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CANADIAN ARMED FORCES AND VETERANS AFFAIRS CANADA

JOINT SUICIDE PREVENTION STRATEGY

CANADIAN ARMED FORCES SUICIDE PREVENTION ACTION PLAN

STRONG
SECURE
ENGAGED

CARE
COMPASSION
RESPECT

Canada

TABLE OF CONTENTS

REFERENCES

A. *Federal Framework for Suicide Prevention* (2016), https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-prevention-framework.html

B. Minister of National Defence Mandate Letter (12 November 2015)

C. Minister of Veterans Affairs and Associate Minister of National Defence Mandate Letter (4 October 2017)

D. *Strong, Secure, Engaged: Canada's Defence Policy* (2017)

E. *Joint Canadian Armed Forces & Veterans Affairs Canada Strategic Suicide Prevention Framework* (2017)

F. *Report of the 2009 Mental Health Expert Panel on Suicide Prevention in the Canadian Armed Forces*

G. *Report of the 2016 Mental Health Expert Panel on Suicide Prevention in the Canadian Armed Forces*

H. Treasury Board *Guide to Integrated Risk Management*, https://www.canada.ca/en/treasury-board-secretariat/corporate/risk-management/guide-integrated-risk-management.html

INTRODUCTION

The act of "suicide" is defined as, to "**end one's own life intentionally**". It is a tragedy, by any measure, when someone feels they have no other option than to take their own life. Unfortunately, the tragedy does not rest only with the individual who has died by suicide. As emphasized within the *Federal Framework for Suicide Prevention* (2016), *"Deaths by suicide have a devastating and immeasurable impact and leave families, friends, classmates, coworkers and communities struggling with grief and searching for solutions"*. While suicide itself is quite rare, the phenomena of suicide attempts (when individuals survive after deliberately taking action to end their lives) and suicide ideation (having thoughts about suicide) are much more common. Collectively, suicide, suicide attempts, and suicide ideation are defined as "suicidality"— the prevention of which is the target of this action plan.

It is understood that military service creates unique stressors on members and their families both during and after their years of service, which is why the Prime Minister of Canada provided mandate letters directing the Canadian Armed Forces (CAF) and Veterans Affairs Canada (VAC) to produce a joint suicide prevention strategy for both CAF members and Veterans. In keeping with Canada's Defence Policy: *Strong, Secure, Engaged*, a joint strategic framework will ensure CAF members, Veterans, and families are well-supported and resilient — physically, psychologically, and socially. *The Canadian Armed Forces and Veterans Affairs Canada Joint Suicide Prevention Strategy* was developed collaboratively by CAF and VAC and provides the vision, mission, guiding principles, and major lines of effort (LoEs) that give direction to this CAF Suicide Prevention Action Plan (SPAP). This SPAP should be read in conjunction with the joint strategy.

In the development of the CAF & VAC Joint Suicide Prevention Strategy, it was recognized that there are significant differences between the two distinct populations that are CAF members and Veterans. First, each department has its own specific regulatory and policy frameworks. Second, CAF members and Veterans have their own unique lifestyles, environments, resources, stressors, risks and protective factors. Finally, CAF members' and Veterans' access to health care and support resources are quite different and distinct. As a result, both organizations were directed to develop their own respective and unique suicide prevention action plans to:

> … identify, coordinate and ensure the implementation of activities along the Suicide Prevention Continuum that advance the identified LoEs. These action plans will reflect the legislative mandates and responsibilities of CAF and VAC, and be tailored to meet both the unique needs of CAF members and Veterans. At the same time, we expect that these action plans will be developed in a collaborative and coordinated manner, and in accordance with the common guiding principles, strategic lines of effort and general planning considerations documented in this joint strategy.

As directed within the *Canadian Armed Forces and Veterans Affairs Canada Joint Suicide Prevention Strategy*, collaboration with VAC has continued during the development of this CAF action plan, with particular attention paid to collaborating on the specific LoE, "Promoting the well-being of CAF members through their transition to civilian life," which is a shared CAF/VAC area of responsibility.

The SPAP will be integrated with a number of mutually supporting efforts and strategies. Primary among these is the Department of National Defence (DND) & CAF Total Health and Wellness Strategy (TH&WS), which will provide over-arching direction and a coordinating function for DND/ CAF strategies related to health and wellness. Current and developing TH&W strategies, programs and initiatives that support the suicide prevention strategy include, but are not limited to:

a. The CAF and VAC Joint Suicide Prevention Strategy and CAF SPAP;
b. The Physical Performance Strategy;
c. The Surgeon General's Integrated Health Strategy;
d. The Federal Public Service Workplace Mental Health Strategy;
e. Operation Honour (addresses harmful and inappropriate behaviour);
f. Alternative Dispute Resolution;
g. The Occupational Health and Safety Program;
h. The Chaplain General's Spiritual Wellness Strategy;

i. Closing the Seam (transition to civilian life);

j. The establishment of a CAF organization to manage transition (including Integrated Personnel Support Centres [IPSCs], Return to Duty [RTD], and release management);

k. The Road to Mental Readiness Program

l. CAF Member Assistance Program (MAP);

m. CAF Family Violence Awareness and Prevention Campaign; and

n. The Military Family Support Program.

In addition, it should be emphasized that there is already a robust set of operational CAF initiatives and programs that focus on improving mental and physical health and well-being and addressing suicidal behaviour. The CAF SPAP is not starting from a blank slate nor will it seek to replicate those strategies, programs, and initiatives already being implemented. It will however identify and track these initiatives so that it is clear how the CAF SPAP exists within a holistic Total Health and Wellness model. This action plan will capture all these existing initiatives, as well as identify any current gaps or needs that should be closed through new initiatives.

VISION AND MISSION

The joint strategic framework provides this action plan with the following vision and mission:

VISION

A community of resilient, productive and confident Canadian Armed Forces Members and Veterans that is supported through robust initiatives and programs to promote well-being, and prevent self-harm and suicide.

MISSION

Prevent suicide of Canadian Armed Forces members and Veterans through a CAF and VAC joint strategy that seeks to understand, address, and mitigate the risks of suicide across the entire military and Veteran community.

A CONCEPTUAL FRAMEWORK FOR SUICIDALITY

The CAF recognizes that suicidality is a complex, multi-dimensional human phenomenon "…*involving biological, psychological, social, cultural, spiritual, economic and other factors, such as the physical environment in which people live* (ref A)." Suicidality is frequently the result of the intersection of a number of risk factors amplifying each other rather than any one factor. Given the complexities, it would be unrealistic to think that the CAF can fully control or eliminate all these factors, culminating in the elimination of suicide. Notwithstanding this reality, the CAF has taken the position that "one suicide is too many" and will seek to address all the risk factors and protective factors that are within its ability to control or influence.

The CAF SPAP will be informed by Thomas Joiner's *Interpersonal Theory of Suicide*. The theory provides an explanation of why certain people engage in suicidal behaviour. The model proposes that there are three necessary elements that combine to create the potential for suicide as modelled in Figure 1, below.

A fundamental need of humans is having feelings of belongingness. Feeling accepted by others and part of a social structure is believed to be a fundamental human need, and an essential component of mental health and well-being. Social isolation then becomes a risk factor for suicidality while social connectedness is a protective factor.

Another fundamental human requirement is the need to feel valued and useful. The belief that one is a burden can lead to the perception that those close to the individual "would be better off without him/her." Financial problems, medical issues, incarceration, or various combinations of a number of problems can lead to distorted perceptions, thereby increasing risk.

The model indicates that the first two elements, the feelings of isolation and the feelings of burdensomeness, can combine to produce a "desire for suicide", or suicide ideation. This desire, however, is not sufficient to carry

INTERPERSONAL THEORY OF SUICIDE

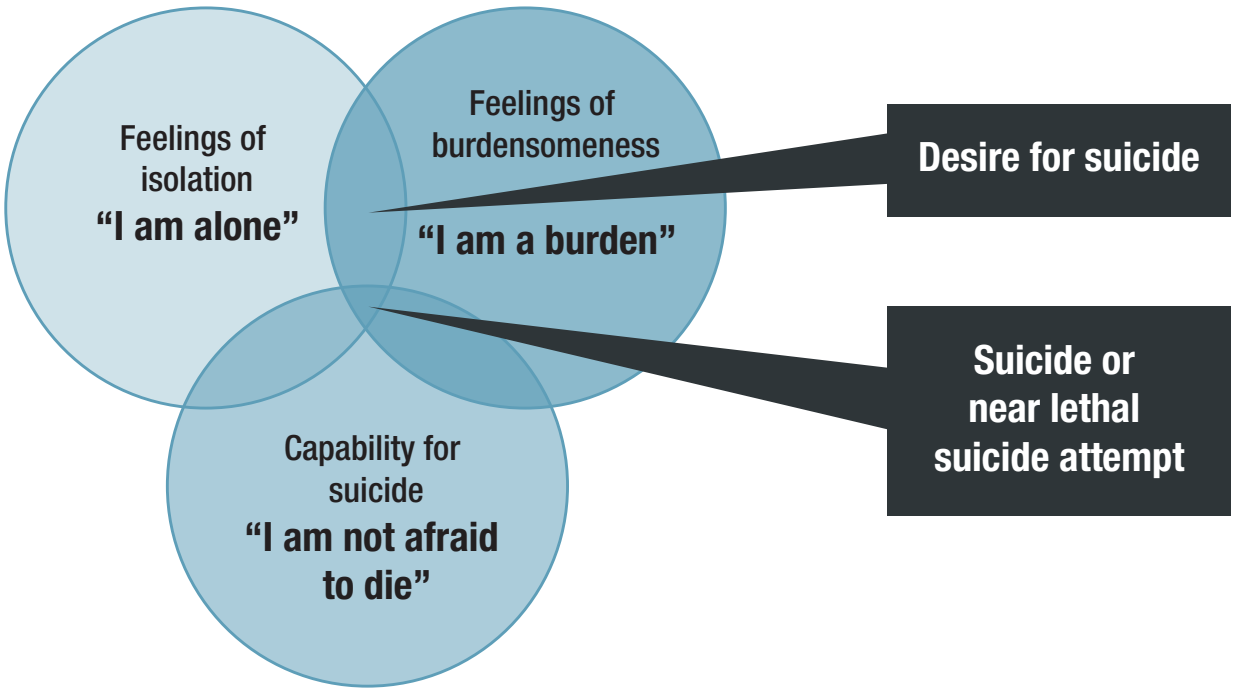

Figure 1. Thomas Joiner's *Interpersonal Theory of Suicide*

out or attempt to carry out a suicide. Fear of death, including by suicide, is a natural and extremely powerful human instinct. The theory proposes repeated exposure to traumatic events, engaging in self harm behaviour and suicide ideation may desensitize and habituate the individual and increase the capability for suicidal behaviours. This may be why a history of attempted suicide is the number one predictor of future attempts. Also, certain professions such as military personnel, police, first responders and surgeons who are exposed to combat, physical pain and/or traumatic experiences, may have a higher risk of suicide.

The *Interpersonal Theory of Suicide* provides a model that can be used to help understand the risks of suicide. It implies that reducing suicidality cannot merely consist of clinical health interventions, but must also include preventative measures such as actively promoting CAF member well-being, while addressing key environmental stressors using a systemic approach.

In line with that approach, the CAF used a systemic model of health based on the Public Health Agency of Canada model that describes 12 core determinants of health. These determinants, displayed in Figure 2, helped inform the joint strategy and the CAF SPAP.

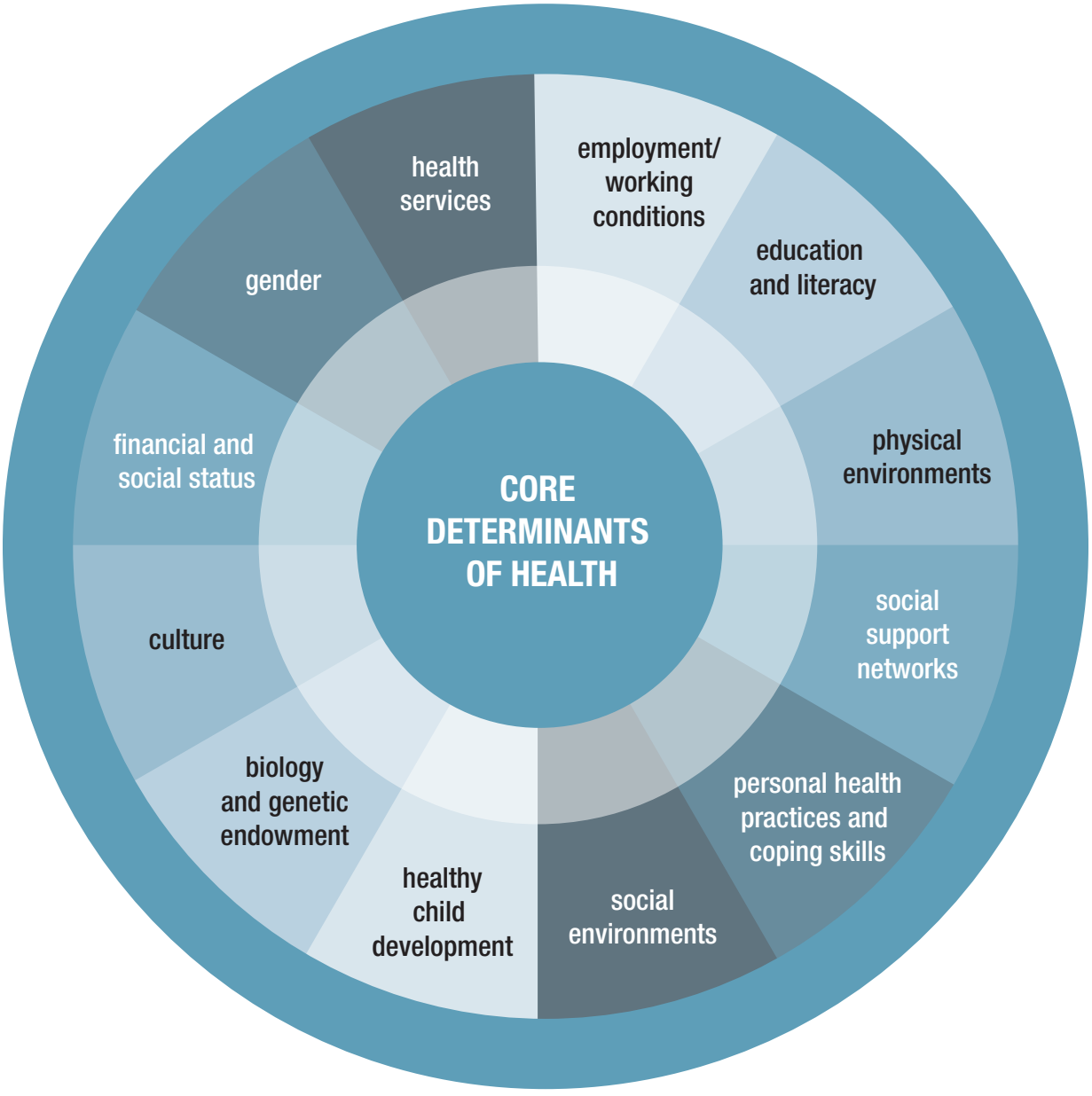

Figure 2. The 12 Core Determinants of Health.

COMMON GUIDING PRINCIPLES

From this understanding of suicidality, the joint strategy lays out 10 common guiding principles as follows:

1. Engaged and enabled leadership that know, and demonstrate concern for, CAF members' and Veterans' well-being and work to create strong support networks is critical to success;
2. Good mental health and well-being is critical to suicide prevention;
3. Unlimited Liability of military service implies a social contract between CAF members and Veterans, and the Government of Canada;
4. Suicide prevention will be integrated with other strategic efforts;
5. A sense of belonging and a sense of purpose protect against suicide;
6. A holistic approach is essential to suicide prevention;
7. Resilient CAF members make resilient Veterans;
8. Morale and welfare are incorporated into training, employment and transition systems;
9. Suicide prevention is a shared responsibility of individuals, health care providers, colleagues and leaders; and,
10. The well-being of the family is key to the well-being of CAF members and Veterans.

RISK MANAGEMENT APPROACH: BUILDING A "LAYERED DEFENSE"

In reality, as mentioned in the Treasury Board *Guide to Integrated Risk Management*, "risk is unavoidable and present in virtually every human situation." To ensure comprehensiveness, the CAF SPAP will apply a risk management approach that targets risk factors in a multi-layered approach.

The Treasury Board *Guide to Integrated Risk Management*, provides a succinct description of risk management as follows:

> *Risk management … involves a systematic approach to setting the best course of action under uncertainty by identifying, assessing, understanding, making decisions on, and communicating risk issues… It does not necessarily mean risk avoidance in the case of potential threats. Rather, risk management equips organizations to make decisions that are informed by an understanding of their risks, and ultimately to respond proactively to change by mitigating the threats, and capitalizing on the opportunities….*

Risk management involves three critical functions, all of which will be addressed in the CAF SPAP:

1. Assess and understand the risk;
2. Eliminate, reduce and/or mitigate risk factors whenever possible; and
3. Establish layered defenses to create, or enhance, protective "barriers" and minimize the chance of an adverse event.

The SPAP aims to reduce the risks of suicide across the organization through a broad and proactive approach in line with the *Canadian Armed Forces and Veterans Affairs Canada Joint Suicide Prevention Strategy* that includes:

a. **Prevention.** Actions taken to prevent suicidality such as research, education campaigns and enhancing factors that protect against suicide, including improving member health and well-being;

b. **Intervention.** Actions taken when an individual becomes suicidal. The focus of the intervention phase is on identification, treatment and care of an individual who is displaying suicidal thoughts and behaviour; and

c. **Postvention.** Actions taken after an individual has died by suicide such as providing support and care to for family, friends and caregivers of the person who has ended their life by suicide, understanding the reasons for the suicide, and identifying lessons learned.

This broader organizational approach of risk reduction is a proactive approach in accordance with many community health and wellness models. Whether one considers issues like heart disease, cancer, or mental health, there are multiple factors that contribute. By focusing on improving the overall health and wellness of CAF members and Veterans, the joint strategy will improve the likelihood that CAF members and Veterans can navigate and manage the stressors and demands of military training, operations, employment, and post-military life.

The CAF takes this broader perspective because of the significant foundational work on suicide prevention that has been done within the organization to date, including the identification of specific suicide risk factors and key protective factors that can reduce the risk of suicide. One of the foundational pieces of this strategy has been the core work produced by the CAF Health Services on suicidality. The modified *Mann Model* (Figure 3) below depicts this approach. It indicates the various potential stressors that could impact negatively on our members as well as the broad potential prevention, intervention, and postvention areas of engagement available to reduce the risk of suicide. Some of the foundational work on risk factors and protective factors associated with suicidology referred to above are outlined below.

Risk Factors: "The likelihood that someone will think about, attempt or die by suicide may increase or decrease due to a complex interplay of these factors, which may include individual, relational, socioeconomic and/or cultural factors (ref A)." Some of the factors that have been associated with an increased risk of suicidality are identified in the sub-paragraphs below. These risk factors are not specific to military members; however, some of these risks can be exacerbated by the military lifestyle. Increased risk for suicidality may include:

a. A prior suicide attempt;
b. Suicide ideation and/or self-harming behaviour;
c. Suicide by a family member or friend;
d. Mental disorders;
e. Substance abuse;
f. Relationship conflict, discord or loss;
g. Few sources of supportive relationships (sense of isolation);
h. Feelings of burdensomeness to others;
i. Significant loss (financial, relationship, etc);
j. Chronic pain;
k. Adverse events in personal history (trauma, abuse, including in childhood);
l. Access to lethal means;
m. Harassment, discrimination and/or bullying;
n. Stigma associated with help-seeking behaviour; and
o. Hopelessness.

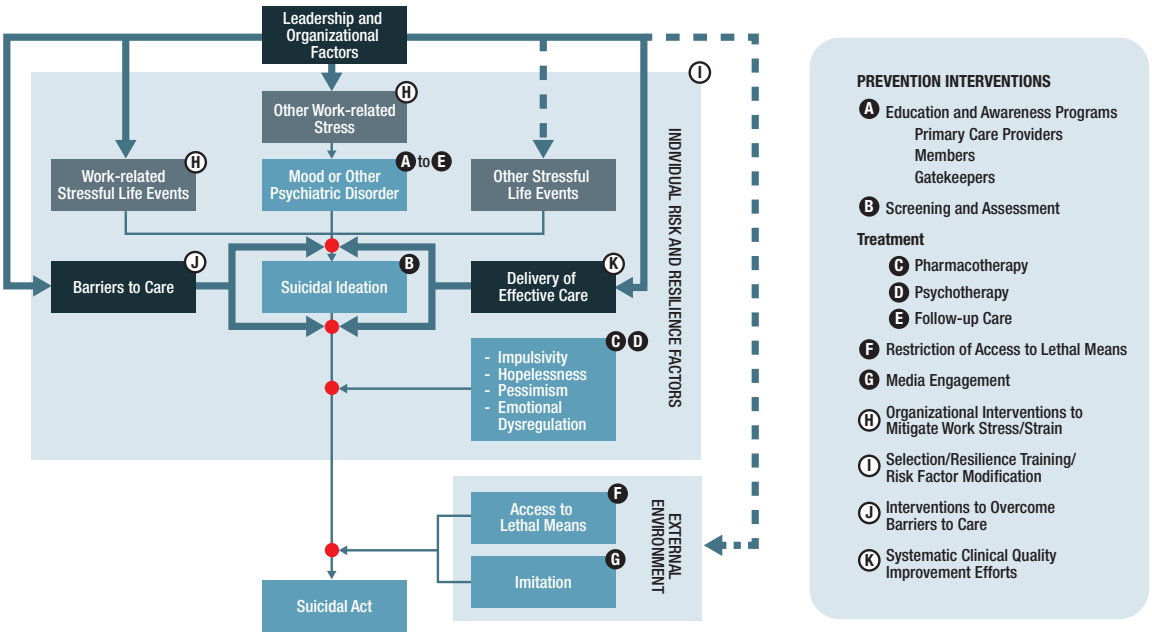

Figure 3. Zamorski, M.A. (2010). *Report of the CF Expert Panel on Suicide Prevention.*

Protective Factors: "The risk of suicide can be mitigated by strengthening protective factors…***Strengthening protective factors should be an ongoing process in order to counter suicide risk and build resilience for individuals, families and communities*** (ref A)." The sub-paragraphs below identify some protective factors that can reduce risk and inhibit suicidality:

a. Psychological, physical and spiritual resiliency;

b. Positive social, community and family connections;

c. Good mental and physical health;

d. Strong self-esteem;

e. Better management of life stressors, including coping and problem-solving skills;

f. Reasons for living (family, purpose, etc);

g. Restriction of access to means;

h. Education / awareness about mental health, suicide (including reducing the stigma associated with seeking care and/or support);

i. Access to appropriate health care and social services (including reducing barriers to care);

j. Assessment / management / treatment of:
   i. suicidal behaviours,
   ii. mental health disorders,
   iii. substance use disorders;
   iv. physical disorders; and

k. Responsible media reporting.

At the most basic level, the CAF SPAP sets out to develop a layered defense along seven specific lines of effort (LoE). Each LoE will include a number of initiatives that promote the elimination, mitigation or reduction of the risks identified above, and/or strengthen and enhance the identified protective factors. In this way the CAF & VAC will create layered defenses to counteract the risk factors for suicide. These LoEs are mutually supporting and are depicted in Figure 4, below.

The "Layered Defense" model is utilized extensively to manage risk in critical sectors, such as flight safety, where risk is inherent and the impact can be severe. The model recognizes risk is inherent and unavoidable in all aspects of life, both personal (we accept risk every time we bike, play sports or travel) and professional (we accept risk during operational deployments and training). "Smart-risk" however means that we understand the risk in relation to the benefits and do everything reasonable to reduce risk. There is also, unfortunately, a real risk that some of our members will have thoughts of suicide, make a suicide attempt or eventually, perhaps, die by suicide. The model recognizes that there is no single infallible defensive method, process, technique or action that can prevent all suicides. Each defensive layer has gaps and weaknesses. What it attempts to illustrate is that we can reduce the risks and promote the protective factors that can potentially prevent a tragedy by putting in place as many layers of defense as possible (our seven LoEs).

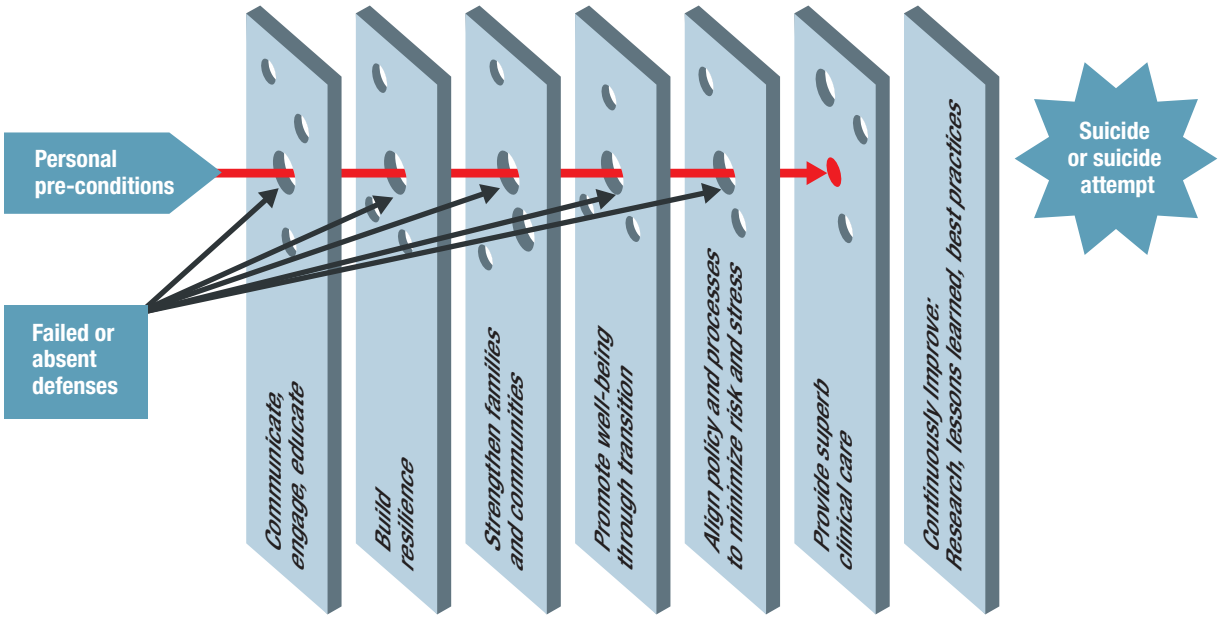

Figure 4. Suicide Prevention LoEs: Layered Defense (adapted from James Reason's Risk Management Model).

ACTION PLAN OBJECTIVES

The LoEs identified in Figure 4 provide broad guidance to direct CAF efforts and the foregoing program objectives provide specific targets. All CAF SPAP initiatives will support one, or more, of the numbered program objectives identified below:

1. CAF leaders, members and families are educated about suicide prevention, know what to do, what support is available to them and how to access it;
2. Leaders and supervisors are provided with the policy, protocols, tools, and support they need to engage effectively;
3. Internal communications inform, guide and positively influence the actions of our members and their families to understand and prevent suicide and promote wellness;
4. External communications inform and educate the media and public opinion on the extent of CAF suicide prevention programs and respond effectively to specific events;
5. Suicide contagion is minimized through implementation of effective communication plans that promote responsible reporting and actions;
6. Members at risk of suicide are identified and supported;
7. Barriers to care, such as stigma, are eliminated;
8. Members at risk of suicide receive timely, effective clinical care;
9. Clinical staff are trained in contemporary suicide prevention techniques and methodologies;
10. Members are mentally, physically and spiritually resilient;
11. Members and their families receive the appropriate support necessary to minimize the stressors related to military life and provide a sense of well-being;
12. Policies, regulations and procedures balance the needs of the institution and the member and are aligned with the intent to minimize needless stressors and dis-satisfiers;
13. The transition from CAF to civilian life is effectively managed, stressors are minimized, all handovers to VAC are complete, and no one "falls through the cracks" administratively;
14. Our understanding of suicidality is constantly improving; and
15. Lessons learned and best practices are incorporated into standardized practices and disseminated across the CAF.

IMPLEMENTATION

The CAF SPAP provides a table form overview of the assigned initiatives that will be implemented to achieve the program objectives identified in the preceding paragraph. Each initiative will identify an Office of Primary Interest (OPI) responsible for implementing the initiative and timelines. The intent of the CAF SPAP is not simply to be reactive but to be proactive in that it seeks to promote health and well-being as preventative measures. Therefore, there is significant overlap with a number of existing or developing strategies, programs and initiatives. The CAF SPAP will note these supporting initiatives for tracking purposes, ensure initiatives are integrated and mutually supportive, and track the progress of them as they relate to suicide prevention, however it will not directly manage the implementation of these external strategies, programs and initiatives.

TASKINGS

Specific tasks are aligned with the LoEs and initiatives identified in Annex A.

In addition:

a. Commander Military Personnel Command (CMPC) will direct and coordinate the overall implementation of the SPAP; and

b. Vice-Chief of the Defence Staff (VCDS) and all L1s will support the development and implementation of the SPAP Initiatives.

GOVERNANCE

CMPC is responsible on behalf of the Chief of the Defence Staff (CDS) for directing overall implementation of the SPAP. On CMPC's behalf, Director General Military Personnel (DGMP) will coordinate, monitor the implementation, and report on the SPAP progress. Specifically, DGMP is responsible for the following:

a. Ensuring the integration of the Suicide Prevention Strategy with other CAF strategies and programs;

b. Liaising with VAC on the CAF/VAC Transition LoE;

c. Developing and maintaining a database of all initiatives that fall under each of the LoEs listed in Annex A;

d. Monitoring the implementation of the SPAP and ensuring that it is meeting Commander's intent and defined objectives;

e. Coordinating all reporting and performance measurement activities identified within the action plan;

f. Providing all analysis and updates required by CAF Leadership;

g. Liaising with Director General Military Personnel Research and Analysis (DGMPRA), Canadian Forces Morale and Welfare Services (CFMWS), and Canadian Forces Health Services (CFHS) concerning proposed and ongoing research linked to the CAF SPAP;

h. Coordinating responses to senior executive staff, media and Government of Canada (GoC) inquiries around the CAF SPAP or the *CAF and VAC Joint Suicide Prevention Strategy*; and

i. Supporting OPIs in the development of their specific initiatives.

Individually assigned OPIs are responsible for the management and implementation of the specific programs and initiatives within their various identified areas of responsibility.

RESOURCES

Elements of the DND/CAF that contribute to the CAF SPAP will capture their ongoing resource requirements through the normal Business Planning (BP) process. Additional resources will be required to address gaps in *Total Health & Wellness Strategy* programs and activities that are identified in the strategic development process. These DND/CAF requirements will be incorporated into L1 Business Planning for FY 2018/19 and subsequent FYs as required.

REPORTING

DGMP is responsible for producing an annual report to the CDS on the overall progress of the initiatives listed in Annex A. These progress reports will include what has been accomplished, and the status of each initiative as well as the identification of any gaps or shortfalls in the program. Responsible L1s and L2s will provide progress reports to DGMP as required for collation and distribution.

COORDINATING INSTRUCTIONS

The CDS is the final authority for this CAF SPAP. Through CMPC, DGMP is directed to coordinate, monitor and report on the implementation.

ANNEX A — SPAP INITIATIVES TABLE

You can find a complete list of all CAF and VAC actions here:
https://www.canada.ca/en/department-national-defence/corporate/reports-publications/