

Discourse

The Mental Health of Those Who Serve Canada

Steven D. Pirie

“Life is pleasant. Death is peaceful. It’s the transition that’s troublesome.” This statement by the prolific author Isaac Asimov highlights the thought process of every military person who has ever been deployed overseas in the service of their country. It is especially true because physical trauma is one of the inevitable occupational health hazards of war. It is a reality that military personnel accept when they enrol and it is part of the concept of unlimited liability that forms the profession of arms. As strange as it may seem, during my multiple military deployments the possibility of death was never a concern. I had, however, more than occasional thoughts about the horrors associated with being dismembered. These thoughts were intensified with each of the frequent rocket attacks on Kandahar Airfield during my deployment in Afghanistan. When outside Kandahar Airfield, one could not help but think of dismemberment as a result of being blown up by a roadside bomb or caught inside a burning armoured vehicle only to survive with disfigurement.

When a soldier steps on a landmine, the physiological consequences of blast pressure, heat, shrapnel, and being thrown about are profound. If the soldier survives the initial ballistic insult to their body, they are programmed, through repetitive and realistic training, to enact a self-preservation drill known as “self-aid.” Soldiers will, if able to, seek cover, apply tourniquets, place field dressings on themselves, and signal the fact that they need aid from their platoon mates. Regardless of the extent of physical pain they may experience, they know that as soon as a field medical technician reaches them they will be offered some relief in the form of an injectable or transmucosal opiate analgesic. This battlefield pain relief has been a mainstay of pre-hospital combat medicine since at least the American Civil War (Vassallo, 2004) and we have come to count on it.

I must admit that, while the possibility of physical injury and dismemberment was a serious concern at the time of my deployment, the threat of mental trauma never crossed my mind — at least not until one of my closest friends brought it up prior to my deployment to

Afghanistan. Over dinner one evening he asked, “Do you think you’ll get post-traumatic stress disorder [PTSD] while serving in Afghanistan?” It was a casual question that challenged my sense of mental immunity. I had never even contemplated the possibility of becoming mentally ill from military service, and this self-conceptualization was very irksome. I was suddenly faced with the unique challenges associated with mental as opposed to physical trauma. If I were to be struck by a rocket or blown up by a roadside bomb, I knew what to do. I had the self-aid drill etched into my frontal lobe and knew that a morphine injection or a fentanyl lollipop would soon be offered to ease my suffering. However, I was never prepared for, nor did I think about the possibility of sustaining, an operational stress injury and living with a mental illness such as PTSD. There are no magic lollipops or injections to take away the pain or reduce the suffering from an operational stress injury. This fact was seared into my health-care consciousness in 2009 when I was begged by a young battle-hardened corporal in the field hospital at Kandahar Airfield to kill him in order to stop his nightmares: here I am, supposed to provide health care to a comrade and alleviate his suffering, and he is asking me to end his suffering by taking his life away! There was no painkiller I could administer to resolve this problem, and it was an unsettling experience that reshaped my view of wartime trauma. This situation opened my eyes to the challenges associated with mental trauma, and the fact that these could sometimes be greater than the challenges associated with physical dismemberment.

From a population health point of view, the Canadian Armed Forces is a subset of the Canadian society that it represents. Occupational health screening measures are routinely taken at the time of recruitment to exclude those with a serious pre-existing mental illness incompatible with military service. Hence our mental health is reflective of the mental health of the Canadian public, except for two conditions: depression and stress. It is well documented that the prevalence of depression and the incidence of stress are high among military personnel, likely due to the dangerous and stressful environments in which we often operate. It is estimated that one in five Canadians will develop a mental illness in their lifetime, and the challenges to society represented by this population outside the military are as notable as those within. Macroscopically, it is the number of operational stress injuries that sets us apart from the civilian population we serve. In the Canadian Armed Forces, mental conditions most commonly manifest as generalized anxiety, major depression, and PTSD, and they cause notable human, organizational, and population health challenges for the military. For instance, the 2011 Canadian Forces Health Services Group Operational Stress Injury Cumulative Incidence Study found that 13% of the personnel deployed on the Canadian

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mission to Afghanistan up to 2008 were clinically diagnosed with a deployment-related mental injury (National Defence and the Canadian Armed Forces, 2013, p. 4). While 13% may not sound alarming, it is not an inconsequential proportion in a relatively small military like Canada's (approximately 68,000 full-time and 32,000 part-time members), and it seems that everyone who has served or is actively serving in the Canadian Armed Forces has a colleague who has suffered or is suffering from a mental injury related to military service.

It is important to point out that the presentation and impact of mental illness among military personnel are markedly variable. There are those who have been mentally ill and have returned to work, only to function at a higher level than before their illness. There are also those who return to work and continue to struggle and those who suffer in silence. The most affected, however, are those who experience severe forms of mental illness that render them unable to meet the universality of service requirements leading to their release from Her Majesty's service and those who take the dramatic step of killing themselves as a way out of their mental illness. There are a variety of outcomes and anyone who is serving in the Canadian military today has a story about a colleague. The one commonality among these different scenarios is that they all genuinely require short-term and long-term levels of care and support. Even though the Canadian Armed Forces has completed operations in Afghanistan, there is no reason to believe that the issue of long-lasting mental illness will cease to exist. In addition, proper long-term management and planning are needed so that such experiences are handled based on lessons learned in future operations or wars. Operational stress injuries are now recognized as one of the occupational health hazards of deployed military service. They are becoming a fact of life and, like physical trauma, part of the concept of unlimited liability that forms the profession of arms. It is important that military personnel be well prepared to cope with these situations through rigorous training and a well-resourced mental health service.

As mental injury has increasingly become part of the backdrop of the profession of arms, the Canadian Forces Health Services Group has, along with its civilian partners, gone to great lengths to address the problem through health surveillance, mental health research, and the education of both clinicians and members of the service. The military and its partners have also invested in clinical programs for those afflicted by mental illness. Every person who joins the Canadian Armed Forces, be it as a cook or as a fighter pilot, is placed on the Road to Mental Readiness during basic training. This comprehensive program offers a wide range of services. These include educating members of the Canadian Armed Forces in the continuum of mental health: assisting with stress manage-

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ment, recognizing and managing mental illness, providing mental care for a colleague, accessing professional care resources if required. The program is revisited in greater depth as one is placed in successive leadership roles and/or is deployed in harm's way. It goes beyond simple education, to provide an overall strategy of mental resilience training in order to prevent operational stress injuries and minimize the severity of such injuries should they occur. It also encourages those who sustain mental injuries to seek out timely and proper care when appropriate.

Everyone who encounters a stressful situation should, ideally, not only survive the experience but come out stronger as a result of having survived adversity. This can set a powerful cyclical process in motion if one encounters repeated stressful situations over the lifespan. Members of the Canadian Armed Forces now have a self-aid drill to execute should they suffer or see someone else suffer the effects of a mental injury; it is akin to the drill they follow if they step on a landmine and suffer physical trauma.

Canada's operations in Afghanistan have only recently been concluded and we have a long way to go before we discover the "morphine for mental illness." There is still much to be done in terms of understanding and treating mental illness. The Canadian Armed Forces is losing the service of good men and women as a result of operational stress injuries, and it will require a significant investment in research to stem the flow. The past is not behind us. This is not an academic issue that we can put in a banker's box on a shelf and then move forward. That would be a travesty and a disservice to military personnel. War has been a constant in human history, and it is highly probable, if not certain, that members of the Canadian Armed Forces will find themselves in sizeable operations in the future. We need to learn from the past, study and manage the present reality, and prepare for the future.

Mental health researchers have a moral responsibility to assist in the development of evidence-based strategies to address this challenge. The Canadian Armed Forces knows more about the mental health of its workforce than any other large employer in Canada (National Defence and the Canadian Armed Forces, 2013, p. 21). Without the help and interest of civilian researchers, however, this body of knowledge will struggle to move forward. I encourage all stakeholders, and especially mental health researchers, to invest in the conduct of research in line with the Surgeon General's Health Research Program and to become involved in academic endeavours such as those undertaken by the Canadian Institute for Military and Veteran Health Research (<https://cimvhr.ca/>).

While it might be true that we have made great strides in addressing the mental health of our service men and women, it is also true that

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more can be done to help those who put their lives on the line for Canada. Research attention is still needed on such topics as the impact of leadership on the mental health of subordinates, the overall impact of mental health on Canadian Armed Forces workplace productivity, the impact of military screening programs, and the effectiveness of various population-centric mental health treatments. I strongly believe that the last topic deserves special attention. If we can find better treatments for mental illness by investing in mental health research, then we can heal and therefore retain more military personnel who suffer from mental illness.

Mental illness is one of the occupational health hazards of war, and we owe it to our men and women in uniform to do more to understand the problem, provide education, build resilience, and deliver care to those affected. Surely we can all agree that no one who has developed or may develop a mental illness while serving their country should have to beg for death as a treatment for their pain.

References

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