

PERSTEMPO and HDDS

Service Provider Interview and Focus Group Findings

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Abstract

The aim of the PERSTEMPO and Human Dimensions of Deployments Study (HDDS) is to produce a comprehensive evaluation of the consequences, for members of the CF, their families, and the organisation, of recent trends in the increased frequency and intensity of international deployments and PERSTEMPO. This report represents a significant milestone in the research study. The results herein are based on interview and focus group data collected from 107 service providers (including social workers, psychiatrists, psychologists and counsellors, medical doctors, nurses, Military Family Resource Centre (MFRC) staff and volunteers, padres, and others) during site visits to 17 Canadian Forces Bases/Wings/Units and five operational theatres outside Canada during 2001. The objective of these in-depth interviews and focus groups was twofold: first, to gain an understanding of the service providers' own PERSTEMPO; and second, to examine the service providers' perspective on PERSTEMPO in the CF and their understanding of its impacts on military members and their loved ones. The themes identified in this report will be incorporated into surveys employed in the follow-on quantitative phase of the HDDS.

Résumé

Le but de l'Étude sur les dimensions humaines des déploiements (EDHD) et sur le PERSTEMPO est de produire une évaluation détaillée des conséquences, pour les membres des FC, leurs familles et l'organisation, des récentes tendances relativement à l'augmentation de la fréquence et de l'intensité des déploiements internationaux et du PERSTEMPO. Le présent rapport constitue une étape importante de l'étude de recherche. Les conclusions qu'il renferme sont fondées sur les données d'entrevues et de groupes de discussion recueillies auprès de 107 fournisseurs de services (dont des travailleurs sociaux, des psychiatres, des psychologues et des conseillers, des médecins, des infirmiers, du personnel et des bénévoles des Centres de ressources pour les familles des militaires (CRFM), des aumôniers et d'autres intervenants), dans le cadre de visites effectuées en 2001 à 17 bases/escadres/unités des Forces canadiennes ainsi qu'à 5 théâtres opérationnels situés à l'extérieur du pays. L'objectif de ces entrevues en profondeur et de ces groupes de discussion avait deux volets : premièrement, parvenir à une compréhension du PERSTEMPO du fournisseur de services lui-même et, deuxièmement, d'examiner la perspective du fournisseur de services quant au PERSTEMPO dans les FC ainsi que sa compréhension de l'incidence de celui-ci sur les militaires et leurs êtres chers. Les thèmes dégagés dans le présent rapport seront intégrés aux sondages utilisés à la phase quantitative de suivi de l'EDHD.

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Executive summary

Aim

The aim of the PERSTEMPO and Human Dimensions of Deployments study (HDDS) is to produce a comprehensive evaluation of the consequences, for members of the CF, their families, and the organisation, of recent trends in the increased frequency and intensity of international deployments and PERSTEMPO of the Canadian Forces. For the purposes of this report, PERSTEMPO is defined as the sum of the demands made by military service upon individual members (deployment load, time away, and workload). The study will examine the incidence of hypothesized outcomes of increased PERSTEMPO, including stress and stress-related injuries, attrition, health problems, operational repatriation rates, family breakdown, decline in operational effectiveness, decline in unit and individual performance, cumulative impacts of participation in multiple missions over shorter time periods, and other factors. The study will generate rigorous data on the incidence of these problems; estimate their association with PERSTEMPO; support new policies to govern Time Away; and propose a strategic plan to guide all human resource practices and services connected with deploying CF personnel. This report represents a significant milestone in the research study. The themes identified in this report will be incorporated into the quantitative phase of the HDDS.

Method

This report is based on interview and focus group data collected from 107 service providers (including social workers, psychiatrists, psychologists and counsellors, medical doctors, nurses, MFRC staff and volunteers, padres, and others) during site visits to 17 Canadian Forces Bases/Wings/Units (Alert, Yellowknife, Kingston, Saint-Jean, Borden, Halifax, Esquimalt, Petawawa, Edmonton, Valcartier, Shearwater, Bagotville, Comox, Winnipeg, Trenton, Greenwood, and Cold Lake) and five operational theatres outside Canada (Bosnia-Herzegovina, Golan Heights, Europe, Arabian Gulf, and Eritrea) throughout 2001. The objective of these in-depth interviews and focus groups was twofold: first, to gain an understanding of the service providers' own PERSTEMPO; and second, to examine the service providers' perspective on PERSTEMPO in the CF as well as their understanding of its impacts on military members and their loved ones.

Results

Most service providers believed that the CF is moving in the "*right direction*" to increase the quality of life (QOL) of its members. However, they identified some institutional barriers -- such as stigma, fear of career consequences, and aspects of the chain of command -- that can stand in the way of CF members and their loved ones benefiting from many QOL services and initiatives. Furthermore, it was shown that knowledge is crucial for the successful provision of services and that in some cases, military members and their loved ones are not always well informed of the services, benefits, and programs at their disposition.

Although service providers identified many issues related to PERSTEMPO (stress, PTSD, deployments, workload, etc.), the most frequently mentioned area of concern was the family. Service providers strongly believed that it is increasingly difficult for CF members to justify their routine absences and high workloads to their families and loved ones. They further stated that family support has declined as a result of watching the organisation continuously “*do more with less*” at the expense of families. Overall, it was common to hear that the number of military taskings, the operational requirements, and the current workload of members, has led to a “*tired CF*”.

Throughout the interviews and focus groups, service providers maintained that many of the problems associated with PERSTEMPO could be dealt with by increasing the number of CF personnel. It was argued that before members can benefit from the many QOL initiatives in place, their workload must be brought to a manageable and sustainable level.

Recommendations

While numerous suggestions were made by service providers in reference to a variety of challenges, the following recommendations were recurring and have broad implications for PERSTEMPO:

- Increase the number of personnel serving in the CF.
- Recognise and deal with the institutional barriers that impede services in the CF.
- Standardise the services offered, and/or ensure a minimum standard across the CF.
- Systematize and design tracking mechanisms for individuals who are “Dagged”.
- The CF should be proactive and preventative and not reactive.
- Enhance access to information regarding the services available.
- Service providers need authority and legitimacy to treat CF members.
- Promote a healthy team spirit and a stable work environment in the CF.
- Promote the accomplishments of the CF and its members to Canadians at large.

The results presented in this report are based on the feedback obtained from the 107 service providers who participated in this study. The results cannot be generalized to the entire service provider community nor do they represent the views of CF members. The themes and issues discussed herein have been used to generate survey questions that will be used in the quantitative stage of the PERSTEMPO and Human Dimensions of Deployments Study.

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1. Introduction

Since the end of the Cold War, the Canadian Forces (CF) have performed a wide range of operations including peace support, humanitarian assistance, disaster relief, aid to civil power, and war fighting within allied coalitions. They have done so while seeking to maintain robust general-purpose combat capabilities. During this same period, the CF has also faced many challenges in terms of declining capital budgets and shrinking personnel strength.¹ Faced with an increase in operational tempo, CF personnel often find themselves deployed or on field exercises requiring that they spend a great deal of time away from their home base and their families. Since 1989 the CF has deployed on 65 missions, compared to 25 missions during the period of 1948-1989 (Special Advisor to the Chief of Defence Staff, 2000:3). Time away from home base, or PERSTEMPO, is of particular concern for Canadian military leaders since increased PERSTEMPO has resulted in CF personnel carrying heavier workloads in an attempt to manage multiple requirements (training, courses, garrison duties, etc.). This concern prompted the “PERSTEMPO and Human Dimensions of Deployments Study (PERSTEMPO and HDDS)” under the umbrella of the CF Quality of Life (QOL) program (Dunn and Flemming, 2001).

1.1 Background: PERSTEMPO and HDDS

The PERSTEMPO and HDDS is a comprehensive research initiative that has emerged out of and is driven by multiple imperatives. In September 1999, the Assistant Deputy Minister Personnel (ADM PER) requested that a program of research be established, leading to CF personnel being better prepared to deal with the stresses of contemporary peace support operations. This request, along with testimony to recent inquiries and a series of studies (e.g., Standing Committee on National Defence and Veterans Affairs - SCONDVA), has produced mounting qualitative evidence of problems arising as direct and indirect consequences of increased PERSTEMPO among CF personnel and their loved ones.

The Directorate of Quality of Life (DQOL) was established following the closure of the Project Management Office for QOL (PMO QOL) in September 2001. The new organisation aims to fulfill the recommendations tabled in the House of Commons in 1998 by SCONDVA. Research activities in DQOL target the five pillars of QOL in the Department of National Defence: care of injured personnel, accommodations, transitions (including work expectations and conditions of service), compensation and benefits, and family support. DQOL is responsible for: the identification and analysis of real and perceived QOL issues among CF personnel and their families; the development of action plans for the improvement of QOL within the CF; the implementation of action plans for the improvement of QOL for CF members and their families; the monitoring of changes in the status of QOL issues; the support of QOL initiatives from the environmental commands; and the reporting of QOL initiatives and activities to the CF community at large, including family members and spouses. In sum, DQOL is a testament that the

¹ The CF has been reduced from a force size of approximately 90,000 to 60,000 members. Civilian staff have been cut almost in half and the defence budget was cut back by almost 2.7 billion, a decrease of nearly 23 per cent between the period of 1994-1999 (Special Advisor to the Chief of Defence Staff, 2000:3).

Government of Canada is committed “to seeking improvements to the social and economic aspects of life within the Canadian Forces” (Minister of National Defence and Veterans Affairs, 2001: 1).

The PERSTEMPO and HDDS is one initiative in the area of “transitions”. It stems from the widely held belief (based on anecdotal and qualitative data) that CF PERSTEMPO has escalated to a near-unsustainable level. It has been clear for some years that a traditional six-month operational tour outside Canada, for example, actually demands as many as nine months time away from home, when mission-specific and other training requirements are considered. One of the key intended outcomes of the CF QOL program under the original mandate was the articulation of appropriate “Time Away” policies that would balance the demands of service with those of the family. Rigorous data on the impacts of higher PERSTEMPO are required to support the design of these policies, and research to collect such data began in October 1999 (Dunn and Flemming, 2001).

The aim of the PERSTEMPO and HDDS is to produce a comprehensive evaluation of the consequences, for members of the CF, their families, and the organisation, of recent trends in the increased frequency and intensity of international deployments and PERSTEMPO or “Time Away.” The evaluation will examine the incidence of all hypothesized outcomes of increased PERSTEMPO, including stress, Post-Traumatic Stress Disorder (PTSD), attrition, health problems, operational repatriation rates, family breakdown, decline in operational effectiveness, decline in unit and individual performance, cumulative impacts of participation in multiple missions over shorter time periods, and other factors. The study will generate rigorous data on the incidence of these problems; estimate their association with PERSTEMPO; support new policies to govern Time Away; and propose a strategic plan to guide all human resource practices and services connected with deploying CF personnel. This comprehensive program of strategic planning, research, and evaluation into PERSTEMPO will identify best practices that will maximize the effectiveness of how the CF prepares and cares for its members and supports their loved ones - in all environments and classifications - in the performance of contemporary missions (Dunn and Flemming, 2001).

1.2 Review of the Literature: PERSTEMPO

Numerous U.S. studies have demonstrated a connection between PERSTEMPO and retention/turnover rates (McCloskey, 1999; RAND, 1998; Sticha et.al., 1999); unit readiness (Briscoe, 1999; Castro and Adler, 1999a; Pritchett, 1998); unit cohesion (Castro, 1999); individual mental health (Alderks, 1998; Castro and Adler, 1999a; Castro and Adler, 1999b; Castro, 1999); family (Adler and Golembe, 1999); and quality of life (Sticha et.al., 1999). Although the U.S. literature is insightful and illuminates areas of inquiry that should be explored in the Canadian context, there are many institutional differences that make it difficult to apply the American findings directly to the Canadian situation. Methodological differences in the definition of PERSTEMPO between the Canadian and American military also exacerbate this difficulty. Furthermore, whereas the American military tends to examine PERSTEMPO in compartmentalized parts, the scope of the Canadian PERSTEMPO project is CF-wide and aims to measure and understand the impacts of PERSTEMPO in all environments (Army, Navy, and Air Force).

1.3 Definition of PERSTEMPO

The term PERSTEMPO refers to the sum of the demands made by military service upon individual members (deployment load, time away, and workload). For the purposes of this study, the operational definition of PERSTEMPO is the cumulative total of the deployment load or the tempo of CF operations (OPTEMPO), the time away a service member spends away from home for more than twenty-four hours/overnight, and general workload (garrison load). As such, it can be represented by the following (Flemming, 2000):

PERSTEMPO =

Deployment Load

Deployed participation in, or support to, a mission or duty tour for: UN, NATO, NORAD, Special Alliance Operations (i.e.: Gulf war), Alliance Commitments, Operational Sailing, Remote Unaccompanied Postings (i.e.: Alert), Aid to Civil Power, Humanitarian Aid, Disaster Relief, **plus** the Duration, Frequency, Intensity of Deployments and their associated Risk/Danger.

+

Time Away

All non-deployment absence from home MORE THAN 24hrs/overnight (i.e.: TD, Collective Training, Individual Training, Exercises, Routine Sailing, etc.).

+

Garrison or Home Station Load

Hours of work and the intensity of work

Anecdotal evidence has indicated that the increase in PERSTEMPO in the CF has had numerous impacts. The PERSTEMPO and HDDS is an attempt to define, measure, and understand the impacts that PERSTEMPO has had on the CF, its members and their families. It has been hypothesised that PERSTEMPO has institutional, personal and familial impacts.

The analysis of service provider input provided in this report represents one component of the PERSTEMPO research project. To date, more than 200 focus groups have been conducted with CF members across Canada and at international deployment locations (see Dunn, Ford and Flemming, 2005 for findings). In addition, four distinct survey instruments will be designed and administered to capture the full impact of PERSTEMPO.

These surveys will be administered to: CF members employed domestically; deployed CF members; spouses of CF members; and Reservists. The first survey (CF members employed domestically) was administered in April of 2002 to more than 11,000 CF members. The second survey (for deployed CF members) was distributed to approximately 3500 members at different CF deployment sites in late 2002. The remaining three surveys will be administered in Canada throughout 2005-2006.

The objective of these instruments is to: establish rigorous baselines for understanding the full impact of PERSTEMPO and the demands made by military service on CF members and their loved ones; provide strategic policy guidance in HR domains; provide a quantitative portrayal of the impacts of the past decade; identify an optimum PERSTEMPO rate; identify an optimum respite period between tours; and to articulate the views of personnel on what they believe is a healthy PERSTEMPO rate.

1.4 Aim

This report provides a review of PERSTEMPO and the human dimensions of deployment from the perspective of service providers, namely: social workers, psychiatrists, psychologists and counsellors, medical doctors, nurses, Military Family Resource Centre (MFRC) staff and volunteers, padres, and others. What follows is a discussion of service providers' perceptions of, and recommendations regarding PERSTEMPO in the CF. **The results presented in this report are based on the feedback obtained from the 107 service providers who participated in this study. The results cannot be generalized to the entire service provider community nor do they represent the views of CF members.** This project report represents a significant milestone in the research study. The themes and issues discussed herein have been used to generate survey questions that will be used in the quantitative stage of the PERSTEMPO and Human Dimensions of Deployments Study.

2. Methodology

The analysis presented in this report is based on interview and focus group data collected from 107 service providers during site visits to 17 Canadian Forces Bases/Wings/Units (Alert, Yellowknife, Kingston, Saint-Jean, Borden, Halifax, Esquimalt, Petawawa, Edmonton, Valcartier, Shearwater, Bagotville, Comox, Winnipeg, Trenton, Greenwood, and Cold Lake) and five operational theatres outside Canada (Bosnia-Herzegovina, Golan Heights, Europe, Arabian Gulf, and Eritrea) throughout 2001. The objective of these in-depth interviews and focus groups was twofold: first, to gain an understanding of the service providers' own PERSTEMPO; and second, to obtain the perspective of service providers' on PERSTEMPO in the CF as well as its impacts on military members and their loved ones. An open-ended interview protocol was designed (see Annex A) to facilitate the interviews and probes were used as required to gain further insight into topics being discussed. These data were often supplemented by informal conversations during facility tours (MFRCs, Base Gyms, Hospitals, etc.). In sum, the information presented in this report provides an overview of the issues raised by service providers regarding their impressions of PERSTEMPO in the CF, and their suggestions for coping with related issues and problems.

2.1 Definition of Service Providers

Service providers are diverse and have numerous—and at times conflicting—roles to play in relation to PERSTEMPO within the CF. For the purposes of this study, service providers were defined as civilian employees, volunteers, and/or CF members, whose work assists military members, spouses/partners and/or family members. Service providers included: social workers, psychiatrists, psychologists and counsellors, medical doctors, nurses, MFRC staff and volunteers, padres, and others. Both civilian and military service providers participated in this study.

2.2 Focus Group and Interview Settings

Service providers work in a variety of settings or facilities, wherein a large proportion of the interviews took place. Four main types of facilities located throughout Canada are described below.

MFRCs. Military Family Resource Centres (MFRCs) provide a number of support services for the family members of CF personnel. They include: welcoming new members; running volunteer services; offering social services for adults; providing various briefings to families; offering training courses; doing referrals to local services such as shelters; offering respite care; running the member assistance program; providing counselling; running crisis hot lines; performing conflict resolution; offering recreational activities for children and youth; offering day-care services, including emergency child care; helping family members with job searches and employment; and many others. MFRCs are located on all Canadian military bases, and in CF postings. Generally, social workers, administrative personnel, and civilian volunteers work in MFRCs.

OTSSCs. Occupational Trauma and Stress Support Centres (OTSSCs) have a multi-disciplinary mandate to help CF personnel deal with occupational stress and to assist members in dealing with emotional troubles and/or circumstances. They also assist members with relationship difficulties and/or mental health issues arising from operational trauma. OTSSCs work in conjunction with local service providers to help in the prevention, diagnosis, and treatment of personnel who are afflicted by operational trauma. There are five OTSSCs across Canada, operating within CF medical clinics. In general, medical doctors, psychiatrists, psychologists, and mental health nurses work in these centres.

Medical Clinics. Medical clinics (also called health care units) operate on most CF bases, in operational theatres, and in remote postings. These clinics offer basic medical and mental health care as well as "sick parades".

Chaplain's Office. Padres and Chaplains offer spiritual guidance and counselling in operational theatres, in remote postings, and on CF bases in Canada. Padres and chaplains often participate in many elements of a military unit's life, and CF member's personal lives. They are also at times a link between deployed members and their spouses/partners.

3. Results

3.1 PERSTEMPO and Service Providers

Like many other members of the CF and DND, service providers often feel over-extended by their work. Many share the view that the CF has faced many challenges as a result of budget cuts, downsizing, and an increased operational tempo. It is believed that these challenges have largely contributed to an increase in service providers' workload, which has ultimately reduced the effectiveness of the care and services they offer to CF members and their families. Generally, there is a feeling that there are too few service providers to provide quality care in the CF and too many demands placed upon them. *"There are way too many demands placed on everybody in the CF. Who catches the overflow is the problem"*. It was often reported that service providers were *"burning out"* or leaving the CF as a result of a shortage in personnel and a high work tempo. It was also suggested by many that it was becoming more common to hear that service providers were taking sick leave or were themselves requiring services as a result of *"doing more with less"*. For example, one participant stated that:

"Resources are very scarce. There are not enough personnel working on the bases to meet the needs of the soldiers or to teach the chain of command about problems and how to detect them".

Commonly, service providers must cover a large geographical area and provide services to many CF bases. Furthermore, when deployed or away, their workload is either referred to civilian clinics or (more often than not) simply put on hold. In turn, the deployment of one or more service providers creates an immense burden on "rear party" service providers whose workload is accrued as a result of a colleague(s) absence. Throughout the interviews, it was common to hear that there were not enough hours in a day to complete taskings and that working at home on evenings and/or weekends was common practice. The overwhelming sentiment regarding workload is reflected in the following statement:

"Many people work at home [on evenings and weekends] under the umbrage that the Canadian military is a vocation. There is stress because there is always work to be done. Also, when changes occur – due to manpower efficiency studies and downsizing—there is the same amount of work to do, so who does that? Those who remain do it. This is happening all over".

3.2 Barriers to Service Provision

Apart from the amount of work and the lack of personnel to meet workload demands, institutional elements of life in the CF can also have an impact upon the capacity of service providers to do their job. These institutional elements may also compound a service provider's PERSTEMPO and/or occupational stress. Furthermore, they can also impinge on the effective treatment of CF members and their loved ones. These institutional factors, which include stigma, fear of career consequences, aspects of

traditional leadership and/or chain of command, military culture, and recruitment often have tangible impacts on the way a service provider must perform his or her job.

Stigma. Despite the advances made in openly addressing mental health in the CF, there remains considerable stigma for those who come forward with mental health or family problems. Service providers revealed that labels are often attached to those who require services. Those who seek services are often referred to as “*unfit weapons*”, “*broken*”, and/or “*sick, lame, and lazy*”. Service providers argued that this stigma is an element of military culture:

“There’s a huge stigma, feelings of shame. Things like PTSD go through their households and everyone ends up suffering. The labelling impact is big, if you have a problem, you are lazy ... you are broken”.

Service providers mentioned that being afflicted with mental health problems, especially PTSD, is incompatible with the soldier identity, and incompatible with the present operational tempo of the CF.

“The stigma associated with self-identifying that one has a problem is enormous. There is an attitude of ‘put-up and shut-up’. That is, that problems are for the weak. This is a part of military culture. Some of the repercussions of being broken or being assigned a temporary medical category are to be denied necessary courses and having the perception associated to you that you will not be fit down the road... The more deployments we have, the more we have to attempt to make sure that they are ready for the transitions involved”.

“Many are going to [civilians] for help, to escape the stigma attached to those who seek help. They are paying out of their own pockets in order not to be labelled. It’s not fair, especially for those who only have the CF and have given everything up for this place. The amount of ignorance is amazing. You can be treated for alcohol problems and not be labelled... With PTSD, however, there is a stigma and a label attached. It means you couldn’t handle it. You’re an ‘unfit weapon’. The attitude is ‘I held it in for a long time and you’re not allowed to be broken’. If you brake your leg...fine...if something goes wrong with the brain...ouch”.

Although these pejorative labels and stigma are prevalent, it was suggested that this is in part a result of an over-tasked workforce where resentment occurs because the already heavy workload is accrued when members are absent or ill.

“At the moment, there is a very low morale and a high level of stress. There are too many jobs and taskings, and no time for anything else including proper training. There is nobody to take your place if you are ill, and for those who are ill, the amount of resentment towards them is high because others have to pick up the slack. It gets to the point where people resent each other for being sick or diagnosed with a problem”.

This notion is supported by the finding that the most stigma is often felt at the unit level, where the workload is heaviest when one member is absent or ill.

“There is absolutely a fear of revealing problems, there is a stigma attached to those who report having problems. There is also a lot of peer pressure. There are many roadblocks to reporting problems. The unit level is mostly where the obstacles are”.

Service providers suggested that a possible solution to this problem is to promote a team identity instead of pointing fingers at individuals who are not well.

“People are ostracized when they have problems, they see them as being sick and lazy. They should promote an approach where you encourage someone to get better... The outlook should be ‘I will get better and rejoin my team’”.

Fear of Career Consequences. According to service providers, the belief that an admission or diagnosis with a physical and/or mental illness will affect one’s career is present in all ranks. This fear of career consequences has been linked to military culture and stigma (as discussed above), but there are also pragmatic reasons for it, such as the necessity of receiving training in order to be promoted. Service providers claimed that CF members often believe that their careers will suffer as a result of seeking treatment and/or counselling services. They believe that members often become stressed about being labelled as “*sick, lame, and lazy*” and/or “*broken*” by colleagues and superiors. Some worried so much about being labelled that they would not even discuss their problems with their partners for fear that word would get out. It was generally believed that seeking services or assistance was admitting failure, and that “*failures*” don’t get promoted.

“There is so much competition for a career, they even keep their families out of it. They keep their problems distant from the CF”.

“What happens often is that the old school hassles the new ones. They even re-schedule their interviews with service providers. There’s the attitude of suck it up and carry on”.

“A lot of people have a fear to reach out for help. They fear having a significant incident report. They fear there will be career repercussions. There needs to be early prevention”.

Service providers expressed concern that when members do have the courage to come forward, it is often too late. They claimed that in many instances, the individuals they counsel are already “*broken*”.

“The problem is that individuals only come forward when they are too ill. They come once they have been told by their leaders or colleagues that it’s time to get help (which is often too late). They have been symptomatic for years, but only come forward once they are ill enough and once they are near the end of their careers. That way, there are few repercussions. Their spouses/partners often have to tell them as well that if they do not get help, they will leave them”.

“Many come in with problems at the end of their careers. They want to get fixed before they leave and benefit from the programs in place. The attitude is that ‘now that I’m getting out, fix me’”.

Service providers also expressed concern for members who feel that they have no choice but to remain silent about their problems as a result of a lack of career options in the civilian workplace.

“Many have no choice but to suffer. Many will suffer a few more years for their pension. They are too close to it. For them it’s okay, they only have a few years left. What about the young infanteer who has another 10 years till pension? He or she will have to suffer longer especially when you consider that they do not have transferable skills. What are they going to do on civvy street...become a mercenary?”

Leadership/Chain of Command. Some service providers spoke of a lack of legitimacy vis-à-vis commanding officers. Hence, they feel some leaders can reduce their ability to provide the services that members require: “*We sometimes have to fight with the leadership in order to access the troops*”. In some interviews, service providers discussed cases in which a prescribed leave was challenged at the command level. Many service providers stated that they have no impunity from commanders and that leadership, or the present leadership culture, can maintain and sustain pathology.

“The less the people in leadership positions know, the better...[Many leaders have the attitude of:] ‘Don’t you dare see a social worker, it reflects upon my leadership type thing. I’m responsible for you, but don’t seek help’”.

“Leadership and culture, well, there’s not a lot of rewards for looking after your troops. There’s a lot of individualism”.

In other words, leaders are expected to take care of their people, leading to a preference for problems to be dealt with within the unit. Further, some believe that their leadership skills will be perceived negatively if they seek resources outside of their own control.

In some cases, service providers discussed the difficulty of getting commanding officers to acknowledge the urgency and the need for mental health care. Service providers also often spoke of the frustration of not having their work acknowledged and legitimized by the chain of command. This, they say, calls for the need to educate leaders:

“We are losing a lot of motivated social workers, they are not appreciated. When you can do your work you see change and that’s my reward. But we are often blocked from doing our work and you have to fight all the way. You have to fight with the leadership and others involved. We need support”.

“We need to review the way of acknowledging social problems. People need to be sensitised or educated. It should be a part of the leadership skill set”.

There is also a general sense that the leadership issue, as discussed above, boils down to an overload of taskings and the inability for leaders to refuse tasks, which then trickle down the chain of command. Service providers claimed that this becomes especially problematic for those in immediate supervisory positions, since they must fill the position of whoever is going on personal and/or sick leave.

“Nobody listens, including the leadership, because everyone is burnt out. You have career managers who can’t hear the problems anymore. People just do not hear anymore. There are not enough people to buffer. The system has no flexibility”.

“The leadership has to start saying no. Sure we look good when we say yes, but keep in mind that we are destroying our best resource. We are destroying our people”.

It should be noted that some service providers attested to full support from senior leaders who are well aware of the impacts of PERSTEMPO and the effects of stress among their members. Some leaders actively acknowledge the work of service providers, and want to integrate their expertise into command decisions. These officers and senior NCMs, have in some cases, organised informal networks of support between commanding officers and service providers where problems associated with PERSTEMPO are openly discussed. The creation of these informal networks of support was seen as both proactive and preventative.

Although there are still cultural barriers in place that hinder service provision (stigma, etc.), many service providers acknowledged that there have been improvements. It was often reported that leadership and CF members are increasingly becoming sensitised to issues related to stress and well-being.

Military Culture. Apart from issues discussed in previous sub-sections (stigma, career consequences, leadership/chain of command), it was noted that changes in military culture have also had an impact on the role of service providers in the CF. Service providers stated, for example, that new recruits are very “*rights focussed*”, arguing that the Charter of Rights has changed the way that the CF offers services and engages in training. They believe that the Charter has increased individualism, decreased unit accountability, decreased unit ownership of problems, and decreased the feeling of community in the CF. It was argued that today’s members value their privacy more than base functions. In sum, it was suggested that today's military culture is increasingly individualistic, providing fewer supports against the effects of high workload.

“Before you had camaraderie. Today you have the mighty PER. It’s a rat race”.

Recruitment and Military Career. Some service providers linked many of the issues related to PERSTEMPO to a lack of preparation for, and knowledge of what life in the CF is like. In some cases, service providers gave examples where new recruits had been lied to regarding specific aspects of their future service, their MOC, their duties, etc. Service providers also noted that CF members often did not discuss the nature of the work they would be doing in the CF with their partners. One service provider stated that:

“There can be no denying that a military job involves being away from home. This fact needs to be known and thoroughly discussed before a person decides to marry a military person”.

Service providers stated that although there is currently an aggressive campaign in place to increase enrolment, it does not pay to enrol individuals who are not mentally prepared or apt for a military career.

“Preparation for life in the CF begins at enrolment. People must be conscious of what military life entails, spouses/partners too... Many people do not have the personality needed for the CF”.

In sum, the institutional elements described throughout this section impact how a service provider does his or her job. In many cases, a member's reticence at coming forth for help -- either due to lack of knowledge regarding the existence of services, or due to fear of stigma or career consequences, or because he or she is discouraged from doing so by their leaders -- usually results in a crisis situation rather than early treatment or prevention.

3.3 PERSTEMPO Among Military Personnel

Service providers' general impression regarding the PERSTEMPO of military personnel can be attributed to three key factors: increased time away and operational demands, lack of resources, and lack of rest. Service providers also identified a number of key issues and outcomes pertaining to, and resulting from, PERSTEMPO (family, mental health, medical health, recreation, isolation, deployments, and postings). Although many of these issues are related, they will be discussed independently in the following sections. Service provider suggestions and recommendations are presented where applicable.

Time Away. Service providers strongly believe that there are too few people to carry out the current number of taskings assigned to the CF, and that the rewards for being in the CF are incommensurate with the present workload.

“People won't and can't work at this level for 20 years. Once the fatigue sets in they jump ship. They burn out. Put your time in, get your pension and leave. That's the philosophy. In there somewhere you will probably get divorced”.

“The stuff going on today is ridiculous. The TEMPO is destroying families. The young ones have not figured out the costs of all this yet. Wait till they find out how much a divorce costs”.

Although some improvements have been made to deal with the high tempo of operations, these were said to be insufficient:

“It seems to have gotten better in some cases, especially with the one-year leave from deployments. That said, there is still really no down-time because there are two or three jobs/taskings waiting for them when they get back”.

Service providers often reported that even though CF members are told they will not be deployed for a period of one year upon their return from a six month deployment, many are asked, and in some cases, “*voluntold*” to re-deploy as an augmentee. Service providers argued that across the elements and among various MOCs (cooks, AIR DET, engineers, etc.), the tempo of operations and time away were too high. They noted that given the tempo of operations, CF members' personal situations were often not considered:

“The young are always away at sea. The old guys, they have been home for 20 years and now find themselves going to sea again. You have senior people whom are now filling the billets and going to sea”.

“The first-in folks are always on the go. It also increases the level of family breakdown (due to the hardship of living they face)”.

Resources/Personnel. Service providers also affirmed that the resources required to properly complete assigned tasks are lacking. Many of their statements confirmed the general impression that the CF is over-extended in its commitments. Personnel strength was identified as one of the main areas they felt was lacking. Comments such as the following were often heard:

“We often have to borrow from Peter to pay Paul”.

“Staffing is a major problem”.

“The centre cannot hold. We are imploding. It’s bigger than we are”.

“The rear party is not even a possibility here, there’s nobody left. Six out of 223 stay back, and the rest are on a course!”

Rest. According to service providers, the combination of time away, the number of taskings, deployments, demands, exercises, training, lack of resources, etc., has meant that people are not getting the rest they need and hence the “*CF is tired*”. Service providers commented on this extensively:

“Since the early 1990s the number of deployments have increased. What is frightening is the number of back-to-back deployments. There is no time for rest especially when you are talking between six to nine months for each”.

“There’s no rest built into the cycle due to the combination of tasks, demands and deployments, exercises, etc.”.

“People are tired from deployments and they’re also tired of picking up tasks when people are away”.

One service provider summed up the current level of PERSTEMPO as follows:

“The CF has been 40 percent under establishment since the last reduction of the forces in 1996. So military members are now operating with 40 percent fewer staff than what is needed to meet the workload requirements of the CF in 1996. The workload has increased since then”.

Furthermore, service providers believed there are military members in many trades and all environments who are in positions where they are one of few members in a particular trade, expertise, and/or administrative tasking that can deploy. This phenomenon – commonly referred to as “*one deep*” – causes considerable stress, since there is no one who is trained and readily available to replace an individual who is away from their work for personal or health related reasons. Hence, “*the work simply piles up*”. As a result,

some are working evenings and weekends to catch up, and many do not attend training sessions and required career courses. According to service providers, this “*one-deep*” phenomenon is a key indicator of PERSTEMPO in the CF, and it is contributing to an erosion of skills, work dissatisfaction, attrition, and burnout.

Service providers have also noticed other tangible impacts of PERSTEMPO among military members and their families. For example, they see: increases in extended sick leave and/or compassionate leave; high levels of depression, fatigue and/or burn-out among military personnel; erosion of skills due to a lack of training time; disillusionment; a widely held perception that the country and politicians “*don’t care about soldiers*” and that the CF is just a “*political pawn*”; and major repercussions on families such as increased family stress, a decrease in marital quality, as well as family breakdowns.

3.4 Deployments

Many service providers view deployments as a “*political issue*”. They reported that many CF members are dissatisfied by the “*politics*” that surround deployments.

“It’s great for the politicians to commit us all over the place. It’s great PR for them. But here’s a question for them, where do you get the soldiers to do the missions? The numbers simply do not add up. Sure it’s great politics, however, it’s the uniformed members and their families who pay the price. Tell the politicians to come and talk to us and not in a conference room where nothing comes of it. Tell them to come here and explain to us and our families why this goes on. We always need to justify to ourselves and our families why we are being deployed, let them come for once and justify their decisions to us”.

Service providers mentioned that the key to successful missions is participating in “*meaningful operations*”, and that CF members feel most satisfied when their deployment is “*worthwhile*”. According to service providers, however, the reality is that many are now bored with their deployments and satisfaction is low.

“We have to ask ourselves, are we actually changing the problem where we are being deployed? Credibility is low. Why are we there?”

“We need to make people feel valued, to make them feel that they are making a difference”.

“The combat arms want deployments, let them do them. However, don’t send them on ‘Roto-100’, where they get frustrated and bored. The combat arms want to deploy in meaningful operations”.

Pre-Deployment Screenings: “DAGs”. The DAG (Deployment Assistance Group), refers to a screening process in which the fitness of military members to deploy is evaluated. It was repeatedly emphasised that there is no consistent basic screening procedure, and that the DAG is not a uniform process. In some cases, there are no DAG procedures in place. Moreover, it was stated that single people often fall through the cracks in pre-deployment preparation and DAG processes, since the emphasis is always on families and family well-being. What follows are some of the comments that were

made in relation to the DAG process and which clearly demonstrate the discrepancies associated with this process.

“The DAG is a system of good conscience and has no scientific merit. Only about ¼ of those who should go to pre-deployment meetings actually do show up”.

“The pre-deployment DAG is a roster, it is a screen for medical, social, or emotional reasons, to review files for personnel at-risk for medical, psychiatric problems; there is also an immunization component. Here the DAG is on-going, people have been pulled off on the last day”.

It was stated that at times, the DAG is overridden as a result of the organisational commitments of the CF. However, it was reported that in most cases commanders generally respected the outcomes of the DAG process.

Most service providers spoke of the need to ensure that spouses/partners are brought into the screening process. They also stated that a rigid screening process and a national pre-deployment screening policy was required.

“We need a system to keep track of those DAGGED red. We have no records. What happens is that people move, people forget and you have no idea of how many times a person has been DAGGED in the past and for what reasons. It’s common for us here in this brigade to keep track of those who are DAGGED but it's not consistent at a national level”.

“We need to list all the things that they need to be DAGGED green, and do a six-month review. We will make them do all the things so they can be deployed. For example, we will tell them that they have to do x, y, z, ... here’s the list and do it. You must go to counselling, you must bring your spouse in,... and so on. They are then reviewed after 6 months and if they have not met the conditions they should have a very good reason...”.

Overall, service providers believed that an integrated national standard for pre-deployment screening would ensure that those who are fit and able are deployed, and those who are not fit and able at the time of deployment are not. As the discussion below suggests, repatriation data could inform this procedure.

Repatriation. Service providers noted the importance of closely examining repatriation data to get a sense of the troubles that “*erupt*” during deployments. They suggested that this type of data could assist them in gauging the impact of screening procedures. It was argued that prevention and proper screening are far more cost-effective than repatriation.

“We are always talking about costs and how to save money and so forth, yet, when we deploy someone who is having problems the costs of sending them back to Canada once they ‘pop’ in theatre are high”.

“We have taken people on missions who shouldn’t have been going in the first place”.

In-Theatre Medical Care. Service providers insisted that prevention “*pays off*” when preparing CF members for a deployment. They generally find that CF members are healthy in operational settings when preventative measures are taken prior to individuals deploying (i.e. good living conditions set up in the field, tropical diseases medicine, adequate gear, and appropriate preparation for the mission, etc.). Overall, medical staff emphasised the importance of having the proper resources to perform their duties in theatre.

There is a commonly held feeling among medical staff and service providers that health problems and injuries “*creep up*” in the later stages of a mission (or during the second half of the tour). They believe this is related to fatigue and to an increase in familiarity with one’s surroundings which often leads to a decrease in carefulness and alertness. There are also seasonal variations to consider when estimating in-theatre health risks. For example, the onset of a rainy season (mosquito season), will bring about an increased risk of malaria and other tropical diseases.

Stages of Deployment: There are different stress factors present at each stage of a deployment. Service providers had the following to say about the deployment experience:

“The preparation is stressful, as one must break ties with family. There is a distancing, it is difficult to say goodbye. Once you get to the deployment, you are rushed to learn a job, so the middle phase can be difficult. Reintegrating is also difficult. It is hard to make the transition back and come to terms with abundance in Canada. Often one’s family doesn’t understand the experiences...”

“Prior to a deployment the distancing from family is stressful. Then, the first month away is good. By the end, people are ‘pissed off’, they are tired, and want to go home. The last month is usually the hardest. When deployed personnel come home and everyone’s changed, re-integration is difficult. This is compounded by the endless cycle of rotations that our base is involved in”.

Pre-Deployment. Pre-deployment is one of the high stress stages in a deployment. Although proper training for a deployment is essential, it is often said to be too long, and/or poorly organised, and it usually compounds family separation since members are often required to be away from their loved ones for an extended period of time prior to deploying. At this time, military personnel also have to get their finances in order and tend to many personal and family matters. In many cases, the stress of leaving exacerbates already existing problems.

“You go, go, go. Maybe they could consider reducing the work-up training prior to deployment. Really, what’s the point of having people go 24-7 for months prior to the deployment, especially when they are going to an area they have already been to”.

“When you have an established ROTO, why train them for 3 months? Three or four months training does not prepare them. The amount of training being done is not necessary”.

Mid-Deployment. According to service providers, mid-deployment is the least stressful time in a deployment. However, it is also at this time where occupational injuries and other troubles start to emerge. Service providers spoke of the importance of having proper social support networks and recreational services in place to assist CF members in reducing mid-deployment stress and alleviating boredom and separation anxiety.

End of Deployment. Near the end of a deployment, service providers stated that problems related to fatigue and burnout surface. However, the end of a tour is also usually an "*up-beat time*", since military personnel are beginning to prepare to go home and reunite with their loved ones.

Post-Deployment and Re-Integration. Most bases and units have organised some form of re-integration process or protocol. It was acknowledged, however, that there is a lack of consistency across the CF, resulting in some members "*falling through the cracks*". There was also much discussion on the efficiency of various re-integration protocols that have been put into practice. Many service providers believed it was beneficial to have social workers conduct re-integration sessions in theatre. In some cases, the re-integration session is simply an in-theatre brief conducted just prior to members returning to Canada. Some service providers suggested, however, that re-integration procedures could themselves be stressful. One concern identified with re-integration procedures was that problems often do not arise immediately upon returning from a deployment. This was seen as problematic since follow-ups are not normally done several months after the end of a deployment. Some service providers believed that having a "*buddy system*" in place could assist members with re-integrating into "*normal life*".

“There should be family debriefings. Often the men want to take charge again when they get home. There usually is no stress debriefing upon return”.

“Re-integration is also a very stressful period, as military personnel must adapt to a changed family, and a spouse who has learned to take care of the household and family affairs alone. This stress period varies in length; for some, re-integration can take months...”.

Overall, the most common problem identified by service providers was that there is no uniform process in place to enable proper re-integration. There was a wide consensus among service providers that upon returning from a deployment, CF members should have more "*down-time*" and family time. Service providers also highlighted the need to balance uniformity with the broad range of re-integration needs and experiences of returning personnel.

“When you’re away for six months, you can’t expect to go back to the family and step in as if you’ve never left. The admin work involved in maintaining a household is enormous, it takes forever. It’s an insult when Ottawa says you can take no leave. There is no down-time for people to re-focus”.

Length and Frequency of Deployments. Various perspectives emerged when service providers were asked to comment on what they perceived to be the ideal deployment length and deployment frequency. Apart from some fixed parameters in which the CF must operate (length of time to get to a destination point, etc.), a wide range of options

were discussed. Some service providers thought that shorter tours would enhance and facilitate re-integration issues surrounding units and families. In this case, three to four month tours were said to be optimal. It was argued that shorter tours would also decrease boredom levels and complacency, which are often a factor in deployment stress. Largely, the consensus was that an optimal tour length for peacekeeping was between three to six months.

Many service providers also spoke of the cumulative stress that arises from multiple deployments. They believed that cumulative stress affects soldiers in a number of ways (PTSD, post-tour stress, culture shock, etc.), especially after members have been exposed to three or more deployments. Service providers generally believed that one tour every three years would be manageable. As previously mentioned, the vast majority felt that the present tempo of the CF is “*harmful and problematic*”.

“The number of deployments is a big problem”.

“If you increase the tempo, you will increase the problems”.

In general, many suggested that the time-off between deployments to recuperate and re-integrate into the family and “*normal life*”, along with adequate time between deployments was of greater significance than the time/duration of the deployment itself.

Leave/HLTA. There were contrary findings in relation to leave. On the one hand, many said that it provides a “*good time*” for people to relax, and enjoy themselves during a deployment. In many cases, military personnel are reunited with their spouses/partners, which can alleviate difficulties surrounding separation. On the other hand, some noted that leave could be a source of stress, since the routines that members and their families/partners had established were disrupted. It was also argued that HLTA’s (Home Leave Travel Allowance) can cause morale problems during an operation if expected leaves are not granted or if HLTA dates get changed.

“HLTA is very good, it’s a stress reliever. It does, however, have an impact on operations. It must be calculated properly, and sometimes people do not get their time off and that can cause morale problems”.

At Sea/**In-Theatre Quarters, Food and Recreation.** According to service providers, recreation is a key moderator of stress in operational theatres. In a research note on CF personnel serving in Macedonia and Kosovo, Dunn and Flemming (2001:11) observed:

“There is some recognition... that recent initiatives (policy and program changes) have had a positive impact on QOL... Basic living conditions were a source of considerable satisfaction among CCKFOR personnel... Food... and accommodations... were positively regarded. However, the unavailability of recreational facilities and activities (other than commercial videos, crude lounges, and poorly equipped weight training areas and the most elemental of organised recreational activities), was a serious source of dissatisfaction... In the view of many service providers and some commanders, this served to exacerbate the difficult conditions of the operation, where alcohol consumption and movement were restricted in a highly secure environment”.

During the course of this study, there was also a general consensus that basic in-theatre QOL issues, such as having acceptable living conditions and good food, have been “*dealt with*” by the CF. However, there was also a feeling among many service providers that the recreational facilities and services available to Canadians in theatre were inadequate. Overall, there was a general feeling that there was an absence of challenging stimulation for CF members in operations, especially, for members serving at sea.

Communication Home. There is a general sense that “*telephone time*” in theatre is insufficient. It was believed that given today’s technology, telephone calls could and should be extended beyond the standard ten minutes per week in order to allow members an opportunity to communicate in greater depth with their spouses/partners and children. Access to the Internet was also said to be minimal. Although service providers noted many positive aspects related to communication home, they also spoke of some of the negative aspects when in an operational theatre:

“E-mail is a curse. There’s too much access, too much contact with family members. They need to let go at some point. We must teach soldiers the skill set to let go”.

“In relation to phone calls, we have to take into account the time differences. At the moment we either let them call early in the morning or after a long day. These are not exactly the best times to be calling home, since they are chaotic times. Spouses/partners are trying to get the kids to school and/or getting ready to go to work and then they get a call in between that from the deployed member”.

“At times, calling home can become a problem, but overall it’s a very good QOL initiative”.

Resources Needed to Cope with Deployments. When service providers were asked:

“What is required to assist CF members and their loved ones in coping with deployments?”,

the following suggestions were offered (in some cases, quotations have been used to elaborate on recommendations):

- Establish standard screenings and uniform procedures for the “DAG”.
- Establish a standard re-integration process.
- Ensure proper “down-time” and “family time” after a deployment:

“You need to give CF members time to vent. They need time to reflect on their overseas experiences. They need to understand their experience. They need to also understand their spouses/partners’ concerns, how difficult the deployment was on their family members. We also need to do the same with the spouses/partners. We need to get them as well to reflect on their partner’s experiences and on the fact that the spouse is coming back, etc.”.

“There’s an attitude of ‘if you do not like it get out’. By doing this we are losing corporate memory. People are just tired. They need to see a break, they need down-time”.

- Pay attention to “vulnerable” members on deployments, i.e. those who do not deploy as part of a formed unit:

“It is critical that services for augmentees be in place and support must be “You have augmented reservists, and you have reservists who were messed-up due to deployments who then ended up joining the Regular Force”.

- Ensure that services are in place in operational theatres to deal with members’ recreational, medical, and social needs.
- Recognise that deployments must be meaningful:

“We need more personnel and more equipment. The easy way out is to cut the number of operations. But that’s wrong. It lessens morale when you take away operations, it takes away that sense of purpose, that sense of making a difference”.

3.5 Foreign and Isolated Postings

There are a variety of root causes for the stress CF members and their families feel when posted to remote locations and/or foreign countries. Isolation, language barriers, and/or a harsh geography and climate can cause difficulties in accomplishing daily tasks. According to service providers, culture shock is a serious problem that many CF members encounter when they are posted. The physiological problems suffered following postings can include alcohol abuse, lack of exercise, and chronic fatigue.

Family support networks (friends, etc.), are often difficult to access when CF personnel and their families are relocated or posted. Service providers frequently mentioned that CF personnel and family members who participate in CF community activities, who make use of CF programs, and/or who participate in their local community, tend to fare well when dealing with issues surrounding relocation and/or postings. Similarly, service providers reported that those who do not make an effort to integrate into their new “*communities*” have a higher risk of becoming isolated and experiencing a variety of problems.

The importance of community networks, whether they be within the CF or outside, were deemed by service providers as being essential for CF members attempting to cope with remote postings and/or relocations. Significant barriers to community integration, however, were also identified. For example, it can be difficult for families and CF members to integrate due to linguistic or cultural barriers. In this case, adequate preparation, including language training for members and their families who are being posted, would facilitate the relocation and integration process into the local community. Another factor that can impinge on a member’s integration into CF community networks is the desire for privacy. Some service providers posited that CF personnel and their families might be reluctant to integrate into the CF community since “*everybody knows everybody else*”.

It was frequently noted that isolation is often more of a problem for loved ones and family members than for the CF member who is posted or relocated. A CF member's family is often more likely to feel isolated than the CF member who is integrated into a workplace community and is busy performing their job. Service providers indicated that stress and stress-related illnesses are often more prevalent in spouses/partners of CF members who are posted or relocated than CF members themselves.

Some service providers noted that because many senior CF personnel get posted to areas such as Europe, it is assumed that they do not require support services as a result of their past experiences with being deployed and/or posted. It was also suggested that there is an assumption that these individuals have older children and families that have previous experience with deployments and postings. It was argued, however, that there are problems with these assumptions: "*We assume this about the people deployed here and they assume this about themselves*". Service providers strongly believed that there is a need for the CF to acknowledge that members and their families do lose many of their support networks when posted to foreign countries and that they normally cannot count on the everyday support networks they had in Canada for dealing with "*day-to-day*" problems.

In sum, postings can be a very positive experience, however, they can also be very disruptive and stressful for CF families and members. Service providers spoke at great length about the stresses related to adapting to "*new surroundings*" as well as some of the financial and familial implications that may result from members having to be posted or relocated.

"What if the spouses/partners work? Where will they find a job? They need to look at the costs of relocating".

"Postings are another problem. It's one thing to lose money on a house, but the loss of a second income is huge. You get posted and the spouse can't find work".

"A lot of spouses/partners are saying no to postings. They do not want to start all over again".

Resources Needed to Improve Postings. When service providers were asked: "What can be done to improve postings for CF members and their loved ones?", the following suggestions were offered (in some cases, quotations have been used to elaborate on recommendations):

- Improve outreach services.
- Improve screening processes to identify those who would not do well with a posting:

"The problems people had in Canada are ten-fold in Europe... People who want to be here love it and people who don't want to be here don't cope well... Some people go to Europe thinking that it will solve their problems. Some people think that going to Europe will help their marriage or family situation. They don't realise the isolation they may face in Europe".

- Co-ordinate available services and identify gaps:

“[we need] someone to do the overall co-ordination of services available for CF members in Europe or in remote locations”.
- Prepare CF members and their loved ones for postings:

“There is a need for better language training and better preparation for postings. People need to be better prepared and educated. Resources are lacking for newcomers”.

3.6 Family-Related Issues

According to service providers, PERSTEMPO has had a significant impact on family life. In some cases, it can be very stressful for families, while among others, the sense of community shared among military members provides a source of support for families. Many service providers stated that strong marriages and strong family bonds tend to survive military life in Canada. However, most claimed that the CF and military life is stressful on families, can exacerbate existing family troubles, and can in many cases be the cause of relationship breakdowns.

Some service providers explained that marital conflict is often due to life-cycle stresses or daily hassles, however, they also believed the CF can contribute to or exacerbate this stress through deployments or relocation. For example, successive relocations can impinge upon children’s ability to make and sustain friendships, or can be detrimental to a spouse’s/partner’s career and/or ability to obtain employment. These stress factors are multiplied when a military member is relocated to an isolated environment.

Given the time members spend away from their families/partners while on deployments, temporary duty (TD), exercises, etc., it was argued that when a member is posted without his (or her) family/partner, it is a “*pure formula for family dissolution*”. Some stress factors, especially those associated with harsh working conditions, deployments, relocations, etc., are so intense that it can be very difficult for a family to overcome them.

Lack of Planning. One particular stress on families is the perceived lack of “*good planning*” or careful consideration of family needs in operational planning. Inconsistencies, contradictions, and disorganisation regarding deployment dates, postings, and scheduling, impact harshly and negatively on family life. It was common to hear that families are given a deployment date which is subsequently changed numerous times. Decisions regarding deployments or postings should consider a member’s family situation and should also allow for sufficient planning time. One service provider stated that:

“Now, members are being posted who have 18 years of service, and they have little choice but to go. They can not walk away from the job when they receive their pension at 20 years. Such persons are usually in their 40s. They are in for the length, are emotionally tied to the organisation, and often have kids in their teens or preteens. A posting causes many stresses to a family. In circumstances like these, it can lead to “family disenfranchisement”.

The perceived lack of good planning on the part of decision-makers can be a key factor in marriage break-up, family disappointment, and bad feelings toward military life (resulting in pressure from the family to leave the CF). This apparent lack of planning translates into an absence of structured family time, which might otherwise alleviate some of the stresses associated with separation. Service providers acknowledged that there are situations where operational requirements can't be foreseen (the Swiss Air crash, the ice storm, floods, etc.), however, they argued that these situations are unique and many are relatively predictable (Bosnia rotations, scheduled NATO tours, etc.).

“If families knew ahead of time that their spouse would be deployed, perhaps then the families could prepare for it. Everything is last minute and that really screws things up”.

“Living with uncertainty is a major stress. Give them their departure dates ahead of time. All the trips are up in the air”.

Children and Childcare. There is no denying that the PERSTEMPO of military personnel, and the problems that can result from military life, affect the children of military members. For example, service providers reported seeing frequent sleep problems, health problems, behavioural problems, etc., which they attribute to military parents' frequent prolonged absence from home. Service providers also vehemently stated that money could not compensate for the absence of a parent. The scope and depth of the resulting problems, they believe, is such that a simple solution (such as increased pay and/or benefits) will not suffice.

“With the rapid succession of deployments, you can expect higher rates of PTSD, addictions, and a variety of different impacts on the family. The risk for delinquency also increases over time for children, especially if both parents are not involved in their up-bringing. Kids are intuitive, they need to attach to parents, and they often lack that attachment when one parent is always away or deployed. It's normal that they will rebel or demonstrate anger”.

Service providers explained that some of the effects of PERSTEMPO on children are age-dependent. Some argued that children in their early or late teens are “*hit*” particularly hard. Overall, it was suggested that many of the issues related to military families and their children are linked to the age of children.

“For well-established families, deployments are not as big of an issue. They already have family, friends, etc., who they can go to for support. They have day-care arrangements and so forth. The younger personnel are a little immature at times. It's their first time away from home and everything is put on the shoulders of the spouse. Lots of them are alone, away from their families and find it very difficult. They have to shovel the driveway etc... You can't leave a toddler inside when you go out to shovel, who knows what will happen. It's all these little things and they build up quickly... It's the things we take for granted that get difficult. Yet, when the kids grow-up, they become an asset and are no longer a liability. They will do chores, shovel, etc.”.

Service providers also identified childcare as a critical issue in the equation of work/life balance for military personnel and their families. “*Childcare is probably the biggest thing we deal with. People want a break*”. It was suggested that access to childcare services should be consistent across all bases in Canada.

Deployments. Although deployments were previously discussed, some of the family-related impacts of deployments will be introduced below. Service providers affirmed that deployments have both positive and negative impacts on family life:

“Deployments can be very good for some couples and bad for others. One positive aspect of deployments is that it gives some spouses/partners more independence”.

“One problem is that spouses/partners often get upset with the member just before they leave. It's almost a... it is a form of resentment”.

There are also some cases where deployments pose an insurmountable stress on families and when family life takes a backseat to operational demands. As previously discussed, service providers believed that some of these problems emerge as a consequence of members and their families not being fully aware of what life in the CF entails.

“When we are done this interview, I have to call a deployed member whose wife wants a divorce. Is he in the dark? No, I don't think so. Perhaps he just never caught the signs. Now, because he's deployed, it's up to him if he wants to come home. If he does, then they will see what his role is in relation to the operation. If he was a CO, no he couldn't come home, if he was an ordinary seaman then he probably can. The question becomes are you vital to the operation? If yes, you're not coming home”.

“I have a case where a guy's wife went missing. So we got him compassionate leave, the problem is that it only works for two years. Now the child fears losing his dad every time there is talk of deploying”.

One major source of deployment stress identified by service providers was that deployments reinforce traditional gender roles and result in a lack of recognition for the spouse/partner who is left behind. They spoke extensively of this:

“Spouses/partners who stay at home, their level of satisfaction is basically, I have to do it all. They need a break also. I'm giving him the kids when he gets back. So now you have two tired people when the spouse arrives and things hit the fan”.

“The spouse is the hidden operations member. They serve a latent function for the military. They are unrecognised labour”.

“Members get medals all the time, what about the spouses/partners? What about all the work they have done to support the member”.

Family Breakdown. Many service providers spoke of a direct link between marriage dissolution and increased PERSTEMPO. For example, service providers in one

operational theatre estimated that roughly 15% of the marriages of those serving on the tour would break-up as a result of the deployment. Furthermore, service providers interviewed on that same tour stated that many people serving would not be there had their spouses/partners participated in the “DAG” process. Apart from discussions surrounding the increased possibility of divorces and separations occurring as a result of time away and deployments, service providers also discussed the decline in the quality of romantic and intimate relationships that results from long separations:

“Some are spending two or three years away from their families with little visits. There’s not enough time to develop intimate relationships. Intimate relationship development is lacking. [Intimate partners] often find out that they do not know each other. Some will have affairs to compensate for the lack of intimacy”.

Service providers affirmed that many CF members (as well as themselves) are re-evaluating their military career in terms of their families’ needs, often as a consequence of a past divorce/separation and/or break-up with a significant other.

“I’ll sacrifice myself for this country and the CF, but [I won’t sacrifice] my family. When I was single, who cares. Today, I’ve been divorced already and my second wife has already told me if I do not leave the CF...she will. My family comes first, I’m leaving”.

“Now that I look back on things, I realise what went wrong in my first marriage. A major part of it was that I would come home irritable. I brought work home with me and it destroyed my marriage. But then again, when you are constantly being tasked, deployed, and so forth, can you separate home life and work?”

“Today, the spouses/partners are voting. The TEMPO is high and it’s having a huge impact on the family. There are often only two options. You either leave the CF and stay married or run the risk of losing your family”.

Financial Management. Money management was also frequently discussed. Service providers stated (especially among the junior ranks) that spouses/partners often know very little about pay, benefits, and other financial areas. Interviews with service providers revealed that many CF members also factor their environmental allowances into their budgets. Of concern to service providers was that many members view deployments as an opportunity to “*make extra money*” and thus are not always forthcoming with problems and/or concerns during the pre-deployment screening process.

“A lot of people go to sea or on deployments to reduce their debts, either from a previous marriage, or from their current marriage. The more you go, the more you get”.

“Many work their sea pay into their budget. What do you think happens when they get posted to shore?”

According to service providers, a critical issue in many families is that one spouse/partner is often ignorant in the area of finances, while the other has all the information; hence

troubles erupt when the informed spouse leaves home for a deployment or T.D. While some service providers indicated that some members leave their spouses/partners “*in the dark*” in order to control them while they are away, others believed it was a result of poor communication and a lack of awareness:

“Many times the member has an understanding of the finances and the spouse is left in the cold. They have no clue what is going on and then they get bills and letters when the member is away, and they panic. There needs to be more awareness of what is going on”.

Sharing Information. Service providers strongly believed that one of the major problems surrounding family relationships is the “*purposeful*” withholding of information between spouses/ partners. The following quotations reflect the wide range of comments made in this area:

“Members do not inform their spouses/partners. Communication is another big problem. We had one spouse who thought her husband had to pay sea pay. Hello, he gets paid the sea pay”.

“Lots of people leave the family in mystery, and do not tell them anything. Pensions, pay, medical services available, etc. are all a mystery”.

“One of the major problems we have is that everything is left to the discretion of the military member. It's up to the member to give the info to the spouse. Often the spouse does not get it. We have some members who have told us to take their names off our mailing lists”.

Service providers believed that access to adequate resources and relevant information in reference to accessing these resources during a spouse's deployment, would have a positive impact on the ability of the family left behind to cope with the deployment.

Family Violence. There are many different types of family abuse/violence that can involve members, partners, parents, and children: physical, sexual, psychological, financial, and neglect. Service providers spoke of the importance of this topic and provided examples of abuse cases when discussing the different types they have encountered:

“I would say that financial abuse is number one, followed by psychological, and then physical abuse”.

“Family violence is related to ‘the single parent syndrome’. One is angry with the other spouse for deploying, and takes it out on the child. There's also spouse to spouse and child to spouse abuse”.

“Neglect is another problem. There are just too many demands and too few supports”.

“Domestic violence is not that frequent here. Leaving the family with no money, now that's family abuse!”

Service providers noted the stigma attached to being a victim of family violence, especially if you are a CF member:

“In the military you are trained to be tough, to be the recipient of abuse goes against this”.

“There's a lot of shame and fear in being abused”.

There was some disagreement among service providers as to whether or not military life is a factor in family violence. On the one hand, they stated that:

“Victims of abuse are more at risk in the military because of the lifestyle. There's economic dependence, fear of career repercussions, and of reporting, and there's the isolation factor. If the member's career ends because of it, no money enters the household. Another issue at play is that the obedience model that is practised in the military is problematic if applied in the house”.

On the other hand, they stated that:

“I think we are the same as civilian society. It's all a matter of public perception”.

Overall, service providers emphasised the importance of further research in the area of family violence. It was generally believed that the CF is at a disadvantage when discussing issues surrounding family violence since there is very limited evidence to support or refute claims that the incidence of family violence is lower, the same, or higher than the civilian population. Service provider feedback indicated that family violence does occur. Some service providers hypothesised that there could be a relationship between family violence and deployments, as well as, family violence and overall PERSTEMPO.

New Definitions of Family. New understandings and definitions of family are becoming increasingly common in the CF: there are many single-parent families; it is common to hear that parents and grandparents are living with military members; and dual-military-career couples are increasing, making posting plots more challenging. Furthermore, there are complex custody arrangements that are major factors in some members' lives. These, albeit non-traditional elements of family life, are becoming increasingly common. Although the traditional so-called nuclear family is still present in the CF, today's different family types lead to stresses that must be considered by the CF. For example, it is important to consider the absence of extended networks of kin as a difficult aspect of relocation or postings. Service providers added:

“Ageing parents are becoming a problem, especially for single people because they get stuck with the responsibility”

“Pets are stressful for some. What do they do with them for six months. For some, their pets are their families”

“Many do not declare their common law partner. It's a problem because these people get no services”.

Regardless of the specific family situation or the perception of family held by service providers, overall there is a widespread agreement that the needs of families are increasingly diverse. These needs can become problematic for some members when they are asked to participate in exercises, courses, deployments, etc. with little notification time. It is thus important that CF policies and services for families consider these new and diverse realities.

Service Provider Recommendations: Families. When service providers were asked: “What should be done to help families cope with PERSTEMPO?”, the following suggestions were offered (in some cases, quotations have been used to elaborate on recommendations):

- Include family members in planning and policy making:

“If you constantly re-expose the family, what are the cumulative impacts of this? We need to include all the family members in the process. When you surtax people’s ability to cope (psychological and physical), you will see more family breakdowns, more violence, and so forth”.

“It is sometimes hard to know the full extent of problems on families because there really is no program for families. The mandate says for CF personnel only. Thus, for families, we often refer them out. The garrison social workers are only allowed to give them a small amount of counselling sessions and if further sessions are required, DND will only cover them sometimes”.

“There’s a lot of window dressing going on when it comes to the families. We need to know exactly what the families need as far as services and so forth”.

- Recognise signs of stress among all family members:

“Of interest in relation to families is the notion of vicarious trauma, stress, or PTSD: if the member suffers, signs have also been found in some family members, who occasionally show signs of suffering from the same trauma as their partner”.

- Empower families:

“Partners and support... you must get away from using the word support, it’s a disempowering notion. Sell it as a recreational or social service, nobody really wants to be ‘supported’”.

- Commit to better operational planning and firm dates.

- Provide practical training for families:

“Mandatory life skills training should take place”.

“One of the major problems families experience is a lack of preparation for the deployment. It’s the little details that people do not think about

that cause the most problems. Car maintenance, snow removal (especially if the spouse is pregnant)...all these types of things”.

- Devise flexible policies and programs for families.
- Pay attention to “special” family needs:
 - “We need to figure out what the male needs are, needs of the male spouses/partners”.
 - “We need single parent groups. These people are still deployable but DND gives them no support”.
 - “Access and custody issues are also problematic”.
- Focus on the prevention of problems:
 - “We should have a system where people have to do yearly check-ins with a counsellor to see how things are going”.

3.7 Health and Well-Being

Service providers often claimed that due to high PERSTEMPO, CF personnel must at times put their health needs “*on hold*”, since they do not have the time to be away from work or training to get the care they require. It was also reported that it is sometimes difficult for the families of CF members to find doctors when they are posted.

It has been hypothesised that PERSTEMPO has an effect on the mental health of military members and their families. According to service providers, there has been an increase in demand for mental health services in the CF, and much thought and attention has been devoted to improving mental health and the provision of mental health services in recent years. The sub-sections that follow deal with stress, PTSD, addictions, recreation and social support, and barriers to accessing services and programs for mental health.

Stress. Stress is often mistaken as a purely negative experience. However, in manageable quantities, stress can be a productive and beneficial force. According to service providers, the problem with stress at the moment is that it has escalated to an almost un-sustainable level. Participants explained that stresses act in combination and produce a “*synergistic effect*”: since there are many life impacts affecting a person at once, it’s like a “*boiling pot*”, and “*we have to wonder how many stresses can be put in someone’s head before they pop or blow up*”. Many service providers spoke about the cumulative effects of stress. This relates, for example, to the difficulty in participating in multiple successive deployments. Service providers reported finding it difficult to determine when a military member will reach the “*breaking point*”. This prompted many to argue that it is inappropriate to formulate rigid policies, since some military members fare well in situations that others do not.

It was common to hear that the cumulative impact of workload is taking its toll on military personnel across the CF. Service providers stated that acceptable workload levels have been surpassed, to the point where basic skills are now eroding as members find themselves unable to keep up with their workload and training. This situation has caused

much frustration, and often results in people requesting stress leave because they are simply tired.

“20-25% are not psychologically damaged, they’re tired. Their playing the game and it’s creating an enormous amount of animosity among colleagues. The level of commitment others have to have when people can’t deploy is unbelievable”.

“People are tired. Do you blame them? They are so tired they are exaggerating illnesses to get time off. It’s sad”.

“As the number of deployments increase so does the level of stress. It’s a cumulative process. We need to figure out, well, at some point these people have to breakdown, you can only take so much”.

PTSD. With the increase in workload and deployment frequency in recent years, there also seems to have been an associated increase in PTSD. Some service providers predict there will be a dramatic increase in PTSD in the next five-to-ten years (since PTSD symptoms take time to emerge), as a result of CF members increasingly being exposed to stressful and traumatic situations. Service providers spoke of the need for more research on PTSD, especially pertaining to effective prevention. At present, “critical incident debriefings” are conducted in an effort to diffuse traumatic events. However, some service providers argue that this is inadequate, and that careful consideration should be paid to the working conditions of military personnel placed in situations of duress or trauma. In sum, PTSD was widely acknowledged as a critical issue facing the CF.

“Look at the Swiss Air incident, we were there. Did we get everyone involved who saw graphic images? People fall through the cracks all the time. Some people won’t eat chicken anymore”.

“PTSD – it’s a Pandora’s box. It’s going to explode. We are seeing the cases from seven years ago now, who knows what the future will bring?”

“Those who have PTSD feel shame, they beat themselves with it. They don’t want to be treated at their place of work (CF). The CF is the perpetrator, it’s not a neutral place. We have people on staff who will do their work in coffee shops or in an individual’s home to get away from their peers etc., so they are not seen... We should have centres off base and in the communities. That way, if people see each other, well... they are probably there for similar reasons. The problem, however, with civvy street service is that it can be difficult for them to understand military terminology and what a posting etc. really means”.

Addictions. Addictions are said to be a “*silenced*” issue in the CF. It was common for service providers to report that some members who have addictions are simply trying to temporarily escape from their heavy workloads and associated stresses (family problems, etc.). Many service providers noted the inability to effectively deal with addictions in the CF:

“When people exhibit signs we do not deal with them properly nor proactively (alcohol etc.) because of the perception of liability.

Supervisors do not have the skills and resources to diagnose neither. Lack of education creates a fear to respond. Ignore it and it will go away, but only till the member retires. Thus, the CF loses the problem but the member retains it”.

“Addiction is a hidden issue. Alcohol, drugs, internet, it allows people to escape from reality. They feel bad and these things make them temporarily feel good”.

“Alcohol abuse ...we do not deal with this well on the member side and spouses/partners are just as bad. It's an escape, but it's a poor crutch”.

Service providers also discussed the broad range of addictions that they are faced with during consultations. The most common included: gambling, marijuana, alcohol, and internet addictions. Many of them spoke of the internet as being a new and prevalent form of addiction.

“Internet addiction, chat lines...it's a big trend. People are developing relationships on the web. Couples are forming from it. It meets the needs of some people, it replaces what they are missing. It helps them perhaps deal with depression and so forth”.

Service providers argued that although there is nothing wrong with on-line chat sessions, problems do arise when married members engage in these activities to compensate for lack of contact with their families.

Recreation/Social Support/Messes. Recreation is a determinate of mental and physical health. Social support networks, can be developed through “*down-time*” activities. A common response by service providers when asked about recreational activities and social support was that: “*It's hard to get people to participate in sports. All are too busy or too fried. People just want to do their job and after hours to be free*”. There's a commonly held view that participation in leisure activities, sporting activities, and social activities has declined. Furthermore, many service providers commented on the decrease in mess activity over the years. On the one hand, it was argued that this can be attributed to a change in military culture that is broadly reflected in a change in social values. On the other hand, many service providers attribute this phenomenon to increased PERSTEMPO, that the amount of time members spend away from their families and/or partners makes it difficult for them to justify spending some of their leisure time with their colleagues. It was said that this may in turn negatively impact unit morale and camaraderie.

Recreation and Social Support for Children and Youth. There are disparities between Canadian military bases on the availability of programs to entertain children and youth. Where available, these programs play a vital role in the military community: they provide recreation for kids while giving parents some time off; they contribute to community spirit on a military base; and they are said to lower rates of juvenile delinquency on or around military bases. Some bases are very geared towards activities for youth. According to service providers, frequent postings and the absence of one or both parents as a result of deployments, exercises, T.D. etc., calls for more services for adolescents and youth, to occupy them and create a sense of community and belonging.

Barriers to Services and Programs for Mental Health. Generally, service providers agreed that they have seen increases in stress-related illnesses and depression over the course of their careers and over the past decade. Despite the increase in numbers of people seeking mental health care and frequenting mental health clinics, service providers still find that there are barriers to seeking assistance (apart from stigma, fear of career repercussions, etc.).

Some of the most common barriers to seeking help are lack of time and knowledge, especially among new recruits. Some service providers stated that new recruits are less likely to know of and to use mental health care services as a result of course schedules conflicting with clinic hours and/or a general lack of awareness regarding services. It was often argued that junior personnel's time is much more scheduled than senior personnel thus making it difficult for them to just "*pop-in*" in order to access services during regular working hours. This was also seen as problematic since junior personnel are generally required to provide an explanation if they are absent from work. Service providers estimate that for every person they see (new recruit or others), there are two more with problems that they don't see.

Resources Needed to Improve Mental Health Care. When service providers were asked: "What should be done to improve mental health care among CF members and their loved ones?", the following suggestions were offered (in some cases, quotations have been used to elaborate on recommendations):

- Focus on prevention and take a holistic approach to treatment:
 - “There's not a lot of prevention going on. People report problems too late. I'm dealing with problems that go back 19 years”.
 - “It's fine to give out anti-depressants but it does not help them work out their problems. They need counselling sessions”.
- Pay attention to “vulnerable” groups:
 - “Reservists are very overlooked. There's no follow-up with them. No resources are dedicated to them in many cases. These are individuals who are very dedicated and are doing deployments and so forth for the experience. The system and the regular force do not appreciate them. There needs to be job protection legislation”.
- Ensure a basic standard of care across the CF:
 - “Where do you send people in other areas, say Cold Lake? There is not enough adequate training in the areas of mental health and trauma [in certain parts of Canada]”.
- Ensure access for all family members of CF personnel to a family physician.
- Ensure that medical practitioners have the proper resources and equipment to deal with the needs of CF members.

- Ensure basic facilities and services for CF members and their families at all CF locations.

3.8 Quality of Life Initiatives

In relation to quality of life, service provider feedback can be summarised around two main themes: finances, and enjoyment of life. There was a general feeling that life in the CF is no longer “*fun*” and that there is “*no more fun factor in the equation*”. It must be noted that although service providers did speak of issues surrounding pay, their comments were generally made in the context of PERSTEMPO and OPTEMPO. They argued that if the CF continues to increase the workload of members and expect their families to be supportive, they must either recruit more personnel to cope with the number of taskings or increase the salaries of members to “*make it worth it*”. There is a widely held belief that if the CF is successful in attracting more new recruits (and at a higher rate than those leaving the CF), members would be able to “*enjoy*” many of the recent QOL initiatives that have been put in place, but not yet practised, as a result of heavy workloads. It was generally felt that increasing the number of CF personnel while maintaining the current level of work would truly allow members to have more QOL and would lead to members viewing the CF as a career of choice.

“QOL does not kill the mission. It makes things much better. CO’s need to realise that these initiatives make their lives easier. They don’t have to deal with a lot of problems as a result of QOL”.

“There has been some very good progress in the area of QOL, but there are still many problems. Overall, there seems to be a decreasing amount of commitment. Let soldiers be normal, let them do what they do. We have no more fun factor in the equation. I joined for camaraderie and adventure. Today, no way would I do it again. It’s not worth it”.

“We have to bring the fun factor back in. People have to like what they do and many do like being in the CF. It’s the tempo that’s killing everybody”.

4. General Recommendations

While numerous suggestions were made by service providers in reference to a variety of challenges, the following recommendations were recurring and have broad implications for PERSTEMPO:

- Increase the number of personnel serving in the CF.
- Recognise and deal with the institutional barriers that impede services in the CF.
- Standardise the services offered, and/or ensure a minimum standard across the CF.
- Systematize and design tracking mechanisms for individuals who are “Dagged”.
- The CF should be proactive and preventative and not reactive.
- Enhance access to information regarding the services available.
- Service providers need authority and legitimacy to treat CF members.
- Promote a healthy team spirit and a stable work environment in the CF.
- Promote the accomplishments of the CF and its members to Canadians at large.

5. Conclusion

This report has summarised the perceptions of service providers in relation to their views on PERSTEMPO in the CF. Although many identified problems with the delivery and availability of services, the majority believed that the CF is moving in the “*right direction*” in addressing these issues. One of the greatest concerns that service providers voiced, however, was the lack of time CF members have to enjoy the many initiatives that the CF has implemented. Another key concern is that many CF members and their families remain unaware of the services and programs to which they are entitled.

Throughout the interviews and focus groups, it became clear that service providers strongly believe that many of the problems associated with PERSTEMPO could be dealt with in part by increasing the number of CF personnel (and human resources) currently in the CF. They argued that the number of taskings and the resulting workload, has led to a “*tired CF*,” where some members seek medical leaves in order to have time to rest. Many service providers stated that if this pace continues, over time they anticipate that more members will “*burn out*” or take “*time-off*” in the form of stress and medical leaves.

Service providers often called into question how far the CF could be stretched to meet domestic and international operational demands, and how much workload CF members “*could support*” before they either burnout or decide to leave the organisation. Service providers also emphasised that barriers to seeking services (stigma, fear of career consequences, chain of command, etc.) need to be addressed by senior leadership in order for members to “*feel comfortable*” when discussing problems they are encountering, and for service providers to be more proactive in the delivery of services.

Although service providers spoke of many different issues related to PERSTEMPO (stress, PTSD, deployments, workload, etc.), the most frequently mentioned area of concern was the family. Service providers strongly believed that it is becoming increasingly difficult for CF members to justify to their families why they are routinely away from home, and why their workloads are so heavy. Furthermore, they argued that family support for the CF has declined as a result of families watching the organisation continuously “*do more with less*” at their expense.

On a final note, service providers consistently commented on the professionalism and commitment of CF members to the organisation. During these discussions, they frequently pointed out that given the current PERSTEMPO of the CF, the fact that so many members decide not to leave the organisation is a sign of their level of commitment and attachment. The CF has made many great strides in its attempt to improve the quality of life of its members. Getting the workload to a manageable and sustainable level is the essential factor that must be addressed in order to allow CF members to benefit from quality of life initiatives and to make the CF a profession of choice.

The analysis of service provider input provided in this report represents one component of the PERSTEMPO/HDDS research project. The data gathered here was used to develop questions for the first two CF member PERSTEMPO surveys (2002) and has also led to the creation of questions for the 2005 CF member spouse/partner PERSTEMPO survey.

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Annex A

CF Service Provider Interview and Focus Group Schedule

Topics of Investigation:

1. Job satisfaction
2. Job frustration
3. Sufficient job training
4. Support
5. Isolation
6. Formal and informal consultation
7. Morale
8. Access to resources:
 - services (amount of, waiting list, quality)
 - literature (pamphlets, brochures, handouts)
 - videos
 - by language
9. Workload:
 - # of service providers vs. # of clients
10. Participation on multidisciplinary teams
11. Effectiveness of multidisciplinary teams
12. Definition of Role/Job description
13. Awareness of others' roles/job descriptions (boundaries)
14. Maintenance of skills (continuing education)
15. Access to funds for continuing education

16. Supervision
17. Back-fill of positions when persons are away
18. Time Away:
 - in field
 - working on other bases
19. Language training
20. Access to funds for client services
21. Ability to practice in (medical) field
22. Confidence in own abilities
23. Autonomy vs. micro management
24. Employment in trade/field:
 - doing the job you were trained to do or have skills to do
25. Reg vs. Res force issues
26. Field vs. in garrison issues
27. Relationship with chain of command (with other unit's chain of command):
 - respect
 - cooperation
 - understanding of role/job/decision
 - communication
28. Effectiveness of communication with co-workers
29. Flexibility
30. How do you determine which services are delivered/offered?:
 - need of CF member and their families
 - skill set of service provider?
31. Who determines what services will be offered? (quality control issues)

32. Compulsory courses:
 - appropriateness of content of career courses
33. Education
34. Occupation based on geographic location
35. PDR process:
 - who writes your PDR? Someone in a different field and of the same rank?
36. Postings:
 - how often
 - where
37. Consistency across the CF - national standards or common protocols for:
 - assessment procedures
 - forms
 - treatment
 - resources
 - videos
 - literature
38. Adequate Facilities
39. Adequate equipment:
 - deployment eqpt
 - comms, vehicles, computers
40. Ask for any available empirical data/evidence on the following in their area:
 - operational stress
 - marriage breakdown
 - alcoholism/drug abuse
 - conduct disorders

- financial concerns
- CISM
- suicide
- etc...