Research focus

*Making Canadian Research Meaningful to Better Serve Military Families*
*Issue 1 – May 2016*

# Military Families: Medical Releases

Families of Canadian Armed Forces (CAF) personnel face a number of unique challenges associated with the military lifestyle, not the least of which is potential illness and injury. There is increasing public attention on the challenges faced by CAF personnel who are transitioning from active service through the medical release process to Veteran status, as is concern for the families caring for these ill and injured personnel and Veterans. But who are these families, and what impact is the illness/injury having on them and on their transition process?

Outside of anecdotal feedback, much of our theoretical understanding of military families has come from research conducted in the United States with their military families. But as more Canadian research is conducted, we see considerable differences on the impacts of the military lifestyle on Canadian military families as compared to our American counterparts, presumably due to differences in socioeconomic status, culture, income levels, health care systems and military requirements and services. We are now beginning to have a clearer understanding of the realities for CAF families, and consequently of how better to serve their unique needs.

## The Numbers

About 1,000 Regular Force personnel are medically released each year for a variety of reasons (illness, off-duty injury, training or employment issues, severe injuries sustained during operations)[i]. Most of these medical releases are due to permanent physical limitations, and approximately 40% are due to psychological limitations[ii].

***Approximately 700 families are affected each year by medical releases***

Given that approximately 70% of military members have families, and on average military families have approximately 1.3 children under the age of 18, we can then estimate that each year approximately 700 military spouses and 900 children are also impacted by medical releases[iii]. These numbers increase when we consider that the informal caregivers of single military members dealing with permanent medical employment limitations are typically the parents, siblings or girlfriends/boyfriends.

## Transition Process

Most CAF Veterans report an easy adjustment to civilian life; however, approximately 25% report a difficult adjustment to civilian life[iv]. These military families require support navigating the vast array of services and benefits, establishing a new civilian identity, and connecting with new civilian service providers when additional supports are required. Those who experience difficult adjustment are more likely to be Veterans with a medical release[v]. Additionally, women Veterans and Veterans discharged for medical reasons experience a 29%-30% decline in income after release, and as such may require additional supports[vi].

Those Veterans who reported an easier transition attributed the following factors (in order of importance) to their success[vii]:

1. Satisfying employment;
2. Mental health;

3. Relationship with family; and
4. Other social support networks that support their new civilian identity and connection to community.

## Recovery Trajectory

Using an injury recovery trajectory is helpful to understanding how the challenges faced by military members and their families changes over time, especially in the context of physical injuries. The injury recovery trajectory has four phases[viii]:

1. Acute Care – the immediate life-saving and life-sustaining medical interventions that are sometimes done at a great distance from the family, especially in the case of combat injuries.
2. Medical Stabilization – the medical / surgical care that prepares the ill/injured service member to function outside the hospital environment which also often occurs away from the family, creating upheaval for partners who may have to leave their households or employment to visit the hospital and for the children who may either accompany their parents, remain at home with different caregivers or relocate to the residences of extended family or friends.
3. Transition to Outpatient Care – the plans for follow-up treatment and ongoing rehabilitation that begin prior to discharge can cause additional challenges to families who must now take on additional roles and responsibilities as they lose the resources that were available to them in the hospital setting.
4. Long-Term Rehabilitation and Recovery – the period where the ill/injured personnel learns to adapt to their illness/injury and settle into new lives, often transitioning into Veteran status, and their families must also transition to their new lives, sometimes in new communities engaging new healthcare providers. Over time, continuity of care may be complicated by changes in healthcare facilities as well as changes in family living arrangements and associated disruptions in community connections.

In the context of mental illness and psychological injuries, the injury recovery trajectory may not be as linear, as mental illness can be more unpredictable and fluctuating. So the types of support that family caregivers provide to those with OSIs, as well as their own support needs often change over time.

## Impact on Family

The impacts on the family vary depending on a variety of factors including:

- Type of illness/injury (e.g. families may be more resilient in relation to visible wounds and struggle more with changes related to invisible aspects of injury, such as irritability, rapid mood swings, emotional numbing, memory loss, and behavior control[ix]);
- Experiential differences among types of OSI conditions (e.g. depression and PTSD have different symptom profiles and hence different potential effects on behaviour, such as perpetration of physical and/or sexual intimate partner violence[x])
- Gender of the releasing personnel (e.g. males report more symptoms of alcohol abuse while females report more symptoms of depression, PTSD and generalized anxiety disorder[xi]);
- Severity of illness/injury and the functional impact on the injured person;
- Phase of the injury recovery trajectory;
- Preferences of the person living with the illness/injury;
- Developmental stage of their children;
- Pre-existing family characteristics;
- Competing needs; and
- Availability of resources and support for the family.

As there are different impacts, different support strategies will be required to meet those different needs.

From the research[xii], it is clear that there is no common effect on spouses or children. What is clear is that the behaviour and reactions of each family member affects everyone in the family system, children and adults alike, in a reciprocal fashion, and these interactions potentially support family equilibrium or lead to family disequilibrium[xiii].

In general, families caring for ill / injured CAF personnel/Veterans have the following needs[xiv]:

a) Economic needs – Employment impacts on caregivers are high, financial assistance is often required to compensate impacts and accessibility requirements, and respite care is needed.
b) Health needs – Families experience prolonged physical and mental stress and distress, and as such, require education on mental health and self-care, counselling and respite from caregiving.
c) Social needs – Families are at risk of isolation and burn out, and efforts are needed to assist families in developing connections to share, be listened to and be supported.
d) Access to services – Families need to be involved and assisted as they navigate through the vast array of services and find new civilian providers.

## Evidence-Based Strategies

Five evidence-based strategies have emerged that best promote family equilibrium and resilience under the stress of illness and injury[xv]. These strategies must be done concurrently with connecting families to supportive community and military services.

1. Educate adults and children about the impact of the illness/injury and the expected recovery process (e.g. psychoeducation).
2. Reduce family distress and disorganization through family care management and provision of practical and socioeconomic support (e.g. motivational interviewing, linkages to services and referral assistance).
3. Develop emotion regulation skills necessary for ongoing dialogue and collaboration (e.g. mindfulness-based stress reduction, cognitive behavioural therapy).
4. Promote helpful and ongoing communication about the injury that incorporates developmentally appropriate language (e.g. injury communication).
5. Encourage optimism through development of successful problem-solving and shared future goals (e.g. medical family therapy, ambiguous loss, individual placement and support).

## Implications for Service Delivery

Overall, it appears that most families of medically releasing personnel are adjusting well to civilian life without much difficulty. However some do experience challenges and require support. Medically releasing personnel and their families require support to navigate the vast array of services and benefits available to them. And they also need support to access civilian service providers. Most importantly, service delivery must adaptable to meet the wide range of family needs and responses to the variety of impacts of illness/injury and transition. The following are key principles of caring for families and children of the ill/injured[xvi]:

- Principles of psychological first aid are primary to supporting families of ill/injured personnel.
- Medical care must be family focused.
- Service providers should anticipate a range of responses.
- Injury communication is an essential.
- Programs must be developmentally sensitive and age appropriate.
- Care of the family of injured service members is longitudinal, extending beyond transition.
- Effective family care requires an interconnected community of care.
- Care must be culturally competent.
- Communities of care should address any barriers to service.

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