

PEER SUPPORT NEEDS ANALYSIS

INJURED SOLDIERS AND THEIR FAMILIES

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Introduction

1. This needs analysis was conducted to assess the social support needs of soldiers physically injured on operations in Afghanistan that would aid them in their recovery in accordance with the CDS' expressed intent. Injured soldiers face unique challenges such as, but not limited to; recuperating from life threatening injuries, long hospitalisations, multiple surgical interventions and long rehabilitations, to name a few. Furthermore, they find themselves being repatriated often alone and before the end of an operation to which they were deeply committed, to a family who has had to face their own ordeals from the separation, the fear for their loved one, to being informed of the injury, and adapting to these new circumstances. These situations typically create psychological stress for all. As of the 14 Feb 2007, 192 soldiers had suffered physical injuries in the Afghanistan Operations; 79 were seriously injured and repatriated to Canada, and 115 had returned to duty.
2. To ensure that the target population needs were identified in the most effective manner and within a short time line given the urgency of the situation, an analysis using focus group methodology, as well as unstructured interviews, was conducted between the 1 and the 30 March 2007. The data collected extends much further than the peer support needs of these soldiers and their families. The stories they so openly shared with us touched the many and varied aspects of their experience. The following report presents the methodology and procedure, and findings grouped in themes that emerged from the data. After each theme, a series of recommendations is listed. It is with great humility that the interview team wish to thank each and every participant for contributing to this assessment.

General Methodology and Procedure

3. A focus group, simply stated, is a research tool in which a small group of individuals engage in a roundtable discussion on a selected topic of interest in an informal setting (Krueger, 1988). The conduct of focus group meetings was chosen because it is a simple procedure that fundamentally reached out and provided team members with the opportunity to meet and listen to injured soldiers and their families; it personalized the general process of information/data gathering; and finally, it served as a clear indication that the CF cares enough to go out and visit them in their various locations and provide them a voice for their concerns and opinions. In the following section, the composition of the focus group team members, the overview of the sample, the method of selection and composition of the group participants, the interview and meeting process, the data obtained and collected, and the process of analysis and interpretation of results are presented.

Focus Group Team Members

4. The two OSISS Program Managers, the OSISS National Coordinator, a clinical psychologist consultant from Ste-Anne's Hospital/CSA, and two OSISS Peer Support Coordinators who themselves have been physically injured in previous operations conducted the Focus Group meetings and informal interviews. OSISS Family Peer Support Coordinators in Edmonton and Petawawa also assisted with the focus group and informal interviews involving family members. For a complete detailed list, please refer to Annex A.

Sample Overview

5. The participants of the study sample were the injured soldiers and members of their families within the Edmonton and Petawawa areas, where the greatest concentration of the target group is located. A third area, Shilo, was added when it was identified as a location where many injured soldiers needed to be heard. Unfortunately, it proved impossible to organise a focus group in that area given the short notice however informal interviews were conducted by the OSISS National Coordinator on site.
6. During the month of March, a total of 26 injured soldiers and 8 family members participated in the Focus Group meetings and interviews. This represents a sample of 33% of the seriously and very injured soldier population who were repatriated.

Selection of Participants and Composition of Groups

7. Administrative support was obtained from both LFCA and LFWA to organise the focus groups. Each area provided an OPI who helped contact seriously and very seriously injured soldiers and their families in their respective areas. The group format called for 10 to 12 participants; each ended up including nine injured soldiers in both locations. As some injured soldiers or their families were not available for the focus groups, efforts were made to meet in the evenings. Annex A presents the list of meetings and number of participants for each location.

Focus Group/Meeting Process and Interviews

8. Each focus group meeting began with a formal introduction by the OSISS Program Manager DND. During this introduction, the general overview and purpose of the meeting was discussed, along with the ground rules, duration of meeting, and the message was conveyed that everyone's contribution was welcomed and would remain anonymous. Each of the group team members then introduced themselves and they briefly described their role and function in the process. After this brief introduction, the facilitator (the clinical psychologist) began to conduct the focus group meeting. The main role of the facilitator was to create a relaxed environment and lead the discussion. The facilitator encouraged

all participants to engage and exchange feelings, views and ideas about their experiences. In order to establish rapport and cooperation, the moderator asked participants to introduce themselves and share their story. The facilitator basically posed open-ended questions, probed and explored feelings and ideas, encouraged elaboration, stimulated sharing of opinions, and helped to clarify their ideas and recommendations. The group discussions were generally flexible and every effort was made to hear from each participant on all of the main points surrounding the focus group questions and objectives. The focus group meetings ended with a summary of the main topics discussed and a review of every recommendation and/or suggestion made by the participants.

Data Obtained and Collected

9. The two OSISS Program Managers took detailed notes. Particular attention was paid to record statements reflecting direct recommendations and/or suggestions by soldiers and family members. All discussions were recorded in the participant's own 'language', retaining their phrases and grammatical use in order to preserve the original message(s).

Data Analysis and Interpretation of Results

10. The focus group meetings and interviews generated large quantities of rich qualitative material and the task of organizing the data, finding meaning from all the verbal transcripts, and interpreting the result findings, basically comprised three steps (Miles, M.B. and Huberman, A.M., 1994). The first step consisted of becoming familiar with what was said and to read all statements several times to gain an initial grasp of its content. The second step involved finding the main themes and categories that underlined all of the statements. This stage also required grouping all of the statements under the appropriate themes. Initially 10 themes were identified but were finally reduced to the final following categories; Peer Support, Family Support, Home Coming and Recovery, Assisting Officers, Medical Care, and Additional Issues such as Reservists, Decompression, and the Prioritizing of Injuries. Finally, drawing on the ideas generated by the comments and statements under each theme, the needs of injured soldiers and their families were identified and recommendations were formulated accordingly.

Limitations of this study

11. The purpose of the study was to identify the social support needs of injured soldiers and their families; it did not attempt to identify the gaps in the Canadian Forces and Veterans Affairs Canada organisational support systems, nor did it question the reliability of injured soldiers' assertions. Participants were simply invited to narrate their experiences, share their perceptions, and express their recommendations in whatever areas they felt could be improved upon.

12. Lastly, the usual drawback of utilizing a focus group method includes the potential influence of a discussion moderator, group organizer, or assertive group member; the difficulty of separating individual viewpoints from the collective group viewpoint; and the difficulty of obtaining a representative sample within a small focus group. In a group context, individuals may be less willing to reveal sensitive information because the assurance of confidentiality may be lost, in spite of all the efforts to assure anonymity and urging of participants not to reveal the discussions once the groups terminated.

Themes: Discussion and Recommendations

Theme 1: Peer Support

Answer to the question: What is a peer?

13. In its purest sense, a peer remains one whose characteristics and experiences are as close to one's own as possible. Injured soldiers expressed loud and clear their need to share their stories with those who have had similar experiences in Afghanistan, but they also said they needed a "trained" peer to help them get the services they needed and assist them on their road to recovery. This duality constitutes the two main themes identified by participants; (1) the need to have a peer; someone you can trust, talk to, who understands, someone with whom you can "share the story"; and (2) the need to have someone who knows of the resources, who can point you in the right direction, and who can help you get the services you need.

"The best support you have is your friends. What happened over there is pretty significant. I love being a soldier."

"We should have someone we can go to that have that corporate knowledge."

14. Over all, the consensus was that peer support was needed throughout deployment, immediately following the injury, during repatriation, upon arrival in Canada, and during recovery, covering the entire timeline. Different peer support needs were identified at different points in time: e.g. injured soldiers reported greatly appreciating the visits from their buddies while hospitalized (in KAF and in Canada).
15. Some stated that even in Germany peer support would have been beneficial:
"Peer support start in leaving Afghanistan. You have your buddies in Afghanistan".
"One half of my PTSD is due to my "getting to Germany and my time there". I could not speak the language".
16. Some injured soldiers whose medical condition did not require full medical evacuation were repatriated on commercial flights. Those we met expressed a sense of abandonment and others expressed additional feelings of being unsafe

during their travel given the severity of their medical condition and the psychological impact of their injury. Repatriation appeared to be a significant and salient experience for most injured soldiers. It appears to be a time of increased vulnerability for them.

"I was stuck in the Airport and I was not able to carry my bags across the Airport... a stranger helped..."

"If you punch someone in the face you get escorted back, if you are injured, you come back alone."

17. Back in Canada, the needs encompassed having peers to talk to and peers who would be trained to provide information and support. Most injured soldiers expressed their frustration with the perceived lack of organisational support. They described their experience of getting the services they needed as *"having to fight for everything"*. Injured soldiers found themselves in an unprecedented situation having to cope with the physical and psychological aspects of their injury, the precipitated reintegration with their families, and faced with what appeared to be a labyrinth of services, contacts, benefits, and care systems. Most have never had to deal with those systems in the past and many do not even know that they exist.

"We should... get the education down to help others."

"Peer support, why can't we do it in uniform?"

"Have Peer Support Training in the unit."

"The peer... needs to keep up on policies, news, CANFORGENs..."

"I was sent home for three months and forgotten about".

"I got more in the past hour than I did in the past four months".

Answer to the question: What source of support is most effective?

18. Many participants described a number of experiences whereby they felt many service providers did not care about their welfare, could not understand what they were going through, and/or did not really try to assist them. They described the ideal "peer" as a buddy, assisting officer, and resource specialist all rolled up into one. One of the most frequent sources of frustration concerned assisting officers, case managers, and medical care in some areas of Canada. Based on their reports of feeling like they have to fight for everything, the system in place is not providing the support they are expecting and/or require. In the cases where the assisting officers and case managers seemed very pro-active and supportive, the general comments were positive with regards to their adaptation to their new circumstances, their contact with their units, their outlook towards their future and consequently, their satisfaction that the CF was fulfilling its social contract of caring for its injured.

Answer to the question: What form would that support take?

19. As described in the above section, different needs emerged at different times in the chronology of events, from the time of injury to the present level of recovery. Initially, “buddy” support was most valued: visits from unit members, having someone they can talk to and who can assist them when required (e.g. during hospitalisation and repatriation), and last but not least, contacts with the family. Once back in Canada their experience changed and so did their needs; sudden and unplanned reintegration; physical and psychological adaptation challenges; care coordination and appointments; sick leave and isolation; and a great need for information in terms of programs, benefits and support for both soldiers and their families.

Answer to the question: Who would provide the peer support?

20. When asked if they would feel comfortable with receiving peer support services from an OSISS PSC, the responses were mixed; some soldiers felt that they could easily connect and that it would be most effective given their knowledge base and their own experience; *“they speak our language”*. Others were comfortable with the PSCs’ competencies in terms of resources but felt that not having an Afghanistan experience interfered with their capacity to connect as “peers”; *“ we want someone as close to us as possible ”*.

21. OSISS PSCs have all suffered from an Operational Stress Injury and are at a point in their recovery where they can help others on their own road to recovery. Some have suffered from physical injuries as well during their tours, but the majority have not been involved in Afghanistan Operations. It usually takes a number of years from the injury to the recovery before they join OSISS with full time employment in the program. Future PSCs will more likely possess the Afghanistan experience identified as an important characteristic for a “peer” as expressed by some soldiers, however, this is not the case at the present time.

22. One of the many functions of PSCs and FPSCs is to “refer” and to direct peers towards available resources. They are a wealth of information on DND and VAC policies, programs and services, and they are well connected to the civilian services in their areas and communities. This expertise can certainly meet the injured soldiers need for information and access to resources and their own experiences would also connect them with many injured soldiers, but not all.

23. It is impossible at this time to have an estimate of how many physically injured soldiers also have a psychological injury. In our focus groups, a considerable number of them spoke of having received a diagnosis that falls within the definition of an operational stress injury, but it was also clear that not all of them did. The following recommendations take into account the variety of needs expressed and reviewed above.

Recommendations

24. Given that peer support is part of the continuum of care and does not replace professional medical, psychological, administrative or spiritual help, the recommendations for peer support are as follows:

For repatriation:

25. Considering above reports of difficulties encountered during their travels back to Canada, it is recommended that a peer escort all injured soldiers during repatriation, be it through Germany, on commercial flights or by other means. The specific need expressed for this part of their journey is one of having a “buddy” who can offer understanding and practical assistance. This escort could be assigned from either theatre or the rear party. A soldier, who has been injured but has recovered, could also fulfil this role.

For recovery:

26. In keeping with the two main themes emerging from the data in terms of peer support, it is recommended that a physically injured soldiers’ peer-support program be created. This component would employ injured soldiers as peers, in uniform, as volunteers, or possibly under the return to work program, be screened as per existing OSISS policies, and receive the OSISS peer support training.
27. It is recommended that a pro-active process be implemented that would ensure all seriously injured soldiers are provided with assistance (in person), and accurate and timely information. This mandate could be given to OSISS in collaboration with the Assisting Officers (discussed further in this report).
28. It is further recommended that standardised peer support training (such as that offered at the National Center for Operational Stress Injuries, Ste-Anne’s Hospital) be considered for integration in unit or pre-deployment training as is already done in some areas.

Theme 2: Family Support

“My parents, they did not know what to do with me...”

29. Two main themes emerged from the discussions over family issues; one that concerned problems surrounding information and communication and the second, which was related to emotional support. Although we did not meet with a large sample of family members (8), many of the soldiers participating in the focus groups spoke of their families’ needs.

Answering the question: Is there a need for family peer support?

30. We heard numerous stories of families being misinformed: one family received notification of injury for a soldier who was not their son; another heard of the

injury on the news before being notified; and another received completely mixed-up information about repatriation. Once notified, some family members were left with no contacts to obtain updates on the soldiers' conditions. Many reported getting wrong information about the injuries themselves and wished they could have spoken to a medical doctor or health professional.

"...we would like to have a phone number to call for more info... often at first we are under shock and cannot think."

"Need to be given the facts. If they don't have them, need to tell us that."

31. Some families were assured that during deployment, the deployment support group would communicate with them once a month. This did not always occur. Another family reported receiving the calls even after their injured son had been repatriated to Canada. This lack of communication and miscommunication by the military organisations greatly frustrated the participants who experienced these problems.

32. When they have to travel to Germany, family members need support for the many things they require done. One family reported they received complete support and assistance from the CF in this area;

"We may be able to help prepare other families who have to go to Germany, prepare them on what to expect."

33. Family members also expressed how unprepared they were to seeing their injured loved ones, as well as receiving and taking care of them once back home from hospitalisation.

"My mother could have benefited from counselling and support from someone."

"If we have not been impacted psychologically, our families sure have."

"Being on sick leave was the hardest, my wife does not understand".

34. All the family members that were met expressed their need to be informed accurately; to have a contact person to speak to prior to repatriation; having someone to help them prepare for homecoming and reintegration; and provide further information during recovery and what the future may hold for them given their loved one's injury.

Recommendations:

35. It is recommended that free telephone lines (with time limits) be made available to injured soldiers in KAF and Germany in order to easily contact their families.

36. It is recommended that the process of informing families of the injury be reviewed and a telephone number be provided for them to contact and obtain further information about the health status of the injured, the repatriation process,

as well as to have contact with a designated health professional in KAF or Germany.

37. It is recommended that a pro-active process be implemented that would insure all families of injured soldiers are provided with assistance (in person), and accurate and timely information. This mandate could be given to OSISS in collaboration with the Assisting Officers (discussed further in this report).

Theme 3: Home Coming and Recovery:

38. Home Coming is important to all soldiers. For the soldiers in these groups, the home coming surrounding the medical repatriation back to Canada was not always a positive experience. They expressed sadness for not being able to finish their tour and leaving their buddies behind on the battlefield; they worried about their future and the impact of the injury on their ability to do their job, and the subsequent impact on their military career; and they felt a sense of failure for being injured and “letting everyone down”.

39. They spoke about how their lives have been changed forever and how peer support from their buddies would be one of the most important services needed in their road to recovery.

“It helps to be able to talk to someone who understands what you are going through and who will not judge you. You need your buddies on your long, hard road to recovery.”

40. For many, the long recovery process following repatriation to Canada had many challenges. One focus group that included the parents of one injured soldier, spoke about the good medical care received in hospital as well as during the period of rehabilitation at a local rehabilitation treatment centre. However, once this period of rehabilitation ended, and medical care and therapy must continue on an outpatient basis, the challenges became much greater.

“We should not rush out of hospital, there should be a team put in place who will line up all the resources.”

“There should be short term assistance for some, and long term assistance for others.”

41. Once discharged to home, there is a need to attend rehabilitation therapy and to go to many medical appointments. One focus group expressed gratitude to their Unit, their buddies, and even an Assisting Officer, who were all helpful in different ways for the injured soldiers to attend to this phase of their recovery. However, others reported that they received no assistance and they were left to manage this phase on their own. Parents of an injured soldier expressed concern for those soldiers who live at a far distance from the main treatment centres and who may

not be as fortunate as their son to have a strong family support system, or have a family who can actively participate in assisting them in their long road to recovery. It was identified that the level of family support available to individual soldiers varies greatly, and there is a need to ensure that those with serious injuries reach their optimum level of recovery prior to any decision to release from the military. That is, there is a need to ensure that the individual is as prepared as possible to live with the lasting results of their injury.

42. To be injured or injured in combat changes a soldier's life forever. The government helps to relieve the impacts of the injury by offering a whole range of benefits and assistance. However, navigating through the maze of the many programs available and "which" government department is responsible for "what", is extremely challenging, especially when soldiers and their families are focused on recovery.

"The leg work you have to do on your own when you return, it is not worth it. You should not have to go to 23 people to get services. It needs to be well drawn out. It should not be the injured soldier to do all the legwork. You are always chasing people around."

43. Many soldiers emphasized that this journey to recovery often involved a lot of physical pain, and required a great deal of strength. Many did not feel supported by the very organizations that are there to support them. A number of soldiers expressed concern that they had to prove to Veterans Affairs that they were in Afghanistan, as well as having to prove they had a serious injury when it was obviously visible to them, that is, "obvious scars and loss of eye, limb".

"You have to fight for everything. When you go to Veterans Affairs you are told, 'Your Unit is supposed to do it. The Unit says it is Veterans Affairs. They are 'passing the buck'. Someone has to step in and say, 'I will do it'."

44. Some soldiers expressed concern that when they went to Veterans Affairs the services are difficult to obtain. One soldier reported, "It took months to get approval for snow removal." He stated that he really needed this service two months before VAC finally granted approval. Many stated that there is a need for VAC to provide the services required by the seriously injured as soon as possible, and that they should not be subjected to having to prove 'all of this' prior to VAC granting approval.

"So much fighting of the system, red tape. I have to prove to you (Veterans Affairs) I was wounded in Afghanistan."

45. A number of the injured soldiers reported they were given a Veterans Affairs package when they returned to Canada. However, they did not know whom, or could not remember who gave them the package, and furthermore, they did not understand what it contained. "When I got back, I got a package of stuff. I did not

understand half of it.” All this material was reported to be overwhelming and would require some kind of explanation. The explanations never came in a number of situations.

“I never heard of OSISS, I never heard of the Centre, I never heard of the CFMAP. I got more in the past hour than I did in the past four months.”

46. They identified the need for someone who could provide information, resources, and reassurance as they are struggling toward recovery.

“There should be a proactive contact person. You need to get clear information. There are too many people to know and meet; we need to have better coordination.”

“After the experience myself and my family have had to go through in serving my country in a proud and noble profession, to feel as if we had been better off coming home in a pine box! Because of the treatment we were not given and the help that we needed at the time was not there.”

47. The injured soldiers in this sample clearly expressed their desire to get better and the need to return to work as soon as possible. They indicated that in certain areas they see themselves as being labelled for being injured and not being able to do their job.

“Some think that when you are on sick leave you are on a vacation. You are suffering physically and emotionally. You get up at 7:00 am and you go to the hospital for three to four hours of physio and this is very hard work. Often you have many other medical appointments, and they call this ‘sick leave’. They should call this ‘recovery leave’.”

48. They just wanted what they described as ‘a normal day’ and did not enjoy being on sick leave. If they do need to be on sick leave, they expressed a desire to have something meaningful to do, such as taking courses that would assist them when they return to work. They identified the therapeutic value of work. It was reported that being able to work makes you feel as if you belong, are contributing and makes you feel worthwhile.

“Sick leave is hard and lonely. There is no support, no contact. We need to go on courses so we will learn something and it will benefit the Unit, this need to be mental training and not physical training.”

49. The majority of the injured soldiers in the Focus Groups were looking forward to a long and successful military career. When young men and women go off to serve their country, many of them give little thought to what will happen when they come home. Faith and trust binds the soldier to the country. Recognition of their injury/injuries in serving their country is important to their rehabilitation, recovery, acceptance and quality of life. Many felt that the injured are hidden.

“My tour has not ended; I am still trying to recover. There is no closure to the tour.”

50. They expressed a desire to recognize and remember the killed and injured Canadian soldiers in Afghanistan on Remembrance Day. One soldier reported that, *“My Unit sent members to their home town for Remembrance Day to be with their families and other Veterans. This was good closure. Wish they would do this every year.”* Others suggested that, *“All wounded Afghanistan Veterans should go to Ottawa every Remembrance Day, just to show us and the country. This should include both the physical and the psychological wounded.”*

In summary the Focus Groups identified:

51. A need for active management of their care on Home Coming to ensure that the seriously injured soldiers and their families have access to all the information and assistance they will need to guarantee their optimum recovery and the best quality of life; and
52. The need to develop a process of celebrating the return from combat of injured soldiers so that the value of their contribution cut short by serious wound or injury, and in some cases death, is formally recognized and remembered.

RECOMMENDATIONS

53. It is recommended that a coordinated team approach involving the major organizations (DND and VAC) be adopted to support the seriously injured soldier from the repatriation out of Afghanistan to their full rehabilitation to the extent possible, whether it is return to duty in the Canadian Forces or full participation to the extent possible as civilians.
54. It is recommended that DND and Veterans Affairs Canada explore ways to formally recognize and remember the Canadian soldiers who serve the nation in Afghanistan.

Theme 4: Assisting Officers

55. The general opinions of the injured soldiers and their families regarding the function and performance of the AOs varied significantly. They ranged from comments reflecting a general sense of satisfaction to more pronounced negative comments with reports clearly indicating feelings of frustration and discontentment.
56. With reference to positive comments, there was one account by a family, which reported a very adequate to superior service that was provided by their assigned

AO. Their comment was, *“Our AO was wonderful..., and we as parents have nothing to complain about”*. In fact, they indicated that their AO provided them not only with all the timely services they required, but they also found him extremely accommodating and able to impart the family *“an abundance of attention and care”*. In contrast to this positive account, a majority of comments obtained were generally critical and negative of AOs. Some soldiers and families complained that their AOs were not helpful and did not assist the injured soldiers appropriately, while others commented that the period of availability by the AO was short lived, with comments such as, *“The AO was there for one week,...that's it”*, *“the AO was very busy...as a result I ended up doing my own groundwork and search (SISIP/VAC services)”*; and *“my AO picked me up at the airport, but otherwise was useless”*. One of the injured soldiers sadly claimed that he had no contact with an AO, and he stated, *“I never saw an AO, I was repatriated due to the sudden onset of a medical condition and I never saw one”*. Though he did not have an AO, he stated that he would have most likely benefited from one.

57. A second set of negative comments that emerged from the meetings consisted of issues surrounding the training and qualification(s) of the individuals assigned to the duties of AOs. Some of the comments representing this view were:

“AOs have to be (better) educated...a guy that was wounded would make a good AO.”

“it would be awesome to have an AO and peer support in the same person.”

“AOs are not trained or qualified.”

“AO (work) is not psychological support...(AOs) are most often not qualified.”

“AOs go from good to horrible.”

58. The main duty of an AO is to be the CO's representative to the injured and his/her family but, in fact, their duties and assignments are very complex and multifaceted. From the onset of an injury, a soldier is appointed an AO that is expected to be both a resource person with timely information to the soldier and next of kin (NOK) and to provide support and realistic reassurance to individuals who are most likely distraught, confused, and “in shock”. The task of an AO is enormous: for example, an AO has to be fully informed on the injured soldier's status throughout the time of their assigned duty; they have to meet the injured soldier upon return to Canada; liaise with medical authorities; assist in coordinating with the reception team; work with casualty support and administration; communicate and support the family throughout the process of repatriation and recovery; and they have to be knowledgeable of CF and VAC benefits. Though the work of an AO is extremely intense, demanding, and intrinsically important and essential in the recovery process of an injured soldier and his/her family, it is still considered to be a secondary task to one's regular CF duties.

59. All current policies and procedures regarding the role and function of AOs are certainly well intentioned and sound. However, as more and more soldiers are injured and the situation continues to escalate, it might be timely to review and consider alternative AO models that are operational in other countries in order to improve the overall efficacy and services of our AOs.

Recommendations:

60. It is recommended that the role and function of AOs be clarified and strengthened to meet the growing demands for their services. A review of other AO models for assisting injured soldiers could provide important additional functions and improvements in training, qualifications, and role as AOs.
61. Option I: The duty and function of an AO could be delegated the status of primary duty. The current status of AO task as secondary duty may no longer be applicable in view of the changes that are occurring in CF theatre today and the complex demands to provide the best possible care to our injured soldiers.
62. Option II: The role of the AO could be revised to more realistic tasks. While continuing to serve as the CO's representative, the AO could be seconded by DCSA Detachments.

Theme 5: Medical Care

"If the soldier can stay in theatre, keep him there"

"When in the hospital a mental health worker came to talk to me and gave me info on the other wounded, told me what was going on. That was good."

"Hospital comforts were great."

63. Injured soldiers discussed their medical care in theatre, during repatriation, upon arrival back in Canada, and during recovery. Generally speaking, injured soldiers expressed satisfaction with the medical care they received in KAF and in Germany. However, many injured soldiers reported not being able to communicate with their families as much as they would have liked to while in those locations. In terms of medical evacuation and repatriation for medical reasons, injured soldiers need to be better informed by care givers about what is happening to them, what is happening to their buddies, what their families have been told. However, it is upon their arrival in Canada that their comments differed considerably. Some soldiers being hospitalised in civilian facilities reported receiving excellent care, while others did not receive the level of care they were expecting. It is important to note that the differences in reports could be attributed in part to the locations where these soldiers were receiving care. The Edmonton area has extensive and easily accessible facilities while Petawawa and Shilo are more isolated and may have limited resources. Positive feedback about

medical care was more frequent in the Edmonton area than in Petawawa and Shilo.

64. An injured soldier explained that he had been informed that he had to be seen by a doctor or medical authority as soon as he arrived in Canada, and that arrangements had been made from theatre. When he arrived, there were no such arrangements.

"I was supposed to be met by a medical person at the airport, they did not show."

65. One soldier arrived on a Friday and was brought to the military medical clinic but because it was already afternoon, the staff asked him to return on the Monday. Since his home was far away, he spent the whole weekend alone in the single quarters. Others reported they were sent home too early.

"Before sending someone home, make sure it is possible to be home"

66. Many told of not understanding the medical system with which they have had very little interaction in the past. A few reported fearing reprisals if they expressed their dissatisfaction.

"I don't know who to talk to. (In all of my career)... I had two sick days in the military prior to my injury. Should be a mandatory psychiatrist appointment and not with a social worker and not in the military."

"Level of service depends on the doc you have"

"I had to crawl around on my ass, when they came with the wheelchair, I had already graduated to crutches."

"A lot of the issues come up suddenly (i.e. relapse), need to have a direct line"

"Appointments are hard to get and often get cancelled"

67. Some reported, waiting for weeks for appointments if not months; having to wait for four hours in the waiting room while having an anxiety attack; and feeling like the system did not care anymore. Many reported receiving no help on these matters either from their Assisting Officer or the CF Case Manager. Others reported good care and follow-ups.

"Case Manager should see you a second time. On the first visit you are often disoriented due to injury and flying 20 plus hours back home.. . Can't recall what was said."

"I have not heard from the Case Manager in three months."

Recommendations

68. It is recommended that a review be conducted of the present medical care delivery processes with particular emphasis to soldiers located in more isolated areas in order to ensure adequate levels and access to Medical care.

69. Frequent, regular, and pro-active follow-ups by case managers are recommended for all injured soldiers, including those undergoing rehabilitation (both as in and out patients).

Theme 6: Additional Issues

70. The following are expressed concerns that do not specifically fall within previous categories but are as important in the process of caring for our injured soldiers.

6A Contract renewal and benefits for Reservists

71. There were a few reservists in our sample; one was fully satisfied with both the care and the contract renewal process while in treatment and during recovery. Others expressed different levels of frustration with their attempts to have their contracts renewed while trying to get better. Their insecurity with regards to finding themselves without a contract, only added to the stresses of recovery, and uncertainty with regards to their future.

“There should be no difference (in benefits) between Reg Force and Reserve when it comes to wounded... there should be no contract issues.”

“I am trapped, I want to get better but cannot think of the future.”

“I am left with a bitter taste.”

Recommendation

72. It is recommended that the contract renewal process for Reservists be reviewed for ease and flexibility during their recovery and rehabilitation.

6B Decompression

73. When soldiers are repatriated to Canada because of an injury, they do not participate in a decompression or transition process. They reported that given their involvement in operations and their experience of being injured and being pulled out of their unit, their reintegration is even more complex and difficult. They usually come back alone and are faced with the complexities surrounding their injuries and the uncertainty of their future. One injured soldier who had had the opportunity to join his unit on Third Location Decompression in Cyprus reported how useful it was for him, *“I could see myself on some of those slides... I learned something.”* Many recommended that if their medical status permitted travel, injured soldiers should be sent back to Cyprus with their platoon for third location decompression, not only for their own benefit but also to help prepare their buddies as to what to expect upon their return. *“The wounded get none, they need it too.”*

Recommendation

74. It is recommended that the practice of including injured soldiers who can travel to Cyprus, to participate in the Third Location Decompression with their unit/platoon/section, be implemented. It is further recommended that those who cannot medically travel back to Cyprus for decompression due to medical reasons, be provided with a decompression program in Canada.

6C Prioritizing of Injuries

75. Several injured soldiers reported they perceived that some wounds were more honourable than others, or that by virtue of whom they knew, or how vocal they were, these soldiers received more services than other soldiers just as seriously injured, "*Some soldiers get more attention than others.*"

Recommendation

76. It is recommended that the chain of command ensures there is equal care and recognition of all injured soldiers regardless of the nature of their injury.

Conclusion

77. The information presented in this report is based on first hand accounts of injured soldiers from Afghanistan. The Interview Team attempted to present as accurately as possible the testimony of those interviewed. All of the issues raised during the focus group meetings and informal interviews merit careful consideration as we strive to continuously improve the care of injured soldiers and their families.
78. Social support is a major factor in determining the outcome of a wide range of problems, and serious injury is no exception. Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope and mentorship to others facing similar situations. The results of this needs analysis clearly indicate that providing peer support to injured soldiers and their families is essential. Injured soldiers and their families also identified that the numerous agencies providing valuable services to them complicated their access to these services, through lack of coordination. Delivery of accurate and timely information, coordination between services, as well as proactive, regular and frequent follow-ups are required to ensure that soldiers are cared for from the time of the injury to recovery.
79. The requirement for this needs analysis was determined in part by a proposal for a peer visitors' program for amputees. Injured soldiers did speak of their need to be visited by their buddies, unit peers and families. It is probable that amputees have

special needs in that area and that contact with a peer amputee would meet that need.

80. In summary, the needs analysis team recognises that some of the issues presented in this report may have already been addressed as the organisations providing these services gain experience and learn from current practices and gaps. Considering that many of these issues fall outside of the OSISS and DCSA's mandates, it is suggested that appropriate authorities be tasked to examine and implement the recommendations presented in this report.

References

1. A Framework for the Implementation of Peer Support for Wounded Soldiers, OSISS February 2007.
2. Krueger, R.A. (1988) Focus groups: A practical guide for applied research. Newbury Park, CA: Sage.
3. Miles, M.B. and Huberman, A.M. (1994). Qualitative data analysis, 2nd Ed.,Newbury Park, Ca: Sage.

Annex A

Focus groups:

Petawawa, day of the 1 March 07

1. Participants: 9 injured soldiers
2. Focus group team included: one psychologist VAC, OSISS PM VAC, National Coordinator, Peer Support Coordinator Kingston, Peer Support Coordinator Gagetown. After 3 hours of discussions, four participants had to leave at lunchtime, there remained five participants. The OSISS PM DND and the Family Peer Support Coordinator Petawawa joined the group for the remainder of the afternoon.

Petawawa, evening of the 26 March 07

3. Participants: 3 injured soldiers, 4 parents, and 1 spouse
4. Focus group team included: one psychologist VAC, OSISS PM VAC, OSISS PM DND, National Coordinator, and Family Peer Support Coordinator Petawawa.
5. All participants attended whole focus group.

Edmonton, day of the 8 March 07

6. Participants: 9 injured soldiers
7. Focus group team included: one psychologist VAC, OSISS PM VAC, OSISS PM DND, National Coordinator, Peer Support Coordinator Kingston, and Peer Support Coordinator Gagetown. All participants remained for the whole discussion.

Informal interviews:

8. Edmonton, evening 8 March 07
9. Participants: 2 parents of injured soldier
10. Interview team included: one psychologist VAC, OSISS PM VAC, OSISS PM DND and the Family Peer Support Coordinator Edmonton.
11. Edmonton, evening 8 March 07
12. Participant: 1 injured soldier
13. Interview team included: OSISS National Coordinator, Peer Support Coordinator Kingston.
14. Shilo, day of the 29 March 07
15. Participants: 3 injured soldiers, 1 family member
16. Interview team included: National Coordinator and Peer Support Coordinator Winnipeg.

Annex B

Recommendations

Peer Support

For repatriation:

1. Considering above reports of difficulties encountered during their travels back to Canada, it is recommended that all injured soldiers be escorted by a peer during repatriation, be it through Germany, on commercial flights or by other means. The specific need expressed for this part of their journey is one of having a “buddy” who can offer understanding and practical assistance. This escort could be assigned from either theatre or the rear party. A soldier, who has been injured but is recovered, could also fulfil this role.

For recovery:

2. In keeping with the two main themes emerging from the data in terms of peer support, it is recommended that a physical injured soldier’s peer-support program be created. This component would employ injured soldiers as peers, in uniform, as volunteers, or possibly under the return to work program, they would be screened as per existing OSISS policies and receive the OSISS peer support training.
3. It is recommended that a pro-active process be implemented that would ensure all seriously injured soldiers are provided with assistance (in person), and accurate and timely information. This mandate could be given to OSISS in collaboration with the Assisting Officers.
4. It is further recommended that standardised peer support training (such as that offered at the National Center for Operational Stress Injuries, Ste-Anne’s Hospital) be considered for integration in unit or pre-deployment training as is already done in some areas.

Family Support

5. It is recommended that free telephone lines (with time limits) be made available to injured soldiers in KAF and Germany in order to easily contact their families.
6. It is recommended that the process of informing families of the injury be reviewed and a telephone number be provided for them to contact and obtain further information about the health status of the injured, the repatriation process, as well as to have contact with a designated health professional in KAF or Germany.

7. It is recommended that a pro-active process be implemented that would insure all families of injured soldiers are provided with assistance (in person), and accurate and timely information. This mandate could be given to OSISS in collaboration with the Assisting Officers.

Home Coming and Recovery

8. It is recommended that a coordinated team approach involving the major organizations (DND and VAC) be adopted to support the seriously injured soldier from the repatriation out of Afghanistan to their full rehabilitation to the extent possible, whether it is return to duty in the Canadian Forces or full participation to the extent possible as civilians.
9. It is recommended that DND and Veterans Affairs Canada explore ways to formally recognize and remember the Canadian soldiers who serve the nation in Afghanistan.

Role of the AO

10. It is recommended that the role and function of AOs be clarified and strengthened to meet the growing demands for their services. A review of other AO models for assisting injured soldiers could provide important additional functions and improvements in training, qualifications, and role as AOs.
11. Option I: The duty and function of an AO could be given the status of primary duty. The current status of the AO task as a secondary duty may no longer be applicable in view of the changes that are occurring in theatres of operation and the complex demands related to providing the best possible care to our injured soldiers.
12. Option II: The role of the AO could be revised to more realistic tasks. While continuing to serve as the CO's representative, the AO could be seconded by DCSA Detachments.

Medical Care

13. It is recommended that a review be conducted of the present medical care delivery processes with particular emphasis on soldiers located in more isolated areas in order to ensure adequate levels and access to Medical care.
14. Frequent, regular, and pro-active follow-ups by case managers are recommended for all injured soldiers, including those undergoing rehabilitation (both as in and out patients).

Additional Issues

Reserves

15. It is recommended that the contract renewal process for Reservists be reviewed for ease and flexibility during their recovery and rehabilitation.

Decompression

16. It is recommended that the practice of including injured soldiers who can travel to Cyprus, to participate in the Third Location Decompression with their unit/platoon/section, be implemented. It is further recommended that those who cannot travel back to Cyprus for decompression due to medical reasons, be provided with a decompression program in Canada.

Prioritization of Injuries

17. It is recommended that the chain of command ensures equal care and recognition of all injured soldiers regardless of the nature of their injury.