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Mental Health is Not Just a Challenge for War Heroes: Sometimes Average People Need Help, Too

by Nathan Packer

So far, I have only typed the title for this article and already I can feel the chemicals coursing through my body: my fingers, as I type this, are feeling fatter and more sluggish, yet also jittery and electrified. My vision is narrowing and blurring at the edges and my hearing is elevated. I am getting a headache. What Afghan experiences am I about to relate? Are these the symptoms of PTSD, and is that what this article is about? The short answer is that I did not have any significant traumatic experiences while in command in Kandahar, and this is not an article about PTSD. In fact, it is the exact opposite.

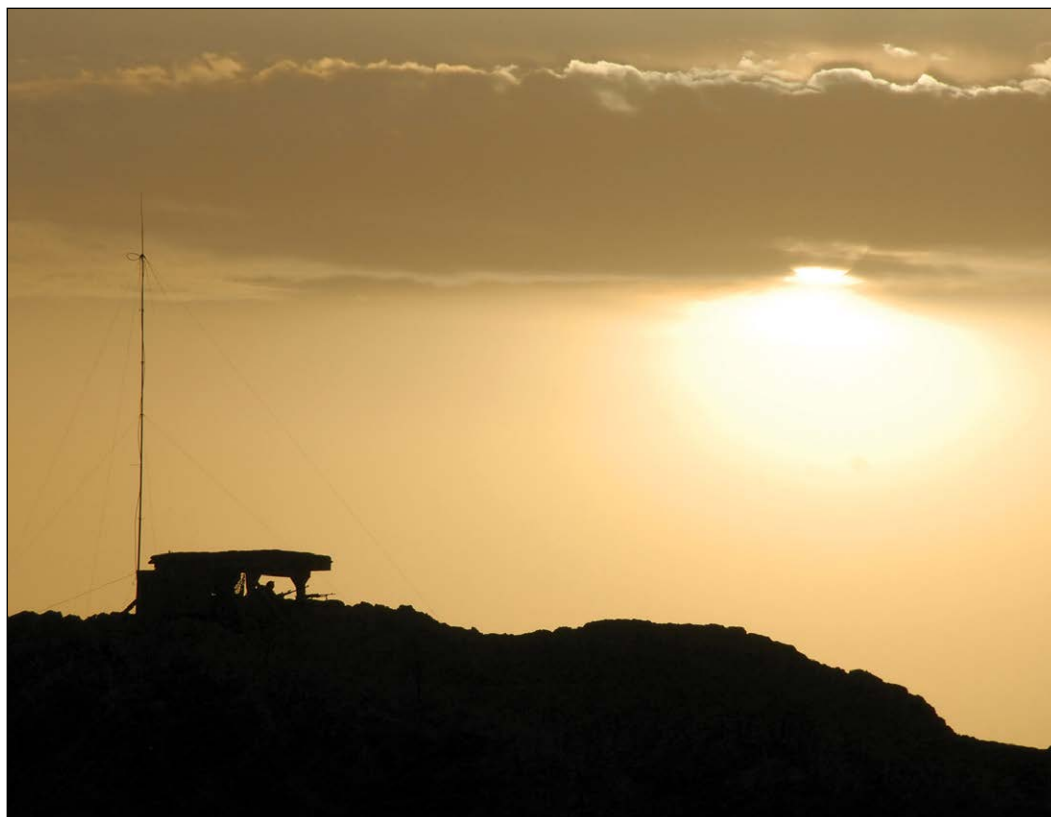
Three years ago, I got more drunk than usual, (which was considerable at the time), and did some things that I regret. Afterwards, I lay on the floor of my hotel room sobbing and trying to think of the most practical way of killing myself, as I assumed that I had just let down everyone that believed in me, destroyed my career, and ruined my life.

In the days following that event, which I have decided was my 'rock bottom,' I made an appointment with someone at my Care Delivery Unit (CDU), and through her I was referred to both the

Addictions Treatment Program (ATP) and General Mental Health. We also did several tests to determine the extent of damage I had done to myself physically through decades of alcohol abuse.

Through a month of intensive therapy, and then a year of weekly group discussions with the wonderful people at ATP, I learned a lot about myself, who I am, and how I came to be that way. Through many discussions with an excellent counsellor at General Mental Health, I learned, in sum, that it is not normal to have to convince yourself every day that you should bother to live through that day and into the next. Through my bloodwork, I discovered that I have thyroid and Vitamin D deficiencies that may be contributing factors with respect to my depression.

I was also tested for PTSD, and while I clearly have some residual effects from my tours overseas, they are not significant enough to warrant the level of intensive support provided by the Operational Trauma Stress Support Centre (OTSSC). As I stated earlier, I did not experience any singular traumatic incidences. If I have any residual effects from those times, they stem more from driving thousands of kilometers on roads that I expected to erupt in a flash of fire and fury that would swallow me whole and leave



A silhouetted bunker is seen against the lowering Afghan sun at FOB Ma'sum Gar, 14 March 2008.

nothing but twisted metal and a grieving family. While I saw the aftermath of these events, I never experienced them personally. Nor do I have to live with whatever emotions some people have after either taking the life of a fellow human being; the closest I ever came to being in an actual firefight was watching one play out from the top of the peak at Forward Operating Base Ma'sum Ghar in Afghanistan.

This, however, is the point of this article: I did not experience massive emotional trauma, yet I still needed help. *I did not get help because I did not feel that I had earned the right to help*, as I did not have any justifiable reason to take away precious mental health resources from those who truly needed it. While going through treatment, and since, I have met many people who have expressed this same thought: "There is something not right with me, but I can tough it out because I am not as bad off as others."

The truth is, however, that while we may all know someone whose experiences on operations, or in life in general, have been more difficult than our own, this does not mean that we *do not need*, or *have not earned the right to*, a little bit of help ourselves.

The simple fact is that military life is hard, and it is even harder when you are average. We go through our career continually being assessed by our superiors, peers, and subordinates. We are asked to contribute more and more, to perform better and better. We give everything we have, and the only reward we can expect is more responsibility. And even though it is well known that we do not all have what it takes to become generals and chief warrant officers, this is the standard by which we are measured. In sum,

the military continually asks *ordinary people* to do *extraordinary things* – and the burden of trying to be extraordinary all the time can eventually become crippling.

Therefore, this article is for the average people who are reading it. You are not alone, you are, in fact and by definition, the majority.

I will share one story that reinforces this notion. People have asked me if my experiences in Afghanistan contributed to my drinking. This answer is yes, but not in the way one might think. For my second tour to Afghanistan I was given command of 12 Field Squadron, the Combat Engineer Squadron attached to the 2 PPCLI Battlegroup for operations in Kandahar

during the 'fighting season.' My greatest fear as I was preparing my squadron for deployment was that I was not good enough for the job, and that I, by either doing the *wrong thing* or failing to do the *right thing*, would directly and personally be responsible for the death of one or more of the soldiers under my command. I was an average person given an extraordinary responsibility, and the weight of that responsibility was soul-crushing. For the eight months leading up to my deployment, I drank myself to sleep every night, as there was no other way to escape the fear, anxiety, and self-doubt.

Looking back, while I have no doubt that there were soldiers under my command that felt I was not a great leader, I can confidently say that I was good enough – I did not directly or indirectly get anyone killed. And while I did lose three soldiers from my squadron, they were, in fact, not under my command at the time, and the circumstances surrounding that incident were well and truly beyond my control.

I now realize that for years I had been dealing with what many refer to as a 'black cloud' over their heads, but what I called my 'emotional cancer.' This emotional cancer was born of self-doubt and an unrelenting pressure to both *fit in* and *stand out*. I could feel it growing in my soul and in my mind, getting bigger, and eating away at me. I wanted to kill it, and I used alcohol as my emotional chemotherapy. Eventually, I lost the battle and had to call in reinforcements – and I am thankful every day that I did so.

When I went to my CO and told him that I needed to take a month off work because I was broken and needed to get fixed,

DND photo IS2014-3036-03 by Master Corporal Patrick Blanchard



he was surprised because I had been hiding it so well, but he was also incredibly supportive. The Formation Commander was also incredibly supportive. Everyone in the office was nothing but supportive. And my wife has been my biggest source of support and encouragement. And again, the addictions and mental health people have been amazing. They *will* help you, they *want* to help you. In fact, they wanted to help me more than I thought I needed – thankfully they can be very stubborn that way!

Conversely, they will not give you more help than you need. As I said, I did not get referred to OTSSC because I did not need it, so do not worry about over-burdening the mental health system for that

Mental Health Continuum

	Healthy	Reacting	Injured	Ill
Mood	Normal mood fluctuations Takes things in stride Calm	Irritable/ impatient Nervous Sadness/ overwhelmed	Anger Anxiety Pervasive sadness or hopelessness	Angry outbursts/ aggression Excessive anxiety/ panic attacks Depressed/ suicidal thoughts
Attitude & Performance	Good sense of humour Consistent performance In control mentally	Displaced sarcasm Procrastination Forgetfulness	Negative attitude Poor performance or workaholic Poor concentration/ decisions	Overt insubordination Can't perform duties, control behaviour or concentrate
Sleep	Normal sleep patterns Few difficulties sleeping	Trouble sleeping Intrusive thoughts Nightmares	Restless disturbed sleep Recurrent images or nightmares	Can't fall asleep or stay asleep Sleeping too much or too little
Physical Symptoms	Physically well Good energy level	Muscle tension Headaches Low energy	Increased aches & pains Increased fatigue	Physical illness Constant fatigue
Social Behaviour	Physically & socially active	Decreased activity/ socializing	Avoidance Withdrawal	Not going out or answering phone
Alcohol & Gambling	No/limited alcohol use & gambling	Regular but controlled alcohol use/ gambling to cope	Increased alcohol use/ gambling Hard to control with negative consequences	Frequent alcohol or gambling use Inability to control with severe consequences

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which you may think your situation is *not bad enough* or *not a big enough deal*. They will get you *all* and *only* the help you need – let them worry about the cost.

Remember the CAF Mental Health Continuum: I accept that soldiers want to ‘fight through it’ because that is what we do, but do not wait until you find yourself ill and ‘in the Red’ before you get help. Fighting through and handling your own problems may be appropriate when you are reacting and ‘in the Yellow,’ but once you are injured, once you are ‘in the Orange,’ the smart choice is to get professional help before you ‘crash into the Red.’ It is much more difficult to fix a problem after the damage is done – you cannot close the barn door after the horse has bolted.

Another challenge, especially for our leaders, are the mottos or credos, “Mission, soldiers, equipment, self,” and “Mission first, soldiers always.” In the former, we must put ourselves last, in the latter, there is no room for ourselves at all. While these are important mottos to remember, it is also vital to acknowledge that if we do not take care of ourselves, eventually our physical, mental, or spiritual health could fail – and then we will be unable to command the mission or lead our soldiers to the best of our abilities.

In conclusion, if you feel off; if you wander among the people of the world, wondering why anyone bothers to keep going when everything is so clearly broken; if you drink more than you know you should; if you cannot connect emotionally or physically with your partner or your family; or if you just feel angry, frustrated, or fed up, *then get help*. No, you are probably not as bad off as some others. In fact, you may actually be able to make it all the

way through your life without getting any help at all. But what if just a little bit of help could make things just a little bit easier, or even a lot easier? What if just talking to someone for an hour a week for a few months could make you see that there is another way to think, to feel, to exist?

Take it from me. Get a little bit of help, just lighten the load a little bit, or at least for just a little while. The chain of command will support you – we want you to be healthy, we really do. And sometimes, simply having someone to talk to that is not a loved one, who can listen unemotionally and without judgement, can make all of the difference in the world.

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DND photo AR2011-0124-38 by Corporal Tina Gillies

A field medic from Canadian Forces Base Petawawa hugs another fellow Canadian soldier while on foot patrol during Operation Mutay, Dand District, Afghanistan, 10 April 2011.