



Supporting Families of Serving and Retired Members of the Canadian Armed Forces and First Responders Living with Post-Traumatic Stress

A First Interim Report

February 5, 2019

Prepared by



MEDAVIE

Executive Summary

There is a growing awareness of the significant risks of post-traumatic stress (PTS) among first responders and serving or retired members of the Canadian Armed Forces. While this is a welcome trend, their families often lack the support they desperately need. Existing evidence-based programs directed at families are limited and are often unavailable, inaccessible, unaffordable or inequitable.

To find ways to better support families of military and first responders impacted by PTS, Medavie hosted a roundtable in partnership with Wounded Warriors Canada, the Mental Health Commission of Canada and The Vanier Institute of the Family in February 2019. The objective was to identify challenges families face, gaps in care, and the priorities for offering better support to those impacted by PTS.

This whitepaper, *Supporting Families of Serving and Retired Members of the Canadian Armed Forces and First Responders Living with Post-Traumatic Stress - A First Interim Report*, provides takeaways from the discussion, including challenges families face and the opportunities to provide them with more support.

As part of next steps, Medavie is planning to convene a follow-up roundtable with the same group of experts and add the voice of family members. This meeting is planned for early 2020.



Back row, left to right: Dr. Hester Dunlap, Dr. Samuel Weiss, Micheal Pietrus, Lt.-General (ret'd) Roméo Dallaire, Bernard Lord, Dr. Heidi Cramm, Scott Maxwell, Dr. Raj Bhatla, Nora Spinks

Front row, left to right: Lt.-Colonel (ret'd) Dr. Alexandra Heber, Dr. Margaret McKinnon, Ken Dryden, Colonel Dr. Rakesh Jetly, Dr. Nick Carleton, Dr. Tina Saryeddine

ABOUT THE ROUNDTABLE CO-HOSTS

Medavie (Convenor)

Medavie is a health solutions partner that integrates benefits management, health management and health care delivery through two operating companies, Medavie Blue Cross and Medavie Health Services. As a not-for-profit organization, Medavie is proud to commit an annual social dividend to the Medavie Health Foundation to address some of our country's most pressing physical and mental health care challenges.

Mental Health Commission of Canada (MHCC)

Through its unique mandate from the Government of Canada, MHCC leads the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians.



Wounded Warriors Canada

An independent charity working to change the lives of ill and injured veterans, first responders and their families through educational programming.



Vanier Institute of the Family

The Institute is an independent, charitable organization that aims to enhance our collective understanding of the diversity and complexity of families and the reality of family life in Canada.



Attendees

Participant Panel:

- **Dr. Raj Bhatla**, *Psychiatrist-in-Chief and Chief of Staff, Royal Ottawa Health Care Group*
- **Dr. Nick Carleton**, *Professor of Psychology, University of Regina; Scientific Director, Canadian Institute for Public Safety Research and Treatment*
- **Dr. Heidi Cramm**, *Associate Scientist, Strategic Initiatives, Canadian Institute for Military and Veteran Health Research*
- **Lt.-General (ret'd) Roméo Dallaire**, *National Patron, Wounded Warriors Canada*
- **Dr. Hester Dunlap**, *Clinical Lead, Trauma and Psychological Injury Program/Concurrent Trauma and Addiction Program, Bellwood Health Services*
- **Lt.-Colonel (ret'd) Dr. Alexandra Heber**, *Chief Psychiatrist, Veterans Affairs Canada; Assistant Professor of Psychiatry, University of Ottawa*
- **Colonel Dr. Rakesh Jetly**, *Senior Psychiatrist and Mental Health Clinical Advisor to the Surgeon General; First Chair in Military Mental Health at the Canadian Armed Forces*
- **Scott Maxwell**, *Executive Director, Wounded Warriors Canada*
- **Dr. Margaret McKinnon**, *Homewood Chair in Mental Health and Trauma; Associate Chair of Research, Department of Psychiatry and Behavioural Neurosciences, Associate Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University; Psychologist, Mood Disorders Program, St. Joseph's Healthcare; Senior Scientist, Homewood Research Institute*
- **Michael Pietrus**, *Director, Mental Health First Aid Canada & Opening Minds, Mental Health Commission of Canada*
- **Dr. Tina Saryeddine**, *Executive Director, Canadian Association of Fire Chiefs*
- **Nora Spinks**, *CEO, Vanier Institute of the Family*
- **Dr. Samuel Weiss**, *Scientific Director, Canadian Institutes of Health Research, Institute of Neurosciences, Mental Health and Addiction*

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BACKGROUND

On February 5, 2019, Medavie co-hosted a Roundtable at Ottawa's Fairmont Chateau Laurier in partnership with Wounded Warriors Canada, the Mental Health Commission of Canada and the Vanier Institute of the Family. The Roundtable was focused on identifying effective supports to assist military, veteran and first responder families living with post-traumatic stress (PTS).

The objective for the day was to enhance our understanding of military, veteran and first responder **families living with PTS** in order to optimize their long-term individual and family wellbeing.

We wish to recognize the work of government, and their consulting with stakeholders and partners from across the country, in helping inform the development of a federal framework on post-traumatic stress disorder (PTSD) and to better supporting those impacted.

Why Focus on Family?

Family members are the primary elements in the circle of support surrounding someone living with PTS. Family is key to ensuring people living with PTS receive the care they need to optimize outcomes at home, work and in the community.

While providing and/or managing care, showing compassion and living in a sometimes difficult and uncomfortable environment, families face immense pressures themselves and many also need information, support, assistance and guidance.

Roundtable participants discussed how evidence-based programs geared towards families are in short supply, often unavailable, inaccessible, unaffordable, and/or unequitable (e.g. urban vs rural and military vs veteran and first responder), ineffective, and/or short term. They also discussed ways and means to improve awareness of PTS, enhance the understanding of families living with PTS, as well as possible ways to strengthen treatment programs and expand access to effective services.

Who Participated?

Roundtable participants included researchers, health care providers, and executives of community organizations within, and external to, the Canadian Armed Forces and first responder community.

In addition to the participants, guests of the Roundtable who attended as observers of the session included: **Dr. Howard Conter**; **Ken Dryden**; **Judy Hollett**, *Coordinator, Peer & Family Support Services/Critical Incident Stress Management Program, Emergency Medical Care Inc.*; **Fardous Hosseiny**, *National Director, Research & Public Policy, Canadian Mental Health Association*; **Inez Jabalpurwala**, *President and CEO, Brain Canada Foundation*; **Maria Judd**, *Vice-President, Programs, Canadian Foundation for Healthcare Improvement*; **Bernard Lord**, *CEO, Medavie*; **Russell Mann**, *Senior Advisor at the Vanier Institute of the Family; Colonel (ret'd), Canadian Armed Forces*; **Dr. Patrick McGrath**, *Chair of the Board and Co-Founder of Strongest Families Institute; Professor of Psychiatry, Pediatrics and Community Health & Epidemiology at Dalhousie University; Scientist, IWK Health Centre*; **Philip Ralph**, *CD Captain (ret'd); National Program Director, Wounded Warriors Canada*; **Erik Sande**, *President, Medavie Health Services*; **Barbara Snelgrove**, *Knowledge Manager, Movember Foundation*; and **Todd Stride**, *Senior Staff Advisor, Military Family Services*.

The impact of PTS*

In our background research and interviews with experts in the planning of this roundtable, we learned that Canada does not have a centralized, national organization that focuses on PTS - treatment, prevention, assessment, and causes. Here's some of what we found and heard.

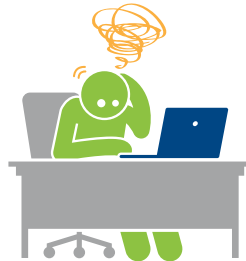
Up to **32%** of Canadians in high-risk groups such as **MILITARY, POLICE** and **PARAMEDICS** will suffer from PTSD in their lifetimes.



71% of Canadian veterans **RECEIVING DISABILITY BENEFITS** for a mental health condition have PTSD.

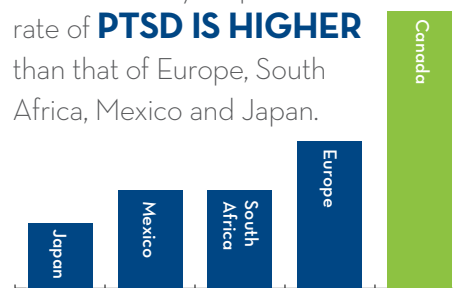
FAMILIES ARE OFTEN THE FORGOTTEN PEOPLE.

The reality is people don't leave their work problems at work.



PEOPLE LIVING WITH PTS face **CONSIDERABLE DIFFICULTY** maintaining family and social relationships, increased absenteeism, and problems progressing in their education and career.

Canada's one-year prevalence rate of **PTSD IS HIGHER** than that of Europe, South Africa, Mexico and Japan.



At any given time, **ONE IN 10** Canadians is experiencing PTSD.

1 IN 6 CANADIAN ARMED FORCES (CAF) MEMBERS

has reported symptoms of at least one of the following: major depressive episode, panic disorder, PTSD, generalized anxiety disorder, and alcohol abuse/dependence.



Between 2002-2013 depression rates among regular CAF member did not change, while **RATES OF PTSD AND PANIC DISORDER INCREASED.**

We're getting better at treating the patient. **WE'RE NOT GOOD AT TREATING THE CAREGIVER.**



Why PTS?

While post-traumatic stress disorder (PTSD) is the term most often used in public discussion, the addition of "disorder" means it is a clinically diagnosed condition. Post-traumatic stress (PTS) was used during the roundtable - and in this white paper - as it is more inclusive, applying to those experiencing symptoms, but who may not yet be formally diagnosed.

*Sourced information/stats reference PTSD.

PTS Interventions

Although specific treatments weren't discussed by the group, preventative interventions for those impacted by PTS include:

- **PSYCHOTHERAPY** – primarily talk-based therapy such as cognitive-behavioural therapy (CBT), critical incident stress debriefing (CISD), critical incident stress management (CISM), psychological first aid, and exposure therapy
- **PHARMACOTHERAPY** – therapy using medication
- **PEER SUPPORT** – emotional and practical support between people who share a lived common experience
- **EMERGING TREATMENTS** – including logo therapy, mindfulness-based therapy, animal-assisted therapy and acupuncture

PTS Research & Support

While this list is not exhaustive, organizations in Canada that have led and/or supported work in the area of PTSD for first responders include:

- [Canadian Armed Forces / Military Family Services](#)
- [Canadian Institute for Military and Veteran Health Research](#)
- [Canadian Institute for Public Safety Research and Treatment](#)
- [Canadian Institutes of Health Research](#)
- [Canadian Military & Veterans' Rehabilitation Research Program, University of Alberta](#)
- [Homewood Research Institute](#)
- [Mental Health Commission of Canada](#)
- [Mood Disorders Canada](#)
- [Paramedics Association of Canada](#)
- [Public Safety Canada](#)
- [Royal Ottawa Healthcare Group](#)
- [Vanier Institute of the Family](#)
- [Veterans Affairs Canada](#)
- [Wounded Warriors Canada](#)

ROUNDTABLE DISCUSSION HIGHLIGHTS

The conversations at the Roundtable were passionate, insightful, constructive and meaningful, with participants identifying several key themes and strategic priorities for follow-up action.

Living with PTS at Home: A Family Perspective

<p>Families often want to help, but often don't know what to do and are afraid of making the symptoms or situation at home worse.</p>	<p>FAMILIES need KNOWLEDGE</p>
<p>Families living with PTS can experience a profound impact on their daily lives. They are continually adjusting, adapting and responding since the person(s) with PTS has good and bad days.</p>	<p>FAMILIES lack PREDICTABILITY and need STABILITY</p>
<p>Families come home each day not knowing what they'll be facing with regards to behaviours, moods and attitudes. Many describe it as if they're constantly "walking on eggshells" at home.</p>	<p>FAMILIES need CONSISTENCY</p>
<p>Families are constantly balancing privacy and confidentiality with sharing their story to get support and assistance.</p>	<p>FAMILIES need ACCESSIBILITY and AFFORDABILITY</p>
<p>Families can feel isolated due to shame, guilt and stigma.</p>	<p>FAMILIES need UNDERSTANDING</p>
<p>Family members can be afraid to speak out for fear of being labelled a "PTS family" in their community. This includes feeling they can't provide context if their loved one has outbursts or inappropriate behaviour in public.</p>	<p>FAMILIES need COMPASSION</p>

Living with PTS at Home: A Personal Perspective

Individuals living with PTS may try to cope in a variety of ways. They can become quiet and withdrawn as they don't know how to share what they are going through with their family or they may become loud and disruptive and be more emotionally volatile.	Individuals need STABILITY
Individuals living with PTS may try to protect their family. Many don't want to share too much with their family for fear of causing them "vicarious trauma," where the family member experiences PTS symptoms of their own as a result of secondary exposure to a traumatic event.	Individuals need KNOWLEDGE
Individuals living with PTS may see family as a "lifeline" or a very important resource and sounding board.	Individuals need FAMILY
Individuals living with PTS may feel/express resentment if family members complain about the situation.	Individuals need UNDERSTANDING
Individuals living with PTS may not want help or may feel they don't need help.	Individuals need ACCESSIBILITY and AFFORDABILITY
Individuals living with PTS may feel like a betrayal of confidence if family members seek help.	Individuals need COMPASSION

"The number of times I've interviewed someone and they've said, 'I have to take a deep breath when I put the key in the door. I have to brace myself when I go back into the home, and as soon as I go into the home I can hear what it's going to look like. I know by how he responds.' And this is from adult children, this is from siblings, this is from parents, this is not just from spouses."

- Dr. Heidi Cramm, Canadian Institute for Military and Veteran Health Research

¹ Vicarious trauma, sometimes called compassion fatigue or secondary trauma, is the indirect trauma that can occur when people hear/are exposed to difficult or disturbing images and stories second-hand.

Living with PTS at Home: A Shared Perspective

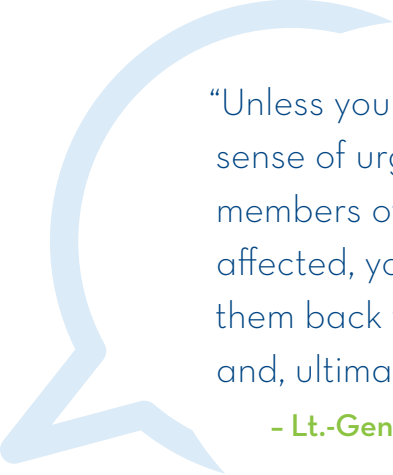
Communicating emotions, thoughts, feelings.

Individuals with PTS may be less emotionally available and withdrawn, while family members may feel like they don't want to probe or are nervous about not saying the right thing. Family members also worry they may trigger a negative response or appear judgemental.

Individuals and families need tools to help them
COMMUNICATE

Changed by PTS. The individual with PTS is not the same person they once were following deployment or a traumatic event. But it's important to note the family changes as well - this may be due to the passage of time while their loved one was away, or due to the everyday adjustments they make as a result of living with someone impacted by PTS.

Individuals and families need
UNDERSTANDING



“Unless you give the same sense of priority, the same sense of urgency and the same level of care to the members of the family as to the member who has been affected, you will not achieve your aim. You will not bring them back to a level that they can live with themselves and, ultimately, be still useful in the community.”

- **Lt.-General (ret'd) Roméo Dallaire, Wounded Warriors Canada**

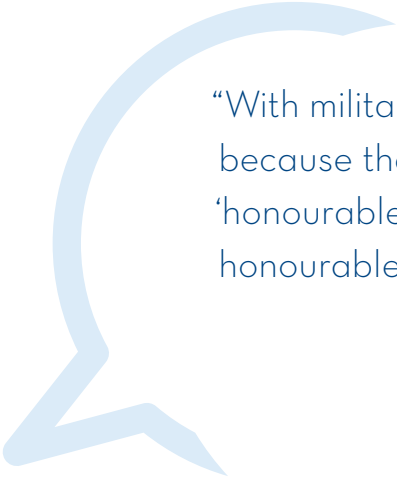
STRATEGIC PRIORITY #1

Awareness of PTS

KEY THEME Awareness & Understanding of PTS

Understanding that Canadian Armed Forces, veterans and their families have access to more robust programs and services compared to first responders and their families, roundtable participants discussed whether families have adequate awareness of the risks and implications of PTS. Some points to communicate include:

- **DEEPEN** the understanding of PTS symptoms, characteristics, behaviours and experiences. General awareness of PTS has improved over the years; however, those personally impacted and their family could benefit from a better understanding of elements including potential triggers, how PTS may manifest itself, and why the person may behave the way they do.
- **REDUCE** stigma, both public and self-stigma, for people living with PTS. This can impact the individual and their family's willingness to seek help, as well as how organizations approach supporting those dealing with the condition and their family.
- **WATCH** for the signs of PTS. The person with PTS may not change suddenly; it can also unfold slowly over time. Families need to be able to recognize the change, notice something is wrong, and know when to step in and not blame themselves.
- **UNDERSTAND** moral injury. Families need to be aware that PTS may not only result from being exposed to a traumatic event. Many in these professions are at high risk of "moral injury" where they have to make decisions or take actions that go against their beliefs and result in trauma. This can be a cause of PTS and may require being handled a little differently.
- **DEFINE** "family." While working to build awareness of PTS, it was noted we need to define the family broadly. For example, there are numerous variations of the family experience, including, but not limited to, a couple with children, a young reservist who lives with their parents, a divorced dad with part-time, co-parenting responsibilities.



“With military, police, or any uniformed organization, they will not come because they have a ‘mental problem.’ They will come if they have an ‘honourable injury.’ An operational stress injury is now perceived as an honourable injury and is making more and more headway.”

- Lt.-General (ret'd) Roméo Dallaire, Wounded Warriors Canada

STRATEGIC PRIORITY #2


Improvements in Care

KEY THEME #1 Equitable Access to Care

Not only is PTS an incredibly complex illness to manage, but geographic and systematic realities make it logistically challenging to address across Canada. The Canadian Armed Forces has made good progress in making programs and care for serving and retired members more widely available nationally, and some progress has been made extending those services to families, but more can always be done.

Without a national framework, first responders and their families have unequitable access to care. Many have a different experience from region to region across the country as they are often governed by their local municipality. Also, unlike military or RCMP members, first responder families remain largely dependent on their provincial/territorial healthcare systems for most mental health supports. Wait lists can be long and obtaining adequate mental health interventions is often a painstakingly slow process, especially in rural or isolated communities where demand routinely exceeds the supply of health care professionals. We need to ensure people living with PTS and their families have access to care that is:

- **AVAILABLE:** Ensure availability of services and supports regardless of geography (urban, suburban, small town and rural, remote and northern communities).
- **CONSISTENT:** Invest in leadership and organizational development that is consistent to create supportive, responsive, positive cultural environments that de-stigmatize and make PTS care a priority for all.
- **ACCESSIBLE:** Ensure everyone, regardless of employment context, has access to care, recognizing that all first responders have parts of their job that offer unique issues to manage. For example, a large majority of firefighters in smaller communities are volunteers.
- **AFFORDABLE:** Ensure access to affordable resources, regardless of size of community or organizational budgets.



“In a recent study we just finished... we asked thousands of public safety personnel, ‘who’s your go-to, who do you want to talk to first, who’s your first resource?’ and by an unequivocal margin, it’s their spouse or their family. They go home and that’s who they talk to.”

- Dr. Nick Carleton, University of Regina & Canadian Institute
for Public Safety Research and Treatment

KEY THEME #2 Prevention and Early Intervention

Roundtable participants emphasized the importance of programs that educate and prepare people in high-risk jobs and their families so they are better equipped to deal with potential incidences. They also noted treatment needs to be considered in two ways: 1) what will help family members offer better support to the individual with PTS; and 2) what will help family members with what they're dealing with personally.


- **FOCUS ON RESILIENCY.** *The Working Mind First Responders* program, formerly *Road to Mental Readiness (R2MR)*, has shown proven effectiveness in helping first responders recognize triggers and protect and maintain their mental health. Expanding the availability of this program, including how it's now being rolled out to families of first responders, will only help increase its impact. (The Canadian Armed Forces have a similar program, *R2MR*, that has been shown to be equally effective for military personnel.)
- **FOCUS ON EDUCATION.** Incorporating mental health/PTS content in the curriculum of training academies and programs will help reduce the stigma and make individuals more aware of the risks. As part of this curriculum, there should also be information about the impact PTS can have on the family, not just on the individual.
- **FOCUS ON PROFESSIONAL DEVELOPMENT.** Training for new employees and their families should be provided by organizations when they start their job and on an ongoing basis.
- **FOCUS ON CHECK-INS AND CHECK-UPS.** Organizations instituting ongoing mandatory mental health “check-ins” and “check-ups” can help diffuse issues that may be growing before they escalate.

KEY THEME #3 Empowering Family Caregivers

- **ONE SIZE DOESN'T FIT ALL.** For such a complex condition, no single program will address all problems. Multiple programs, in a variety of formats, should be offered in order to meet the various needs. Taking a stepped care approach to treatment is also beneficial – delivering and monitoring mental health treatment so that the most effective, yet least resource-intensive treatment, is delivered first, only “stepping up” to intensive/specialist services as required and depending on patient need. Programs should also cover off a broad range of support to account for many types of family structures and/or life stages of individuals – i.e., single, married, younger person, children, extended family, etc.
- **FAMILY RECOGNIZING A PROBLEM.** The focus should not be on having family members trying to diagnose their loved one with PTS. Instead, they need to be empowered to recognize if there's a change in behaviour/mental health and how to seek support to help manage the individual's symptoms.
- **FAMILY INVOLVED IN TREATMENT.** Having family attend the initial therapy session with the individual suffering with PTS will help increase the potential for a successful outcome. The family member can be a “check and balance” to ensure the therapist gets an accurate account of the situation. It will also help the family better understand the role of therapy, feel that they are contributing to the individual's care, and learn additional supports they can provide.

KEY THEME #4 Supporting the Family

- **TREATMENT FOR FAMILY.** Family members may also need access to counselling services so they can share and work through the challenges they're experiencing as a result of living with someone with PTS. For example, it's common for families to experience guilt, feeling they are not doing enough to help or that they've failed their loved one. If the individual with PTS doesn't improve or tries to hurt themselves, families may feel they should have seen the signs or done more.
- **STRAIN ON FAMILIES.** Managing day-to-day life gets harder for the rest of the family. For example, family members may have to take on more of the household responsibilities, like grocery shopping or getting the kids to school. Or, they may need to take on extra shifts at work if there's a need to supplement lost income. This additional stress and strain can be damaging to the whole household.



“We think we know, whether we're researchers or practitioners, what the individual impacted wants or needs, but more often than not, we're wrong. One of the best examples I've learned is from understanding what individuals with spinal cord injury want. The assumption of researchers and clinicians is that they want to jump out of the chair and be able to run the 100-metre dash; no, they want to go to the bathroom. Getting out of the chair wasn't in the top five. So, as we think about developing what is best, it's very important to ask the end-user.”

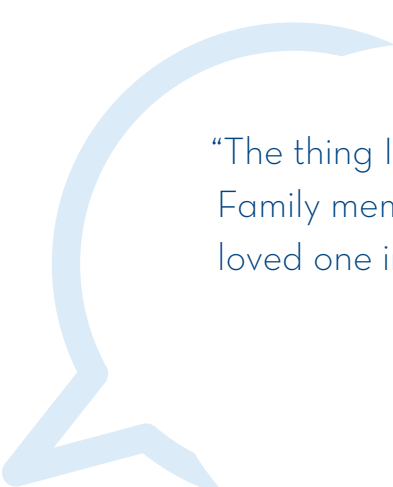
- Dr. Samuel Weiss, Canadian Institutes of Health Research & Institute of Neurosciences, Mental Health and Addiction

STRATEGIC PRIORITY #3

Access to Support

The Roundtable acknowledged that effective prevention and treatment programs are only half the battle: individuals and families need to be able to access them, too. With awareness of PTS increasing in recent years and stigma slowly decreasing, the demand for support services will only continue to grow. It is essential that help is readily available when Canadian Armed Forces members and veterans, first responders and their families recognize there's an issue and raise their hand for help. It needs to be available in that moment as the individual or family member may change their mind and not be open to it later. Below are some of the challenges and opportunities around access discussed by participants.

- **LEVERAGE OTHER CARE PROVIDERS.** There are currently not enough psychologists and psychiatrists available across Canada to meet demand and, as a result, many individuals with PTS face long wait times in accessing treatment. The wait is often even longer for family members. In light of that, when appropriate, offering other trained care providers such as social workers or occupational therapists could help fill the gap.
- **FUND FOR FAMILY SUPPORTS.** While there is understandably more funding for programs aimed at the individual with PTS, there are also disparate levels of resources for mental health supports across the various military and first responder communities in Canada. Where disparities exist, there is a significant need to increase funding for efforts geared to support the family.
- **UTILIZE TECHNOLOGY.** There is an opportunity to leverage technology - as well as artificial intelligence - to improve access to care. It shouldn't eliminate the personal connection involved in support, but it can allow psychologists and other health care professionals to virtually treat patients in remote communities and increase their patient capacity. Technology can also play a role in training other coaches or service providers to help increase the number of people able to provide care.



“The thing I hear most from clients is, ‘how can I help?’
Family members want to know how to help their
loved one in whatever way.”

- Dr. Hester Dunlap, Bellwood Health Services

Key Takeaways

Based on the discussion around the main themes, participants highlighted the following priority needs:

- **Rapid and widespread adoption of existing prevention and treatment options.** While research and analysis of programs should be ongoing to help identify gold-standard solutions, current effective programs must be made more easily accessible. This may include rolling them out in additional centres, leveraging technology to make them more accessible, training more individuals to execute them, or promoting them more broadly to ensure those in need are aware of the opportunities.
- **Leverage/develop content that frames the issue properly and doesn't add to the stigma.** Use language and images that portray families as courageous and competent, but also in need of help and guidance.
- **Ongoing organization cultural change/mental health literacy** is needed to help break down the stigma around PTS.
- **Training around PTS** to occur frequently and repeatedly even if an “injury/event” hasn't occurred yet. This applies to both the individuals themselves and to their families.
- **Program delivery must take into account that families are time-strapped,** often because they're managing more at home and work as the person with PTS needs to take on less.
- **Ensure the “natural touchpoints”** family members may reach out to for support, such as family physicians and faith leaders, are armed with the right tools so they are able to respond properly, use the right language, and provide appropriate support and direction for help.
- **Experts and/or support providers require the proper literacy and knowledge** of the unique challenges first responders and Canadian Armed Forces members face. If not, there is a risk individuals or family members may be “turned off” and may not move forward with the support or seek help again.
- **Government should play an important role in helping to harmonize programs offered across the country** - balancing the support for rural and urban communities - as well as providing ongoing support and funding for programs, even those that may fall under provincial or municipal jurisdictions.
- **Ensure no assumptions are made on what's needed** when conducting research to determine what programs and supports should be offered for those living with PTS and their families. Instead, it's necessary to directly ask those impacted to ensure what is being developed is what is desired.

NEXT STEPS

Participants were eager to discuss not only the many challenges in this space, but also the opportunities to make a difference, while recognizing there is work being done across the country in supporting military, veterans and first responder families living with PTS. To build on the output of this meeting, and to keep the momentum going forward in making actionable change, Medavie is planning to convene a follow-up roundtable with the same group of experts and add the voice of family members. The objectives of this meeting will include:

- Identifying emerging, leading and best practices that could be applicable across organizations and jurisdictions;
- Mapping applicable services for families currently available across the country; and
- Increasing awareness of an evidence-based behavioural checklist that family members can refer to in order to help them identify if they should seek support. For example, the Mental Health Continuum Model, developed by the Mental Health Commission of Canada, lists signs and indicators, and action to take at each phase.



* Trade-mark of the Canadian Association of Blue Cross Plans.

† Trade-mark of Blue Cross Blue Shield Association.