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A Canadian infantryman shivers in the morning cold the day after heavy fighting in Afghanistan, 18 November 2007.

Combating the Impact of Stigma on Physically Injured and Mentally Ill Canadian Armed Forces (CAF) Members

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Introduction

Military service is often physically and psychologically demanding. Physical injury and mental illness causing significant functional impairment are not uncommon when military duty is performed in Canada and abroad. When a member becomes physically injured or mentally ill, the objective for all concerned is to facilitate the return to health and full productivity of the member.

The CAF provides necessary services and programs to restore physically injured and mentally ill members to health and optimal functioning. The successive phases of rehabilitation, recovery, and reintegration of the member into the CAF involve creating an active partnership among the member, the health care/support staff team, and the command/supervisory team. This partnership enables the CAF to encourage treatment and improve health outcomes that would get treated members back to health faster, and possibly retain them longer in the military. Early recognition and intervention with physical and mental health problems generally leads to better health outcomes.

If a physically injured or mentally ill member cannot resume employment in his/her military occupation, the CAF will retain the member in an alternate military occupation, provided that the member meets minimum operational standards related to universality of service.[1] The government of Canada provides the assistance necessary to make new lives for physically injured and mentally ill members, should they be unable to resume military service. For

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those who are able to resume military service, the CAF operates the return to work (RTW) program for members of the Regular Force and the Primary Reserve.[2] The objective of the CAF RTW program is to facilitate the restoration of the physical and mental health of physically injured or mentally ill members by helping them reintegrate into the workplace as soon as medically possible. Work is an important part of human life. Return to work has benefits for both the employer and the employee. Employers retain valued employees and reduce the costs of training replacement workers. For employees, returning to daily work and life activities can help with their recovery and reduce the chance of long-term disability. In fact, studies have shown that employment is beneficial for promoting health and subjective well-being.[3]

Physically injured and mentally ill members have a better outcome of navigating the successive phases of recovery, rehabilitation, and return to military service if there is a reduction in stigma (i.e., negative and erroneous attitudes). Stigma is sometimes more difficult and time-consuming to address than are problems associated with the rehabilitation process. It can interfere with the creation of a supportive work environment, which is critical for unit cohesion, morale, and ultimately, for operational effectiveness. The CAF is actively promoting awareness, education, and training in order to effect lasting cultural change in reducing the impact of stigma on physically injured and mentally ill members.

"Stigma exists when there are elements of stereotyping, labeling, and discrimination."

This article will discuss how the CAF is combating the impact of stigma on physically injured and mentally ill members. We begin by defining stigma, and then highlight five of its harmful effects. Next, interventions in a civilian context for stigma-reduction are discussed. This is followed by five CAF programs that incorporate interventions for stigma-reduction. The value of these programs is highlighted through the progress made in changing the CAF culture during the last ten years. Finally, we present personal actions for reducing stigma directed at members who become physically injured or mentally ill, and for able-bodied members. Our objective is to provide a balanced discussion of the impact of stigma on both physically injured and mentally ill members, based upon publically available data, and to advocate that personal actions of individuals can reduce stigma.

Stigma

Stigma is a mark of disgrace that sets a person apart from others. Stigma exists when there are elements of stereotyping, labeling, and discrimination. Stereotypes are commonly-held beliefs about the shared traits or characteristics of a group of individuals (i.e., elderly, ethnic, and racial minorities, and persons with disabilities).[4] They are typically based upon misunderstanding and overgeneralization. As such, they can be positive or negative in nature. Negative stereotypes are

beliefs that attribute undesirable or negative characteristics to a group.[5] For example, there is a misperception linking violence to mental health. Persons with a mental illness are no more likely than anyone else to commit a violent crime. The conditions that increase the risk of violence are the same regardless of whether a person has a mental illness. In fact, people with a mental illness are more likely to be *victims* than *perpetrators* of violence.[6]

Stereotyping generates the use of labels. People assign labels such as 'psycho,' 'loony,' 'crazy,' and 'nuts' to describe a person who has a mental illness. These labels can hurt. Labels deny the stigmatized person the right to be judged as an individual with likes and dislikes, strengths and weaknesses.

Labels lead to discrimination. Discrimination is the behavioural reaction of unequal or unfair treatment of a person that occurs on the basis of an attribute of the stigmatized group.[7] Although discrimination may not always be obvious, it exists, and it hurts.

Impact of Stigma

Stigma can lead others to discriminate against persons with disabilities (PWDs) in many situations. Five of these are highlighted in this section: denial of disability, reluctance for persons with a mental illness to seek medical treatment, avoidant behaviour toward PWDs, stigma by association, and stigma as a barrier to employment of PWDs. Any of these could negatively affect the reintegration of physically injured and mentally ill members into the CAF, or their transition into civilian life.

Denial of Disability

Some disabilities are more easily concealed than others. Individuals who could describe themselves as having a disability must weigh the costs and benefits of disclosing their disability (i.e., traumatic brain injury, mental illness). People are less likely to accept their disability if they perceive social discrimination.[8] PWDs may deny the disability by attempting to conceal it. They may try to 'pass' as an able-bodied person by hiding or downplaying their disability.[9] In this manner, it may be possible to deliberately pass as an able-bodied person in order to exert some control over the negative impressions that others may have.

Concealing a disability via secrecy and suppression carries an emotional cost for the stigmatized person. Attempts to pass as an able-bodied person may lead to feelings of isolation, fraud, and fear of discovery.[10] In an effort to hide their true identities, those with concealable stigmas can become obsessively preoccupied with daily thoughts of their stigmas (i.e., having to remember what was shared with whom), which can have detrimental effects upon their physical and psychological well-being.[11] Individuals who attempt to conceal their stigmas often experience difficulties with respect to the development and maintenance of social relationships, as self-disclosure is a necessary ingredient for having a meaningful relationship.

Reluctance for Persons with a Mental Illness to Seek Medical Treatment

Mental illness is the Number One cause of disability in Canada. In fact, one-in-five Canadians will likely suffer from a mental illness in their lifetime.[12] Mental illness can afflict anyone regardless of sex, age, race, culture, wealth, career, ethnic origin, or social status. Mental illnesses have a bewildering array of symptoms that can lead to debilitating lifelong conditions. A mental illness is not a sign of weak will or a lack of moral fibre. Rather, mental illness can be as debilitating as physical injuries.[13]

The effective diagnosis and treatment of a mental illness can occur only after it is self-reported. However, people are generally reluctant to talk about a mental illness. As reported in the 2008 Canadian 8th Annual National Report Card on Health Care, only half of Canadians would tell friends or co-workers that they have a family member suffering from a mental illness (50%), compared to a greater majority of Canadians who would discuss diagnoses of cancer (72%) or diabetes (68%) in the family.[14]

This reluctance in sharing information with respect to a mental illness with others can have a negative impact upon an individual seeking mental health care services. Of those Canadians who indicated that they have experienced symptoms associated with mental illness in the past year, one-in-five (21%) did not seek help.[15] In a large 2002 survey of the CAF, of those who did not seek mental health care services in the past year (but acknowledged a need for them), approximately one-third stated fear of stigma as a perceived barrier to treatment-related services (information, medication, and counseling/therapy).[16] Avoiding or delaying treatment is unfortunate because most mental illnesses can be treated.[17] The mental fitness of members is as important as physical fitness for successfully accomplishing tasks in the CAF.

Avoidant Behaviour toward Persons with Disabilities

"Persons with a physical disability or mental illness are often socially exiled or avoided by able-bodied persons."

Persons with a physical disability or mental illness are often socially exiled or avoided by able-bodied persons. Distinguished psychologist/sociologist and Dartmouth College Research Professor Emeritus Dr. Robert E. Kleck and his colleagues, in a number of laboratory experiments, demonstrated that able-bodied participants engage in avoidance behaviors when interacting with a left-leg amputee (simulated using a specially designed wheelchair).[18] Included in such behaviors are: standing at greater speaking distances, terminating conversation prematurely, and smiling less.

Survey data reports on social distance from people with mental disorders by able-bodied persons. The majority of Canadians (55%) said they would be unlikely to enter into a spousal relationship with someone who has a mental illness, as reported in the 2008 Canadian 8th Annual National Report card on Health Care.[19] Data from the 1996 General Social Survey showed that a majority of Americans are unwilling to work next to, spend an evening socializing with, or have a family member marry an individual with mental illness.[20] Of the respondents from the National Stigma Study – Children (NSSC), approximately one-in-five adults declared themselves unwilling to

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have a child or adolescent with mental health problems live next door, be in his or her child's classroom, or be his or her child's friend.[21] The majority of NSSC respondents also reported stronger preferences for social distance from children and adolescents with mental health problems, as compared to those with physical illnesses.

Stigma by Association

Not only does the PWD have to face the debilitating effects of stigma, but stigma tends to spread to family members and others with whom the stigmatized person associates.[22] Some parents whose child marries a PWD dread the reactions of their friends and neighbours, and some parents whose child marries a PWD believe a disability is the outward sign of an internal flaw that will affect the marriage or their future grandchildren.[23] A caregiver for someone with depression may be viewed with suspicion; indeed, it is not unheard of for people to inquire whether one can catch depression in the same manner as the common cold.[24] For families, stigma by association involves feelings of fear, shame, anger, and perceived helplessness.[25] These views can be damaging to family members who are already struggling under challenging circumstances.[26]

Stigma as a Barrier to Employment of Persons with Disabilities

Stigma negatively affects the employment of PWDs. Many individuals believe that PWDs are not employable.[27] As such, PWDs experience prejudicial attitudes when seeking employment.[28] Survey data show that, compared to their able-bodied counterparts, PWDs have lower employment levels, are employed more often in part-time jobs, and have a lower annual income.[29] However, having a physical injury or mental illness does not preclude an individual from being productive or even from being a superior employee. PWDs need to be judged upon the basis of their capability with any given accommodation (i.e., making facilities wheelchair accessible, and requesting flex hours to seek medical treatment for a mental illness), and not upon the basis of their disability.

Interventions to Reduce Stigma

The impact of stigma upon a PWD may be as harmful as the direct effects of the disability. Various government agencies, charitable organizations, and advocacy groups rely upon a variety of strategies to reduce the impact of stigma upon PWDs. This requires interventions to replace negative stereotypes with more enlightened views of disability that will hopefully enhance the quality of life for PWDs. This section presents three stigma-reduction interventions: protest, education, and contact. Although these interventions are presented separately, they are not always conducted in isolation from one another.[30]

Protest

Protest is a reactive strategy designed to reduce the impact of stigma upon PWDs.[31] Forms of protest include writing a letter to the editor of a newspaper, or lobbying Members of Parliament. Advocacy groups may protest hostile and inaccurate representations of disabilities, such as those portrayed in the media or in movies. For example, The Centre for Addiction and Mental Health

(CAMH) protested reality television's *The Apprentice* as setting a bad example with respect to how to handle mental illness in the workplace.[32] In one episode, a candidate with a mental illness competed for a dream job. She was labeled as 'crazy,' and was subsequently fired. This gave viewers a glimpse into what those suffering from a mental illness fear the most when they go to work – alienation, name calling, fear of being fired, stigmatization, and shame. These manners of protest efforts by CAMH can help reduce the frequency of negative stereotypes.[33] However, protest fails to promote more positive attitudes that are supported by facts.[34]

Education

Education provides accurate information about mental illness, so that the public can make more informed decisions with respect to a disability.[35] This can help challenge inaccurate information perpetuated by common stereotypes applied to persons with mental illness (i.e., incompetent, irresponsible, dangerous, unpredictable, at fault for their illness, or unlikely to recover). The information can be dispensed through public service announcements, workshops, brochures, posters, and websites. However, the success of educational efforts largely depends upon the type and method of information that is disseminated.[36]

Contact

Contact with PWDs may augment the effects of education in reducing stigma.[37] For instance, facilitating face-to-face interaction between able-bodied persons, and persons who have a mental illness, provides an opportunity for the public to meet persons with disorders such as schizophrenia, for example, who are gainfully employed, or who live as good neighbours in a community. These contacts can reduce the stigma associated with a mental problem. Instructors or facilitators who have a mental illness can discuss their experiences. The public can learn about the disability experience and challenge their preconceived notions. However, much depends upon the quality of the contact, because negative experiences can increase stigma.[38]

Programs for Combating Stigma in the Canadian Armed Forces

The CAF has programs whose goals include reducing stigma and maximizing operational effectiveness in both the short- and long-term. Five of these programs are presented in this section: Operational Stress Injury Social Support, Mental Health and Operational Stress Injury Joint Speakers Bureau, Road to Mental Readiness, commemorative events to celebrate International Day for Persons with Disabilities, and Soldier On. These programs incorporate education and contact, which are effective interventions for stigma reduction.[39]

Operational Stress Injury Social Support

The Operational Stress Injury Social Support (OSISS) program is a network of peer support coordinators located in major cities and in close proximity to bases across Canada. The program provides confidential peer support and social support to CAF members, veterans and their families, who are affected by an operational stress injury (OSI). An OSI is broadly defined as any persistent psychological difficulties (i.e., anxiety, depression, or post-traumatic stress disorder) resulting from operational duties performed by CAF personnel in Canada or abroad.[40] This support is offered by individuals who have themselves experienced an OSI, and by family members who fully understand, through their own experiences, OSI issues.

The OSISS program was founded in 2001 by Lieutenant-Colonel Stéphane Grenier, Special Advisor on OSIs, who suffered an OSI resulting from his deployment to Rwanda. The goal of OSISS is to increase knowledge and understanding of non-visible injuries and illness, thereby changing attitudes and behaviours toward mental health that can help erode stigma.

Mental Health and Operational Stress Injury Joint Speakers Bureau

The Mental Health and Operational Stress Injury Joint Speakers Bureau (JSB) was formed in 2007 when the OSISS Speakers Bureau joined together with the then-CF Health Services Group Headquarters.[41] The JSB is an educational program based upon effective strategies aimed at health promotion, mental illness prevention, and upon decreasing stigma. It takes a two-pronged approach. First, the JSB operates by improving the mental health literacy of individual soldiers and their families, and by recommending concrete actions to improve mental health. Second, the JSB targets leadership to create a supportive environment, to improve morale, and to increase operational effectiveness through unit cohesion.

An example of an effective JSB strategy is the mental health continuum model,[42] which was developed by the then-CF Health Services Group in collaboration with the U.S. Marine Corps Department of Psychiatry. The model describes four mental states, ranging from healthy to ill, and provides indicators that may be manifested during these states. These stages of behaviour follow a continuum, with movement in both directions, indicating that there is always the possibility for a return to full mental health and functioning. Steps are also included in the model designed to provide support to persons experiencing mental health problems.

A key component of the JSB is a partnership between peers and mental health professionals at all levels of the organization to establish credibility and connection with participants. The peers are military members who have recovered from an OSI, trained to speak to CAF personnel about their own experience with respect to OSIs. Their real-life experience elicits emotional reactions and produces a strong effect upon attitudinal change.[43] The inclusion of experienced mental health professionals is important in developing and delivering mental health education. They have up-to-date theoretical and practical knowledge of mental health issues, and they can serve as credible sources when speaking to an audience.

The JSB has a rigorous screening and selection process for both peers and mental health clinicians. By combining peers' personal accounts of OSIs and information delivered by mental health clinicians, the JSB can promote stigma-reduction of OSIs and potentially can increase the likelihood that a military member will seek care, which results in better treatment outcomes. Preliminary data suggest the JSB curriculum is having short-term effects on shifting attitudes and increasing knowledge.[44]

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Road to Mental Readiness

In 2010, the CAF launched the pre- and post-deployment training program known as Road to Mental Readiness (R2MR).[45] The goal of R2MR is to improve short-term performance and long-term mental health outcomes for CAF members and their families. R2MR has four key learning objectives. These are: (1) understanding stress reactions; (2) identifying challenges of deployment and their impact; (3) learning and applying strategies to mitigate the impact of stress; and, (4) recognizing when and where to seek support. In this manner, R2MR hopes to improve mental health literacy to benefit individuals struggling with mental illness, but also to ensure that leaders who recognize the signs provide a supportive environment that fosters recovery.

R2MR is delivered in six phases over the deployment cycle: (1) pre-deployment; (2) reinforcement; (3) family pre-deployment; (4) third-location decompression; (5) home-location decompression; and, (6) post-deployment follow-up. Additionally, key concepts presented in the R2MR curriculum are being integrated into the CAF leadership training.

"There is evidence that the CAF programs and policies are fostering a culture of understanding and acceptance of physically injured and mentally ill members."

Commemorating International Day for Persons with Disabilities

The Department of National Defence/Canadian Armed Forces (DND/CAF) commemorates the International Day for Persons with Disabilities (IDPWD) on 3 December annually, as proclaimed by the United Nations General Assembly in 1981. It aims to promote an understanding of disability issues and to increase awareness of the benefits society has to gain from the integration of PWDs in every aspect of social, political, and economic life. Commemorative events are held throughout DND/CAF in early December to create awareness of disability issues and their solutions, and to recognize the achievements and the valuable contributions made by DND employees and CAF members who have a disability.

There is a designated theme each year to commemorate IDPWD. For example, the 2011 IDPWD was commemorated under the theme *One Destination, Many Paths*, inviting DND employees and CAF members to learn about and reflect on concrete actions they can take in their day-to-day business for both military members and civilian employees who use different paths to get to the same destination. Previous events to celebrate IDPWD include motivational guest speakers, demonstrations, a sledge hockey game between the Canadian Paralympic Sledge Hockey Team and the Edmonton Garrison, Yoga Warrior class (a pilot project at Canadian Forces Base Borden to help members cope with post-traumatic stress disorder), workshops, lunch and learn sessions, and information kiosks.

Soldier On

The Soldier On program strives to aid in rehabilitation and to improve the quality of life of CAF members and veterans who have a physical injury or mental illness, through physical fitness activity, recreation, or sport.[46] It was founded in 2006 by Warrant Officer Andrew McLean, a CAF Search and Rescue Technician and marathon runner, and Mr. Greg Lagacé, the Paralympic Development Manager with the Canadian Paralympic Committee.

Not only does physical exercise improve health, persons with a physical disability who exercise may reduce the stigma associated with the disability by creating a positive impression on others.[47] Participants in a laboratory study were asked to read a description of a man or woman with a spinal cord injury who was described as an exerciser, non-exerciser, or control (i.e., no exercise

information was provided for the person with a spinal cord injury), and then rated the person being described on 17 personality and nine physical dimensions. The study demonstrated significantly more favourable ratings for the exerciser than both the non-exerciser and control on almost all dimensions.[48]

Culture Change in the Canadian Armed Forces

The CAF actively promotes awareness, education, and training through the aforementioned programs that incorporate interventions for stigma-reduction in order to affect lasting cultural change. Senior leadership recognizes the importance of reducing stigma. The former Chief of Defence Staff, General (Ret'd) Walter Natynczyk, officially launched the mental health awareness campaign on 25 June 2009 as part of a new strategy to combat the stigma associated with mental illness in the CAF.[49] The CAF Health Services Group has an active research program that regularly surveys attitudes toward mental health care, develops promising approaches to changing attitudes, and validates the effectiveness of these interventions. The Individual Behaviour and Performance Section at Defence Research and Development Canada – Toronto is studying the process of post-deployment reintegration (in the work, family, and personal domain), and is exploring the factors that may hinder or facilitate reintegration.

There is evidence that the CAF programs and policies are fostering a culture of understanding and acceptance of physically injured and mentally ill members. For example, Captain Simon Mailloux is the first CAF amputee to redeploy to Afghanistan.[50] He lost the lower portion of his left leg when the armoured vehicle he was commanding struck an improvised explosive device. His return to Afghanistan was justified by proving he was physically and mentally fit to handle the rigours of redeployment.

The positive shift in culture in stigma-reduction is an important activity for the CAF as its members continuously identify and respond to deficiencies in the well-being of physically injured and mentally ill members. In order to appreciate the state of present-day culture in the CAF, stigma is less of a problem now than ten years ago, according to the DND/CAF Ombudsman, who reports publicly on significant matters affecting the welfare of the Defence community. The 2008 DND/CF Ombudsman special report stated that the stigma associated with post-traumatic stress disorder (PTSD) and other OSIs remains a real problem at a number of military establishments across Canada.[51] The Ombudsman noted that a culture change is still needed. Ombudsman McFadyen found that following the completion of the original 2002 DND/CF Ombudsman investigation, CAF members diagnosed with PTSD were often stigmatized as being fakers, malingerers, or as being weak and incapable. Moreover, when CAF members were

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diagnosed with mental health problems, they frequently felt shunned and sidelined. As well, military families had little, if any, support available to help them understand and cope with these problems. As a result of this widespread stigma, military members suffering from PTSD or other OSIs were often reluctant to seek help.[52]

While the CAF had made progress in treating members who have a mental illness as reported in the 2009-2010 DND/CF Ombudsman report, the Ombudsman stated that there are a large number of *current* military sufferers and an even larger number of *anticipated* sufferers that demand additional review and evaluation by the Office of the Ombudsman.[53] More recently, the 2010-2011 DND/CF Ombudsman report states that the CAF is making some progress in reducing the stigma of mental illness.[54] However, the stigma associated with OSIs and other mental health issues is still very much a concern, especially among more junior members who worry about the impact of a diagnosis upon their careers. Moreover, several military spouses mentioned that their partners chose not to seek treatment, due to stigma. Spouses were also concerned that their partner would be released from the CAF due to an OSI.

The CAF is paying attention to the challenges that remain in stigma-reduction. Significant culture change takes time in a large organization like the CAF. This demanding mission has been made easier by the leadership at the national level that champions culture change. Most notably, the mental health awareness campaign was launched by the Chief of Defence Staff, General (Ret'd) Walter Natynczyk, as part of a strategy to combat the stigma associated with mental illness in the CAF.[55] Without this strong and committed leadership, culture change is much more difficult to initiate, and it takes even longer to fully implement. The CAF is fortunate to have dedicated mental health professionals at military establishments across Canada delivering support and doing as much as they possibly can to help members suffering from PTSD and other OSIs. While recognizing that more needs to be done to reduce stigma, at the same time, it is also important to celebrate the positive shift in culture.

Personal Actions to Reduce Stigma

Reducing the impact of stigma depends highly upon the personal actions of individuals. An important principle is to treat physically injured and mentally ill members as they would want to be treated. To help guide behavioural decisions, recommendations for stigma-reduction directed at members who become physically injured or mentally ill, as well as able-bodied members, are presented in this section. We compiled

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these recommendations by consulting websites pertaining to persons with disabilities (PWDs; see Table 1).

The following are recommendations for stigma-reduction directed at physically injured and mentally ill members:

- Do not be ashamed to ask for help;
- Never apologize for your disability;
- Share your experiences;
- Educate others about your disability;
- Dispel myths or stereotypes about PWDs; and
- Have a positive attitude

The following are recommendations for stigma-reduction directed at able-bodied members:

- Know the facts
  - Learn more about stigma, discrimination, and disability
  - Recognize and challenge myths, stereotypes, and inaccurate information with respect to disabilities
  - Listen to the stories that PWDs have to share
- Monitor your attitudes and your behaviour
  - Be aware of your attitudes and behaviour toward PWDs
  - Avoid prejudging or stigmatizing PWDs on the basis of stereotypes

  Focus on the positive attributes of PWDs
  - Be inclusive of PWDs and be cognizant of their needs
  - Empathize with PWDs by trying to 'walk in their shoes'
  - Resist common, negative stereotypes about disabilities
  - Be proactive
  - Speak up about stigma
  - Choose your words carefully – certain terms or expressions can depersonalize PWDs, such as referring to a person as depressed for a diagnosed mental illness of depression, rather than by the person's abilities, skills, or qualities
  - Talk openly about disabilities in a respectful manner
  - Provide an environment that includes and accommodates the needs of PWDs

Conclusion

Members who become physically injured or mentally ill have a better chance of navigating the successive phases of recovery, rehabilitation, and return to military service if there is a reduction in stigma. Stigma is real, and the associated psychological and emotional pain hurts physically injured and mentally ill members, their family and friends. I, G. Robert Arrabito, (the first author of this article), can attest to the harmful impact of stigma as I have a disability. I was diagnosed at birth with an eye disease that eventually resulted in total blindness. I experience stigma and discrimination from time-to-time in various facets of my life, but these instances are infrequent and have little impact upon my subjective well-being. In many cases, I attribute people's disrespectful behavior to ignorance, and I take the opportunity to educate people on my capabilities in an effort to reduce stigma. I accept my disability, and I am not ashamed to ask for help when necessary. Similarly, if physically injured and mentally ill members are to live fulfilling lives in the service of Canada, they should have the expectation

Organization	Website	Resource
Access Ontario	http://www.mcss.gov.on.ca/en/mcss/programs/accessibility/index.aspx/ado/english/disabilities	Ontario disability portal
Centre for Addiction and Mental Health	http://www.camh.ca/en/education/Patients-Families-Public/Resources/Pages/default.aspx	Mental health
Canadian Hard of Hearing Association	http://www.chha.ca/documents/en/faq_about_hearing_loss_booklet.pdf	Hearing loss
Canadian Human Rights Commission	http://www.chrc-ccdp.ca/eng/content/resources	Canadian Human Rights Act and information on disabilities
Canadian National Institute for the Blind	http://www.cnib.ca/en/about/Publications/vision-health/Pages/default.aspx	Vision loss
Independent Living Canada	http://www.ilcanada.ca/article/independent-living-library-120.asp	Independent living
Spinal Cord Injury Ontario	http://www.sciontario.org/resources/landing	Spinal cord injury
War Amps	http://www.waramps.ca/nac/resources.html	War Amps resource booklets

Table 1– Websites of organizations for persons with disabilities.

of seeking treatment without fear of stigma, and returning to previous military occupations whenever possible.

The return to work of physically injured and mentally ill members has benefits for both the employer and the employee. The understanding and acceptance of physically injured and mentally ill members can open doors to new ways of thinking, and, ultimately, can enhance CAF operational effectiveness. An important principle is to treat physically injured and mentally ill members as they would want to be treated.

The CAF is making significant inroads in fostering a culture of understanding and acceptance of physically injured and mentally ill members in order to effect lasting cultural change. It continuously evaluates the effectiveness of programs and policies that incorporate components of stigma-reduction, and responds to deficiencies in the well-being of physically injured and mentally ill members. Steps to overcome stigma must be taken, not only by able-bodied members, but also by physically injured and mentally ill members. In particular, better health outcomes require the physically injured and mentally ill member to be an active participant in the recovery effort.

Combating stigma cannot cease, as undoubtedly, CAF members will continue to undertake perilous new missions in Canada and abroad. In preparation for at least a continuance of physically injured and mentally ill members (particularly mental health issues) in the years ahead, the goal is to diminish stigma so that CAF members feel as comfortable coming forward as early as possible in talking about their mental health problems as they do when discussing their physical health problems. The earlier a mental health problem is identified, the sooner one can intervene and improve health outcomes. The silent suffering of members with a mental illness takes a toll upon their lives, and ultimately, upon military readiness and effectiveness.

DND photo AR2010-0320-33 by Sergeant Daren Kraus

Members of the 2nd Combat Engineer Regiment (2CER) rest during a patrol in Afghanistan, 28 October 2010.

NOTES

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