

Findings from the Canadian Armed Forces 2010-2015 Medical Professional Technical Suicide Review Reports: Examining Factors That May Have Contributed To Member Suicides

Human Factors and Medicine Panel HFM-275 Symposium on Military Suicide Prevention

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Background

2009 Canadian Armed Forces (CAF) Expert Panel on Suicide Prevention:

✓ Recommendation: convene a "rapid" medical professional technical (prof-tech) review of all suicides.

Medical Professional Technical Suicide Review (MPTSR)

Purpose

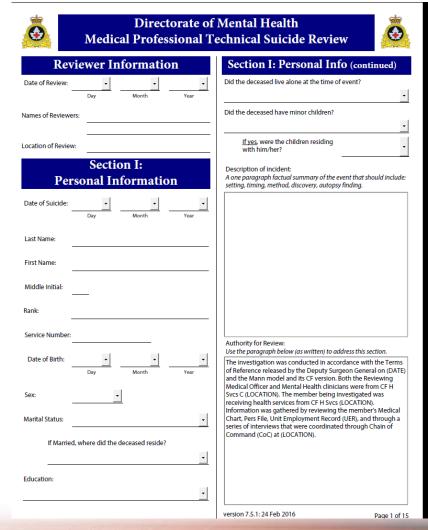
- 1. Review the quality of care provided to the deceased
- 2. Health protection
- 3. Suicide surveillance

MPTSR Process

- Military physician and mental health professional review medical / psychosocial records and conduct key interviews
- 2. MPTSR report is completed
- 3. Recommendations reviewed / actions proposed
- 4. Final copy is forwarded to Deputy Surgeon General for approval
- 5. Implementation of actions to address recommendations

MPTSR Report

- Description of Event
- Mental Health Issues and Care Received
- Medical Issues and Care Received
- Psychosocial circumstances surrounding the suicide
- Suicidal Risk Factors
- Recommendations



Canadian Forces Health Services Group

Groupe des Services de santé des Forces Canadiennes

72 MPTSRs for **Regular Force male** suicides from 2010-2015 (inclusive)

2010-2015 MPTSR Findings Overview

- CAF Regular Force males who died by suicide:
 - ➤ 20-34 year old age group
 - Junior non-commissioned members
 - > Army
 - > At least one previous deployment

2010-2015 MPTSR Findings Overview (cont'd)

- > Prior mental health / substance use problems
- Failing spousal / intimate partner relationships
- Subject to professional issues, including workplace conflict or administrative measures

Mental Health Factors: 2010-2015

Mental Health Diagnosis	Total N (%)
Substance use disorders	29 (40.2%)
Depressive disorders	27 (37.5%)
Trauma and stress-related disorders (PTSD)	19 (26.4%)
Anxiety disorders	11 (15.3%)
Personality disorders	8 (11.1%)
Trauma and stress-related disorders (other)	6 (8.3%)
Traumatic brain injury	4 (5.5%)

Work and Life Stressors: 2010-2015

Work and Life Stressors	Total N (%)
Failed/failing spousal/intimate partner relationship	29 (40.2%)
Professional issues	27 (37.5%)
Family or personal illness	19 (26.4%)
Friend/family suicide or death	11 (15.3%)
Debt	8 (11.1%)
Legal problems	6 (8.3%)

Access to Care: 2010-2015

Service	N (%) with Access Anytime	N (%) with Access Within 30 Days	N (%) with Access Within Past Year
Primary Care	63 (87.5%)	40 (55.6%)	58 (80.6%)
Outpatient Mental Health	44 (61.1%)	20 (27.8%)	36 (50%)
Psychosocial Services	32 (44.4%)	6 (8.3%)	23 (31.9%)
Addiction Treatment Services	28 (38.9%)	5 (6.9%)	21 (29.2%)
Inpatient Mental Health	19 (26.4%)	7 (9.7%)	13 (18.1%)
Chaplain Services	15 (20.8%)	7 (9.7)	13 (18.1%)

Recommendations from MPTSRs

Examples:

- Improving communication between mental health and primary care.
- Reducing stigma associated with seeking mental health care.
- Improving management of addictions.

Outcomes

Examples:

- Supported enhancements to member's electronic health records
- Supported initiatives to improve mental health literacy and de-stigmatize care-seeking
- Supported the review and standardization of addictions treatment

Questions?

