

MILITARY AND VETERAN FAMILY INVOLVEMENT IN SUICIDE PREVENTION EFFORTS IN CANADA AND ABROAD

FACT SHEET

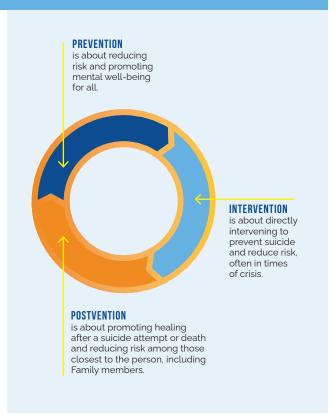
OVERVIEW:

This fact sheet shares background information related to suicide in military and Veteran (mV) communities. It also shares preliminary research findings about how mV Families are affected by suicide and are involved in suicide prevention in mV communities around the world.*

The research involved systematically identifying and collecting academic research and policy and program reports. The content of these reports was then reviewed, combined and interpreted together. The findings of this research will help to identify what needs to change. The findings will also provide recommendations for next steps within research, policy, and program development.

^{*}We attempted to systematically collect information about policies and programs from seven countries: Australia, Canada, Denmark, Israel, New Zealand, the United Kingdom, and the United States.

FIGURE 1: SUICIDE PREVENTION PATHWAY, WITH DEFINITIONS



What is suicidality and how can it be prevented?

Suicidality includes thinking about suicide, making a plan for or attempting suicide, and dying by suicide [1]. Preventing suicide follows a pathway of suicide prevention, (crisis) intervention, and postvention. All play an important role in preventing suicide and involve different activities, such as programs and services [2]. There is growing recognition that Families should be involved at all stages along this pathway [3-8]. You can look at **Figure 1** for a visual summary of this pathway, including definitions.

Suicide in mV communities:

Past and present members of military communities, including Family members, are at increased risk of suicidality [9-12].

Some Canadian Statistics

The rate of suicide in Regular Force Veterans is

1.4 (MEN) and

1.9 (WOMEN)

times higher than that of the general population [13]. Over the past decade, an average of

Regular and Reserve Force members have died by suicide per year [14]. According to findings from the most recent Life After Service Study, conducted in 2016 [15]:

Nearly

1 in 10 Regular Force Veterans
report having seriously considered
taking their own life in the past
months.

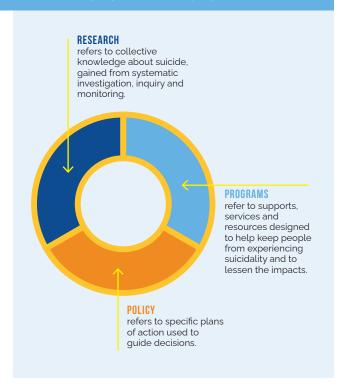
Around

1 in 5 Regular Force Veterans
report having seriously considered
taking their own life in their
lifetime.

Findings to date:

The findings shared here show how mV Families have been included in suicide prevention research, programs, and policies. You can look at **Figure 2** for definitions of these three terms.

FIGURE 2: DEFINING RESEARCH,
POLICY AND PRACTICE



RESEARCH

mV Families are included in suicidality research in three main ways:

- As factors that increase or decrease risk* of mV suicidality, known as 'risk' and 'protective' factors respectively. This is the most common way that Family issues are studied. You can see examples of these risk and protective factors in Figure 3 (next page).
- 2. As potential 'intervenors' for mV suicidality. There is an assumption that Family members should and will provide care and take on an active role in preventing suicidality in their mV Family members;
- 3. As affected by suicidality themselves. For example, studies looking at risks or impacts of suicidal thoughts or behaviours in Family members. This is a new, or emerging, area of research.

POLICY

- Policy has recognized the risk and impacts of suicidality on mV Families, with an emphasis on the need for postvention.
- There were various strategic policy directions identified by military institutions and government to help guide future work, such as:
 - Increasing consultation and communication with Family members;
 - Improving how information is shared following a suicide death, such as death notifications and release of remains;
 - Developing legislation, such as Suicide Prevention Acts, that include Family members;
 - Developing suicide reporting policies that include Family members;
 - Providing infrastructure, funding, and resources for suicide prevention programs; and
 - Promoting coordinated prevention and support across different government agencies.
 - There were multiple voices and perspectives present within policy. Sometimes the goals, values and decisions of these stakeholders did not align, leading to tensions.

PROGRAMS

- > There were six types of programs and services:
 - 1. Suicide awareness,
 - 2. Crisis response,
 - 3. Postvention supports,
 - 4. Chaplaincy or spiritual supports,
 - 5. Counselling and therapy, and
 - 6. General mental health and wellbeing supports.
- These programs are not found consistently across different military communities.
- Some militaries and governments have published more suicide prevention information than others.
- Family members were not frequently engaged in the development of Family-oriented suicide prevention services or programs ('co-design'), despite recognized benefits of involving Families.

FIGURE 3: FACTORS THAT CAN AFFECT RISK OF SUICIDALITY AMONG MV FAMILY MEMBERS OR SERVICE PERSONNEL AND VETERANS, AS IDENTIFIED WITHIN THE RESEARCH

Factors that increase risk* of suicidality for mV Families:

- Increased physical access and exposure to lethal means;
- Emotional demands of military life/culture;
- Observing, hearing about, or witnessing suicidal behaviour in the mV community; or
- Increased rates of suicidality in Family members.

Family-related factors that increase risk* of suicidality among service personnel and Veterans:

- > Relationship crisis;
- > Deployments/absence;
- > Family violence or abuse;
- Family structure/history (e.g., divorce); or
- Medical release from the military without Family involvement.

NEXT STEPS

In light of these findings, there are some important next steps to move forward Family-inclusive research, policy and practice:

- Suicide prevention efforts need to meaningfully include and consider the unique needs of Families in addition to that of service personnel and Veterans.
- There is a strong interest in consultation and co-design of suicide prevention policy and programs with and about military and Veteran Families.
- Research that evaluates new and existing policy and programs would significantly advance the evidence base on effective suicide prevention efforts.
- Longer term, it will be important to compare and align the research, policies, and programs within mV communities with best practices for suicide prevention developed for other population.

^{*}Experiencing certain risk factors does not mean that a person will necessarily experience suicidality, rather these factors have been associated with suicidality in mV Family members or service personnel and Veterans in the research literature.

Where to get support if you have been affected by suicide

CANADA SUICIDE PREVENTION SERVICE

Crisis Services Canada offers 24/7 support for all Canadians via telephone. Dial 1-833-456-4566. For residents of Quebec, dial 1-866-277-3553. Text support is also available between 4:00pm to Midnight ET. Send a text to 45645. To learn more, visit the Crisis Services Canada website.

HOPE (HELPING OTHERS BY PROVIDING EMPATHY) BEREAVEMENT

HOPE is a peer-support program delivered by trained volunteers, who can provide support and serve as a positive example in recovery and grief for those who have experienced loss. To learn more, visit the <u>CAF Community website</u> or dial 1-800-883-6094.

WOUNDED WARRIORS CANADA

Wounded Warriors Canada is a national mental health organization that offers supports and services to Veterans, First Responders and their Families. To learn more, visit the Wounded Warrwiors Canada website.

VAC ASSISTANCE LINE

The VAC Assistance Line is a confidential 24/7 support service for Veterans, former RCMP members, their Families, or caregivers. Dial 1-800-268-7708, TDD/TTY: 1-800-567-5803. To learn more, visit the <u>VAC website</u>.

CAF MEMBER ASSISTANCE PROGRAM

The Canadian Forces Members Assistance Program (CFMAP) is a confidential, 24/7 short-term counselling service available to members of the Canadian Armed Forces (Regular Force, Reserve and Cadets) and their Families. Their trained counsellors can provide support for various issues related to wellbeing and work performance. Dial 1-800-268-7708. To learn more, visit the Government of Canada website.

EMPLOYEE ASSISTANCE SERVICES (EAS)

Employee Assistance Services (EAS) is a confidential, 24/7 short-term counselling service available to current RCMP members and their Families (spouses and unmarried children). Dial 1-800-268-7708. To learn more, visit the RCMP website.

CRISIS TEXTING SERVICE FOR KIDS OF CAF FAMILIES

Canadian Forces Morale and Welfare Services, in collaboration with the Kids Help Phone and True Patriot Love Foundation, has launched a crisis texting service for military Family children, youth, and young adults living in Canada. The service can be accessed by texting CAFKIDS (English) or JEUNESFAC (French) to 686868. To learn more, visit the CAF Community website.

VAC'S PASTORAL OUTREACH PROGRAM

VAC's Pastoral Outreach Program is a spiritual support service offered to Veterans and their Families. There is support available for a variety of issues, including loss of a loved one. To learn more, visit the <u>VAC website</u> or dial 1-800-268-7708.

CANADIAN FORCES CHAPLAIN BRANCH

The Chaplain Branch is a spiritual and religious support service available to all Canadian Forces personnel and their Families. Chaplains can offer spiritual or religious support, guidance and counselling. To learn more, visit the <u>Government of Canada</u> website or dial 1-866-502-2203.

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