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Mental toll on soldiers skyrockets

More than 1 in 5 returning from Afghanistan suffer psychiatric problems, documents show

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OTTAWA BUREAU

OTTAWA – More than one in five Canadian soldiers and police officers deployed to Afghanistan leave the force with post-traumatic stress or other psychiatric problems, and that figure is rapidly rising, the *Toronto Star* has learned.

By the end of last month, the number of soldiers and police officers discharged from the military and RCMP for psychological strain after tours in Afghanistan had reached 1,053, representing an increase of more than 50 per cent from 2008, a spokesperson for Veterans Affairs Canada told the *Star*.



STEFANO RELLANDINI/REUTERS FILE PHOTO
Canadian soldiers sit in a Chinook helicopter in Kandahar April 12, 2009. Post-traumatic stress cases have increased, the government says.

The increase had been predicted in documents released under the Access to Information Act.

They had revealed that as of April 2008, 700 Canadian soldiers and Mounties who had served on the Afghan front lines – 19 per cent of all forces deployed – had qualified for medical release from the Canadian Forces or RCMP with a "pensionable psychiatric condition," but warned of a dramatic hike in those numbers.

The government spokesperson, Janice Summerby, stressed that there is no way to know whether a psychiatric condition is a direct result of Canada's participation in the Afghan war or whether it stems from earlier deployments around the globe.

But the documents say that longer, multiple and more dangerous deployments "have led to an increase in the prevalence of operational stress injuries among the members of these organizations."

"Is it an epidemic? No," said retired Canadian colonel Don Ethell, head of the mental health advisory committee for the military and RCMP. "It's just finally a realization that in addition to physical injuries, the maimed and the injured and so forth, it's also a mental price that Canadians have to pay and many of them, and many of us, have paid that without knowing where to go."

Another reason for the jump appears to be an effort by the military and government to quickly identify and treat individuals with post-traumatic stress before their conditions worsen. Untreated cases in the past have resulted in tragic and horrifying cases of drug addiction, assault, rape and even suicide.

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Still, the number of soldiers and Mounties released from service to seek psychological help has surprised even some of the most experienced observers of operational stress injuries.

"That does seem a little high, higher than I would have expected," said Joe Sharpe, a retired brigadier general who works on post-traumatic stress policy with Veterans Affairs.

The federal government has spent millions of dollars on clinics across the country to treat military and police veterans after years of criticism that it was failing those who risk their lives in the country's defence. But a December 2008 report by then-military ombudsman Mary McFadyen found some soldiers still not getting proper care. She also faulted the military for failing to create a national database to track the number of military personnel suffering psychological trauma and for delaying plans to hire hundreds of mental health experts to treat wounded soldiers.

Remote military bases in Gagetown, N.B., Shilo, Man., and Petawawa, Ont., where thousands of soldiers are currently returning home from Kandahar, have had particular difficulty attracting mental health experts.

But Sharpe disagreed with McFadyen's finding that admitting to having post-traumatic stress disorder was still a black mark on a soldier's record.

"It's no longer that badge of dishonour," he said.

The pages of the *Petawawa Post*, the military-run local newspaper, are plastered with advertisements for clinics on operational stress injury, a "Monday Meditation for the Warrior Mind," led by a military chaplain, and a course for children of deployed soldiers, "Kids have Stress Too."

Battle-scarred veterans are also sent to counsel soldiers returning from Kandahar on the signs and triggers of post-traumatic stress during a several-day rest stop in Cyprus before they return to meet their families back in Canada.

But a report about the Cyprus experience of soldiers shuttled through last August and September shows bureaucratic mix-ups may have meant substandard assistance was delivered to some soldiers and that some slipped through the cracks, according to a copy obtained by the *Star*.

The report cites some behaviour issues, such as rowdy soldiers being "injured in downtown establishments," leading to a 3 a.m. curfew. Hotel furniture was damaged, and the commanding officer noted "a growth in the number of visitors to the site, sometimes without a clear mandate."

But a good number of the 96 issues and recommendations in the military's analysis of what went right and what went wrong with the Cyprus operation relate to the shortcomings of the mental health supports set up for soldiers.

None of the mental health staff on the tour was trained in addiction counselling – a clear problem given that some troubled soldiers mask their problem with alcohol and drugs.

A staff psychologist had to leave before all the soldiers had rotated through the decompression zone, leaving the mental health team without one of its top experts. A number of soldiers were also not pre-screened for "psychosocial" problems before departing Kandahar, meaning some early warning signs may have gone unaddressed.

"Military members should be quickly screened by a (mental health) professional before they leave the theatre to briefly access their support needs during the (decompression) and their reintegration," the report says.