



National
Defence

Défense
nationale

Chief Review Services Chef - Service d'examen

CRS  CS Ex

Department of National Defence
&
Veterans Affairs Canada

Interdepartmental Evaluation of the
OSISS Peer Support Network

January 2005

1258-138 (CRS)



Canada 

SYNOPSIS

A strong social support network is a key determining factor in returning Canadian Forces (CF) members and retirees suffering from Operational Stress Injury (OSI)¹ to good health and helping them stay healthy. Recognizing this, the Operational Stress Injury Social Support (OSISS) Project was initiated in 2001 under the direction of the Director, Casualty Support and Administration (DCSA) in the Department of National Defence/Canadian Forces. One of the main components of the OSISS mandate was the creation of a national Peer Support Network (PSN) for injured Canadian Forces members, Veterans, and their families. The PSN is a partnership and cost-sharing initiative between DND and Veterans Affairs Canada (VAC). It is the only common and continuous formal social support capability that a CF member and/or retiree suffering from OSI experiences in his/her recovery and/or transition from regular service to retirement.

The PSN consists of 13 Peer Support Coordinators (PSCs) distributed across Canada, plus one National Coordinator. The main PSC role is to offer social support to serving and retired CF personnel suffering from OSI, such as post-traumatic stress disorder (PTSD). Their role is to listen, assess and refer.

Overall, the Peer Support Network has been successfully implemented and is contributing effectively to meeting the social needs of CF/Veterans with operational stress injuries. While the initial implementation of the network was both difficult and complex, the situation has improved dramatically over time. Early program issues/risks have been and are being addressed, including an improved Peer Support Coordinator selection process and enhanced safeguards to maintain the health of each PSC. Governance and funding issues still exist, and recommendations have been made to advance key areas, including performance measurement and resource allocation.

Other recommendations have also been put forward at the program level, to ensure that specific risks and constraints are addressed. These recommendations include: the identification of clear and specific OPIs for OSI/PSN in DND and VAC; standardizing and clarifying handover protocols between DND and VAC; developing a team approach to OSI care and support; and, maximizing the use of civilian health and social support to complement DND/VAC resources.

¹ An Operational Stress Injury (OSI) is any persistent psychological difficulty resulting from operational duties performed while serving in the Canadian military. The term is used to describe a broad range of problems which include diagnosed medical conditions such as anxiety disorders, depression and post-traumatic stress disorder (PTSD) as well as other conditions that may be less severe, but still interfere with daily functioning.

(www.vac-acc.gc.ca/clients/sub.cfm?source=mhealth/definition) 21 December 2004.

The way ahead for this joint initiative between DND/CF and VAC should include the following key activities:

- *Clearly identify OPIs and accountabilities for OSI within DND and VAC;*
- *Develop and ratify a formal Memorandum of Understanding between the two Departments to clarify responsibilities and participation in governance, planning, funding and delivering the PSN program;*
- *Confirm the PSN Logic Model including specific PSC objectives, and then develop appropriate PSN Performance Measures;*
- *Rationalize the number of PSCs, and the location and level of formal support required, e.g., through volunteers and/or health care professionals; and*
- *Develop and implement a communications strategy and plan.*

TABLE OF CONTENTS

RESULTS IN BRIEF	I
Introduction	I
Background	I
Overall Assessment – In Brief	II
Principal Observations	II
Main Recommendations	III
Management Action Plan.....	IV
OVERALL ASSESSMENT	1
EVALUATION BACKGROUND.....	2
Evaluation Scope.....	2
Evaluation Approach.....	2
Evaluation Context.....	3
Operational Stress Injury	3
Peer Support Network Client Base	4
Social Support	4
Mental Health Care.....	5
OSI Peer DND/VAC Transition	7
Future Trends	8
EVALUATION RESULTS	9
Effectiveness of DND/VAC Cooperation.....	9
Impact of Management Activities and Governance on PSN Effectiveness	10
Conduct of PSC Activities/Operations	12
PSN Support of their Peers	14
Data Collection	15
Impact of PSN on Peer Support Coordinators	17
Family Social Support Requirements.....	18
Web Support for PSN*	20
PSN Sustainability	21
Related Issues and Constraints.....	22

ANNEX A – OPERATIONAL STRESS INJURY – PSN LOGIC DIAGRAM A-1
ANNEX B – PSN EVALUATION DOCUMENTS REVIEWED B-1
ANNEX C – PSN EVALUATION LIST OF INTERVIEWEES C-1
ANNEX D – OSISS-PSN GLOSSARY D-1

RESULTS IN BRIEF

INTRODUCTION

This report presents the results of a Department of National Defence (DND) and Veterans Affairs Canada (VAC) Interdepartmental Evaluation of the Operational Stress Injury Social Support (OSISS) Peer Support Network (PSN). The overall OSISS initiative was started in May 2001 by the DND's Assistant Deputy Minister (Human Resources – Military) (ADM(HR-Mil)) and is under the management of the Director, Casualty Support and Administration (DCSA). One of the main components of the initiative, and the subject of this evaluation, is the creation of a national Peer Support Network (PSN) for injured Canadian Forces members and Veterans as well as their families. The PSN is a partnership and is cost-shared between the DND and VAC.

Where ADM(HR-Mil) is the champion for this initiative for DND, Assistant Deputy Minister Veterans Services (ADM VS) has this role in VAC. Similarly, DND's DCSA counterpart in VAC is Director, Canadian Forces Services (DCFS). The DND and VAC have been working as partners, under the guidance of an inter-departmental Steering Committee, in establishing and managing the PSN. Notwithstanding important progress that has been made, the evaluation highlights some governance challenges and recommends that a more integrated DND/VAC approach be taken.

DND and VAC launched a Peer Support Network pilot in February 2002 at four locations across Canada. Implementation appeared to be successful and well received, with a subsequent roll-out to nine other sites. An evaluation of the pilot was not conducted. However, ADM(HR-Mil) requested that the Chief Review Services (CRS) consider an evaluation of the in-situ OSISS/PSN project. An Evaluation was subsequently provided for in the CRS Work Plan for 2003-2004, approved by the Deputy Minister/Chief of the Defence Staff (DM/CDS). Working in partnership, DND and VAC engaged Fujitsu Consulting to conduct an evaluation of the PSN component of the OSISS.

BACKGROUND

A social support network is a key-determining factor in returning CF members and retirees to good health and helping them stay healthy. The PSN is the only common and continuous formal social support capability that a CF member and/or retiree suffering from operational stress injuries (OSI)² experiences in his/her recovery and/or transition from regular service to retirement.

² An Operational Stress Injury (OSI) is any persistent psychological difficulty resulting from operational duties performed while serving in the Canadian military. The term is used to describe a broad range of problems which include diagnosed medical conditions such as anxiety disorders, depression and post-traumatic stress disorder (PTSD) as well as other conditions that may be less severe, but still interfere with daily functioning.

(www.vac-acc.gc.ca/clients/sub.cfm?source=mhealth/definition) 21 December 2004.

The PSN is a network of 13 Peer Support Coordinators (PSCs) distributed across Canada, plus one National Coordinator. Their main role is to offer social support to serving and retired CF personnel suffering from OSI, such as post-traumatic stress disorder (PTSD). PSCs are veterans who themselves have suffered from OSI, are currently seeing some mental health professional, have regained control of their situation and are now being employed by DND.³ The 13 current locations of PSCs are: Esquimalt, Vancouver, Edmonton, Winnipeg, Borden, Petawawa, Kingston, Valcartier, Gagetown, Halifax, St Johns/Newfoundland, Montreal and South Western Ontario (Hamilton/Mississauga). The role of the PSC is to Listen, Assess and Refer. Where volunteers are available, PSCs are supported by Peer Support Volunteers (PSVs).

There are over 900 individuals, serving or retired, that are registered in the OSISS database (April 2004). Approximately 46 per cent are serving CF members and 54 per cent have retired from the military. Included among the serving members are veterans – i.e., former Canadian Forces and Reserve Force members who meet DND's military occupational classification requirements and have been released with an honourable discharge.

The OSISS program costs a total of \$2.6M a year, of which \$1.6M is required for the PSN. Currently VAC funds approximately \$500K of the OSISS-PSN costs, with DND providing \$1.1M.

OVERALL ASSESSMENT – IN BRIEF

The Evaluation shows that the Peer Support Network is a key element of the social support structure for CF/Veterans affected by OSI and that it is contributing effectively to meeting the social support needs of CF/Veterans with operational stress injuries. Nevertheless, overall PSN program effectiveness does have the potential to be enhanced through the program adjustments recommended by this evaluation. Looking into the future, as the PSN program requirements evolve, the current funding will need to be re-assessed.

PRINCIPAL OBSERVATIONS

There is general acknowledgement among those who have benefited from the program and other stakeholders, of the hard work, dedication and essential contribution of the Peer Support Coordinators (PSCs). The Coordinators have proven effective in getting peers suffering from OSI to recognize their injury, and in supporting peers in getting treatment. PSCs can and do assist with moderating peers who express anger and frustration with the bureaucracy, and help service providers to understand the situation with the peers. PSCs have played a key role in raising awareness, information sharing with VAC staff with respect to different service needs of those with OSI, and in breaking down the fear of the unknown. The consequent building of relationships of trust with VAC was enhanced in locations where management support was strong.

³ The 13 PSCs are hired on a term or indeterminate basis at the PM 3 level. The National Coordinator, a PM 4, seeks referrals from local mental health care professionals, near the respective sites across the country, for names of potential candidates to assume PSC positions.

The initial implementation of the Peer Support Network (PSN) was both difficult and complex, but the situation has improved dramatically over time. Early key program issues/risks have been and are being addressed, including an improved PSC selection process and improved safeguards to maintain the health of each PSC. The program has made adjustments to training and supervision to put more emphasis on maintaining boundaries on the PSC role, and there has been greater awareness/understanding of the CF or veteran with OSI in the VAC offices, CF Health Care system and among the CF leadership. The end result has been increased awareness and generosity of support from existing CF and VAC organizations, and community health-care workers.

While the PSN has been successfully implemented, there are still some significant difficulties to overcome. Governance and funding issues still exist, and improvements are possible in key areas, including performance measurement and resource allocation.

MAIN RECOMMENDATIONS

This evaluation makes a number of practical and program-specific recommendations on issues affecting the implementation of the PSN. These recommendations deal with expanding the use of volunteers, revising PSC selection criteria, rationalizing PSC distribution and support levels, improving basic data collection and related performance measurement and proceeding with the creation of a family support network.

A number of recommendations have also been put forward at the program level, to ensure that specific risks and constraints are addressed. These key recommendations include the identification of clear and specific OPIs for OSI/PSN in DND and VAC, standardizing and clarifying handover protocols between DND and VAC, developing a team approach to OSI care and support, and maximizing the use of civilian health and social support to complement DND/VAC resources.

The way ahead should include the following key activities:

- Clearly identify OPIs and accountabilities for OSI within DND and VAC;
- Develop and ratify a formal Memorandum of Understanding between the two Departments to clarify responsibilities and participation in governance, planning, funding and delivering the PSN program;
- Confirm the PSN Logic Model including specific PSC objectives, and then develop appropriate PSN Performance Measures;
- Rationalize the number of PSCs, and the location and level of formal support required, e.g., through volunteers (PSVs) and/or health care professionals; and
- Develop and implement a communications strategy and plan.

MANAGEMENT ACTION PLAN

CRS RECOMMENDATION	OPI		MANAGEMENT ACTION	MILESTONE
	DND	VAC		
Clearly identify OPIs and accountabilities for OSI within DND and VAC	ADM(HR-Mil)	ADM VS	Modernization Task Force ⁴ to work with the Manager, VAC-DND Mental Health Care Project, to develop proposal for ADM VS consideration Director Casualty Support Administration to confirm DND OPIs and accountabilities to ADM(HR-Mil)	Proposal / Confirmation to ADM VS / ADM(HR-Mil) respectively January 2006 Present to DND-VAC Steering Committee – February 2006
Develop and ratify a formal Memorandum of Understanding between the two Departments to clarify responsibilities and participation in governance, planning, funding and delivering the PSN program	ADM(HR-Mil) (COS ADM(HR-Mil))	ADM VS (Exec Dir Modernization TF)	Draft MOU for consideration of two ADMs OSISS MOU will be an annex to the overall MOU between DND and VAC regarding THE DND VAC CENTRE	Ready for signature at DND-VAC Steering Committee meeting Fall 2005
Confirm the PSN Logic Model including specific PSC objectives, and then develop appropriate PSN Performance Measures	ADM(HR-Mil) (COS ADM(HR-Mil))	ADM VS (Exec Dir Modernization TF)	Develop Statement of Work Award Contract Contract deliverables received & accepted	Fall 2005 Winter 2006 End FY 05/06
Rationalize the number of PSCs, and the location and level of formal support required	ADM(HR-Mil) (COS ADM(HR-Mil))	ADM VS (Exec Dir Modernization TF)	Develop in consultation with two co-managers VAC-DND Mental Health Care Project	Draft to be presented at DND-VAC Committee – February 2006

⁴ In September 2003, VAC established the Service and Program Modernization Task Force, whose principal job was to develop a comprehensive and improved suite of programs and services to aid the successful transition of Canadian Forces members and families to civilian life. Similar work on responding to the needs of VAC’s RCMP clients was also co-ordinated by the Task Force.

CRS RECOMMENDATION	OPI		MANAGEMENT ACTION	MILESTONE
Develop and implement a PSN communications strategy and plan	ADM(HR-Mil) (COS ADM(HR-Mil))	ADM VS (Exec Dir Modernization TF)	Draft Communications Strategy & Plan in consultation with two co-managers VAC-DND Mental Health Care Project	Finalize January 2006 Present to DND-VAC Steering Committee – February 2006

OVERALL ASSESSMENT

- Model used for PSN, with minor adjustments proposed in this evaluation, is effectively contributing to meeting the social support needs of those CF members and veterans affected by OSI.
- Strong acknowledgement of the hard work, dedication and essential contribution of the PSCs.
- PSCs:
 - effective in getting OSI sufferers to recognize their injury;
 - effective in supporting peers in getting treatment;
 - help peers moderate anger and frustration with the bureaucracy;
 - help service/benefits providers to understand the situation with the peers; and
 - have played a key role in raising awareness/information sharing with VAC staff –
 - indicating service needs of those with OSI, and
 - breaking down fear of the unknown.
- Initial implementation of PSN was difficult, but significant improvements have since been made.
- Early program key issues/risks have been and are being addressed:
 - improved PSC selection process;
 - improved measures to maintain the health of each PSC;
 - training and supervision adjusted to maintain boundaries of the respective roles; and
 - increased awareness of OSI –
 - in VAC offices,
 - in the CF Health Care system, and
 - among the CF leadership.
- Increased awareness and level of support from existing CF, VAC and community health care workers.
- PSN is currently the key element of social support structure for CF/Veterans affected by OSI.
- ***Areas still requiring adjustment/improvement:***
 - clearly identify OPIs and accountabilities for OSI within DND and VAC;
 - develop and ratify formal Memorandum of Understanding (MOU) between DND and VAC;
 - confirm PSN logic model and develop appropriate PSN performance measures;
 - rationalize number and location of peer support sites – amount of professional & peer support at each site; and
 - develop and implement a communication strategy and plan.

EVALUATION BACKGROUND

EVALUATION SCOPE

The following issue areas were addressed in this evaluation: Effectiveness of DND/VAC Cooperation; PSN Sustainability; Impact of Management Activities and Governance on PSN Effectiveness; Conduct of PSC Activities/Operations; PSN Support of their Peers; Data Collection; Impact of PSN on PSCs; Family Social Support Requirements; and Web Support for PSN.

EVALUATION APPROACH

For each area covered by the Evaluation:

- Information Gathering – results of the document review, data review and interviews (See Annex B for documents reviewed, Annex C for list of interviewees).
- Analysis – interpretation of evaluation findings –
 - Criteria for analysis drawn from Logic Diagram/Model (Annex A), relevant industry best practices,
 - Conclusions – general themes as the basis for recommendations, and
 - Recommendations.
- A number of focus groups were held in locations across Canada. These sessions included Peer Support Coordinators (PSCs) and CF members and veterans affected by OSI.
- The evaluation did not specifically address the adequacy of the various OSI treatment facilities, and did not directly involve the military chain of command (field commanders or environmental commands).

EVALUATION CONTEXT

The context of the evaluation will be discussed under the following headings: Operational Stress Injury (OSI); Peer Support Network (PSN): Client Base; Peer Support Network (PSN): Social Support; Mental Health Care: DND and VAC; OSI Peer Transition from DND to VAC; and Future Trends.

Nature and frequency of deployments is contributing to increased incidence of OSI

Injuries become apparent after personnel return from deployment, not immediately following the traumatic event

Most who show OSI symptoms do recover

OSI sufferers are reluctant to self-identify, but this is critical to recovery

Only 1 in 6 seek treatment

Primary focus of OSI sufferers is to get well

OPERATIONAL STRESS INJURY

- Increased incidence of OSI is mostly related to:
 - Nature and frequency of peacekeeping missions – feelings of helplessness,
 - Seventy per cent of CF personnel currently in Afghanistan had to be granted an exemption in order to enable them to serve, due to the relatively short period since last deployment,
 - US Military estimates 12.5 per cent of military serving in Iraq will be sufferers of OSI, and
 - PTSD (Post-Traumatic Stress Disorder) considered a form of OSI;
 - Injury doesn't manifest itself immediately after event;
 - Observed behavioural difference in person on return from deployment:
 - They were deployed; they came back different; not working the way they used to, and
 - Individual can even improve performance to hide the effects of an OSI, and then find they cannot sustain it;
 - People suffering from an OSI don't step forward mainly due to perceived stigma;
 - Following a traumatic event, the majority of people presenting symptoms of OSI recover
 - Withdrawal perpetuates the problems;
 - Numbers affected by an OSI – 10-30 per cent of those exposed to highly stressful situations – could be as high as 40-50 per cent;
 - Estimated that for every person who seeks treatment, there are five who will not;
 - Estimated lifetime prevalence of OSI is in the order of 8 per cent; and
 - An estimated 36 per cent of those with an OSI seek specific benefits information, whereas the remaining 64 per cent are looking for other returns from the program such as support for education in a civilian field, assistance in obtaining release, assistance in staying in the CF and a range of other means of help or assistance. However, the primary focus of OSI sufferers is consistently to get well and live a normal life again.
- * Statistics are from various DND / VAC sources listed in Annex B and other OSISS data.

Over 900 clients in OSISS database

46 per cent are:

- **serving CF members**
- **receiving VAC pension**

54 per cent are:

- **retired CF members**

PSN is the sole source of continuous social support for OSI sufferers transitioning to retirement

13 Peer Support Coordinators (PSC)s at sites from St. John's, NFLD to Victoria, B.C.

PSCs listen, assess & refer

PEER SUPPORT NETWORK CLIENT BASE

- A total of over 900 PSN clients are registered in the OSISS database (April 2004);
- Forty-six per cent of the 900 are CF serving members – some continue to work; some are on Service Personnel Holding List (SPHL); some are being released; some are going back to work; this group also includes serving members who are veterans – i.e., they are receiving a VAC pension;
- Fifty-four per cent are retired CF members;
- Ten per cent Reservists (serving and retired) are estimated to be included in above numbers;
- OSI veterans mostly of the younger generation, not WW and Korean War veterans;
- Case types handled by PSN vary depending on location in terms of Service status, CF element, gender and priority or seriousness (77 per cent low severity, 3 per cent high); and
- Those who appear to gain the most from the PSN are those who are socially isolated, or those who feel they are unique.

SOCIAL SUPPORT

- PSN is the only common and continuous formal social support capability that a CF member suffering from OSI experiences in his/her recovery and transition from regular service to retirement;
- Network of 13 Peer Support Coordinators (PSCs) is distributed across Canada plus one National Coordinator; the PSN offers social support to serving and retired CF personnel suffering from OSI/PTSD;
- PSCs are veterans who themselves have suffered from OSI/PTSD, have recovered sufficiently from their injury to be in control of their personal situation and are now being employed by DND;
- Current locations (13) of PSCs are: Esquimalt/Victoria, Vancouver, Edmonton, Winnipeg, Borden, Petawawa, Kingston, Valcartier, Gagetown, Halifax, St. Johns/Newfoundland, Montreal and South Western Ontario (Hamilton/Mississauga);
- Social support network is a determining factor in returning to health and staying healthy;
- Not all those afflicted by OSI see the benefits and recognize the need to use the PSN; and
- PSC role is to Listen, Assess and Refer.

**121,000 sick leave days
in 13 month period**

- **OSI sufferers are missing an average of 10 days per month (50 per cent of available work days missed due to PTSD alone)**

OTSSC:

- **does assessments and diagnoses**
- **does follow-up of patients**
- **is available through 1-800**

PSC is often the only continuity as responsibility for member shifts from DND to VAC

MENTAL HEALTH CARE

DND Services

- 121,000 sick leave days over a 13 month period; not counting individuals on the Service Personnel Holding List (SPHL):
 - 20 per cent due to depression, and
 - 10 per cent due to PTSD;
- Access to some support provided by DND through the 1-800 number, Operational Trauma and Stress Support Centres (OTSSC);
- Remote cases travel to the appropriate OTSSC for assessment, diagnosis – work with the referring base to determine available local civilian Mental Health care provider;
- OTSSCs case load relatively high and stable;
- OTSSCs hold week-long psycho-educational groups;
- Some OTSSCs have an outreach capability to provide awareness, OSI/PTSD education to the health care professionals in the community;
- In some cases where community mental health care is not available, the CF mental health professional at the diagnosing OTSSC will follow up with the CF member. DND and VAC have recently negotiated provision of health care for each other in areas where one does not have a capability; and
- Transition from DND to VAC often means the individual loses their doctor/therapist and has to transition from a DND Case Manager to a VAC Client Service Team, even when retiring in the same city; the PSC then becomes the only means of continuity.

VAC client base is evolving to include serving CF members

This changed patient demographic requires a re-skilling of VAC employees who must serve a different and more varied client base

VAC counsellors seeing workload increase due to increased numbers of cases of PTSD

VAC Services

- VAC clients now include serving CF members who are much younger: 48 per cent under 60 and 19 per cent under 40 (Veterans in Pay for Psychiatric Conditions, including PTSD, 16 January 2004):
 - VAC medical employees/contractors are traditionally more familiar with older clients and are now learning about OSI,
 - While VAC employees have provided some support to a relatively limited number of Vietnam veterans suffering from OSI/PTSD, this staff needs to be knowledgeable on the current military environment and related OSI issues in order to be able to assist the increased numbers of diverse PTSD victims that have emerged in recent years,
 - Pension officers' traditional role is very procedural and benefits-brokering oriented, and
 - A number of Area Counselors are health care professionals: social workers, nurses, mental health nurses;
- VAC service premise is evolving to be more client centric with the client choosing the services to be obtained;
- VAC requires diagnostic to be able to determine benefits – treatment will frequently be provided by the civilian medical community external to VAC, or possibly by Ste-Annes Hospital near Montreal or VAC facilities such as the Deer Lodge Park facility in Winnipeg; and
- VAC area counselors are referred cases by PSCs and contact those with OSI concerning service – their workloads have increased significantly with the increased number of OSI cases in recent years.

Transition of OSI cases from DND to VAC can result in fee differences and disrupt continuity of patient care

VAC and DND working more closely than in the past. This is evidenced by a range of cooperative and shared initiatives

OSI PEER DND/VAC TRANSITION

- Transition from CF to VAC for OSI cases is often not very smooth:
 - Differences in fees paid by DND and VAC can limit acceptance of patients by mental health professionals at transition, and
 - Passing of patients from care under DND programs to care under VAC programs normally requires a change in care givers and may also require changes to medication, depending on the professional judgment of the mental health professional and departmental entitlements.

- VAC and DND are now working together more closely than in the past:
 - VAC/DND Steering Committee,
 - OSISS Advisory Committee,
 - VAC-DND Mental Health Clinical Services Advisory Committee,
 - VAC-DND Treatment Standardization Committee,
 - PSCs working in VAC offices,
 - DND Case Managers assist CF members and Reservists during transition out of CF, and
 - VAC created transition client service teams at 17 large CF bases to ease the transition to the VAC system.

- Casualty Support and Administration (CSA):
 - Case management for more serious cases – OSISS Project Manager, VAC Co-manager and some VAC staff have been involved in these cases,
 - Transition services focus– rehabilitate individuals back into a military job, or transition them out with dignity,
 - 1700 calls/month at call-centre,
 - DND/VAC Centre has 55 people, up from five in 1999; the Centre’s role includes OSISS, and
 - VAC Liaison Officer and two support staff added in July 2004.

Through VAC's modernization initiatives and DND's expansion of Mental Health services, OSI sufferers should be positively affected

FUTURE TRENDS

- VAC modernization:
 - Continuing with client-centric approach, self-determination,
 - Focus on making the veteran a fully functional member of society, not just the beneficiary of a VAC pension, and
 - Under consideration: a new suite of programs including rehabilitation.
- DND major expansion of Mental Health services over the next six years (Rx2000):
 - More comprehensive coverage of geography, CF bases, Mental Health Care clinics, Focus on retention and recovery of OSI affected personnel, back to work, and
 - Increased cooperation between DND and VAC in providing continuum of mental health care and social support for all veterans.

EVALUATION RESULTS

The evaluation results are presented for the following major issue areas: Effectiveness of DND/VAC Cooperation; the Impact of Management and Governance on Effectiveness; the Conduct of PSC Activities and Operations; Level of PSN Support of Peers; Issues Related to Data Collection; Impact of PSN on Peer Support Coordinators; Family Social Support Requirements; Web Support for PSN; and PSN Sustainability.

PSN management and staff highly dedicated to the task

DND and VAC play complementary roles and co-manage PSN

DND and VAC contribute resources unequally to PSN

Governance is weak

OSISS is a program in DND, remains a project in VAC

No formal MOU signed between DND and VAC

Sharing of information between departments is difficult

EFFECTIVENESS OF DND/VAC COOPERATION

- The following factors were considered in assessing the effectiveness of DND/VAC cooperation: funding; program responsibilities; governance and management; culture; and program/service delivery policies.

Findings

- Unclear as to type of DND/VAC partnership intended in PSN component of OSISS;
- VAC funds approximately \$500k of \$1.6M required to run the PSN;
- PSN management and staff highly dedicated and make it work;
- DND PSCs and VAC staff have complementary roles in assisting OSI peers: social support and service brokering respectively;
- PSN co-managed with particular Departmental involvement based on expertise: education, training, mental health services, professional development, research;
- Resources (human, financial and facilities) not provided equally by DND and VAC to PSN to cover DND provided PSN Project capability and budget;
- Minimal governance and guidance provided through OSISS Program Advisory Committee and DND/VAC Steering Committee; and
- OSISS considered fully operational program within DND but remains a project in VAC – target of partnership unclear: all of OSISS or PSN only:
 - No formal MOU signed which could clearly establish roles, responsibilities, and funding commitments for each department, and
 - Sharing of OSI peer information between DND and VAC is extremely difficult.

Recommendations

- Continue formal and informal education on respective roles and responsibilities of all departmental staff involved in PSN;
- Negotiate and approve soonest a formal MOU clearly identifying roles, responsibilities, governance, and financial and resource commitments of each department. This will enable clarification of scope and status of project/program and allow for policy and documentation adjustments; and
- Review application of Canadian Government Privacy policy as it affects exchange of information between VAC and DND.

IMPACT OF MANAGEMENT ACTIVITIES AND GOVERNANCE ON PSN EFFECTIVENESS

- The following factors were considered in assessing the impact of management activities and governance on PSN effectiveness: recruitment; training; management support; and supervision structure.

Findings

- PSN Co-managers and DND/VAC mental health professionals participate in design of PSN, PSC selection process and monitoring of PSC well-being;
- Selection criteria for PSCs and PSVs does not reflect requirement for tact, balance and diplomacy – personal suitability assessment;
- PSVs roles, responsibilities and relationship with PSCs neither clear nor documented;
- Training provided by Ste-Annes for both PSCs and PSVs is adequate and evolving with experience gained. This includes suicide intervention training;
- PSN Management, training and support adequately address PSCs self-care;
- Professional development seminars and teleconferences complement formal training of PSCs;

Current Training is adequate and evolving to meet needs

Requirement to use mental health professionals on a voluntary basis weakens OSI PSGs in the field

Having a military background, being an OSI sufferer and having mental health stability are all essential criteria for PSCs

The role, identity and authority of the champion needs to be clear in both the DND and VAC

Findings (cont'd)

- OSISS Project Manager (PM), who is DND PSN Co-manager, is required to also direct his efforts to non-PSN activities and can be frequently distracted by providing direct support to PSCs;
- National coordinator is assigned most of day-to-day supervision and direction of PSCs;
- The conduct of OSI peer support groups (PSGs) in the field is weak due to the essential and valid requirement for presence of mental health professional on a voluntary basis i.e., they are not paid for this activity;
- Military background, OSI sufferer status and mental health stability remain essential selection criteria for PSC;
- VAC office staff have no direct supervisory relationships with PSCs who are DND employees – PSCs only providing informal support in some locations;
- PSC works on his/her own, maximum delegation of authority, varying case loads; and
- Both DND and VAC need to be clear on the PSN chain-of command, and the identity, role and authority of the champion in their respective organizations.

Recommendations

- Revise selection criteria and process for PSCs and PSVs to formally reflect experience gained and requirement for balance, tact and diplomacy (personal suitability assessment);
- Clarify and document PSV roles, responsibilities and relationship with PSC;
- Proceed with Ste-Annes proposed training update for both PSCs and PSVs. Maintain suicide intervention training for all PSCs. Adjust as further experience gained;
- Maintain emphasis on self-care of PSCs to address concerns from some mental health professionals;
- Formally recognize that OSISS/PSN is now an operational program/activity with an accountability framework and not a project anymore. VAC needs to identify where the PSN fits within their governance structure;
- Consider developing alternate strategies to attract professional resources to provide field support to PSN;
- Promote more integrated DND/VAC team approach; and
- DND PSN Co-manager needs to continue to increase focus on management of OSISS versus PSCs.

CONDUCT OF PSC ACTIVITIES/OPERATIONS

- The following factors were considered in assessing peer support coordinator activities and operations: initiative start-up; on-going activities; listen, assess, refer; networks of services; PSN development, coordination; presentations; and location of office.

Findings

- PSN awareness and introduction to all targeted peers and staff generally effective;
- Listen, Assess, Refer model appropriate with some clarification of the Assess and Refer portion to ensure it is not incorrectly interpreted as overstepping the boundaries of the role into mental health care and advocacy;
- PSCs help peer recognize injury, and provide information on available professional services and benefits. Minimal focus on maintaining reliable records for PSN management;
- PSCs case load can vary with region, geographic dispersal of peers, contact requirement frequency, seriousness of cases and availability of professional resources for assessment and treatment;
- PSN is only support resource available 24/7. PSCs' only current back-up is volunteers where they exist;
- No formal total team concept exists between PSCs, DND Case Managers and VAC Transition Client Service Teams to ensure smooth transition of OSI peers from active to retired status –
 - Boundary issues remain a significant concern with some staff in both departments,
 - Where a relationship of trust established things work well, and
 - Limited DND/VAC information sharing is another obstacle to effective operation as a team, including privacy issues;
- PSCs identify, document and advertise community medical and social support resources;
- PSCs educate VAC staff about OSI, DND and the military environment;
- PSCs participate in awareness and education of CF personnel;
- The volunteer portion of the PSN has not yet fully taken-off in all regions. Volunteer involvement should be similar to PSCs who would revert back to original role of coordinating;
- Volunteer participation is based on Canadian Code for Volunteer Involvement but some adjustment may be necessary to mitigate financial impact on volunteers;

PSC attention directed to supporting the OSI sufferer

Insufficient focus on record keeping impedes PSN management

PSC, with sole back-up of volunteers, is only support resource available 24/7

No formal total team concept exists between PSCs, DND case managers, and VAC Transition Client Service Teams

Volunteer aspect of PSN has not yet fully taken-off in all regions. This erodes needed support for PSCs who require more of a focus on co-ordinating

PSCs function primarily in suitable VAC facilities nearby, but in locations/facilities separate from military establishments

Findings (cont'd)

- PSCs are mostly provided suitable facilities on VAC premises off military establishments;
- Some Military Family Resources Centres (MFRCs) provide meeting facilities for peer focus groups; and
- Canadian Legion Service Bureau offices are frequently close to PSC locations.

Recommendations

- Clarify and identify the PSN role and responsibilities so as to properly represent PSN within stakeholder communities that are still challenging boundaries of PSN;
- Consider replacing the word “advocacy” in all documentation on the role and responsibilities of the PSCs by the word “assist”. Ensure this nuance is well understood in all PSC/PSV training and communications;
- Maintain basic suicide intervention training for all PSCs/PSVs;
- Assess PSC workload distribution across PSN and possibility of providing back-up to ensure equal access/availability of social support for all OSI peers across the country;
- Promote a more integrated team approach across all stakeholders that deal with OSI peers, including office facilities being better configured to meet the requirement;
- Continue to encourage PSCs to identify, document and promote medical and social support services available in their community; and
- Confirm volunteer model to be used and speed-up the deployment of PSVs in support of PSCs.

Need to establish meaningful performance targets for PSCs

Useful PSN effectiveness measurements cannot be made – number of OSI sufferers is unknown

PSCs contribute to patient recovery and help them get fair benefits

Location and size of some peer support offices need to be rationalized to even out workload and service levels. Some offices may need more resources

PSN SUPPORT OF THEIR PEERS

- The following factors were considered in assessing Peer Support Network support of peers: service quality and effectiveness of the program.

Findings

- No performance levels established for PSCs in relation to services they provide;
- Potential total number of OSI sufferers in DND and VAC impossible to determine with reasonable accuracy. As a result PSN effectiveness to attract OSI peers cannot be measured;
- PSCs help peer get past stigma, create safer environment and provide hope of better days ahead;
- PSN focus groups create atmosphere of trust over time;
- PSCs recognized as making a key contribution to patient recovery and getting fair benefits. They also provide support for suicide prevention;
- PSN is the only social support resource of its kind available 24/7;
- Factors affecting PSC effectiveness –
 - number and complexity of cases,
 - large geographic area covered creates travel requirements for PSC/clients,
 - availability of social and mental health support services,
 - relationship with service providers,
 - Lack of back-up, irregular hours, and
 - focus has been on one-on-one peer relationship versus volunteer coordination role;
- Issue escalation capability exists through DND and VAC Management;
- PSC participation in OSI education and awareness can detract from key role with peers;
- Funding adequate to meet current requirements, but will have to be re-assessed as the program evolves;
- Visiting and face-to-face meetings are important for effective social support; and
- Rationalization of current regional distribution of PSC offices may be required based on available statistics. Such a rationalization could indicate a need to relocate some PSCs and/or to realign resources (shift/increase/decrease) to improve effectiveness in some areas.

Recommendations

- Clearly define objectives of PSN to be able to define the outcomes sought and be able to measure effectiveness against meaningful performance targets;
- Continue to assess successes and failures to adapt the social support provided by the PSN to the evolving needs of OSI peers;
- Emphasize co-ordination role of PSCs with team of volunteers versus direct peer support and other related activities such as education, awareness briefings, outreach, etc.;
- Rationalize regional distribution of PSCs based on the identified factors that impact effectiveness and quality of service; and
- Ensure minimum back-up capability is provided for all PSCs to ensure they maintain their health and provide necessary services as required.

DATA COLLECTION

- PSN data collection is mainly through the OSISS system. To assess data collection, the evaluation team focused solely on that system. The following criteria were applied in evaluating the data collection/system*: functionality; ease of use; appropriateness of data collected; usefulness of reporting; data quality; and adequacy of system administration support. The two objectives of data collection are for management support of PSN for OSISS – provision of information for PSCs and to provide a tracking and reporting system to evaluate the acceptance and impact of the PSN.

** System evaluation criteria are based on standard system evaluation criteria as found in various pieces of expert documentation.*

Findings

- Difficult to collect useful data for management of PSN when PSN objectives not officially documented in policy and PSN not the only contributor to OSI peer recovery. VAC has documented reasonable PSN objectives in internal framework document in 2003, but interviewees indicated that these may not have been accepted by all PSN stakeholders;
- Limited automated linkage to web site: requires intervention of system administrator;
- Data elements definition unclear across all users and other OSISS stakeholders to enable reliable analysis and comparison;

PSN objectives not officially documented in policy – impedes collection of useful and appropriate data

Unclear definition of data elements impedes reliable analysis and comparison

Performance measures are not sufficiently complete

Information systems are functionally unstable

Reliability of data is questionable

Findings (cont'd)

- Help function limited. Mandatory fields not clearly identified;
- Some useful information and performance measures missing: e.g., how peer learned of PSN; number of encounters with each peer; duration of each encounter;
- Functionality of the system is unstable making data analysis difficult;
- Standard reports available;
- Some data quality issues: percentages and raw numbers on same data elements do not equate, some data not entered;
- Support limited by availability of system developer and funding for upgrades; and
- Privacy of peer case information adequately protected.

Recommendations

- Define DND/VAC acceptable objectives for PSN that will drive data collection requirement in support of program management;
- Improve IT system functionality robustness, help function and direct linkage capability to web site;
- Standardize and publish clear definitions of essential data elements;
- Identify mandatory fields and enforce collection;
- Enhance reporting capability to support statistical analysis related to defined PSN objectives;
- Pursue better sharing of necessary information across organizational boundaries whilst respecting privacy laws and trust of peers; and
- Provide some additional resources to ensure system effectiveness not affected by availability of developer and funding.

IMPACT OF PSN ON PEER SUPPORT COORDINATORS

- While no specific objectives for PSCs were identified in OSISS/PSN documentation, the evaluation team established the following potential factors to determine the nature of impact*: equity – to be treated justly in relation to the basic conditions of employment; achievement – to take pride in one’s work; to receive recognition; to take pride in the organization and its accomplishments; and camaraderie – to have warm, interesting, and cooperative relations with others in the workplace.

* From ‘Human Motivation in the Workplace: What Workers Want’, David Sirota, Ph.D., Sirota Consulting Corporation, 2002. Note that the author acknowledges that there is a portion of the working population that is not motivated by these factors.

Findings

- Workplace generally meets government standards but heavy, fluctuating and unpredictable workload frequently increases stress. The latter is addressed through self-care, professional monitoring and appropriate sick leave and compensatory time-off policies in accordance with the collective agreement;
- Compensation appears to be reasonable and in accordance with normal government classification levels. However, not evident PSCs performing all tasks in job description;
- PSCs treated with respect and consideration in almost all cases by co-workers and immediate supervisors and management;
- Job offers significant opportunities for personal growth and increased self-esteem through training and helping others in need. PSCs have received much recognition from peers and immediate management;
- PSN provides means to share experiences;
- Tri-annual PSC professional development meetings are essential to maximize cross-learning and currency with policies and processes; and
- Majority of office environments have met the needs of PSCs for professional interaction and exchange.

Heavy, fluctuating and unpredictable workload increases stress for PSCs

Job of PSC provides opportunity for personal growth and increased self-esteem through helping others

Recommendations

- Continue close monitoring of PSC self-care and health. Provide relief/assistance to PSC as necessary;
- Review and confirm PSC job description. Ensure potential impact of all adjustments are fully appreciated before proceeding;
- Rationalize data collection requirement to minimize impact on PSC effectiveness, and balance with requirement to maximize quality and quantity of managed information;
- Continue to bring PSCs together at regular intervals so that they can benefit from each others experience. Also use means other than face to face meetings, such as telephone and video conferences as appropriate and economical; and
- Develop and execute communications strategy and plan to ensure an improved understanding of the role and responsibilities of the PSN.

FAMILY SOCIAL SUPPORT REQUIREMENTS

- Preliminary results of Study (Needs Analysis of Social Support Requirements for the Families of CF members and Veterans with OSI) by Anne Prefontaine, Université du Québec à Montréal (UQAM) were reviewed and the team attempted to confirm, through interviews of the members of the PSN, that the proposed model of support was appropriate for family members.

Findings

- Medical treatment of families of OSI sufferers must include treatment of member himself/herself. However, family health is also key to the individual's recovery;
- DND has no integrated family medical support services, and does not normally provide dependent medical care;
- Military Family Resources Centre support excludes extended family members;
- VAC approach to family care is seen as becoming increasingly responsive;
- Family members frequently unaware of available services and also subject to frequent relocation requiring the identification of new care providers;

Good health of the family is important to sufferers' recovery – both need to be considered

DND doesn't currently offer integrated family medical support services

VAC approach to family care is seen as becoming increasingly responsive

Proposed Family Support Centre/Social Support Network, modelled on PSC job description, is a DND initiative only at this time

Findings (cont'd)

- Several deficiencies identified with respect to current support services for OSI families: pre and post deployment of the member;
- Some family assistance available through CF Member Assistance Program (CFMAP) and VAC Assistance Services (Health Canada help lines but some negative experiences with similar National Call Centre/Contact assistance lines);
- Proposed Family Support Coordinator (FSC) will be modeled on current PSC job description, roles and responsibilities. Will likely be subject to same legitimate concerns from health care professionals: selection, boundaries and self-care; and
- DND/VAC Steering Committee of May 2004 confirmed that the creation of a Family Social Support Network was a DND initiative only at this time.

Recommendations

- Adjust existing DND family support capabilities to provide social support to extended family members and those not currently covered; especially ensuring continuity of support through transition to retirement and relocation;
- Improve identification and communication of social and medical services available to military families as they relocate around the country and transition to retirement;
- Implement a Family Social Support Network similar to existing PSN model as soon as possible to meet clearly identified needs as determined by the Needs study and this evaluation. Special attention should be paid to the legitimate concerns expressed by the professional community in the areas of self-care of Family Support Coordinators (FSCs), boundaries and selection, and in the area of information sharing between PSCs and FSCs for members of same family. Even though this is currently a DND initiative only, future partnership with VAC in this area should also be considered to ensure continuity of service to families; and
- Ensure 1-800 type of assistance services are responsive and user friendly.

WEB SUPPORT FOR PSN*

- The following criteria were used to assess web support for PSN: ease in identifying the scope and objective of the site; ease of identifying – authority of authors, currency of information, date of last update, and what was updated; reliability of information; ease of use – convenience of information organization, and appropriate use of internet capabilities.

*** Note:**

- The web site is currently being redesigned. A number of the observations here may be addressed by the upgrade; and
- Criteria from “Evaluating quality on the Net” Hope N. Tillman, Director of Libraries, Babson College Massachusetts.

The website:

- *provides for easy navigation and presentation is professional*
- *peer to peer nature of the site is not clear*

Findings

- OSI peers are the targeted audience but no real sense of social aspect benefits to be gained by participating in PSN as a peer or emphasis on peers-helping-peers aspects;
- Authority of authors not directly stated but implied thus impacting credibility of site;
- Currency of information not evident;
- Site navigation reasonably easy and presentation professional;
- Other OSI stakeholders such as mental health professional could be reached effectively through this means;
- Linkage from and to other sites is minimal;
- Responses to articles on the site could be interpreted as advocacy and counter-productive to social support mandate of PSN; and
- Sponsor of site not identified as either DND or VAC, with potential impact on credibility.

Recommendations

- Clearly identify objective of site, targeted audience and user expectations as a result of using PSN;
- Consider expanding target audience of web site to include mental health community;
- Provide information about authority of authors and currency of information;
- Revisit frequency of update requirements for the web site;
- Identify and implement linkages from and to other web sites that would be beneficial to OSI peers in search of information; and
- Identify a means to increase credibility of the web site whilst respecting the potential clients' reservations about DND or VAC sponsorship.

PSN SUSTAINABILITY

PSN Sustainability is defined as the ability of the program to survive. Criteria applied to conduct this part of the assessment were categorized as follows: factors affecting sustainability*; factors within the organizational setting; and community environment factors.

** From 'Seeking Program Sustainability in Chronic Disease Management; The Ontario Experience, May 2004, Dr. Jiahui Wong, Dr. Julie Gilbert, Laurie Kilburn, The Change Foundation.*

Findings

- Planning and operation of PSN involves personnel - administrative and professional - from both departments;
- Representatives of all OSISS stakeholder communities participate in committee structure to advise and steer direction of OSISS/PSN;
- Steady increase in personnel seeking PSN support and strong personal testimonies from those affected by OSI confirm success of PSN in its current model, even though minor adjustments may be required;
- OSISS/PSN sponsorship within DND clear and at very high level, but less clear in VAC;
- OSISS/PSN funding requirements well known and reasonably stable based on three years of experience but cost-sharing arrangements between DND and VAC remain unclear since specific type of partnership (full, equal, etc.) still undetermined;

Sustainability of OSISS PSN

- **both Departments are involved in planning and operations**
- **steadily increasing demand for PSN support**
- **funding reasonably stable**

- *high quality training at Ste Annes for PSCs and PSVs*
- *support clear and at high level in DND - less so in VAC*
- *cost sharing arrangement between DND & VAC is unclear & unequal*

Lack of visibility and accountability for OSISS / PSN within VAC

Findings (cont'd)

- Ste-Annes appears to provide excellent training for PSCs and PSVs, as well as support to monitoring of PSCs with capacity for expansion if necessary;
- Some internal communications difficulties, lack of visibility and accountability for OSISS/PSN within VAC: different interpretation and application of direction by regional staff;
- VAC intends to address internal OSISS/PSN issues via their Modernization effort; and
- PSN is sustainable in its current model with minor adjustments identified in this evaluation.

Recommendations

- Ensure continued adequate representation and active participation of all pertinent OSISS/PSN stakeholders in evolution of PSN;
- Ensure sufficient resources are assigned to meet PSN management and operational needs;
- Clarify equal partnership status and cost-sharing arrangement between DND and VAC through the negotiation and approval of a formal MOU; and
- Maintain Ste-Annes as the centre of expertise for PSN training and OSI. Ensure training is validated/updated/modernized regularly based on lessons learned.

RELATED ISSUES AND CONSTRAINTS

Some areas of OSISS and Mental Health Services observed on are not integral to the PSN, but have such a significant collateral impact on the effectiveness of the PSN that they have been documented and evaluated to the limited degree possible within the scope of the work.

- The nature of the DND/VAC relationship with respect to OSI is creating additional risk for the PSN/PSCs as they are trying to deal with the fallout of the situations/issues described below that are not directly under the responsibility of OSISS:
 - Problems with the “system” and bureaucracy frequently require PSC assistance of the peer – if there were fewer problems with the “system” the PSCs’ job would be more focused on social support, not social work,
 - DND and VAC Health care professionals do not have the same skill sets or common definition of terms,

- Departmental differences between diagnostic categories, mental health professional rates and approved medications jeopardizes the continuity of treatment and recovery of peers and the PSC workload,
- Transition client service teams are sometimes not the same pre and post release,
- Mental Health facilities have limited capacity for day-to-day treatment of those with OSI – they are not always near the locations with the highest incidence of OSI; access to assessment varies with geographic area and whether a CF member is on active or retired status, and
 - Social support structure provided prior to trauma may moderate the incidence of OSI;
- Twenty-six organizations within CF have responsibility for delivery of training – no clear accountability for OSI input;
- No clearly identified DND/VAC centre of expertise for OSI. Ste-Annes as the VAC Centre of expertise for OSI and PTSD is currently providing some guidance and research, but more is required to help better define long term strategy for OSI;
- VAC and DND health care professionals use different medication regimens – clients need a special letter to get continued medication coverage when they come under VAC jurisdiction – VAC sometimes cannot reimburse claimants due to the relatively high cost of some medications originally obtained under the DND plan and that are not covered under the VAC plan:
 - Creates conflict in treatment of OSI cases which affects PSCs who attempt to resolve the conflict, and
 - Jeopardizes the continuity of care;
- Current system dependent on availability of civilian mental health care services – limited availability and deteriorating as provincial health care regimes are under pressure:
 - Civilian health care professionals require more knowledge about OSI and about OSISS; and
- Ability to stay within boundaries of PSC position also compromised by the pressing nature of the injury, the lack of local mental health care options, and the wait-time to access treatment services.

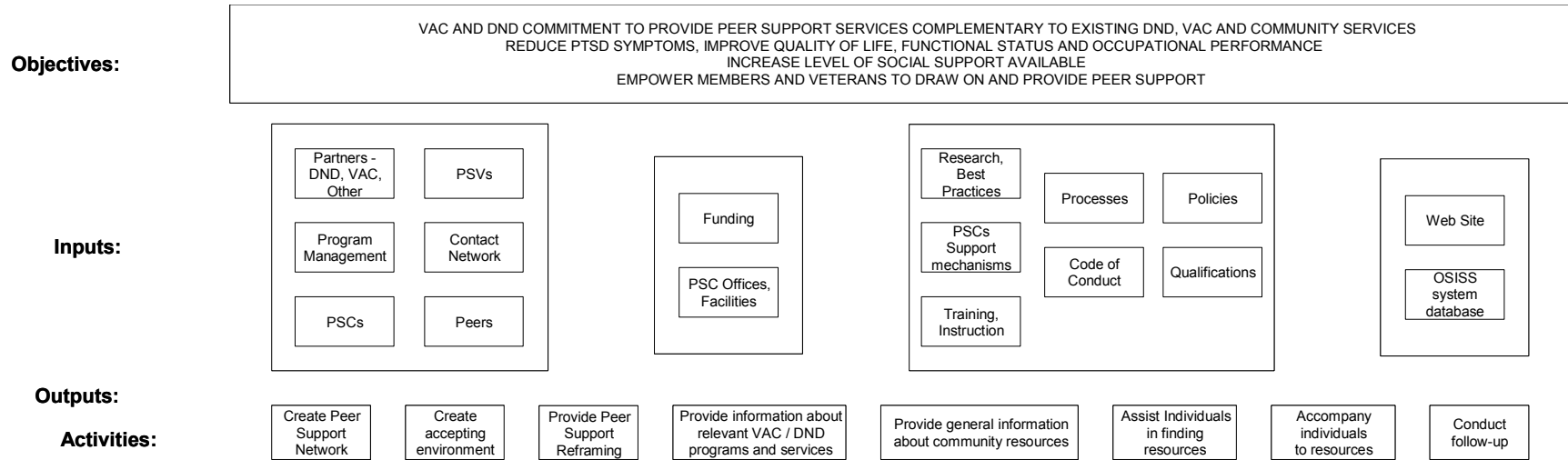
Note: DND's Rx2000 efforts will likely mitigate some of the above issues when implemented.

Suggested Improvements to Address Issues and Constraints

- Identify and appoint clear OPI to oversee all aspects of OSI education, support and professional care across DND and similarly in VAC;
- DND and VAC must work to further standardize and clarify handover protocol, diagnostic categories, approved medication and mental health professional rates to ensure seamless transition of veterans from active to retired status;
- Efforts must be increased to make mental health assessment treatment equally accessible to peers regardless of geographic area where they live;
- Clarify responsibility for research and professional development related to OSI and PTSD, and coordination of model for care across departments. Some efforts are ongoing through VAC-DND Treatment Standardization Committee;
- Develop and implement inter-departmental wide team approach to OSI care and support, to ensure continuity of care and sharing of information across both departments and with helping stakeholders; and
- Maximize the use of civilian mental health and social support to complement DND/VAC resources.

ANNEX A – OPERATIONAL STRESS INJURY – PSN LOGIC DIAGRAM

DND/VAC OSISS PEER SUPPORT NETWORK LOGIC MODEL



ANNEX A

DND/VAC OSISS PEER SUPPORT NETWORK LOGIC MODEL (cont'd)

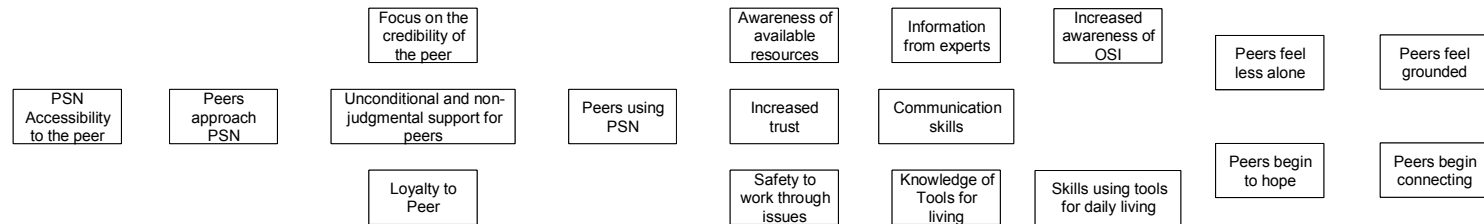
**Participation
(PSN Targets):**



Impacts:

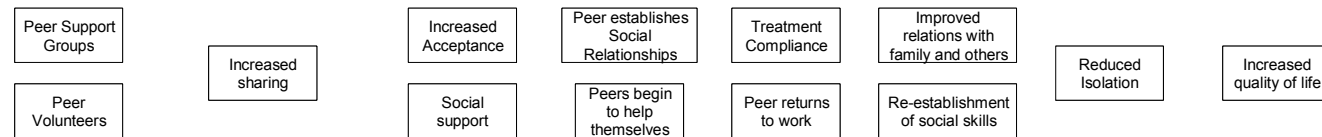
Short-Term:

(learning - awareness knowledge skills opinions aspirations motivations)



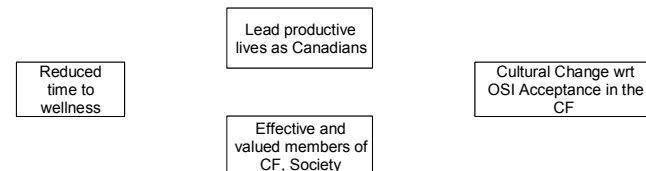
Medium Term:

(Action - behaviour practice decision-making policies social action)



Long Term:

(Conditions - impacts social economic civic environmental)



Logic Model based on information found in 'A Framework for the implementation of the Operational Stress Injury Social Support (OSISS) Peer Support Program'

ANNEX B – PSN EVALUATION DOCUMENTS REVIEWED

Document Name	Date of Issue
Intake Sheet – OSISS Peer Support system	February 2004
OSISS Program Policy Statements	February 2004
Evaluation of the VAC Transition Coordinator Pilot Project	February 2004
Needs Analysis of Social Support Requirements for the Families of CF members and Veterans with an Operational Stress Injury	December 2003 Preliminary
OSISS Phase II System Requirements Specification	October 2003
OSISS Opportunity Evaluation Report	September 2003
OSISS Presentation to Veterans Services Branch Executive Committee	July 2003
Memorandum – Veterans Affairs Canada Program Evaluation of DND's OSISS Program	June 2003
A Framework for the Implementation of the Operational Stress Injury Social Support (OSISS) Peer Support Program	June 2003
Backgrounder: Operational Stress Injury Social Support (OSISS) Project	October 2002
News Release – DND and VAC announce the creation of a National peer support program	October 2002
Memorandum: Ref ADMHRMIL 003 252011Z January 2002	October 2002
OSISS Project – to provide a brief on the status of the OSISS Project and outline the plan for the expansion of the peer support network	September 2002
OSISS Project DCSA Budget FY 2003/2004	August 2002
Speaking Notes for General Raymond Henault; Chief of the Defence Staff at the Annual General Meeting of the Conference of Defence Associations	February 2002
Memorandum for the Minister of Veterans Affairs – OSISS Project	February 2002

ANNEX B

Document Name	Date of Issue
Memorandum: ADMHRMIL 003 252011Z January 2002 NDHQ CANFORGEN Operational Stress Injuries	January 2002
Email – Sue LeMaistre to Kathy Darte re OSISS – HR Issues	December 2001
Issue Synopsis – OSISS Project	October 2001
RVCN Reports – Executive Summaries; Review of Veterans’ Care Needs	June 2000
Assigning Economic Value to Volunteer Activity – Eight Tools for Efficient Program Management	
Basic Support Groups from a Peer Perspective	
Concept Proposal for ADM(HR-Mil)	
Crisis Intervention Protocol for OSISS Peer Support Coordinators (DRAFT)	
Defining Disability – A complex issue; Government of Canada	
Operational Stress Injury (OSI) – Dr. Don Richardson VAC-ACC	
Operational Stress Injury Social Support Presentation	
OSISS Authorized User Code of Conduct	
OSISS Governance Structure	
OSISS Medical Screening Form Peer Support Coordinator	
OSISS PSN Communications Plan	
OSISS Unit Outreach Concept	
Peer Helper Program for the Operational Stress Injury Social Support Project – Training Course for Peer Helpers	

ANNEX C – PSN EVALUATION LIST OF INTERVIEWEES

Interviewees – VAC

Brian Ferguson Assistant Deputy Minister Veterans Services	Dr. Don Richardson Consultant Psychiatrist to Veterans Affairs Canada	Wayne Spearns Chief Client Services St. John’s, Newfoundland and Labrador
Gisèle Toupin Regional Director General Prairie Region	Diane Huard Director, Canadian Forces Services Directorate	Dr. Nicole Caron-Boulet Senior District Medical Officer Winnipeg
Diane Peterson-Razos District Director, Winnipeg District Office	Darragh Mogan Executive Director Modernization Task Force	Colleen Chaban Pension Officer, Winnipeg
Tom Strong Sub-Regional District Director St. John’s, Newfoundland and Labrador	Ann Walsh Senior Benefit and Entitlement Clerk, St. John’s	Kathy Reid Pension Officer, Winnipeg
Kathy Darte Co-Manager, Operational Stress Injury Social Support Project	Debbie Guzwell Client Services, St. John’s	Mrs. Judy Lougheed A/Director General Program and Service Policy Division
Lina Matos Client Service Team Manager Winnipeg	Johanne Isabel Coordinator, Ste. Anne’s Centre Professional Services Directorate	France Gagnon Clinical Nurse Specialist, Mental Health Ste. Anne’s Centre
Juan Cargnello, M.A. Clinical Psychologist Ste. Anne’s Hospital		

ANNEX C

Interviewees – DND

LCol. David A. Wrather, CD, Peng Director, Casualty Support & Administration The DND-VAC Centre	LCol. R McBride Base Commander CF Base Petawawa	Judy Bradley Social Worker CFB Goose Bay NFLD
J.F.J. Jamieson, CD, MSW Mental Health Advisor Canadian Forces Medical Group	Col. Brian O'Rourke Deputy Chief of Staff Health Services Delivery	Darryl Lyzun Outreach Coordinator OTSSC (Winnipeg)
LCol. Stéphane Grenier OSSIS Project Manager (DCSA) The DND-VAC Centre	Heather Armstrong Family Policy Team Leader Directorate Quality of Life	Jody Berscheid CF Case Manager, Winnipeg
Marie-Hélène Bouchard DND – Case Manager Health Services Clinic	Lisa Kennedy Prevention/Intervention Coordinator MFRC Gagetown	Col R. Boddam Chief of Psychiatry CF Mental Health Working Group
Diane Watson OTSSC, Ottawa Canadian Forces Medical Group	Paytra Schurmann-Smith Social Worker, OTSSC Outreach CF Base Gagetown	LCol. Henry Matheson CF Chief Social Worker CF Mental Health Working Group
Kim Guest OTSSC, Ottawa Canadian Forces Medical Group	Michelle Green Director MFRC St.Johns, Newfoundland	BGen.(ret) Joe Sharpe Special Advisor Ombudsman's Office (DND)
Mike Spellen PSC Winnipeg	Fred Doucette PSC Gagetown	Shawn Hearn PSC St. John's, Newfoundland

Interviewees – Others

OSI Peers Focus Groups in Gagetown, St.John's and Winnipeg

Pierre Allard Director Service Bureau Royal Canadian Legion

Interviewees – Community

Curt Hillier Psychologist (MSc) St.John's, Newfoundland

ANNEX D – OSISS-PSN GLOSSARY

ADM(HR-Mil)	Assistant Deputy Minister (Human Resources – Military)	PM	Project Manager
ADM VS	Assistant Deputy Minister Veterans Services	PSC	Peer Support Coordinator
CF	Canadian Forces	PSN	Peer Support Network
CFMAP	CF Member Assistance Program	PSV	Peer Support Volunteer
CRS	Chief Review Services	PTSD	Post-Traumatic Stress Disorder
CSA	Casualty Support and Administration	SPHL	Service Personnel Holding List
DCSA	Director, Casualty Support and Administration	Ste-Annes	Ste.-Anne’s Centre at Ste. Anne’s Hospital, Sainte-Anne-de-Bellevue (Québec)
DM/CDS	Deputy Minister/Chief of the Defence Staff	UQAM	Université du Québec à Montréal
DND	Department of National Defence	VAC	Veterans Affairs Canada
FSC	Family Support Coordinator		
MOU	Memorandum of Understanding		
MFRC	Military Family Resource Centre		
OSISS	Operational Stress Injury Social Support		
OSI	Operational Stress Injury		
OTSSC	Operational Trauma and Stress Support Centre		

