



Mood Disorders Society of Canada
Société pour **les troubles de l'humeur** du Canada

www.mooddisorderscanada.ca

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

March 2012

**Report to the
Government of Canada**

Table of Contents

Executive Summary.....	1
The Face of Post-Traumatic Stress Disorder	2
Breaking the Stigma	3
Breaking the Stigma: Recommendation	4
System Capacity.....	6
System Capacity: Recommendations	7
Growing the Dialogue	9
Growing the Dialogue: Recommendation	9
Research.....	10
Research: Recommendations	11
Supporting Families	12
Supporting Families: Recommendations	12
Children and PTSD	13
Children and PTSD: Recommendations	14
Summary of Recommendations	15
Conclusion	17
Partners.....	18

Executive Summary

On October 26, 2011, over 70 experts, thought-leaders and parliamentarians came together to discuss the issue of Post-Traumatic Stress Disorder (PTSD) at the Canadian War Museum in Ottawa.

*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 report in an effort to share new and innovative ideas with a broader audience and encourage public policy makers to engage in concrete action to battle this devastating illness.

Following the event, further input from thought-leaders was gathered to compile the below recommendations to government.

The recommendations presented in this report are aimed at:

- *Reducing, and eventually eliminating, the stigma surrounding PTSD*
- *Enhancing the knowledge of physicians on the identification and treatment of PTSD, including information on available resources / support networks*
- *Educating PTSD sufferers and their families on available support networks and resources to improve their accessibility*
- *Promoting ongoing collaboration and dialogue amongst government and leaders in the field of mental illness specialized in PTSD, including healthcare providers, innovators and researchers*
- *Improving educational platforms for children with parents suffering from PTSD*
- *Enhancing research efforts to further understand triggers and optimal treatments of PTSD*

As explored in this report, the critical underlying foundation for the successful implementation of the recommendations will be the creation of a national PTSD network, which will work to ensure all partners working in the field no longer act within silos; but rather as a comprehensive network for the advancement of PTSD research, prevention, diagnosis and treatment.



The Face of Post-Traumatic Stress Disorder

Historically, PTSD has been associated with military personnel and their reactions to traumatic experiences involving combat and warfare situations. More recently, the occurrence of PTSD linked to traumatic situations encountered by non-military individuals, has also been recognized.

Trauma can be triggered by any number of stressful events, from natural disasters to personal devastations, such as divorce, loss of a loved one, personal injury, childhood trauma, sexual and emotional abuse, social/cultural trauma or any other life-altering experience.

PTSD has many faces, and can affect any one, at any time. Groups identified as prone to the development of PTSD include soldiers and their families, para-military employees including police officers, firefighters and paramedics, First Nations' members, and victims of sexual and physical abuse.

Sufferers of PTSD respond to their emotions through various outlets, including self-medication, alcohol abuse, loss of temper, reclusiveness and emotional withdrawal. Its effects on both the sufferer and their loved ones can be devastating, with enduring emotional consequences on partners and children.

Symptoms of PTSD usually begin within 3 months of the traumatic event. However, sometimes symptoms surface many years later. The duration of PTSD, and the severity of the symptoms, varies; for some recovery may be achieved in 6 months; for others, it may take much longer.

"I had flashbacks of things I had seen and things we had done there. The inability to make sense out of it was really tough. Suffering of the young and old really, really bothered me. I was unsure what was happening to me."

- Canadian soldier suffering from PTSD



Breaking the Stigma

Arguably, the largest problem hindering effective treatment of PTSD is the societal stigma surrounding the disorder. Often, sufferers of PTSD feel ashamed and are embarrassed by their feelings, and fear the potential negative societal and employment consequences of confronting the disorder and seeking the help they require.

This fear of alienating loved ones, being perceived as weak, or jeopardizing career opportunities leaves many Canadians to suffer alone.

Enduring PTSD without proper support can be devastating, and can result in severe depression and even suicide. Sufferers often feel hopeless and isolated from society, family and their workplace.

Like PTSD, other diseases have been plagued by severe stigma in the past. This stigma has since been broken, through aligned education and outreach efforts and the promotion of honest and open dialogue. Today, cancer prevention and treatment is openly discussed and significant fundraisers are organized through nationally organized events, including the highly successful annual CIBC Run for the Cure.

Events such as this have resulted in the empowerment of sufferers through a strong network of support, increased research and better understanding of the disease. Ultimately, this same level of comprehension, support and societal call-to-action to prevent and treat PTSD will be required, to make a palpable difference.

To achieve this, it is critical that the current real and perceived stigma surrounding PTSD be chipped away. This can only be achieved through sustained dialogue about PTSD and the sharing of personal experiences from a broad group of stakeholders, including sufferers, family members, physicians, and researchers.

It will be critical to break the unfounded perception that PTSD is just a soldier's disorder. As explored in this report, PTSD can affect any one, at any time, with little to no warning.

“[The stigma of mental illness is the] final frontier of socially acceptable discrimination.”

- Brian Day, Former President, Canadian Medical Association



Breaking the Stigma: Recommendation

To combat stigma, we recommend the development and implementation of a PTSD Anti-Stigma Campaign, jointly funded by the Health Canada and the Department of Veterans Affairs and building on the anti-stigma campaign and research undertaken by the Mental Health Commission of Canada.

To promote dialogue and enhance the public profile of the disorder, we recommend that the proposed campaign feature high-profile Canadians from diverse backgrounds and occupations who have suffered from PTSD.

With the objective of bringing much-needed attention to the disorder, the success of the campaign will lie in its ability to portray a wide range of personal experiences to properly illustrate the disorder's lack of exclusivity and breadth of reach.

Through the sharing of personal stories, including paths to recovery, it is hoped that the stigma of the disorder will slowly erode. This campaign should be leveraged through social media tools, including Facebook and Twitter, to reach as broad and diverse an audience as possible and promote extensive, two-way dialogue about the disorder.

The Mental Health Commission of Canada's anti-stigma work has identified many successful but small anti-stigma campaigns that contain evidence-based activities and practices that work to reduce the stigma of mental illness within various communities in Canada. A national PTSD anti-stigma campaign would build on this evidence-based knowledge and would be sufficiently funded to deal with the issue on a pan-Canadian basis.

Also, while more celebrity-driven, an example of a successful campaign with similar objectives is *Bring Change 2 Mind*; an American national campaign co-created by Glenn Close to combat the stigma around mental illness; provide access to information; and to provide support to those with mental illness. The campaign rallies high profile celebrities to draw much-needed attention to mental illness.

Success has also been seen in England with the *Time to Change* program. This major anti-stigma campaign is run by the country's two leading mental health charities, Mind and Rethink. Despite only being implemented in 2007, the program has already succeeded in measurably changing attitudes towards mental illness including seeing a 4% reduction in the discrimination experienced by people with mental health problems.

In addition to the sharing of lived experiences, we recommend that the campaign be leveraged to promote government and non-government resources for both the treatment and prevention of PTSD.



These materials, explored further below, should also include targeted information for families and loved ones of sufferers, including clear and concise information on how to access available government resources.

Canada has approximately 76,000 family physicians. 85% of Canadians dealing with mental health problems approach their family physician first. Unfortunately, many healthcare providers, including physicians, have stigmatizing attitudes towards patients presenting with possible mental health problems including PTSD. Furthermore, physicians have not received appropriate training and education about mental health or mental illnesses.

After determining this problem in 2006, the Mood Disorders Society of Canada (MDSC) began a course of action to address the issue “head on”. MDSC’s most recent activity has been the development of a continuing medical education module dealing with the stigma of mental illness, the manner in which the medical profession expresses this stigma, and how the medical profession can better understand mental illnesses and avoid stigmatizing activities when dealing with patients.

This continuing medical education (CME) was undertaken in partnership with the Canadian Medical Association and with funding assistance from the Mental Health Commission of Canada, Bell Canada, AstraZeneca and the North Bay Regional Health Centre. This CME has been accredited in February 2012 and will be made available to all of Canada’s 76,000 physicians in 2012. It is anticipated that the CME will be very well received and will result in significant improvement of the knowledge of mental illness by the profession and a significant reduction in stigmatizing attitudes towards patients presenting with mental illnesses.

It is recommended that Veterans’ Affairs fund the development of a continuing medical educational module for Canada’s family physicians dealing with the specific stigma of PTSD and enhancing the knowledge base of physicians about PTSD to facilitate better diagnosis and treatment . To this end, MDSC has signed an MOU with the Canadian Medical Association to undertake such a project should funds become available.

PTSD: The Stigma is Real

- 46% believe that a diagnosis of mental illness is merely an “excuse for poor behavior and personal failings”
- 10% think that people with mental illness could “just snap out of it if they wanted”
- 42% would no longer socialize with a friend diagnosed with mental illness
- 55% would not marry someone who suffered from mental illness

Source: Canadian Medical Association. (August, 2008). Eighth Annual National Report Card on Health



Care. Retrieved August 27, 2008.

System Capacity

Currently, several support systems exist for sufferers of PTSD. While not all systems of support will be covered in this brief, a sampling of programs and services available to sufferers and their families / loved ones includes:

- The Operational Stress Injury Social Support (OSISS) Program (Veterans Affairs Canada).
 - OSISS provides confidential peer support and social support to CF members, Veterans, and their families, affected by an operational stress injury such as anxiety, depression, or PTSD resulting from military service. The OSISS Program also provides peer support to families who have lost a loved one due to military service.
- Canada's only inpatient treatment program for PTSD - the "Program for Traumatic Stress Recovery" in Guelph Ontario.
 - The program, which is underwritten by Canada's universal health insurance system, runs six weeks. It has been in existence for a decade and has treated more than 3,000 PTSD patients, from child-abuse survivors and motor-accident victims to peacekeepers who have witnessed atrocities.
- Ste. Anne's Hospital provides specialized services to a new client base of Veterans and Canadian Forces members suffering from mental health problems.
 - In partnership with the Department of National Defence, the Ste. Anne's Centre was established in 2001 as a pilot project to provide clinical services to Veterans, members of the Canadian Forces, the Royal Canadian Mounted Police and their families.
 - In 2005, The Ste. Anne's Centre became the National Centre for Operational Stress Injuries. Its key role includes recommending national standards for evaluation and treatment through clinical leadership, as well as the development and coordination of a network of operational stress injury clinics throughout the country.



- Network of Operational Stress Injury Clinics
 - A full range of clinical assessment and treatment services for Veteran and military mental health is available across the country in the 10 operational stress injury clinics of the Veterans Affairs Canada network.
 - Each clinic has a team of professionals in mental health who specialize in the treatment of operational stress injuries. Working closely with one another and with each client, staff provides resources and options to address difficulties and improve the quality of life for the client and his or her family.

Despite the prevalence of these detailed support programs, a lack of dialogue and information-exchange among various support groups, physicians and front-line workers exists.

As a result, valuable research, treatment and prevention practices are being used in isolation, rather than being shared among thought-leaders for improved outcomes.

While a one-size-fits-all approach to PTSD treatment is not the solution, further collaboration and dialogue on prevention and treatment methodologies among researchers, physicians and front-line workers is urgently required.

In addition, educating front-line workers, including physicians, on the signs of PTSD and the treatment options available to both sufferers and families is urgently required to ensure the timely identification and treatment of the disorder.

Early identification will ensure sufferers receive the treatment they require immediately, lessening the devastating toll on both the individual and their loved ones. It will also ensure that physicians are duly aware of available resources and which are best suited to the patient in question.

System Capacity: Recommendations

Several excellent resources and support programs for PTSD sufferers and their families remain under-utilized due to a lack of knowledge surrounding their existence and accessibility.

To enhance the visibility of current resources, particularly to front-line care workers, education on their existence and support details is critical.

Promoting existing resources on both the prevention, identification and treatment of PTSD will ensure sufferers and their families have access to the support they require.



To achieve this, we recommend:

- The creation of a national network that would facilitate information-exchange among regional centres, researchers and innovators in the field of PTSD.
 - Such a network would be a primary catalyst in ensuring the alignment and collaboration amongst various PTSD support centres across Canada, creating a unique opportunity for a bench-to-bedside strategy and a more holistic view of the patient, from diagnosis to treatment. Such a network would also ensure an amalgamated approach to treatment across Canada and optimally leverage current practices and research in the field.
- Provide educational seminars to front-line workers, including family physicians, on the prevention, identification and treatment of PTSD, including information on available resources and supports.
- Develop aligned educational materials that will assist Canadian health care practitioners in recognizing and providing services for persons with mental health problems caused by PTSD.
- Include all of the above information in the Continuing Medical Education Module recommended above.

In addition to educating front-line health care providers, it will be crucial that government and those that work in the field of mental health and PTSD are well-versed on current research and other related strategies or innovations in the field.

This will ensure aligned and succinct information-exchange between the health care community and government; which is essential to all objectives and recommendations included in this report.

To achieve this, we recommend:

- Establish an inter-departmental panel that meets regularly with field-experts to review and discuss current and ongoing PTSD research findings dealing with prevention and/or treatment strategies.
- Institutionalize the use of a common framework and vocabulary for use between departments, programs and primary care physicians to improve research, policy development, and program delivery and management.



Further, integrating current organizational structures, which are typically fragmented, including government departments, health professionals, and charitable organizations, will work to better prevent and treat PTSD, alleviating the pain sufferers endure.

Growing the Dialogue

While it will be important to educate physicians on prevention, identification and treatment of PTSD, it will be equally important that the dialogue among health care providers, policy makers and relevant government leaders continues to grow and remains engaged.

Communication is key to not only breaking the stigma surrounding PTSD, but to ensure ongoing research, strategies and efforts are aligned and executed succinctly and efficiently nation-wide for the benefit of the sufferer.

Creating a solid foundation built on the premise of clear and ongoing dialogue between all relevant stakeholders will be crucial to the success of all existing and emerging PTSD support programs / initiatives.

Growing the Dialogue: Recommendation

To achieve the optimal level of communication necessary to sustain PTSD research efforts and collaboration, we recommend that a collaboration with the Mental Health Commission of Canada's Knowledge Exchange Centre be initiated to aid:

- The development of an annual PTSD Summit to allow opportunities for knowledge exchange and collaboration between government, researchers, innovators and policy-makers.
 - The Summit should include a series of 'lived experience' speakers – sufferers of PTSD who are willing to share their experience and path to recovery. It will be important that the Summit does not lose sight of the individual sufferers.
- The creation of a national roundtable on PTSD with public, non-profit and private sector leadership, with a mandate to stimulate innovation and new funding sources in areas of detection, education, care and treatment.



Research

Research is critical to understanding how the brain reacts to traumatic events, both in the immediate and long-term. In-depth research on PTSD, its triggers, treatments and prevention, will further assist in the understanding of this complex disorder, while influencing both prevention and treatment strategies.

In relation to PTSD, research allows us to:

- Further understand the disorder and its effects;
- Develop and test treatments to ease or fix the problem; and
- Discover ways to prevent the PTSD from occurring.

As a direct result of research, we have learned that:

- Individuals experience a range of responses to traumatic events. Most recover well with time. However, a small but significant number go on to develop more serious problems, like PTSD.
- Trauma is common. About 60% of adults experience at minimum one major traumatic event in their life-time.
- Certain treatments for PTSD have been found to work better than others. These treatments reduce symptoms and can allow sufferers to engage in and enjoy day-to-day activities again.

Types of Research

There are many types of research on trauma and PTSD including: research on basic biological processes in the brain and body on how neuronal and hormonal systems respond to stressors of different types. This type of research helps identify how PTSD affects the brain and what medications can help those with the symptoms of PTSD; research on PTSD assessment, which should include biological measures (biomarkers; rather than just the symptom expression) can ensure that the tools used to measure PTSD are biologically based and valid; research on which treatments work best for PTSD; and last but not the least, approaches to cure PTSD rather than symptom attenuation.

Canada is a world leader in healthcare research, particularly in the realm of neurosciences. To continue to build upon our understanding of PTSD with the objective of improved prevention, identification and treatment, additional research is required.



In particular, 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 memories and how to make those memories less emotionally laden.

These types of studies result in pre-screening methodologies that would assist professionals in identifying and assisting individuals prone to PTSD. The outcomes of such research would be particularly beneficial to recruitment processes of high-stress occupations, such as military and para-military roles.

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.

The use of technology as a tool will create further 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.

Research: Recommendations

To build upon current research initiatives with the objective of enhancing our knowledge of PTSD for the benefit of the PTSD patient and care-providers, we recommend that working with the Canadian Network of Depression Research and Intervention, committed to innovative research and translation of the research results into better diagnosis and treatment for those dealing with PTSD and depression:

- A national PTSD research agenda be developed for patient-oriented research, with the objective of improving health outcomes for patients across the country with PTSD. This agenda would include research on the effects of deployed parents (military) on children and families to better assess effective treatment options; research on neurological reactions to trauma to improve immediate and long-term treatment for PTSD sufferers; exploration of new technologies and tools to diagnose and treat PTSD; and ongoing research into treatment methodologies for PTSD sufferers, including any variation in optimal treatment based on traumatic experience, age and gender.

This research agenda, in order to be successful must be adequately funded.



Supporting Families

Sufferers of PTSD emote their feelings through various outlets that can be harmful and severely unsettling to family and loved ones.

These often include alcohol abuse, short tempers, outbursts of anger and social withdrawal. Family members are often left to question whether their actions are contributing to the changing demeanour of their loved one, and often feel just as helpless as the sufferer.

Without proper support, PTSD can severely damage family dynamics, causing marriages to crumble and children to endure emotional anguish due to neglect and as they witness their parent(s) adopt new and sometimes destructive traits and behaviours.

Despite current support systems and resources for families of PTSD sufferers, many are unaware of their existence and continue to suffer in isolation.

Supporting Families: Recommendations

To enhance the accessibility and public profile of existing support networks and resources available to families and loved ones of PTSD sufferers, we recommend:

- The development of a consumer-friendly pamphlet that provides easily accessible and clear information for both PTSD sufferers and their families on current support systems available and how to access them. It will be critical that this information comes from the patient-perspective and is extremely succinct and easy to follow.
 - Pamphlets should be made available in the workplace, family physicians' offices; public clinics; and other family-oriented places in areas with high-prevalence of PTSD, including military bases, and First Nations' reserves.
- The development of an aligned website with additional regional information for families, including locations of support networks and telephone numbers. Other efforts, including the Anti-Stigma Campaign, should be leveraged to promote the website to ensure as large-an-audience as possible is aware of its existence with the objective of improving access to care.
- The development of impactful posters targeting the families and loved ones of PTSD sufferers, letting them know they 'don't need to suffer alone.' The posters should include the web address of the website where families can access local resources and receive the support they need.



- Like the pamphlets, the posters should be available in medical environments, including doctor's offices, in addition to areas where families spend time, including Military Family Resource Centres in bases across Canada.

Children and PTSD

Research on PTSD has shown that the disorder affects not only the individual who suffered the traumatic event, but also loved ones, including children.

In particular, children of deployed members of the military, in addition to children of para-military employees who are often in dangerous environments, gravely feel the effects of their parent's employment.

In fact, according to Dr. Tatyana Barankin, staff psychiatrist at SickKids, children from Canadian Forces Base Petawawa – where a large number of soldiers have been deployed to Afghanistan – were 'presenting with anxiety, depression, and sleep disorders.' Others were engaging in substance abuse and acting out.

Military bases across Canada are small, close-knit communities. However, this tightly woven community fabric can be detrimental when the soldiers from a base are deployed to Afghanistan, or other combat zones, in large quantities at a given time.

Children are keenly aware of the risks their parents face, and often fear the unknown. They watch media reports on the war in Afghanistan, and witness first-hand when a father or mother of a peer is injured, or killed in action.

Unable to cope with the stress of a loved one in a war zone, children often engage in other behavior as an outlet for their emotions.

While there are support systems for families and loved ones of PTSD sufferers, including children of military and para-military professions, many are unaware of their existence or simply aren't educated on how to access them.

In addition to children of military and para-military parents, others can develop PTSD as a result of a traumatic experience, particularly sexual abuse, neglect or the death of a parent or loved one.

The disorder can be particularly difficult for children to deal with, and it is critical that they receive the support they need.



Children and PTSD: Recommendations

To ensure that children of both military personnel and those experiencing PTSD themselves have access to the support and resources they need to appropriately cope, we recommend:

- The development of a child-oriented program and educational tools (including web-based intervention tools) on PTSD to enhance their understanding of the disorder. Particularly, interactive, online tools would be effective while providing an opportunity for children and parents to sit down together and discuss the issue.
 - The software could be made available in elementary schools in areas with high prevalence of PTSD, in both children and adults. In addition, the tool could be hosted on the VAC website, which would allow for parents to access it free-of-charge while sourcing additional resources for family-based coping.
- Include information on the Family Support Program (OSISS) in the educational materials provided to family physicians in addition to the pamphlet prepared for families on how to access care.

“It changes their life and it completely changes the situation at home. It's a crisis like any other kind of major illness or violence in the home.”

- Deborah Harrison, a sociology professor at the University of New Brunswick, on adolescents living with parents with PTSD.



Summary of Recommendations

The below recommendations will work to improve access to care for PTSD sufferers, and their families, while eroding the current stigma surrounding the disorder.

Critical to the success of the recommendations is the development and execution of a national PTSD network. This network will work to ensure that current innovations, research findings and treatment strategies are not offered in isolation, but rather in an integrated and cohesive way, across Canada.

Ensuring the aligned and timely exchange of information and knowledge will work to position Canada as a leader in the field of PTSD, and assist in the further understanding of this devastating condition and how it can be optimally treated.

Stigma

- The development and implementation of a PTSD Anti-Stigma Campaign, jointly funded by the Health Canada and the Department of Veterans Affairs.

Healthcare Provider Education

- The development / execution of educational seminars for front-line workers, including family physicians, on the prevention, identification and treatment of PTSD and the stigma associated with it. This would include a Continuing Medical Educational module available to all of Canada's 76,000 family physicians.
- The development of aligned educational materials that will assist Canadian health care practitioners in recognizing and providing services for persons with mental health problems caused by PTSD.

Engaged Outreach

- An annual PTSD Summit to allow opportunities for knowledge exchange and collaboration between researchers, innovators and policy makers.
- The establishment of an inter-departmental panel that meets regularly with researchers on the latest PTSD research, prevention and treatment strategies.
- Institutionalizing the use of a common framework and vocabulary for use between departments, programs and primary care physicians with electronic health records to improve research, policy development, and program delivery and management.



Family Supports

- The development of a consumer-friendly pamphlet that provides easily accessible and clear information for both PTSD sufferers and their families on current support systems available and how to access them.
- The development of an aligned website with additional regional information for families, including locations of support networks and telephone numbers.
- The development of impactful posters targeting the families and loved ones of PTSD sufferers, letting them know they 'don't need to suffer alone.' The poster will include the web address of the website where families can access local resources and receive the support they need.
- The development of a child-oriented program and educational tools on PTSD to enhance their understanding of the disorder.

Research

- Led by a national network of dedicated researchers specializing in depression and associated mental illnesses, the undertaking of a national PTSD research agenda including but not limited to:
 - Further research on the effects of deployed parents (military) on children and families to better assess effective treatment options.
 - Further research on neurological reactions to trauma to improve immediate and long-term treatment for PTSD sufferers.
 - Exploration of new technologies and tools to diagnose and treat PTSD.
 - Further and ongoing research into treatment methodologies for PTSD sufferers, including any variation in optimal treatment based on traumatic experience, age and gender.
 - Further investigation to understand why some people get PTSD and others do not. Knowing this can help health care professionals predict who might get PTSD and provide early interventions to build resiliency (immunity).
 - Improving the way people are screened for PTSD, given early treatment, and tracked after a mass trauma.
 - Developing new approaches in self-testing and screening to help people know when it's time to call a doctor.



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 the amalgamation of recommendations from a core group of thought leaders with the objective of aligning current support systems for PTSD sufferers and their families, breaking the stigma surrounding the disorder and providing front-line care workers with the tools and resources they need to efficiently prevent, diagnose and treat PTSD.

Through the alignment of research, prevention, and treatment efforts, Canada will create a strong, coordinated fabric of world-leading resources, tools and innovations to provide the support desperately required to PTSD sufferers and their loved ones.



Partners

We would like to thank all of the people /organizations who contributed to the development of this report:

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
The Royal and its research institute (the University of Ottawa Institute of Mental Health Research)
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 Cabinet Ministers, Members of Parliament from all Parties and Government officials in attendance.

We would also like to thank the organizations that provided the financial support that made this event possible – Lundbeck, The Canadian Medical Association, Canadian Institutes of Health Research – Institute of Neuroscience Mental Health and Addiction and Rx&D.

