



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

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A Collaborative Approach to Addressing Suicide

Presentation to House of Commons Veterans Affairs Committee Meeting

For its study on Mental Health and Suicide Prevention Among Veterans

Delivered by Phil Upshall and Dave Gallson
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Thank you Mr. Chair and fellow committee members for the opportunity to speak today on this very important study on Mental Health and Suicide Prevention Among Veterans. I am the National Executive Director of the Mood Disorders Society of Canada, beside me is our Associate National Executive Director and this is a topic that is very close to our organization and indeed to both of us.

As we know post-traumatic stress disorder (PTSD) is a major contributor to suicide in Canada. A 2013 survey of more than 6,000 Canadian Forces members found the rate of PTSD had almost doubled over the previous decade. PTSD is also prevalent among our first responders and those involved in traumatic incidents such as car accidents and concussive sports injuries or those who have been victims of sexual abuse.

Since 2001, MDSC has worked to help people with mental illness improve their quality of life. We work with like-minded organizations in the public, private and voluntary sectors, those providing front line primary care, educators and people living with mental illness, their families and caregivers.

MDSC has access to the best experts in all fields throughout Canada and internationally. We have garnered a reputation for being collaborative and we have the proven capacity to work with stakeholder organizations, patient groups, health care providers, federal departments and the general public.

In 2011, Mood Disorders Society of Canada (MDSC) hosted a roundtable on PTSD at the Canadian War Museum in Ottawa entitled "Out of Sight, Not Out of Mind." The event was attended by over 75 thought leaders to discuss the serious, and often misunderstood illness of PTSD. Themes for the roundtable discussions included; System Capacity, De-stigmatizing PTSD, Family Supports, and Enhancing PTSD Research, through weeks of follow up with interviews with attendees, a report was developed for government.

The recommendations presented in the report included addressing stigma; enhancing the knowledge of physicians and health care providers on identification and treatment of PTSD; educating PTSD sufferers and their families on available support networks and resources; promoting ongoing collaboration and



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dialogue amongst government and leaders in the field of mental illness specializing in PTSD; and enhancing research efforts to further understand triggers and optimal treatments of PTSD.

We know this committee has heard first hand from many witnesses about how PTSD and suicide has directly impacted them, their family members and friends. MDSC, and our network of educational and Peer Support programs, works with people every single day that are struggling with mental illness. Our priorities include developing programs and supports that address PTSD and depression to reduce suicide.

To address PTSD and prevent suicide there are three recommendations that MDSC would ask the committee to consider:

1. Early diagnosis of mental illness is crucial. MDSC congratulates the federal government in its \$5 billion commitment to dedicated funding for mental health in its health care accord negotiations. Early diagnosis and intervention are crucially important and we recommend that progress in this area needs to be prioritized and measured within performance measurements and outcomes reporting.
2. Increased mental health education among health care providers is desperately needed. The most effective and efficient method of providing this knowledge is through coordinated educational and knowledge transfer programs.
3. MDSC strongly believes that one of the most important components of recovery and wellness maintenance are Peer Support programs. These also form a crucially important referral resource for community health care providers. There are not enough peer support programs across Canadian communities leaving gaps in supports nationwide. The government needs to better fund Peer Support.

Early diagnosis

Seventy per cent of adults living with a mental illness have onset before the age of 18. We know that early intervention can reduce the severity of the illness. For chronic conditions research indicates that many youth experience symptoms of their illness between the ages of 12 and 17 years. This is therefore the timeline where targeted treatment could significantly address mental illness.

Mental health problems in children and youth can, if not properly diagnosed and treated, lead to more serious adult mental health disorders, which are both more difficult and costlier to effectively address. When prior unaddressed mental health issues are compounded with PTSD later in life, then the path to wellness becomes much more difficult and lengthy. Investing in mental health services early would lead to more rapid recovery and symptom management, and would drastically reduce costs associated with chronic mental illness.



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Education among primary health care professionals

MDSC believes that investing in educational programs for Canada's healthcare providers to enhance their ability to better treat PTSD and other mental illnesses can significantly improve the quality of life of those suffering from PTSD, preventing suicide. Expanding on educational programs will help train primary healthcare providers in urban, rural and remote communities nationwide. In almost every case of PTSD, an associated condition is depression. Canadians are now coming to understand that depression alone is an epidemic in Canada. It is implicated in every aspect of Canadian life from the work place to death by suicide of over 4,000 Canadians every year.

Considering the societal, personal and economic toll of PTSD, MDSC believes that investing in a comprehensive program focused on Canada's primary healthcare providers to enhance their ability to provide early diagnosis and treatment of PTSD to their patients is a prudent use of public funds that will save significant health care and societal costs in the future and greatly enhance the quality of life of those suffering from PTSD, their families and caregivers.

Peer support programs

We know working directly with veterans living with mental illness and providing supports to them is key to reducing suicide. I'd like to thank the federal government for its support in our Transitions to Communities program, a partnership between MDSC, Employment and Social Development Canada and Veterans Affairs Canada.

Through this skills development program, our goal is to assist nearly 450 veterans over 3 years who are experiencing obstacles within their communities. The program aims to provide the direct supports needed to address veterans' emotional and coping strategy challenges, with a focus on employability skills, mental well-being and peer support.

We've just opened three facilities, in Montreal, Calgary and Toronto. While we are at the beginning phase, we are looking forward to working closely with veteran organizations and community groups and employers.

I'd also like to speak to you about the importance of peer support programs that as we've heard from veterans themselves are key to recovery.

For example, the National Peer and Trauma Support Training and the Project Trauma Support programs are innovative approaches to addressing mental wellness that use a patient-perspective approach.

Their goals are to provide support, education and programs for military personnel and first responders who have been impacted by PTSD and other mental health issues in order to support their healing and recovery.



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Project Trauma Support, located in Perth, Ont., is a week-long concentrated program for military and first responders who have had their lives ravaged by PTSD delivered in a cohort of 12 their peers. Project Trauma Support incorporates equine therapy, adventurous rope courses and Peer Support to educate participants about their emotional environment, while creating trust and fostering help-seeking behavior. The program allows participants to process their experiences and authentic emotions and to improve the lives of their families and peers in the process. As a brief example of the transformation this leads to, I offer just two quick testimonials;

From an RCMP Officer

"I came away feeling that something had fundamentally changed in me and the way I would deal with my PTS. Not only have I noticed a difference in the way I now live my life, others around me have noticed as well. I only wish I could have had this 14 years ago."

From a wife of Military Officer

"I think the magnitude and impact of this past week can best be summed up by our nine-year-old daughter coming up to me and saying "It's weird but it looks like Daddy's eyes are alive."

While professional help is very necessary, it's not always available at 8 p.m. or midnight, when the veteran needs someone to talk to about their stresses or thoughts of suicide. With Peer Support Programs, people have a network of peers who understand what they're going through, because they've experienced the same things and can relate on an equal level. Funding more programs like these as well as effective research would go a long way to supporting the mental health needs of veterans.

Conclusion

Our veterans have placed their lives on the line for our country. Providing care to these men and women must be a priority for all Canadians. Working as a team in training is what they know and how they have been conditioned. Healing and recovery needs to use this same team approach.

We thank you for allowing us to share our thoughts.