

Military Families Accessing Mental Health and Addictions Services in Ontario¹

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Military families in Canada are required to relocate on a recurring basis in response to the organizational and operational needs of the Canadian Armed Forces (CAF). As a result, they move an estimated three to four times more often than civilian families.² While some research has shown that this high mobility can promote adaptability to new environments and foster resilience among family members,³ each move within or across provincial/territorial borders can have a negative impact on their health care experiences and, ultimately, on their family's well-being.⁴

The high mobility of military families can disrupt access to timely and accessible care for those seeking mental health and addictions (MHA) services, as mental health resources and funding vary within and across provinces. This is particularly relevant in Ontario, where approximately 40% of CAF families reside and more than one-third of the 18,000 military personnel who relocate each year move to one of three bases in the province (Borden, Ottawa and Kingston).⁵ With the complexity of MHA services delivery, understanding how and where military families use mental health and addictions services is key to supporting their well-being but, to date, no studies have examined the use of MHA services by CAF families across different geographic regions.

In their study "Intra-Provincial Variation in Publicly Funded Mental Health and Addictions Services Use Among Canadian Armed Forces Families Posted Across Ontario,"⁶ a research team led by Dr. Alyson Mahar addresses this data gap by exploring the experiences of CAF children, youth and spouses posted across the province of Ontario in their use of MHA services.

Their study includes families who were relocated to Ontario between January 1, 2008, and December 31, 2012, and uses administrative data from ICES (formerly the Institute for Clinical Evaluative Sciences). Families were grouped into one of five regions of Ontario based on their postal codes. Only female spouses were included in the study population,



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as the number of male spouses was too small to offer reliable statistics. The MHA services analyzed were publicly funded and physician-based, and included visits to family physicians, pediatricians (children and youth only) and psychiatrists; emergency department visits; and hospitalizations.

During the study period, approximately one-fifth of children and youth (21%) and nearly one-third of female spouses (31%) had at least one MHA outpatient physician visit. Having at



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least one MHA visit with a family physician was more common for female spouses, children and youth than a visit to a psychiatrist or pediatrician. Among those who had at least one MHA outpatient physician visit, the average number of visits ranged from 4 to 5 visits per child/youth and from 3 to 5 visits per female spouse. MHA hospitalizations were rare in all regions of the province, occurring in an average of less than 1% for both children and youth and female spouses. MHA emergency department visits were also uncommon, occurring in 2% of children and youth and 3% of female spouses.

Use of MHA services across regions

The study's overall findings demonstrate that the majority of CAF families did not use MHA services following relocation and a small amount of intra-provincial variation, which may reflect a lack of available resources. While the research did not find significant variations across Ontario, the lower rates of services use mirrored larger provincial trends.

In examining the use of MHA services by CAF families across the five regions, the researchers found that:

- Children and youth living in the North East region had the lowest rate of psychiatrist visits and had among the highest rates of MHA-related emergency department visits. Accessibility to psychiatry is reportedly limited in this region, with the lowest per capita supply of psychiatrists (8.3 per 100,000 residents) compared with the rest of the province (e.g. 24.3 per 100,000 in the Champlain region and 62.7 per 100,000 in Toronto Central).
- From 2008 to 2012, children, youth and spouses living in Champlain – a region with lower median community income – had a higher number of emergency department visits and outpatient visits compared with those living in regions with higher median community incomes, such as North Simcoe. Conversely, children and youth living in the North Simcoe region were more likely than those in Champlain to have an MHA specialist.
- Female spouses in North Simcoe were more likely to have had an MHA family physician visit than those in the Champlain region. These findings parallel studies that connect lower income to higher likelihoods of mental health-related emergency department visits.

Conclusion

Relocation is a common experience among military families in Canada, one that brings with it positive benefits, but also a likelihood of disruption in health care continuity. This mobility can have an impact on military families seeking or accessing MHA services, which is of particular relevance in Ontario, where 4 in 10 CAF families reside and where access to mental health care providers varies across the province.

This study addresses a knowledge gap on military family well-being across military bases by examining differences in mental health and addictions services use by CAF family members across regions in Ontario – an important contribution to maintaining resiliency and to optimizing well-being among military families in Canada.

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Access the article “Intra-Provincial Variation in Publicly Funded Mental Health and Addictions Services Use Among Canadian Armed Forces Families Posted Across Ontario” by Isabel Garces Davila, Heidi Cramm, Simon Chen, Alice B. Aiken, Ben Ouellette, Lynda Manser, Paul Kurdyak and Alyson L. Mahar

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¹ Research recap of article by Isabel Garces Davila, Heidi Cramm, Simon Chen, Alice B. Aiken, Ben Ouellette, Lynda Manser, Paul Kurdyak and Alyson L. Mahar, "Intra-Provincial Variation in Publicly Funded Mental Health and Addictions Services Use Among Canadian Armed Forces Families Posted Across Ontario," *Canadian Studies in Population* 47(1-2) (March 18, 2020). [Link: https://bit.ly/39u1uv3](https://bit.ly/39u1uv3).

² Pierre Daigle, "On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium," *Special Report to the Minister of National Defence* (November 2013). [Link: https://bit.ly/2q6hi2a](https://bit.ly/2q6hi2a).

³ Kerri Claire Neil, "Families on the Move," Families in Canada Conference 2019 (St. John's, Newfoundland and Labrador).

⁴ Lynda Manser, *State of Military Families in Canada: Issues Facing Regular Force Members and Their Families*, Canadian Forces Morale and Welfare Services (August 2018).

⁵ Lynda Manser, *Relocation Experiences: The Experiences of Military Families with Relocations Due to Postings – Survey Results*, Canadian Forces Morale and Welfare Services (May 2018).

⁶ Garces Davila, Cramm, Chen et al., "Intra-Provincial Variation in Publicly Funded Mental Health and Addictions Services Use Among Canadian Armed Forces Families Posted Across Ontario."

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