



Canadian Psychiatric Association
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CPA SUBMISSION

PTSD and the Military

**Presented by Dr. Don Richardson, Member, Canadian Psychiatric Association
To the Standing Committee on National Defence
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As clinicians and researchers, we have seen advances in our understanding of the effects of psychological trauma on both the mind and body. Evidence has shown that PTSD can be treated with evidence-based treatments, including pharmacotherapy and psychotherapy, which is talking therapy.

Unfortunately, treatment outcome research has consistently shown that military-related PTSD does not respond to treatment as well as civilian PTSD. The exact reason is unknown. However, it might be related to the type of trauma or the higher rates of co-morbidity seen in military-related PTSD.

Co-morbidity is when PTSD and other psychiatric illnesses or substance abuse occur together. Military-related PTSD rarely occurs in isolation, but often occurs with other psychiatric illnesses, including major depressive disorder, other anxiety disorders, and addictions. Therefore, significant work is still needed to better understand the poor treatment response in the military and veteran population and how to match the various treatment modalities to the individual seeking treatment.

As a national organization, the CPA has been a vocal advocate in promoting evidence-based treatment for PTSD and operational stress injuries. In February 2009 the CPA devoted its February publication of *Canadian Psychiatry Aujourd'hui* to the theme of mental health and the military. Last year, in collaboration with Veterans Affairs Canada, the CPA delivered a PTSD module as part of its "Perspectives in Mental Health Care". The perspectives program offers a series of continuing medical educational programs aimed at both psychiatrists and family physicians across Canada. This year's perspectives in mental health care program will again provide an update on PTSD, focusing on military-related PTSD and its effects on veterans and military members.

The CPA is also working closely with military and civilian psychiatrists to establish a CPA military and veterans section. This section will bring together both researchers and clinicians working with veterans and military members to collaborate on and provide evidence-based care and research.

The CPA would like the committee to consider four recommendations. The first is regarding screening. Although still-serving members receive post-deployment screening, periodic screening for PTSD and common co-morbid conditions such as major depressive disorder, addictions, and suicide would enhance early detection and facilitate treatment.

As well, reserve members and many still-serving members with PTSD are released and living in the community. Encouraging primary care physicians and specialists to ask patients "Have you, or anyone close to

you, ever served in the Canadian Forces?” would help open up the dialogue for primary screening of operational stress injuries. This question has been very successful in the U.S.

The next recommendation involves knowledge dissemination. Military members and veterans need to know that PTSD can be treated successfully with evidence-based treatments, including pharmacotherapy and/or psychotherapy. Clinicians also need to be aware that PTSD rarely occurs in isolation, but often presents with co-morbidity. This co-morbidity needs to be treated aggressively in order to optimize treatment outcomes, especially if they are going to get involved in trauma-focused psychotherapy—that is, talking about the traumatic event in treatment.

The next area of recommendations focuses on research. Most treatment guidelines focus on PTSD and not co-morbidity. Treatment outcome research is desperately needed to enhance our understanding of military-related PTSD and how to best tailor treatment, including pharmacotherapy and psychotherapy. Research is needed to enhance our understanding of the neurobiology of PTSD, as already indicated, risk factors and resiliency for PTSD, and how psychological trauma affects other medical conditions, such as chronic pain and cardiovascular conditions. Also, more research is needed to better understand the specific needs of reserve members.

Finally, and also very important, there is the whole issue of family support. PTSD and operational stress injuries not only affect military members and veterans but also his or her family. Often spouses and children struggle to obtain services in the community. Enhanced services to spouses and children and improved coordination with provincial community services are crucial to better meet the needs of the families, and by extension, military members and veterans.

For a complete transcript see:

<http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=6081452&Language=E&Mode=1>