

Caring for Canadian military families

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A 32-year-old woman presents to her new family physician's office with her 3 children, aged 2, 3, and 6 years, for their initial consultation. She is married to a 34-year-old member of the Canadian Armed Forces (CAF) who has served in the infantry for 15 years. His role within the CAF means he is often away for months at a time for training or deployment to conflict zones. He recently returned home after his third deployment, this one to Latvia, which lasted 6 months.

She reports that her 2-year-old son has been slow to pick up words and does not seem interested in the same kinds of activities her older children were when they were younger. She describes her 3-year-old son as a handful who is constantly into everything and very difficult to settle, which are long-term challenges. Her 6-year-old daughter has been wetting the bed recently after years of successful night training. She has become quieter than usual and reluctant to go to school. The woman herself is struggling to understand the changes in her husband's behaviour since his last deployment.

She and the children have not had a regular family physician since they moved from Atlantic Canada to Ontario 8 months ago. She has been using walk-in clinics and hospital emergency departments for pressing health issues for her and her children. After reviewing the family's medical history, the physician realizes that many of the developmental screens and immunizations he would expect to have been done are missing. The family has moved 4 times in the past 7 years, each time to a new provincial health care system. The physician obtains consent to contact their most recent provider to get access to previous medical records. He refers the patient to the local military family resource centre (MFRC) to explore psychoeducation and counseling services available to help her better understand her husband. The physician books a longer appointment to follow up with her and the children once he obtains and reviews the medical records.

This is not an uncommon situation for military families.

In 2013, the Ombudsman of the Department of National Defence and the CAF produced a contemporary perspective on military family health and well-being titled *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*.¹ It underscored the unique constellations of stressors approximately 54 000 Canadian military families² experience—mobility, separation, and risk. This triad of factors creates a unique lifestyle that affects military families and their health throughout the serving CAF members' careers. Military families access provincial health care

systems, while serving CAF members receive federal health care through Canadian Forces Health Services Centres on bases throughout their active careers; this has resulted in concern from military families about access to high-quality, continuous health care.^{3,4}

In recent decades, the implications of being part of a military family have changed. Rather than living centralized on military bases, which was the norm up until the 1990s, most military families now live dispersed across the broader civilian community.⁵ While civilian families generally have choice as to the timing, destination, and duration of a move, military families have little choice when it comes time for a CAF posting to a new location. Military families move 3 to 4 times more often than civilian families do.⁵ Canadian Armed Forces personnel regularly spend upward of a quarter of their time separated from their families for both training and deployment.⁵ The considerable changes to the nature, intensity, and frequency of CAF operations also spill over to affect the family. Canadian Armed Forces personnel have been engaged in operations almost continuously since the 1990s, with a substantive change in their role from "peacekeepers to peacemakers to warriors"¹ that increases the risk of injury, physical and mental illness, disability, or death.¹ While military families are widely regarded as strong and resilient,⁵ many civilian family members who participated in the Ombudsman's report expressed concern that their children were "paying a price"¹ for the CAF parent's service. Moreover, when health care providers are not aware of the ways in which military life can affect families, there is a risk that this can "result in negative experiences for both service providers and the families they seek to support."⁵

What does this mean for family physicians who care for military families in Canada?

Consider the effect of high mobility on continuity of care. While actively serving CAF personnel enjoy continuity of health care provision through the federal system, their families must repeatedly navigate multiple civilian provincial and territorial health systems. The frequency of relocations disrupts access to health services⁵ including family physicians.^{2,4} For many military families, recovery of continuity will start with a visit to a new family physician; however, for many, health care access in a new province will start in the emergency department.⁶ Military family members also experience difficulty initiating or continuing care with pediatricians and other specialists.⁶

Know about the serving member's current service. Preparation for training or operational deployments,

separation during training and deployment, and reintegration with the family after the member returns home can be stressful times for all members of a military family. Research from the United States provides evidence of increased behavioural, academic, and social challenges for military-connected children and mental health concerns for spouses during military personnel deployment, and increased rates of child injury and maltreatment after deployment.^{4,7} Adolescents in military families in the United States who have moved within the previous year also have greater odds of requiring mental health services.² Based on research from the United States, the increased stressors for spouses before, during, and after deployment can potentiate the development of mental health issues and the use of mental health services.⁸ Given that the average age of military personnel when they release from service is 44 years based on recent Ontario data,⁹ the likelihood of releasing members having younger families remains high. The success of the adjustment to civilian life varies,¹⁰ and families are directly affected during the transition phase. In the case of dealing with a veteran living with posttraumatic stress disorder, for example, the spouse often assumes the role of caregiver, struggles in isolation owing to the ongoing stigma, and can experience health problems of his or her own as a result.¹¹

Anticipate potential gaps in services. Military families might be accessing medical care through emergency departments and walk-in clinics rather than through a family physician, constraining access to routine health prevention and maintenance procedures such as vaccinations and gynecologic examinations.^{1,6} They might also have delays in transfer of medical records.⁴ For families who have children with special health needs, the disruption of access to primary and specialist care can create inordinate stress, as the eligibility for and availability of services varies across jurisdictional boundaries¹²; delays in diagnoses related to school or developmental concerns might result.⁴ Language barriers might also create gaps in service and increase difficulties in communication and access to services.¹

Refer family members of military members who have service-related or other mental health problems (operational stress injuries) to military-aware mental health services and peer supports such as Operational Stress Injury Social Support or the local MFRC. Increasingly, it is possible for family members to participate in the health care of the military member and to access psychoeducational and counseling supports through the CAF Mental Health Services, including the Operational and Trauma Stress Support Centres and related services located across a number of bases (www.forces.gc.ca/en/caf-community-health-services-mental/index.page#otssc). Family members might not be aware of a range of services provided through government and other local agencies.

Building capacity in the Canadian health care system

In November 2016, the College of Family Physicians of Canada, in partnership with the Vanier Institute's Canadian Military and Veteran Families Leadership Circle, released the *Family Physicians Working with Military Families*² document to every family physician in Canada. This primer was targeted at generating awareness about the unique health needs, issues, and barriers to care military families might be experiencing, and identified some practical strategies for integrating that awareness into intake procedures.² The College recently released its Best Advice guide *Caring for Military Families in the Patient's Medical Home* as another part of their initiative with the Canadian Military and Veteran Families Leadership Circle.¹³

Making military families a priority in research and service delivery


Although the Ombudsman has called academic partners to action, gaps in our understanding of Canadian military family health issues remain. Most military family research is based out of the United States, where the military provides contiguous health care to the families¹²; given the substantial differences in the health care infrastructure available to Canadian military families, a Canadian understanding of the health issues facing military families across provinces and territories is necessary. Currently, there are no Canadian data comparing commonly experienced health problems by CAF spouses or children.

In addition to research under way within the CAF and Department of National Defence, researchers with the Canadian Institute for Military and Veteran Health Research are completing projects on military family health care use patterns and access to health services,¹⁴ mental health issues for children growing up in military families, and identifying what health care professionals require to better recognize and address health vulnerabilities experienced by military and veteran families,^{15,16} to name a few. For example, Mahar et al recently published work on access to health care for military families compared with civilians in Ontario. They reported that military family members were more likely to visit a family physician than civilians were.⁶ They have also presented data that showed that a higher percentage of military-connected children and youth visit their family physicians for mental health reasons compared with the civilian population.¹⁷ Results of studies of disease prevalence, along with many other studies, are forthcoming.

The Canadian Primary Care Sentinel Surveillance Network has received a research award from Calian Canada to develop an approach to identifying military families in the primary care electronic medical record to collect and describe their health issues.¹⁸ While this is in the early stages, the work will create a repository of primary health care data for research and surveillance.

Calian Canada has also established the Military Family Doctor Network (www.primacyclinics.ca/military-family-doctor-network) to find family doctors who will give military families priority access to care when they move from posting to posting. In similar fashion, the MFRC–National Capital Region runs Operation Family Doc in partnership with the Academy of Medicine Ottawa to connect CAF families with a family doctor (<https://www.cafconnection.ca/National-Capital-Region/Adults/Health/Operation-Family-Doc.aspx>). The collective movement forward in building capacity in military family health research, including these research projects and program initiatives, will be critical to informing family physicians about the Canadian military family experience and ensuring clinical practice meets the needs of this at-risk population.

Conclusion

There is a need to improve the understanding of the health care challenges faced by military families in Canada. The combination of mobility, separation, and risk create ongoing lifestyle stressors that have implications for health care continuity, quality, and accessibility for military families. Family physicians play a central role in providing care to this vulnerable population and must be attuned to their special circumstances and health needs. Collaboration among family physicians, agencies that serve military families, researchers, and military families looking to advance the field will help equip Canadian family physicians and their primary care teams with the knowledge to improve care for military families. We are working on creating and disseminating additional tools and resources for this purpose in the near future. Calian recently announced a new initiative, Innovation to Impact, that will use the Military Family Doctor Network infrastructure to mobilize new Canadian research findings.¹⁹ Innovation to Impact is a working group involving the Vanier Institute of the Family, the Canadian Institute for Military and Veteran Health Research, and Military Family Services. Military families face other issues when the serving member in the family releases from military service, but information about research and supports for releasing and released military families is beyond the scope of this commentary. 

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Competing interests

None declared

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