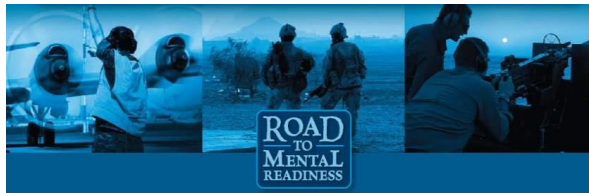




ROAD TO MENTAL READINESS

The Who, What, When, Where, and Why of Mental Health Awareness and Prevention



Lieutenant-Colonel Suzanne M. Bailey, MSW, RSW

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•What is the Road to Mental Readiness (R2MR)?

- Evidence-based Mental Health (MH) and resilience training throughout career & deployment cycle, including families
- Skill-focused, practical application, sports performance psychology skills, tailored interventions for rank/occupation/environment/task

•Goals:

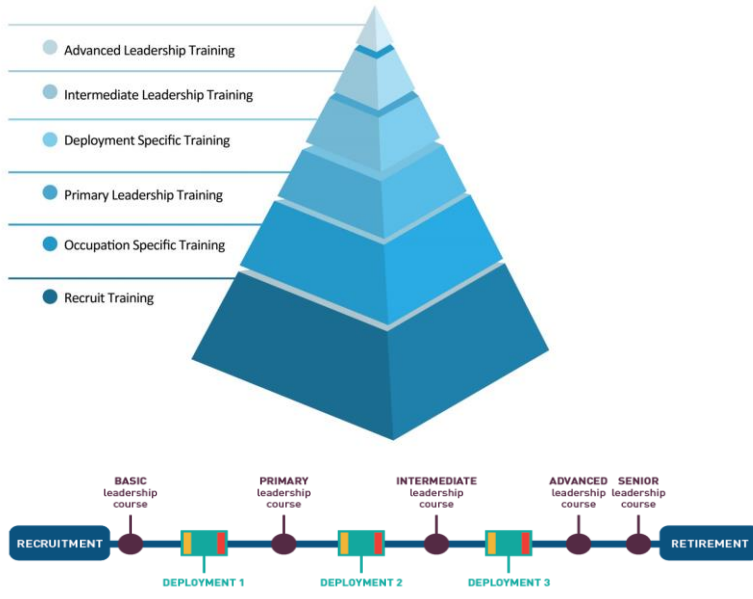
- Prevention (increase MH literacy; decrease stigma and barriers to care); and
- Performance (enhance well-being, performance, coping & resilience)

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Institutionalization of Resilience Training



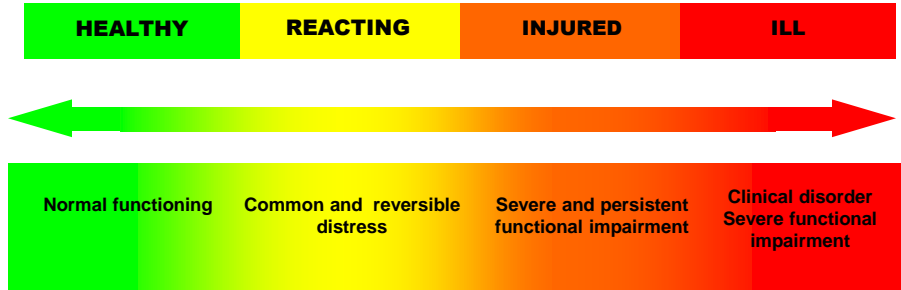
Why?



Between 84 and 96% of CF members who could benefit from mental health help do not even know they need it. (CCHS 2002)



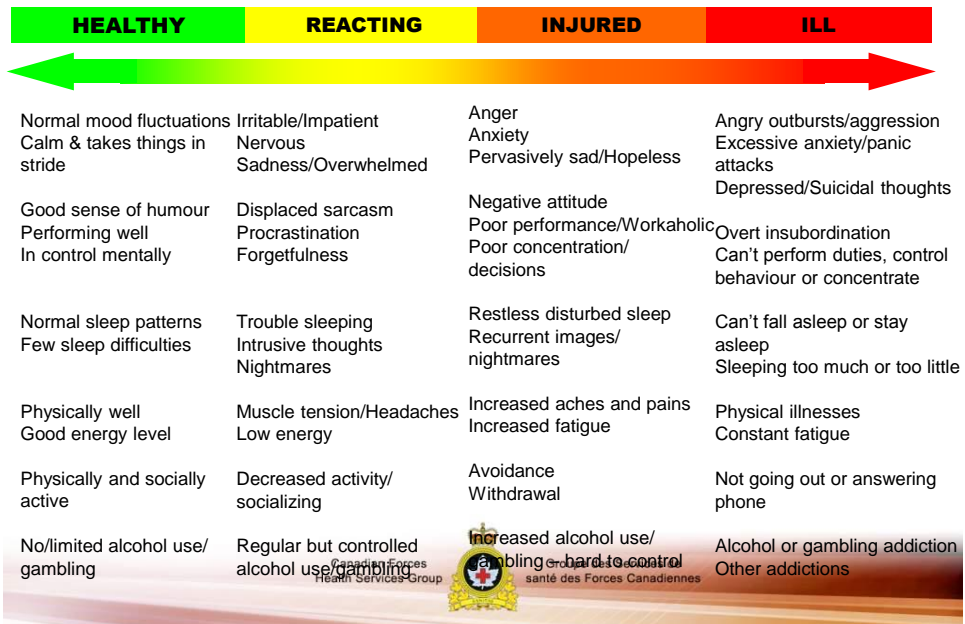
Mental Health Continuum Model



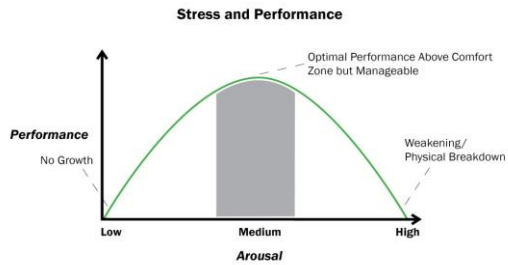
- Normalizes mental health fluctuations
- Movement in both directions: expectancy of recovery
- Earlier recognition & intervention leads to better outcomes



Monitor Health



Explanatory: How and Why?



↑stress = ↑ likelihood of choosing a risky alternative

↑stress = ↓ tolerance for ambiguity

↑stress = ↑ tendency to make hasty choice

↑stress = ↓ productive thoughts

↑stress = ↑ in distracting thoughts

↑stress = ↑ distortion in perception



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Stress or Pressure?

Stress: the wear and tear on the body caused by the need to adapt to demands in the environment

Pressure: stressful situations in which the consequences or results matter or which uncertainty or risk is present



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Benefits of learning to manage pressure

- New sense of purpose in life
- Feeling closer to loved ones
- Increased confidence
- New skills and strengths
- Spiritual growth



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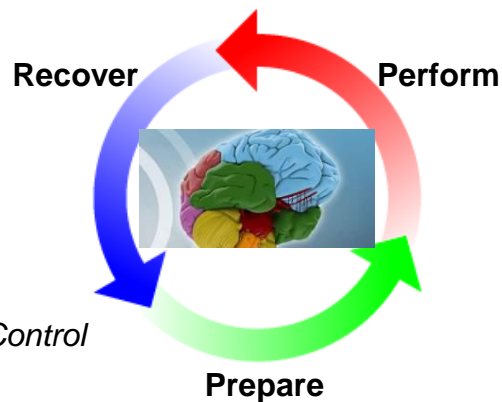


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Building Mental Resilience: Skills

The Big 4 +

- Goal Setting
- Visualization
- Self Talk
- Tactical Breathing
- + *Focus and Attention Control*



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1. Focus on your performance objectives through **goal setting**
2. Manage stress through **tactical breathing**
3. Create and use experiences in your mind through **visualization**
4. Use your awareness of your beliefs and their consequences through **self talk**
5. Concentrate on the task at hand and minimize irrelevant distractions through **attention control**

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How do we encourage development of resilience?

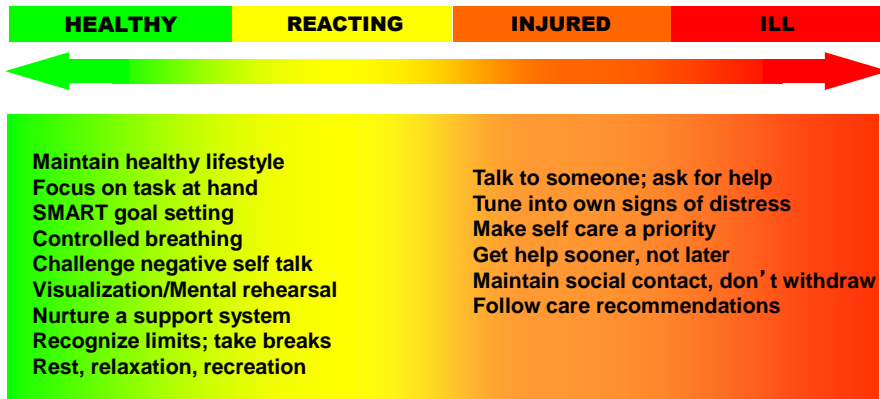
- Strengths based: existing skills & abilities
- Tangible skills to build flexible & adaptive coping
- Developmental and progressive
- Create positive expectancy
- Explain how and why
- Coach and mentor in all settings
- Realistic training and experience of failure
- Model application of skills

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Individual Responsibility



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Peer Responsibility

- Check in with each other
- Listen attentively
- Normalize feelings
- Use Big 4
 - Encourage SMART goal setting
 - Reminders to use tactical breathing
 - Challenge negative thinking
 - Give each other positive messages
- Watch for behaviour changes
- Suggest resources of support

<http://www.combatcamera.forces.gc.ca>

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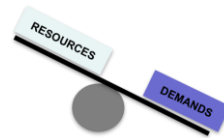
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Leadership Responsibility

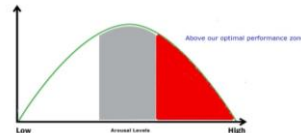
HEALTHY	REACTING	INJURED	ILL
<p>Lead by example</p> <p>Get to know your personnel</p> <p>Foster healthy climate</p> <p>Identify and resolve problems early</p> <p>Deal with performance issues promptly</p> <p>Demonstrate genuine concern</p> <p>Provide opportunities for rest</p> <p>Provide mental health first aid after adverse situations</p> <p>Provide realistic training opportunities</p>	<p>Lead to BE the Resilience Reserve</p> <p>Watch for behaviour changes</p> <p>Adjust workload as required</p> <p>Know the resources & how to access them</p> <p>Reduce barriers to help-seeking</p> <p>Encourage early access care</p> <p>Consult with CoC/HS as required</p>	<p>Involve MH resources</p> <p>Demonstrate genuine concern</p> <p>Respect confidentiality</p> <p>Minimize rumours</p> <p>Respect medical employment limitations</p> <p>Appropriately employ personnel</p> <p>Maintain respectful contact</p> <p>Involve members in social support</p> <p>Seek consultation as needed</p> <p>Manage unacceptable behaviours</p>	
Shield	Canadian Forces Health Services Group	Sense	Groupe des Services de santé des Forces Canadiennes Support

Beyond the Optimal Zone: normalizing help-seeking

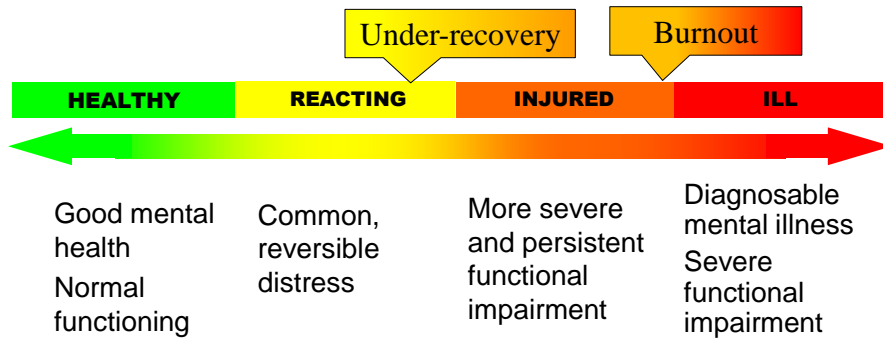
•The Big Four are helpful skills, but sometimes the demands placed on us outweigh our available resources



•Just as we go to physio for overuse injuries, we may need to seek additional resources for mental health



Mental Health Continuum Model



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Pulse Checks



- Checking your “pulse” is about knowing where the edge is and when we are pushing our limits
- Monitoring stress and energy levels, and then pacing accordingly is about awareness and vigilance; knowing when to extend yourself and when to ease up.
- Watch for:
 - Impact on performance
 - Duration of reactions
 - Intensity of reactions
 - Rumination

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When is it time to seek help?



Yellow-orange zone

- Negative feelings that persist over an extended period of time
- Decreased enjoyment
- Changes in military performance
- Ongoing sleep problems
- Physical symptoms
- Problems negatively impact relationships in your life

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Leader Actions - Sense



- Watch for behaviour changes
- Adjust workload as required
- Know resources & how to access them
- Work towards reducing stigma
- Encourage early access to care
- Consult with Health Services as required

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Barriers to Care

Leaders must address this.....

- **Prefer to manage it themselves**
 - Yes in the yellow phase of MHCM; need to seek care in the orange phase of MHCM
- **Fear of long term consequences on career**
 - Not getting help or waiting too long is more likely to negatively impact career
- **Fear of stigma**
 - Efforts in CF to overcome stigma – but understand still have a ways to go
- **Belief treatment wouldn't help**
 - Professional treatment works: the earlier the better
- **Too busy/Didn't bother**
 - Need to put health first to maintain your operational readiness
- **Fear care not confidential**
 - Only MELs are conveyed to CoC



Addressing the stigma of mental health



Gave me my life and career back.

Process of Mental Health Treatment



Once you are there half the battle is over.

It's helped me be me again. It's meant that I can be there for my family and friends.

Talking about my issues with a professional who asked the right questions and proposed logical courses of action gave me hope. Hope was a start.

It's incredible the change that is possible if one just accepts that they need help.

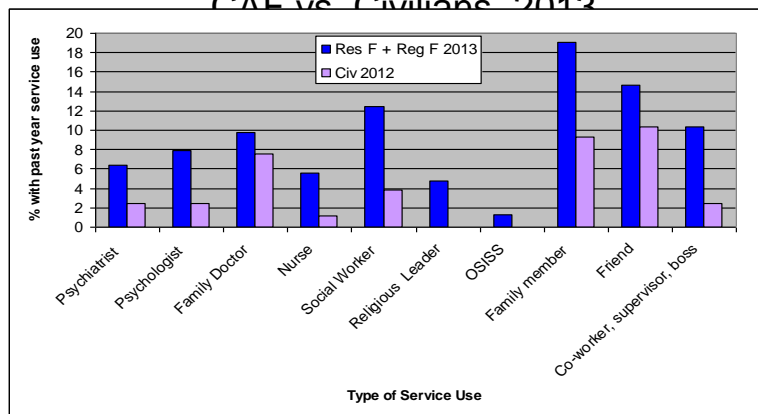
If you think you require the help of someone in mental health services, make an appointment. It is likely that there is a life changing or even life saving conversation waiting for you.

Program Evaluation

- Approximately 54000 CAF personnel received some training between 2008 and 2013; data available from 28000 (does not include DND civilians and CAF families)
- Significant increases in knowledge and confidence:
 - I have a good understanding of mental health and coping strategies.
 - I am confident in my ability to identify CF members at risk for mental health issues
 - I am confident in my ability to help CF members get assistance for MH a problem
 - It is possible for a CF member who is exhibiting the first signs of mental illness to become healthy without ever developing a full blown mental illness
- Moderate effect sizes on stigma related questions
 - I would be seen as weak if I sought help
 - I would be afraid to talk to my supervisor about a mental health issue
 - I would not be ashamed to seek help if I noticed mental health symptoms



Past-year Service Use for Mental Health Problems, by Type of Provider, CAF vs. Civilians 2013



Note: 2013 sample includes both Reg F and Res F personnel, but the findings are expected to change little when the small group of Res F personnel are taken out.

Changes in Care-Seeking

- In 2002, CAF Reg F personnel were significantly more likely to have sought care than civilians; not likely due to greater need in CAF
- CAF care seeking increased significantly between 2002 and 2013: only a small fraction of increase is likely traceable to prevalence rate increase since 2002
- In 2012/13, differences in professional service use between CAF and civilians widened dramatically between CAF and civilians widened dramatically
 - Particularly noteworthy difference in psychotherapy providers (psychologist, social worker)
 - In 2012/13, CAF personnel were much, much more likely to have turned to non-professionals for help with mental health as well

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Current Program of Study: Recruit Training

- 10 studies completed to date in preparation for Randomized Control Trial (RCT)
- To assess and improve the efficacy of any behavioral intervention, we must consider the design, delivery, receipt, and application
 - Design: is it the right content for audience and objectives?
 - Delivery: is it being delivered the way it was intended?
 - Receipt: are participants learning the required content?
 - Enactment: can they apply the knowledge and skills?

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Background and rationale for the study

R2MR key outcomes

Improve mental health literacy

Improve stress management skills

Improve knowledge and attitudes towards mental health treatment

R2MR key active ingredients

MHCM

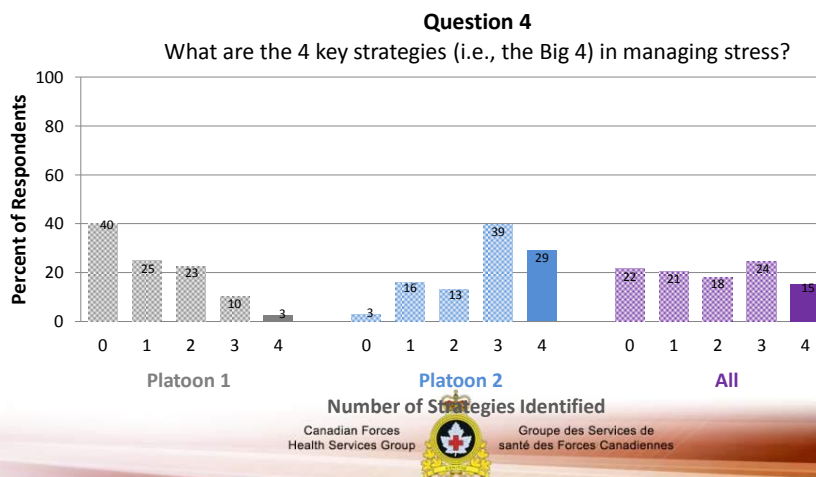
Big 4

Describe treatment, Demystifying treatment, talking about available resources, encouraging people to seek treatment when needed

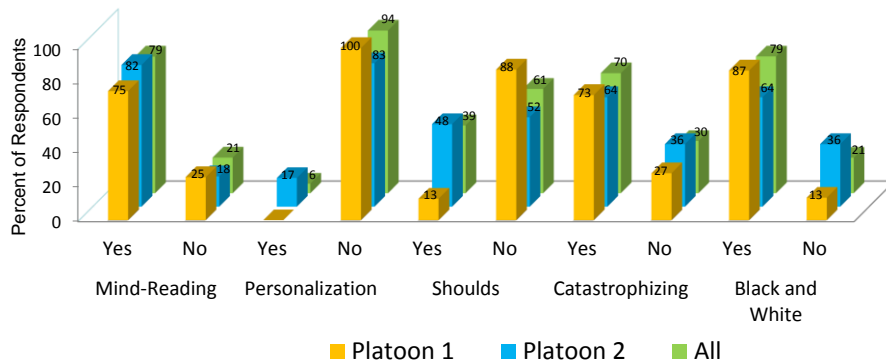


2012 Study: A Look at Receipt

If skills not practiced – they were not retained



Self-Talk Skill



Program of Study: Findings

- Design: several revisions, content optimised for 160 minute session
- Delivery: fidelity checklist and instructor training improved delivery of Big 4 skills, but instructor effect remains for self-talk and goal setting
- Receipt: timing of training changed, complex information was simplified, order of skill delivery changed, skill application increased, information being retained at 2 week quiz
- Enactment: improved with decrease in sleep deprivation, mental health literacy is good, Big 4 still has room for improvement
- Lessons learned: instructor training and fidelity checklists, timing of training (sleep deprivation), instructor effect (clinician vs. peer), skill application and practice, challenge of teaching self-talk



Challenges Remaining

- How much training is enough? Too much?
- How do we measure intermediate and final outcomes of training?
- How much of R2MR concepts and skills need to be retained in order to lead to meaningful improvements in final outcomes?
- What is happening in basic training that contributes to negative changes in attitudes toward care-seeking?
- Training and Coaching Psychological Skills: develop program for instructors in schools
- Taking the skills outside the classroom and into daily life



R2MR Mobile Application



• Supplement training using mobile application to practice and acquire the resilience skills without the need for training personnel and, overcomes typical barriers to accessing additional in-person training (e.g. travel, time, and location).

• Application offers a potentially practical and effective on-the-go aid to augment the delivery of R2MR training to trainees



