

Assessing the State of Mental Health Services at CFB Petawawa



A Case Study from the Ombudsman for
National Defence and the Canadian Forces

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Ombudsman

National Defence
and Canadian Forces



Défense nationale
et Forces canadiennes

Canada

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Mental Health Services
at CFB Petawawa**

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December 2008

November 12, 2008

The Honourable Peter G. MacKay, P.C., Q.C., M.P.
Minister of National Defence
Major-General George R. Pearkes Building
13th Floor, North Tower
101 Colonel By Drive
Ottawa, Ontario K1A 0K2

Dear Minister MacKay:

Please find enclosed six copies of our special report entitled *Assessing the State of Mental Health Services at CFB Petawawa*.

This special report results from a fact finding visit to Canadian Forces Base Petawawa conducted by the Office of the Ombudsman for the Department of National Defence and Canadian Forces in November 2007. Three major health care concerns were identified at CFB Petawawa and the recommendations in the report are aimed at assisting the Department of National Defence and Canadian Forces, as an institution, deal with the issues facing health care availability, in general, and at CFB Petawawa, specifically.

On August 8, 2008, we provided an interim report to the Chief of the Defence Staff in order to provide the Canadian Forces with the opportunity to review our findings and recommendations prior to finalizing the report. Taking into account the responses received, this final report was prepared. It is submitted to you, the Minister of National Defence, pursuant to paragraph 38(1)(b) of the *Ministerial Directives* for the Ombudsman's Office.

Pursuant to paragraph 38(2)(b) of the *Ministerial Directives*, please be advised that we intend to publish the report on the expiration of 28 days from this date.

We look forward to receiving your response to our recommendations.

Yours truly,



Mary McFadyen
Interim Ombudsman

c.c.: Mr. Robert Fonberg, Deputy Minister
General Walter Natynczyk, Chief of the Defence Staff

Enclosures (6)

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I. Background

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Coinciding with the office's second follow-up review on the treatment of post-traumatic stress disorder and other operational stress injuries in the military, the former Ombudsman for the Department of National Defence and the Canadian Forces participated in a two-day fact finding mission at Canadian Forces Base (CFB) Petawawa on November 27 and 28, 2007. The Ombudsman was accompanied by the Director General of Operations and an investigator from the office.

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CFB Petawawa is the home base of 2 Canadian Mechanized Brigade Group, 2 Area Support Group Headquarters, Area Support Unit Petawawa, 2 Service Battalion and Combat Support Service Training Company, Group Signals Squadron, Canadian Forces Special Operations Forces Command, 1 Canadian Field Hospital, Canadian Medical Equipment Depot, and the Canadian Special Operations Regiment.

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CFB Petawawa has also been the home base for five Afghanistan rotations since 2002 (*Operation Archer* rotations 0 and 3 August 2003 to February 2004, and August 2005 to February 2006, *Task Force Afghanistan* rotations 0, 3 and 6, August 2005 February 2006, February 2007 to August 2007, and August-September 2008 to February 2009), and has contributed a significant number of personnel to other Afghanistan rotations. In all, more than 8,500 Petawawa-based personnel have deployed to Afghanistan since 2002. Tragically, 22 of the military fatalities in Afghanistan have been members based at CFB Petawawa prior to their deployment (as of July 1, 2008).

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Given this intense operational tempo, and taking into account the hazardous nature of the Afghanistan operation and the isolated geographical location of CFB Petawawa, the former Ombudsman believed that this base would be a valuable case study in the larger systemic investigation regarding post-traumatic stress disorder and other operational stress injuries. In previous months, Petawawa had also been the subject of a number of specific complaints to the Ombudsman's office (and that of the Ontario Ombudsman). Specifically, military members and their families had complained about a lack of appropriate mental health care for soldiers and their families who were desperately trying to cope with deployment – and, more particularly, Afghanistan – related stresses. These complaints were of particular interest to the military Ombudsman given the finding made by investigators in the office's broader systemic investigation that the Department and the Canadian Forces need to do much more to help uniformed members and their families, as well as military caregivers, deal with post-traumatic stress disorder and other operational stress injuries.

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6 During this fact-finding visit to CFB Petawawa, the Ombudsman met with a number of diverse groups who all had a role to play in managing and/or providing mental health services at the bases. These groups included:

- 7 • Supervisors, staff and clients of the Petawawa Family Resource Centre (MFRC);
- 8 • Officers and junior and senior non-commissioned members;
- 9 • Health care professionals (doctors, a mental health nurse and medical assistants);
- 10 • Social workers;
- 11 • Chaplains; and
- 12 • Various members of the military chain of command.

13 The Ombudsman and the Director General also met with the Director of the Phoenix Centre, a provincially-funded facility that provides mental health care to children and families in the Pembroke, Ontario area (which includes CFB Petawawa).

14 In addition to hearing about a number of concerns related to specific individuals at CFB Petawawa (which the office followed up on as individual complaints), the Ombudsman was informed of two broader problems that were having a real and negative impact on Canadian Forces members and their families at the base, namely:

- 15 I. The overall lack of health care at the base, and in the immediate area, to identify and care for individuals with mental health injuries, particularly but not solely those linked to military deployments to Afghanistan; and
- 16 II. The noticeable burnout of military caregivers at all levels.

17 As a result of his visit to the base, it was clear to the Ombudsman that Canadian Forces members and their families were not getting the care and treatment that they needed in the Petawawa area to deal with their mental health injuries and/or illnesses, the consequences of which could be tragic. It was also clear that these problems could hamper the ability of CFB Petawawa to meet its operational requirements in the future if they were not addressed immediately.

18 The overriding aim of the Ombudsman's broader follow-up report on post-traumatic stress disorder and other operational stress injuries was to answer the basic question: Are Canadian Forces members who suffer from mental health

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injuries being diagnosed and getting the care and treatment they need so that they can continue to be contributing members of Canadian society – either within the Canadian Forces or as civilians? Unfortunately, the answer in the broader report was that some members are not. The Ombudsman found that, in some cases, injured soldiers, sailors, airmen and airwomen who have served their country with courage and dedication are slipping through the cracks of an ad hoc system. Indeed, some of the most significant problems in the current system were seen, first-hand by the Ombudsman, at CFB Petawawa.

19 **II. Lack of Appropriate Health Care**

20 The Ombudsman's assessment of the mental health services at CFB Petawawa focused on the care and treatment available to:

21 a) **Individual Military Members**: The care provided to individual military members suffering from mental health injuries, particularly but not solely those linked to military deployments.

22 b) **Military Families**: The care provided to a military member's family to help them cope with mental health injuries linked to military deployments; and

23 c) **Individual Family Members**: The care provided to individual family members, which may be, but is not necessarily, linked to deployment stresses.

24 ***Individual Military Members***

25 There was a general consensus amongst those interviewed by the Ombudsman that it was extremely difficult and time-consuming for a Canadian Forces member to get a diagnosis of, and rehabilitative care for, a mental health injury or illness at CFB Petawawa.

26 For example, the Ombudsman was informed that the on-site psychiatrist at the base was prevented from diagnosing operational stress injuries. Patients requiring an assessment must travel to Ottawa – a distance of more than 160 kilometres – to receive a diagnosis and care plan. Furthermore, the Ombudsman was told that the type of rehabilitative care generally recommended by doctors in Ottawa (*e.g.*, cognitive behavioural therapy) was not available at CFB Petawawa.

27 The Ombudsman was also informed that treating the symptoms of mental health injuries – both before and after a clear diagnosis – was the responsibility of the general duty physician at CFB Petawawa. However, in order to be effective, this type of care requires far more time and attention than is generally the case in caring for physical injuries. This, in turn, adds significant strain on a medical system already trying to cope with a very high volume of patients. It also means that some military members are simply not getting the level of care and attention that they need to deal with their operational stress injury, including post-traumatic stress disorder.

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28 ***Military Families***

29 A number of the groups that met with the Ombudsman – including chaplains, social workers and senior and junior non-commissioned members – noted that mental health injuries are rarely, if ever, suffered by a military member alone or in isolation. As one soldier said, “If a Canadian Forces member has an operational stress injury, the whole family has an injury.”

30 Furthermore, the Ombudsman was informed that family members can and do experience mental health injuries and illnesses as a result of military deployments, whether or not the military member actually sustains one. Given the number of casualties suffered in Afghanistan by military members from CFB Petawawa and the ongoing – and detailed – media coverage of all major combat activity, military families face considerable stress, indeed a level of stress probably not experienced since the Korean War in the early 1950s.

31 Although the Canadian Forces is responsible for providing medical care to military members, military families residing in Canada have their health care covered by the province in which they live. In the case of CFB Petawawa, military families are covered by the Ontario Health Insurance Plan. That being said, there was a general consensus amongst military members, military families, caregivers and the military chain of command at CFB Petawawa – and, indeed, across the country – that the Canadian Forces has a moral responsibility to ensure that appropriate care is available for military families where they live and work. The consensus was even greater for those stationed at more isolated bases such as CFB Petawawa. The previous Chief of the Defence Staff seemed to support this view when he stated (in CANFORGEN 159/07) that:

32 *I will also continue to ensure that the highest degree of support is given to the wounded, and to the families of our soldiers, sailors, airmen and airwomen injured or killed in the service of Canada. This is a principle of responsible leadership I expect all in a position of authority to implement.*

33 Unfortunately, the reality at CFB Petawawa does not reflect this statement. Military personnel, family members, and caregivers all told the Ombudsman that the availability of services aimed specifically at the overall health and well-being of the family unit was not only insufficient, but was being reduced.

34 This was particularly obvious around the time of the Ombudsman’s visit, since access to base social work counselling sessions by military families had recently been limited to those sessions in which the military member participates. This served to drastically limit the availability of care since military members are often away from base on training or deployment. It also served to limit the effectiveness of the care available, as family members are

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often reluctant to fully express their concerns in the presence of their military loved one who may be experiencing severe difficulties.

35 It was clear during the Ombudsman's visit to Petawawa that military families were extremely troubled by the loss of these important services. If Canadian Forces social work services are not readily available to military families, family members are left with four options:

- 36 • Go without help;
- 37 • Use services available from civilian social service providers in the area;
- 38 • Attempt to get access to services in Ottawa; or
- 39 • Use other services provided by the Canadian Forces.

40 The option of going without help is simply unacceptable. Families who seek assistance are generally those who recognize that they cannot cope alone, often because they have reached a crisis point or recognize that they are approaching one. To leave them without a place to turn, especially in dealing with problems and challenges created by military service, is grossly unfair. Nor is it prudent. The consequences to families, family members and/or the community as a whole of ignoring mental health injuries and/or illnesses or of refusing to provide appropriate care and treatment are potentially devastating.

41 At the same time, the Ombudsman was advised that military families wanting to use other social service providers in the Petawawa area have few options. Indeed, mental health services in the Petawawa area are extremely limited – both in terms of numbers and specialities – and are not easily accessible. The Ombudsman was also informed that there were no services whatsoever for French-speaking family members.

42 Military families seeking assistance in Ottawa often had a difficult time in locating, and getting timely access to, appropriate mental health specialists. Moreover, the considerable distance between Petawawa and Ottawa, coupled with the fact that care and treatment may be required weekly or even several times a week, limits the viability of this option for many military families in need of help.

43 In terms of seeking other types of services from the Canadian Forces at CFB Petawawa, the Ombudsman was informed that military families have only two options: the Military Family Resource Centre and Canadian Forces chaplains.

44 Military Family Resource Centres are the front-line organizations located across the country and around the world that provide military families and family members with programs and services in support of Military Family Services Program goals, one of which being “to help families of Canadian

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Forces members manage the stresses associated with the unique characteristics of the military lifestyle.”

45 The Petawawa Military Family Resource Centre offers a number of preventative and educational programs, as well as short-term assistance to, and referrals for, families in crisis. These programs are designed and delivered to help military family members develop the skills, gain the knowledge, and make personal connections that will help them to better withstand the stresses that are put on military families, and to help avoid or reduce the negative effects of these stresses. There are also programs designed to assist families and family members, on an emergency basis and for short periods of time, when there is a crisis. Finally, there is information available on, and referrals to, services that are beyond the scope of those provided by the Military Family Resources Centre at Petawawa.

46 Although the Petawawa Military Family Resource Centre provides an essential service, and substantial assistance, to military families in the area, it does not have the mandate to provide ongoing therapeutic care – medical, psychiatric, psychological or social work. Nor does it have access to the resources that would be required to provide such care. The centre, therefore, has very limited capacity to provide additional mental health care or to replace the loss of social work services previously provided to military families.

47 As part of their responsibilities, Canadian Forces chaplains have always been expected to provide spiritual care to military members on deployment, as well as to military members and their families on base in Canada. Furthermore, since the pastoral role is understood to include the need to minister to the whole person, Canadian Forces chaplains routinely provide assistance to their parishioners in the form of counselling, advocacy or referrals.

48 At CFB Petawawa, chaplains informed the Ombudsman of a dramatic increase in the demand for their services as other caregiver options have become less accessible, as waiting lists get longer, and as other services are increasingly not provided to family members. Several chaplains also expressed their concern to the Ombudsman regarding the overall state of mental health well-being amongst Canadian Forces members and their families.

49 ***Individual Family Members***

50 Civilian members of military families in Petawawa who require individual care or treatment from a mental health or social services professional are no different from residents of small towns across Ontario - they often have few, if any, options available to them. There simply are not enough doctors and other specialists to provide the care that is needed. Moreover, professionals capable of providing this type of service or care in French are even scarcer, which is an increasing problem as more Francophones are posted to Petawawa. Even when

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options are available, they are difficult to access for those individuals without personal transport, due to limited public transit options.

- 51 This long-standing problem was acknowledged by nearly every Canadian Forces member who had a family living in the Petawawa area. We were told of situations where people had finally found someone to provide appropriate care, only to be posted, or to find that the caregiver was leaving the area and that they would have to start the process over again. We were told of family members who could not drive whose medical appointments had to be cancelled because they could not afford the taxi fare and military member could not get the time off (or was on deployment) and so was not available to drive them. We heard stories about Francophone family members who could only attend medical appointments if their spouse or a bilingual friend or neighbour could go along to translate. And we heard stories about families who regularly assumed the expense of driving to Ottawa to get the necessary care for family members.
- 52 Although the mental health care challenges faced by military families in Petawawa are not uncommon in other small towns across Ontario and Canada, there is one important difference: the families living in Petawawa are there because they have a family member in the military who has been posted to CFB Petawawa to meet the operational requirements of the Canadian Forces.
- 53 Given this fact, and the fact that mental health injuries or illnesses amongst military family members are often the direct result of military operations or obligations, the Ombudsman's office believes that the Department of National Defence and the Canadian Forces have a moral obligation to ensure that there is reasonable access to mental health care and social services for military families – even if a legal obligation does not exist. It also makes practical (and operational) sense to ensure that military family members have appropriate care and support. If a Canadian Forces member is confident that his or her family is receiving the assistance that they need, that member will be better able to focus on their military mission.
- 54 It is important to note that military families in the Petawawa area often require greater per capita access to certain types of services and care than the population as a whole. Members of military families are subject to stresses not experienced by most civilians: their loved ones spend significant periods of time away from the family, sometimes in very dangerous circumstances; and the family is located in a geographic area that is often far away from their own geographic (and even linguistic) roots.
- 55 This problem received significant prominence last year in March 2007 when the Ontario Ombudsman investigated the unacceptably long wait times for mental health services for the children of military members in Petawawa. Due to a lack of resources, children were having to wait up to six months for

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treatment. Ombudsman Ontario recommended that the Province of Ontario ensure that the Phoenix Centre be adequately funded, and that the Provincial Ministry of Health meet with the federal government to resolve the matter in the long term. As a result of the Ontario Ombudsman's work, the Government of Ontario provided \$2M contingency funding to provide children's mental health support to communities – from which the Phoenix Centre received funding in order to improve the mental health services in the Petawawa area. At the same time, then Minister of National Defence, the Honourable Gordon O'Connor, committed \$100,000 to the Petawawa Military Family Resource Centre to help fund a joint program with the Phoenix Centre. Although this was a very positive development, we were advised that wait times at the Phoenix Centre are again increasing. Moreover, this targeted funding did nothing to address the availability of mental health or other medical and social services that are needed by but not always readily available to military families in the Petawawa area.

- 56 In CANFORGEN 093/08 (issued in May 2008), the previous Chief of the Defence Staff committed to building “a stronger, more responsive capability to assist and support the men and women in uniform, veterans and their families as they deal with mental health issues.” However, as a result of the Ombudsman's broader follow-up report on post-traumatic stress disorder and other operational stress injuries, it is clear that the quality and timeliness of mental health care available to military families and family members varies widely from military establishment to military establishment. Where bases are located in or by large urban centres (*e.g.*, Edmonton and Valcartier), there is generally an appropriate level of care available to family members. On the other hand, when a Canadian Forces member is posted to one of the more isolated bases, his or her family often finds it extremely difficult to access the type of care and support they need in the surrounding community. This is certainly the case in Petawawa.

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III. Military Caregivers

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Medical staff, social workers, and chaplains provide psychosocial care to Canadian Forces members and their families at CFB Petawawa. The majority of the caregivers at the base are military personnel. From their discussions with the Ombudsman, it was clear that they were well aware of the stresses experienced by military members and families under their care. It was also clear that they were committed to providing the best care possible given the limited resources available to them and the number of patients that they had to see on an ongoing basis.

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During his visit to Petawawa, it was apparent to the Ombudsman that the system was operating well beyond capacity. As a result, caregivers were at, or rapidly approaching, burnout. The overburdened system also caused considerable friction between different disciplines and specializations. This meant that multi-disciplinary patient care was not being offered in the most effective manner, even when it was available.

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From the interviews and meetings conducted by the Ombudsman and the Director General of Operations, two issues emerged consistently and prominently:

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a) **Staffing Levels**: Petawawa appears to have far fewer caregivers on a per capita basis than other military bases; and

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b) **Governance Issues**: The various caregiver communities do not seem to be working together in a coherent or effective manner.

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Staffing Levels

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As noted earlier, Petawawa has been one of the busiest and most active military bases in support of the mission in Afghanistan since 2002. Petawawa is also one of the most isolated of major army bases, from the point of view of proximity to a large city, where a wider range of health care services would be available. It would be logical to expect, therefore, that Petawawa would have more Canadian Forces and National Defence medical and social services personnel on a per capita basis than other bases. Unfortunately, it appears that the reverse is true.

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According to figures provided by the Base Surgeon during the Ombudsman's visit, CFB Petawawa has significantly fewer resources to treat mental health injuries and/or illnesses than other army bases of comparable size, although it is significantly farther away from the nearest city that might be able to provide additional therapeutic or diagnostic resources.

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| Base | Military Personnel | Psychologists | Psychiatrists |
|-------------------|---------------------------|----------------------|----------------------|
| Petawawa | 5,100 | 1.1 | 0.8 |
| Valcartier | 4,500 | 8.5 | 4.0 |
| Edmonton | 6,600 | 5.0 | 3.0 |

- 66 Given the inadequate level of mental health resources at the base, Petawawa cannot operate a Mental Health Unit specifically designed to treat post-traumatic stress disorder and other operational stress injuries. Patients are sent to Ottawa for diagnosis, as well as some treatment. Many elements of the treatment plans – such as cognitive behavioural therapy, exposure therapy or eye movement desensitization and reprocessing – are not offered at CFB Petawawa.
- 67 Overall medical care also suffers from a lack of resources at the military base. The Care Delivery Unit clinical positions at Petawawa are not all staffed. The Base Surgeon informed the Ombudsman that, even if the unit were fully staffed, there would be an insufficient number of clinicians to treat the personnel that they serve. The Petawawa clinicians are also required to deploy or to support military training. This means that they are often not available to provide clinical care at the base. According to the Base Surgeon, on most days, the Care Delivery Units are operating with less than half of the staff they require. The result is often two or three hour waits in sick parade, and six-week delays for appointments.
- 68 The reductions and limitations in social work services at CFB Petawawa, which were described earlier, also stem from a lack of medical practitioners and specialists.
- 69 As detailed in the broader follow-up report on post-traumatic stress disorder and other operational stress injuries, a significant shortage of qualified mental health care providers at military establishments across the country has contributed to inconsistent and incomplete care and treatment for the men and women of the Canadian Forces and their families. The Ombudsman’s office was, therefore, pleased to learn of the military’s intention to hire an additional 218 mental health professionals by the end of March 2009. However, it is unknown at this time what, if any, impact this commitment will have in terms of addressing the current challenges, problems and shortcomings that exist at CFB Petawawa.

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70 ***Governance***

71 It was apparent from the Ombudsman’s discussions with numerous members of the caregiver community at CFB Petawawa that they care passionately about the well-being of their patients and are deeply concerned about the capacity of the system to meet the needs of those suffering from mental health injuries or illnesses. Caregivers were also consistent in their belief that patients suffering from mental health injuries are best served by a multi-disciplinary approach.

72 However, the Ombudsman’s discussions with caregivers indicated that the current working environment at CFB Petawawa was far from optimal with regard to providing effective multi-disciplinary care. Courteous, respectful and supportive interactions between professionals are essential for the seamless provision of multi-disciplinary care. Instead, the Ombudsman observed outright animosity between the various groups of professionals at Petawawa, and heard numerous descriptions of an unhealthy work environment. One participant went so far as to characterize it as “*poisoned.*”

73 The intense operational tempo at Petawawa, coupled with an overall lack of resources, certainly exacerbated this situation. People and systems under stress are less likely to take a broad view and work toward long-term solutions. Instead, they tend to concentrate on immediate responses in their restricted area of responsibility, whether or not these responses have negative consequences in other areas of care or over the longer-term.

74 During his visit to the base, the Ombudsman found that there was no overall authority in place to ensure a coordination of efforts between different military and/or civilian specialists. He also found that there was no mechanism to resolve disagreements about protocols of care, to address the appropriate division of responsibilities, to hold different specialties or specialists accountable, to mediate boundary issues between different specialties, or to coordinate the multi-disciplinary care options. These structural impediments helped to perpetuate a seemingly ad hoc and short-term system that was simply not meeting the needs of those suffering from mental health injuries or illnesses.

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IV. Analysis

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Although the problems and shortcomings related to the mental health services available at CFB Petawawa were much more pronounced and pressing, they were nonetheless consistent with those found across the country during the office's broader follow-up investigation regarding the treatment of post-traumatic stress disorder and other operational stress injuries. Military personnel, family members and caregivers in the Petawawa area were nearly unanimous in their belief that the base lacked appropriate mental health care resources, particularly given the intense operational tempo sustained by the base and base personnel in support of the Afghanistan mission. It was also clear that the caregivers at CFB Petawawa were struggling to meet the increasing demand for their services with the limited resources available to them.

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In many cases, the problems and shortcomings at CFB Petawawa were the direct result of insufficient resources. It is therefore recommended that:

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- 1. The Canadian Forces take immediate action to match the numbers of care provider positions to the needs of Canadian Forces Base Petawawa given the size, operational activity and location of the base.**

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It is also essential that the Department of National Defence and the Canadian Forces move aggressively to address the pressing needs of, and challenges faced by, military families – both as family units and as individual family members. In order to ensure fair and appropriate treatment for military families in the Petawawa area (and elsewhere throughout the country), the Department and the Canadian Forces must make family issues an immediate and ongoing priority, and should proactively work with other federal departments and other levels of government, as required, to promote and protect the health and welfare of Canada's military families. It is therefore recommended that:

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- 2. The Canadian Forces establish and properly resource an organization – at the national level – responsible for working with external agencies and all levels of government, as required, to ensure that military families and individual members of the families of military personnel have access to the broad spectrum of services and care they need.**

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There is also a need to ensure that military family members are well informed about the services that are available to them in the local area, including how to access those services. At the time of the Ombudsman's visit to CFB Petawawa, he found that there was no central source of information and that individual

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care or service providers tended to maintain their own separate lists of such services. It is therefore recommended that:

- 82 **3. The Canadian Forces provide the permanent resources that would enable Canadian Forces Base Petawawa to liaise with local agencies and municipal governments to identify and to coordinate the care required by and available to military families and family members of military personnel.**

83 Chief of Military Personnel staff have indicated to the Ombudsman's office that they are working to identify the health care needs of all Canadian Forces bases, and to recruit and/or train the required personnel. This is important work, but it is not sufficient to deal with the real and pressing needs that the Ombudsman observed at CFB Petawawa. Interim solutions must be found and implemented immediately to ensure that military personnel and their families are able to get access to the local care and services that they so desperately need. The situation cannot wait until longer-term solutions are put into place. Such interim solutions could include, but are certainly not limited to, technology to assist in the provision of care at a distance, or regular on-site visits from specialist personnel. It is therefore recommended that:

- 84 **4. The Canadian Forces find interim approaches to providing sufficient local health care while waiting for long term solutions to take effect.**

85 The problems and shortcomings identified at CFB Petawawa could also be mitigated if the resources available to caregivers (now and in the future) were employed in a more effective and/or efficient fashion. The chaplains at CFB Petawawa noted, for example, that they could contribute much more by way of ministering to the needs of soldiers and their families if they were not spending so much of their time doing coordination and administrative work. They pointed out that there was only one administrative assistant to support the 14 chaplains.

86 Chaplains also noted that many of their programs depended on volunteers for their success. However, as operational tempo at the base rose and the need for these programs increased, the number of available volunteers actually declined (as did the availability of the programs). Here, too, additional funding to pay for resource personnel would enable the chaplains to leverage the value of their services. It is therefore recommended that:

- 87 **5. The Canadian Forces provide resources for additional paid administrative and program assistance to enable the chaplains to minister more effectively to the spiritual needs of military personnel and their families.**

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88 Additional caregiver resources are also needed to help improve the provision of multi-disciplinary mental health care at CFB Petawawa. These resources should help to end, or at least mitigate, the stress and animosity that has developed between the various caregiver groups at the base. At the same time, the Department and the Canadian Forces must put in place an overall authority at CFB Petawawa in order to eliminate the structural impediments that currently exist and to ensure better coordination between the different military and/or civilian specialists. It is therefore recommended that:

89 **6. The Canadian Forces establish a clear governance structure, with clear responsibilities and accountabilities, for the provision of effective and efficient multi-disciplinary care for military personnel and their families at Petawawa.**

90 At the time of the Ombudsman's visit to the base, there was very little trust and respect between the different caregiver groups. This would make it difficult to provide effective multi-disciplinary care even with an effective governance system in place. The possibility exists that these interpersonal issues may be resolved when the resource and governance issues are addressed. That being said, the degree of frustration and distrust expressed by caregivers leads the office to conclude that more will be required to repair the damage that has been done. It is therefore recommended that:

91 **7. The Canadian Forces take positive action to assist the members of the care giving communities at Petawawa to re-build interpersonal and inter-specialty relationships that are courteous, respectful, trustworthy, cooperative and supportive.**

92 This is not the first time that the Ombudsman's office has observed this type of interpersonal conflict. In the office's 2003 special report, *Workplace Conflict at the Halifax Operational Trauma and Stress Support Centre*, the problems between the various health care providers (which included military members, civilian employees and third party contractors) was found to have had a detrimental effect on the provision of mental health services to Canadian Forces patients. The office made a number of recommendations in this report aimed at resolving the friction that existed and alleviating the workplace issues between the various health care workers. It is clear that similar action is required at CFB Petawawa.

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V. Findings and Recommendations

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The former Ombudsman travelled to CFB Petawawa in November 2007 to assess the mental health services that were available to military members and their families at the base and in the local area. Since 2002, more than 8,500 Petawawa-based personnel have deployed to Afghanistan. This Ontario base has also been preparing for its next large-scale deployment to Afghanistan in August and September of 2008. Given this intense operational tempo, and taking into account the hazardous nature of the Afghanistan operation and the isolated geographical location of CFB Petawawa, the Ombudsman believed that this base would be a valuable case study in the office's larger systemic investigation regarding post-traumatic stress disorder and other operational stress injuries.

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While in Petawawa, the Ombudsman had the opportunity to speak with a wide variety of military personnel and their families, a large percentage of the caregiver community, and members of the chain of command at all levels. The Ombudsman's office appreciated the openness and honesty with which it was greeted. The office wants to acknowledge, in particular, the candidness of those in the chain of command and those in the caregiver groups, including their willingness to identify areas of concern in order to improve the mental health services available to the people under their command or care.

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During this fact-finding visit, the Ombudsman was informed of two problems, in particular, that were having a real and negative impact on Canadian Forces members and their families at the base, namely: the overall lack of health care at the base, and in the immediate area, to identify and care for individuals with mental health injuries; and the noticeable burnout of military caregivers at all levels.

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It was clear to the Ombudsman that Canadian Forces members and their families were not getting the care and treatment that they needed in the Petawawa area to deal with their post-traumatic stress disorder and other operational stress injuries, the consequences of which could be tragic. It was also clear that these problems could hamper the ability of CFB Petawawa to meet its operational requirements in the future if they were not addressed immediately.

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As a result of observations made during that visit, the Ombudsman's office has made the following seven recommendations:

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- 1. The Canadian Forces take immediate action to match the numbers of care provider positions to the needs of Canadian Forces Base Petawawa given the size, operational activity and location of the base.**

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- 100 **2. The Canadian Forces establish and properly resource an organization – at the national level – responsible for working with external agencies and all levels of government, as required, to ensure that military families and individual members of the families of military personnel have access to the broad spectrum of services and care they need.**
- 101 **3. The Canadian Forces provide the permanent resources that would enable Canadian Forces Base Petawawa to liaise with local agencies and municipal governments to identify and to coordinate the care required by and available to military families and family members of military personnel.**
- 102 **4. The Canadian Forces find interim approaches to providing sufficient local health care while waiting for long term solutions to take effect.**
- 103 **5. The Canadian Forces provide resources for additional paid administrative and program assistance to enable the chaplains to minister more effectively to the spiritual needs of military personnel and their families.**
- 104 **6. The Canadian Forces establish a clear governance structure, with clear responsibilities and accountabilities, for the provision of effective and efficient multi-disciplinary care for military personnel and their families at Petawawa.**
- 105 **7. The Canadian Forces take positive action to assist the members of the care giving communities at Petawawa to re-build interpersonal and inter-specialty relationships that are courteous, respectful, trustworthy, cooperative and supportive.**

106 Once implemented, these recommendations should go a long way in improving the quality and timeliness of mental health services and treatment available to Canadian Forces members and their families at CFB Petawawa. At the same time, when these recommendations are considered alongside those from the broader follow-up review on the treatment of post-traumatic stress disorder and other operational stress injuries in the military, they should help to improve the overall mental health care system for all Canadian Forces members and their families across the country.

107 Given the very dangerous and demanding nature of the current mission in Afghanistan, post-traumatic stress disorder and other operational stress injuries will become an even greater challenge for the Canadian Forces – and a real hardship for an increasing number of Canada’s soldiers, sailors, airmen and airwomen – for many years to come. In many respects, this will be a

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generational challenge for the Department of National Defence, the Canadian Forces and the Government as a whole. They must act, and act soon, to address this challenge at CFB Petawawa and across the country.