

Post Traumatic Stress Disorder: Out of Sight, Not Out of Mind

October 26, 2011

Event Brief

On October 26, 2011, over 70 experts, thought-leaders and parliamentarians came together at the Canadian War Museum in Ottawa to discuss the issue of Post-Traumatic Stress Disorder (PTSD). This innovative working dinner, entitled **Post-Traumatic Stress Disorder: Out of Sight, not Out of Mind**, gathered some of the most experienced and brightest minds and focused them on critical issues such as system capacity, research, de-stigmatization and family supports. Particular emphasis was placed on experiences and outcomes for soldiers and veterans. The discussions that resulted from the event have been compiled into this brief in order to ensure that the issue of PTSD continues to be discussed and remains on the agenda for public policy makers in Canada.

System Capacity

Summary: There was clear consensus amongst all participating tables that a significant gap in system capacity exists in both the identification and treatment of PTSD. Its existence contributed to the lack of aligned treatment options available to PTSD sufferers, and recognition that the disorder affects not only members of the military who have served in theatre, but a wide population of Canadians in diverse fields as a result of traumatizing life experiences.

In particular, police officers, fire fighters, victims of abuse, members of the military and First Nations were identified as groups with a high prevalence of PTSD, but who lack proper systemic support.

It was also noted that the support that does exist is not consistent or sufficiently aligned nation-wide. One table participant working in the field of mental health identified current support systems as working as 'silos.' This lack of a consistent approach rooted in research is detrimental to the treatment of the disorder, and its further understanding.

In the RCMP, a systemic capacity gap was identified in the treatment of PTSD sufferers. The RCMP, like the military, relocates its employees on a regular basis. Given this regular uprooting, it was noted that sustained treatment was difficult to find, and that when a sufferer is removed from his or her environment and peers, there is often a perceived lack of understanding and relation to the traumatic experiences that resulted in the disorder formation. In addition to this lack of treatment for the PTSD sufferer, it was noted that support for family and loved ones is also too sparse or simply unavailable, particularly to children.

Recognition that a 'one size' fits all treatment approach is ineffective is also required. It was suggested that services in relation to the disorder be classified into two tiers: prevention and treatment.

A lack of funding was also identified as a primary catalyst for the current capacity deficit.

It is crucial to leverage already existing assets and resources. Concerns exist not so much around "bricks and mortar" infrastructure, but rather for the need to make educational resources more readily available to increase the number of trained professionals. One method of approaching this would be to provide general practitioners with the specialized training necessary to allow them to provide greater assistance to patients who are suffering from mental health issues.

When looking to increase system capacity, more emphasis needs to be placed on the role of lived or shared experiences. The transition to civilian life can be particularly challenging for veterans. Unfortunately, many support workers do not understand the difficulties faced by returning soldiers and cannot relate to the experiences they have lived. To this end, a program should be put into place that would bring together older veterans and support workers through existing community resources like the Royal Canadian Legion. Allowing support workers to engage with more experienced veterans who could provide insight into their own emotions and experiences after returning home from conflict would help to provide more effective care for future returning veterans.

It is also important to recognize and address the challenges faced by people with PTSD outside of the military. This disorder affects a variety of different people from fire fighters and police officers to victims of abuse and First Nations. Although the root causes of PTSD may be different for each group, there is a fundamental need to work together to ensure they get the help that they require. Steps need to be taken to ensure that the system also addresses the particular cultural needs of First Nations groups given the different approaches to healing used within this community.

Significant problems also exist for people who are suffering from PTSD in rural areas. Although mental health centres are accessible in several urban centres across the country, resources are woefully lacking outside of the major cities. This often results in sufferers of PTSD being forced to travel long distances or even re-locate away from their families temporarily for treatment. Neither of these conditions are helpful to doctors or patients when working towards recovery.

This type of capacity issue could be addressed with the creation of a "virtual" mental health centre that would provide treatment and assistance through the use of Internet resources such as online support groups and videoconferencing.

Although online infrastructure would need to be put into place for this type of initiative, the long-term costs would be much lower than a traditional centre and would be an effective method of maximizing resources to reach a wider swath of patients. This type of project would be an ideal platform for a partnership between DND/Veterans Affairs and a currently existing centre.

Emphasis also needs to be placed on the sharing of information between jurisdictions. The system as it currently stands forces people to work in silos. In an era where we must make the most of any and all resources, the sharing of information and ideas is crucial to increasing the ability to deal with challenges to system capacity across the board.

Research

Summary: Research was identified as the key factor in the consistent identification and treatment of PTSD. A lack of both qualitative and quantitative research on PTSD was noted.

To further understand PTSD, research must be multi-pronged, with an emphasis on academic, neurological research and increased promotion of dialogue among sufferers, friends and loved ones.

It was noted in discussions that former sufferers of PTSD, whether they are veterans, former police officers, or victims of abuse, be leveraged to provide further insight through qualitative research for PTSD support personnel.

It was also raised that PTSD affects every sufferer differently. Research into differing treatment approaches for sufferers of isolated incidents (rape) versus sufferers of cumulative events (war) was discussed.

Although PTSD is a complex disorder that cannot be addressed by just one form of treatment, the use of newer technologies such as brain scans and biomarkers will be critical moving forward. Currently, diagnostics and treatment rely mainly on doctors asking patients a series of questions to identify mental health issues. The use of technology as a tool will open opportunities for a broader understanding of the illness and will also instigate the creation of new and more effective methods of treating and diagnosing patients. This type of research falls directly into the government's strategy to focus on patient-oriented research, a policy that has the possibility of improving health outcomes for patients across the country.

More research needs to be done in the area of how memories are formed, to gain an understanding of the roots of PTSD and how the brain deals with traumatic events. These types of studies could lead to methods of pre-screening that would assist professionals in identifying and assisting people who are more likely to suffer from PTSD. This type of research would be particularly helpful during the recruitment process of particularly high stress jobs such as soldiers, fire fighters or police officers.

Acknowledging the unique experiences that lead to PTSD among soldiers and veterans in particular is also crucial. Research done on this illness for civilian populations does not address the very different circumstances that lead to PTSD among soldiers who have served in theatre. Studies need to be performed to assess how the experiences lived by soldiers who have served in conflict affect mental health, and how treatment for this population should differ from other patients.

Cooperation and sharing of information is more critical in the area of research than any other. If researchers do not work together to share results, it is the patients who suffer. Canada is a massive country and a wide variety of research projects are taking place in cities far and wide. A need exists for a system to bring together the people who are working on these projects to allow them to compare and contrast methods and results.

The creation of a network that would allow for the flow of information across jurisdictions would encourage this type of cooperation and collaboration. Given that the infrastructure is already in place on the ground, what is needed is an organizing force to connect the centres that already exist and help them to work together. This would create a unique opportunity to create a bench-to-bedside strategy that would allow for a more holistic view of the patient, from diagnosis to treatment. This type of network would improve outcomes for patients and answer the call to leverage currently existing resources.

De-Stigmatization

Summary: Stigma was identified as the largest barrier for PTSD sufferers. Regardless of occupation, there is a lack of education on PTSD and its very real mental repercussions on sufferers and their loved ones. Given this, sufferers are often ashamed to seek treatment, and many fear potential negative societal and employment consequences.

It was noted that PTSD is still viewed by many as a 'career killer,' and peers within certain organizations discredit the disorder as a sign of mental weakness and inability to deal with stressful situations. This mentality was noted as being particularly prevalent within para-military organizations, including the police force, military and reserves.

As with other conditions that have faced severe societal stigmatization, such as cancer, it will be a slow road to public understanding and acceptance of PTSD. It was agreed that continued dialogue, education and public attention on PTSD through the identification of high-profile sufferers, such as athletes and other celebrities, will slowly erode the stigma and ensure sufferers can seek the treatment required without a real or perceived sense of shame or occupational failure.

The essential force behind the de-stigmatization of PTSD is education and awareness. Stigma can have serious consequences for those suffering from PTSD as it discourages them from acknowledging the illness or seeking treatment. This can come at a serious cost to sufferers, their family and friends.

Over the past several years, education regarding depression and other mental health issues has been gaining increasing attention. However, there still remains more to do.

Soldiers, veterans, fire fighters and police officers are particularly susceptible to stigmatization when suffering from PTSD. A culture still exists within these organizations that people working in these fields in particular must be strong and stoic in the face of adversity. Unfortunately, rather than being viewed as a disease like cancer, diabetes or asthma, mental illness continues to be seen by many as a sign of weakness.

As long as this belief remains, many of those suffering from PTSD will face significant challenges in overcoming the stigma associated with their illness. Programs like the Operational Stress Injury Social Support project, which provides assistance to soldiers who are suffering from stress induced injuries through a peer support program, have been an important step forward. More programs of this nature should be put into place.

Education needs to take place more broadly as well. There is a feeling among many who have suffered from PTSD that telling people around them about their disorder could have a negative impact on their lives and limit their careers. The lack of understanding in the general public regarding the realities of PTSD contributes significantly to a culture of silence around the illness.

The only way to successfully combat the stigmatization of PTSD is to educate as many people as possible on what this disorder looks like and how it affects people from all different walks of life. What is needed is a national awareness campaign, tied to a well-known spokesperson, to help grow an understanding amongst the general population. Partners should be sought out in the media to ensure broad coverage of the message and educational messages could be delivered through occupational health and safety programs in places of business.

Campaigns of this sort have been extremely successful in bringing diseases like cancer and Parkinson's out of the shadows, and the same sort of exposure is critical to ensuring that people who are suffering feel empowered to get the treatment they need.

Family Supports

Summary: Participants identified a lack of available resources for families who have a loved one who is suffering from PTSD as a critical gap in the current system. This issue is negatively affecting patients' recovery and reintegration into society. For families of sufferers, regardless of whether they are military or civilian, readily available support systems are required to facilitate cohesive family-based coping.

The need for the development of orientation programs inclusive of member families for organizations / employments most susceptible to PTSD was also raised. These programs would identify warning signs of PTSD, and provide information on available support programs in the local community.

Participants noted that the families of PTSD sufferers are often the silent victims of this disorder. They watch as their loved one transforms into a shell of their former self, and often feel helpless as they are unable to provide adequate support or relate to the sufferer's traumatic experience.

Assuming this role can be as detrimental to family members, as PTSD is to the sufferer. Victims suffer from increased stress, anxiety and irritability and often become emotionally unavailable to their loved ones. This can have significant impact on not only spouses, but also children. Contributors emphasized that it is important to take into account not just the patient, but also their community of support.

In areas where it is known that PTSD is more common such as the military, educational programs should be made available to soldiers and their families when they first enlist. They should be educated on the realities of PTSD and provided with the tools to recognize signs and symptoms. This type of program would allow soldiers and their families to be partners in their future care and arm them with the knowledge they need to be prepared. Something as simple as knowing what resources are available in a time of need can make a huge difference on the stress and anxiety a family will feel if they are faced with this type of situation.

Support systems are particularly lacking for the children of victims of PTSD. This illness has a very real effect on children as they are the least well-equipped to understand what is happening to their mother or father. Child-oriented programs and educational tools need to be developed to bring PTSD to their level. Online tools would be particularly effective in this area and would allow for parents and children to sit down together and talk about the issue.

It is also important for families to know that they are not alone. Aligned networks of excellence across Canada offering family support would work to facilitate the sharing of information among loved ones, and promote open discussions of experience. Particularly, these networks would allow children of PTSD sufferers the opportunity to relate to other children in similar circumstances and build relations founded on common ground and trust.

The most critical step is acknowledging that sufferers of PTSD do not deal with their illness in a vacuum. Although it is important that patients receive the care that they need, it is also necessary to ensure that the people around them are provided with services as well. The treatment of PTSD needs to be viewed through the lens of all of those it affects and should take the role of the families and loved ones of victims into account as well.

Summary of Recommendations

- Provide general practitioners with the specialized training necessary to allow them to provide greater assistance to patients who are suffering from mental health issues.
- Create a "virtual" mental health centre that would provide treatment and assistance through the use of internet resources such as online support groups and videoconferencing.
- More research needs to be done in the area of how memories are formed, to gain an understanding of the roots of PTSD and how the brain deals with traumatic events.
- Encourage use of newer technologies such as brain scans and biomarkers for diagnostics and treatment.
- More studies to assess how the experiences lived by soldiers who have served in conflict affect their mental health, and how treatment for this population should differ from other patients.
- Create a network across existing research and health centres to encourage the flow of information across jurisdictions.
- More programs like the Operational Stress Injury Social Support project should be put into place.
- A national awareness campaign, tied to a well-known spokesperson, to help grow an understanding amongst the general population.
- Educational programs should be made available to soldiers and their families when they first
 enlist to provide them with information regarding the signs and symptoms of PTSD and make
 them aware of available resources.
- Child-oriented programs and educational tools need to be developed to bring PTSD to their level. Online tools would be particularly effective in this area and would allow for parents and children to sit down together and talk about the issue.

Conclusion

PTSD affects a significant number of Canadians, particularly soldiers and veterans. Although education and awareness have improved over the last decade, there still remains much work to do. Improvements need to be made in research, education and system capacity. Families also need additional supports to help them cope when a loved one is diagnosed.

This report represents a first step by experts and thought-leaders to share their views on where the system should focus moving forward. It is not meant to be an all-encompassing plan, but rather a starting point for policy makers to come together and effect change to improve outcomes for patients suffering from PTSD, their families and the community as a whole.

Participants

We would like to thank all of the people who attended this special evening for their important contribution to this on-going discussion. Participants included representatives from:

Canadian Institute for Military & Veteran Health Research

Canadian Medical Association

Canadian Institutes of Health Research

Health Canada

Mental Health Commission of Canada

Canadian Forces, Health Services

Royal Ottawa Health Care Group

Mood Disorders Society of Canada

Bell Canada

Rx&D

University of Ottawa Institute of Mental Health Research

National Centre of Operational Stress Injuries

Queens University

McGill University

Brain Injury Association of Canada

Public Safety Canada

Correctional Service Canada

Aboriginal Affairs and Northern Development Canada

Human Resources and Skills Development Canada

Environment Canada

Lundbeck

Royal Ottawa Operational Stress Injury Clinic

Canadian Psychiatric Association

Canadian Association of Social Workers

Canadian Psychology Association

Family Services Employee Assistance Programs

Royal Canadian Mounted Police

As well as Members of Parliament of all stripes