



# Mental Health and Military Families

## MFRC Subject Matter Expert Survey Results

May 2018

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

## Abstract

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Military Family Services conducted a survey of Military Family Resource Centre (MFRC) Subject Matter Experts in order to:

- Identify locations and frequency of offerings for specific mental health programs;
- Understand the complexities of different types of mental health support requests more in depth, in particular for the two most common issues: intimate partner relationships and children/youth; and
- Prioritize gaps in service.

Results revealed the most common reasons families requested relationship counselling support from MFRCs is for communication problems and trouble expressing feelings. Anxiety was also a major challenge negatively impacting intimate partner relationships.

Families are requesting mental health support from MFRCs for their children most commonly for behavioural problems. Children and youth are also commonly being seen by MFRCs for issues related to being impacted by a parent's mental health, anxiety, family conflict, and parents going through separation and divorce.

While family conflict was fairly low among the reasons couples were seeking support, it was fairly high among the reasons why services were being provided to children and youth. This could be a reflection of the state family breakdown, that is, families may be seeking mental health support for their children and youth as they are already in the process of separation and no longer requesting support to maintain the intimate partner relationship. Additionally, while infidelity was lower on the reasons why services were being sought by couples, many MFRCs noted this was an increasing trend.

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. 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;
3. Develop a relationship counselling strategy built on evidence-based intervention modalities;
4. Develop an anxiety disorder strategy built on evidence-based intervention modalities; and
5. Refine annual national training of front-line mental health staff for more efficient use of financial resources given the high rate of staff turnover.

## Résumé

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Les Services aux familles des militaires ont mené un sondage auprès d'experts en la matière des Centres de ressources pour les familles des militaires (CRFM) afin de :

- cerner les CRFM qui offrent des programmes en santé mentale particuliers et connaître la fréquence à laquelle ils les offrent;
- approfondir notre compréhension des particularités de différents types de demandes de soutien en santé mentale, en particulier en ce qui a trait aux deux enjeux les plus répandus : les relations de couple et les enfants/jeunes;
- établir l'ordre de priorité des lacunes à combler en matière de services.

Les résultats révèlent que les familles font appel aux services de counselling de couple de leur CRFM principalement en raison de problèmes de communication et de difficultés à exprimer leurs émotions. On a également relevé que l'anxiété est un problème répandu ayant des conséquences néfastes sur les relations de couple.

Les familles qui utilisent les services de soutien en santé mentale de leur CRFM pour leurs enfants le font le plus souvent pour des problèmes de comportement. Le personnel des CRFM rencontre également des enfants et des jeunes pour des problèmes découlant de la santé mentale des parents, de troubles d'anxiété, de conflits familiaux ou de la séparation ou du divorce des parents.

Bien que les conflits familiaux soient la source de peu de demandes de soutien pour les couples, c'est tout le contraire lorsqu'il est question des enfants et des jeunes. Cette constatation peut refléter l'avancement de l'éclatement de la famille, c'est-à-dire que lorsque les familles cherchent du soutien pour leurs enfants et leurs jeunes, elles ont déjà entamé la séparation et ne cherchent plus à obtenir du soutien pour rétablir leur relation amoureuse. De plus, bien que l'infidélité soit l'une des raisons moins courantes pour lesquelles les couples demandent du soutien, les CRFM dénotent qu'il s'agit d'une tendance à la hausse.

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 pour les familles des militaires qui n'ont pas recours aux services des CRFM;
2. fixer des normes minimales pour les services de base adaptés aux défis uniques du mode de vie militaire auxquels toutes les familles devraient toujours avoir accès, quel que soit leur lieu de résidence;
3. établir une stratégie de counselling de couple à partir de modalités d'intervention fondées sur les preuves;
4. établir une stratégie de soutien pour les troubles d'anxiété à partir de modalités d'intervention fondées sur les preuves;
5. améliorer la formation annuelle nationale du personnel de première ligne qui offre des soins en santé mentale pour réduire les coûts compte tenu du roulement élevé du personnel.

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## 1. Introduction

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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.

To better inform families about existing supports, an environmental scan and survey of MFRC Subject Matter Experts was conducted in 2016 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.

The results of this environmental scan were detailed in the report, *"Mental Health Services for Military Families – MFRC Environmental Scan and Subject Matter Expert Survey Results"*.

From this study, it was clearly indicated that 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.

As noted in that study, 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.

## 2. Methods

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An online survey was developed based on an initial literature review of the mental health issues facing military families, the results of the “*Mental Health Services for Military Families – MFRC Environmental Scan and Subject Matter Expert Survey Results*”, and feedback from key MFS subject matter experts. This survey focused on identifying locations and frequency of offerings/referrals for specific mental health programs, understanding the complexities of different types of mental health support requests more in depth, in particular for the two most common issues (relationship and child/youth), and prioritizing gaps in service.

An initial “invitation to participate” email was sent in November 2017 to Executive Directors of all 32 MFRCs in Canada requesting that the survey be completed by the lead mental health staff with information provided based on their caseloads. 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 26 respondents from 22 locations. This represents a 75% response rate from the 32 in-country MFRCs. Responses were not received from the following locations:

- Borden
- Cold Lake
- Central Saskatchewan / Dundurn
- Edmonton
- Mainland BC
- Moose Jaw
- Suffield
- Toronto
- Wainwright
- Yellowknife

Therefore, all reported results represent only the following 22 locations:

- Bagotville
- Calgary
- Comox
- Esquimalt
- Gagetown
- Gander
- Goose Bay
- Greenwood
- Halifax
- Kingston
- London
- Meaford
- North Bay
- Ottawa
- PEI
- Petawawa
- Shilo
- St John's
- St-Jean / Montreal
- Trenton
- Valcartier
- Winnipeg

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

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### 3.1 Most Common Relationship Challenges

MFRCs were asked to identify the 5 most common issues / stressors they are seeing most frequently among military families seeking support for relationship challenges.

The most common issues challenging relationships are “communication problems” / “trouble expressing feelings”, and “anxiety”.

Other issues challenging relationships at similar rates include “not enough contact due to Op Tempo”, “challenges with children”, “depression”, “infidelity”, “little physical intimacy” and “changing roles”.

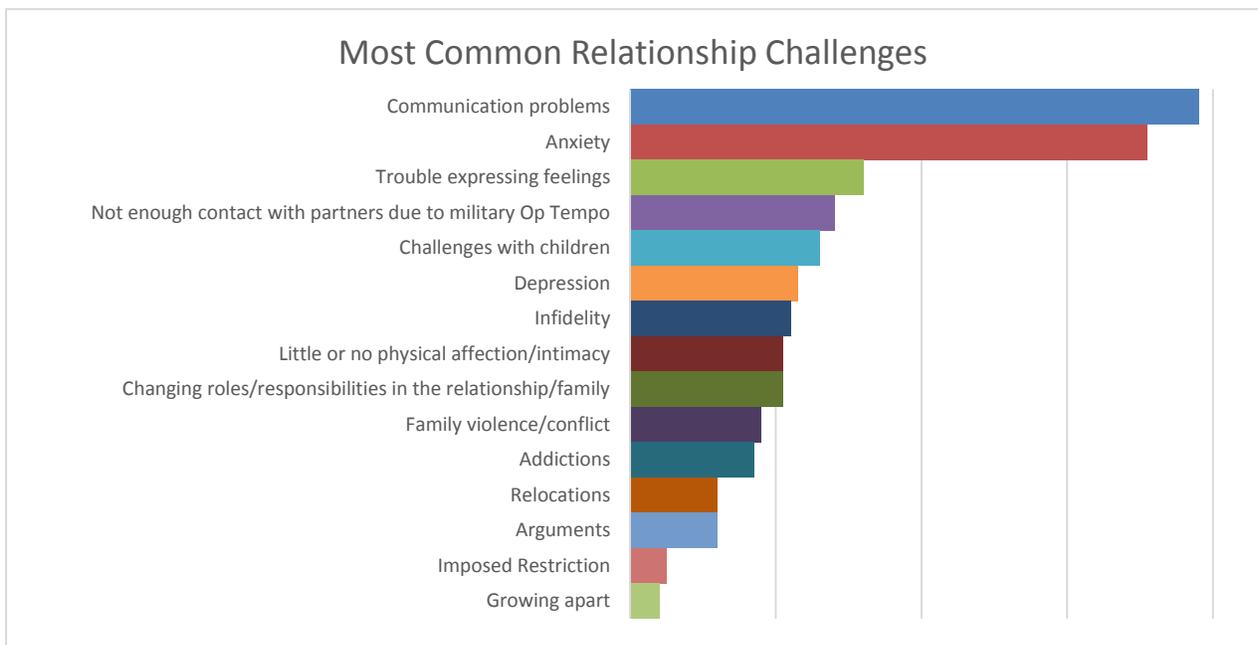


Figure 1: Most Common Relationship Challenges

Just over half of respondents are seeing trends in the types of issues / stressors that are challenging military family relationships. Some of these trends were described as below (*sic*).

- *Infidelité*
- *seeing a lot of infidelity*
- *couples issues usually primary to military couples....PTSD etc exist prior to any deployments*
- *Requests for Couples Counselling has increased at [X], with common themes indicating little emotional connection, communication breakdown, infidelity and high ops tempo for SAR separating families for extended periods.*

- PTSD, trauma, deployments and family violence are resulting in the need for couples to access professional services in hopes of repairing relationships.
- Infidelity as the cited reason for seeking support is moderately common, with infidelity referring to anything from extra-marital affairs to social media involvement.
- high demand
- conflict in marriage following release or OSI
- we are seeing more infidelity
- Frequent deployments stress marriages
- Training deployments seem to be more difficult for partners to manage due to differences in expectations
- Mental Health issues placing strain on relationship. Secondary trauma reported in spouse.
- Financial issues with cost of housing and cost of living in [X].
- Anticipated marital separation increase.
- People seem to be more open to seeking assistance with relationship issues.

### 3.2 Most Common Child and Youth Issues

MFRCs were asked to identify the 5 most common issues / stressors they are seeing most frequently among military families seeking support for child and youth mental health and behavioural challenges.

The most common child and youth issues are “behavioural problems”, followed by “impacted by parent’s mental health issues”, “anxiety disorder” and “family conflict”.

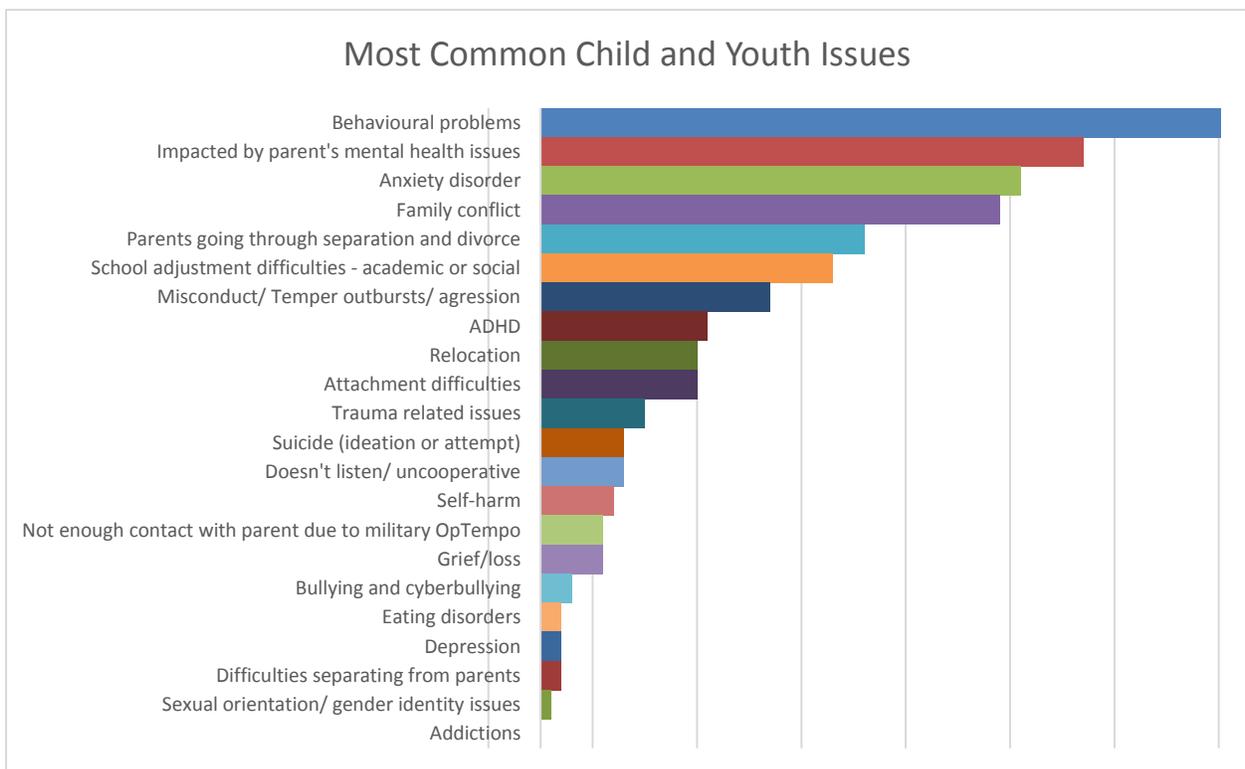


Figure 2: Most Common Child and Youth Mental Health Issues

### 3.3 MFRC Mental Health Service Delivery

MFRCs were asked to describe the setting and format for the delivery of mental health services specific to couples / relationship counselling and child and youth counselling. The majority of services are delivered in an individual setting, and to a lesser extent in a group setting.

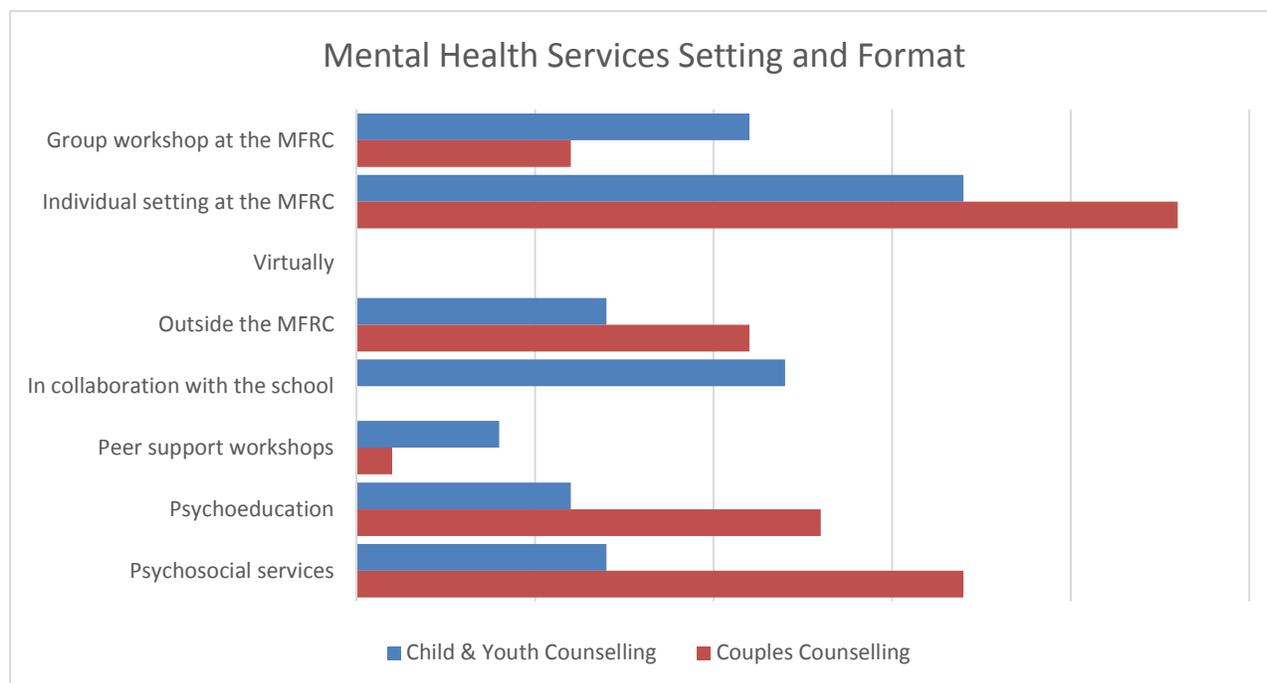


Figure 3: Service Delivery Settings and Formats

MFRCs were also asked to categorize the couples and child/youth services delivered according to the MFSP Mental Health Services Framework. The MFSP Mental Health Services Framework provides the 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. And 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.

**Table 1: MFSP Mental Health Services Framework**

Service Level	Brief Service Level Description	Service Level Program Examples
<p><b>OUTREACH AND ENGAGEMENT SERVICES</b> <i>Staff Promoting Services and Leveraging Partnerships</i></p>	<p>Raising awareness of existing mental health services, and collaborating with others through formal and informal networks</p>	<ul style="list-style-type: none"> <li>• Family info sessions on available mental health services</li> <li>• Community service provider networking meetings</li> <li>• Mental health community needs assessments</li> </ul>
<p><b>PEER SUPPORT SERVICES</b> <i>People Helping People</i></p>	<p>Connecting people that share experiences to support recovery</p>	<ul style="list-style-type: none"> <li>• OSISS</li> <li>• HOPE</li> <li>• Single parent support groups</li> <li>• AA, Al Anon, Alateen</li> </ul>
<p><b>PSYCHOEDUCATIONAL SERVICES</b> <i>Professionals Teaching People</i></p>	<p>Focusing on prevention and personal growth through education to maintain and improve autonomy, recovery, health and social functioning</p>	<ul style="list-style-type: none"> <li>• R2MR</li> <li>• iSTEP</li> <li>• YPET</li> <li>• The Mind’s the Matter</li> <li>• Friends</li> <li>• Inter-Comm</li> <li>• Kids Have Stress Too!</li> <li>• Rainbows</li> </ul>
<p><b>PSYCHOSOCIAL SERVICES</b> <i>Registered Professionals Helping People</i></p>	<p>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</p>	<ul style="list-style-type: none"> <li>• Initial needs assessment</li> <li>• Crisis response</li> <li>• Short-term support</li> <li>• Family / couples intervention</li> <li>• E=MC3</li> </ul>
<p><b>MENTAL HEALTH TREATMENT SERVICES</b> <i>Professionals Providing Medical Treatment to People</i></p>	<p>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</p>	<ul style="list-style-type: none"> <li>• Diagnostic assessment</li> <li>• Treatment of a diagnosed mental health condition</li> </ul>

The majority of mental health services related to relationships and/or children and youth fall within the “Psychosocial Services” – short-term counselling, support and intervention, followed closely by “Psychoeducational Services” (personal development and prevention through education). This is especially true for couples counselling. “Peer Support Services” (connecting people with shared experiences to support each other) are more common among child and youth services than couples services.

### 3.4 Consistency of 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 Canadian Armed Forces (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 “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.).

MFRCs were asked to indicate which programs they offered regularly from a list of 27 different mental health programs/services, as well as their interpretation on if the program needed to be tailored for use with military families and its cost-effectiveness/sustainability. The 27 programs included:

- Care for the Caregiver
- Counselling (<12 yrs)
- Counselling (13-18 yrs)
- Counselling (Couples)
- Counselling (Families)
- COPE
- E=MC3
- Families in Transition Sessions
- FOCUS
- Friends
- Hold Me Tight Workshops
- InterComm
- iSTEP
- Kids Have Stress Too!
- Living Life to the Full
- Mental Health First Aid
- MHFA for Veterans
- OSISS + Partner Retreats
- R2MR
- Rainbows
- Shaping Purpose
- Shifting Gears
- Strongest Families
- Triple P
- Walking Through Grief
- The Way Forward
- YPET

Of these 27 programs, only 10 are offered by at least 50% of the responding MFRCs, and only 6 are offered by at least 50% of all 32 MFRCs. Of those, the most commonly

and frequently offered services are Counselling sessions – for children, youth, families and couples. Only 2 programs are offered commonly – InterComm and Mental Health First Aid for Veterans.

**Table 2: Frequency of Mental Health Programs and Services**

Program / Service	Offered Regularly	How Often?			Requires Tailoring	Low-Cost & Sustainable
		1 x / month	Several times / year	Once or twice a year		
Counselling (<12 yrs)	53%	41%	24%	18%	71%	76%
Counselling (13-18 yrs)	59%	47%	26%	11%	74%	69%
Counselling (Family)	63%	45%	20%	15%	50%	70%
Counselling (Couples)	69%	59%	27%	0%	59%	77%
InterComm	53%	0%	65%	24%	41%	88%
MHFA Veterans	56%	6%	17%	83%	78%	89%

## 4. Discussion

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Military families request mental health support from MFRCs most commonly for relationship challenges and for child and youth issues. This finding is consistent with the CAF Community Needs Assessment conducted in 2017 where 8% of respondents indicated that their most significant challenge was their intimate partner relationship, and 6% indicated that their most significant challenge was their child's well-being.

MFRCs are providing services to couples for relationship challenges most commonly for communication problems and trouble expressing feelings. This again is consistent with the CAF Community Needs Assessment, where 26% of respondents who indicated they were dealing with relationship challenges felt that these challenges were related to problems communicating or expressing feelings, and 23% felt that arguments were their primary challenge. Anxiety was also a major challenge negatively impacting relationships.

MFRCs are providing services to children and youth most commonly for behavioural problems. This also is consistent with the CAF Community Needs Assessment, where 19% of respondents who indicated they were dealing with child well-being problems felt that these challenges were related to emotional/behaviour problems at home, and 13% indicated they were related to emotional/behavioural problems at school. Children and youth are also most commonly being seen by MFRC mental health staff for issues related to being impacted by a parent's mental health, anxiety, family conflict and parents going through separation and divorce.

While family conflict was fairly low among the reasons couples were seeking support, it was fairly high among the reasons why services were being provided to children and youth. This could be a reflection of the state family breakdown, that is, families may be seeking mental health support for their children and youth as they are already in the process of separation and no longer requesting support to maintain the intimate partner relationship. Additionally, while infidelity was lower on the reasons why services were being sought by couples, many MFRCs noted this was an increasing trend.

Finally, anxiety was a very prevalent reason for seeking support, both by couples and also for children and youth. This is consistent with the CAF Community Needs Assessment as well, as 10% of respondents indicated their own personal well-being was their most significant challenge (with 33% of those identifying mood changes including anxiety as the problem), 8% indicated the well-being of their spouse was their most significant challenge (with 33% of those identifying mood changes including anxiety as the problem), and 6% indicated the well-being of their child/youth as their most significant challenge.

## 5. Conclusion and Recommendations

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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), it is a positive that MFRCs are delivering psychosocial services, specifically counselling, which presumably would be well suited to address some of these most common needs.

However, based on the results of this research, 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 do not 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.

### **Recommendation #2:**

#### **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. 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 #3:  
Relationship Counselling Strategy**

Intimate partner relationship challenges is consistently emerging as an area of high need. Across studies, it is clear that some couples are struggling with communication problems, trouble expressing feelings, family conflict and breakdown, and potentially on the increase, infidelity. As such, more preventative efforts are required to improve interpersonal communication and the ability to express feelings. Additional research should be conducted to determine the most efficient evidence-based approaches to relationship counselling. Initial research has shown modalities such as Emotion-Focused Therapy to be an effective intervention, and training of front-line MFRC social workers should focus on these approaches.

**Recommendation #4:  
Anxiety Disorder Strategy**

Anxiety was a major reason why military families were seeking mental health support, for themselves, the intimate partners, and for their children and youth. Additional research should be conducted to determine the most efficient evidence-based approaches to preventing and dealing with anxiety disorders, at all developmental stages and ages. Training of front-line MFRC social workers should focus on these approaches.

**Recommendation #5:  
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.