



## **Evaluation of the Princess Patricia's Canadian Light Infantry Volunteer Patricia Program and Mental Health Suicide Awareness Workshops**

20 February 2020

### **Executive Summary**

The Princess Patricia's Canadian Light Infantry Association (PPCLI Association) initiated Mental Health Suicide Awareness (MHSA) Workshops in June 2017 under the auspices of its Volunteer Patricia Program (VPP). After delivering the program for over two years and helping numerous veterans and their families, it was determined that the VPP and MHSA workshops should be reviewed using an evidence-based model.

VPP was created in 2003 with the goal of supporting the well-being of Patricias who had served in Afghanistan and to assist their families. In 2006, Operation Small Pack took place as a VPP activity when the Regiment started taking significant battle casualties. After 2006, the VPP expanded as predominately peer support and was intended to provide information / referral services to veterans, families and survivors however, it was not well known. Branch VPP reps would investigate requests for support, gather and collect information and documents to justify assistance and provide direct assistance when feasible and appropriate.

In 2017, VPP was revitalized when it was decided to shift focus to a community-based peer support approach in order to support the general well-being of Patricias, veterans and their families. In October 2017, VPP facilitated the first MHSA workshops to train volunteers on how to assist veterans.

In May 2018 and May 2019, the PPCLI Association participated in two national Veteran and Public Safety Provider peer support workshops that were hosted by the Canadian Institute for Military and Veteran Health Research with support from VAC<sup>1,2</sup>. The May 2019 workshop discussed ways to collect and evaluate evidence for programs like the VPP, which led to this evidence assessment. Participants at the workshop called for a national venue to share resources and best practices among community-based peer support programs like the VPP.

This document is the first step in conducting an evidence-based analysis of the VPP and its MHSA workshops. It provides an overview of how Association volunteers learned about Mental Health and how they were able to assist veterans and their families with their various issues. It must be highlighted that Association volunteers are not Mental Health experts. They

---

<sup>1</sup> <https://cimvhr-cloud.ca/reports/suicidePrevention-report-2018.pdf>

<sup>2</sup> <https://cimvhr-cloud.ca/reports/leadByExample-report-2019-12-04.pdf>

are volunteers who are willing to help veterans and their families access the support resources they require.

As of 31 December 2019, eight workshops have been conducted with a total of 174 participants, of whom 118 were retired or serving Patricias, at a cost of \$49,835.68. Using VAC's Veterans' Well-Being Framework, the evidence shows that VPP volunteers helped peers with more than just mental health issues. They also helped peers who had problems in other domains of well-being, including employment/purposeful activities, life skills/preparedness, physical health issues, social integration, housing, finances and cultural/social environment. This paper reviews the cost to conduct the workshops, and fundraising challenges faced by a volunteer organization.

The PPCLI Association and its workshops have a link to the CAF and VAC Joint Suicide Prevention Strategy through direct contribution to the Strategy<sup>3,4</sup> and through activities that support two Lines of Effort in the Strategy (Line of Effort 1: Communicating, Engaging and Educating, and Line of Effort 2: Building and Supporting Resilient CAF Members and Veterans). The challenge now, is to engage the wider veteran community to provide peer support for the well-being of veterans and their families.

It is the view of the PPCLI Association that the VPP Peer Support workshops help to operationalize the VAC well-being framework and the CAF / VAC Joint Suicide Prevention Strategy, and that it would be useful to share this MHSA workshop model with other veterans' associations. The integration of other veterans' associations into a National framework would enhance the reach, effectiveness and sustainability of Peer Support and volunteer human resources over the long-term and expand access to funds to support the program.

## **Background**

The VPP grew out of a need to support wounded Patricias who served in Afghanistan. Its initial focus was providing short term or immediate assistance to wounded soldiers. As the Afghanistan war drew to a close, VPP went into a hiatus. It was not until after Canada had withdrawn from Afghanistan that it became obvious to the PPCLI Association that veterans and families needed long-term assistance in accessing resources and support.

In response to a tragic suicide by a member of the South West Ontario (SW Ont) Branch of the PPCLI Association, in January 2016, a review of veterans' suicide prevention programs was initiated. The purpose was to determine the extent of the problem and to identify what, if anything, the PPCLI Association could do to assist in suicide awareness and prevention. Over the next year, the SW Ont Branch researched the issues and produced a discussion paper titled "Healthy Soldiers, Healthy Veterans – Suicide Awareness and Prevention".

---

<sup>3</sup> <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/caf-vac-joint-suicide-prevention-strategy.html>

<sup>4</sup> Heber, Alexandra. Personal communication. 5 January 2020



On 10 June 2017, the paper was presented at a PPCLI Association facilitated Mental Health Workshop conducted as part of its National Annual General Meeting (AGM) at Niagara-on-the-Lake. The workshop included presentations by Dr Alexandra Heber, Chief Psychiatrist of Veterans Affairs Canada, Col Rakesh Jetly, Senior Psychiatrist of the Canadian Armed Forces, Veterans Affairs Canada Deputy Minister Walt Natynczyk, Debbie Lowther, Co-Founder of VETS Canada and a veteran who is still recovering from PTSD. The intent of the workshop was to examine how the PPCLI Association and other like-minded groups could raise Mental Health and Suicide Awareness (MHSA).

At the 2017 AGM, it was decided that the PPCLI Association would take a proactive approach towards MHSA. This would be accomplished by conducting a series of workshops across Canada with the initial aim of training Branch members and VPP Coordinators on how to recognize and assist in resolving Mental Health issues, while at the same time helping released or retired members in obtaining assistance. There are 13 PPCLI Association Branches across Canada and one virtual or e-member Branch. Due to the geographic dispersion of Branches, it was decided that workshops would be held in central locations. The PPCLI Association would subsidize travel, accommodation and meals for individuals from outside the local geographic area.

At the 2019 AGM, PPCLI Association members approved the conduct of one regional MHSA workshop per year, alternating between Eastern and Western Canada. In addition, up to 50 members per year will attend the Applied Suicide Intervention Skills course. The intent is that four or five members per branch attend the same course in order to continue team building and provide additional tools to our volunteers.

In May 2018 and May 2019, the PPCLI Association participated in two national Veteran and Public Safety Provider peer support workshops that were hosted by the Canadian Institute for Military and Veteran Health Research with support from VAC<sup>5,6</sup>. Those workshops showed that CAF Veterans are providing peer support from their homes in communities across Canada. The workshops also showed that these peer supporters want to share their practices to learn from each other and want to learn how to collect and evaluate evidence to help them develop their programs. Participants at the workshops called for more work to support the evolution of community-based peer support initiatives like the VPP, including the development of national guidelines, and some kind of national venue for sharing best practices. Experts at the May 2019 workshop explained how community peer support groups can collect evidence to guide the development of their work. The advice at that workshop led to this assessment of the evidence for the VPP.

### **Veterans Community-Based Approach to well-being**

Well-being can be viewed as how people are doing in the seven key domains of Health, Social Integration, Housing, Cultural and Social Environment, Finances, Life Skills and Employment/Sense of Purpose.<sup>7</sup>

---

<sup>5</sup> <https://cimvhr-cloud.ca/reports/suicidePrevention-report-2018.pdf>

<sup>6</sup> <https://cimvhr-cloud.ca/reports/leadByExample-report-2019-12-04.pdf>

<sup>7</sup> <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/transition-guide/well-being-framework.html>



There is a need for an easily understood, simple framework to assist veteran community members to find ways to assist in supporting the well-being of veterans and their families, as a buffer against suicide. The PPCLI Association has started to develop evidence to guide development and improvement of the existing VPP, using evidence-based evaluation techniques, and the principles of peer support. Peer support has a recognized value in promoting mental health and in helping veterans. The Operational Stress Injury Social Support (OSISS) program has a decades-long history of providing peer support to both CAF members and VAC clients who suffer from Operation Stress Injuries.<sup>8</sup> As well, the Canadian Mental Health Association's (CMHA) website provide excellent background information on peer support.<sup>9</sup>

The peer support volunteer provides emotional and social support to others who share a common experience. Peer support programs work by offering people support, encouragement, and hope that recovery is possible. Peer support considers the well-being of the whole person and focuses on health and recovery rather than illness and disability, in order to assist people in finding their own path to recovery. There is no "one-size-fits-all" approach to peer support. It can take many different forms and be offered wherever people need it, such as in the VPP.

There are many examples of a veteran community-based approach, such as the first PPCLI Veterans support clubs which were created in 1917 as World War 1 veterans returned to Canada and were having problems reintegrating into civilian life. Community-based peer support can play a role in suicide prevention by assisting veterans to have better well-being, as a buffer against suicide.<sup>10 11</sup>

The PPCLI Association discussion paper "Healthy Soldiers, Healthy Veterans – Suicide Awareness and Prevention" highlighted the "**Healthy Soldier Effect**". This equates to the initial screening and selection, mental and physical training, general fitness, medical care, comradeship, sense of purpose and leadership that exists in everyday life for those who are serving. On release or retirement, most of these stabilizing factors disappear and can problems arise for some. The discussion paper proposed that the PPCLI Association could contribute to a "**Healthy Veteran Effect**" by providing peer support or comradeship, a sense of purpose, leadership, fitness motivation and support to veterans.

The VPP goal is to enable Patricias to support the well-being of veterans who are experiencing problems. The aim of MHSA workshops is to raise awareness with respect to Mental Health and Suicide while at the same time providing volunteers with an understanding of what agencies currently exist to help veterans and families with well-being challenges.

---

<sup>8</sup> <https://www.cfmws.com/en/AboutUs/DCSM/OSISS/Pages/Background.aspx>

<sup>9</sup> <https://peersupportcanada.ca/>

<sup>10</sup> Thompson JM, Heber A, VanTil L, Simkus K, Carrese L, Sareen J, Pedlar D. Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans. *J Mil Vet Fam Res*. 2019. <https://jmvfh.utpjournals.press/doi/abs/10.3138/jmvfh.2018-0020> <https://doi.org/10.3138/jmvfh.2018-0020>.

<sup>11</sup> Caine ED, Reed J, Hindman J, Quinlan K. Comprehensive, integrated approaches to suicide prevention: practical guidance. *Injury Prevention*. 2018;24(Suppl 1):i38-i45. <http://dx.doi.org/10.1136/injuryprev-2017-042366>.

## VPP MHSA Workshops

The VPP MHSA workshops are a combination of the two-day Mental Health First Aid (MHFA) Course for Veterans and a third day which consists of guest speakers and a review of VPP veteran case studies.

The MHFA course was designed by the Mental Health Commission of Canada (MHCC)<sup>12</sup> in conjunction with VAC with input from a number of stakeholders including veterans, veterans' organizations and pilot testing. The MHCC goal is to improve our collective capacity to recognize and assist with addictions, as well as mental health problems and illnesses, by supporting veterans in the application of evidence-based practices in service delivery, the workplace and personal interactions.

Day three of the workshop consists of guest speakers from various Veteran Support Agencies such as the VAC Operational Stress Injury Clinics (OSI), VETS Canada, Operational Stress Injury Social Support (OSISS), SISIP/ Support Our Troops, Wounded Warriors Canada (WWC) Veterans Transition Network (VTN) and Royal Canadian Legion (RCL) Service Officers who brief on types of issues that they have encountered and how they assist veterans in need. This is followed by a review of case studies involving various veterans that the PPCLI Association has assisted over the past two years. The intent of day three is to ensure that volunteer peer supporters have a basic understanding of where to go to seek assistance in resolving a veteran's well-being issues; the nature of problems that they might encounter and the self confidence to assist veterans in need.

The PPCLI Association has engaged other Associations to adopt or consider the VPP model as a way to help their members. Four different Associations have attended the PPCLI Association workshops, unfortunately to our knowledge they have not actively pursued the issue.

### Workshop Participants

As of 31 December 2019, eight workshops have been conducted across Canada with a total of 174 participants, consisting of 131 males and 43 females (Table 1).

**Table 1. A breakdown of the participants by workshop location.**

Location	Dates	Participants			
		PPCLI	First Responders	Others	Total
Edmonton, AB	22-25 Oct 17	10	0	8	18
Victoria, BC	23-25 Mar 18	12	1	7	20
Gagetown, NB	7-9 Sep 18	13	1	5	19
Calgary, AB	21-23 Sep 18	13	2	8	23
Kingston, ON	19-21 Oct 18	20	1	6	27
London, ON	5-7 Apr 19	18	3	7	28
Winnipeg, MB	26-28 Apr 19	19	1	1	21
Merritt, BC	27-29 Sep 19	13	1	4	18

<sup>12</sup> A detailed explanation on the course content can be found at <https://www.mhfa.ca/en/course-type/veteran-community>



<b>Totals</b>	118	10	46	174
---------------	-----	----	----	-----

A breakdown of the “other” category is as follows:

- a. Serving Military or retired – 9;
- b. Police (RCMP, OPP and local) – 7;
- c. Other Associations (RCR, CSOR, LdSH (RC) and Cdn Army Veterans Motorcycle Club – 7;
- d. General Dynamics Land Systems Canada – 7;
- e. Medical or Social Workers – 6;
- f. Veteran Support agencies (VETS Canada, RC Legion and local church) – 6
- g. Medical Marijuana employees – 5;
- h. EMS – 3;
- i. VAC – 2; and
- j. Lakeland College – 1.

Invited guest speakers provided information to trainees at the various workshops, covering a wide range of perspectives (Table 2).

**Table 2. Guest speakers by workshop.**

Location	Guest Speakers								
	Regt Vets Care Cell	VETS Canada	OSISS	Alberta OSI Clinic	VTN	RCL	VAC	Wounded Warriors	SISIP Support Our Troops
Edmonton	X	X	X	X	X				X
Victoria	X	X	X			X	X	X	X
Gagetown		X	X		X	X			X
Calgary	X	X	X	X	X				
Kingston		X	X		X	X			X
London			X				X		
Winnipeg			X			X	X		
Merritt	<b>There were no guests speakers, previous presentations were successfully utilized.</b>								

### Veterans assisted by VPP Volunteers

It is not known exactly how many veterans and their families have been assisted by VPP volunteers peer support since the PPCLI Association has not established a formal reporting system for Branches to report at the local level.

We have documented 64 cases where assistance was provided by the PPCLI Association between June 2017 to December 2019. 56 males and 8 females were helped, of which 51 were affiliated with the PPCLI, 9 were affiliated to other Regiments and 4 were not veterans. 27 individuals were referred by family or Association members, 15 by the PPCLI Regimental Veterans Care Cell, 13 by VETS Canada and 9 from other agencies.

The VAC/CAF well-being framework<sup>13</sup> was used as a guide in assessing veterans' well-being issues which ranged across the domains of Health, Social Integration, Housing, Cultural and Social Environment, Finances, Life Skills and Employment/Sense of Purpose (Table 3).

**Table 3. A detailed breakdown of the well-being issues encountered in those assisted by VPP peer support.**

VAC Well-being Domain	Issue	Number of Veterans*
<b>Health</b>	Addiction	15
	Physical health	27
	Mental health	27
	Suicide thinking or attempts	5
<b>Social integration</b>	Lack of peer support	9
	Family issues	8
	Marital issues	10
<b>Housing/physical environment</b>	Homeless	19
<b>Cultural/social environment</b>	VAC claims	15
	Health services	2
<b>Finances</b>	Funds needed	17
<b>Life skills and preparedness</b>	Transition	6
	Education / job training	4
	Lifestyle	3
<b>Employment/purposeful activity</b>	Problems with employment or finding purposeful activity	7

\* Veterans with multiple problems counted more than once.

37 of the 64 cases were primarily resolved by peer support, while the remaining 27 involved multiple types of support as follows:

- a. Enhanced support from VAC – 15;
- b. Financial – 13; and
- c. RC Legion assistance – 11.

As of 31 December 2019, the outcomes for the documented cases were:

- a. Ongoing – 10;
- b. Resolved – 40;
- c. Closed, no improvement – 5;
- d. Closed, not a veteran – 4; and
- e. Unknown due to inability to maintain contact with veteran – 5.

<sup>13</sup> <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/transition-guide/well-being-framework.html>



## **Workshop Expenses**

The PPCLI Association covered participant costs to attend the various workshops. Specifically, accommodation with the proviso that it is two to a room in order to reduce costs. The transport reimbursement was initially \$0.42 per km but that became too expensive. For the last workshop in Merritt BC, the PPCLI Association paid actual gas and ferry costs, one night's accommodation for those travelling 500 km or more and economy airfare for those travelling by air. It should be noted that about 10% of participants did not claim any travel or meal expenses.

The total expenses incurred to date were \$49,835.68, a detailed breakdown can be found at Annex A. The cost of workshops ranged from a low of \$1,474.32 to a high of \$10,234.84 with an average cost of \$7,119.38. The breakdown by category is as follows:

- a. Accommodation and Parking \$18,527.33;
- b. Meals which includes a catered lunch for the workshops \$9,656.72;
- c. Travel costs \$20,998.67; and
- d. Admin costs and facility use \$652.96.

Costs for the instructor and course materials are funded by VAC as part of the Joint Suicide Prevention Strategy. If the PPCLI Association had to cover these costs it would be about \$4,000 per workshop, depending upon travel and accommodation.

To date the PPCLI Association have not paid for guest speaker expenses. As the workshops progressed, we have retained copies of the various presentations and developed an internal library. There were no guest speakers for the Merritt workshop. However, the use of previous presentations was sufficient to brief participants as to what services the various agencies provided. In fact, it was easier to focus on how PPCLI Association volunteers could interact or engage the support agency to help a veteran in need since we did not highlight all of the activities that the respective agency conducted.

## **Fundraising**

In October 2017, when the PPCLI Association began the MHSA workshops, funding was a significant issue. Initially funding came from the PPCLI Association Operating Fund since the conduct of MHSA workshops was not an approved CRA charitable object. In December 2018, CRA approved MHSA training as a charitable object.

In March 2017, a request was submitted to the Bell True Patriot Love (TPL) Fund for a grant of \$24,000 for MHSA workshops. In November 2017, TPL provided a \$14,000 grant in support of the Kingston and Winnipeg workshops. The funds had to be disbursed to the PPCLI Association via Wounded Warriors Canada because at that time we did not have CRA approval to use charitable funds for the conduct of MHSA training. In December 2017, a member of the PPCLI Association made a personal, non-tax receipted donation of \$12,500 to the PPCLI Association Operating Fund to assist with costs of 2018 MHSA workshops.

In 2019, requests were submitted to the following organizations requesting grants in support of MHSA training:



- a. Bell TPL fund \$7,000 grant approved;
- b. General Dynamics Land Systems Canada \$5,000 grant approved;
- c. Cubic Field Service \$2,500 grant approved;
- d. PPCLI Foundation supported in principle but no funds available;
- e. PPCLI Patricia Fund supported in principle but no funds available; and
- f. Calian no response.

In addition, a number of PPCLI Association Branches and some of its members became actively involved in local fundraising after witnessing the success and positive impact of the MHSA training on reducing Mental Health stigma and how it helped veterans and their families. They donated the following in 2019:

- a. Individual donation \$7,500;
- b. Kingston \$4,000;
- c. SW Ontario \$2,805;
- d. Edmonton \$2,000;
- e. Atlantic \$1,600; and
- f. Calgary \$500.

In summary, fundraising in 2017 and 2018 got off to a poor start and if not for a private donation of \$12,500 we may not have been able to conduct all the workshops. In 2019, members and Branches were seeing the impact of the workshops and we had sufficient data to substantiate grant applications to various organizations.

## Challenges

There are four significant challenges with respect to the MHSA workshops. These are:

- a. **Branding.** After two years it has become clear the use of the term Mental Health and Suicide Awareness Workshop is not an accurate description. The workshops consist of the Mental Health First Aid Course for veterans followed by presentations from various veteran support agencies and case study reviews. The evidence shows that the volunteers are helping veterans with well-being problems in several domains, not just health. A better description would be “Veterans community peer support approach to well-being in all areas of life, with an emphasis on mental health” and so a better title for the workshops might be: “VPP Peer Supporter Workshop”;
- b. **Funding.** It has been a significant challenge to raise the funds needed to host the workshops. It is estimated that the PPCLI Association will require \$20-25,000 a year to carry on with MHSA training;
- c. **Volunteer engagement.** Since everyone is a volunteer, it is a challenge to ensure that they remain engaged with veterans; that they provide long-term peer support and do not suffer from volunteer burn out; and
- d. **Extended outreach.** Engaging the wider Veteran community, including other Military Associations in providing community-based peer support to veterans and their families.

## Next Steps

The next steps in this process are:

- a. Conduct a survey of workshop participants to learn the types of participants, their retention of knowledge learned in the workshops, and whether the workshops enabled them to help veterans;
- b. Conduct a survey of people who have been assisted through the VPP to learn their characteristics; find out whether they felt they were helped and determine what assistance they still require;
- c. Engage the CAF, VAC and wider veteran peer support community in Canada, including other Military Associations, share resources and lessons learned by requesting the opportunity to brief at Divisional Honourary Colonels conference; and
- d. Secure funding for further workshops.

## Summary

The PPCLI Association cannot confirm if we prevented a single suicide since there is no way to measure this. However, we believe that in the majority of cases, veterans and their families have better well-being after receiving peer support assistance. The VPP program has exceeded initial expectations as demonstrated by the high level of interest from PPCLI Association members. We have assisted at least 60 veterans. However, it is more likely that we have assisted over 100 since veterans assisted at the Branch level or by individual members are not always reported. The training provided has helped remove some of the stigma associated with Mental Health problems, while at the same time providing volunteers with the self-confidence and tools to assist veterans and families suffering from well-being challenges.

It is the view of the PPCLI Association, that the VPP Peer Support workshops help to operationalize the CAF / VAC Joint Suicide Prevention Strategy, and that these workshops could be a useful model for other veterans' associations. The integration of other veterans' associations into a National framework would enhance the reach, effectiveness and sustainability of Peer Support and volunteer human resources over the long-term and expand access to funds to support the program.



Paul Hale  
President  
PPCLI Association

## Acknowledgment

Dr. Jim Thompson, Research Medical Consultant at the Canadian Institute for Military and Veteran Health Research, assisted the PPCLI Association in the development of this report.

## Attachments

Annex A – Detailed Costs by Workshop Location



Annex A – Detailed Costs by Workshop Location

Location	Dates	Costs					Remarks
		Accn and Parking	Meals	Transport	Admin	Total	
Edmonton	25-25 Oct 17	440.00	219.06	815.26	0.00	\$1,474.32	BComd waived admin costs
Victoria	23-25 Mar 18	1,620.00	525.00	1,350.14	0.00	\$3,495.14	BComd waived admin costs
Gagetown	7-9 Sep 18	1,265.00	850.00	3,311.35	80.64	\$5,506.99	BComd waived admin costs
Calgary	21-23 Sep 18	2,654.74	2,175.22	5,404.88	0.00	\$10,234.84	
Kingston	19-21 Oct 18	972.20	1,294.94	2,393.60	310.57	\$4,971.31	Funded by TPL and BComd waived admin costs
London	5-7 Apr 19	3,502.00	620.00	1,790.56	0.00	\$5,912.56	GDLS-C provided facility and lunch at no expense
Winnipeg	26-28 Apr 19	4,628.73	1,700.00	1,758.18	0.00	\$8,086.91	Funded by TPL
Merritt	27-29 Sep 19	3,444.66	2,272.50	4,174.70	261.75	\$10,153.61	Partially funded by TPL
Subtotals		<b>\$18,527.33</b>	<b>\$9,656.72</b>	<b>\$20,998.67</b>	<b>\$652.96</b>	<b>\$49,835.68</b>	
Average		\$2,646.76	\$1,379.53	\$2,999.81	\$93.28	\$7,119.38	