

Afghanistan: Military personnel and operational stress injuries

VARIOUS MEASURES ARE TAKEN BEFORE, DURING and after a tour of duty in Afghanistan to help Canadian Forces (CF) personnel deal with the psychological impact of their work. After deployment, some soldiers may experience “operational stress injury,” a non-medical term used by the CF to describe “any persistent psychological difficulty – including anxiety, depression and post-traumatic stress disorder (PTSD) – resulting from operational duties performed by the men and women of the CF.¹ This paper focuses on some of the measures taken to mitigate operational stress injuries when soldiers return to Canada.

Third location decompression

After a tour of duty in Afghanistan, many Canadian Forces units spend a few days in Cyprus before completing their return journey to Canada.² This “third location decompression” contrasts with the approach taken in the 1990s, when soldiers typically left Bosnia or other overseas operations on a direct flight to Canada. This meant that, in a matter of hours, soldiers were transported from a country racked by conflict to the daily routine of home life. Because of the sudden transition, many of them found reintegration with their families much more difficult than they had expected.

When Canada first sent troops to Afghanistan in 2002 (Operation APOLLO), the Department of National Defence accepted the proposal of the unit’s commander, Lieutenant-Colonel (now Colonel) Patrick Stogran, for a stopover.³ Mindful of his own problems with reintegration after serving in Bosnia, he recognized the need for a gradual transition from the theatre of operation.⁴ Thus, the soldiers who returned to Canada later in 2002 spent a few days on the island of Guam in the Pacific Ocean before continuing their journey. During the stopover, they attended information sessions on subjects such as

family and work reintegration, anger management and suicide risk awareness, and enjoyed some rest.

Some soldiers and their families were unhappy that their reunion was delayed, but many later recognized the benefits of a gradual transition. At first, the National Defence and Canadian Forces Ombudsman also questioned the delay, but he became a supporter of stopovers, as noted in his 2004 report on third location decompression,⁵ which proposed guidance for senior military commanders in deciding whether there should be a third location decompression after a deployment.

Because the situation in Afghanistan in 2003 was deemed less hazardous, senior commanders decided that a stopover in a location outside of Canada would be unnecessary for some of the soldiers deployed that year. Since then, however, third location decompression has become a more frequent feature of operations in Afghanistan, and Cyprus has replaced Guam as the stopover. For example, during the summer of 2006, some 1,450 soldiers, mostly from the Land Force Western Area, ended their rotation by spending five days in Cyprus. As well as enjoying recreational activities, they attended mental health sessions of their choice. The issues discussed in the debriefing included critical incident stress, healthy relationships and coping with stress and anger. Some soldiers took the opportunity to obtain more advice and information from a team of mental health professionals deployed to Cyprus.⁶

Peer support coordinators from the Operational Stress Injury Social Support (OSISS) organization were also present to discuss their post-deployment experiences and to explain the work they do.⁷ OSISS is a network of peer support coordinators in major cities and near bases across Canada that provides social support to military personnel and veterans who are dealing with stress injuries. Individuals with such injuries can become reclusive and often find it

easier to talk with OSISS coordinators or peers with similar military experience and stress injuries than with others.

Third location decompression does not necessarily prevent psychological difficulties from arising, and its effectiveness is still being assessed by the military.⁸ However, by providing a more gradual transition from a very stressful situation, it can help soldiers cope with psychological trauma and, through the information sessions, gain a better understanding of their own symptoms or those of their colleagues. Knowledge and awareness of the potential for operational stress injuries may also help personnel to recognize the need to seek treatment should symptoms arise. As some experts on PTSD have noted, the sooner treatment begins after a traumatic experience, the better the chance of recovery.⁹

Reintegration with families

Soldiers move on to the next reintegration phase when they arrive at their home base in Canada, where they are required to work about three half-days before going on leave.¹⁰ These half-days provide more time to adjust to life back in Canada while ensuring a slow dispersal of what has often become, after many months together in Afghanistan, a close-knit group of soldiers. Captain Jim MacInnis, a senior administrative officer at CFB Petawawa organizing post-deployment programs, described the soldiers as being in many respects “closer than family.”¹¹ A sudden dispersal of the group might make successful reintegration more difficult.

Reservists returning from Afghanistan also stay with the group during the three half-days on the base. Departmental policies recognize the need to give Reservists returning from Afghanistan reintegration opportunities similar to those of Regular Force personnel.¹² However, there are concerns about gaps in the support provided to Reservists after they complete an overseas tour of duty. In 2006, the military ombudsman initiated a study into the treatment of injured Reservists, including during the post-deployment phase.¹³

The gradual reintroduction of the returning soldier into life in Canada is also a deliberate effort to ease the transition back into family life. While the soldiers become reintegrated, their families are adjusting to the presence of someone who has been

away for many months. Family members are in a position to detect changes in behaviour and attitudes caused by stress injuries and can encourage the soldier to seek help as quickly as possible. However, to do so, they also need to be prepared for the reintegration process and to understand the risks and signs of operational stress injury.¹⁴ For this reason, emphasis is being given to family members in the development of post-deployment programs.¹⁵

A lot is at stake during the family reintegration. Individuals dealing with stress injuries may have nightmares and become hypervigilant while reliving the tensions of operations in Afghanistan. They may also turn to substance abuse as a coping mechanism. These behaviours inevitably have an impact on family life, and as a result family members, including children, may themselves need the support of mental health services.

The problems faced in late 2006 by the Phoenix Centre for Children and Families in Pembroke, Ontario, near the base at Petawawa, give some idea of the help children may need to deal with a stressful situation. The centre, funded mainly by the province, had difficulty meeting the demand for mental health services from the increasingly agitated children of some soldiers deployed to Afghanistan. The Ontario government eventually provided increased funding, as did the federal government, in light of an investigation by the Ontario Ombudsman.¹⁶ If the absence of a parent can create stress in children, the presence of a parent having difficulty coping with a stress injury can no doubt have a similar effect.

Post-deployment monitoring and treatment

The transition process continues for a few months after the return to Canada. Administrative, medical and mental health follow-up measures such as questionnaires and medical examinations have been put in place by the Department of National Defence to monitor the physical and mental condition of personnel for some six months after a deployment. These measures help to identify psychological and other types of injuries not evident immediately after a deployment. Personnel who need treatment have access to the network of Operational Trauma and Stress Support Centres operated by the Department of National Defence and to stress injury specialists.

Members of the Canadian Forces as well as veterans also have access to the network of Operational Stress Injury Clinics operated by Veterans Affairs Canada, such as the Ste-Anne Centre,¹⁷ near Montréal. Five new clinics are being added to the original five. In addition, the OSISS offers social support through its network of peer coordinators.

According to recent news media reports, post-deployment monitoring indicates that only a small portion – about 15% – of military personnel returning from Afghanistan have mental health problems. Dr. Mark Zamorski of the Deployment Health Section of the Canadian Forces Health Services notes that “The substantial majority of CF members who return from a deployment, even a difficult one, will do just fine. Only a minority will require professional help.”¹⁸ However, post-deployment monitoring does not necessarily identify every individual who is dealing with a stress injury. In some cases, symptoms might develop long after a deployment or as a result of the cumulative effects of a series of overseas deployments. Some individuals try to ignore anything related to a traumatic event they have experienced, and others may be reluctant to admit having any symptoms, fearing that they may be stigmatized within their families or among their colleagues.¹⁹

Some recent research has shown that, for various reasons, some veterans and other individuals with PTSD waited up to eight years before seeking treatment.²⁰ As noted in the June 2007 report of the House of Commons Standing Committee on Veterans Affairs on stress injuries, much work still needs to be done both within the military and in Canadian society in general to change attitudes toward stress-related injuries, to remove the stigma still attached by some to these injuries, and to encourage those who are affected to seek treatment as quickly as possible.²¹

Michel Rossignol

Political and Social Affairs Division

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