The Canadian Armed Forces, Military Mental Health and Service Dogs

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May 28, 2014
Key Concepts

- Canadian Armed Forces (CAF) provides comprehensive mental health care **across the military life span**
- CAF members excluded from Canada Health Act
- Base outpatient medical clinics with some specialty care
- CAF Health Services provides medical care to CAF Personnel.
  - If lacking required resources, we obtain it from civilian sector
    - We pay for all these services
    - Some difference with Regular and Reserve Forces
    - Still our patient
- Concept of **return to duty** is key
Key Concepts

- Not just a job, but a way of life
- Member has a duty to keep Fit (NDA, QR&O’s)
- CoC can facilitate care, if concerned
- “Triad of Responsibility”
- GDMO can recommend “medical employment limitations” (MEL’s) to limit duties/responsibilities during treatment
- These measures protect member, and colleagues, while member is ill/injured, giving him/her time for treatment and recovery
- Universality of Service (U of S) – Not based on diagnosis
CAF Health Services

- Base outpatient medical clinics with some specialty care
- CAF members excluded from Canada Health Act
- CAF Health Services provides medical care to CAF Personnel.
  - If lacking resource in-house, we obtain it from civilian sector
    - CAF pays for all these services
    - **Still our patient**
    - MH: We oversee external care through system of “MH Check-ups”
- Families covered by Canada Health Act
Mental Health Clinics

- 30 Mental Health Clinics across Canada
  - Large, medium, small
- 7 Regional Clinics with OTSSC
  - Halifax, Gagetown, Valcartier, Ottawa, Petawawa, Edmonton, Esquimalt

- Interdisciplinary Care
- Evidence-Based Practice
Medical Employment Limitations (MEL)

- Used to protect the members, others who serve and the mission
- Permanent vs. Temporary
- After a reasonable course of treatment, if symptoms are refractory to tx, with little or no chance of full recovery, Permanent medical categories or assigned (PCAT)
- These MELs may or may not lead to release from CAF
- If CAF pers are released, follow-up treatment, with coverage for certain medical costs, through VAC
CAF vs. VAC

- Both have principle interest in looking after those who need care.
- Two different mandates
- Two different patient populations
- Must work together and allow for seamless transition of care
Mental Illness in Canada is Common

- 1 in 5 Canadians will suffer with a mental illness in their lifetime
- Most of us will be affected in some way
- Burden of mental illness and addictions in Ontario is:
  - $1.5 times that of all cancers
  - $7 times all infectious diseases and
  - Depression is the most burdensome condition
    - Combined burden of lung, colorectal, breast, prostate cancers
- Cost (health care and lost productivity) exceed $51 billion each year in Canada

THE CAF IS NO DIFFERENT
What have we learned from operations?
Prevalence of MH Injuries in CAF

• **Reality** – there is no single prevalence rate

• Studies report…
  – PTSD (OSI) 8-20%
  – Any MH injury 20-25%

• OSI related to…
  – Duration and intensity of exposure to trauma (eg location of deployment)
  – Period of observation…How long after exposure
Post-Deployment Screening

• Enhanced post-deployment MH screening initiated Oct 2005
• Criteria: International op 60 or more days, 3-6 months post-return
• Detailed health questionnaire followed by interview with MH professional
• Self-report questionnaires (2009-2012)
  – 10.2% report symptoms of MH problems
  – 2.8% PTSD, 6.5% Depression

• **2002** Stats Canada study showed the median delay in seeking care for deployment-related PTSD was **5.5 years**
• By **2012**, **46%** of those identified with military PTSD at **3-6 months** post-deployment were already receiving care
OTSSC Services/Programs

- Diagnostic assessment (includes partner)
- Individual treatment
  - Psychotherapy
  - Pharmacotherapy
- Group treatment
  - 3-day Psychoeducation group
- Family therapy
  - Spousal support / psychoed, Couple Therapy
  - Spousal group
- Transition of care pre-release (working with Case Management, IPSC’s, VAC clinics)
- Outreach/Education (on request or when need identified)
PTSD Treatment
(Three Phase Model)

Phase 1
Stabilization
Target: Understanding and Coping

Phase 2 “Exposure”
Integration of Traumatic Memories
Target: Re-experiencing Symptoms

Phase 3
Re-integration/Maintenance
Target: Consolidation
OUTCOMES

• **Treatment Outcome**
  – Gagetown OTSSC Prospective Study (2010 Cohort)
  – 45% recovered
  – Another 28% improved
  – 27% minimal improvement

• **Recovery or Remission**
  – Return to full duties
  – Fit operational deployment

• **Incomplete Recovery**
  – Maximize quality of life
  – Coordinate transfer to civilian care (Case Mgmt, JPSU, VAC)
What this research teaches us about treatment and recovery

• Almost 50% of members with the greatest exposure to trauma (and therefore the greatest risk for PTSD) can achieve complete remission/recovery, and another 28% will have significant improvement with evidence-based therapy, we want to ensure that every member who has PTSD is given the opportunity to achieve remission if this is possible for them.

• We never want to give a member something that will decrease their chances for full recovery.

• Our goal in the CAF is to retain and fully employ those who have been injured in the service of their country.
Service Dogs and the CAF

- The CAF is interested in learning more about how service dogs can be used to best support CAF personnel with permanent disabilities related to their illness or injury.

- There are serious and significant consequences to having a service dog.

- Any decision on a CAF member receiving a Service dog must be taken seriously and everyone must understand the risk associated.
Definitions Must be Clear

- Service Dogs
- Therapy Dogs
- Companion Dogs
- And more…
Selection for Having a Dog must be Clear

- Rule #1 – Do no harm
- Must not interfere with evidence based therapy
- A diagnosis is not a reason for having a PSD
- The disability/impairment must be the reason for the PSD

- If the illness is serious enough to require a PSD, the illness is serious enough to require permanent MELs
• Possible criteria for CAF Members acquiring a Service Dog:
  – Confirmed diagnosis of a mental illness such as PTSD
  – Symptoms have not responded or partially responded to evidence based, three phase trauma focused psychotherapy +/- medication
  – Member is on a PCAT
  – Member is transitioning out of the military
Bottom Line….

• Because of the incompatibility with continued military service, we need to be absolutely sure that before acquiring a Service Dog:
  – The member is aware of the potential impact on his/her military career
  – The member has had the opportunity for full treatment, but has continuing problems which do not respond to treatment, and now needs a Service Dog to help overcome a remaining disability
In Conclusion

• We, in the CF Health Services and CF Mental Health Services, appreciate you coming to meet with us today.
• We hope that this presentation has helped you to understand our organization and the care we provide for our members.
• We now look forward to a good discussion with you on these important issues.
Thank-you

Questions?