Veteran Health

Life After Service Studies (LASS) & Family Practice
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Faculty/Presenter Disclosure

• Faculty: Burton McCann, Brent Wolfrom

• Relationships with commercial interests:
  – We have no commercial interests
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Joel Fillion --- Director of Mental health
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All of VAC’s Health Professional Division

Dr. Jim Thompson MD CCFP (EM) FCFP
of VAC’s Research Directorate
Outline

1. Examine the health status of Canadian Veterans including determinants of health from various well being domains.
2. Apply insights from the LASS program of research to Veteran care in family practice.
3. Identify barriers and solutions to change in Veteran Health.
Canadian Armed Forces

- **Components:**
  - Regular Force: full time.
  - Primary Reserve Force: part time, some with periods of full time service including operational deployments.

- **Service Elements:**
  - Army, Navy, Air Force.

- **Military Service is unique:**
  - Unlimited liability: can be lawfully ordered into harm’s way, 7x24.
CAF Regular Force Personnel

Number of CAF Personnel

Canada

8
CAF Veteran Population

- Living in general population: 700,000+.  
  - About 3% of Canadian adults, or roughly 1 in 30.
- 12% female (increasing)
- Operational service:
  - Second World War and Korean War.
  - More than 70 special duty areas and operations worldwide since then:
    - Peacekeeping operations prior to 1990s.
    - Increased operational tempo since 1990 including Somalia, Balkans, Persian Gulf, Afghanistan, Libya, Iraq.
CAF Veteran Population

Where We’ve Been
WWII & Korean War Veterans
- 69,700 living
- Ages 82 to 100; average 91
- Declining numbers
- 43% are VAC clients

Where We Are
Modern–Day CAF Veterans
- 670,100 living
- Ages 20 to 90+; average 57
- Largest VAC client group & growing
- <20% are VAC clients
Afghanistan Cohort

41,600 2001 to 2013

20% Released
80% Still Serving
Health Care for Serving Personnel and Veterans

- **Serving Personnel:**
  - Royal Canadian Medical Services.
  - Reserve personnel: publically funded provincial health care systems when part time in home communities.
  - Eligible for VAC programs and services.

- **Families:**
  - Publically funded provincial health care systems.

- **Veterans:**
  - Publically funded provincial health care systems.
  - VAC pays for and facilitates access to health care and rehabilitation services.
Can you think of some domains of well being?
VAC’s Composite Well-being Construct

<table>
<thead>
<tr>
<th>Well-Being Domain</th>
<th>Veterans are…</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employment or other meaningful activity</td>
<td>Engaged in activities that are beneficial and meaningful to them</td>
</tr>
<tr>
<td>2. Finances</td>
<td>Financially secure</td>
</tr>
<tr>
<td>3. Health</td>
<td>Functioning well physically, mentally, socially and spiritually</td>
</tr>
<tr>
<td>4. Life skills &amp; preparedness</td>
<td>Have the skills and knowledge to adapt and live well</td>
</tr>
<tr>
<td>5. Social integration</td>
<td>In mutually supportive relationships and are engaged in their community</td>
</tr>
<tr>
<td>6. Housing &amp; Physical Environment</td>
<td>Living in safe, adequate and affordable housing</td>
</tr>
<tr>
<td>7. Cultural &amp; Social Environment</td>
<td>Understood, valued and supported by Canadians</td>
</tr>
</tbody>
</table>
Theory of Well-being

Life Course View

- Life course view of Veterans’ well-being.
- Military–civilian transition (red).
- VAC supports well-being throughout life after service.

<table>
<thead>
<tr>
<th>Dates and Phases</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Childhood, Adolescence, Early adulthood</td>
</tr>
<tr>
<td>Life before recruitment</td>
<td>Adjustment to military life, Service career, Preparing to release</td>
</tr>
<tr>
<td>Enrolment Date</td>
<td></td>
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<tr>
<td>Life in military service</td>
<td></td>
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<tr>
<td>Release Date</td>
<td></td>
</tr>
<tr>
<td>Life after service</td>
<td>Adjustment to civilian life, Remainder of life after service</td>
</tr>
<tr>
<td>Date of Death</td>
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Veterans Come to VAC Years After Release

Source: RDB, 2012
Occupational Health

- During service:
  - CAF Health Services manages occupational health

- In life after service:
  - VAC disability compensation: Is their health condition service-related?
Life After Service Studies

- Large samples, nationally representative.
- Not just those participating in VAC programs.
- Regular and Reserve Force.

Veteran = Former CAF member
Question???

Veteran Health Issues??
Overall Findings

1. Most doing well in terms of mental health, employment, income, life satisfaction and adjustment to civilian life.

2. Significant number of Class C (deployed) Reservists and Regular Force Veterans have chronic physical and mental health problems and related disability, double or more the Canadian general population.

3. Reserve Class A/B (non-deployed) Veterans on average not much different from young adults in the Canadian general population.
Prevalence of Chronic Health Conditions

Mood disorder
Anxiety disorder
PTSD
Arthritis
Back problems
Chronic pain
Obesity
Cardiovascular
Migraine
Hearing problems
Gastrointestinal
Respiratory
Cancer

Veterans Mental Health
Veterans Physical Health
Canadian General Population
Hearing Problems by Age

Prevalence of Disability

Health–Related Activity Limitations (blue):
Long–term physical or mental condition or health problem reduces amount or kind of activity in home, work, school, other.

Assistance with Activities of Daily Living (red):
Because of physical or mental health condition or problem, needed assistance with at least one BADL or IADL.

Compared to General Population:

## Comorbidity of Physical and Mental Health Conditions

<table>
<thead>
<tr>
<th>Category</th>
<th>Adjusted Odds Ratio</th>
</tr>
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<tbody>
<tr>
<td>No Health Conditions</td>
<td>1.00</td>
</tr>
<tr>
<td>Mental only</td>
<td>9*** (3–30)</td>
</tr>
<tr>
<td>Physical only</td>
<td>25*** (12–52)</td>
</tr>
<tr>
<td>Both Physical and Mental</td>
<td>73*** (34–157)</td>
</tr>
</tbody>
</table>

***p<0.001

Odds of having activity limitations **synergistically** higher in those with both physical and mental health conditions than either one alone.

Personal and Environmental Factors Correlated with Activity Limitations

- Increasing age
- Women
- Non-degree post-secondary education
- Low income
- Junior non-commissioned member rank
- Deployment
- Low social support
- Low mastery
- High life stress
- Weak sense of community belonging

Regular Force, LASS 2010, Multivariable regression modelling
Mental Health by the Numbers

With a VAC disability for a mental health condition
19%*
(24,221 Clients)

Diagnosed with PTSD
73%*
(17,623 Clients)

Total VAC Clients
130,621*
Includes Veterans, CAF and RCMP (does not include survivors)

* Facts and figures as of March 2017
Veterans receiving VAC disability benefits for psychological diagnoses increased by 50% in past five years.

Swift access to medical support key to recovery.

Case management.

OSI clinics.

OSISS peer support.

VAC Assistance Service.

PTSD Coach Canada.
# VAC Support for Veterans with Mental Health Conditions

<table>
<thead>
<tr>
<th>Without Service Related Condition(s)</th>
<th>With Service Related Condition(s)</th>
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<tbody>
<tr>
<td>✓</td>
<td>✓</td>
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<tr>
<td></td>
<td>Case Management</td>
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<tr>
<td></td>
<td>Operational Stress Injury Clinic</td>
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<tr>
<td></td>
<td>Operational Injury Social Support Services (OSISS)</td>
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<td></td>
<td>Pastoral Outreach</td>
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<tr>
<td></td>
<td>VAC Assistance Service (up to 20 sessions)</td>
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<tr>
<td></td>
<td>Mental Health First Aid (veteran specific)</td>
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<tr>
<td></td>
<td>Clinical Care Manager Services</td>
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<tr>
<td></td>
<td>Registered Community Mental Health Service Providers (&gt;4,000)</td>
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<tr>
<td></td>
<td>Community Residential In-patient Treatment Programs</td>
</tr>
<tr>
<td></td>
<td>Online Support</td>
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<tr>
<td></td>
<td>- OSI Connect Mobile</td>
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<tr>
<td></td>
<td>- PTSD Coach</td>
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<tr>
<td></td>
<td>- OSI Resource for Caregivers</td>
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<tr>
<td></td>
<td>- Veterans and Mental Health Tutorial</td>
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</table>
The VAC Assistance Service - The User Experience

- Contacts the 24/7 VAC Assistance Service
- Intake in Official Language of Choice
- Assessment
- Counselling Phone/In-person
- Up to 20 Sessions
- Bereavement Services
- Referral to External Community Services
- Follow-up & Feedback
PEER Support Programs
The User Experience

Contact Us at
www.osiss.ca
or
1-800-883-6094
or
HOPE-ESPOIR@forces.gc.ca

Peer Support
Referral / Advocacy
One-on-One
Group Sessions
Volunteer

Follow-up & Feedback
First Clinical Contact (appointment booked)

Referred by VAC/RCMP/CAF

OSI Clinics - The User Experience

Psychotherapy (via phone/in-person/telehealth)

Educational Programs

Family Services

Pension Medical Examination Assessments

Psychiatry

Group Sessions

Trauma-focused Psychotherapy

Adjunctive Treatments & Supports (ex: Yoga, Art, Relaxation)

Referral to External Community Services

Follow-up & Feedback
Community Mental Health Service Providers
The User Experience

VAC Eligible
Doctor’s Prescription
Medavie Blue Cross

Registered Provider
Direct Billing to VAC

Your Own Provider
Pay and be Reimbursed
Service and Research
Focus: Transition

Critical 3-Year Window
Transition/Access to Primary Care

- Primary care is associated with improved health outcomes
- Serving CAF members are accustomed to excellent access to well coordinated care, however:
  - A formalized system for transition to civilian care upon release is lacking
  - There is a shortage and maldistribution of family physicians in Canada
Proportion of veterans reporting a regular medical doctor, by year of release

Survey on Transition to Civilian Life: Report on Regular Force Veterans 2011
Access to Primary Care

- Queen’s Family Health Team has actively sought out veterans and military/veteran families as patients for the past few years.
  - Large military population
  - Popular “retirement posting”
  - Interested faculty
  - Faculty with past service
- Identify charts as veterans/families
- Promote a culture of respect/appreciation
Pearls – The Myths

- Most veterans have PTSD
- VAC/CAF will provide your primary care after release from the CAF
- Assumption that all illness is service related
- Exposure to combat = chronic mental health symptoms. ie. the “broken” stereotype
- The “hero” stereotype
Pearls – What have we learned?

- New veteran patients will often show up with stacks of insurance and VAC forms
- Veterans generally are very appreciative, motivated and adherent patients
- Linkages with nearby base clinics can ease the transition to civilian medicine and avoid gaps in care
- Understanding the cultural context and evolution in identity is vital
- Physical and mental health comorbidity is very common
OP IDENTITY:
Transition Tactics for You and Your Village

<table>
<thead>
<tr>
<th>I</th>
<th>Identity awareness and etiquette</th>
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<tbody>
<tr>
<td>D</td>
<td>Do seek out new social groups</td>
</tr>
<tr>
<td>E</td>
<td>Embrace transitioners into your social group</td>
</tr>
<tr>
<td>N</td>
<td>Normalize transition challenges</td>
</tr>
<tr>
<td>T</td>
<td>Tell a positive life story</td>
</tr>
<tr>
<td>I</td>
<td>Ideal stereotypes are positive</td>
</tr>
<tr>
<td>T</td>
<td>Think to ask: What recognition works for you?</td>
</tr>
<tr>
<td>Y</td>
<td>You aren’t alone: The power of positive peers</td>
</tr>
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</table>
## Cultural Context

<table>
<thead>
<tr>
<th>Warrior Culture</th>
<th>Health Care Culture</th>
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</thead>
<tbody>
<tr>
<td>Collectivism</td>
<td>Individualism</td>
</tr>
<tr>
<td>External locus of control</td>
<td>Internal locus of control</td>
</tr>
<tr>
<td>Emotional suppression</td>
<td>Emotional expression</td>
</tr>
<tr>
<td>Pain: Increased tolerance</td>
<td>Pain: Earlier identification and reduction</td>
</tr>
<tr>
<td>Strength focused</td>
<td>Illness focused</td>
</tr>
<tr>
<td>Self sacrifice</td>
<td>Self care</td>
</tr>
<tr>
<td>Grounded in the past</td>
<td>Need for change</td>
</tr>
</tbody>
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Military Cultural Context

- More than a job – unlimited liability, on call 24/7
- Culture spreads to family members as well
- Social circles are often comprised largely of other CAF members
Military Cultural Context

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- Culture spreads to family members as well
- Social circles are often comprised largely of other CAF members
Veteran Cultural Context

- Loss of military “family”
- Geographical instability may have impacted upon approach to forming relationships
- Reasons for release from the CAF
On a near daily basis, Canadians read about how difficult the transition from military to civilian life can be for a member of the Canadian Armed Forces. Sadly, much of the difficulty lies in the red tape and bureaucracy that was built to support them during that transition.

– Gary Walbourne, National Defence and Canadian Forces Ombudsman. Globe and Mail, 29 Sep 17
Suggestions to build rapport with your veteran patients

- What was your trade?
- Where were you posted?
- Where did you deploy?
- In which element (Army, Navy, Air Force) did you serve?
- Do you have any service related illness/injuries? If so are you a VAC client?
- Thanks for your service
Barriers and Solutions to change???
Barriers to Change in Veterans Health

- Access and transition to civilian primary care
- Identifying who/where Canadian veterans are
- Military literacy of civilian care providers
- Clash of cultures
Solutions

- Within your own practice:
  - Identify your veteran patients
  - Linkages with base clinics or veterans groups if you are accepting new patients
  - Appreciation of the MCT issues and culture

- System level
  - Increased identification and coordination for current and future veterans
What can you do right now?

- Accept soldiers into your practice who are releasing from the CAF
- Ask current patients about past service and record in their chart
- Ask your military Veteran patients to describe their service (open-ended question only, follow them where they go, don't probe too deeply unless they invite probing). This is about developing identity sensitivity, and it is likely to help establish doctor–patient relationship.
- Remember that most veterans have the same health issues as the general population
- Refer to VAC for service related illness/injury
- Express interest and appreciation for their service
Research gives clear picture of nature of the well-being of CAF Veterans.

VAC works closely with CAF and DND to support the well-being of CAF Veterans.

Family Physicians have important roles in supporting the well-being of Canadian military Veterans.
Resources

- VAC telephone: 1–866–522–2122 (toll-free) Monday to Friday, 8:30 to 4:30, local time
Resources


- PTSD: A Primer for Canadian Family Physicians: [https://www.mdcme.ca/courseinfo.asp?id=194](https://www.mdcme.ca/courseinfo.asp?id=194)

- burton.mccann@vac-acc.gc.ca
- brent.wolfram@dfm.queensu.ca
The Section of Communities of Practice in Family Medicine

• Professional home to **19 clinical areas** - representing scopes of practices within family medicine

• Programs are represented by **committees**, whose work is guided by the **six pillars**:
  • Advocacy
  • Continuing Professional Development
  • Education and Scholarship
  • Member Engagement
  • Policy
  • Practice Support
THANK YOU!

For more information about our Occupational Medicine committee, or to find out how you can participate, visit our webpage at [www.cfpc.ca/cpfm](http://www.cfpc.ca/cpfm) or contact us at [cpfm@cfpc.ca](mailto:cpfm@cfpc.ca)

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- Dr Brent Wolfrom, VAC Observer