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CANADIAN ARMED FORCES AND VETERANS AFFAIRS CANADA

JOINT SUICIDE PREVENTION STRATEGY

STRONG
SECURE
ENGAGED

CARE
COMPASSION
RESPECT



Canada

CANADIAN ARMED FORCES AND VETERANS AFFAIRS CANADA

JOINT SUICIDE PREVENTION STRATEGY

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FOREWORD

Canadians have been justifiably proud of our armed forces and Veterans for the past 150 years. For generations our military personnel have valiantly defended Canada's values and interests, worked to build peace around the world, and rendered assistance to those in need. Whenever and wherever they are needed, our sailors, soldiers, airwomen, and airmen are there to serve.

This service does not come without sacrifice. Our military personnel endure hardships and challenges that, thankfully, most Canadians do not. Service in the Canadian Armed Forces (CAF) is enriching and rewarding, but it can also be difficult and trying, and that is why Canada assumes a lifelong duty of care to every single military member. Our country is committed to the well-being of all serving military members, Veterans, and their families.

Doing everything we can to prevent suicide is a major public health priority and is also a cornerstone of our commitment to the well-being of military members and Veterans. When an active member or Veteran is lost to suicide, it is an especially painful tragedy that reverberates throughout the military community, and we ask: What could we have done to prevent this? How can we prevent such loss in the future? The reality is that suicide is a deeply complex, multi-dimensional phenomenon, with no single cause, and no simple solution. But as leaders we collectively believe that even one suicide within our community is too many.

As a result, we and our respective ministries – National Defence and Veterans Affairs Canada (VAC) – have developed this Joint Suicide Prevention Strategy. The Strategy defines the context for action, describes the goals upon which actions are focused, and shows the many programs, projects, and initiatives now underway to help reduce risks, build resilience in our CAF and Veteran communities, and prevent suicide among our military members and Veterans.

Suicide prevention has been a focus of CAF and VAC for decades. This strategy represents the maturation of our many collective efforts, as well as an acknowledgment that coordination between the Canadian Armed Forces and Veterans Affairs Canada is critical to ensuring that military personnel navigate the sometimes stressful transition into post-military life, taking advantage of the many services and resources available to them.

Most importantly, this Joint CAF-VAC Suicide Prevention Strategy establishes a firm and ongoing commitment to suicide prevention. It will ensure that we collectively work to do everything we can to support and protect the people who have supported and protected Canada.



The Hon. H.S. Sajjan, MP
Minister of National Defence

A blue ink signature of H.S. Sajjan.



The Hon. S. O'Reagan, MP
Minister of Veterans Affairs
Associate Minister of National Defence

A blue ink signature of S. O'Reagan.

SUPPORT FOR THE JOINT SUICIDE PREVENTION STRATEGY

Canadian Psychological Association

Promptly and effectively addressing the needs of those who are thinking about suicide requires making mental health services and supports available and accessible, where and when they are needed. Mental health assessments and treatments must be evidence-based and delivered by health providers whose expertise includes an understanding of the issues specific to military populations. The Strategy's attention to the mental health needs of members of the military at times of career transition, is especially important. Further, the Strategy's attention to wellness and resilience stands to benefit members, no matter their state of mental health or illness. Finally, the CPA appreciates the Strategy's attention to streamlining its administrative processes that may get in the way of efficient access to needed services and supports.

K. R. Cohen, Ph.D., C. Psych.
Chief Executive Officer
Canadian Psychological Association

Public Health Agency of Canada

I would like to congratulate Veterans Affairs Canada and the Canadian Armed Forces for the development of this *Canadian Armed Forces-Veterans Affairs Joint Suicide Prevention Strategy*.

This Strategy marks an important step in addressing suicide as a serious public health issue and acknowledges the conditions and stresses that many men and women face throughout their military service and transition out of active duty. It builds on the spirit of collaboration set out in the Federal Framework for Suicide Prevention and provides a concrete example of the Government of Canada's efforts to work together to prevent suicide in Canada. Every suicide deeply affects families, friends and entire communities.

We look forward, and remain committed, to continued collaboration with our federal colleagues and mental health and suicide prevention stakeholders on this complex issue.

Dr. Theresa Tam
Chief Public Health Officer of Canada

Chair of the 2016 Mental Health Expert Panel on Suicide Prevention in the Canadian Armed Forces

This is an outstanding strategy that builds on evidence-based treatments and previous reports. The partnership between CAF and VAC is highly valued in addressing the important vulnerable period of transition to civilian life.

Jitender Sareen MD, FRCPC
Professor and Head
Department of Psychiatry, University of Manitoba

The mental health of our men and women in uniform is, and always has been, a priority for Canadian Forces Health Services and the medical professionals of the Canadian Armed Forces. I am encouraged and supportive of the Joint Suicide Prevention Strategy for our CAF members and Veterans. Our leadership is taking a holistic approach to suicide prevention, and finding additional ways to ensure all those in uniform, and those who wore the uniform, have the tools, programs, services, help, and support they need, when they need it. I am hopeful this strategy provides insight and guidance to assist those who may go through difficult times.

Brigadier-General A.M.T. Downes, CD
Surgeon General, Canadian Armed Forces

Canadian Mental Health Association

Suicide prevention is a major public health priority for the Canadian Mental Health Association (CMHA) and ensuring that the members serving in the Canadian Armed Forces and our many Veterans' mental health needs are supported is of paramount importance to us.

That is why we are so pleased to support the important work done by the Canadian Armed Forces and Veterans Affairs Canada. Specifically, we would like to acknowledge the effort put forth by CAF and VAC on their joint suicide prevention strategy. An alignment between these two ministerial bodies is significant because together we can ensure that members of our armed forces and Veterans are supported before they fall into suicidal thoughts and ideation.

Suicide is complex. There is not a single cause nor a single program that can address it. Thus, working with partners and leveraging each other's expertise can go a long way to bring forward practical solutions.

CMHA is a proud member of the mental health Advisory Committee to the Minister of Veteran's Affairs, where we play a key role in assisting VAC to fulfill its mental health mandate.

Dr. Patrick Smith
National Chief Executive Officer
Canadian Mental Health Association (CMHA)

Mood Disorders Society of Canada

The importance and great value of the CAF and VAC jointly developing and working on this suicide prevention strategy cannot be overstated. This shared partnership aligned with the direct engagement of stakeholder organizations and health care providers/mental health experts, will be very effective through the lines-of-effort approach. This closer working relationship on many fronts will also serve to identify earlier at-risk members/Veterans before they possibly reach points where suicide becomes a part of their thinking process.

MDSC experienced through the process that all recommendations brought forward were listened to by the advisory groups and debated and accepted. We are very encouraged to see all of the recommendations from the Mental Health Advisory Group have been included within the strategy action plan.

The Mood Disorders Society of Canada is very pleased with this Joint Suicide Prevention Strategy and believe that this is a crucially important step forward. The members of the Canadian Armed Forces and our Veterans will be well served by the action plans within this document. Through the effective implementation of all strategy action items, and with the support and engagement of all stakeholder organizations, we will be successful in reducing risks during service as well as during transition to the community and post-service.

Dave Gallson
National Executive Director
Mood Disorders Society of Canada

I commend the Department of National Defence and Veterans Affairs Canada for the work they are doing to help Canadian Armed Forces Members and Veterans in crisis.

Suicide knows no age, economic, social or ethnic boundaries and the death of one Serving Member or Veteran by suicide has a ripple effect on families, friends, and communities. The Joint Suicide Prevention Strategy announcement demonstrates a whole-of-government approach and shines a brighter light on this important issue for our military men, women, and Veterans.

The Rt. Honourable Adrienne Clarkson
PC, CC, CMM, COM, CD
Former Governor General of Canada

Mental Health Commission of Canada

On the heels of World Suicide Prevention Day, the Mental Health Commission of Canada applauds the Canadian Armed Forces and Veterans Affairs Canada for taking bold and decisive steps to implement a joint suicide prevention strategy.

We are gratified to see a strategy that promotes a whole-of-community approach, and strives to improve access to integrated treatment for substance use and mental health problems. These planks echo foundational recommendations laid out in the Mental Health Strategy for Canada.

The MHCC has been proud to collaborate with CAF and VAC in various capacities, including the adaptation of Road to Mental Readiness for civilian populations, and the development of Mental Health First Aid (Veteran Community). We look forward to supporting the roll-out of this Suicide Prevention Strategy, and learning from the accompanying research and evaluation, which will enhance our collective understanding of evidence-based best practices.

Louise Bradley
President and Chief Executive Officer

Aboriginal Veterans Autochtones

The Joint Suicide Prevention Strategy takes into consideration the many aspects of building and rebuilding resilience. Traditional ceremonies and spirituality is something that has had benefit to a number of indigenous and non-indigenous Veterans. By connecting back to Mother Earth and nature, the mind is calmed and we actually process some of the horrors witnessed and experienced. Sweat lodges, as well as other ceremonies, help to discharge our emotions with total confidentiality of the group and reinforces the respect we hold for each other. Our Elders are our spiritual guides as we journey on the path to recovery. The bottom line is that Elders listen without interruption. The Joint Suicide Prevention Strategy emphasizes that there is no one solution; that open listening without judgment is essential; that being connected to your community, your neighbours, and your family all help in the journey to mental and physical well-being.

Robert (Bob) Thibeau
President, Aboriginal Veterans Autochtones

EXECUTIVE SUMMARY

Suicide prevention is a major public health priority for the Government of Canada. The Federal Framework for Suicide Prevention defines an overall approach for government and its partners, as well as some areas where efforts will be focused.

One of these areas is Canada's military community, including serving members of the Canadian Armed Forces, our many Veterans, and their families. Because of the unique conditions and stresses that come with military service, and the sometimes difficult transition out of active military service, the Prime Minister directed the Ministers responsible for the Canadian Armed Forces (CAF) and Veterans Affairs Canada (VAC) to develop a Joint Suicide Prevention Strategy. Canada's Defence Policy, *Strong, Secured, Engaged*, reaffirmed this direction.

"Suicidality" is the term for suicide (to end one's life intentionally), suicidal behaviour (including suicide attempts) and suicidal ideation (having thoughts about suicide). Both CAF and VAC have been working on suicidality and mental health for many years, to assure the well-being of members and Veterans, and provide assistance in times of crisis to reduce the risk of suicide. The creation of this joint strategy is also aimed at continuous improvement to collect data, recognize system gaps and improve service delivery.

There is not a single or simple cause of suicide. Therefore, no single program can address the issue or eliminate all risks. Rather, action is required on a wide range of fronts to build resilience, treat mental and physical illness, open lines of communication, and support economic and social well-being. By recognizing where gaps may exist, we are committing to closing them so our members and Veterans and their families are able to get the supports they need. Only through concerted and comprehensive action can real progress be made. Together, CAF and VAC have identified seven lines of effort that define the key areas of focus that, combined, can help achieve the complex goal of overall suicide prevention.

SUICIDE IN THE MILITARY CONTEXT

Suicide rates for the Canadian Armed Forces are broadly in keeping with those of the general population. We have less comprehensive information about Veterans available to us, but we are working to improve our knowledge of the Veteran community. Based on the information available,

it would seem that suicide can be more common among Veterans as compared to the Canadian population. Why is this? There is no single answer. Instead we must look at the various factors that influence suicidal behaviour. While not all suicides are preventable, even one such loss is too many. We are working to do everything we can for Canada's military members and Veterans.

WE CAN MAKE A DIFFERENCE

Our evolving understanding of suicidal behaviour indicates that – although every case is unique – mental illness, acute stress, or chronic cumulative stress can set some individuals on a path to suicide. Suicidal behaviour is often the cumulative outcome of multi-dimensional factors such as relationship loss, isolation, trauma, substance abuse, or feelings of burdensomeness that can lead to a suicidal act. The critical point to be drawn from this understanding is that suicide is not a pre-determined outcome, and that there are many points of intervention to move an individual away from a suicidal path. **While it is impossible to prevent every suicide, we can take meaningful actions to reduce risks and build protective factors, support, and resilience among our comrades and loved ones.** These points of intervention guide our joint strategy and inform the many actions described in this document.

TAKING ACTION

Looking at the big picture, we can highlight some major programs and actions:

- The Operational Stress Injury Social Support (OSISS) program offers confidential peer support to CAF members, Veterans and their families impacted by an operational stress injury. The support is provided by trained peer support and family peer support coordinators and volunteers, who typically have first-hand experience with these injuries.
- Recently, the CAF implemented a mental health awareness and resilience training program, the Road to Mental Readiness (R2MR), to increase early awareness of distress, encourage care-seeking, normalize mental health challenges, and provide evidence-based skills to manage the demands of service and daily life. R2MR has contributed to a significant increase in care-seeking among CAF personnel as well as continued erosion of stigma and other barriers to care.

- VAC greatly expanded its face-to-face service presence, reopening all nine previously closed VAC offices, opening a new office in Surrey, BC, and undertaking regular on-the-ground outreach to Veterans and families in remote and northern communities.
- Telemedicine has been made available at the majority of Canadian Forces Health Services (CFHS) clinics to provide access to specialists, in the language of choice, regardless of geographical location. This capability can also provide sub-specialty care (such as mental health care for personnel employed in remote geographic areas) and to manage waiting lists more effectively. The VAC-funded Operational Stress Injury Network has expanded to 11 clinics across Canada, each offering telemental health services, with many satellite sites for Veterans in remote regions.
- CAF and VAC have created a jointly-managed Seamless Transition Task Force, with four dedicated implementation teams, to ensure a coordinated approach and oversight of all key elements of the CAF-VAC transition, from CAF member to Veteran, and to make sure that all members and Veterans get the services they need as they leave active military service.
- Leveraging the expertise, best practices and lessons learned from the Joint Personnel Support Unit (JPSU) and its partners, the CAF Transition Group (CAF TG) is being established to promote a seamless transition into post-military life for our members. This will reduce the stressors on our members as they transfer and include suicide prevention considerations. VAC personnel will be integrated into the process.
- VAC has hired more than 400 new full-time staff to ensure high levels of quality service, and is working to fulfill a commitment to bring its Veteran to Case Manager ratio to 25:1, to guarantee that all Veterans get the service and attention they need, with reduced wait times and fewer barriers.
- CAF has entered into long-term partnership with private sector organizations to build awareness and break down the stigma associated with mental illness.
- VAC is making four-year investments of \$4M in a new Veteran Emergency Fund to assist Veterans in urgent and unique situations, and \$13.9M in a new Veteran and Family Well-Being Fund, that will promote innovative research and services.
- In order to better understand the biological underpinnings of mental illness and to leverage technology for more effective interventions, we are researching new brain-imaging capabilities (PET MRI, PEER study, etc). We are also exploring emerging treatments that specifically target suicidal ideation.

This Joint Suicide Prevention Strategy details our Vision, our Mission, our lines of effort (as outlined on page 15), and the many actions undertaken to realise this vision. It aligns with the Federal Framework for Suicide Prevention, builds on the recent Expert Panel Report, and draws from the latest research on suicide, to create a comprehensive approach to suicide prevention for military members and Veterans. The CAF and VAC maintain the strongest commitment to suicide prevention and will continue to work together, now under the aegis of this Joint Strategy, to support and serve all members, Veterans, and their families.

CANADIAN ARMED FORCES

WHO WE ARE

Canada's new Defence Policy: *Strong Secure, Engaged*, presents a new strategic vision for the defence of our country. It recognizes that the Government has no higher obligation than the safety and security of the Canadian people. It identifies three core themes:

- Strong at home, where our sovereignty is well defended by a combat-capable CAF which is also ready to assist in times of natural disaster, emergencies and search and rescue operations;
- Secure in North America, where we are active partners in NORAD and with the United States; and
- Engaged in the world, where we contribute to a more peaceful, stable world, through NATO, and in a variety of ways including peacekeeping and peace support operations.

It is the overarching mission of the CAF to ensure this vision is achieved – and maintained. In order to do this we must maintain a robust capacity to patrol our coasts, monitor our skies, lead search and rescue missions, and assist Canadian civilian authorities with disaster relief when called upon. The CAF also works closely with the United States at the North American Aerospace Defence Command (NORAD) to monitor and defend continental, airspace, and ocean areas. The CAF remains ready to act in the service of, and protect, Canadians from coast to coast to coast.

CAF members also participate in operations around the world. Our personnel play an active role in building a peaceful and secure world. They will lead and contribute to North Atlantic Treaty Organization (NATO) and coalition efforts or International Peace Operations. CAF personnel are also engaged in capacity building and providing support to developing or war-torn nations.

What many Canadians may not be aware of, however, is the extent to which the capabilities described in the

previous paragraphs depend on the sacrifices of our dedicated sailors, soldiers and airwomen and airmen, who are often separated from families, living in austere conditions and who can be asked to risk their health, well-being and ultimately their lives to ensure Canada's security.

In order to maintain this capability, and support our members, there is a vast network of training, support, and care infrastructure in place to assure the readiness and well-being of all CAF personnel. This is why *Strong, Secure, Engaged*, puts **people at the core** of Canada's new Defence Policy. The CAF provides comprehensive education, training, mental and spiritual health programs, world-class health care and rehabilitation programs, transition services, as well as extensive support for military families. CAF leadership is deeply committed to the overall health and well-being of every member.

WHO WE CARE FOR

“When they put on the uniform, members of the Canadian Armed Forces take on an unlimited liability. Because of the sacrifices they make day in and day out, Canada remains among the safest and most secure countries in the world (SSE, p. 59)” There are 68,000 Regular Force members, and 27,000 Reserve Force members, stationed across Canada and around the world, performing more than 100 specialized occupations. These personnel are further supported by 24,000 civilian employees of the Department of National Defence.

CAF suicide prevention actions apply at all stages of a CAF member's career, from on-boarding new recruits all the way to preparing experienced members for post-service life. This includes training, helping our personnel deal with the challenges of deployments, rehabilitation programs, supporting families, and preparation for career transition at the end of military service. This is why the CAF deploys a variety of tools, programs, and actions to lower suicide risks and build resilience at every stage of a member's career.

VETERANS AFFAIRS CANADA

WHO WE ARE

Driven by its guiding principles – *Care, Compassion, and Respect* – VAC is responsible for the care, treatment, and re-establishment in civil life of everyone who has served in the Canadian Armed Forces or Merchant Navy, and their dependants and survivors, as well as former members of the Royal Canadian Mounted Police. VAC is also responsible for honouring the achievements and sacrifices of those who served Canada in times of war, military conflict, and peace.

VAC provides funding for rehabilitation services, career-transition support, health benefits, disability benefits/compensation, and family caregiver relief benefits. The department also provides income support to eligible Veterans and their survivors, and income replacement or support to eligible CAF Veterans, survivors, and orphans for the economic impact that a military career-ending and/or service-connected injury, illness or death can have on a Veteran's ability to work or save for retirement.

VAC provides extensive funding and support to improve or maintain the physical, mental and social well-being of eligible Veterans, Reserve Force personnel, civilians, and their survivors and dependants, promote independence, and help them to remain at home and in their own communities by providing a continuum of care.

WHO WE CARE FOR

Canadian Veterans are as diverse as the country itself. Canada's Veteran population comes from every generation, from the Second World War, to those who served during the Cold War, on peacekeeping missions in more than 180 countries, and those returning from current missions. This means that Veterans require a wide range of support, from transitioning to post-service life, to long-term care and support for a range of well-being issues.

About 10,000 CAF members are released from military service in Canada each year, roughly half from the Regular Force and half from the Primary Reserve Force. As of December 2016, there were an estimated 670,100 CAF Veterans living in Canada. About 69,700 Veterans served in the Second World War and the Korean War and have an average age of 91. About 600,400 served after the Korean War and have an average age of 57, (ranging from 20 to over 90 years old). Fewer than 20% of all 670,100 Veterans are active participants in VAC programs. The transition and post-release experience for every Veteran is different. Some engage with VAC services and benefits right at release, while others seek help later in life. With fewer than 20% of all 670,100 Veterans being active participants in VAC programs supports are based on each individual's illness or injury.

CALL TO ACTION

Mental health and suicide prevention are public-health priorities for the federal government. Each year more than 4,000 Canadians die by suicide. Each such tragedy leaves in its wake pain and devastation that echo through families and communities. Where once this loss was shrouded in stigma and secrecy, we are in the midst of an awakening in Canada. Leaders throughout the country are working together to reduce stigma and raise public awareness, connect Canadians, provide information and resources, and accelerate the use of research and innovation in suicide prevention.



All levels of government – federal, provincial, territorial, Indigenous, and municipal – are working alongside partners in the health sector, researchers, non-governmental organizations, and private-sector leaders. Our

collective efforts are broadly coordinated under Canada’s Mental Health Strategy, and the Federal Framework for Suicide Prevention, and align with the recommendations of the 2016 Expert Panel on Suicide Prevention in the Canadian Armed Forces.

In addition to the call to action for all federal organizations under the Federal Framework for Suicide Prevention, the Prime Minister’s mandate letters to both the Minister of Defence and the Minister of Veterans Affairs directed the ministers to develop a joint suicide prevention strategy for Canada’s military and Veteran communities. This was reinforced in *Strong, Secure, Engaged: Canada’s Defence Policy*, which directs the development and implementation of a collaborative CAF and VAC suicide prevention strategy.

This document represents the fulfilment of the Prime Minister’s direction, and the further expression of our commitment to supporting members, Veterans, and their families, and working to reduce risk factors, build protective factors, and prevent suicide to the greatest extent possible.

“Years before I retired from the Navy in 2010 (after doing three years full-time service in the reserves and 35 years in the Regular Force), I considered myself totally institutionalized, loved my Job, and thus was totally petrified to leave. The first five years of retirement were the toughest and I truly never thought I would have been here to write this, especially when my two younger brothers both died by their own hands (one was an ex- serviceman). As we all know, despair can be very dangerous especially when one is alone and has no one to talk to. I walked that thin line daily.

“Through genuine tenacity and loyal determination, my treating physician and all the teams with VAC across our huge continent, I am happy to say their hard work paid off by helping me learn to cope with my PTSD and do my best to enjoy what life I have left.”

– Printed with permission from a A CAF Veteran

SUICIDE IN THE CANADIAN ARMED FORCES AND VETERAN COMMUNITIES

The CAF publishes an annual *Report on Suicide Mortality in the Canadian Armed Forces*, with the most recent report published in November 2016. The report takes a long-term view of all suicides by CAF personnel, analyses trends and demographics, and compares the CAF suicide rate with that of the Canadian population. The data is drawn from the Directorate of Force Health Protection Surveillance database. Since 2010, a Medical Professional Technical Suicide Review (MPTSR) has been ordered by the Deputy Surgeon General immediately following the confirmation of every suicide, and is conducted by a two-person team typically composed of a General Duty Medical Officer (a military family physician) and a military psychiatrist or other mental health specialist. These clinicians interview family, friends, colleagues, the chain of command, and health care providers in order to gain an understanding of the circumstances surrounding the death. Lessons learned can be used to improve suicide prevention programs or other health-services programs. To date, such reviews have provided greater insight into suicide in the CAF and into how to enhance mental health care and services.

A study by Statistics Canada compared the reported suicide rate in serving and released CAF members (Veterans) who enrolled in service from 1972 to 2006. The study found that male Veterans were more likely to die by suicide than similarly aged males in the general population, averaged over the 35-year study period. In general, female Veterans were far less likely to die by suicide than males and were not more likely to die by suicide than women in the general population. Factors associated with suicide in the Veterans in this study were male sex, age 30 or older, non-commissioned member rank, less than

10 years of service, medical release and involuntary release. Working with Statistics Canada and the CAF, VAC will report on suicide rates in CAF Veterans beginning in December 2017.

To better understand the scale of the issue for Veterans, we can look to suicidal thinking as a key indicator, because it identifies people who might be on a pathway to attempt suicide. The Life After Service Surveys (LASS) – major surveys conducted every three years, since 2010 – provide a clear picture of the extent of suicidal ideation and attempts, as well as the factors associated with these behaviours in CAF Veterans released from service since 1998. In Regular Force Veterans in 2010, the prevalence of past-year suicidal ideation was 5.8% and past-year attempts was 1.0%. By comparison, the prevalence of suicidal ideation in Veterans participating in VAC programs was higher at 10%. This finding is not surprising because the great majority of Veterans participating in VAC programs have chronic physical or mental health conditions, and it is well established that people with health problems have higher rates of suicidality.

The numbers provide us with information and understanding. However we have been called to action by the real people, families and communities behind the statistics. These are our loved ones, our comrades, and our family members, and the entire CAF and VAC communities are moved to continue to do everything possible to lower risks and prevent suicide. We cannot prevent every tragedy, but leadership throughout our organizations is united in believing that even one suicide is too many.

CAF-VAC JOINT SUICIDE PREVENTION STRATEGY



LINES OF EFFORT

There are over 160 actions underway or in development. Below are a few examples of those efforts.

1 Communicating, Engaging & Educating

- Suicide Prevention Communication Plan
- Mental Fitness & Suicide Awareness Training
- Engaging Mental Health Advisory Group and community stakeholders
- Media engagement on responsible reporting of suicide

2 Building & Supporting Resilient CAF Members & Veterans

- Suicide Prevention Training for leaders
- Individual and group physical fitness
- Enhancing programs to build resilience
- Veterans Justice Outreach initiative to help Veterans with legal issues
- Veteran Emergency Fund to address urgent needs

3 Connecting & Strengthening CAF Members & Veterans Through Families & Community

- Veterans' Education and Training Benefit
- Caring Contacts mental health crisis protocol
- Coordinated whole-of-community responses
- Support for bereaved & grieving families
- National Peer Support Program

4 Providing Timely Access to Effective Health Care & Support

- Clinician's Handbook on Suicide Prevention
- Health & Wellness Self-Assessment tools
- New Suicide Prevention on Deployment
- Operational Stress Injury Clinics
- Veteran Mental Health First Aid training
- 24/7 crisis support, by phone, text, and chat

5 Promoting Well-being of CAF Members through their Transition to Civilian Life

- New Transition Group, and Transition Centres with CAF/VAC Resources
- Standardized CAF/VAC Case Management Support
- Veteran and Family Well-Being Fund
- Promoting civilian employment opportunities
- Military Family Support Program

6 Aligning Protocols, Policies, and Processes to Better Manage Risk & Stress

- Comprehensive review and renewal of all policies and guidelines
- Improved complaint resolution system
- Establish National Suicide Prevention Coordinator
- New Family Caregiver Relief Benefit

7 Continuously Improve Through Research, Analysis and Incorporation of Lessons Learned and Best Practices

- Review best screening practices for recruitment and pre-deployment
- Suicide prevention research program
- Centre of Excellence on PTSD and Related Mental Health Conditions
- Collaborative study with DND and Statistics Canada on suicide rates, trends, and factors

You can find a complete list of all CAF and VAC actions here:
<https://www.canada.ca/en/department-national-defence/corporate/reports-publications/caf-vac-joint-suicide-prevention-strategy.html>

OUR VISION

A community of resilient, productive and confident Canadian Armed Forces members and Veterans that is supported through robust initiatives and programs to promote well-being, and prevent self-harm and suicide.

OUR MISSION

Prevent suicide and self-harm of Canadian Armed Forces members and Veterans by understanding, addressing, and mitigating the risks of suicide across the entire military and Veteran community.

LINES OF EFFORT

Our Strategy organizes our actions based on seven major Lines of Effort (LoE):

1. Communicating, Engaging & Educating
2. Building & Supporting Resilient CAF members & Veterans
3. Connecting & Strengthening CAF members & Veterans through Families and Community
4. Providing Timely Access to Effective Health Care & Support
5. Promoting Well-being of CAF members through their Transition to Civilian Life
6. Aligning Protocols, Policies, and Processes to Better Manage Risk & Stress
7. Continuously Improve Through Research, Analysis and Incorporation of Lessons Learned and Best Practices

Shared Strategy, Unique Actions

A joint strategy between CAF and VAC is crucial for success in meeting suicide prevention goals. The two organizations, and the communities they care for, are inextricably linked. This connection is a reflection of Canada's lifelong commitment to the people who serve in our armed forces. CAF-VAC coordination is especially important in the area of suicide prevention because the transition between release from the Canadian Armed Forces and becoming a Veteran can be a particularly vulnerable and stressful time for some members. The CAF builds in its members a robust military identity. Finding a new post-service identity, along with navigating a host of other changes and challenges, can be very difficult for some. For this reason CAF and VAC have established a Seamless Transition Task Force, to see that members receive the support they need during the transition period to post-service life. The Task Force has already resulted in the creation of the CAF Transition Group (CAF TG) supported by VAC personnel, which will ensure our members are provided with the resources and assistance they need to transition seamlessly to post-military life.

At the same time, the CAF and VAC organizations, communities, and legislative mandates differ significantly. This is why the two organizations have developed unique action plans, linked by shared strategic objectives.

OUR PRINCIPLES

Our actions in each Line of Effort are guided by a set of core principles shared by the Canadian Armed Forces and Veterans Affairs Canada.

- Engaged and enabled leadership that know and demonstrate concern for CAF members' and Veterans' well-being, and work to create strong support networks, is critical to success.
- Good mental health and well-being is critical to suicide prevention.
- Unlimited Liability of military service implies a social contract between CAF members and Veterans, and the Government of Canada.

- Suicide prevention will be integrated with other strategic efforts.
- A sense of belonging and a sense of purpose protect against suicide.
- A holistic approach is essential to suicide prevention.
- Resilient CAF members make resilient Veterans.
- Morale and welfare is considered in all aspects of training, employment and transition systems.
- Suicide prevention is a shared responsibility of individuals, health care providers, colleagues, leaders, all levels of government and the Canadian community.
- The well-being of the family is key to the well-being of CAF members and Veterans.

“ I have been struggling lately and I have been so hard on myself. I stated I feel like I am slipping back down that steep and rocky hill I have been climbing. Reality is that I am living life outside of those shadows for the first time and it is scary. I know I am battling fatigue, but I am now trying to feel and process things in a light I have never been in before. No wonder I feel overwhelmed, so much of this is new to me.

“Sharing my experiences with a trusted and kind person such as yourself has released me from so much pain. Opening those containers that were purposely and forcefully kept shut has freed me. To try and explain just how this feels is a monumental task. I only trusted a handful of people prior to working with you, and none of them knew wholly what I had been through or what I was going through. To trust seemed like an impossible task, you let me come in and feel comfortable. You invited me to look at situations from a different perspective and slowly I could let go of the various chains I have been carrying for so long.”

– Excerpted, with permission, from a letter to an Operational Stress Injury clinic therapist

UNDERSTANDING SUICIDE

Suicide is complex. There is no “typical” case, and there is not a single solution to the problem of suicide and self-harm. This does not mean, however, that we are powerless. Medical research and experience allow us to understand the factors that contribute to a person starting down the suicide pathway and put in place measures to mitigate those risks.

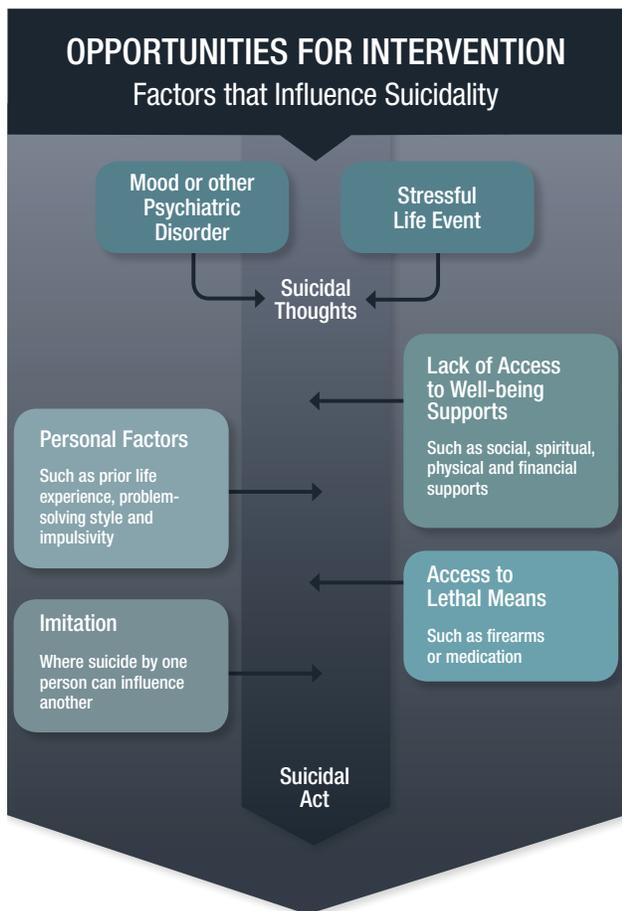
In the vast majority of cases, suicide doesn't just happen. Of those who become suicidal, research indicates 90 percent suffer from a mental illness (particularly depression), **and** have a life crisis (such as a relationship conflict or loss, financial stress, legal problem, or serious health concern). Given such a situation, a series of additional negative events can coincide to reinforce suicidal intent, and increase the risk of suicide.

Experts identify important opportunities for intervention in this model for suicide prevention:

The most important lesson to be drawn from this model is that there are multiple factors contributing to suicide, rather than a single cause, and this means that there are multiple points of intervention and treatment that can help vulnerable individuals. It is also critical to note that these factors rarely (if ever) “cause” suicide independently; it is the interplay of these **many factors**, which differs among individuals, and their combined effect that can lead to a suicide attempt.

Some of the factors that have been associated with an increased risk of suicide are identified below. These **risk factors** are not specific to military members or Veterans. However, some of these risks can be exacerbated by the military lifestyle or post-service challenges. These risks include:

- A prior suicide attempt
- Suicidal thinking or self-harming behaviour
- Suicide by a family member or friend
- Mental illness
- Substance abuse
- Impulsivity, impaired problem-solving
- Relationship conflict, discord or loss
- Few supportive relationships (sense of isolation)
- Feelings of hopelessness
- Feelings of being a burden to others
- Other significant loss (employment, financial)
- Physical illness or chronic pain
- Adverse events in personal history (trauma, abuse, including in childhood)
- Access to lethal means (such as firearms or medication)
- Harassment, discrimination and/or bullying
- Stigma associated with help-seeking behaviour
- Imitation, meaning the “contagion effect” where suicide by one person can influence vulnerable people who identify with the person who died



“On 10 June 2017, the PPCLI Association facilitated a Suicide Awareness Workshop in Niagara-on-the-Lake. The support and insight provided by VAC and CAF into their suicide awareness confirmed that the PPCLI Association is on the right path to helping others. We are losing too many of our brothers and sisters to a silent killer, each loss is another stab in the heart and the pain that it causes to families and loved ones is profound. The PPCLI Association will partner with other Associations, the CAF and VAC in order to raise awareness of Mental Health and the impact of suicides within the retired and released military community. Our goal is to do our best to locate and assist those who are not VAC clients, but need assistance. We must refer these individuals to the appropriate specialists and assist them in accessing treatment. “If we save only one life, the effort will be worth it.”

– Mr Paul Hale, CD, President, Princess Patricia’s Canadian Light Infantry Association

The Federal Framework also notes the importance of **protective factors**, stating: “the risk of suicide can be mitigated by strengthening protective factors...Strengthening protective factors should be an ongoing process in order to counter suicide risk and build resilience for individuals, families and communities.” Some protective factors that can mitigate or counter suicide risks include:

- Psychological, physical and spiritual resilience
- Positive social, community and family connections
- Good mental and physical health
- Better management of stress, including coping and problem-solving skills
- Restriction of access to lethal means
- Education/awareness about mental health and suicide (including reducing the stigma associated with seeking care and/or support)
- Access to appropriate health care and social services (including reducing barriers to care)
- Assessment/management/treatment of:
 - suicidal behaviour
 - mental health disorders

- substance use disorders
- physical illness

- Responsible media reporting

Examples of important **interventions** include:

- Assuring access to effective health and mental health care (including treatment for substance use disorders)
- Breaking down barriers to care (including stigma)
- Education/awareness about mental health and suicide
- Good social support
- Building resilience, including psychological and spiritual
- Enabling financial stability
- Providing meaningful work or other activity
- Restricting access to lethal means (such as firearms control, monitoring medication prescriptions)
- Working to promote responsible media reporting.

“When I retired after more than 40 years in uniform, I wanted to give back to the community that had been my life but I didn’t know where to start. I was encouraged to reach out to like-minded Veterans and very quickly, I became involved in a network of like-minded Veterans and civilians who saw the need to reach out to Veterans and to connect Veterans with resources and help and reassure them that they are not alone. We aren’t mental health professionals and would never profess to be.

“However, just being there for fellow Veterans is often a huge help in providing reassurance and compassion. And I can testify that it is the first step towards professional help. One of the greatest contributions that we can make to Veteran mental well-being is to be there for them, to be open and listen, and to encourage them to get professional help. We can overcome the isolation and loneliness if we educate ourselves and reach out to fellow Veterans. The VAC-sponsored Mental Health First Aid course provided me with the basic tools that I needed to be comfortable reaching out and offering assistance.”

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- Printed with permission from Major General (retired) Glynne Hines, Co-Chair, Minister of Veterans Affairs Mental Health Advisory Group

CAF AND VAC STRENGTHS

Working to prevent suicide among CAF members and Veterans, we can build on some core strengths, including:

Enhanced resilience: the Canadian Armed Forces, through selection, training and other programs, builds a community with greater resilience to psychological and physical stress, based on mental, physical, and spiritual well-being. CAF training and programs are designed to prepare members for operational challenges and difficult conditions, so that members are as ready as possible to adapt to, and recover from, stressful situations.

Social and community support: in addition to training and preparation, the CAF and Veterans communities are a powerful resource, creating a close-knit group of individuals and families with shared experiences, who support one another and make a real difference in managing trying times.

Education and awareness: the CAF organization allows us to educate and raise awareness of critical health issues efficiently and quickly. From program delivery to the words and actions of our leaders, we have in place a ready-made system to spread ideas, build knowledge, and shape action. Similarly, the VAC service delivery networks allow us to effectively raise awareness of health issues and available services and resources to Veterans across Canada.

Assessment, management, and treatment: both the Canadian Armed Forces and Veterans Affairs Canada have a strong network of programs designed to identify and assist members and Veterans in distress. The resources and infrastructure needed are in place; we know we can focus our resources, build understanding and continue to improve evolving needs and service delivery, but we are not starting from scratch.

Getting back to life after traumatic deployment experiences, Mike Newcome found help at the Operational Stress Injury Clinic (OSI Clinic) at Parkwood Institute, part of St. Joseph's Health Care London (St. Joseph's). He was officially diagnosed with Post-Traumatic Stress Disorder (PTSD) and Depression, two conditions which are considered Operational Stress Injuries (OSIs). OSIs are mental illnesses that can occur as a result of trauma experienced during the course of military service.

"I can say without a doubt the OSI Clinic saved me and helped me get my life back," says Mike. Through the therapy and services offered at St. Joseph's OSI Clinic, Mike was able to quit drinking and reduce the symptoms of his PTSD. Two years after he began treatment, Mike had progressed so well he was offered a position as a Peer Support Coordinator for the Operational Stress Injury Social Support (OSISS) program at St. Joseph's. OSISS is a partnership program, funded jointly by the Department of National Defense and Veterans Affairs Canada. Peer Support Coordinators provide mentorship to peers in various locations, including patients of the OSI Clinics, and assist them in their recovery journey and with re-establishing social connections. "I've been so fortunate in my 10 years with OSISS to give back to the clinic and help other Veterans. Knowing they are talking to someone who has been through what they have been through helps. It makes them feel like they are not alone. There is a lot of hope. I am here today."

- Printed with permission from Mike Newcome

“I released on 19 Oct 2011, after serving in the CAF for 24.5 years. I deployed 3x during that time and had 2x domestic Ops. During this time, I sustained some injuries, one of those injuries was and still is PTSD, with Anxiety and Depression. I worked hard on my well-being using all the tools available to me, starting with my family who were and remain very supportive in my wellness journey. I used the Chain of Command (CoC) at the time they were very supportive as well. I had a Drill Sergeant Major that believed his greatest asset was his soldiers and he provided me with the leadership I needed to work on my well-being all while feeling I played a useful role in my Unit. I also used the CAF medical system they provided excellent Mental Health care, there were at times communication issues especially during a posting, but again my CoC stepped in and helped me. I believe they helped because I was open with them so that they could make an informed decision. Once I released I was scared that I would fall through the cracks and have no care or support. However, once I did some fact finding and realized that all I had to do was ask my CAF Mental Health Provider for a Referral to the OSI Clinic and I would continue to get the much needed Mental Health support that I required and still require. Keep in mind I did my VAC paperwork prior to release so my injury was recognized by VAC as service related and they were able to support.

“I have been a member of the Ottawa OSI Clinic ever since, even after a move to North Bay I did my sessions Via Ontario Telemedicine Network (OTN) and it worked amazingly. Now that I am back in Ottawa I actually go to the clinic. I like the OSI Clinic because it is a familiar setting for me, the staff understand me, the soldier side of Doug, and I don't have to spend my time trying to make someone understand my culture let alone my injury. I also used OSISS as well and was a peer in Kingston ON, Greenwood NS, and Ottawa. What I found was that the Peer supporters treated me the same no matter where I was and I was welcomed and encouraged to continue my journey to well-being. I know that not everyone's story is as smooth as mine, but what I would ask is if you are reading this and having a hard time please don't give up, call someone, that could be a buddy, an OSISS Peer Supporter, your old CoC, don't give up, go into your local VAC office if that is an option. Do a Soldier On event you will be surprised how NOT alone you really are.”

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- Printed with permission from R. Douglas “Doug” Brown, Sgt (Ret) The Royal Canadian Regiment

UNDERSTANDING THE LINES OF EFFORT

LoE1: Communicating, Engaging & Educating

Effective communication and proactive engagement with CAF members, Veterans, community groups, stakeholders and media, among others, are critical to improving mental health literacy and eliminating stigma that may prevent people from seeking care. The CAF will promote improved communications and outreach to maximise the benefit of programs such as the “You are Not Alone” program and ensures that the range of available mental health resources is well understood. Engaging Veterans’ associations and stakeholder groups in a peer-to-peer support role with those who have left the service will provide support to the new Veteran from one who has “walked the walk” into life after service. Education of family members through the Veteran-specific Mental Health First Aid training will also help families better understand and support the Veteran with mental health issues. Coordinated communications, both internal and external to CAF and VAC, will ensure consistency in our message. Continued proactive engagement with the media will help create a more accurate understanding of mental health issues and encourage balanced, responsible reporting, which may help to prevent suicide contagion.

LoE2: Building & Supporting Resilient CAF Members & Veterans

Resilience permits an individual to maintain or “bounce back” to previous levels of well-being in the face of adversity, significant stress, threats, trauma, or tragedy. CAF members will encounter adversity and experience extraordinary demands due to the nature of their work. Resilience training will help CAF members better manage stress.

The incorporation of resilience considerations in the selection of personnel is a building block of a resilient force. Through programs such as Mission Ready, Sentinel, and the Road to Mental Readiness, the CAF will equip members with practical skills to meet the demands of military life. The CAF and VAC will ensure leaders, caregivers, front-line staff and all those who are involved in the care of our people have the knowledge, resources and tools to monitor and attend to the well-being of members and Veterans.

In particular, VAC will work to identify and assist Veterans at risk or in crisis, including those who are homeless, involved in the criminal justice system or experiencing mental health issues.

“I would like to take a couple minutes to tell you about the excellent assistance I received from your team of professionals throughout my medical release process (case management, medical team, mental health, IPSC, dental clinic, medical archives, VAC, and the others I’ve forgotten). Every person I spoke with was very cooperative and professional, despite having deadlines that were too often tight.

“I will be released from the CAF on Monday, February 6, and, thanks to the support I have received since August 2016 from members of 25 H Svcs C, I have no doubt that my transition will go smoothly.”

- Printed with permission from a now retired Canadian Armed Forces Corporal

LoE3: Connecting & Strengthening CAF Members & Veterans through Families and Community

The feelings we derive from healthy relationships and social connections can improve well-being and help protect against suicide. In this spirit, the CAF and VAC, in partnership with community groups, will continue to build well-being supports for CAF members and Veterans. Through programs such as the Road to Mental Readiness for Families, the CAF will strive to support and enable members and their families to effectively manage the demands of a military lifestyle, and to address any mental health issues they may experience.

In cooperation with Military Family Resource Centres, the CAF will continue to provide services tailored to our military families and foster strong, connected military communities across the country. VAC will continue to support the well-being of Veterans and their families by creating new initiatives and partnerships. The VAC Assistance Service will continue to provide Veterans and their families 24/7 confidential access to mental health professionals, and up to 20 sessions of counselling free of charge. The Veteran Family Program will continue to provide services that address concerns and challenges related to employment, finances, housing and social supports.

LoE4: Providing Timely Access to Effective Health Care & Support

Most people who die by suicide were living with a mental illness. Therefore, a comprehensive health care system, mental health programs and suicide prevention programs are essential. The focus of effort going forward is on ensuring timely and appropriate access to expert care providers regardless of a member's language of choice or their geographic location. Investment in research and training of clinicians will help to integrate cutting-edge practices and treatments, ensuring our members continue to receive the highest quality care.

For ill and injured members transitioning to post-military life, a seamless hand-over to VAC Case Managers and to civilian health care providers is required. This is not always the experience for Veterans and their families and VAC will continue to work with provincial/territorial health care systems, the Operational Stress Injury Clinic Network, and community-based health care providers to improve Veterans' access to primary care, mental health services and other specialist care.

The use of telemental health technology by OSI Clinic psychiatrists and psychologists will enable rapid and convenient mental health care for Veterans in remote areas.

LoE5: Promoting Well-being of CAF Members through their Transition to Civilian Life

Military-civilian transition is a challenging time. Robust and accessible supports for CAF members and their families during their transition to civilian life can help create conditions for their success after service. The CAF and VAC will work to promote a seamless transition process that minimises stress on all CAF members and their families during the transition period. Health promotion, such as Strengthening the Forces, and CAF education seminars will be maintained to help departing members prepare and plan for life after service.

VAC initiatives will continue to promote Veteran well-being, including meaningful employment, financial stability, strong family and community ties and access to care. Information from the Road to Civilian Life study will help us understand the challenges of transition to the civilian world and improve support to Veterans. Joint CAF-VAC programs can straddle the divide and provide an important safety net to those in transition.

In partnership, the CAF and VAC continue to take steps to reduce the complexity of the transition process, including the creation of the CAF Transition Group (CAF TG), with an aim of reducing the stress CAF members and Veterans may experience in their transition to civilian life. CAF and VAC will also work collaboratively to improve mental health screening, referral processes for high-risk clients and improve case management.

“There is a clear need for a suicide prevention strategy for Veterans and members of the Canadian Armed Forces. This joint strategy will elevate this work and is an important step in aligning the services available to support our clients and their families. Much thought has gone into the CAF-VAC Joint Suicide Prevention Strategy to understand that suicide prevention is important not just in times of crisis, but throughout the care and treatment of a patient for their operational stress injury. As clinicians, we know there is no single point in time when we can prevent a suicide.

“There are multiple factors to consider. The CAF-VAC Joint Suicide Prevention Strategy will help us take a more proactive and standard approach to assess patients for suicide risk factors, to ensure the right supports and interventions are in place, and to work collaboratively with Veterans' and CAF members' healthcare providers, families and social support systems.”

- Printed with permission from Dr. J Don Richardson, MD FRCPC, Co-Chair, Section on Military and Veteran Psychiatry, Canadian Psychiatric Association

LoE6: Aligning Protocols, Policies, and Processes to Better Manage Risk & Stress

The CAF will undertake a systematic review of policies, personnel processes, disciplinary and investigative procedures, and both CAF and VAC will review case management protocols that may affect mental health and the risk of suicide. This will help us identify areas for improvement. For VAC, this will involve the horizontal integration of programs across the many divisions and departments in our organization, with the ultimate goal of improving communication, understanding and collaboration for the benefit of the Veterans we serve. This LoE will also ensure that operating procedures in areas of CAF personnel management, CAF casualty management, and CAF and VAC case management are uniformly understood and implemented.

LoE7: Continuously Improve through Research, Analysis and Incorporation of Lessons Learned and Best Practices

Ongoing research and evaluation are essential to ensuring that our approach to mental health and suicide prevention is effective. Through coordinated research programs, such as the Road to Civilian Life study, we will better understand factors associated with mental health outcomes and suicidal behaviors, including risks and barriers to care experienced by CAF members and Veterans. As well, further study will assist in assessing the effectiveness of clinical interventions, training and education, and other supports and services. Research findings, along with lessons learned and leading practices will provide valuable insights into how to select, train and employ members in the CAF and support Veterans after military service. In this pursuit, CAF and VAC will engage with academia, experts and Government of Canada partners such as Statistics Canada, to ensure approaches and initiatives are informed by the best available evidence and analysis.

TAKING ACTION: CANADIAN ARMED FORCES

MAJOR ACTIONS TAKEN TO DATE

A complete list of CAF actions, organized by Lines of Effort, is available online (see link on page 15).

In 2017, the government of Canada published *Strong, Secure, Engaged*, which charts the long-term course for Canada's military covering everything from evolving threats in the global context to establishing enhanced stable funding for our military. The first of four major policy priorities featured in *Strong, Secure, Engaged* (SSE) is **Well-Supported, Diverse, Resilient People and Families**. CAF actions to prevent suicide are in line with this overall core commitment to our people.

Strong, Secure, Engaged (p. 12) describes this policy priority clearly: "We will favour a more comprehensive approach to care – known as "Total Health and Wellness" – and will consider psychosocial well-being in the workplace, the physical environment, and the personal health of members (including physical, mental, spiritual, and familial)" and commits \$198.2M for a new Total Health and Wellness Strategy.

CAF's Total Health and Wellness approach (further elaborated in SSE, pages 25-26) targets all aspects of health and wellness, including:

Understanding: The CAF is investing significantly in developing a better understanding of suicidality, which will drive continuous program improvement. Collaboration with our NATO partners to share information and successes is ongoing. The expert panels on suicide prevention and the Medical Professional Technical Suicide Reviews conducted by CAF Health Services provide examples of direct action we are taking to increase our understanding of suicidality.

CAF is also directing research toward the development and maintenance of well-being and resilience in our personnel. This has already produced a number of successful programs including the Road to Mental Readiness, Mission Ready, and Spiritual Resilience. The Unit Morale Profile research provides a wealth of information on the morale and well-being factors affecting our soldiers, sailors and airwomen and airmen.

Caring For and Supporting: The CAF has many initiatives and programs in place to support our members. Most notable among them is the world-class health care provided by Health Services, which includes establishment of the CAF Mental Health Centre of Excellence. The CAF also provides *Mental Fitness and Suicide Awareness Training* and provides specific guidance related to mental health and suicidality in the *CDS Guidance to Commanding Officers and their Leadership Teams* handbook.

The Strengthening the Forces Program provides a number of initiatives designed to build stronger, resilient CAF members and the Soldier On program supports serving members and Veterans to overcome their physical or mental health illness or injuries. Military families are an integral part of our member's well-being and the Military Family Resource Centres have numerous programs designed to support them, both in health and in times of illness or crisis. *Strong, Secure, Engaged* includes a \$144.8M commitment to support Military Family Resource Centres.

Building and Resourcing: The CAF is dedicated to improving and has continued to evolve its structure, programs and policies to provide the best support possible to its members. To that end the Forces have undertaken a wide-ranging review of all of its personnel related policies in order to identify and eliminate administrative processes that do not add value and unnecessary friction points for our personnel. Recognizing the stresses and risks that transition poses to its members, the CAF has partnered with VAC to create a Seamless Transition Task Force. The CAF is also in the process of creating a CAF Transition Group that will manage all aspects of transition.

Health Services continues to improve its care and is hiring additional dedicated health care experts in mental health and suicide prevention to enhance its capacity. Morale and Welfare Services likewise continues to improve its support to CAF members and their families, which will be expanded to include the Veteran Family Program. The Chaplain General is in the process of developing both a Spiritual Resilience program and a peer support network called Sentinel. All of these new initiatives, and many others, are supported by the 2017 *Strong, Secure, Engaged: Defense Policy* which will direct our actions and

provide the rationale for the resources to effectively meet the needs of our members.

JOINT ACTION: THE SEAMLESS TRANSITION TASK FORCE

This is a joint CAF and VAC strategy, and one of the most important areas for collaboration between the two organizations is the transition of CAF members into post-service life (as reflected in Line of Effort 5, which focuses on transition support). The transition is a critical time when CAF members face unique challenges and rely more heavily on support from both CAF and VAC. Successful military-civilian transition relates to policy and services that promote total health and wellness, some of which include: employment, finances, physical, spiritual and mental health, social engagement, community resources, permanent housing and personal psychological preparedness.

For this reason CAF and VAC have established a joint Seamless Transition Task Force. The Task Force is designed to ensure a coordinated approach and oversight of all key elements of CAF-VAC initiatives to close the seam between the two organizations. The Task Force develops and leads the implementation of a new member/Veteran-centric transition model that addresses the needs

of releasing CAF personnel with a focus on health and well-being, which will aid in the successful transition to post-service life.

The Seamless Transition Task Force is co-chaired by CAF and VAC staff, overseeing four implementation teams responsible for Seamless Transition, Case Management, Medical Oversight, and ID Card.

Many of the specific actions undertaken or overseen by the Task Force are featured in this document in both the CAF and VAC sections under Line of Effort 5. The most critical of these initiatives is the stand-up of the CAF TG. This Transition Group will take on the oversight of the transition and release portfolios, while prioritizing its care of our ill and injured posted to JPSU units across the country, as they are prepared to return to duty or release from the military to become Veterans. VAC will work closely with CAF and will have embedded personnel in the JPSUs to support this seamless transition. The overarching shared responsibility of the transition experience is an example of the two organizations working more closely than ever in the service of a shared vision.

TAKING ACTION: VETERANS AFFAIRS CANADA

MAJOR ACTIONS TAKEN TO DATE

A complete list of VAC actions, organized by Lines of Effort, is available online (see link on page 15).

VAC has taken important steps to facilitate access to quality care (in person and online), increase our knowledge, and provide funding to build on our successes. All of our programs, benefits and services support the well-being of the Veteran population, decreasing suicide risk and promoting protective factors.

ACCESS TO QUALITY CARE – FACE-TO-FACE

Face-to-face service for Veterans and their families matters. VAC has invested in delivering quality service from coast to coast to coast. We have re-opened all nine VAC offices closed previously in 2013-14 (Corner Brook, NL; Brandon, MB; Sydney, NS; Kelowna, BC; Prince George, BC; Saskatoon, SK; Charlottetown, PEI; Thunder Bay, ON; Windsor, ON) and have opened a new office in Surrey, BC.

We've also expanded our footprint even where we don't have offices, through outreach to Veterans in the North. VAC staff, beginning with Yellowknife, NWT; Whitehorse, YT; and Iqaluit, NU, travel to the territories and other northern communities every month to meet with Veterans and their families.

In addition to re-opening the offices, the Department has hired more than 400 new employees to help ensure that Veterans, Canadian Armed Forces members, RCMP personnel, and their families are provided with the best possible services in their own communities. This includes new staff to ensure case managers have a caseload maximum of 25 Veterans.

VAC funds a network of 11 Operational Stress Injury (OSI) Clinics across the country (10 outpatient and 1 inpatient), as well as additional OSI Clinic satellite service points closer to where Veterans live. The OSI Clinics offer access (through referral) to mental health professionals that provide assessment and treatment services to serving CAF members, Veterans and RCMP members. Each OSI Clinic has a team of psychiatrists, psychologists, social workers, mental health nurses, and other specialized clinicians who understand the experiences and unique needs of Veterans.

Medically released Veterans and their families have access to seven Military Family Resource Centre sites across the country, as well as the Family Information Line and CAFconnection.ca website, as part of the four-year Veteran Family Program pilot project. And the Government has committed, as part of Budget 2017, \$147 million over the next six years to expand access to the Veteran Family Program for families of medically released Veterans across all 32 Military Family Resource Centres (MFRCs), the Family Information Line and CAFconnection.ca.

VAC delivers a 24 hours a day, seven days a week VAC Assistance Service (1-800-268-7708) or TDD (1-800-567-5803). This is a confidential counselling and referral service delivered through a nation-wide team of mental health professionals. A mental health professional answers the call, night or day, determines the caller's needs, and matches the Veteran or Veteran family member with a local mental health professional for face-to-face counselling. Up to twenty sessions can be offered per presenting issue depending on the nature, urgency and severity of the problem. There is no eligibility requirement to access this service, and there is no charge to the Veteran or family-member.

ACCESS TO QUALITY CARE – ONLINE AND BY PHONE

To further improve accessibility, each Operational Stress Injury Clinic provides services through telehealth (distance health services) to support those living in remote areas. Veterans with OSI also have the option of using provincial and private health services available in the community.

VAC has collaborated with a number of partners to develop a series of free online and mobile applications, which can be used by Veterans and their families:

- PTSD Coach Canada and OSI Connect are self-assessment tools that provide information about OSIs such as PTSD, where to find support and ways to help manage symptoms and stress. These mobile apps provide valuable information to CAF members, Veterans and their family members impacted by an OSI.
- The OSI Resource for Caregivers is a self-directed online tool for caregivers and families of CAF members and Veterans living with an OSI. It includes information on OSIs, their impacts on the family, and how to support a CAF member/ Veteran through the

treatment and recovery process. It provides self-care, problem-solving and stress management techniques for managing the challenges of being a caregiver.

- Veterans and Mental Health is an online tutorial designed for anyone wanting to learn about service-related Veteran mental health issues or supporting a loved one with a service-related mental illness.

VAC has implemented a robust social media campaign to build knowledge about mental health, fight the stigma associated with mental health issues, and increase awareness of the supports available to Veterans and their families. Efforts are targeted around key periods, like the winter holiday season.

INCREASING OUR KNOWLEDGE

The Government of Canada has dedicated \$17.5 million, over the next four years, starting April 1, 2018, to the creation of a VAC Centre of Excellence on PTSD and related Mental Health conditions to increase knowledge of CAF members and Veterans' mental health issues.

VAC has established a partnership with Saint Elizabeth Health Care to design, develop, and deliver an Online Caregiver Training Program to support informal caregivers of Veterans with an OSI.

VAC has also implemented a national system that tracks client progress in VAC-funded OSI clinics. The Client-Reported Outcome Monitoring Information System (CROMIS) uses information technology and session-by-session client feedback to help guide treatment and improve mental health outcomes for Veterans. CROMIS was developed by VAC and is the first system of its kind to be used nationally in Canada.

VAC's front-line staff who have direct or indirect contact with Veterans and their families receive Applied Suicide Intervention Skills Training (ASIST), to ensure staff respond appropriately and effectively to a Veteran who is suicidal. VAC has updated the Suicide Awareness & Intervention Protocol to include guidelines for referring Veterans at risk for suicide, as well as resources available to Veterans and their families who have lost a loved one to suicide.

On an ongoing basis, VAC health professionals and researchers lead and contribute to numerous scientific publications on Veterans' well-being, as well as research specific to suicide.

FUNDING TO BUILD ON OUR SUCCESSES

New programs and initiatives depend on people to deliver them. VAC has made sure plans can be put into action, through the hiring of more than 400 (full-time equivalent) employees to give Veterans access to the support and services they need.

In addition, VAC is specifically targeting improving the Veteran to Case Manager ratio to an average of 25 to 1. We've made progress already and will meet this goal, thereby reducing wait times, increasing one-to-one support, and ensuring the highest quality service.

VAC is also working to establish, by April 1, 2018, two special funds to put new investment dollars where they can make a difference. First, VAC has committed \$4 million over four years to establish a **Veteran Emergency Fund**, that will provide the department the resources and flexibility to respond to unique and urgent Veteran-specific needs, and help those in crisis. We have also committed \$13.9 million over four years to establish a **Veteran and Family Well-Being Fund** to foster the development of innovative programs. The fund will support the promotion of increased knowledge and understanding through the development of community-based and innovative services and research to address new and emerging needs within the Veteran community.

A WHOLE OF COMMUNITY COMMITMENT TO MAKING A DIFFERENCE

As the Federal Framework emphasizes, suicide prevention is a responsibility of the whole community. VAC and CAF are doing much to prevent suicide in the military and Veteran communities. They also partner with many different organizations to support the well-being of members and Veterans during service, transition to post-service life, and throughout life after service. Partnerships are especially important for VAC because the Veteran community is so large, diverse, and dispersed across rural and urban Canada.

CAF and VAC will continue their efforts to inform the wider community about serving members and Veterans, but there is much that all Canadians can do to help prevent suicides outside formal partnerships and collaborations. The Federal Framework puts it this way: *"Suicide prevention is a public health issue. By focusing on the population or community as a whole, protective factors... will be enhanced. Education, training and resources that are community-driven and culturally appropriate will help ensure that the distinct needs of individuals, families and communities are met."*

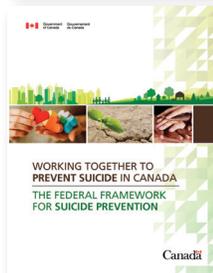
THE FRAMEWORK FOR CAF AND VAC ACTION TO PREVENT SUICIDE

The CAF-VAC Joint Suicide Prevention Strategy builds on and complements a number of initiatives.

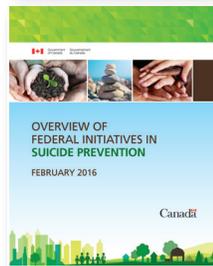
Changing Directions, Changing Lives: the mental health strategy for Canada – Mental Health Commission of Canada | Defines a broad approach for mental health action across Canadian society, involving a wide range of partners and communities.



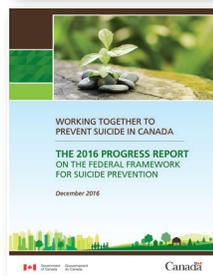
Working Together to Prevent Suicide in Canada: Federal Framework for Suicide Prevention – Government of Canada Defines the issue of suicide and suicide prevention, and articulates the federal approach to making a difference, including CAF and VAC actions.



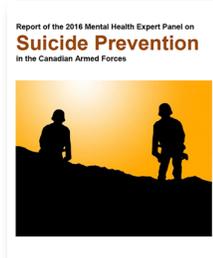
Overview of federal initiatives in suicide prevention – Government of Canada | An overview of current federal suicide prevention initiatives that was created in the context of the development of a federal framework for suicide prevention.



Working Together To Prevent Suicide In Canada: the 2016 Progress Report on the Federal Framework for Suicide Prevention – Government of Canada A biennial progress report on federal actions to prevent suicide, building on the strategic objectives from the Federal Framework.

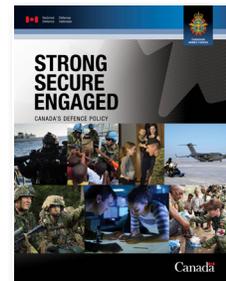


Report of the 2016 Mental Health Expert Panel on Suicide Prevention in the Canadian Armed Forces | In 2016 an Expert Panel reviewed CAF suicide prevention measures, and developed 11 recommendations – accepted

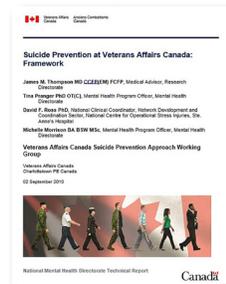


by the Canadian Armed Forces – for further action. This work was a follow-on to the 2010 Report of the Canadian Forces Expert Panel on Suicide Prevention.

Strong, Secure, Engaged: Canada's Defence Policy (2017) | In 2017, the Honourable Harjit S. Sajjan presented the new defence policy on behalf of the Government of Canada, a long-term, fully-funded plan built around people. This includes: initiative 16, Implement a Joint National Defence and Veterans Affairs Suicide Prevention Strategy; initiative 15, augment the CAF health system to ensure it meets the unique needs of our personnel; initiative 17, remove barriers to care, including creating an environment free from stigma; initiative 26, allocate some of the growth in Medical Service Branch resources to transition; initiative 27, create a CAF Transition Group; and initiative 28, ensure that all benefits are in place before a member transitions to post-military life.



Veterans Affairs Suicide Prevention Framework (2010) and A Well-Being Construct for Veterans' Policy, Programming and Research (2016) | These two evidence-based, comprehensive documents, as well as VAC's ongoing evidence review, are foundational to our understanding of suicide and suicide prevention, and to the determinants of well-being that inform our strategy, including the Lines of Effort and our Action Plans.



The CAF-VAC Joint Suicide Prevention Strategy is fully aligned with existing federal strategies and efforts, and leverages the strong work done to date within CAF and VAC, respectively, to mitigate risks and prevent suicide.

2016 EXPERT PANEL REPORT

In 2016, the government convened a Mental Health Expert Panel on Suicide Prevention in the Canadian Armed Forces (a follow-up to the 2010 CAF Expert Panel Report on the same subject). The Panel, chaired by Dr. Jitender Sareen, MD, Professor and Head of Psychiatry, University of Manitoba, and co-chaired by Dr. Rakesh Jetly, Senior Psychiatrist for the Canadian Armed Forces, consisted of experts from Canada, the United States, and the United Kingdom. Panel members reviewed existing suicide prevention programs and systems for strengths and weaknesses, shared expertise, and developed a set of 11 recommendations for strengthening suicide prevention within the CAF.

Key findings by the Expert Panel included:

- Over the past 10 years there have been an average of 16.6 suicides deaths per year amongst CAF Regular Force and Primary Reserve serving members, combined (range 11-25). This does not include Veterans.
- Access and availability of mental health services for serving military personnel with suicidal behavior are greater compared to the Canadian civilian population.
- Deployment, overall, has not been found to be associated with suicidal behaviour. However, exposure to deployment-related traumatic events (combat, witnessing atrocities) shows a small, but significant association with suicidal behavior.
- Despite efforts to reduce stigma and increase mental health services in Canada, there was agreement that in the Canadian and US general population, the prevalence of suicide has either increased over time or remained the same.
- It is important to focus on interventions that target suicidal behaviour specifically, in addition to promoting psychological resiliency, and identifying and treating mental disorders.
- Although there is a large body of literature on the risk factors for suicidal behaviour, prediction of individual suicidal behavior in the short-term is difficult.
- The CAF has invested in improving access to mental health services, developed the Road to Mental Readiness Program (R2MR) to improve awareness of mental health problems and increase perceived need for care, and invested in state-of-the-art epidemiological surveys that provide cross-sectional information about the mental health needs of the Canadian population.

- The Expert Panel noted that there are no mental health inpatient facilities within the Canadian Forces Health Services for military personnel who require hospitalization for mental health or addiction problems.

Based on these findings, the Expert Panel made 11 recommendations for action, all of which were accepted by the CAF, and which have responses in both the CAF and VAC action plans provided in this Strategy. The Expert Panel's recommendations were:

1. Create the position of a CAF Suicide Prevention Quality Improvement Coordinator
2. Conduct a systematic review of CAF member suicides since 2010
3. Increase suicide risk assessment and safety planning training
4. Conduct a needs assessment for suicide-specific psychosocial interventions
5. Consider implementing the Caring Contacts protocol following mental health crisis
6. Review best practices for screening for mental disorders and suicidal behaviour during recruitment, and pre-deployment
7. Create a working group to develop supports for CAF members transitioning to civilian life
8. Offer integrated treatment of addictions and mental health disorders
9. Consider novel methods for delivery of psychological and pharmacological interventions (i.e. technology)
10. Encourage safe media reporting of suicides
11. Engage patients and families in program planning

The full Expert Panel Report can be found here http://www.forces.gc.ca/assets/FORCES_Internet/docs/en/about-reports-pubs-health/expert-panel-suicide-prevention-2016.pdf

The 2016 Expert Panel Report follows on the work of an earlier **2010 Expert Panel Report**. That report can be found here http://www.forces.gc.ca/assets/FORCES_Internet/docs/en/about-reports-pubs-health/expert-panel-suicide-prevention.pdf

RESOURCES

If you are Canadian Armed Forces member, a Veteran, a family member, caregiver, anyone with a member or Veteran in your life who needs support, these are the places you can start to access a wide array of resources.

If you are in crisis call 9-1-1 or the emergency number in your community.

You can also search online for suicide support hotlines or local crisis centres. There are many crisis centres available 24 hours a day to talk to you.

For CAF members: visit <http://www.forces.gc.ca/en/caf-community-support-services-for-members-designated-assistance-guide/part12-contacts.page> for a vast range of services available to Canadian Armed Forces members and their families.

For Veterans: visit <http://www.veterans.gc.ca/eng/services/health/mental-health> for information on the supports and services available to Veterans and their families.

Also, there is a 24 hour a day, seven days a week Assistance Service for CAF members and Veterans (1-800-268-7708) or TDD (1-800-567-5803) where you can speak with a mental health professional to organize up to 20 face to face counselling sessions.



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