Mental Health Services for Military Families

MFRC Environmental Scan and Subject Matter Expert Survey Results

April 2016

Canada

Mental Health Services for Military Families

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Abstract

Military Family Services conducted an environmental scan and survey of Military Family Resource Centre (MFRC) Subject Matter Experts in order to:

- Map out exactly what mental health programs and services are available at each MFRC location;
- Identify the most common mental health issues facing military families seeking support from MFRCs;
- Determine when most military families request support; and
- Prioritize gaps in mental health services for military families.

Results revealed the most common reasons families requested support from MFRCs are for relationship difficulties, child / youth mental health and behavioural issues, transition adjustment difficulties, anxiety disorders and mood disorders. Most of these families seek support while in the "yellow" or reacting zone of the Canadian Armed Forces Mental Health Continuum. MFRCs offer a vast number and variety of programs and services ranging from outreach and engagement, to peer support, to psychoeducational services, to psychosocial services, to mental health treatment services. In total there are approximately 90 different mental health programs and services offered across Canada, most of which are not easily located through website searches nor included in the *You're Not Alone* guide, making family access to service challenging. Based on the information provided by MFRCs, five recommendations are offered to address gaps and deficiencies in services:

1. Conduct additional research to better understand the predominant mental health issues and service gaps for military families who don't use MFRC services;
2. Develop a more robust *You're Not Alone* communication strategy to connect military families directly to consistent mental health programs;
3. Determine minimum standards for baseline services that should be consistently available to any military family regardless of their location that address family needs arising from the unique military lifestyle challenges;
4. Refine annual national training of front-line mental health staff for more efficient use of financial resources given the high rate of staff turnover; and
5. Explore the option of an enhanced family advocacy function to help families navigate through the various complex military, MFRC and civilian community systems of mental health supports.

Résumé

Les Services aux familles des militaires ont mené une analyse du contexte des centres de ressources pour les familles des militaires (CRFM), ainsi qu'un sondage auprès d'experts en la matière afin de :

- recenser les programmes et services offerts dans les différents CRFM;
- cerner les questions de santé mentale les plus fréquentes touchant les familles des militaires qui souhaitent obtenir de l'aide des CRFM;
- établir à quel moment la plupart des familles demandent du soutien;
- hiérarchiser les lacunes en matière de services de santé mentale pour les familles des militaires.

Les résultats révèlent que les familles demandent le soutien des CRFM principalement dans les situations suivantes : difficultés conjugales, santé mentale et problèmes de comportement des enfants/jeunes, difficultés à s'adapter au moment de la transition, troubles anxieux et de l'humeur. La plupart de ces familles demandent de l'aide alors qu'elles se situent dans la zone de réaction « jaune » du continuum des soins de santé mentale des Forces armées canadiennes. Les CRFM offrent un grand nombre de programmes et services variés, notamment les services d'approche et l'engagement, le soutien par les pairs, les services psychoéducatifs et psychosociaux ainsi que les traitements en santé mentale. Dans l'ensemble, environ 90 différents programmes et services en matière de santé mentale sont offerts partout au Canada, la plupart d'entre eux n'étant pas faciles à trouver en faisant des recherches sur les sites Web ni ne sont inclus dans le guide intitulé *Vous n'êtes pas seul*, faisant ainsi de l'accès des familles à ces services un défi à relever. À partir des renseignements fournis par les CRFM, on propose cinq recommandations pour combler les lacunes en matière de services :

1. mener d'autres recherches afin de mieux comprendre les questions de santé mentale prédominantes et les principales lacunes en matière de services aux familles des militaires qui n'ont pas recours aux services des CRFM;
2. élaborer une stratégie de communication plus solide (*Vous n'êtes pas seul*) permettant l'accès direct des familles aux programmes de santé mentale;
3. fixer des normes minimales pour les services de base auxquels toutes les familles devraient toujours avoir accès, quel que soit leur lieu de résidence, ces services devant répondre à leurs besoins découlant des défis particuliers qui sont inhérents au mode de vie militaire;
4. améliorer la formation nationale du personnel de première ligne des soins de santé mentale qui a lieu annuellement pour faire un usage plus efficace des ressources financières compte tenu du roulement élevé du personnel;
5. envisager la possibilité d'avoir une fonction accrue de défense des droits des familles pour les aider à naviguer dans la complexité des divers systèmes militaires, des CRFM et de la communauté civile en matière de soutien en santé mentale.

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1. Introduction

Military Family Services (MFS) has committed to developing a Mental Health Strategy for the Military Family Services Program (MFSP) that will result in the enhanced awareness, access and use of physical and mental health services.

In order to develop an effective MFSP Mental Health Strategy, MFS began by documenting the wide variety of mental health and social wellness programs available to military families, which culminated in a downloadable guide, *You're Not Alone*, in 2014.

MFS then began to create a framework by which to understand the variety of programmes and services required to support the mental health of families, recognizing that different families have different needs. The MFSP Mental Health Services Framework provides a conceptual overview of the types of mental health programming available to families. These services range from outreach and engagement, to peer support, to psychoeducation, to psychosocial services to mental health treatment. Not all Military Family Resource Centres (MFRCs) offer services at all levels, but rather just those services that are needed by families that cannot be met elsewhere in the community.

The purpose of the MFSP Mental Health Services Framework is to provide clarity to MFRCs, service providers and other community partners, as well as a common language for us to discuss industry standards and best practices. It also serves as a risk management tool for MFRCs. For example, by using the Framework it becomes clear what is involved in each level of service, and consequently what level of qualification is required by the service provider delivering the service.

It also assists MFS and MFRCs to communicate more effectively with families about the different types of support they can access depending on the level of their needs.

In order to better inform families about existing supports, an environmental scan and survey of MFRC Subject Matter Experts was conducted in order to:

- Map out exactly what mental health programs and services are available at each MFRC location;
- Identify the most common mental health issues facing military families;
- Determine when most military families request support; and
- Prioritize gaps in mental health services for military families.

2. Methods

An online survey was developed based on an initial literature review of the mental health issues facing military families, the existing compilation of services in the *You're Not Alone* guide, and feedback from key MFS subject matter experts. The survey focused on identifying locations and frequency of offerings/referrals for specific mental health programs, understanding mental health support requests and prioritizing gaps in service.

An initial "invitation to participate" email was sent to Executive Directors of all 32 MFRCs in Canada as well as to MFS Europe and MFS US requesting that the survey be completed by the lead mental health staff. A follow-up reminder was sent 1 week later.

The survey remained open for 2 weeks, after which data was compiled and analysed.

In total, there were 34 respondents from the 34 locations. The 100% response rate was exceptional, considering it was online, and the average response rate for online surveys is closer to 20-30%.

All qualitative 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 but rather from being reproduced exactly as spelled or presented in the original source.

3. Results

3.1 Most Common Mental Health Issues

MFRCs were asked to identify the 5 most common mental health issues they are seeing most frequently among military families seeking support from a list of 15 issues with an option to specify other issues.

By far the most common issue for which families are requesting support from MFRCs is relationship difficulties (either as “couple” or “family”).

Child and youth mental health issues were the next most common issue, followed equally by transition / adjustment difficulties and child / youth behavioural issues.

Depression, anxiety disorders, stress management difficulties and separation/divorce issues were also quite common among military families seeking support.

Only two “other” issues were identified *(sic)*:

- *Financial*
- *Stress, anger and frustration doing all of the paperwork trying to be released*

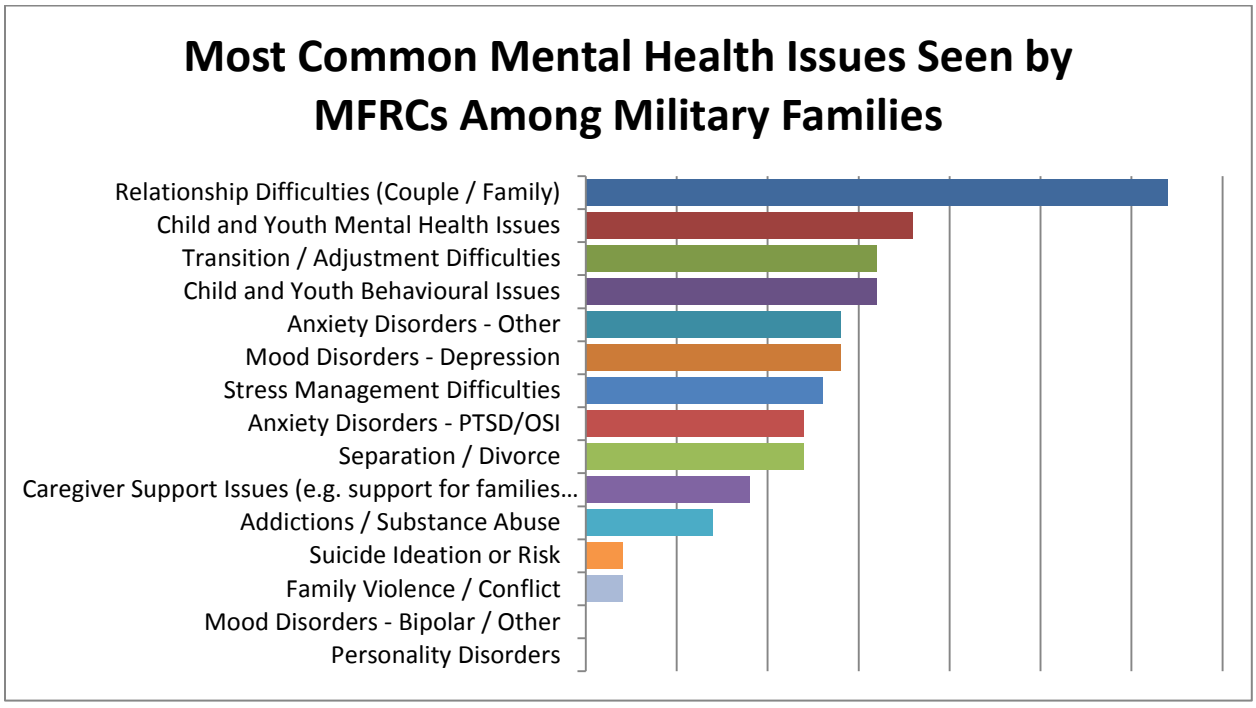

Figure 1: Most Common Mental Health Issues

3.2 Mental Health Continuum Zone

The Canadian Armed Forces (CAF) developed the Mental Health Continuum to help explain how individuals cope. The Mental Health Continuum describes the spectrum of mental health concerns that may impact CAF members and their families. Mental health is not an all or nothing concept – individuals are not either sick or healthy. Rather mental health exists along a continuum.

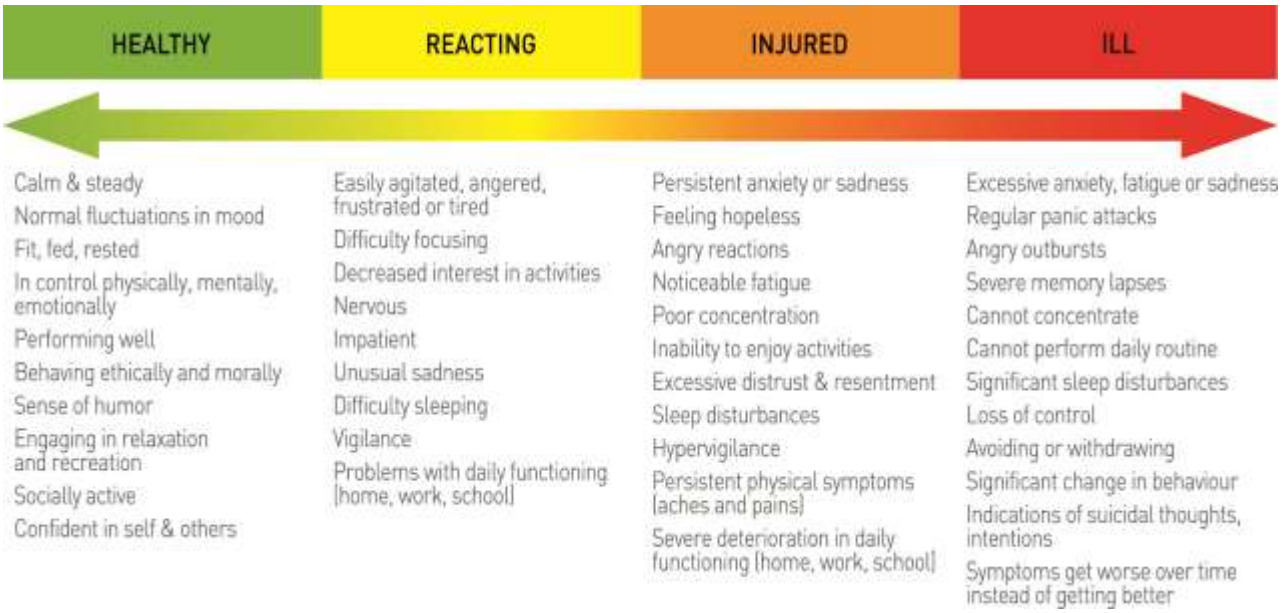

Figure 2: CAF Mental Health Continuum

The Mental Health Continuum Model goes from healthy, adaptive coping (green), through mild and reversible distress or functional impairment (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated medical care (red).

Throughout one's life, an individual may find themselves moving in and out of the yellow/reacting zone of the continuum. This is a normal reaction to stressful situations. However it is important at this stage along the continuum to employ positive, effective coping strategies to return to green. It is equally important to monitor one's mental health and watch for signs that an individual may be moving further along the continuum in the orange or red zones so that they can get the extra support required to return to green.

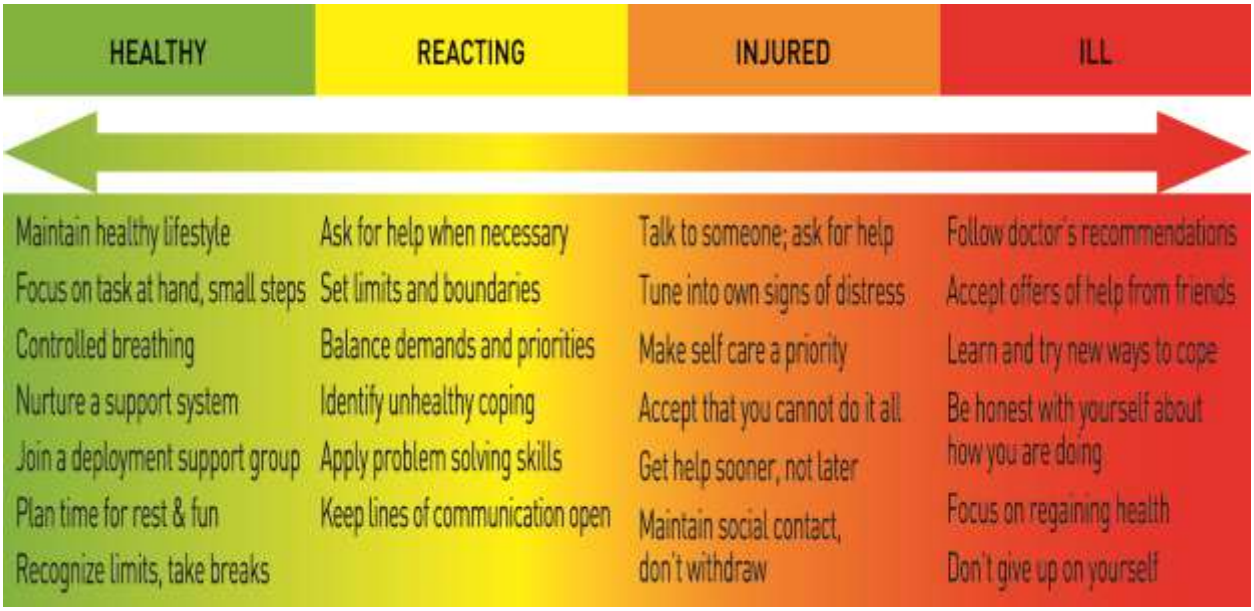

Figure 3: CAF Mental Health Continuum Support Strategies

Every situation differs and each person will move along this continuum at a different pace. But movement can happen in both directions along the continuum, indicating that there is always the possibility for a return to complete health and functioning.

Depending on where each person is on the Mental Health Continuum, a different level of service may be required. And each member of a family dealing with a mental health issue may fall in different areas of the continuum. For family support to be truly effective, mental health services must be tailored to fit the unique needs of each individual where he/she falls within the Mental Health Continuum.

When MFRCs were asked to identify what zone most families were in when they first request support, the majority were in the “yellow” zone or the “reacting” zone.

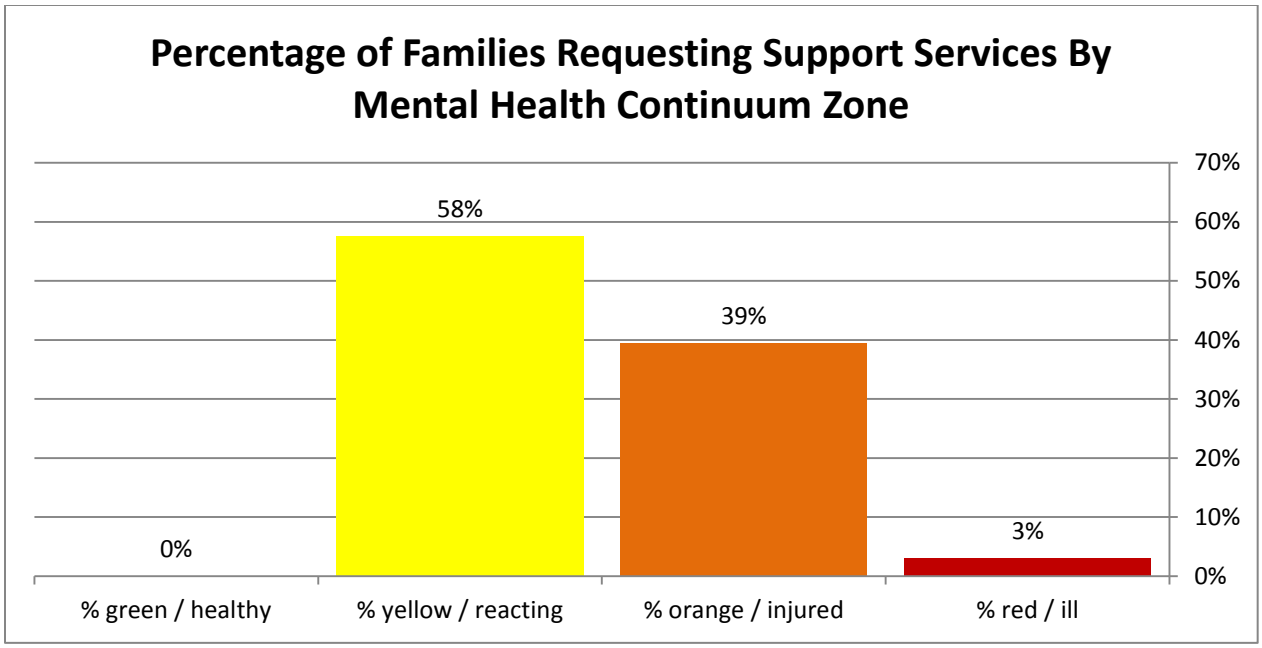

Figure 4: Percentage of Requests by Zone

3.3 MFRC Mental Health Services

On average MFRCs have 2.5 FTE employees on their mental health teams, though the FTE level ranged from 0 to 12 across locations. The total strength of all MFRC mental health staff as of 2016 is 90 FTE.

Table 1: MFRC Mental Health Staff

MFRC:	FTE:	MFRC:	FTE:
Bagotville	5	MFSP Europe	0
Borden	3	MFSP USA	0
Calgary	1	Montreal	3
Central Saskatchewan	1	Moose Jaw	3
Cold Lake	2	NCR	7
Comox	2	North Bay	3
Edmonton	3	PEI	1
Esquimalt	3	Petawawa	12
Gagetown	2	Shilo	3
Gander	1	St John's	3
Goose Bay	1	Suffield	1
Greenwood	2	Toronto	2
Halifax and Region	4	Trenton	5
Kingston	3	Valcartier	3
London	3	Wainwright	1
Mainland BC	2	Winnipeg	3
Meaford	1	Yellowknife	1

MFRCs were also asked to categorize their mental health programs and services according to the MFSP Mental Health Services Framework:

Service Level	Brief Service Level Description	Service Level Program Examples
OUTREACH AND ENGAGEMENT SERVICES *Staff Promoting Services and Leveraging Partnerships*	Raising awareness of existing mental health services, and collaborating with others through formal and informal networks	• Family info sessions on available mental health services • Community service provider networking meetings • Mental health community needs assessments
PEER SUPPORT SERVICES *People Helping People*	Connecting people that share experiences to support recovery	• OSISS • HOPE • Single parent support groups • AA, Al Anon, Alateen
PSYCHOEDUCATIONAL SERVICES *Professionals Teaching People*	Focusing on prevention and personal growth through education to maintain and improve autonomy, recovery, health and social functioning	• R2MR • iSTEP • YPET • The Mind's the Matter • Friends • Inter-Comm • Kids Have Stress Too! • Rainbows
PSYCHOSOCIAL SERVICES *Registered Professionals Helping People*	Short-term counselling, support and intervention using recognized evidence-based clinical approaches for issues related to adjustment, workplace difficulties, relationship, couple, family or crisis situations	• Initial needs assessment • Crisis response • Short-term support • Family / couples intervention • E=MC3
MENTAL HEALTH TREATMENT SERVICES *Professionals Providing Medical Treatment to People*	Psychological treatment for a mental health condition involving a formal assessment and diagnosis, involvement of a physician and multidisciplinary care through structured specialized services using recognized evidence-based approaches delivered by registered clinicians and psychotherapists	• Diagnostic assessment • Treatment of a diagnosed mental health condition

The majority of mental health services (39%) across all MFRCs fall within the "Psychosocial Services" – short-term counselling, support and intervention. Following that, 21% of services fell within Psychoeducational Services (personal development and prevention through education) and 19% fell within Outreach/Engagement Services (raising awareness of existing services and leveraging partnerships). Only 11% of current services are Peer Support Services (connecting people with shared experiences to support each other) and 7% are Mental Health Treatment services (psychological treatment for a mental health condition). Annex A details percentages by location.

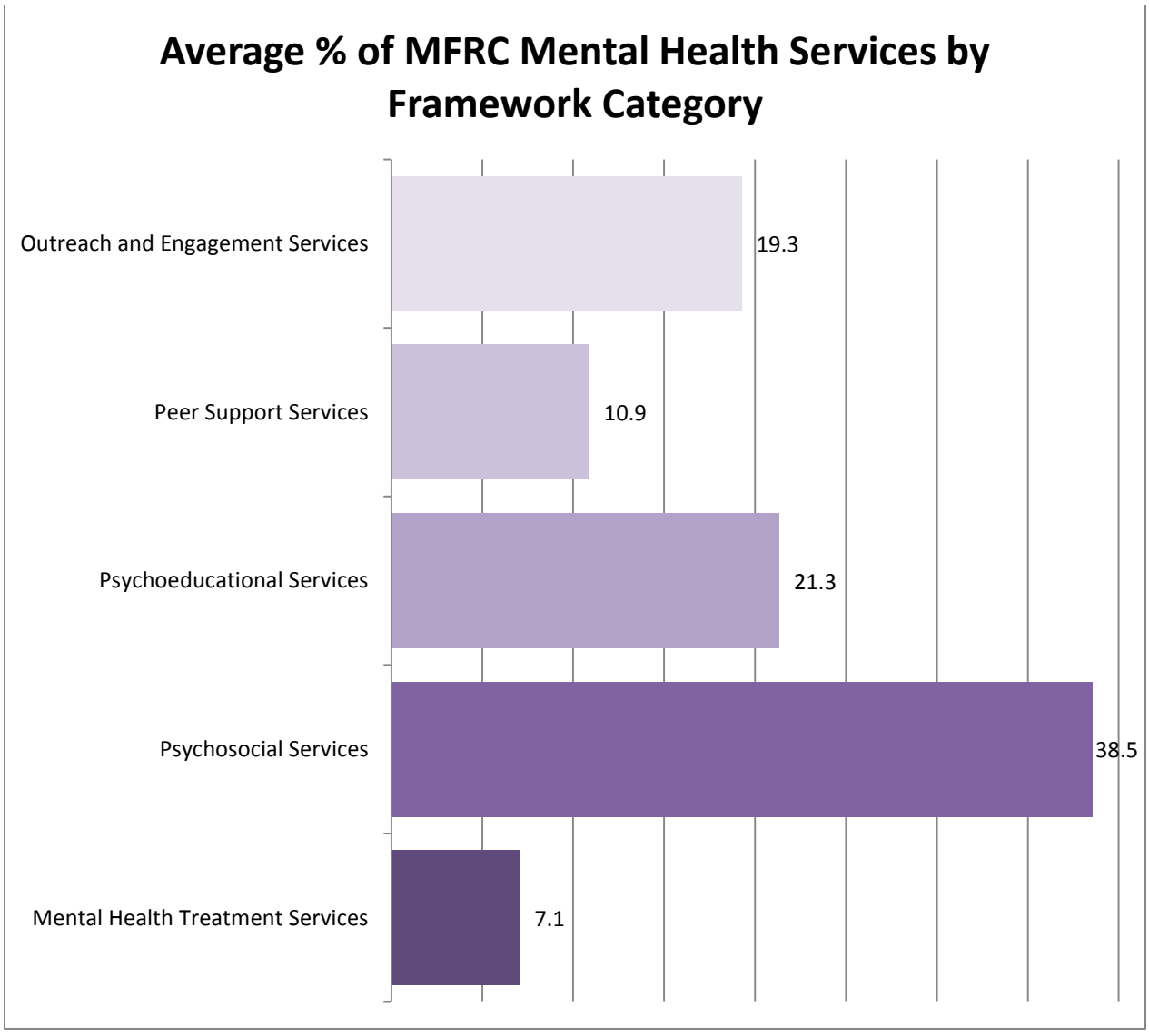

Figure 5: Percentage of MFRC Mental Health Services by Category (does not total 100 due to averaging)

MFRCs were asked which level of mental health programming/services are lacking the most in the community given the needs of the families (MFRC, CAF or civilian service providers). MFRCs identified Outreach and Engagement services through CAF and Mental Health Treatment services by civilian agencies as the most significant gaps.

MFRC Peer Support and Mental Health Treatment services are also seen as currently not having the capacity to meet the needs of the families in their community.

Table 2: Gaps in Mental Health Services

	MFRCs	Military	Civilian
Outreach and Engagement Services	24%	47%	24%
Peer Support Services	35%	32%	24%
Psychoeducational Services	29%	32%	32%
Psychosocial Services	21%	32%	26%
Mental Health Treatment Services	35%	26%	47%

3.4 Mental Health Programs

Consistent and quality mental health services must be available to military families in all locations. To ensure consistent and quality mental health services are offered to CAF families, MFS invests in MFRC family service providers by providing training and certification in evidence-based industry best practice programmes that respond to families' demand for consistent access to service. The annual "Strengthening Resilience" training event, run since 2010, is the mechanism through which MFRC family service providers gain professional credits that enhance their key skills and strengths required to provide quality services to military families.

The selection of evidence-based industry best practice programmes is done in collaboration with MFRCs – every year MFRCs nominate programs they would like to offer families (or have developed themselves), and MFS reviews these nominations and selects priorities based on a variety of factors (evidence, cost, demand, etc.).

The following summarizes 9 of the most common mental health programs that MFRC employees have been certified in over the past 6 years, as well as the overall frequency with which they are currently offered, and if they are not offered, the primary reasons why not.

Table 3: Frequency of Programs

	Offered regularly	Offered once/year	Not offered	Primary reason not offered
Psychoeducational Programs for Children and Youth:				
- Friends *≈150 trained*	21%	18%	62%	1. No local interest 2. No qualified instructors
- Rainbows *11 Master Trainers trained*	6%	3%	91%	1. No qualified instructors 2. Other reasons
- YPET *≈60 trained*	3%	15%	82%	1. No qualified instructors 2. No local interest

	Offered regularly	Offered once/year	Not offered	Primary reason not offered
Psychoeducational Programs for Children and Youth:				
- iSTEP *≈55 trained*	3%	9%	88%	1. No qualified instructors 2. No local interest
- Kids Have Stress Too! (KHST!) - *≈80 trained and 4 Master Trainers trained*	12%	26%	62%	1. No qualified instructors 2. Other reasons
Psychoeducational Programs for Families and Adults:				
- R2MR *≈200 trained*	50%	21%	29%	1. No local interest 2. Other reasons
- Inter-Comm *≈70 trained*	56%	15%	29%	1. No qualified instructors 2. No local interest
Psychosocial Programs for Children, Youth and Families:				
- FOCUS *≈10 trained just in 2015-2016*	18%	9%	74%	1. No qualified instructors 2. Other reasons
- E=MC3 *≈40 trained*	0%	9%	91%	1. No qualified instructors 2. No local interest

By far the most common reason for not offering a program was “no qualified instructors”. There is a high staff turnover rate among MFRCs. In the 2012 MFS study on MFRC Compensation and Benefits, the average annual staff turnover rate was 26%, ranging from a low of 1% to a high of 88% turnover. The high rate of staff turnover has an obvious negative impact on the availability of standardized programs that require a facilitator certification process. This factor was also identified in the 2013 MFS National Trainings Evaluation and Needs Assessment study.

Consequently national trainings offered post-2013 have focused predominantly on evidence-based intervention skills development (e.g. cognitive-behavioural therapy, brief solution focused intervention, etc.) rather than standardized programs (e.g. Rainbows, iSTEP, etc.). The exceptions have been programs where recertification was required for MFRCs employees still offering the program (e.g. Friends), where programs are required (e.g. R2MR, Inter-Comm, FOCUS), or where MFRC employees could be certified as Master Trainers who could then train other MFRC employees as they were hired (e.g. Rainbows, Kids Have Stress Too!).

No local interest was also a frequent reason for not offering a program, as was “other reasons not listed” which were most often explained as “offer similar programs”.

The following chart details the frequency of each of these 9 programs by location. Those programs that are offered regularly are shaded green. Those offered once per year are shaded yellow. And those that are never offered are shaded red.

Table 4: Frequency of Programs by MFRC

	Psychoeducational Programs							Psychosocial Programs	
	Child / Youth					Adult / Family			
Program: ***MFRC:***	Friends	Rainbows	YPET	iSTEP	KHST!	R2MR	Inter-Comm	FOCUS	E=MC3
Bagotville									
Borden									
Calgary									
Saskatchewan									
Cold Lake									
Comox									
Edmonton									
Esquimalt									
Gagetown									
Gander									
Goose Bay									
Greenwood									
Halifax									
Kingston									
London									
Mainland BC									
Meaford									
MFSP Europe									
MFSP USA									
Montreal									
Moose Jaw									
NCR									
North Bay									
PEI									
Petawawa									
Shilo									
St. John's									
Suffield									
Toronto									
Trenton									
Valcartier									
Wainwright									
Winnipeg									
Yellowknife									

TABLE LEGEND:

Offered Regularly (More than once per year)

Offered once per year

Not Offered

Inter-Comm and R2MR are the two most common programs offered by MFRCs.

Nineteen (19) MFRCs responded they offer Inter-Comm regularly (more than once per year). While 5 MFRCs offer it once per year, 10 MFRCs responded that they never offer the program.

R2MR is the next most offered program. Seventeen (17) MFRCs responded they offer R2MR regularly. While 7 MFRCs offer R2MR once per year, 10 MFRCs responded that they never offer the program.

The Friends program is offered regularly by 7 MFRCs and once per year by 6 MFRCs, and 21 never offer the program.

Kids Have Stress Too! is offered regularly by 4 MFRCs and once per year by 9 MFRCs, and 21 never offer the program.

MFRCs were also asked to detail additional mental health programs that they offer that were not in the *You're Not Alone* guide. Approximately 80 other mental health programs were detailed. MFRCs were asked to briefly describe these "other" programs.

Based on the descriptions, it appears that the majority (65%) are locally-developed (workshops, peer support groups). Less frequently (35%) programs are offered in partnership with other organizations (e.g. Mental Health Commission of Canada's Mental Health First Aid, Canadian Mental Health Association's Living Life to the Full, Roots of Empathy, Triple P, etc.).

Of all these "other" programs, there is a fairly even split between those focusing on parenting issues (25%), self-care (20%), children (18%) and mental health awareness and assistance (18%). A smaller percentage of other programs focus on women (e.g. post-partum depression, mothers, etc.), PTSD or outreach.

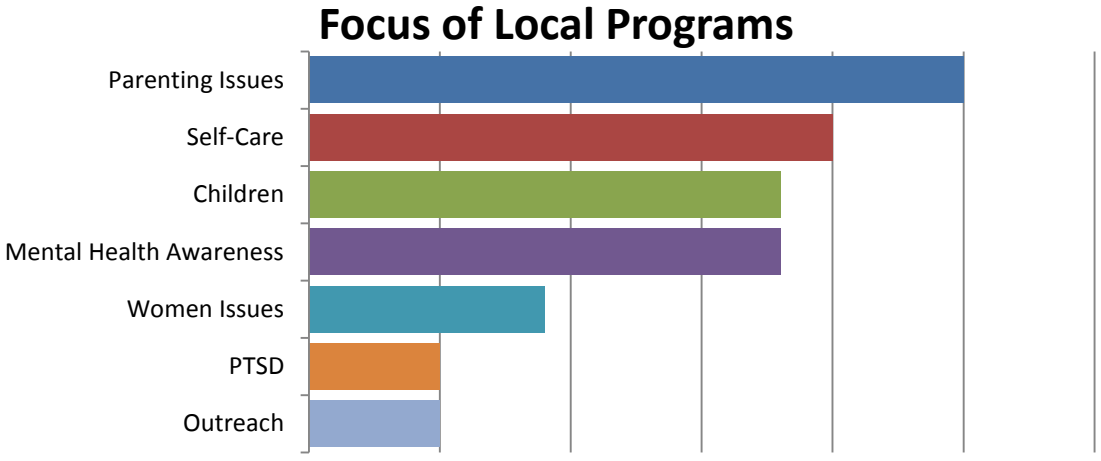

Figure 6: Focus of Local Programs

While descriptions were limited for many of the 80 other programs, estimates suggest that the majority of "other" programs offered across MFRCs fall within the Psychoeducational Services (personal development and prevention through education) and Peer Support Services (connecting people with shared experiences to support each other), followed by Outreach and Engagement Services (raising awareness of existing services and leveraging partnerships).

A very small percentage of the other programs fall within Psychosocial Services (short-term counselling, support and intervention), and none fall within Mental Health Treatment Services (psychological treatment for a mental health condition).

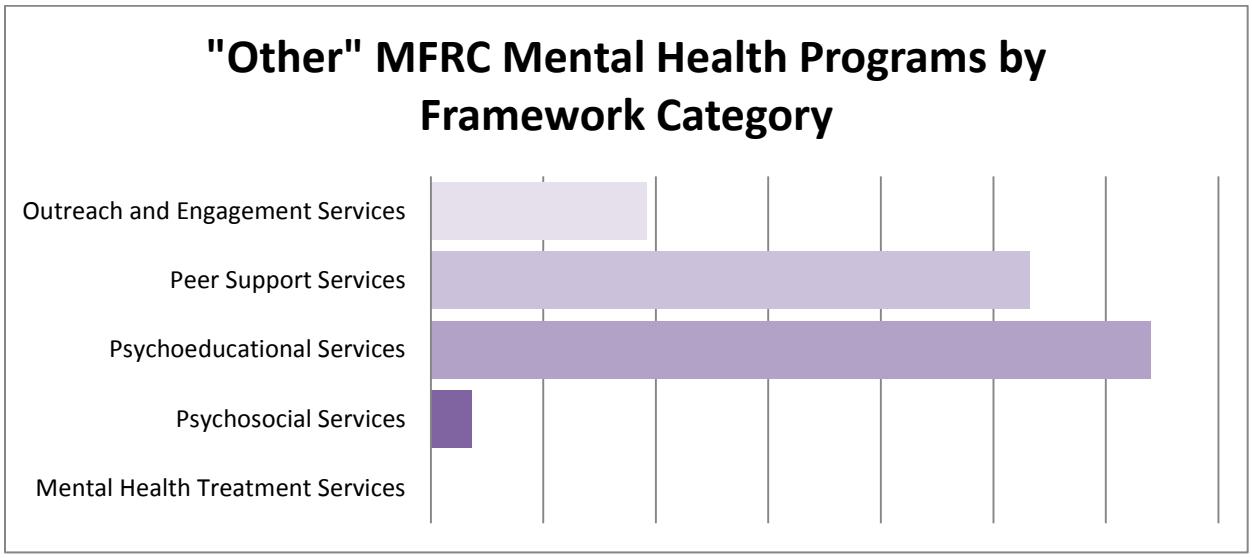

Figure 7: Other Programs by Category

3.5 Partner Programs and Services

MFRCs were asked the frequency with which they refer families to a variety of services and programs offered by CFMWS, CAF and civilian partners, many of which are listed in the *You're Not Alone* guide.

Table 5: Frequency of Referrals to Partners

	Weekly	Monthly	Quarterly	Never
The Mind's the Matter (partnership with the Royal)	6%	15%	32%	47%
CFMAP	35%	35%	15%	3%
OSISS	21%	32%	35%	9%
Stress: Take Charge (Health Promotion)	3%	24%	35%	38%
Alcohol, Other Drugs, Gambling (Health Promotion)	6%	18%	59%	18%
Mental Fitness & Suicide Awareness (Health Promotion)	0%	21%	50%	29%
Managing Angry Moments (Health Promotion)	0%	18%	50%	32%
HOPE	0%	6%	65%	29%
PSP/Recreation Programs	18%	26%	38%	6%

	Weekly	Monthly	Quarterly	Never
Chaplain Services	18%	38%	44%	0%
SISIP	24%	41%	29%	6%
CF Military Police Victim Assistance Program	3%	6%	29%	62%
CAF Mental Health Services	41%	26%	29%	0%
Injured Soldier Network	0%	3%	50%	47%
VAC programs	29%	26%	35%	9%
Military Families Fund	3%	38%	56%	3%
Hospital Comforts Fund	0%	0%	50%	50%
Canadian Forces Personnel Assistance Fund	3%	12%	47%	38%
Soldier On Fund	0%	6%	50%	44%
FLO (partnership with IPSC)	47%	21%	9%	12%
Veteran's Coordinator (partnership with VAC)	12%	21%	24%	44%
Family Information Line (partnership with CFMWS)	29%	41%	24%	3%
Children's Education Management	9%	18%	44%	29%
Family Physician	26%	32%	32%	6%
CAF Transition Services	9%	30%	36%	24%
Familyforce.ca (partnership with CFMWS)	32%	29%	29%	3%
Canadian Mental Health Agency	9%	32%	56%	3%
AA/Alanon/Alateen	0%	15%	59%	26%
OSI Connect App	0%	9%	29%	59%
PTSD Coach App	0%	12%	29%	59%

Families are referred to many of these 30 programs/services on a regular basis (a few times a year). It is important to note that some MFRCs indicated that they only offer services to military families, and as some of the programs listed are only available to military personnel, they do not refer these services to families.

The 7 most common services that are never referred to include:

1. CF Military Police Victim Assistance Program (62%)
2. PTSD Coach App (59%)
3. OSI Coach App (59%)
4. Hospital Comforts Fund (50%)
5. The Mind's the Matter partnership with the Royal (47%)
6. Veteran's Coordinator partnership with VAC (44%)
7. Stress: Take Charge Health Promotion (38%)

The most commonly referred services/programs include:

1. FLO partnership with IPSC (47%)
2. CAF Mental Health Services (41%)
3. CFMAP (35%)
4. Familyforce.ca (32%)

Annex B details the referral frequency of each of these partner programs by location.

4. Discussion

By far the most common mental health issue that families are requesting support from MFRCs is relationship difficulties (couple or family). Child and youth mental health and behavioural issues, and transition / adjustment difficulties are the next most common issues. Anxiety disorders and mood disorders followed.

This seems to be in line with the fact that the majority (approximately 40%) of mental health services provided across MFRCs are psychosocial – short-term counselling, support and intervention using recognized evidence-based clinical approaches for issues related to adjustment difficulties, relationship/couple/family difficulties or crisis situations.

Most families were requesting support while they were in the “yellow” or “reacting” zone of the CAF Mental Health Continuum. This is a very positive sign, as support is being requested before problems become too severe.

The state of mental health programs offered across MFRCs is less positive. Currently, approximately 20% of all MFRC mental health services fall within psychoeducational services and 11% within peer support services. When considering mental health “programs” only as opposed to all mental health programs and services, these percentages are much higher. Based on family complaints of inconsistent services across MFRCs, significant resources were invested over the past 6 years to ensure the availability of consistent quality evidence-based mental health programs. However, it appears that this strategy has not been successful.

High staff turnover appears to be the major cause for not being able to offer standard programs in spite of the vast number of staff trained over the past 6 years (≈700 certificates have been issued in the 9 mental health programs alone detailed in this report, albeit several staff were certified in multiple programs).

Lack of family interest (specifically lack of interest or time to commit to multi-week standardized programs was noted in comments) is also a major cause for not offering standard programs, which is consistent with the 2013 MFS National Trainings Evaluation and Needs Assessment study, and the resulting direction to focus national training on clinical skills development vice program certification.

Finally, many MFRCs decided to offer other programs that they felt were similar in nature to the 9 mental health programs, the majority of which were locally developed. These focused primarily on parenting issues, child programs, self-care and mental health awareness. While these presumably address the child/youth mental health and behavioural issues, they do not necessarily address the relationship difficulties or the transition adjustment difficulties that families are requesting support with. However,

relationship difficulties and transition / adjustment difficulties are more likely best addressed using a more clinical psychosocial approach than a peer support or psychoeducational program.

Overall, approximately 90 different mental health programs are being offered across MFRCs, predominantly peer support and psychoeducational in nature. This is in addition to the more clinical counselling or psychosocial services done on an individual or family basis (i.e. those offered by Prevention, Support and Intervention Coordinators, Family Liaison Officers and other MFRC Social Workers and Counsellors). This creates a significant challenge with respect to communication with families about their ability to access consistent quality mental health services and programs. A military family seeking support who is not currently connected to an MFRC would need to spend a significant amount of time navigating through websites to understand what programs are being offered to whom where and when. The current version of the *You're Not Alone* guide is not effective as so many of the programs listed in it are not offered by many MFRCs, and to include descriptions of all 90 different programs at different locations would be confounding. There is currently no adequate mechanism in place to search for programs across MFRCs based on either a consistent recognizable program name or by family needs and requirements (e.g. a database of programs focused on mental health issue, gender, age group, etc.).

It is clear that MFRCs must only operate programs that are needed by their families, and therefore a simplistic one-size-fits-all approach to providing consistent quality programs across all locations will never be adequate, as each community has unique characteristics and needs. One community may require regular deployment support programs, while another may not require them at all. Another community may have a high percentage of personnel with OSIs, thereby requiring programming for children and spouses to help deal with OSIs, while other communities will not have that need. However, there must be a strategy that ensures a basic minimum level of service is available no matter what location the family is at – whether this is available in person or virtually. Psychosocial services provide for the most flexibility in terms of addressing a wide variety of mental health needs within the time demands and delivery preferences of individual families with minimal resource requirements (e.g. specialized programming materials, physical space requirements, weekly coordination, etc.). However, from an organizational liability perspective, psychosocial services must be delivered in accordance with provincial regulations, so do require additional risk management measures such as those outlined in the MFSP Mental Health Services Framework.

Historically, MFRCs have not provided mental health treatment services (treatment within a multidisciplinary care approach for a diagnosed mental health condition by registered clinicians), but rather referred individuals in need out to civilian service providers. However, 47% of MFRCs identified that civilian mental health treatment services do not have the capacity to meet the needs of families in their community, and a great deal of concern has been expressed regarding the effectiveness of civilian services without considerable education efforts on the unique factors facing military families. It appears anecdotally that this lack of military lifestyle awareness among

some civilian service providers is detrimental to the extent that families are no longer using or being referred to some civilian services.

Yet, families are frequently requesting support from MFRCs for child/youth mental health issues, anxiety disorders and mood disorders – conditions requiring mental health treatment services. If the need cannot be met within the civilian community, or the effort to constantly educate civilian service providers outweighs the effort to provide the service directly, a different approach may need to be considered. Some MFRCs are already providing direct mental health treatment services (7% of all mental health services across all MFRCs, and up to as much as 50% of mental health services in some MFRCs). While this obviously helps address the needs of military families, it also exacerbates family frustrations with inconsistent services. In one community, a family may get mental health treatment through the MFRC for free, while in another community they may be referred to a civilian service provider at their own expense (sometimes not covered through their employee benefits plan and usually very expensive), and depending on the location this civilian service provider may or may not be attuned to the unique challenges of military families.

MFRCs also noted a significant gap between the needs of military families and Military Outreach and Engagement services related to mental health. This is quite likely related to findings in earlier studies such as the 2015 MFS literature review on The Needs of Medically Releasing Canadian Armed Forces Personnel and Their Families that point to the extreme challenges of navigating through the vast array of military services and benefits.

The challenge of navigating through the various systems of military support is reflected in the frequency with which families are referred to the 30 various partner programs and services. Those most closely connected with MFRCs (e.g. Family Liaison Officer partnership with IPSC, CAF Mental Health Services, CFMAP and familyforce.ca) were referred with highest frequency. It is important to have or develop navigation tools that will assist both families and MFRCs find services and benefits more easily.

5. Conclusion and Recommendations

MFRCs are offering a wide variety of mental health programs and services to military families within all of the categories in the MFSP Mental Health Services Framework. Given the most common needs of families requesting support from MFRCs (relationship difficulties, child and youth mental health and behavioural issues, transition adjustment difficulties, anxiety disorders and mood disorders), it is a positive sign that most of the families are seeking support while in the "yellow" or reacting zone of the CAF Mental Health Continuum. It is also positive that MFRCs are delivering psychosocial services which presumably would be well suited to address some of these most common needs.

However, based on the results of this Environmental Scan and Subject Matter Expert Survey, there are some areas requiring attention, and the following recommendations are offered to help address these areas.

Recommendation #1:
Predominant Mental Health Issues and Service Gaps

Additional research is required to focus MFS and MFRC efforts on the most pressing mental health areas requiring attention. Outside of assessing MFRC mental health staff levels, we do not know the number of families accessing mental health services. The MFSP annual service delivery statistics should provide insight into how many families are receiving mental health services from MFRCs directly. Additional research also needs to be reviewed to better understand the mental health needs of those military families who are not using MFRC services. While we know that the majority of military families don't use MFRC services, we do not know whether they simply do not access MFRCs because they do not require support, or whether they require support but are not aware of MFRC services. The new MFRC/PSP Community Needs Assessments will also provide continuous valuable insight into both the mental health needs of military families as well as any gaps in service.

Recommendation #2:
Family Education and Awareness of Services

A new *You're Not Alone* communication strategy needs to be developed that better explains the actual mental health services offered at MFRCs to better inform families on consistently available resources rather than those available only in limited locations. *You're Not Alone* has a proven audience and recognizable brand that should be capitalized on. This new *You're Not Alone* communications strategy will require discussion among MFRCs as to what are the common service offerings within each category of the MFSP Mental Health Services Framework, minimum standards and key

messages so that families can be educated with appropriate expectations for consistency and quality in mental health services. This strategy should also extend beyond the current downloadable guide format to include easily-navigable location-specific website information and key searchable terms.

Recommendation #3:
Baseline Consistency of Service

While MFRCs must always adapt to the unique needs of their community, military families must also have access to a level of consistency in basic services. If, for example, relationship difficulties resulting from the military lifestyle are the most prevalent mental health issue facing military families, it should be expected that they can access services to help with relationship difficulties, no matter what location they live in. Community capacity will determine whether this is available directly through MFRCs, through referrals to civilian service providers or virtually. However, with each of these avenues of service delivery, additional inconsistencies arise – are they expected to pay for services or are they offered for free, is the service provider familiar with the unique challenges of military families or not, etc. Further, there is very little consistency across MFRCs in the types of services offered within the MFSP Mental Health Services Framework categories, especially in Psychosocial Services and Mental Health Treatment Services. Again, the availability of these services should be determined based on family need and community capacity, but a family in need of one of these types of services who is posted to another location should still be able to access services at a baseline minimum with as little inconsistencies as possible. Our previous strategy of training MFRC staff in standardized programs proved ineffective at cultivating a minimum level of service consistency. It is time for a larger strategic discussion to determine the consistent minimum MFSP services that should be available in some form or another to all families regardless of location, based on the needs arising from the unique challenges of the military lifestyle.

Recommendation #4:
Front-Line Mental Health Staff Training

National training for frontline staff needs to be reconsidered to ensure the most efficient use of financial resources. Focus of any future national training for mental health staff should be on evidence-based clinical intervention approaches, predominantly in the psychosocial and mental health treatment categories as these more directly address individual needs and requirements in a more flexible format. To assist in managing risk, these should be offered and practiced only by those with the appropriate credentials. Due to the high turnover rate of MFRC staff, no more programs should be introduced unless there is a clear indication from a majority of MFRCs that the program:

- Is a recognizable evidence-based program;
- Is not only needed, but also wanted by families in a format they can commit to;
- Will be offered on a consistently regular basis; and

- Does not require extensive certification processes, materials or expenses to operate to help mitigate the cost of constantly training replacement staff.

Recommendation #5:
System Navigation Advocacy

Military families continue to face challenges accessing existing services, quite commonly due to lack of awareness of available services and/or difficulty navigating the health and wellness services available both in the military setting and in the community. This study alone uncovered 90+ mental health programs and services available through the MFRCs alone not including their individual/family psychosocial and mental health services. This is in addition to 30 mental health programs and services available primarily through CAF, CFMWS and VAC that are outlined in the *You're Not Alone*, and not including the many other CAF and VAC programs and benefits not in the guide. And within each local community there are countless other civilian programs and services not identified in this scan. Given the abundance of programs and services, it is no wonder that families find it difficult to navigate. A more robust "Information and Referral" function may be required, moving more towards a family "Advocate" role, especially in the context of mental health services, where many families looking for support may already be in a state of crisis and unable to process the magnitude of services according to their accompanying needs, eligibility requirements, limitations, waitlists, etc. An enhanced Information and Referral or Family Advocate function that advocates for/with families as they navigate through the various military and civilian systems of health / mental health support may potentially improve access to consistent services.

Annex A – Percentage of Mental Health Services by MFRC

Table 6: Percentage of Mental Health Services by MFRC

MFRC:	Outreach and Engagement	Peer Support	Psycho-Educational	Psychosocial	Mental Health Treatment
Bagotville	20%	10%	20%	35%	15%
Borden	20%	20%	50%	10%	0%
Calgary	35%	0%	25%	30%	10%
Central SK	35%	5%	30%	15%	15%
Cold Lake	15%	10%	20%	50%	5%
Comox	15%	20%	25%	40%	0%
Edmonton	20%	0%	40%	40%	0%
Esquimalt	15%	5%	30%	50%	0%
Gagetown	20%	20%	30%	20%	10%
Gander	20%	10%	20%	50%	0%
Goose Bay	50%	20%	0%	30%	0%
Greenwood	10%	5%	25%	60%	0%
Halifax	15%	10%	20%	50%	5%
Kingston	10%	5%	10%	75%	0%
London	10%	20%	20%	25%	25%
Mainland BC	10%	10%	20%	50%	10%
Meaford	50%	0%	10%	40%	0%
MFSP Europe	0%	0%	0%	0%	0%
MFSP USA	60%	30%	5%	5%	0%
Montreal	10%	0%	30%	60%	0%
Moose Jaw	25%	20%	30%	15%	10%
NCR	5%	5%	20%	70%	0%
North Bay	15%	20%	30%	25%	10%
PEI	35%	0%	35%	30%	0%
Petawawa	40%	5%	25%	30%	0%
Shilo	10%	20%	20%	50%	0%
St John's	15%	15%	15%	20%	35%
Suffield	10%	50%	10%	20%	10%
Toronto	10%	20%	10%	10%	50%
Trenton	5%	5%	20%	50%	20%
Valcartier	5%	0%	25%	70%	0%
Wainwright	25%	0%	15%	60%	0%
Winnipeg	10%	10%	25%	45%	10%
Yellowknife	5%	0%	15%	80%	0%

Annex B – Frequency of Referrals to Partner Programs and Services

Table 7: Frequency of Referrals to Partner Programs and Services by MFRC

Program: ***MFRC:***	The Mind's the Matter	Family Force.ca	Family Information Line	Children's Education Management	FLO
Bagotville		W	D		W
Borden		W			
Calgary					W
Saskatchewan					
Cold Lake		D	W	W	W
Comox		W			D
Edmonton					W
Esquimalt					W
Gagetown					W
Gander			W		D
Goose Bay		W			
Greenwood	W	W	W		W
Halifax					W
Kingston		W	W		W
London		D			W
Mainland BC					W
Meaford					
MFSP Europe					
MFSP USA			W	W	
Montreal		W			W
Moose Jaw		W			W
NCR	W		W		W
North Bay					
PEI					
Petawawa		W	W		D
Shilo					W
St. John's					D
Suffield		W			
Toronto					
Trenton		W			
Valcartier			W	W	W
Wainwright			W		
Winnipeg					
Yellowknife			W		

Daily
Weekly
Monthly
A few times per year
Never

Program: ***MFRC:***	SISIP	PSP/ Recreation	Mental Fitness & Suicide Awareness (Health Promotion)	Alcohol, Other Drugs, Gambling (Health Promotion)	Managing Angry Moments (Health Promotion)	Stress- take charge (Health Promotion)
Bagotville		W				
Borden		W				
Calgary						
Saskatchewan						
Cold Lake	W	W				
Comox		W				
Edmonton						
Esquimalt	W					
Gagetown						
Gander						
Goose Bay		W				
Greenwood	W			W		
Halifax	W			W		
Kingston	W					
London						
Mainland BC						
Meaford						
MFSP Europe						
MFSP USA	W					
Montreal						
Moose Jaw		D				
NCR		D				
North Bay						
PEI						
Petawawa	W	W				W
Shilo						
St. John's						
Suffield		D				
Toronto						
Trenton	W	D				
Valcartier						
Wainwright						
Winnipeg						
Yellowknife						

Daily
Weekly
Monthly
A few times per year
Never

Program: ***MFRC:***	Injured Soldier Network	Hospital Comforts Fund	Canadian Forces Personnel Assistance Fund	Soldier On Fund	CAF Transition Services	Military Family Fund
Bagotville						
Borden						
Calgary						
Saskatchewan						
Cold Lake					W	
Comox					W	
Edmonton						
Esquimalt					W	
Gagetown						
Gander						
Goose Bay						
Greenwood						
Halifax						
Kingston						
London						
Mainland BC						
Meaford						
MFSP Europe						
MFSP USA						
Montreal						
Moose Jaw						
NCR						
North Bay						
PEI						
Petawawa			W			W
Shilo						
St. John's						
Suffield						
Toronto						
Trenton						
Valcartier						
Wainwright						
Winnipeg						
Yellowknife						

Daily
Weekly
Monthly
A few times per year
Never

Program: ***MFRC:***	CFMAP	OSISS	HOPE	Chaplain Services	CF Military Police Victim Assistant Program	CAF Mental Health Services
Bagotville	W			W		W
Borden						
Calgary						
Saskatchewan						
Cold Lake	W					W
Comox	W					W
Edmonton	D	W				W
Esquimalt	D					D
Gagetown						
Gander						W
Goose Bay						
Greenwood	W			W		W
Halifax						W
Kingston		W		W		W
London						
Mainland BC	W					
Meaford						
MFSP Europe						
MFSP USA	W					
Montreal	W	W				W
Moose Jaw		W				
NCR	W	W				W
North Bay						
PEI						
Petawawa	D	W		W	W	
Shilo		W				W
St. John's	W	D				
Suffield						
Toronto	W					
Trenton						W
Valcartier	D			W		W
Wainwright						
Winnipeg	W					
Yellowknife	W			W		W

Daily
Weekly
Monthly
A few times per year
Never

Program: ***MFRC:***	VAC Programs	Veteran Coordinators	Family Physician	Canadian Mental Health Agency	AA/Alanon/Alateen
Bagotville			W		
Borden					
Calgary					
Saskatchewan					
Cold Lake	W				
Comox					
Edmonton			W		
Esquimalt			W		
Gagetown					
Gander				W	
Goose Bay					
Greenwood				W	
Halifax					
Kingston	W				
London					
Mainland BC					
Meaford					
MFSP Europe					
MFSP USA					
Montreal	W		W		
Moose Jaw	W	W			
NCR	W	W	D		
North Bay			W		
PEI					
Petawawa				W	
Shilo	W		W		
St. John's	W				
Suffield					
Toronto					
Trenton	W	W	W		
Valcartier	W	W	W		
Wainwright					
Winnipeg	W				
Yellowknife			W		

Daily
Weekly
Monthly
A few times per year
Never

Program: ***MFRC:***	OSI Connect App	PTSD Coach App
Bagotville		
Borden		
Calgary		
Saskatchewan		
Cold Lake		
Comox		
Edmonton		
Esquimalt		
Gagetown		
Gander		
Goose Bay		
Greenwood		
Halifax		
Kingston		
London		
Mainland BC		
Meaford		
MFSP Europe		
MFSP USA		
Montreal		
Moose Jaw		
NCR		
North Bay		
PEI		
Petawawa		
Shilo		
St. John's	D	
Suffield		
Toronto		
Trenton		
Valcartier		
Wainwright		
Winnipeg		
Yellowknife		

Daily
Weekly
Monthly
A few times per year
Never