, can greatly help and speed up the recovery process. As the Peer Support network continues to evolve, OSISS will begin developing the other components of the project in partnership with health care providers.

The Military has now recognized that it cannot simply ask that those who suffer from an OSI put all their efforts into personal change and personal growth while the Canadian Forces itself does not evolve. As well, it is now understood that creating OTSSCs to increase the ability to treat military personnel while not addressing the larger social support aspects of operational stress injuries is bound for failure in the long term because it incorrectly assumes that soldiers can individually change and survive in an institution that has not evolved.

The Operational Stress Injury Social Support project will hopefully result in a gradual cultural shift in the Canadian Forces charting a new course for it's future. OSISS will not only assist those who suffer from an operational stress injury but also help integrate and support those who suffer from other psycho-societal difficulties that military operations can cause.

OPERATIONAL STRESS INJURIES – PTSD, ANXIETY, DEPRESSION

HISTORICAL CONTEXT

Military organizations have had to deal with the realities of stress-induced injuries since the beginning of time. This notion, however, only appeared in the medical literature in 1678 when Johannes Hofer published an article in which he described a disease that afflicted Swiss mercenaries serving in France. His description of the symptoms at the time led to the acceptance of "nostalgia" as an ailment that afflicted soldiers during and after conflicts.

It was only in the aftermath of the Vietnam War that modern medical literature introduced the term Post-Traumatic Stress Disorder (PTSD) when large numbers of veterans reported severe stress-related symptoms after returning from their tour of duty.

Here at home, Canadian soldiers have not been involved in a high intensity conflict since the Korean War. That is not to say, however, that Canadian service personnel have not suffered the consequences of conflicts around the world. Canadian Forces members from all elements have played an important role in practically all of the United Nations and NATO peace missions since the inception of the peacekeeping model. More recently, following the end of the cold war, Canadian Forces' men and women have participated in an ever growing and demanding number of operations around the world.

For well over a decade now, sustained military operations such as peacekeeping, military airlift, humanitarian assistance, and naval military embargoes at sea have placed many of our members in difficult and often dangerous situations. These situations have added additional stresses to an already challenging, demanding and sometimes stressful military career.

Over the years, many have wondered if the mental health injuries our modern military members sustain around the globe on conflict resolution missions are as legitimate and as severe as the ones suffered by soldiers who served in WWII, Korea or Vietnam and more recently, the war in Iraq. This question was researched at the Australian Centre for Posttraumatic Mental Health at the University of Melbourne in Australia. The evidence suggests that deeper psychological injuries may result for some peacekeeper/peacemakers when compared with those who have been exposed to combat. The reasons for this are unclear, but may relate to observing atrocities while being unable to intervene due to restrictive rules of engagement, handling casualties including dead and/or mutilated bodies, maintaining neutrality in the face of provocation, and experiencing professional and social isolation.

OSI – A MAJOR CHALLENGE FOR THE CF

While Post Traumatic Stress Disorder (PTSD) is a well-known resulting condition of stress and trauma, other conditions, which are as debilitating and serious such as depression and other anxiety disorders, cannot be ignored. In 2001, the Canadian Forces coined a new term "Operational Stress Injuries (OSI)" that regroups all of these conditions and that does not focus on one condition *per se*.

Operational Stress Injury is officially defined as any persistent psychological difficulty resulting from operational duties performed by a CF member. The term OSI is used to describe a broad range of problems, which usually result in impairment in functioning.

Operational Stress Injuries are arguably some of the most complex injuries to deal with as they challenge the CF at many different levels. In addition to being complex medical conditions that can be difficult to diagnose, stabilize and treat, operational stress injuries present serious HR policy and socio-cultural challenges for the CF given that they are conditions, which are not outwardly apparent and obvious like most physical wounds or injuries. Often these injuries go unnoticed for months or years by superiors, peers and in many cases, the victims themselves. It is often the spouse who will first recognize that there is a serious problem. To those who eventually come to realize that they have been injured by operational stress, coming forward for help is often not a viable solution given the stigma they may face and the shame they feel due to the general lack of understanding with the CF and the belief that these injuries are not as legitimate as physical ones.

These conditions translate into very real symptomatic responses and cause various types of difficulties that are visible such as substance abuse, decreased performance, decreased concentration, family problems, divorce, insubordination, violent outbursts of rage and in the extreme even suicide. To most in the military chain of command, however, these are often viewed as administrative or disciplinary problems and are dealt with accordingly. Unfortunately, when OSIs sufferers are punished in this way, secondary wounding occurs and their condition most often deteriorates further. Member's symptoms increase, an opportunity for medical intervention is lost and the vicious cycle perpetuates. Those who suffer from an OSI have had their image of fairness or stability of the world so disrupted that they are forced to devote much of their time and energy to adjust to the emotional disturbance this causes for them. This struggle alone is believed to a contributing factor in the personality changes sometimes observed after the onset of an OSI. The difficulty for the chain of command is to identify those whose mental condition may cause behavioural problems and refer those to clinicians in an attempt to address the root cause, as well as take the necessary disciplinary actions, when appropriate.

RECENT STATISTICS

Veterans Affairs Canada (VAC) conducted a survey in 2000 with 2,700 of its clients serving and retired from the CF. Over 70% of the client base responded to the survey. The questionnaire was extensive and included a series of questions designed to reveal the incidence of PTSD. The survey concluded that 15% of respondents presented symptoms

consistent with a diagnosis of PTSD and an additional 10% presented symptoms that fell short of that diagnosis. Major depression was also evaluated at 28%.

More recently, the CF Medical Services surveyed its members for the prevalence of PTSD and other Operational Stress Injuries and certain other mental disorders. This study found that 2.8% of the Regular Force and 1.2% of the Reserve Force reported symptoms consistent with a diagnosis of PTSD at some point during the year preceding. Over the course of their lives 7.2% of the Regular Force and 4.7% of the Reserve Force would have met the diagnostic criteria.

In addition to the finding on PTSD, the survey determined that depression and panic disorder were significantly more prevalent in the CF than the civilian population. It is important to note that the survey did not report statistics regarding sub-threshold PTSD that some research has determined is as debilitating as PTSD itself.

TREATMENT AND MENTAL HEALTH SERVICES

In addition to mental health services present on every base in Canada, the CF has Operational Trauma and Stress Support Centres (OTSSC's) at five military bases across the country to assist CF members and their families in dealing with the effects of operational stress. These programmes are located at Halifax, Ottawa, Valcartier, Edmonton and Esquimalt.

CF members can also contact the Canadian Forces Member Assistance Program (CFMAP), a 24-hour/7-day a week confidential referral service (1-800-268-7708). This program provides external, short-term counselling for members initially more comfortable in seeking assistance outside the direct military health services.

In July of 2002, the Ministers of National Defence and Veterans Affairs Canada inaugurated the Ste. Anne's National OSI Centre out of the Veterans Affairs Ste. Anne's Hospital. This Centre provides assessment, treatment, prevention and support services to military personnel, Veterans and their families who are suffering from mental health problems related to operational stress and also has limited hospitalization facilities for short-term in-patient care needs. The Centre also plays a role in the national standards for the delivery of care and providing clinical leadership, consulting services for programs, and staff training to VAC's contract agencies that are part of the network and the joint DND/VAC OSISS Peer Support program.

VAC is in the process of opening Operational Stress Injury Clinics around the country similar to the five CF OTSSCs. Currently three clinics have been opened in London, Winnipeg and Quebec. Discussions are currently underway to determine if additional clinics will be opened in other areas of the country such as Fredericton, Calgary and Vancouver.

Both DND and VAC have cooperated and are currently working together to ensure that mental health services offered by the respective departments are harmonized and offered

to both serving members and veterans to address the shortage of mental health staff in many areas of Canada. As well, DND and VAC are working together to standardize the assessment and treatment of Operational Stress Injuries to ensure a more consistent delivery of services while members are serving in the CF and following release.

A great deal of improvement has been achieved over the last five years in the level of care offered to CF members suffering from OSIs. There is little doubt that during the post-cold war period with the sudden and drastic increases in operations around the world and a concurrent reduction in our personnel levels, many of our service members who returned from duty injured may not have received the care they needed. Although there is still much to be done, the situation has improved significantly. It must be noted that Operational Stress Injuries are extremely complex situations that are often resource intensive to treat.

Because the CF can't yet reliably prevent PTSD or other OSIs in those who are traumatized, the best the CF can do at present is to screen people effectively before they go and when they come back and to provide them the very best treatment and support available.

NEW PROGRAMS

Under the Rx2000 initiative, the CF's new Deployment Health Section has developed and implemented an "Enhanced Post-deployment Screening Process," which now takes place 3 to 6 months after return from any Special Duty Area. The process consists of the completion by the member of a comprehensive health questionnaire followed by an in-depth interview with a mental health professional. CF members have favourably evaluated this process. Analysis of data collected from Op APOLLO Roto 0 showed that approximately 20% of members who completed this process had further care recommended, in half of those the interviewer identified "major" concerns. Many of the problems uncovered pre-dated the deployment. The interviewers identified "major" concerns about PTSD symptoms in approximately 4% of members; only a minority of these individuals likely had full-blown PTSD.

The Deployment Health Section has also developed, at the request of the CLS, an enhanced pre-deployment screening process for Op ATHENA only. Pilot data from this initiative have shown extremely low rates of endorsement of mental health symptoms in the pre-deployment context.

Among many improvements over the past five years in providing adequate resources to our injured members including those suffering form OSIs, two DND/VAC inter-departmental programs stand out. They are the DND-VAC Centre and the Operational Stress Injury Social Support (OSISS) Program.

The DND-VAC Centre was created in 1999 as an inter-departmental one-stop informational and advocacy organization intended for serving members, veterans and their families. The Centre's mission is to ensure the provision of support services to all military members, who were injured or became ill while serving, and their families. The

Centre's vision is to look after our injured and ill people, support them, and give them confidence in the future by providing information on transition services, casualty administration, vocational rehabilitation and much more.

Based at The Centre is another innovative resource available to serving and former CF members and their families: the Operational Stress Injury Social Support (OSISS) program. OSISS was launched in May 2001 and is specifically designed to address the social support needs of those suffering from an OSI as well as for their families. This ground-breaking, nationwide social support network engages CF members effected by operational stress injuries, such as PTSD, to help develop education and provide social support services (including peer support). OSISS is a long-term program and it is being developed and run by CF members and Veterans of military operations as well as families of members who have experienced an OSI.

In the Fall of 2002, the VAC-DND Mental Health Advisory Committee on Clinical Services was established to build on the well-established partnership between the two departments and provide comprehensive mental health assessment, treatment services and follow-up to all clients whether they are Veterans, still serving CF members or former personnel.

SHORTFALLS CURRENTLY BEING ADDRESED

MENTAL HEALTH STIGMA. It has been determined by several sources, including the office of the Ombudsman that the culture of the Canadian Forces has not been acceptant, tolerant or supportive of people suffering from OSIs. This is not surprising given that this is also true of Canadian society in general. One year ago, OSISS began implementing the delivery of educational modules at some CF training establishments. Currently, OSISS is further developing its modules to reach more of the CF population and it is anticipated that by September 2005, OSI briefings will be delivered at every level of leadership development. Furthermore, OSISS has recently started to deliver professional development sessions within units, Bases and Wings and it is hoped that this approach will soon be applied during pre- and post-deployment activities. The aim of the OSISS Attitudinal Change Speakers Bureau is to create a climate of understanding and support for members suffering from OSIs through education.

VAC SERVICES AND PROGRAMS. Over the course of the past several years, VAC has come to realize that many of the services and programs they offer veterans are not suitable or tailored to the new CF veterans. Furthermore, it was realized that the workforce that had been dealing primarily with an aging and elderly veteran population needed to better understand the issues and difficulties that the modern veterans face and more specifically understand the nature of OSIs. As a result, VAC has launched a department-wide modernization initiative looking at all of the existing services and programs in order to make them more relevant to the younger veteran population. It is anticipated that new legislation could be introduced as early as 2005 and that implementation could begin in 2006.

LACK OF IN-PATIENT CARE PROGRAMS. Since the onset of the OSISS program, which assists CF members and veterans suffering from OSIs, it has been established that there is a segment of the OSI population whose degree of illness is such that they are incapable of obtaining appropriate care from currently available resources. The OSISS Program Manager of the OSISS program raised this issue with VAC last March in a letter which requested a better coordination of access to existing In-Patient Treatment programs and that new programs be created to eliminate existing gaps in the health care system. This request is now being considered by a special committee and includes the participation of the OSISS Program Manager. This issue is also on the VAC Modernisation Task Force agenda.

CF HR POLICIES. Over the course of the last several years, some mental health clinicians have raised concerns regarding the lack of time they were given to stabilize and treat victims of OSIs prior to the CF making the decision to release those members. In the opinion of those clinicians complex OSI conditions may require years of treatment prior to someone being capable of fully recovering and returning to normal duties. Although it is accepted that some OSI victims will never recover sufficiently to resume a career in the CF, it is believed that the HR mechanisms need to be reviewed in order to allow for retention of those who have promising prognosis and a chance at a continued career. ADM (HR-Mil) is currently looking at new innovative ways to retain CF members affected by OSIs.

CONCLUSION

7. There is no doubt that the post-cold war era has challenged the CF in the area of dealing with CF personnel affected with an OSI in a significant way. Many improvements and changes have been made in the areas of medical treatment and services and programs to assist these members to recover and/or transition out of the CF. VAC has also had to adapt to this reality and has now begun to address the shortfalls for all injured CF veterans. The current level of cooperation between DND and VAC is unprecedented and both continue to strive to ensure that programs and services are adapted and modernized to meet today's needs. There is still much work to be done, but both departments are committed to ensuring that the care of the injured programs is improved and relevant for the 21st Century.

Prepared by: LCol S. Grenier DCSA 5, 992-7242
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