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The Hill Times, August 4th, 2008
NEWS STORY
By Harris MacLeod

DND says 14.1% of soldiers returning from Afghanistan have OSI and PTSD

CF says it's providing 'full spectrum, high-quality, health services to our fighting forces wherever they serve.'

Some 14 per cent of Canadian soldiers returning from Afghanistan reported experiencing symptoms of operational stress injuries, and 6.5 per cent of that total experienced symptoms of post-traumatic stress disorder, depression, or both, according to the Department of National Defence and the Canadian Forces Health Services Group.

Maj. André F. Berdais, a senior public affairs officer, at the Canadian Forces Health Service Group, in an email response to *The Hill Times*, said 85 per cent of the members of the Canadian Forces report "good health," but 14.1 per cent reported "experiencing certain



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symptoms of one or more six common mental health problems—major depression, minor depression, suicidal thoughts, generalized anxiety disorder, panic disorder, or PTSD."

Maj. Berdais said "more specifically, symptoms of PTSD, depression, or both were seen in 6.5 per cent of returning CF personnel. These are by far the most common operational stress injuries seen in the CF."

However, some believe that figure is low.

"The only thing you have to remember is the aspect that if it is PTSD, it's the post-thing, we don't know when it will transpire, that's just the snapshot right now. Cumulatively, over time, how many of 1,000 people who were in Afghanistan eventually get it, because some may only get PTSD or symptoms of it five years from now, that's what's bizarre about it. That's a snapshot in time of whenever they did the stats, if you want to do it cumulatively overtime who knows how many [will develop PTDS]," said Fred Doucette, a CF veteran who served as a peacekeeper in Cyprus and in Bosnia and was medically released in 2001 from the military after he was diagnosed with PTSD.

Mr. Doucette now runs peer support groups for the Department of National Defence in New Brunswick and Prince Edward Island for members of the Canadian Forces who have operational stress injuries, including PTSD.

Mr. Doucette said another issue with the DND's statistics on mental health among soldiers is that the numbers do not take into account former soldiers who are no longer with the military.

He said that when a veteran dies, Veteran Affairs does not keep track of whether or not it was a suicide, and therefore it gets streamed into provincial suicide statistics and does not contribute to the information on mental health issues for former soldiers.

Also, according to statistics from the Canadian Forces Health Services Group, 52 per cent of CF members with PTSD-related concerns were already in care soon after their return from deployment, which they say is an indication that efforts from within the Forces to decrease the stigma around PTSD and facilitate early care-seeking have been successful.

"In the last two years, [there's] been a real effort to increase the number of mental health professionals. So, screening and serving the Armed Forces personnel, we've made a post-deployment decompression time so coming out of the theatre they have a little time to adjust before coming back to society," said Conservative MP James Lunney (Nanaimo-Alberni, B.C.), who serves on the House National Defence Committee, last week



in an interview with *The Hill Times*.

"[We've] almost doubled the number of mental health professionals, which is difficult knowing there's a shortage of health professionals all across the country. So, you're competing with the public sector, in general, for health professionals who are in demand all over the country. By and large, we know that there've been deficiencies in the past, the Armed Forces are making great strides in moving forward and trying to address those needs," Mr. Lunney said.

The committee has been working on a report, expected to come out in the fall, on the state of mental health services in the Canadian Forces, with a special emphasis on PTSD.

Auditor General Sheila Fraser issued a report in 2007 where she took issue with the inadequate availability of mental health care for CF members.

The military is hoping to double the number of mental health staff by 2009 from 229 to 447, at an estimated cost of \$98-million.

NDP defence critic Dawn Black (New Westminster-Coquitlam, B.C.), who also sits on the House National Defence Committee, said she thinks this number is still insufficient and that CF members are not getting the care they need.

Ms. Black said she believes one of the biggest barriers to soldiers getting adequate treatment for mental health issues is the enduring stigma in the military around the condition.

"Canadian Forces personnel came from different parts of Canada but told basically the same story, that they were not believed, that they were made fun of, that they were belittled. That they were told to, 'Suck it up soldier, just get on with it,' " Ms. Black said last week.

"I found the consistency of the testimony from soldiers and their families who testified as well of the barriers towards treatment and the barriers towards receiving mental health services that they needed to become well again, and strong again, which is not there for them. Each of those soldiers, and each of their families told basically the same story, and if anything surprised me it was just how similar each of these stories were," said Ms. Black.

Ms. Black said there are also things the military could be doing, in terms of the way soldiers in the field are dealt with, to help safeguard the mental health of CF personnel.

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In June *The Toronto Star* reported claims that Canadian soldiers in Afghanistan were being told to ignore incidents of sexual assault among the civilian population.

The claims were made by several Canadian Forces chaplains, and one soldier, Cpl. Travis Schouten, who said he witnessed an Afghan national army soldier abusing a young boy in 2006.

The story said Cpl. Schouten now suffers from "severe post-traumatic stress disorder."

Ms. Black said she can't comment on the specifics of the case, but she did say that she raised it in an in-camera session of House Defence Committee and that she hopes the issue will be addressed in the final report.

"I've certainly been in contact, for over a year now, with that young soldier," she said. "I wrote to Defence Minister MacKay about that case months, and months ago."

Ms. Black said she has not received any "meaningful" response about the issue from the Mr. MacKay (Central Nova, N.S.).

Dr. Joyce Belliveau, a clinical psychologist who has worked extensively with members and veterans of the Canadian Forces, said she went to Ottawa to testify before the House of Commons Defence Committee because the mental healthcare system for Canadian Forces in New Brunswick, where she practises, was "going to hell in a hand basket."

She echoed some of the Auditor General's criticisms, that soldiers were getting "lost" in the system and the military was not adequately monitoring their care.

Dr. Belliveau said that in the 12 years that she has been working with CF members with operational stress injuries (OSI) she has seen a "remarkable" improvement in the attitude towards mental health issues in the military.

She said also that she has noticed improvement in some areas of mental health care, for instance, now there are social workers stationed in Afghanistan to offer counseling to CF members.

"I had an email from a former client of mine who is in Afghanistan right now, and she was having some difficulties and she was able to go see the clinical social worker who is there in Afghanistan. That wasn't available to people who were on tours before, so that to me is very preemptive," said Dr. Belliveau.

Dr. Belliveau said that, despite some positive steps by the military, there are still CF members who are waiting as long as 18 months to receive treatment.

She said that she would like to see recommendations in the House Defence Committee's report that there be more qualified clinical staff available to soldiers and veterans because right now the military is relying too much on "bachelors level" social workers who she feels aren't adequately qualified to address all of the needs of CF personnel suffering from an OSI.

Dr. Belliveau also said that the system needs to be improved so that soldiers can get treatment more quickly, and their care also needs to be tracked better from when they enter the system.

"Research has demonstrated that people who are actually treated for PTSD and OSI are good to go back to theatre. They know what it is, they know how to handle it they and know what to do in the situation. It's a treatable disorder; people can go into remission, we don't say they're cured but they go into remission and with proper therapy they're given all sorts of tools to stabilize, to deal with the traumas and, as they say, they're 'Good to go,' and they are."

Maj. Berdais said the CF Health Services provides a "full spectrum, high-quality, health services to Canada's fighting forces wherever they serve. It is responsible for all aspects of health care and well-being of CF members, at home and abroad, including mental health care."

hmacleod@hilltimes.com

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