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SUICIDE PREVENTION AMONG DEFENCE AND PUBLIC SAFETY FAMILIES

A deliberate dialogue on Families, commemoration and care

Summary report

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The Atlas Institute for Veterans and Families works with Veterans, Families, service providers and researchers to bridge the divide between research and practice so Veterans and their Families can get the best possible mental health care and supports. The Atlas Institute was originally established as the Centre of Excellence on PTSD and Related Mental Health Conditions, through the Minister of Veterans Affairs.

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Garnet Families is Canada's national research and engagement hub for military, Veteran, first responder, and public safety families. They connect these families and the people who support them with trusted information, resources, and a community that understands their experiences.

ABOUT THIS REPORT

DISCLAIMER

This summary report is an exact capture of participants' roundtable discussions from the event hosted by the Atlas Institute for Veterans and Families, in collaboration with Garnet Families. The content reflects the perspectives and experiences shared by attendees. This document serves as a record of the discussions that took place.

Garnet Families and the Atlas Institute for Veterans and Families hosted a roundtable on May 4, 2026, in Ottawa, ON to address the topic of suicide prevention among defence and public safety members and their Families. This was achieved through facilitating meaningful dialogue that highlights significant challenges, promising strategies and policies in mental health support for suicide prevention through a Family-centred lens. Attendees included service providers, researchers, service members and their Families with lived experience surrounding suicidality.

For this event, service members are defined as Canadian Armed Forces (CAF) Veterans, military members, serving or retired/former Royal Canadian Mounted Police (RCMP), first responders and all other public safety personnel. Additionally, it is important to acknowledge that operational stress does not remain contained to the member. It filters into Family life and broader societal interactions.

Defence and public safety Families are diverse and encompass a wide range of relationships that extend beyond their immediate household. Rather than being defined solely by legal or biological ties, they account for whom the service member identifies as significant to their mental well-being and include parents, siblings, partners/spouses, and dependent and adult children, as well as carers (related or not), friends and peers. Importantly, this difference in Family structure is dynamic, rather than fixed. It can evolve through the course of a service member's career and change when they are in service and after service.

Furthermore, it is important to acknowledge that mental health and suicidality discourse for service members remains focused on Families as caregivers or as protective factors for their well-being. Public safety and defence organizations often view the Family perspective as secondary to the service member. Even when there is intentionality toward dedicating resources and supports specifically for Families, these perspectives can be deprioritized. This default focus on the service member can place responsibility on Families, obscuring the unique needs and experiences of Families, in their own right.

This event had three knowledge-sharing components: presentations, a moderated panel and facilitated roundtable discussions (Appendix 1). An event highlight video summarizing the day was developed, along with a full recording of the panel discussion. Attendees discussed the challenges of suicide prevention and considerations for strengthening strategies and policies within defence and public safety communities during the facilitated roundtable discussions (Appendix 2). This report synthesizes the findings of the facilitated roundtable discussions into several themes. In this way, the event highlight video, moderated panel recording and summary report collectively provide insight into the current challenges and strengths of suicide prevention within the defence and public safety communities through a Family-centric lens.

CHALLENGES WHEN SEEKING AND RECEIVING SUPPORT

The first portion of the roundtable focused on the challenges that prevent defence and public safety members and their Families from seeking or receiving mental health support for suicide prevention. It also explored how these challenges can differ across occupations and roles.

Culture, stigma and fear

Culture, stigma and fear emerged as pervasive barriers to mental health care for suicide prevention among defence and public safety members and their Families. Participants described a deeply embedded occupational culture that prizes elite levels of professional performance and excellence. Illness and vulnerability are often viewed as weaknesses within this culture, whereas stoicism is seen as a strength. Service members are trained to respond to crises and to fix problems, while seeking help requires stepping into the opposite role. One participant mentioned that crises are culturally defined by organizations, and what is considered a mental health challenge varies across environments. For example, in some organizations, mental health challenges are not treated as urgent, because they fall outside of what that occupational culture defines as serious. Additionally, participants shared that, in the CAF, the mission is prioritized over oneself. These cultural ideas develop and engrain themselves within service members in a way that makes them believe it is not part of their job to prioritize their own well-being.

Occupational culture and stigma can also manifest as fear of workplace consequences, preventing service members from seeking mental health support. Participants highlighted that service members are acutely aware of staffing and retention challenges. In this way, service members feel guilty for taking time off for mental health reasons, due to fear of putting more work on their colleagues. They are also concerned that their colleagues' perception of them will change, such as a colleague feeling resentful for having to pick up the slack. One participant mentioned that it is not exclusively about stigma. Rather, there are career consequences when you take time away. For example, taking time away for mental health reasons may affect how leadership will perceive the service member for promotion.

Moreover, the influence of occupational culture extends beyond the workplace and serving members and into Family life, shaping how Family members interpret distress, evaluate their own needs and decide whether and how to seek help. Participants explained that Family members can absorb aspects of occupational culture, such as stoicism. When their loved one is challenged with a stressful or difficult time at work, they may perceive their own stress as less significant in comparison. In turn, this creates a barrier for Family members to seek help. One participant mentioned that during deployments, Family members do not want to involve the service member in home stress (e.g. a kid struggling in school, or parents being unwell) for fear of burdening them. Family members can also develop a fear of betraying their loved one due to career implications and/or complicating their relationship. Families are often the first to recognize that their loved one needs help, but are hesitant to approach the organization, because they fear jeopardizing the service member's career. Families may also fear complicating their relationship with the service member by overstepping a boundary. Lastly, these fears persist after a suicide death. Participants explained that bereaved Families experience profound stigma, guilt and shame for being unable to prevent the suicide. One participant mentioned that the guilt Families feel can develop into anger toward themselves, their loved one or the organization.

Identity formation and transition

Identity formation during service and identity transition following retirement or release were identified as important barriers to mental health care and suicide prevention. Defence and public safety members' identity formation is often intimately tied to their occupations. Participants noted that the behaviours, skills and language learned within these occupations are different from the general population. For example, an on-duty service member may have to eat quickly and without regard for social etiquette to prioritize a call. Outside of work, however, this would be seen as inappropriate. Over time, living and working within a certain occupational environment blurs boundaries between the person and the role, making it difficult for service members to distinguish who they are from what they do. This can create barriers to care, as service members cannot separate their vocation from who they are at their core. Once service members retire or release, the loss of this occupational identity often leaves them feeling confused, vulnerable and uncertain about who they are outside of their career. This vulnerability is magnified by losing access to mental health services previously provided by their organizations, resulting in feelings of betrayal.

Defence and public safety Families also undergo identity formation and transition along with their service member. Participants explained that some of the same expectations people associate with defence and public safety personnel are extended to Families. However, it needs to be more widely understood that identity is multi-faceted (e.g. you are not just a soldier or just a Family member), and some Family members do not always accept the associated identity. One participant mentioned that they do not resonate with being a "military wife," since other aspects that form their identity (i.e. being a lawyer, spouse and parent) are more significant to them. Participants questioned how they could navigate and receive support for their Families during transition, while also providing support to the transitioning service member.

Organizational access to and for Families

Access to and for Families arose as a common issue that prevents defence and public safety Families receiving mental health care for suicide prevention. Participants highlighted that defence and public safety organizations have access to the service member, but no direct access to their Family. This is challenging for organizations due to systemic barriers (e.g., privacy acts) to provide information on available resources. For example, in the RCMP, commissioners have authority to contact service members, but not their Families. This results in a lack of awareness for Families on what is available from organizations. However, participants shared that there is also a lack of available resources specific to Families, such as psychoeducation and training.

When Families are in contact with their service member's organization, there are still other barriers to mental health care that are present. Participants noted that public safety and defence members speak a different language than the general population. For example, one participant mentioned that CAF members or Veterans may assume that their Family members know the meaning of military acronyms. Another participant mentioned that Families would not know their member's service number, which in a moment of crisis can be a barrier to receiving support. The eligibility of a given Family member to receive mental health care through an organization is also a barrier. For example, a participant highlighted that, for certain organizations, a Family member would need to acknowledge that a member died by suicide to receive services.

Lastly, some Families are hesitant to seek and receive mental health care for suicide prevention from public safety and defence organizations. Participants noted that the betrayal, distrust and hate for organizations among some Family members acts as a barrier to care. They emphasized that it is difficult to receive help from organizations who have previously let them down. Additionally, some Family members feel betrayed by organizations outside the context of mental health and suicide. For example, Families may feel betrayed through nepotism, competition and unhealthy organizational culture. This perception of the organization is also harmful to seeking and receiving support.

STRENGTHENING STRATEGIES AND POLICIES

The second portion of the roundtable focused on the considerations to better support defence and public safety members and their Families through mental health strategies and policies focusing on suicide prevention.

Understanding and shifting culture

An understanding of defence and public safety culture is required when using external approaches to suicide prevention. Participants stressed that previously accepted cultural practices and beliefs may no longer be appropriate within these occupations. However, external approaches that aim to shift this culture can feel misaligned or dismissive of lived experience. Participants explained they may experience these efforts as judgmental when applied without a full understanding of the culture, leading to distrust of the modality or service. If the problem is identified and presented in a way that incorporates the unique aspects of this culture, then it is more likely to be seen as credible and welcomed by the community. Alternatively, if external approaches do not acknowledge culture, then service members tend to dismiss these practices entirely.

Furthermore, an internal cultural shift needs to stem from empathetic and engaged leadership at all levels. Participants shared that championing leaders with compassion, care and humility is crucial. Leaders need to display that it is okay to get help and support the service member on their journey, while acknowledging that they do not necessarily have all the answers. Participants also advocated that these types of leaders need to be engaged at all levels within the defence and public safety organizational hierarchy (low-, mid- and senior- level leadership). In this way, they will be better able to encourage and support service members throughout their organizations. Finally, participants acknowledged that it is important to recognize that leaders have their own mental health issues and are also at a heightened risk of suicide.

Family awareness and integration

Family awareness of mental health issues and suicidality through psychoeducation, policies and integration within defence and public safety organizations was identified as a critical need. Participants highlighted that there is a gap in Family psychoeducation and training opportunities that support both their loved ones and their own mental health.

Organizations often focus on the service member and only provide downstream support to Families at the point of crisis. Proactive psychoeducation and training are needed, as Families are often the first to intervene in a service member's mental health challenge. Additionally, Families often do not know where to go or how to access appropriate information and services. One participant mentioned that Families find themselves searching broadly for support both inside and outside of the organization. Having multiple organizations offer information or services may seem like a duplication of effort, but may ultimately help Families, as each provides something slightly different. Participants described that it would show care and support if programs reached out to service members and their Families proactively, especially to those who are struggling. However, participants acknowledged the political barriers to accessing Families and encouraged organizations to consider exploring how to mitigate or eliminate these barriers.

Moreover, it was identified that the integration of Families into defence and public safety organizations at strategic and vulnerable career points can facilitate understanding, connection and trust. Participants shared that integrating Families into defence and public safety organizations at recruitment, graduation and retirement are important opportunities. They allow Families to connect, share knowledge and better understand their loved one's job. Participants also noted that there are other times when service members are vulnerable (e.g. postings, deployments, after a big call/incident, following the suicide or death of a service member) where it would be helpful for Families to integrate and receive support, training and information. It is important to continually have these checkpoints throughout a member's service, since Family structure evolves over time. One participant mentioned that this can be achieved through yearly micro-events. Examples are "Take your Family to work day" or "Family day." However, participants recognized that Family members may be missed due to the nature of shift work and Family structure. For example, some service members are young, unmarried and/or separated, and Families can be unintentionally left out. Finally, participants questioned how parents, extended Family or chosen Families can be targeted for these integration opportunities.

System prevention and integration

Participants discussed the roles and responsibilities that defence and public safety organizations play in suicidality and suicide prevention. It was felt that these organizations should proactively create conditions that acknowledge service members as whole people, rather than solely as workers, while making time for them to decompress and process traumatic events. One participant mentioned that a rigid framework for suicide prevention among service members will not work. People are complex, and so a one-size-fits-all prevention framework will be viewed as inauthentic and dismissed among service members.

Connecting defence and public safety organizations to one another can help each one learn and leverage what already exists. Participants discussed that having organizations review and compare suicide prevention policies and strategies across occupations can help standardize practices. For example, one participant mentioned that expanding mental health benefits and insurance coverages to service members across role and occupation is needed. Lastly, it was felt that these organizations should also be sharing information with community-based services that provide support for service members and their Families.

Resources and supports

Proactive and upstream resources and supports tailored to different occupations are needed for defence and public safety members and their Families. Participants emphasized that preventative integration of coping tools and resources that are trusted and normalized must be available to service members and their Families. It is important to embed emotional literacy, coping tools and mental health care into the everyday life of service members and their Families before a crisis occurs. This may include, but is not limited to, preparation for grief, transition to post-service life and extending supports to Families. Participants noted the importance of these resources focusing on proactive, upstream prevention, rather than solely on reactive care.

The language and format of these resources and supports must also be tailored to service members and their Families. Participants highlighted that the discourse and language used for mental health care resources and supports must resonate with service members to allow them to be vulnerable. Framing vulnerability as a mission and as an act of courage and strength can help facilitate this process. For example, one participant mentioned that, when supporting service members, language such as “help seeking” can be aversive to some people and may not resonate with service members. Additionally, participants stressed that the format of supports and resources should be preferentially tailored to different sectors and service elements across the defence and public safety community. For example, informational resources are often disseminated in a written format, but other mediums may be preferred.

Finally, participants noted that peer support is a valuable resource that should have dedicated groups for service members and their Families. Participants shared that peer support can be easily achieved in an informal, unstructured format. A common but often overlooked topic of peer support in defence and public safety communities is related to life stressors. For example, one participant mentioned that, in Ottawa Fire Services, 70% of peer support calls are related to relationship issues that can emerge while managing the lifestyle demands of service. Organizational leadership is often not aware of the main reasons for peer support and instead believes the demand is related to difficult calls. As well, there is a need for dedicated Family peer support groups that do not require the service member for entry. These groups may include, but are not limited to, widows and widowers, spouses and partners and parents, with the focus on a variety of areas (e.g. suicide, grief).

CONCLUSION AND NEXT STEPS

The roundtable hosted by Garnet Families and the Atlas Institute for Veterans and Families brought together service providers, researchers, service members and their Families with lived experience to reflect on where we are now and the progress that still needs to be made with regard to suicide prevention through a Family-centred lens.

Through collaborative discussion, participants shared their perspectives on the challenges that prevent service members and their Families from seeking and receiving mental health support for suicide prevention. These include challenges of culture, stigma and fear, identity formation and transition, and organizational access to and for Families.

Participants emphasized the need to address these issues through awareness and integration at the individual, organizational and systems levels. Meaningful progress in suicide prevention will depend on culturally informed approaches that are upstream, tailored and championed by leaders who model compassion and psychological safety at all levels. These approaches must be inclusive of Families at every stage, but, more than that, Families need support in their own right. For Families to be considered in their own right means that policies, resources, services and supports are not only centred around the service member, but also are dedicated to Families and accessible independently from the service member.

Regarding monitoring and reporting of suicide data, participants identified improvements for these systems. These include a better understanding of how many defence and public safety Family members are dying by suicide. Investing in capturing this data will help inform and evaluate if policies and programming are working in the future.

The insights shared during the roundtable highlight Family-centred challenges, as well as potential strategies and policy action for enhancing suicide prevention among service members and their Families. These findings will inform future research, community and organizational supports and policy development to improve suicide prevention within these communities.

APPENDIX 1

MEETING AGENDA

TIME	AGENDA ITEM	SPEAKERS
10:00 – 10:15	**GUESTS ARRIVE**	
10:15 – 10:40	**OPENING REMARKS**	**FARDOUS HOSSEINY** Atlas welcome **GRANDMA KAREN MACINNIS** Elder welcome and smudging ceremony
10:40 – 11:10	**PRESENTATION 1:** SUICIDE PREVENTION IN DEFENCE & PUBLIC SAFETY FAMILIES: How we got here	**DR. HEIDI CRAMM** Occupational therapist, Professor in the School of Rehabilitation Therapy and research lead at the Families Matter Research Group, Queen's University
	PRESENTATION 2: SUICIDE PREVENTION IN DEFENCE AND PUBLIC SAFETY FAMILIES: A deliberative dialogue approach	**DR. MARGARET CAMPBELL** Assistant Professor, Department of Aging and Family Science, Mount Saint Vincent University
11:10 – 11:30	**PRESENTATION 3:** Historical perspectives on commemoration and memorialization of suicide deaths in Canadian military and Veteran communities	**DR. MATTHEW BARRETT** Historian, artist and Managing Editor of the journal *Canadian Military History*
11:30 – 12:20	**MODERATED PANEL DISCUSSION:** SUICIDE PREVENTION IN DEFENCE AND PUBLIC SAFETY FAMILIES: Research, response and lived experience	**Moderator:** **SUZANNE BAILEY** Long-time social worker with Canada's Department of National Defence and contributor to the Road to Mental Readiness program **Panelists:** **DR. CHRISTINE GENEST** Associate Professor, Université de Montréal's Faculty of Nursing **PHIL RALPH** Director, Health Services for Wounded Warriors Canada **MIKE MCDONELL** Recently retired police officer with decades of experience across the Royal Canadian Mounted Police (RCMP) and Ontario Provincial Police (OPP), strategic operational advisor and board member for Canada Beyond the Blue **SHERI LUX** Widow of a fallen RCMP officer, author of *Finding My Fire*, and owner of Karys Layne Candles
12:20 – 1:00	**LUNCH**	
1:00 – 2:00	**ROUNDTABLE DISCUSSIONS**	
2:00 – 2:30	**CONCLUDING REMARKS**	

APPENDIX 2

FACILITATED BREAKOUT QUESTIONS

AGENDA ITEM

OPENING REMARKS

ROUNDTABLE INTRODUCTIONS

Facilitators, please ask everyone at the table to introduce themselves.

QUESTION #1:

What are the particular issues we need to be sensitive to in these occupational communities?

Prompts:

- What makes it harder for people in these communities to seek or receive support?
- Are there differences across roles (e.g., frontline, leadership, Families, retirees) that should be considered?

QUESTION #2:

Where do we go from here? What's missing in policy and programming?

Prompts:

- What is missing for Families specifically?
- What is currently working well and where are the gaps?
- What would "better support" actually look like in practice?
- What are the considerations when developing program or policy specific to Families?

CONCLUDING REMARKS

Please note the names listed include only those who have explicitly consented to being acknowledged as a contributor.

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