Suicide in the Canadian Armed Forces

From the CASP (Canadian Association of Suicide Prevention) virtual conference in November, 2014, mental health is directly linked to suicide and suicide behaviour in the Canadian Armed Forces (CAF). The CAF deems the vast majority of military-related suicides are the result of mental illness related to combat, emotional or relationship problems, and work-related problems. The CAF has actively developed health care systems to address suicide risk and care for its members.

Suicide is the second leading cause of death in the demographic that makes up our military: young and middle-aged men (18–55), but suicide rates are lower in the CAF than in the general Canadian population. The explanation for this difference is that military members are screened for Serious Mental Illness (SMI), and have access to “high quality care at no cost”.

Sometimes, suicide can be prevented but the CAF recognizes that not all suicides can be—only one in four are potentially preventable. Despite evidence-based treatments, military suicide continues. Sadly, upon writing this article, Canada lost another Afghan veteran to suicide. It is believed that Cpl. Scott Smith suffered from PTSD; his death was the sixteenth military suicide of 2014.

The CAF is well aware of the significance of suicide because they know:

- Mental health problems are leading contributors to suicide;
- Certain military activities (notably armed combat) can trigger mental health problems;
- The military has control over a broader range of potential targets for suicide prevention than does a civilian employer.

Active Suicide Prevention in the CAF

Operational Trauma and Stress Support Centres (OTSSC) were created by Lieutenant-General Romeo Dallaire in 1998, as he recognized the need for specialty mental health clinics in the military. Since that time, the Canadian Armed Forces adopted their health
care delivery system, the occupational medicine service, and the public health entity for its members. Comprehensive mental and physical health services are offered to military members through 26 mental health clinics across Canada, which includes seven regional clinics with operational trauma and support centres.

For members who suffer from mental illness, a medical officer can recommend Medical Employment Limitations (MELs) to limit duties and responsibilities while members get treatment. In war zones, “forward mental health” is practised to help people return to health so they can return to duty.

**The Canadian Forces Medical Professional–Technical Suicide Review (MPTSR)**

To further understand and make recommendations to the Surgeon General to reduce future suicide risk, the following points from the CASP presentation outlines the objectives of the Canadian Forces Expert Panel on Suicide Prevention from 2010:

- Review scientific evidence, epidemiology, and current best practises in suicide prevention and surveillance;
- Develop recommendations for suicide prevention and intervention in CAF that is balanced, feasible, and logical, given available evidence;
- Prevention recommendations not limited to educational approaches;
- Recommended that CF Health Services convene a rapid, medical professional–technical review of all completed suicides under the convening authority of the Surgeon General;
- Focus on health–related matters;
- Mitigation of long–term risk;
- MPTSR process not designed to find fault or assign blame.
The evidence-based mental health education system is coordinated by the CAF Mental Health Education Advisory Committee, and applied to member’s military careers and deployment cycles. The following identifies mental health goals for CAF members and how colleagues and leaders can support members at risk of suicide:

- To increase mental health literacy; decrease stigma and barriers to care; enhance well-being, performance, coping, and resilience;
- Skill-focused, practical application, sports performance, psychology skills, tailored interventions for rank/occupation/environment.

Buddy/Leader Action:

- ASK the individual directly if they are thinking of suicide;
- LISTEN to what they have to say without judging;
- BELIEVE what the individual says and take all threats of suicide seriously;
- REASSURE the person that help is available;
- ACT immediately. Make contact with others to ensure the person’s safety.

By Leah Morrigan
Based on the Canadian Association of Suicide Prevention (CASP) virtual conference in November 2014