



**The Needs of Medically Releasing Canadian
Armed Forces Personnel & Their Families –
MFRC Environmental Scan and Subject
Matter Expert Survey Results**

July 2015

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The opinions expressed in this paper are those of the authors and should not be interpreted as the official position of the Canadian Armed Forces, nor of the Department of National Defence.

Abstract

There is increasing public attention on the challenges faced by Canadian Armed Forces personnel who are transitioning from active service through the medical release process to Veteran status. There is also increasing concern for the families caring for ill and injured personnel and Veterans. In preparation of a national collaborative pilot project between Military Family Services and Veterans Affairs Canada, an environmental scan and survey of Military Family Resource Centre (MFRC) subject matter experts was conducted in conjunction with a literature review. The purpose of this MFRC environmental scan and survey of subject matter experts was to assess the needs of medically releasing personnel and their families, prioritize the support services they require, compile existing resources and best practice programs, and determine priority areas to care for caregivers. Results indicated that subject matter experts believed that families of medically releasing personnel primarily require advocacy support to navigate systems, assistance to establish civilian care providers, education and information on illness/injury and its impacts, respite from caregiving responsibilities, social and peer support, and psychosocial support. Based on the information provided by MFRCs, five recommendations were offered to guide the development of a successful pilot project to serve the families of medically releasing personnel:

1. Develop resources for families and MFRCs that describe the transition process and key timelines, and compile all services and benefits available;
2. Incorporate informal consultations with families to verify needs and supports;
3. Implement evidence-based strategies, and simultaneously evaluate MFRC-developed programs to assess evidence of effectiveness;
4. Build on currently successful projects (e.g. FOCUS-CI, OSISS, Good to Go, YPET, E=MC3; iSTEP); and
5. Develop consistent tracking processes and mechanisms to contribute to the overall knowledge base of Canadian military and Veteran families and services that also uphold all privacy and client confidentiality requirements and standards.

Résumé

Les médias portent de plus en plus leur attention sur les défis auxquels font face les membres des Forces armées canadiennes qui sont en transition du service actif à une libération pour raisons médicales et au statut d'ex-militaire. On se préoccupe également davantage des membres de la famille qui s'occupent des militaires et des ex-militaires malades ou blessés. En vue d'un projet pilote à l'échelle nationale conjoint entre les Services aux familles des militaires et Anciens Combattants Canada, nous avons mené une revue de la littérature ainsi qu'une analyse du contexte et un sondage auprès des experts en la matière des centres de ressources pour les familles des militaires (CRFM). L'objectif de cette analyse du contexte et du sondage auprès des experts en la matière des CRFM était d'évaluer les besoins des militaires en voie de libération pour raisons médicales et de leur famille, prioriser les services de soutien dont ils ont besoin, compiler les ressources déjà en place et les programmes exemplaires, et identifier les principaux soins à fournir aux fournisseurs de soins. Les résultats indiquent que les experts en la matière croient que les familles des militaires en voie de libération pour raisons médicales ont surtout besoin de soutien en matière de représentation pour naviguer dans les systèmes, d'aide pour trouver des fournisseurs de soins civils, d'éducation et d'information au sujet de la maladie ou de la blessure et sur ses répercussions, de répit par rapport aux responsabilités de fournisseur de soins, et de soutien social, psychosocial et par les pairs. Selon l'information recueillie auprès des CRFM, nous soulevons cinq recommandations pour diriger l'élaboration d'un projet pilote réussi pour desservir les familles des militaires en voie de libération pour raisons médicales :

1. élaborer des ressources pour les familles et les CRFM qui décrivent le processus de transition et les échéances importantes, et compiler tous les services et les avantages offerts;
2. inclure des consultations informelles avec les familles pour vérifier les besoins et le soutien;
3. mettre en œuvre des stratégies éprouvées tout en évaluant simultanément les programmes réalisés par les CRFM pour en évaluer l'efficacité à partir de preuves;
4. tirer profit de projets réussis déjà en place (p. ex. FOCUS-CI, SSBSO, Good to Go, YPET, E=MC3; iSTEP);
5. élaborer des processus et des mécanismes de suivis uniformes pour contribuer de façon importante à la base de connaissances générale des familles des militaires canadiennes et aux services qui sont conformes aux normes et exigences en matière de respect du caractère confidentiel des renseignements des clients.

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1. Introduction

In November 2014, a joint announcement by the Ministers of Veterans Affairs and National Defence dedicated resources to respond to gaps in services for Canadian Armed Forces (CAF) members and their families as they transition from active service to Veteran status. Of primary significance to Military Family Resource Centres (MFRC) was the introduction of a four-year pilot project that gives access to MFRC services at 7 locations to medically releasing CAF personnel and their families for two years post-release.

This comes at a time when there is also increasing public attention on the challenges faced by families caring for ill and injured personnel, and as MFRCs are seeing a rise in the number of family caregivers experiencing fatigue, secondary trauma and other negative impacts.

In order to accurately inform this pilot project's strategy, as well as better serve all of the families caring for ill and injured personnel, an environmental scan and survey of MFRC subject matter experts was conducted in conjunction with a literature review in order to:

- Assess the needs of medically releasing personnel and their families;
- Prioritize the support services they require;
- Compile existing resources and best practice programmes; and
- Determine priority areas to care for caregivers.

2. Methods

An online survey was developed based on an initial literature review of the issues facing families of medically releasing military personnel, and feedback from key Military Family Services (MFS) subject matter experts. The survey focused on identifying major struggles, support needs and information requirements in 4 main areas – general trends, pre-release experience, post-release experience and caregiver experience.

An initial “invitation to participate” email was sent to Executive Directors of all 34 MFRCs (both in and outside Canada). A follow-up reminder was sent 2 weeks later.

Concurrently, an invitation was also sent to all 16 members of the “Caring for the Caregiver” Community of Practice, which is comprised of subject matter experts (social workers, frontline service delivery providers, family members who've experienced caregiving, etc.) from 14 different MFRC locations.

The survey remained open for 3 weeks, after which data was compiled and analysed.

In total, there were 40 respondents from 24 different locations. The initial email invitation (and follow-up reminder) sent to all MFRC Executive Directors generated 28 responses from 22 locations. And the invitation sent to the Caring for the Caregivers Community of Practice generated 12 responses from 5 locations. Multiple responses were allowed from the same location in order to try to capture a wide range of perspectives with the aim of creating a more comprehensive picture. It is interesting to note that responses for the same locations were more often divergent than similar.

The response rate from the invitation to Executive Directors was high at 82% with 65% of locations represented. The response rate from the Caring for the Caregiver Community of Practice was also high at 75% with 36% of MFRCs represented. The response rate for both samples is high considering it was online, and the average response rate for online surveys is closer to 20-30%.

No responses were received from the following 10 locations:

- Borden
- Calgary
- Cold Lake
- Goose Bay
- London
- Suffield
- Toronto
- Wainwright
- Yellowknife
- MFS US

Therefore, the results reflect only the following 24 locations:

- Bagotville
- Central Saskatchewan
- Comox
- Edmonton
- Esquimalt
- Gagetown
- Gander
- Greenwood
- Halifax
- Kingston
- Mainland B.C.
- Meaford
- Montreal
- Moose Jaw
- NCR
- North Bay
- PEI
- Petawawa
- Shilo
- St. Johns
- Trenton
- Valcartier
- Winnipeg
- Yellowknife
- MFS Europe

All comments in this report are taken directly from the surveys, and any errors or apparent errors in the transcribed material do not arise from transcription errors but rather from being reproduced exactly as spelled or presented in the original source.

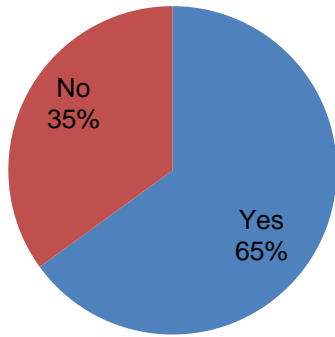
And where relevant, the responses for the 7 pilot sites are detailed in addition to the overall responses, to help inform the 4-year pilot project development. The 7 pilot site locations are Edmonton, Esquimalt, Halifax & Region, North Bay, Shilo, Trenton and Valcartier.

3. Results

3.1 General Trends

3.1.1 At your MFRC, are you seeing an increase in the number of families looking for support as they go through the medical release process?

Overall Responses



7 Pilot Sites Responses:

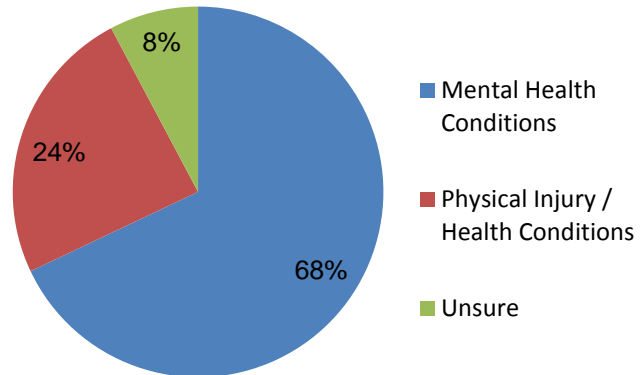
| | |
|------------|-----|
| Edmonton | Yes |
| Esquimalt | No |
| Halifax | No |
| North Bay | No |
| Shilo | Yes |
| Trenton | Yes |
| Valcartier | Yes |

3.1.2 Indicate the approximate percentage of medical releases you are seeing due to mental health conditions versus physical injury / health conditions.

7 Pilot Sites Responses:

| | Mental | Physical |
|------------|--------|----------|
| Edmonton | 90% | 10% |
| Esquimalt | 5% | 95% |
| Halifax | 45% | 55% |
| North Bay | 0% | 100% |
| Shilo | 70% | 20% |
| Trenton | unsure | unsure |
| Valcartier | 65% | 35% |

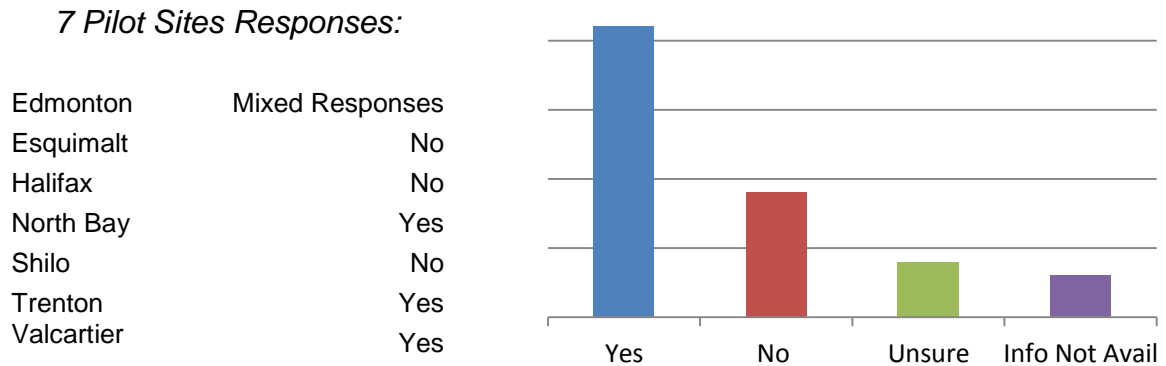
Overall Responses



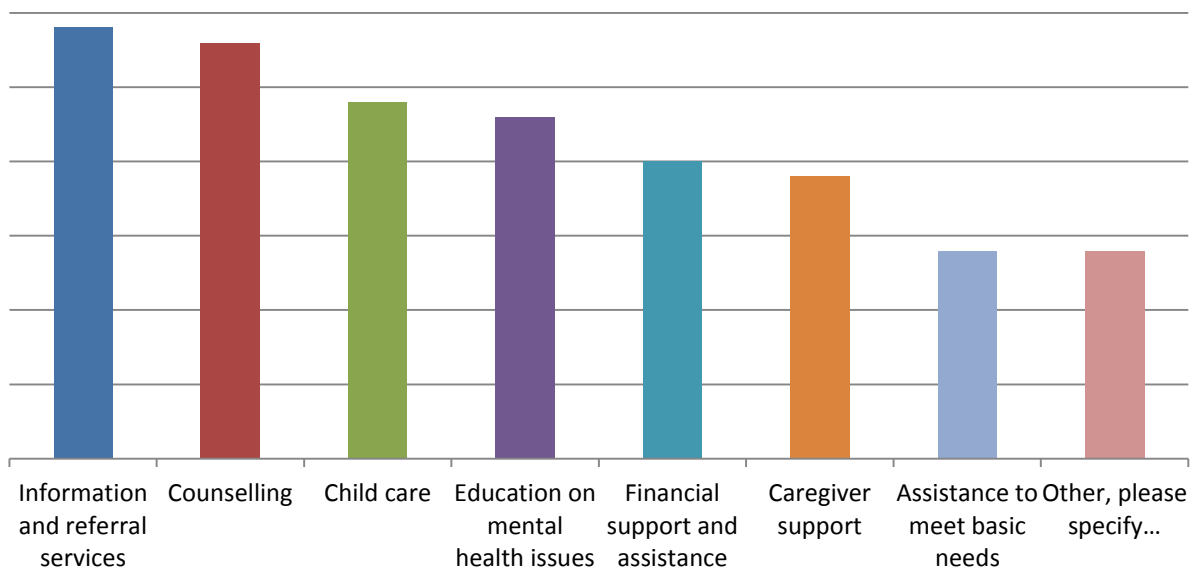
3.1.3 To the best of your ability, approximately how many families of medically releasing personnel have been served by your MFRC in the past year?

| 7 Pilot Sites Responses: | | Overall Responses | |
|--------------------------|-----------------------|--|-----|
| Edmonton | 30 | min | 0 |
| Esquimalt | 7 | max | 184 |
| Halifax | Unknown | median | 15 |
| North Bay | 1 | average | 39 |
| Shilo | 60 | total* | 938 |
| Trenton | 15 | <i>*total adjusted to reflect average of multiple respondents per location</i> | |
| Valcartier | 161 OLF + 32 l'emploi | | |

3.1.4 Were most of these families of CAF personnel posted to the IPSC/JPSU?



3.1.5 What types of services and supports were these families looking for?

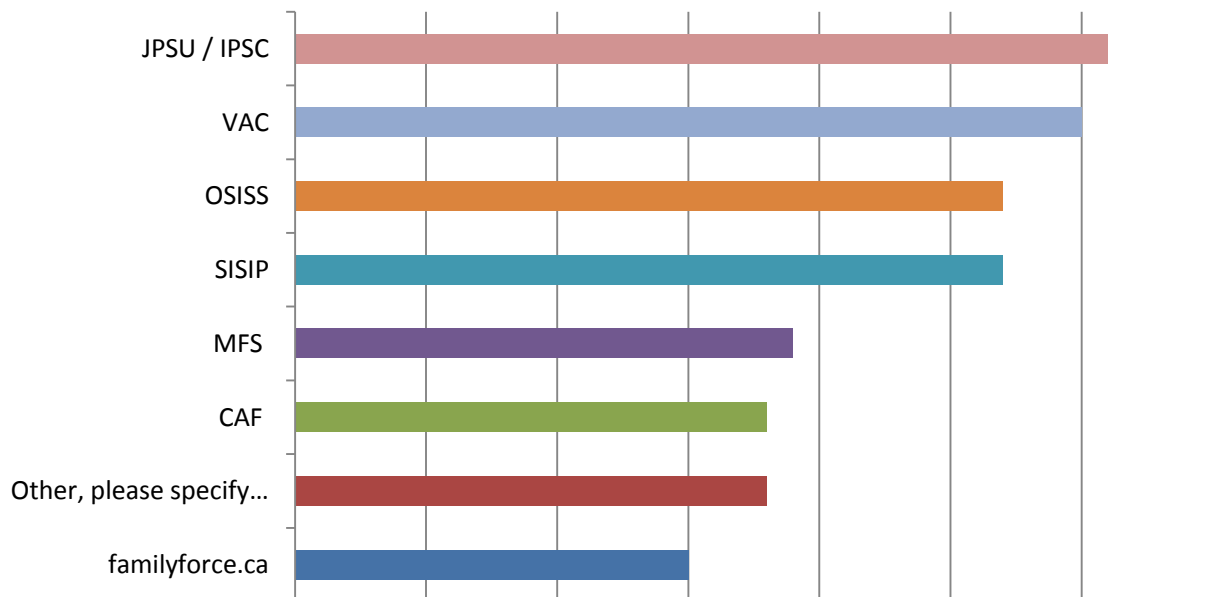


The most common responses for “Other” types of services and supports that families were looking for were navigating the various systems of support services and supports for separations/divorce.

All of the “Other” responses are below [sic]:

- *Nous N,avons eu aucune demande*
- *aucune demande en ce sens*
- *Navigating systems*
- *linking to community resources, general education, coming to terms with the release, understanding the pre and post release services*
- *employment support*
- *legal advise re: seperation*
- *assistance understanding the process*
- *seeking family doctor*
- *housing*
- *Vicarious Trauma, adaptation, trauma therapy, and support through separation & Divorce. Accompanying DA for families of deceased Soldier, Suicide Bereavement, grief and loss*
- *ressources for spouse of soldier*
- *OSISS*
- *Child Behavior issues/Separation/Divorces*

3.1.6 Where do you look for information on the services and benefits that are available to medically releasing CAF personnel?



The most common “Other” responses for where they look for information on the services and benefits available to medically releasing CAF personnel were community services and referrals.

All of the “Other” responses are below [sic]:

- *soldier on, canada company*
- *CAF Case managers, IPSC Service Coordinatorr*
- *provincial resources*
- *Community Services and Legal Firms*
- *community referrals*
- *Padre; Community Referrals*
- *Morale and Wellness, public sector, CFMAP*
- *MRFC*
- *OFD and MedSCANs*
- *Community*
- *local legion and other Local resources,*
- *Chain of command, local community and other FLOs*
- *Community*
- *RTD, BPSO, Padre*
- *Civilian Organizations/Legion/Strongest Families*
- *OLF*
- *CF Case Management*

3.1.7 What information / resources do you require to better support families of medically releasing personnel?

The most common responses for what information/resources are required to better support families of medically releasing personnel were:

- A list of services and benefits that are available to the family and that is accessible by the family directly as well as by the MFRC;
- Involving the family in the member’s case management;
- Long-term counselling;
- Training; and
- Support for families who are separating or going through divorce.

All of the responses are below [sic]:

- *Nous avons besoin de connaître les services acc peuvent offrir et dans quelles ctirconstances ces famille peuvent recevoir ses services. L'information sur la situation du militaire , services déjà en place .*
- *Les informations sur le militaire, les services reçus. Les services d ACC peuvent offrir à la famille et dans quelles circonstances elles peuvent être offertes*
- *Additional resources in the Comox Valley for families to access while releasing. Also, limited knowledge in the community about the military, lifestyle, and*

challenges of medically releasing personnel.

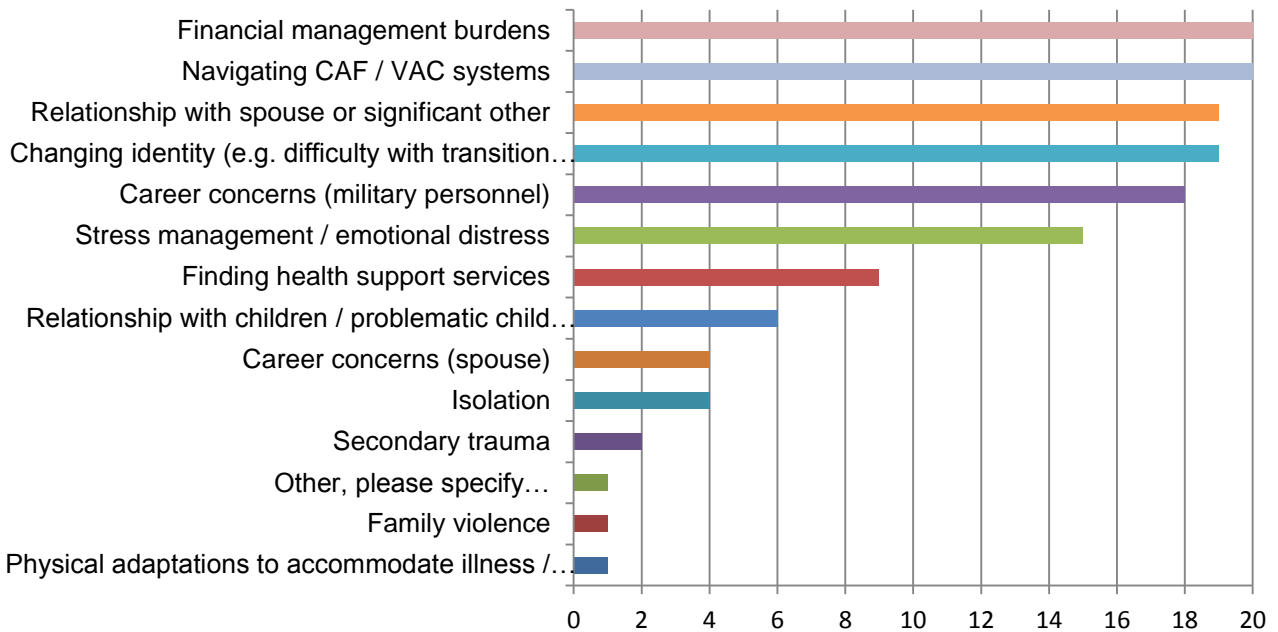
- *Navigating VAC is extremely complex and difficult when trying to assist a family in accessing supports from VAC. At times the releasing service member is told information in isolation from the spouse, and the spouse is the primary caregiver of all financial and medical affairs due to the service members mental health condition. Therefore, a better coordination of information about the release process should occur with a service member and a primary caregiver. It often happens if the service member requests this, however they often are overwhelmed with the release process and don't ask to have their spouse attend. The service providers from JPSU and VAC should take the initiative to incorporate families into these important meetings.*
- *We do not have enough information about the needs of medically releasing families to adequately answer that question. Most families we deal with seem to be coping quite well with the transition. The issue we primarily see is coping with the transition from CAF to retired.*
- *Families presenting with complex mental health issues as a result of the CAF member's service need to know that they can access long-term mental health services of a psychologist via their releasing benefits. They should have access to this information independent of the member, they would not need to know the file details of the member, just that they have the benefit. They should have access to extended benefits of mental health services particularly those of a psychologist for complex mental health issues, both staff at the OSI Clinic & OSISS support should be able to assist these families with information. A book that can be sent directly to the families and accessed by the MFRC prior to release to hand to families about community services and benefits should be designed - services for families are voluntary - it would be nice to have something on hand that is about them for them.*
- *At this point in time I feel I have access to everything I need*
- *As a position serving families of ill & injured (or deceased) members, it is challenging for the FLO as the CAF member sometimes chooses not to have services available to his/her family. The FLO must be creative on how to reach families & make them aware of services. To continue & moving forward: continued referrals within the IPSC team; awareness of nominal roll of upcoming releases; attending briefs to speak on the FLO role; education in the community about FLO services*
- *Better Training, eg. EMDR , longer term counselling*
- *assistance with the actual release process; updated information ie. DDPS, DWAN etc. Marital breakdowns are high'; legal referrals for the couple and some support for the non-military spouse*
- *A system that provides clear guidance for the member being released. Updated information: ie DDPS, DWAN etc. Legal support for couples suffering marital breakdown.*
- *legal information for separating families around child support*
- *Info and referral information so that we are prepared if and when this happens.*
- *more funding in order to hire more staff and organize group activities*

- *Our family is not currently medically releasing, so I'm answering this from the perspective of a family dealing with PTSD within the Reg. Forces.*
- *If we were medically releasing (which we are not, at this time), I would want information on the financial benefits and support, how to navigate VAC, help with finding civilian health care, counselling and support and career retraining and support for the member (and possibly for me, depending on what our financial situation would be.*
- *Financial to allow medically releasing personnel to attend psychoeducational training opportunities that foster resiliency, resource navigation, self growth and positive adaptation to change.*
- *List of benefits after they are released on the CAF. A more supportive approach for the families that would include education and case management. Long term support to make sure the transition is as positive as possible.*
- *access to MedSCANS*
- *Does not seem to be a shortage of information / resources available.*
- *Since our MFRC is a new growing entity we work as unit with the local and regional level resources (IPSC, VAC, OSISS, CAF, Legion) through regular inter agency meetings. we share resources and information that helps each of us offer better service to families*
- *Depending on the existing information known and who is involved . What do the families already know is acting for them , if anyone etc.*
- *Collaborative team approach with clients - Service Plans, clear policies, CAF Services such as MP support. Emergency short term housing when partner violence or member is complex and ill needing time separated from family. More treatment retreats for members and their families. Continued support for a minimum of 6 months after release.*
- *Increased staff Less cumbersome processes*
- *have info for soldier + family in one spot / doc.....rather than search 5 diff sites.*
- *Medical release process, timelines, pension/financial information so there is no gap in income (currently after release the families don't have income for three months).*
- *Collaboration with base hospital*
- *More information (ie:pamphlets) on explaining mental health to families. Education and awareness to educate civilian organizations of CAF medical procedures and resources upon release. Resources to help children with parents suffering a mental health issue. More information needs to be sought about the family/family dynamics. Support to releasing members by MFRC/IPSC after the medical release for up to 1-2 years, especially for family. Funding to support such things as support and therapy techniques, ie; Yoga PTSD Therapy,*
- *a way to use release forms to collaborate with other services assisting the member*
- *Maintenir la position d'OLF au sein de l'UISP*
- *unknown at this time*
- *Checklist of medical release process, timeframes, benefits and entitlements,*

3.2 Pre-Release Experience

Subject matter experts responded to questions about the most common struggles, support needs, information/resource requirements, and best practices for families in the year leading up to medical release.

3.2.1 In the months prior to medical release, what are the top 4 major struggles of families?



All of the “Other” responses are below [sic]:

- *housing - need final move option returned as families are tied to housing that was acquired for temporary use*

3.2.2 In the months prior to medical release, what do you think is the most crucial information needed by families, and how can families best be supported to organize and keep track of all the important information so that things don't fall through the cracks?

The most common responses to the question of what is the most crucial information needed by families prior to medical release were:

- Contact people for all organizations;
- A checklist on the process involved to access various benefits;
- To be involved in case management, SCAN meetings and the development of a family care plan (different than the child care family care plan);
- Child care support; and
- Support for families who are separating or going through divorce.

All of the responses are below [sic]:

- *Process Management and transitional counselling. The system in place either*

does everything for these families or does nothing for these families. Rather than all or none approach, we need to allow them to lead their transition and guide them when necessary. Providing them with a step by step process is simple and affords them independence, as well as information to help themselves.

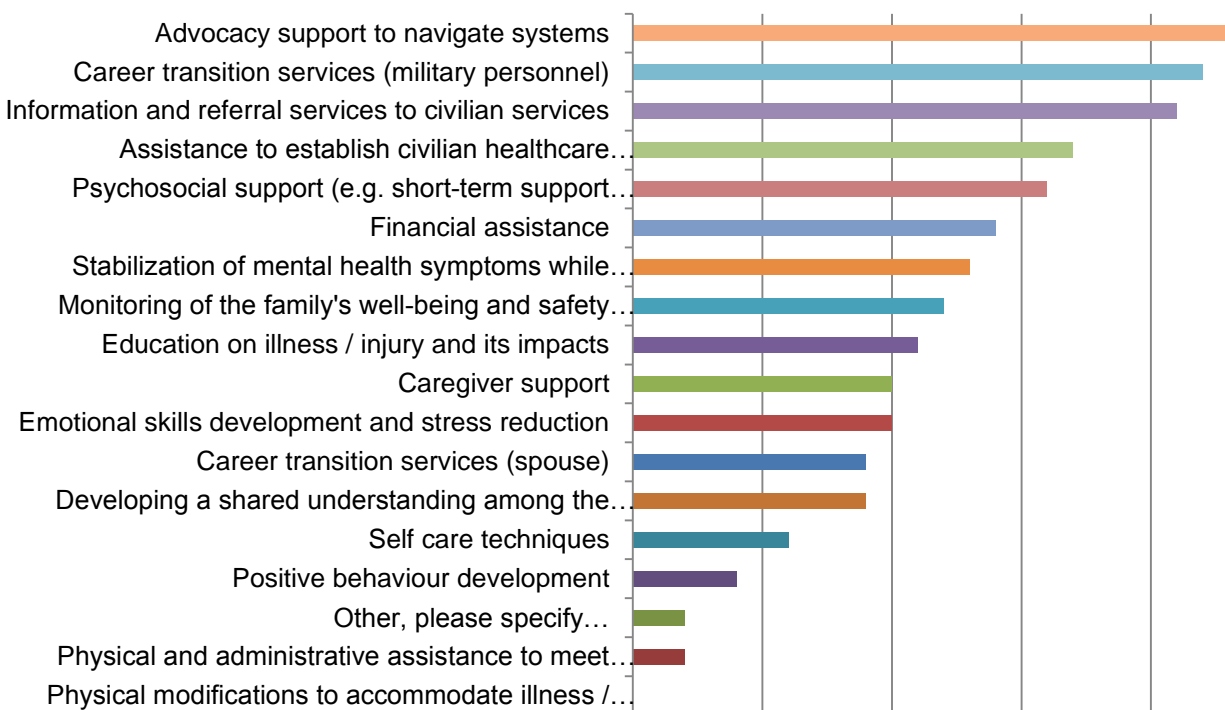
- Contact people for each organization. Families attend in-clearances, out-clearances, meetings, SCAN seminars, etc.
- bring a family member with you to meetings about supports
- As mentioned previously, families need to be part of discussions and planning within both JPSU, VAC and case management meeting when discussing release. I don't see it as one specific piece of information most critical to assist families, because each case is very different. Most families are dealing with lack of information, and no control or power over the service member's ability to make a decision that affects the whole family ie. moving to another part of the country, career choice. These should be family decisions but are often only made by the service member who is often struggling to make daily, basic need decisions.
- Clear administrative support. There seems to be a disconnect between policies and practices which result in people getting conflicting information. Most want to know what resources/benefits/services are available to them and how to access them when they move into the VAC system. Frustration with the process due to lack of clarity.
- Continue to provide the MOU that enables the FLO with ability to contact families to provide support. Inviting the member and families to come into the MFRC for in-clearances and to offer the CSCC program is crucial. The child care program is a great hook to use attract families since their involvement with MFRC's is voluntary. OSISS is a crucial partner and conduit in reaching families and providing them with information on services prior to release and connecting them to post release services. Families, do show up to the SCAN/Medical Info seminars - CSCC program provides a barrier free opportunity for these families. Information on financial transition, how to use community services such as provincial mental health, understanding how PSHCP benefits for VAC families is needed and legislation could make this information independent of the member. If a member is resistant to including their family that is a red flag - an interview with the member should be done to ascertain why they are reluctant to include their family - divorce, custody battle or are they expediting their release because they are ill. There needs to be more mechanisms by which the family can access services independently both prior to and after release, that do not require the family to be "attached" to the client's file in a way that does not breach client confidentiality. This latter point may require new legislation. A book sent to the family outlining services prior and post release would be beneficial.
- Financial piece is the most prevalent in which case I refer to SISSIP.
- awareness of services/supports available
- Families req. information that is relevant and timely and accessible from VAC

case manager, they are not getting this from the member. Information from VAC casemanager does not get to the family and needs to.

- Have a SCAN Seminar strictly for Spouses/Partners of the person medically releasing. Ensure that the family is made aware of benefits/services for their member as on the SCAN Seminar for the Military member there is so much information (3 Days) they will forget and be overwhelmed.
- A case manager (one person) to guide the couple through the process; keep both parties apprised of their situation and timing; and should legal advice be indicated, refer to mediator or legal counsel
- Information should be shared to both military member and his/her spouse; ill/injured member not always able to retain and process all the information. partner needs to be fully informed.
- The timeline of how things will unfold, what needs to be done by the member (e.g. T Cats to P Cats, filling out of forms) until they get their release date
- All informations about continuing care, finances and support; spouses should be invited to meeting that will specifically talk about those issues
- I am imagining that if it were our family, my biggest concerns would be organizing the financial and medical/social support information that we would need after release, as well as contact information for people who could help if we find the supports we are supposed to be receiving are not, in fact, providing the necessary help in a timely manner. I've heard many horror stories from other vets who have been medically released, and frankly, it's very concerning to think of my husband being released and finding ourselves in the same situation having to fight for everything we are supposed to be provided.
- I would be most concerned about our career/financial stability and access to the continued medical/emotional care and support that our family needs. I've heard many horror stories about how difficult it is to get support through VAC for released veterans and if we are ever medically released, that is one of my biggest concerns.
- How to navigate the release process from start to finish. A holistic multidiciplianry approach that includes family members/ support network through all stages and phases of the release process. Education to general community about the unique needs that medically released families may face i.e: education & provincial medical systems be aware of the military culture & general awareness. More SCAN seminars required upon transito to release, so memebtrs are educated about the resources and procedures. More families encouraged to attened SCAN seminars
- very clear understanding of the medical diagnostic and progress that is being made and possible progress in the future and treatment plan available for ongoing care with referral in the community where they decide to lives, case management that follow them for an extended time period.
- find a physician and transfer to new health insurance
- Financial information; how to access; who to access; entitlements for specific family situation; and financial management resources;
- They need reassurance that there release is going to be a respectful positive

- experience and there will be supports in place to alleviate the stressors coming as transition occurs . A case worker to be present as a guide would be helpful.*
- *They need reassurance, a practical guide to what the process is and it is going to unfold, a contact person that will advocate or provide the information they to make small and larger decisions*
 - *Well established plan of continued care & services, network of support, continued medical and mental health/addictions treatment, circle of care developed for the families, vocational rehab and spousal vocational services.*
Transitioning counselling
 - *Any information concerning available transition benefits/programs. All partners should be actively promoting the involvement of the IPSC as a means to educate both soldiers and their families on what transition options are available. Engaging the IPSC early in the process can alleviate a lot of unnecessary stress as a result of short timelines.*
 - *Have a binder system for soldier (like navigator program) and all contact for supports included + a visual diagram to show release process and its steps*
 - *CAF families and members need a comprehensive check list with reasonable timelines to start the process as early as possible.*
 - *Families need to be included in nearly every decision and meeting re:transition, particularly with members suffering from short term memory difficulties. Family members need to be compensated for time away from work for these meetings.*
 - *How/where after release to continue with the supports/medical requirements that are given by each IPSC. Can I call someone at the MFRC/IPSC and what support will they give me/family if we are in distress (especially with mental illnesses)*
 - *they should meet with someone to complete a care plan, much like the plan offered for members deploying-including looking at key areas of finances, health care, financial, child care, wills and Power of Attorney, support systems, health care needs ongoing, VAC systems, family dynamics, career planning*
 - *Pour les familles, information sur le processus médico-administratif, les bénéfiques et services suite à la libération médicale. Les famille ont besoin d'avoir de l'information sur la transition des services de santé des Forces canadiennes vers le civil. Comme moyen, l'OLF, en collaboration avec l'UISP et la gestion de cas pourrait offrir des séances d'information générale aux conjointes ou aux proches.*
 - *what to expect*
 - *Families should be encouraged to attend appointments and information sessions available to the CF member (eg Case Management Information Sessions); Access to guides and checklist of available resouces/services for the CF member. This is especially important when CF members have severe injuries/illness as their memories are often quite impaired. Helping professionals should be strongly encouraged to include family members in all levels of care.*

3.2.3 In the months prior to medical release, which 6 support services are most needed by families?



All of the “Other” responses are below [sic]:

- *Operation Family Doc and housing options*
- *In addition to education on illness/injury, education on the psychological impact of transitioning to civilian life*

3.2.4 What community or DND resources do you most commonly refer families to in order to help them prepare for medical release?

The most common responses for what community or DND resources they most often refer families to were:

- OSISS;
- IPSC / JPSU;
- SISIP; and
- CFMAP.

All of the responses are below [sic]:

- *CFMAP - I do not refer them to the base Social Worker at this time.*
- *OSSIS, CFMAP, VAC, MFRC, FIL, Family Navigator, familyforce.ca, Royal Canadian Legion, Chaplains, community resources and programs*
- *VAC or mental health services within the community to assist the family.*
- *Depends on the unique needs of the family. There is not one in particular. We*

navigate systems of support.

- *Encourage spouses to attend SCAN/MEDICAL Infor seminar's - however, these are only offered in the daytime, should consider offering at night as a lot of families are dual income and shift workers. The FLO speaks about services to families at these seminars. We also encourage spouses to accompany the CAF member (with consent) to the Nurse Case Manage appointments and release section appointments.*
- *IPSC, SSISSIP, OSIS, Mental Health and Addictions (Civilian)*
- *Mental Health; OSISS; employment/career transition support*
- *civilian mental health and career retraining due to a move out of the province*
- *VAC, JPSU/IPSC*
- *VAC, IPSC, OSISS*
- *DND - VAC - OSISS - JPSU - Help Line Community - Chilliwack Community Services - Ann Davis Counselling Agency - private Counselling agencies - Ministry For Children and Family Development - Child and Youth Mental Health Services -*
- *Chilliwack Community Services; Child and Youth Mental Health; Legal Aide and Legal Services; Autisum Support Network; OSISS (soldier); OSISS (spouse); Families First; JOBS BC; DND Padre; Ann Davis Society.*
- *OSISS (soldier); OSISS (Spouse); Padre; Ann Davis Society; Chilliwack Community Servies; Better Beginnings; Autisum Support Society; Child and Youth Mental Health; Ministry for Children and Family Development; Legal Aide and Court Support Worker*
- *IPSC*
- *IPSC, VAC, OSISS*
- *IPSC*
- *I usually go to the MRFC or the FLO for information.*
- *I would be asking our FLO and MFRC staff for direction and resources.*
- *Local health region CFMAP for ongoing counselling The Legion & service managers OSISS peer coordinator and family coordinator IPSC service manager Local YMCA, community based family programs if available (depends on the geographical location the family will be residing).*
- *Assessing services from JPSU, FLO and CF MH Svcs*
- *Operation Family Doc*
- *Veteran's Affairs, OSISS, MFRC, Canadian Forces Member Assistance Program, IPSC, civilian medical services*
- *At this point I have not had the experience of preparing a family for medical release but I will be a part of the IPSC team response when called upon . We would use OSISS support teams, local education and employment centre. community mental health, local psychologists (PTSD and Equine therapy) and the local legions , MFRC social worker to support family members (my role)*
- *JPSC, OSISS, VAC, the Legion, MFRC resources. COmmuity Mental Health, career services.*
- *SISIP, VA, Housing, Counselling Services and OSIS*

- VAC, SISIP
- ipsc
- OSISS and VAC.
- IPSC, RTD, BPSO, SISIP, VAC, CFHS Case Mgr, CFMAP
- IPSC for transitional information and to Veterans Affairs Canada for benefits/services related to medical condition. In St. John's there are some civilians agencies that offer second career workshops/DND Scan Seminars. Some may require addiction services or help with medication. Family members (spouse) needs to be educated in the illness, especially the complication of PTSD, Depression and Anxiety to not further the family issues after release.
- local mental health organizations, career services, family organizations
- Infirmière de gestion de cas, Anciens combattants, UISP, COSP, aide à l'emploi et service intervention du CRFM
- case management
- Case Management, VAC, SISIP, FLO, IPSC, OSI Clinic,

3.2.5 What other programs not listed here would you recommend to assist families as they prepare for medical release?

Responses included the following [sic]:

- CFMAP - the counsellors attached to this program are not CF related and help people develop civilian skills rather than focusing on what they are leaving behind. This tends to be a theme among veterans.
- Good to Go - transition program, Living Life to the Full, Bounce Back and Thrive - Resiliency Training skills for parents, Family Navigator. We advocate for programs that help families successfully transition from military to civilian life and encourage them to be proactive in the process.
- VAC transition interviews should be done in person and when possible include the family. If the member is concerned that the interview will discuss monetary items that they do not want discussed then just have the spouse/partner attend a portion of the transition interview related to family benefits. FLO Spousal group for PTSD is extremely well attended.
- Family member should accompany the CF member during final medical and mental health appts with CF practitioners
- Service Dog Demo/info, webinars, self-care workshops where living, community benefits available after release and advocacy to help the member.
- a strong mediation program
- Legal support if required
- Legal advise; Mediation Services
- Some sort of confidence building/mindfulness strategies that things will be okay. Financial planning as they lose a large percentage of their income.
- I don't know.
- Having not been through the process as yet, I'm not certain.
- Resume writing workshop to help identify transferability of skills between military

to civilian.

- *If applicable, pain management and addiction. Family Outdoor skilled building program (communication, animal)*
- *Operation Family Doc*
- *Connection with a civilian Family Physician or Nurse Practitioner prior to release.*
- *Possibly Family services, local psychologist, depending on families needs.*
- *Counselling transitional program for 1 to 2 years after release*
- *Employment Services (through Service Ontario)*
- *communication + conflict management*
- *CFMAP*
- *MB Health, RHA*
- *Strongest Families, Homewood/Bellwood addiction and trauma facility, OSSIS and OSI Clinics is required after release. List of community organization*
- *other families who have experienced this and are willing to submit their information*
- *scan seminar*
- *Community Mental Health, OSISS*

3.2.6 What services / programs do you feel are needed but are not available at the moment that would assist families as they prepare for medical release?

Responses included the following [sic]:

- *The FLOs answer support for the families; however, it is important that CAF members transitioning out have support from outside the FAC along with the supports within the CAF. The services within the CAF focus on military type issues and I have noted the difficulties that the retired members face are often not having the skills to function as an everyday civilian. They come from an environment where their choices are made for them and they are given direction on many matters both professionally and personally. It is imperative that transitioning members receive training on how to be more intrinsically motivated with their choices.*
- *Financial programs geared at understanding what financial benefits they have and don't have and how to manage money and family counseling around trauma. Many of the families we see indicate the service member is not seeking treatment and so the family is left not able to access services through VAC.*
- *Programs like Good to Go that help people with the cultural transition from military to civilian life. Programs that acknowledge disability discourse within the context of the military community.*
- *There are a lot of programs, however, you cannot force the families to attend, you can encourage, support and promote the programs. Many families of ill and injured are experiencing a lot of chaos. I know there are a few Apps related to PTSD that families find helpful. Perhaps developing some more self-serve mechanisms that highlight the resources they can access is needed with the caveat that they know they can access real people if needed.*

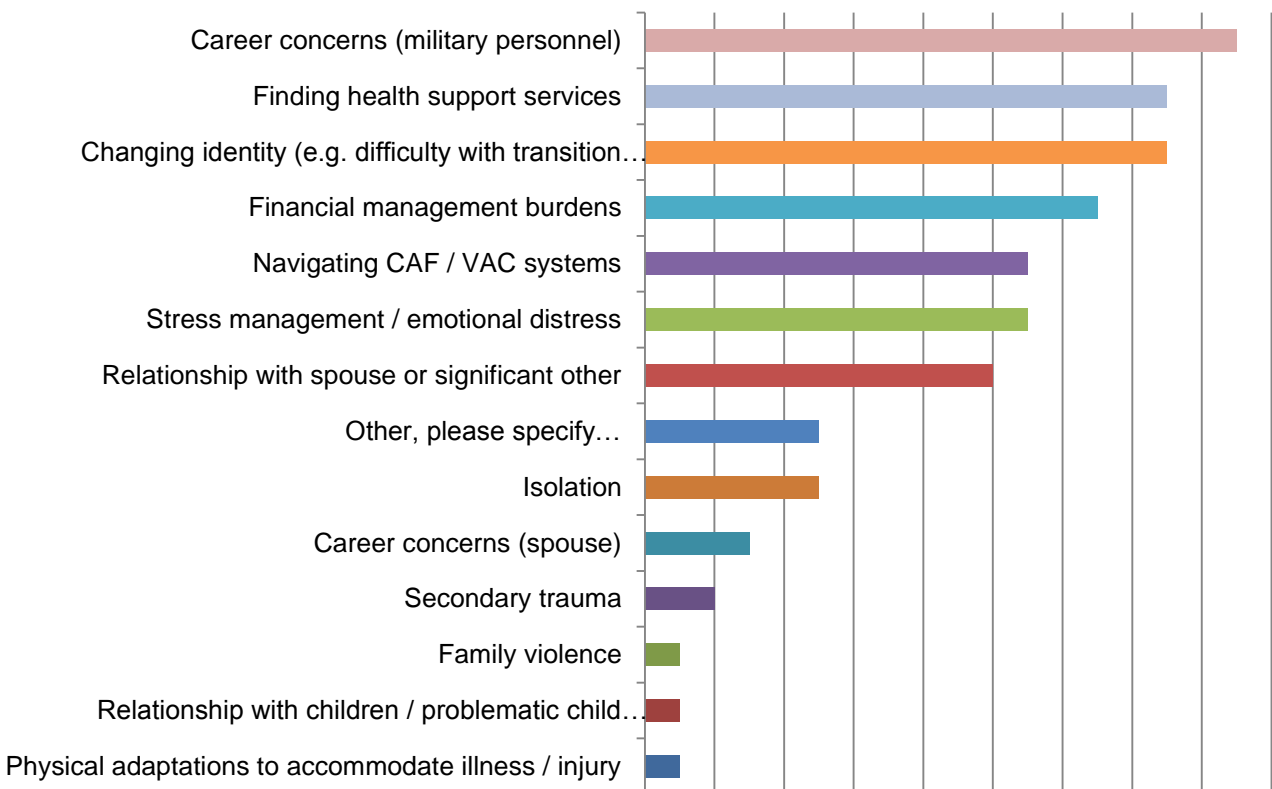
- *A transition program for the member and family to attend together prior to release*
- *Online Chatroom specifically for Spouses/Families as well as one just for Veterans. Chatroom to type with other Vets as well as one which has a Trained Counsellor like the Dept of US Veterans Affairs does.*
- *some kind of legal aide - legal aide services here are limited in this community*
- *Support for spouses whose military partner leaves and fails to provide for children/ partner financially*
- *One person as a Case Manager, to follow the family through the process of release and follow them ip over the first two years. This person would work with both military member and partner.*
- *How to connect to civilian programs such as community centres, churches, events and resources fro fun, exercise in the community they live*
- *program designed for spouses*
- *Training for spouses that would equip us to deal with whatever injuries or illnesses our members have, how to ensure our kids are also managing well and how to care for ourselves.*
- *Unknown.*
- *Psychoeducational programs that enhance family adaptability/reponse to change. Perhaps tailor a course specifically for transitioning/retiring members using R2MR/Mental Health Continuum as a method to prepare them.*
- *Mindfulness for families, retreat style to re-connect with family member to know where each other is at right now. Supportive and therapeutic.*
- *Operation Family Doc*
- *An independent service whose sole purpose is to help manage the specific military, veteran and civilian services each family requires*
- *Advocacy or case manager role being more holistic and community building focus*
- *Retraining for spouses/partners, caregiver respite program, continued mental health and treatment programs*
- *Local access to specialist medical care. Many personnel are required to travel to Ottawa for specialist appointments.*
- *"children deployment support program" version for these families (0-6 + 7-12 + teens)*
- *Military Trauma Specialists for CAF member and family.*
- *As above, compensation for family involvement*
- *A family :out-clearance" to help the member and his/her family understand and deal with the release any long-term issues/treatment requirements.*
- *spousal support group and one for youth and children*
- *Séance d'information aux conjointes via l'OLF en collaboration avec l'UISP et les IGC.*
- *information on time frames*
- *Information Sessions on the psychological impact of preparing to transition to*

civilian life and how steps to take to ease the transition, especially when there is as illness/injury.

3.3 Post-release Experience

Subject matter experts responded to questions about the most common struggles, support needs, information and resource requirements, and best practices for families in the immediate years after medical release.

3.3.1 In the year or two following medical release, what are the top 4 major struggles of families?



All of the “Other” responses are below [sic]:

- *we don't provide so don't know*
- *Mentorship Program with Medically Released personnel*
- *We dont 'see veteran families after they transition so I am giving an informed guess on these*
- *PTSD & OSI support/education- lack of general community understading. (ie: families seek out military resources& information as it pertains to the issue they are experincing)*
- *addictions, pain management*

3.3.2 In the year or two following medical release, what do you think is the most crucial information needed by families, and how can families best be supported to organize and keep track of all the important information so that things don't fall through the cracks?

The most common responses for what the most crucial information needed by families were:

- Checklist and timelines for the transition process;
- Financial / legal support;
- Case management; and
- Transition to civilian training.

All of the responses are below [sic]:

- *Again, it is important to provide families with the skills and abilities to make intrinsically motivated ideas and choices. Provide them with the opportunity to develop independence and support and guidance. It is similar to a guidance counsellor in high school - if you will.*
- *Ensuring that all community partners are providing consistent information. Families know where to go to get that information. Community partners are working together to ensure continuity of service delivery.*
- *They need to know about OSISS, who can be crucial in providing post release services and if the families have access the OSI Clinic they need to know about support their, for example the Fredericton OSI Clinic runs and OSI 101 program that is tailored for VAC families. Relying solely on the MFRC to provide ongoing post services would be very one dimensional - families need to transition to community services and could do so with the help of additional partners. Long-term complex mental health issues may require the services of a psychologist, referrals for these services is crucial services for these issues, the families can access provincial services as well as private (recommend extended benefit) some MFRC's would struggle with providing clinical expertise (short-term might be only service available) therefore, MFRC staff should be able to help families transition to the services in their community. Lastly, groups such as iSTEP, YPET and E=MC3 in our community are partnered with OSISS and OSI Clinic so families can access after release if they choose and they have multiple entry points. It is important to keep in mind that some families may not want to get some or all of their post release services via the MFRC - due to the association with the MFRC to DND. We try to offer families choices where and when possible.*
- *The financial piece and the time lines as to when to engage partners such as SISSIP and VA seems to be the most crucial information needed by families prior to release. In my experience families can be best advised and kept on track by being in close contact with their IPSC*
- *transition support*
- *Checklist set up and services set up to provide a clear/concise transition.*
- *Work with couple together; support with legal matters and/or mediation services*

if required. Marital breakdown is very common in these families and moral, financial and legal obligations are not always followed up on by the military member.

- *The time line of what has to happen (appointments, forms to be filled out, doctor meetings etc.). if the mbr is through IPSC, ensure the FLO connects somehow (phone, in person) with family. If the mbr is not through IPSC, unit needs to alert the MFRC so FLO can connect with family mbr to explain services available.*
- *care, support and financial issues should be addressed with spouse/family of the member*
- *unknown*
- *Develop a schedule/ routine/ calendars Set short term & long term goals Attend meetings, SCAN seminars, connect with mentors Be in contact with IPSC service manager, VAC*
- *case management.*
- *They need to be able to sit down and talk on their own with other families that have been through the process of medical release so they have a better idea what they can expect.*
- *Available resources, costs that lie ahead, contact information with a contact person to advocate for them as new needs arise . on going peer support , A clear roadmap to release.*
- *Case management coordinated services*
- *Any information regarding the differences between military processes and civilian processes, such as the health care they received in uniform compared to what they can expect from civilian providers. CAF Case Mgt, the IPSCs and VAC have are already involved in providing much of this type of information. Many soldiers have become "institutionalized" and don't have a firm grasp on what it is to become a civilian again. As odd as it might sound, some personnel would benefit from some sort of "indoctrination" to being reintroduced to the civilian population.*
- *Families need a comprehensive check list with reasonable timelines to start the process as early as possible.*
- *Awareness of resources, supports available after release, that they can advocate to be included in appointments/information sessions, availability of guides/checklists,*

3.3.3 In the year or two following medical release, which 6 support services are most needed by families?



All of the “Other” responses are below [sic]:

- *We don't have factual info here, so we are making educated assumptions.*
- *Support Group programs OSISS*
- *who knows, we do not provide*
- *Mentorship program from other Vets.*
- *We rarely see veterans or get calls from their family as they are now with VAC. I have made an informed guess based on experience and what I hear from OSISS or VAC*

3.3.4 What community or DND resources do you most commonly refer families to in order to support them after medical release?

The most common responses for what community or DND resources they most commonly refer families to were:

- OSISS;
- IPSC / JPSU;
- SISIP;
- VAC; and
- CFMAP.

All of the responses are below [sic]:

- *CFMAP, OSISS & SISIP*
- *child and youth mental health, chaplains, VAC, CFMAP*
- *VAC*
- *Depends on the unique needs of the family presented by the family*
- *DND and VAC mandates currently do not facilitate an integrated approach. Community resources such as provincial mental health services, mobile crisis services, VAC area counsellors that can explain their services in more detail, OSISS and OSI Clinic for family services are the most common. The Legion is sometimes used for financial services as is the MFF.*
- *IPSC, SISSIP, VA*
- *Career transition; Mental Health services*
- *Finacial, health care and education*
- *VAC, US Dept of Veteran Affairs 24/7 chatroom with a counsellor*
- *VAC and OSSIS*
- *Ann Davis Society; Chilliwack Community Servies; Legal Aide; if the member/spouse did not follow up with OSISS - re-referred*
- *OSSIS or VAC. We rarely hear from Veterans so when I do, I use OSISS or VAC*
- *VAC*
- *VAC SISIP OSISS (peer/family) IPSC services manager Legion services manager Community based programs (IF available)*
- *community services providers and VAC. Support the troop initiatives*
- *Veteran's Affairs, civilian health services, Canadian Forces Member Assistance Program, OSISS*
- *OSISS, VAC , The Legion , MFRC , Community groups , local financial services.*
- *MFRC, VAC*
- *OSISS*
- *VAC, MB Health, RHA, Family Line*
- *ACC, UISP, RARM, aide à l'emploi et service intervention du CRFM, OLF, programme E=MC3 pour les familles dont un membre a une BSO*
- *OSI Clinic, SISIP, OSISS, VAC, Community Mental Health, CFMAP*

3.3.5 What other programs not listed here would you recommend to assist families as they transition out of the military into civilian life?

Responses included the following [sic]:

- *CFMAP*
- *assistance with completing paperwork/applications*
- *Same programs as identified on the previous page.*
- *SCAN/Medical Info Seminars. OSISS has a lot to offer families, but would require increased staffing and funding.*

- *unsure*
- *Transition program for both family and member to attend*
- *Volunteer services for those who cannot work*
- *Mediation Counselling Program*
- *For spouses, transitioning from the "MFRC Spouses Group" to the "Newly Retired Spouses Group" ; this has been very successful here.*
- *Communication course so they can better communicate their fears, concerns for the future.*
- *IPSC, MRFC*
- *see previous answer*
- *Psychoeducational programs to foster resiliency and adapt to change. See previous answer.*
- *soldier on, parenting, relationship*
- *counselling services, family services, career development services. home and school , local government services.*
- *Continued psychosocial support and case management services*
- *CFMAP*
- *Le service de garde en cas de blessures graves ou de décès pourrait être un atout en appui à un groupe comme E=MC3 ou pour faciliter l'accès à un service pour le militaire libéré(cas par cas).*

3.3.6 What services / programs do you feel are needed but are not available at the moment that would assist families as they prepare for medical release?

Responses included the following [sic]:

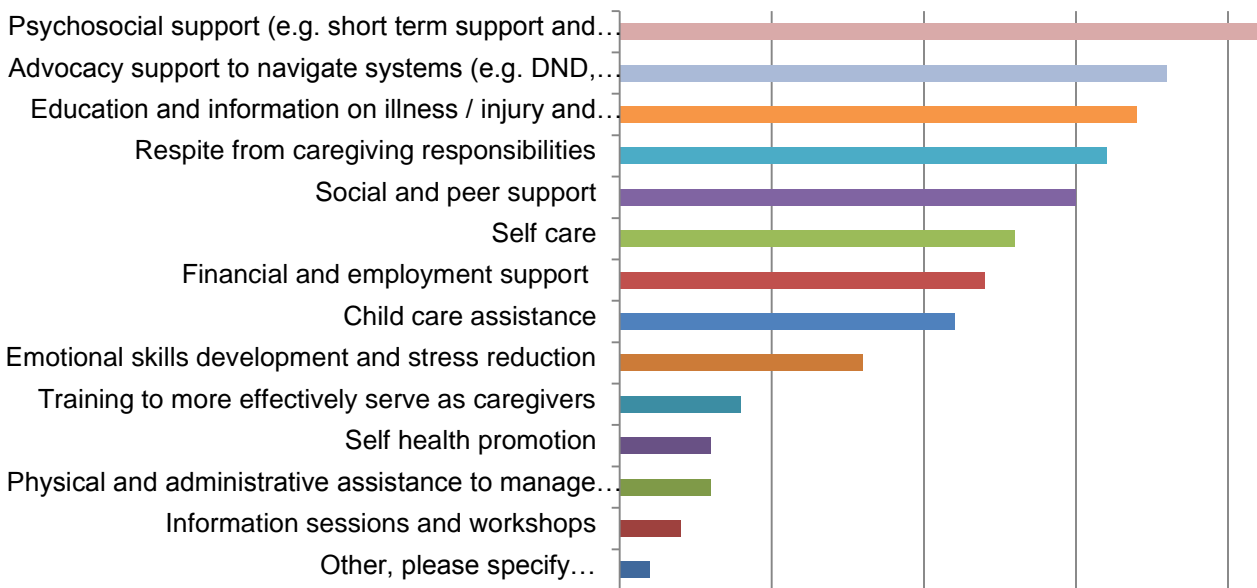
- *Guidance counsellors. Social Workers have a different role and have been filling this void. The transitioning families need someone to help them recognise how they can make choices as well as encourage them to be independent of the CAF.*
- *additional health care providers*
- *Awareness where families can go to get help after they release.*
- *Same programs as identified on the previous page.*
- *OSISS could be beefed up as they provide services to both - what better way to introduce transition. Post release interviews or follow-up via VAC and MFRC - keeping in mind that our services are voluntary . Providing community briefings about the needs of released families.*
- *unsure*
- *Transition program*
- *EMDR Therapy, Volunteer in the local Community matching*
- *As stated; for families breaking down,;mediation services, legal support services; and guidance on obligations to ones family.*
- *Can't answer. There are programs but you can't force people to attend.*
- *program for spouses that would address the "difficulties" that are arising or will arise*

- *unknown at this time*
- *Mental Health continuum/ psychosocial program tailored to transitioned/retired memebrs & their families.*
- *relationship training that reflect their new reality*
- *Same as what i listed previously*
- *Continued psychosocial support and case management services to identify issues and prevent long term difficulties*
- *Most programs are available, but due to understaffing take too long to access.*
- *Military Trauma Specialists*
- *Information sessions on the psychological impact of medical releasing and transitioning, inclusion in VAC transition interviews, awareness of resources availaible after release*

3.4 Family Caregiver Experience

Subject matter experts responded to questions about the most urgent needs of family caregivers, and the support services / information / resources available to and required by caregivers.

3.4.1 What are the 5 most urgent needs of the spouses / significant others caring for ill / injured CAF personnel / Veterans?



All of the “Other” responses are below [sic]:

- *Transition program*

3.4.2 What services / programs are you aware of that support caregivers of ill and injured family members?

Responses included the following [sic]:

- OSISS, Veterans Affairs, True Patriot Love, SISIP (while transitioning), Hometown Heroes, The Royal Canadian Legion, PPlus many more
- CFMAP, OSSIS, VAC, MFRC, FIL, Family Navigator, familyforce.ca, Royal Canadian Legion, Chaplains, community resources
- OSISS, MFRC
- Community caregiving networks which are available in most communities (they provide education, support and advocacy services within the families home community).
- FLO program, OSISS, OSI Clinic, Various tailored programs, E=MC3, Spousal Education Group, OSI 101, YPET. iSTEP, MFF Special Needs funding, CSCC program and provincial and private clinical services.
- OSIS and The Hope Program are the 2 most prevelant that come to mind
- Casualty Support Childcare; Employment resources; counselling/support
- MFRC, OSISS, Legion
- 12 Step Community Programs.
- OSISS Family Peer Support Group, and we are in the process of developing a series of self care workshops for IPSC caregivers. We also promote our social inclusion activities, such as coffee connections, respite care, and children's programming, including our playgroups.
- Home Care Support Services are available if the attending physician refers the family and the family accepts the assistance (no. of hours is limited). Hospite Supports are available in Care and in the home; Private visiting nurses; volunteer drivers for families to/from treatments; Clergy support
- OSISS, VAC This is a confusing question. Do you mean support for releasing members or veterans? Other than VAC or OSISS, I am not aware of any military type programs available. Also, what do you mean by "support"? Emotional? Physical? Financial?
- FLO, OSISS
- OSISS, Support out Troops, MFRC,
- Legion VAC Health Canada: CFMAP/ Health Canada
- MFRC, OSISS, VAC,
- Canadian Forces Members Assistance Plan, OSISS Family Peer Support, Community Care Access Centres, Veteran's Affairs, Civilian Healthcare agencies / hospitals.
- Social worker -MFRC , OSISS peer support , local groups .
- ipsc
- OSISS
- FLO, VAC Voc Rehab, MFRC, MFF, Padre, OSISS
- I am not aware of many services to support caregivers of ill and injured members. I have used OSISS Family Peer Support and some counselling

services within the community. Veterans Affairs have been used to support families and referrals to Strongest Families. There is not much available after release for families, especially for members suffering from mental health issues. As the FLO, I give briefings to families on Compassion Fatigue/Caregiver Burnout.

- osiss, OSI network
- ACC, DRAS (transport adapté, entretien de terrain, aide à domicile, services spéciaux pour ceux ayant été blessés en Afghanistan), CRFM, SSBSO, RSB, Padrés, Centre de santé, UISP, COSP, RARM, PSP
- FLO, OSISS, VAC, IPSC, Case Management, community resources such as CMHA, Alzheimers Society etc

3.4.3 What information / resources do you require to better support caregivers of medically releasing CAF Personnel?

Responses included the following [sic]:

- *Veteran's Affairs is difficult to map. Also, the supports between JPSU and IPSC need to be identified for all. This is often not discussed outside of these units.*
- *Information on the services available to them if they can not access VAC services.*
- *We feel comfortable in our ability to support caregivers and families and connecting them to the appropriate resources that can support them.*
- *A Family Friendly Book or Online APP designed for transitioning families about the benefits available to them from VAC (for private mental health services funding), OSISS, OSI Clinic and general info on MFRC programs but also on transitioning to provincial resources that are independent of the CAF member. They need to know where to find short-term, referral services, long-term and applicable programming.*
- *With so much information in print, an excellent IPSC Services Coordinator and Platoon Officer and a good working relationship with SISSIP, OSIS etc I feel I have access to everything I need to better support clients.*
- *Transition program*
- *better training, workshop for people medically releasing, group support*
- *Financial assistance to cover the cost of Respite Care to release partner would be beneficial. Follow up program to assist members whose spouse has died and to provide group support for first year.*
- *Knowing who the caregivers are would be good. If they are not involved with the IPSC, we don't know unless a unit tells us (and that does not happen). I won't assume I know until I can talk to the caregiver what they need.*
- *As a caregiver, I find it frustrating to navigate the organizations and systems that are in place. My husband may or may not be aware of supports available to him, and if he is - he may not always choose to, or remember to tell me, and if he isn't then neither of us are often aware of the support. When all of this started a year ago, we had to do most of our own research into what PTSD*

was, how it is diagnosed, treated, etc. There's been a huge learning curve for me regarding self care and caregiver burnout. I have also struggled to find resources for my children - both to help them understand what PTSD is and why their father is acting the way he is, as well as resources to help me make sure they are managing well emotionally. We are primarily a one income family but having some supplementary income with a growing family is becoming a necessity. Working outside the home carries a larger level of stress for me, as my husband does not always handle the stress of managing the home well with his PTSD and I am often anxious if I'm away from home long, depending on what kind of day he has been having. Finding legitimate work at home options is challenging. Depending on what his condition would be if we were medically releasing, financial stress and the stress of having to potentially work outside the home to help would be a tremendous burden for me.

- *More opportunities for families to connect & participate in psychosocial/informative workshops with one another which is a challenge based on geographics. ie: caregivers retreat, self care etc.*
- *Template with clear distinction of what is available to support families so we can direct efficiently. Consistent case management from JPSU that provides advocacy, education and support that include the spouse. Standard protocol that would allow a safety net.*
- *Information directly from caregivers of CAF Personnel already medically released about what is required. A list of resources that matches the information provided from caregivers of CAF Personnel already medically released.*
- *N/A*
- *Links to programs that can offer respite for the care givers allowing them some time to focus on their own well being.*
- *Civilian resourcers that provide medical and support to the family while on transition and after the release to be set up and active prior to release.*
- *Collaboration with base hospital, IPSC connection/integration*
- *More connection to MFRC/IPSC by spouse after release and supports offered to the family of this CAF member who is ill/injured. More education/awareness to the family on the illness/injury and the services available to assist the CAF member.*
- *more information from the Legion if there are groups available*
- *DRAS couvrant services de préparation de repas pour la famille lors d'hospitalisation majeure. Poursuivre l'arrimage avec les diverses organisations offrant des services aux militaires et aux vétérans (guichet unique)*
- *Psychological impact, identify normal concerns, support group for Caregivers (not just psychologically ill/injured but also those whose loved one is physically injured or has been diagnosed with a disorder (Alzheimers, ALS)).*

4. Discussion

In general, about two-thirds (2/3) of the respondents are seeing an increase in the number of families requesting services from MFRCs as they prepare for medical release. And about 2/3 of those families are dealing with a medical release due to mental health conditions as opposed to a physical illness/injury. This is a higher proportion than the percentage of personnel releasing due to psychological limitations (approximately 40%)¹; however it is possible that those medically releasing due to mental health conditions require more familial assistance than those releasing due to physical limitations. The respondents indicated that just over half of the families they are seeing are posted to the IPSC/JPSU, however almost 20% of the respondents answered that they were unsure or that this information was not available, so the percentage may in fact be higher than 56%.

In general, these families were primarily asking the MFRCs for the following services:

1. Information and referral;
2. Counselling;
3. Child care; and
4. Education on mental health issues.

The major struggles of families both pre- and post-release were very similar, with the following topping the list:

- Financial management burdens;
- Career concerns for the military personnel;
- Finding health support services;
- Navigating CAF/VAC systems;
- Changing identity (e.g. difficulty with transition from military to civilian);
- Relationship with spouse/significant other; and
- Stress management / emotional distress.

The most important support services needed by families both pre- and post-release were also very similar, with the following topping the list:

- Psychosocial support (e.g. short-term support and intervention);
- Advocacy support to navigate systems;
- Information and referral to civilian services;
- Career transition services for the military personnel; and
- Assistance to establish civilian healthcare providers (e.g. physician, mental health clinician, etc.).

¹ See associated Literature Review for more details. Manser, Lynda. (2015). *The Needs of Medically Releasing Canadian Armed Forces Personnel and Their Families – A Literature Review*. Ottawa, ON: Military Family Services.

Finally, the most urgent needs of spouses / significant others caring for ill / injured CAF personnel or Veterans are only slightly different, including:

- Psychosocial support (e.g. short-term support and intervention);
- Advocacy support to navigate systems;
- Education and information on illness/injury and its impacts;
- Respite from caregiving responsibilities; and
- Social and peer support.

These support needs are, to some extent, in line with current research¹ and also to best practices which identify the following 5 evidence-based strategies (to be implemented in conjunction with linkages to supportive community and military services):

1. Educate adults and children about the impact of the illness/injury and the expected recovery process (e.g. psychoeducation).
2. Reduce family distress and disorganization through family care management and provision of practical and socioeconomic support (e.g. motivational interviewing, linkages to services and referral assistance).
3. Develop emotion regulation skills necessary for ongoing dialogue and collaboration (e.g. mindfulness-based stress reduction, cognitive behavioural therapy).
4. Promote helpful and ongoing communication about the injury that incorporates developmentally appropriate language (e.g. injury communication).
5. Encourage optimism through development of successful problem-solving and shared future goals (e.g. medical family therapy ambiguous loss, individual placement and support).

From the perspective of MFRC subject matter experts, it appears that Canadian military families may require additional support to understand the transition process and navigate the various systems and benefits. This is in line with the Auditor General's 2012 Report² where they found that CAF members and Veterans find the transition process complex, lengthy, and challenging to navigate. They even found that the departmental staff responsible for assessing eligibility and managing the delivery of services and benefits within National Defence and the CAF and Veterans Affairs Canada also believe the process is complex and challenging to navigate.

These respondents also identified social and peer support as very significant. Currently this is offered through OSISS successfully. Efforts must be made to collaborate with OSISS on any pilot project development to avoid duplication.

¹ See associated Literature Review for more details. Manser, Lynda. (2015). *The Needs of Medically Releasing Canadian Armed Forces Personnel and Their Families – A Literature Review*. Ottawa, ON: Military Family Services.

² Office of the Auditor General of Canada. (2012). *Report of the Auditor General of Canada to the House of Commons - Chapter 4 - Transition of Ill and Injured Military Personnel to Civilian Life*. Ottawa, ON: Government of Canada.

There may also be more of a requirement for career transition services for the military, although the Canadian research¹ does not necessary support this requirement.

A number of Canadian-developed programs were mentioned, the majority of which are evidence-informed but not evidence-based, and none have been rigorously tested for effectiveness within Canadian families of medically releasing military personnel. Some of these include “E=MC3” (CRFM Valcartier), “Good to Go” (Esquimalt MFRC), “iSTEP” (Edmonton MFRC), “YPET” (Gagetown MFRC), “Strongest Families”, “Bounce Back and Thrive”, etc. Some show promise and should be examined further to determine which programs are the most suitable and effective. Then those programs should be offered consistently across MFRCs.

Currently MFRCs rely primarily on JPSU/IPSC, VAC, OSISS and SISIP to get information on the services and benefits that are available to medically releasing personnel. Respondents recommended that MFRCs require the following information/resources in order to better support families of medically releasing personnel:

- A list of services and benefits that are available to the family through their transition that is accessible directly by the family and also by the MFRC;
- A checklist and timelines that describe the transition process;
- A policy/practice that involves the family in the member’s case management, SCAN meetings and the development of family care plans;
- Transition to civilian life training;
- Support (social, financial and legal) for families who are separating or going through divorce; and
- Long-term counselling capacity (either MFRC or civilian provider).

5. Conclusion and Recommendations

Canadian research² has shown that the majority of families transition successfully from military to civilian life. But some require additional support to adapt to an altered family life after illness/injury, to navigate the vast and complex array of services and benefits, to adjust to a new civilian identity, and to establish new civilian service providers.

Recommendation #1:

Given the consistent themes of the challenges and confusion surrounding the transition process and the various systems and benefits in both this research and the associated Literature Review, the following deliverables should be highest priority in a pilot project.

¹ See associated Literature Review for more details. Manser, Lynda. (2015). *The Needs of Medically Releasing Canadian Armed Forces Personnel and Their Families – A Literature Review*. Ottawa, ON: Military Family Services.

² *ibid.*

- A list or guide of all transition services and benefits needs to be compiled that can be made available to the family directly and also to the MFRC. Resources already exist¹, and the list or guide could be modeled after the successful “Shoulder to Shoulder” or “You’re Not Alone” resources.
- A checklist that describes the transition process and key timelines needs to be developed to educate families on what to expect and look for when medically releasing. This could be done through a self-serve mechanism that compliments existing resources such as the OSI Connect app or the online resource being developed by the Royal Hospital.

Recommendation #2:

From the perspective of MFRC subject matter experts, families of medically releasing personnel principally require the following:

- Advocacy support to navigate systems;
- Assistance to connect with and secure new civilian healthcare providers (e.g. physician, mental health clinician, etc.).
- Education and information on the illness/injury and its impacts;
- Respite from caregiving responsibilities;
- Social and peer support; and
- Psychosocial support (e.g. short-term support and intervention).

These needs and supports are somewhat in line with the current research, but they need to be substantiated by families themselves. Director General Military Personnel Research and Analysis is conducting comprehensive studies on “family resilience amidst illness and injury” and on “families of CAF personnel transitioning out”, however these will not be complete before 2017-2018. In the interim, any pilot project should incorporate informal consultations with families to verify these needs and supports are indeed what families require throughout the medical release process.

Recommendation #3:

There is a need to ensure that any program or activity implemented to serve families of medically releasing personnel is evidence-based. Examples of these exist in the US military and include evidence-based strategies such as family education on the injury/illness and recovery process, family care management, emotion regulation skills development, injury communication training, and development of problem-solving and shared goals. These may be adaptable to the Canadian context. And there are also promising programs that have been developed in Canada, and in some cases by MFRCs (e.g. E=MC3, Good to Go, iSTEP, YPET). At this time, these are only evidence-informed, but if resources can be committed to rigorously evaluate these programs, they may prove to be effective interventions that can be implemented consistently across locations.

¹ See associated Literature Review for more details. Manser, Lynda. (2015). *The Needs of Medically Releasing Canadian Armed Forces Personnel and Their Families – A Literature Review*. Ottawa, ON: Military Family Services.

Recommendation #4:

Consideration must be given to existing support programs such as FOCUS-CI, OSISS and those developed by MFRCs (e.g. Good to Go, YPET, E=MC3, iSTEP). Likewise, any pilot project activities should be promoted through existing programs where people currently go to get information on the services and benefits available to medically releasing personnel (e.g. IPSC, VAC, OSISS, SISIP). Building on currently successful projects will ensure that:

- Strategies are evidence-based or at a minimum evidence-informed;
- There is no duplication of services;
- Families are not further confused by an increasing myriad of programs;
- Programs are offered consistently across locations;
- Promotional and marketing costs be reduced; and
- Program development and professional training needs be reduced.

Recommendation #5:

Through this research, it became very clear that MFRC subject matter experts are limited in their ability to track families and services delivered in a way that creates a “big picture”. Responses quite often were “unknown / unsure / information not available”. And responses fluctuated tremendously across locations, and even multiple responses within the same locations were more often divergent than similar. It is strongly recommended that attention be paid to develop consistent tracking processes and mechanisms that can be accessible by MFRC and MFS staff but that still uphold all privacy and client confidentiality requirements and standards. This will contribute greatly to the overall knowledge base of Canadian military and Veteran families and services.