Use of the Operational Stress Injury Social Support (OSISS) program in a nationally representative sample of Canadian military personnel Canada Gouvernement Défense National Defence du Canada Sophie Duranceau, M.A.¹, Mark A. Zamorski, MD², & R. Nicholas Carleton, Ph.D.¹ supérieures du Canada Vanier CIHR IRSC ¹Anxiety and Illness Behaviours Laboratory, University of Regina, Saskatchewan ²Directorate of Mental Health, Canadian Forces Health Services Group, Department of National Defence







 tabilitation care seeking arroug military populations. The Operational Stress liquy Social Support Coordinate diagonse interview assessing major depressive disordse , anxiety discretes , anxiety discr	<u>Introduction</u>		Method	<u>/s</u>		Res	<u>ults</u>			Discussion				
 And service support may will not seek protession and the set of service support may be support to provide the set of service support of the set of service set of set of SISS program also support provide set of set of service set of set of SISS program also support provide set of set	Operational Stress Injury (OSI; e.g., anxiety disorder, posttraumatic stress disorder [PTSD])		Members from a nationally rep completed in-person interviews	Members from a nationally representative CAF sample			Members who accessed professional mental health services			peer support program within a nationally representative CAF				
 Merind Health Compares Interview Seesand multiply Social Support Incurrence With Plast Compares Interview Seesand multiply Social Support Incurrence With Plast Compares Interview Seesand multiply Social Support Incurrence With Plast Compares Interview Seesand multiply Social Support Incurrence With Plast Compares Interview Seesand multiply Social Support Incurrence Sets Department Interview Seesand Sector Interview Seesand Sector Interview Seesand Sector Interview Seesand Meridia Interview Seesand Meridia Interview Seesand Meridia Interview Seesand Sector Interview Seesand Meridia Interview Seesand Meridi Interview Seesand Meridia Interview Seesand Meridia Interview	 Evidence suggests many will not seek professional mental health care in a timely fashion, if at all. The extant literature has focused on barriers to 		 Variables The survey included items assessing socio- demographic, military, childhood adversity, and deployment-related trauma variables. Mental Health Composite International Diagnostic Interview (CIDI; World Health Organization [WHO], 2004) – a structured diagnostic interview assessing major depressive disorder, anxiety disorders, PTSD, 			Members made use of the OSISS program. Depending on the type of service provider, between 61.5%-66.7% of individuals who used the OSISS program also sought			on OSSIS. Most include also sought profession The majority of i	 OSSIS. Most individuals who made use of the program also sought professional mental health care. The majority of individuals who used the program 				
Closes / Intellate is a United mitary program anomable with mitary organizations professional menth with Services and their families. The Sister of the Co-10 (WHD, 1992). Past 12 months CISIS user: "1.1. June you seen, or talked on the Cisphone adoug accidence with adoug a coloring of their professional menth heath care. The Sister of the Co-10 (WHD, 1992). Past 12 months CISIS user: "1.1. June you seen, or talked on the Cisphone adoug accidence with adoug a coloring of their professional menth heath care. Prevalence detinates were computed for all variable and users to program has attracted the attention of several mitary organizations outside of Charact, Invesers, testikely ittle remarks based on the Cisphone adoug accidence with past 12 months OSIS use. Prevalence detinates were computed for all variable as the outcome variable. Ancersen's behaviourial model of past 12 months OSIS use. Ancersen's behaviourial model to past 12 months OSIS use. Ancersen's behaviourial model to past 12 months OSIS use. Ancersen's behaviourial model to past 12 months OSIS use. Antersen's behaviourial model to past 12 months OSIS use. Antersen's behaviourial model to past 12 months OSIS use. Antersen's behaviourial model to past 12 months OSIS use. Antersen's behaviourial model to past 12 months OSIS user. Antersen's behaviourial model to past 12 months OSIS use. Antersen's behaviourial model to past 12 months OSIS user. Antersen's behaviourial model to past 12 months OSIS user. Antersen's behaviourial model to past 12 months OSIS user. Antersen's behaviourial model to past 12 months OSIS user. Contrana figurations. Antersen's	research has focused on variables that may facilitate care seeking among military populations.					related, and mental health variables in relation to past 12 months OSISS use are presented in Table 1.			use after accounting deployment trauma diagnoses. Past 12	use after accounting for socio-demographic variables, deployment trauma experiences, and other mental health diagnoses. Past 12 months anxiety disorders and alcohol-				
 The OSISS program is designed to enable professional meral hearbins exercise as an adjunct to professional meral hearbins exercise as and have bearbins exercise as an adjunct to professional meral	accessible to Canadian active duty military		 based on the ICD-10 (WH0 Past 12 months OSISS use 	 based on the ICD-10 (WHO, 1992). Past 12 months OSISS use: "[] have you seen, or 			OSISS Peer Support Coordinator made a comment about "whether [the individual] should or should not seek			 a lesser degree. Having at least one child under 18 years old living in the household was the only socio-demographic variable significantly related to OSISS use in the final model. The current results suggest interventions focused on PTSD and family systems may be of particular relevance to individuals seeking help from the OSISS program. A strength of the study is the use of nationally representative CAF data including personnel who were deployed in support of the mission in Afghanistan. 				
 The structure of the OSISS program has attracted the attention of several military organizations of notwoor, rolativoly titha ramanys, known about OSISS user attracted to attent pertaining to OSISS use. A series of univariate and multivariate logistic regression analyses are for other descriptive statistics of nanalyses are portorned with past 12 months OSISS use is presented in Table 2. A nedersen's behavioural model of health server unided to base 20 for confidentiality purposes according to Statistics Canada data release policies. A nalyses were performed using Statistics Canada data release policies. A nalyses were performed using Statistics Canada data release policies. A nalyses were performed using Statistics Canada data release policies. A nalyses were performed using Statistics Canada data release policies. A series Statistics Canada data release policies. A series Statistics Canada data release policies. Table 1: Prevalence estimates - Past 12 months OSISS use within the CAF. Table 1: Statistics Canada data release policies. Table 1: Prevalence estimates - Past 12 months OSISS use within the section of the study design. A series Statistics Canada data release policies. Table 1: Prevalence estimates - Past 12 months OSISS use within the section of the study design. Table 2: Final adjusted logistic regression model - Past 12 months OSISS use within the section of the study design. A series Statistics Canada data release policies. Table 2: Final adjusted logistic regression model - Past 12 months OSISS use is nowner, age could not be included in the structy design. Canadain Armo (Field 2: Past 12 months OSISS use within the section of the struct and the structy design. Canadain Armo (Field 2: Past 12 months OSISS use is nowner, age could not be included to the t	professional mental health service use and can serve as an adjunct to professional mental		emotions, mental health or use of alcohol or drugs to a Peer Support Coordinator from the OSISS program"			 Individuals who used OS <i>not at all helpful</i> (20.5%; <i>helpful</i> (10.3%, [4.3-18.3) 	 significantly related to significantly related to significant signifi							
 Andersen's behavioural model of health services use (1995, 2008) informed the current study examining patterns of QSISS use within the CAF. Table 1: Prevalence estimates – Past 12 months QSISS use within the CAF. Table 1: Stress behavioural model of health services use (1995, 2008) informed the current study examining patterns of QSISS use within the CAF. Table 1: Prevalence estimates – Past 12 months QSISS use within the CAF. Table 1: Stress behavioural model of health services use (1995, 2008) informed the current severe rounded to base 20 for control to base 20 for	the attention of several military organizations outside of Canada; however, relatively little remains known about OSSIS program use within the		 included in the analyses and for other descriptive statistics of interest pertaining to OSISS use. A series of univariate and multivariate logistic regression analyses were performed with past 12 months OSISS 			 95% CI). The final adjusted model for past 12 months OSISS use is presented in Table 2. In the univariate regression model, being 35-44 years old 			A strength of the stur CAF data including p of the mission in Afg					
Variables% (95% Cl)EthnicityincomeIncomeIncomeSexCaucasian/White $1.2 (0.9-1.5)$ Less than \$80,000 $1.2 (0.8-1.7)^a$ BlockVariables $0.0R$ (95% Cl)ACR(95% Cl)Male $1.3 (1.0-1.6)$ Minority $1.3 (0.3-1.9)^a$ More than \$80,000 $1.2 (0.9-1.6)$ ElementImage: Come thick of the t	Andersen's behavioural model of health services use (1995, 2008) informed the current study examining patterns of OSISS use within		Analyses were performed using Statistics Canada bootstrap replicates and final survey weights. Proportions were rounded to base 20 for confidentiality purposes			= 1.9, [1.0-3.7] 95% CI) was associated with increased likelihood of past 12 months OSISS use; however, age could not be included in the final model due to sample			d data and the small s e OSISS program. Fut e evaluating use of the	data and the small sample size for individuals who used the OSISS program. Future researchers would benefit from evaluating use of the program in a larger sample and with a				
Variables % (95% Cl) Caucasian/White 1.2 (0.9-1.5) Less than \$80,000 1.2 (0.8-1.7)* Block Variables UOR (95% Cl) AOR (95% Cl) Sex Minority 1.3 (0.3-1.6)* Minority 1.3 (0.3-1.6)* More than \$80,000 1.2 (0.9-1.6) 1 Element 1.0 0.0 <th< td=""><td colspan="2">Table 1: Prevalence estimates – Past 12 months OSISS use</td><td></td><td>% (95% CI)</td><td></td><th></th><td>% (95% CI)</td><td>Table</td><td>2: Final adjusted logistic regress</td><td>ion mode</td><td>el – Past 12 mo</td><td>onths OS</td><td>SISS use</td></th<>	Table 1: Prevalence estimates – Past 12 months OSISS use			% (95% CI)			% (95% CI)	Table	2: Final adjusted logistic regress	ion mode	el – Past 12 mo	onths OS	SISS use	
Sex Minority 1.3 (0.3 - 1.0)* More than \$80,000 1.2 (0.9 - 1.6) 1 Element Male 1.3 (1.0 - 1.6) Education Minority 1.2 (0.7 - 1.6)* Minority 1.2 (0.7 - 1.6)* Minority 1.00 <th< td=""><td>Variables</td><td>% (95% CI)</td><td></td><td>1.2 (0.9-1.5)</td><td></td><th></th><td>1 2 (೧ 8-1 7)a</td><td>Block</td><td>Variables</td><td>UOR</td><td>(95% CI)</td><td>AOR</td><td>(95% CI)</td></th<>	Variables	% (95% CI)		1.2 (0.9-1.5)			1 2 (೧ 8-1 7)a	Block	Variables	UOR	(95% CI)	AOR	(95% CI)	
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Age Inignational of the difference of		x y			Childre	n < 18 years old in household			Army (Ref.)	1.00		1.00		
$16-34$ years old $0.7 (0.4-1.1)^a$ Rank $1.6 (0.5-1.5)^a$ $1.6 (0.5-1.5)$		0.9 (0.3-1.6)		, ·					Navy or Air Force	0.8	(0.3-0.8)	1.02	(0.6-1.9)	
35-44 years old 1.9 (1.2-2.6) ^a Junior NCO 1.3 (0.9-1.7) ^a 45-60 years old 1.5 (0.8-2.0) ^a Senior NCO or Officer 1.1 (0.7-1.5) ^a Marital Status 5.6 (2.3-8.2) ^a 6.6 (4.3-8.8) ^a Single, separated, divorced, or widowed 1.0 (0.5-1.4) ^a Army 1.6 (1.2-2.1) Marital status 5.6 (2.3-8.2) ^a Single, separated, divorced, or widowed 1.0 (0.5-1.4) ^a Army 1.6 (1.2-2.1) Marital or common low portner 1.4 (1.0.1.6) ^a		0 7 (0 ₋ 4-1.1) ^a		1.2 (0.9-1.6)	-	-		1	Children < 18 in household	2.0	(1.2-3.3)	1.9	(1.1-3.3)	
45-60 years old 1.5 (0.8-2.0) ^a Senior NCO or Officer 1.1 (0.7-1.5) ^a Anxiety disorders 9.4 (6.5-12.3) 3 Anxiety disorders 1.6 (10.2-26.9) 2.9 (1.4-6.1) Marital Status Single, separated, divorced, or widowed 1.0 (0.5-1.4) ^a Element Major depressive disorders 6.6 (4.3-8.8) ^a 3 Alcohol-related disorders 5.3 (2.7-10.6) 2.7 (1.3-5.8) Married or common low pathor 1.4 (1.0.1.6) Army 1.6 (1.2-2.1) Alcohol-related disorders 5.6 (2.3-8.2) ^a 1.6 DTOP OD (10.4-0.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) 4.0 (0.0.4.4.70) (0.0.4.4.70) (0.0.4.4.70) (0.0.4.4.70) (0.0.4.4.70) (0.0.4.4.70) (0.0.4.4.70) <td></td> <td>•</td> <td></td> <td>1.3 (0.9-1.7)^a</td> <td>Deployn</td> <th>nent trauma exp. (<i>INI, SD</i>)</th> <td>4.4 (2.2)</td> <td>2</td> <td>Deployment trauma exp. (Mean)</td> <td>1.61</td> <td>(1.5-1.8)</td> <td>1.3</td> <td>(1.2-1.5)</td>		•		1.3 (0.9-1.7) ^a	Deployn	nent trauma exp. (<i>INI, SD</i>)	4.4 (2.2)	2	Deployment trauma exp. (Mean)	1.61	(1.5-1.8)	1.3	(1.2-1.5)	
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Single, separated, divorced, or widowed 1.0 $(0.5-1.4)^a$ Army 1.6 $(1.2-2.1)$ 3 Alcohol-related disorders 5.3 (2.7-10.6) 2.7 (1.3-5.8) Married or common law partner 1.4 $(1.0, 1.6)$ 1.4 $(1.0, 1.6)$ 1.4 $(1.0, 1.6)$ 1.4 $(1.0, 1.6)$ 1.4 $(1.0, 1.6)$ 1.4 $(1.0, 1.6)$ 1.4 $(1.0, 1.6)$ 1.4 $(1.0, 1.6)$ 1.4 $(1.0, 1.6)$	Marital Status		Element		-			3	Major depressive disorder	9.3	(5.7-15.2)	1.6	(0.8-3.3)	
Married or common-law partner 1.4 (1.0-1.6) Navy or Air Force 0.7 (0.4-1.1) ^a 4 PTSD 4 PTSD (2.2-11.1)	Single, separated, divorced, or widowed	1.0 (0.5-1.4) ^a		1.6 (1.2-2.1)	-	-		3	Alcohol-related disorders	5.3	(2.7-10.6)	2.7	(1.3-5.8)	
	Married or common-law partner	1.4 (1.0-1.6)	Navy or Air Force	0.7 (0.4-1.1) ^a	PTSD		11.4 (7.6-14.9)	4	PTSD	22.3	(13.4-37.3)	4.9	(2.2-11.1)	

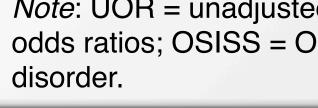
Note: CI = confidence interval; M = mean; SD = standard deviation; NCO = non-commissioned officer; OSISS = Operational Stress disorder. Statistics Canada permitted only weighted percentages to be released due to small cell sizes for certain variables. All percentages were rounded to base 20 for confidentiality purposes according to Statistics Canada data release policies. ^aA high level of error is associated with this estimate. The estimate is considered marginally acceptable according to Statistics Canada guidelines. ^bThe estimate does not meet Statistics Canada quality standards. Conclusions based on this data will be unreliable and most likely invalid.

For more information about this project please contact the presenting author: sophduranceau@gmail.com



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Discussion

Note: UOR = unadjusted odds ratio; AOR = adjusted odds ratio; CI = confidence interval; Ref. = reference group for odds ratios; OSISS = Operational Stress Injury Social Support; Exp. = experiences; PTSD = posttraumatic stress

Poster presented at the 37th Annual Conference of the Anxiety and Depression Association of America, San Francisco, CA, April 6-9, 2017