Mood Disorders Society of Canada
La Société Pour Les Troubles de L'Humeur du Canada

Mental Health Commission of Canada
Commission de la santé mentale du Canada

FAR-REACHING AND EFFECTIVE TRAINING FOR CANADA'S HEALTHCARE PROVIDERS IN THE EARLY DIAGNOSIS AND TREATMENT OF PTSD IN FIRST RESPONDERS, AND VETERANS

AND

NATIONAL SUICIDE PREVENTION PROJECT

Pre-Budget Proposals
February 2016

Introduction
The Government of Canada has made a number of welcome commitments to escalate the fight against Post-Traumatic Stress Disorder (PTSD) among Canada's military, veterans and first responders, and to invest in research and new programs aimed at suicide prevention.

The Prime Minister has directed a number of his ministries to make fighting PTSD a "top priority" - several have been asked to focus on a number of issues and activities, including:

- PTSD among veterans and first responders;
- education, counseling, and training for families providing care and support to veterans and first responders;
- suicide prevention for military personnel and veterans;
- a co-ordinated national action plan against PTSD as it affects public safety officers;
- addressing gaps in services to Indigenous Peoples;
- increasing the availability of high-quality mental health services.

The first proposal is a joint submission by the Mental Health Commission of Canada (MHCC) and the Mood Disorders Society of Canada (MDSC) for a far-reaching training program for Canada's healthcare providers to help in the early diagnosis and treatment of PTSD.

Recognizing the current fiscal reality, the PTSD proposal provides a low-cost, effective solution to addressing a critical gap, while concurrently expanding uptake of existing complementary programs.

The second proposal (suicide prevention) is presented by the MHCC and focuses on a National Suicide Prevention Project.

Suicide is a major public health issue, and all too often the devastating outcome of PTSD, depression and other mental health issues. The MHCC is ready to swiftly deploy a sophisticated suicide prevention strategy in communities across Canada.

1. Post-Traumatic Stress Disorder (PTSD)

Equipping Canada's front line healthcare providers to give patients the help they need
For those affected by operational stress injuries such as PTSD, depression and anxiety, progress is never fast enough and suicide can be a devastating outcome. To prevent this needless loss of lives, we need to drastically improve the prevention of PTSD when we can. And, when it does emerge, we need to ensure that front line healthcare providers are educated and equipped to make an accurate early diagnosis with the best and latest treatments available.

Eighty-five per cent (85%) of first responders and veterans dealing with mental illnesses, including PTSD, initially seek help from their primary healthcare provider. The sad truth is more than half will leave their doctor's office without effective solutions. The problem of access to care is even more acute in rural and remote areas across the country – many of our military personnel and first responders suffering from PTSD return to their rural communities for help, but find no one qualified to provide it.

In many of Canada's First Nations, Inuit and Métis communities, these issues are at crisis levels.

We are recommending an investment of $5M to support a far-reaching and effective national PTSD training program for front-line healthcare workers.

In Canada, there are approximately 80,000 doctors and 360,000 nurses, and many thousands more primary healthcare providers such as registered practical nurses, social workers and occupational therapists. Many only have limited mental health training. Physicians in British Columbia, for example, have identified mental health diagnosis, treatment and care as their highest priority need for education, training and support.

Outreach and training for frontline healthcare providers is therefore an effective way to provide immediate help for veterans and first responders suffering from PTSD and other forms of mental illness.

We will co-develop mental health training programs targeted to medical practitioners including physicians, nurses, and social workers. Critical to their development will be the inclusion of lived-experience knowledge among veterans and first responders. Case studies and interventions will be customized to particular patient groups and identified and integrated into the training.

Separate programs will also be created and designed co-operatively with Canada's Indigenous Peoples to help healthcare providers diagnose and treat First Nations, Inuit and Métis persons with mental health problems, and in recognition of their cultural approach to mental wellness.

Programs will be accredited by the appropriate national or provincial professional bodies. In recognition of the varying needs of the professionals being trained and the challenges faced in rural and remote areas, two learning streams will be developed: a web-based program and an in-person group-training program where online teaching may not be feasible. A "train the trainer" program will be delivered to accelerate uptake of training, and to broaden its reach, effectively creating a mental health corps able to deliver professional onsite instruction to healthcare providers in small and remote communities.

In co-developing curriculum and training, we will bring to bear the latest research findings to improve outcomes. Additionally, a robust evaluation process will be developed to ensure outcomes are measured and verified. We will take advantage of our respective provincial and territorial advisory bodies or chapters to promote uptake of these key programs.

We will collaborate and partner with other stakeholders to build consensus on curriculum, share best practices and implement and promote this project.

Finally, together we will create and deploy awareness and marketing campaigns to maximize uptake including outreach to professional organizations with direct access to our target audiences.

Fighting the battle on all fronts: increasing uptake of existing complementary support

Training is only part of the solution. Our military and first responders must also be provided with specialized skills and tools to help them cope with the stresses and dangers of their respective occupations. Second, the stigma around mental health must be eliminated so those afflicted with PTSD will feel they can ask for, and receive, the help they need without fear of social or professional repercussions. Finally, the families of those who suffer from PTSD require help themselves as caregivers.

Given our strong track record and demonstrated expertise in the fight against PTSD, we are confident the funding assistance requested in this submission will be sufficient to successfully co-develop and

implement new tools to train front-line medical workers. As importantly, this project will significantly accelerate the uptake of existing complementary programs to ensure the battle against PTSD is fought on all fronts. For more details on the MHCC's and MDSC's efforts that will be positively impacted by this proposal please visit: http://www.mooddisorderscanada.ca/page/research-papers-reports

Budget
Given the critical need to focus on reach and uptake, the proposed funds would be allocated as follows:

Research and consultations with partner organizations to develop targeted curriculum:	$	0.20
Curriculum development		0.40
Recruit and train (up to 40) trainers		0.40
Design and deploy promotional marketing products to ensure maximum participation in the training programs		0.25
Program implementation and delivery, research, skills provision, digitization and delivery, manage trainers and programs		3.65
Conduct performance and impact assessments; reports		0.10
Total		$ 5.0M

2. **National Suicide Prevention Project**

Getting in front of the problem: Prevention
Suicide is a major public health issue and a leading cause of death among young people in Canada. All too often it is the devastating outcome of PTSD, depression and other mental health issues. Despite widespread discussion of the issue, suicide rates have not changed in the past decade.

The Prime Minister has asked his ministry to make suicide prevention a top national health priority. The MHCC is ready to support the Government with a "Made in Canada" suicide prevention strategy to be rolled out in communities in provinces and territories across the country, while also exploring opportunities for wider collaboration and knowledge sharing.

The MHCC's initiative is based on proven programs in Québec and Europe with significant reductions (20% in 2 years) in suicide rates. Implementation would be similar to the MHCC's *At Home/Chez Soi* Research Demonstration Project, providing a base of evidence, best practices and tools for a nationwide suicide prevention program.

The Mental Health Commission of Canada is therefore recommending an investment of $40M over five years in Budget 2016 to support a National Suicide Prevention Project.

Project Design
The Suicide Prevention Project would focus on:

- **Specialized supports** including a range of prevention, crisis and postvention services (crisis lines, support groups and coordinated planning and access).
- **Training and Networks** to better equip community gatekeepers (physicians, first responders, nurses, HR staff and managers, teachers, etc.) by providing access to training and ongoing learning opportunities.
- **Public awareness campaigns** in each community (posters, brochures, social media, etc.).
- **Means restriction** by helping communities to identify "hot spots" (the methods or places where a high number of suicides occur), and to restrict access to them (building barriers on bridges or at railway crossings, protocols for medication access, etc.).
- **Research** to increase the suicide prevention evidence base. This would include setting research priorities, and evaluating the model itself.

The MHCC proposes implementing the Suicide Prevention Project in 13 communities across Canada (one in each province and territory). The communities could be selected based on identified criteria including population size, geographic region and type (urban/rural), and the presence of acutely at-risk populations including military members/veterans, incarcerated persons, First Nations, Inuit and Métis, youth, and middle-aged men.

The MHCC will support self-determination, self-government and local decision-making and adaptation by First Nations and Inuit and Métis community leaders.

Local community leaders will be involved in all aspects, and, in particular, that First Nations, Inuit and Métis leaders are given responsibility for developing local interventions to be implemented by and for their people.

Implementation
The MHCC proposes the project be implemented in four phases over five years:

- **Phase One—Planning and Preparation (April 2016-March 2017)**: selecting communities, developing partnerships, and developing the research protocol (measures, data collection, ethics).
- **Phase Two—Implementation (April 2017-March 2019)**: training, implementing the interventions, and initiating data collection.
- **Phase Three—Reporting and Knowledge Exchange (April 2019-March 2020)**: publishing final reports on outcomes; developing policy recommendations and implementation toolkits; and supporting knowledge exchange efforts;
- **Phase Four—Scaling Up (April 2020-March 2021)**: supporting communities across Canada to implement the evidence- based practices that are developed.

MHCC's leading role in both the Suicide Prevention Project and the PTSD training project ensures both initiatives can be carried out with maximum efficiency, no overlap and duplication, particularly with respect to training healthcare providers and other "gatekeepers."

Everyone can play a key role in suicide prevention. Individuals who are experiencing suicidal thoughts or behaviours as a result of PTSD, depression or other mental health issues, may not seek help. However, they may exhibit risk factors that show they are vulnerable. Gatekeepers are people in the community

that may be able to identify these risks and connect the individual to appropriate treatment.

Potential gatekeepers include:

- Primary healthcare, mental health and emergency health providers;
- Teachers and school staff;
- Community leaders;
- Service providers such as bus drivers, taxi drivers, bartenders, barbers and hairdressers and the hospitality industry;
- Police, firefighters, and first responders;
- Military;
- Social workers;
- Spiritual and religious leaders or traditional healers; and
- Human resources staff and managers.

Training will target knowledge, attitudes and skills for these key persons to identify an individual at risk, and provide them with the tools to refer that at-risk individual to appropriate care. This training will be context-specific, and will be adapted to the local healthcare environment as well as reflect cultural sensitivities.

In addition to providing gatekeepers with the tools to help others access treatment, these programs may include developing networks to allow for ongoing learning, and to offer support for gatekeepers' own mental wellness.

We are poised to act quickly on this proposed model, building on the already robust stakeholder partnerships and engagement we have fostered in this area and our international learnings.

Budget

		FY 16/17	FY 17/18	FY 18/19	FY 19/20	FY 20/21	Total
	National costs	847,500	1,072,500	822,500	822,500	702,500	4,267,500
2	Large communities	438,000	4,249,000	4,249,000	510,000	120,000	9,566,000
4	Mid-sized communities	476,000	4,488,000	4,528,000	960,000	240,000	10,692,000
3	Small communities	271,500	2,151,000	2,292,000	615,000	127,500	5,457,000
4	Very small communities	337,000	2,376,000	2,604,000	820,000	170,000	6,307,000
13		2,370,000	14,336,500	14,495,500	3,727,500	1,360,000	36,289,500
	Contingency - 10%	237,000	1,433,650	1,449,550	372,750	136,000	3,628,950
	TOTAL	2,607,000	15,770,150	15,945,050	4,100,250	1,496,000	39,918,450