Investigating Mental Health Support for Military Veterans in Sydney, Nova Scotia

by

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Abstract

The present research paper investigates what happens to veterans who return home from war traumatized by the violence they have endured and how effective the present mental health infrastructure is in helping them cope and recover. It explores the prevalence of PTSD and depression as well as the lack of support systems for those living with these illnesses in Sydney, Nova Scotia. Available literature has presented the notion that these illnesses go hand in hand, becoming extremely prevalent in veterans due to heightened exposure to traumatic events. This prevalence, and the lack of impartial research done in the area of military service and mental health have fueled the present research study. The research question is as follows, “Does the amount of mental health support in the CBRM meet the needs of military veterans post-service?”

Veterans participated in one-on-one semi structured interviews covering topics including community, available mental health infrastructure, and the degree to which health organizations are deemed to be “successful” in providing services. Results indicated that the availability and success of the infrastructure throughout the province is disproportionate; places such as the CBRM are lacking, while the HRM is adequately providing. Stemming from this lack of support, participants felt disconnected from their place of residence and within the veteran community. Organizations that have shown success have been taken off the map, and replaced with government run organizations, which has led to discouragement. Taken as a whole, results of the present research study indicate that receiving adequate support is often a product of mere chance.

As stated by the literature, providing information on mental health infrastructure and developing a deeper understanding of the needs proposed by CAF are essential for efficient service planning, providing access, and creating positive changes in communities. Through
completing the present research study, we can begin to fill the gap in research, and suggest the areas for improved infrastructure.
Preface

This bachelor’s thesis is an original, unpublished paper based on an extensive literature review, and data collection by the author from September 2018, to March 2019. I am entirely responsible for all the research and writing. My supervisor Dr. Terry Gibbs reviewed several drafts and provided content and editorial suggestions.

Ethics approval was obtained from Cape Breton University’s Research Ethics Board: certificate number 1819-0005.
Dedication

This bachelor’s thesis is written in honour of Lional, Shanna, Aaliyah, and Brenda Desmond. Lionel Desmond was a retired solider who lived with severe Post Traumatic Stress Disorder. He struggled to receive adequate support systems necessary to maintain a healthy lifestyle. On January 3rd, 2017 Lionel took his own life, as well as the lives of his family members in their hometown of Guysborough, Nova Scotia. Since this heartbreaking experience, I have taken it upon myself to continue my education with the Desmond family constantly in the back of my mind. May their souls rest peacefully.
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<td>NS</td>
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<td>Canadian Armed Forces</td>
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<td>CBU</td>
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<td>CBRM</td>
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1. Introduction

Social science has always been an area of great interest for me. I took my first Sociology course in my graduating year of high school, and this is where my love truly began. Upon completion, I decided to begin my post-secondary studies at St. Thomas University, with high hopes of completing a double major in Psychology and Sociology with a minor in Gerontology. I took courses of great interest to me in disciplines including Anthropology, Gerontology, English, Sociology, Psychology, and Criminology. Through gaining this knowledge, I was able to set the groundwork for the educational endeavors that followed and discovered my love for sociological research.

Approximately half way through the second year of my undergraduate degree, I packed my bags and endured the 6-hour drive from Fredericton to my hometown in Guysborough County. After celebrating the holidays with my family, and the remarkable people I had the opportunity to reconnect with, I found myself relaxing, watching Netflix, and scrolling through Facebook. It was January 3rd, snow lays on the grass like a soft blanket over a warm body. I scroll across a variety of statuses, and news reports depicting a murder suicide in the Guysborough County area, a tragedy that seemed impossible. Through thorough communication, and small-town connection, the story passed along. Although, this evening may not seem substantial, it was one that would later mark the most tragic event of the county’s time and ignite the spark that fueled my undergraduate research studies.

Lional Desmond was a retired solider, with a 10-year-old daughter, and a beautiful wife. He lived with severe PTSD and struggled to find the proper support systems he needed to maintain a healthy lifestyle. On January 3rd Lional took his own life as well as that of his
daughter Aaliyah, wife Shanna, and mother Brenda. Since this heartbreaking experience, I have taken it upon myself to continue my education with the Desmond family constantly in the back of my mind.

The Desmond tragedy signifies the lack of adequate support systems available for military veterans in the rural parts of Nova Scotia, and as time went on, sparked the passion for the articulation of the present honours thesis. My personal bias led me to believe that our military veterans were supported upon returning home from service, that the government would take extraordinary precaution throughout their reintegration into society. I soon discovered how wrong these assumptions were. Being from a small town like Guysborough, Nova Scotia puts the impact of PTSD on military veterans into perspective. Utilizing this experience, and aiming to create change, I began reviewing scholarly publications, and collected additional information on topics including mental illness, the CAF, and employment opportunities. Out of my own interest, and with the hope of using the information for my thesis, I began articulating a variety of research papers, and expanding my knowledge to every extent available. Through this process, I was able to conclude that available literature was lacking, and there was a need for change, which led to the research articulated in the present study.

Posttraumatic Stress Disorder (PTSD) entails many symptoms varying from person to person, including but not limited to, emotional numbing, expressions of anger and violence, depression, increased anxiety, addictive behaviors, and a numbing of emotional response (Lafrance, 2015, pg. 175). According to Van Ameringen et al. (2008, pg.171), “Post-traumatic stress disorder (PTSD) has become a global health issue, with prevalence rates ranging from 1.3% to 37.4%”. Depression can be defined as “an emotional state marked by great sadness, feelings of worthlessness, and guilt” (Lafrance, 2015, pg. 221). Both of these psychological
disorders go hand in hand and become extremely prevalent in war veterans due to heightened exposure to traumatic events. This prevalence, and the lack of impartial research done in the area of military service and mental health have fueled my previous work, as well as the present research study.

Returning to St. Thomas University after the Desmond tragedy encouraged me to begin articulating a research paper entitled “Living with Mental Illness as a Senior in Nova Scotia”. An individual’s journey with mental illness is a very relevant issue in our society as a whole, and the lack of support given to our seniors makes it increasingly heartbreaking. Throughout my research paper, I argued that our society has created so many institutions that seem to make most mental health experiences more difficult than needed. By focusing on the experiences of seniors in Nova Scotia I was able to see first-hand the impacts of health systems, economic security, social inclusion, family lives, and stigma on Mental Health (Funk, 2016). These factors became the pillars during the articulation of the research paper. My studies focused on a variety of mental illnesses including dementia. As much as our society wants to, we cannot blame the individuals themselves without looking at the societal factors that are influencing their situation. This research paper outlined the topics presented by Funk (2016) that contribute to the constant struggles our seniors face to receive proper mental health care in Nova Scotia and the perspectives sociologists take on these very issues.

In 2017, I transferred to Cape Breton University where my love for sociological research and passion for the area of PTSD continued. I had the opportunity to articulate a final research paper for Quantitative Research Methods & Statistics in Social Science. This research paper was entitled “The Negative Impacts of Post-Traumatic Stress Disorder”. While developing this paper, I was able to conclude that in order to create a solid foundation for change, an in-depth
understanding of the area of PTSD was vital. Javidi & Yadollahie (2012, pg. 2) state that 60.7% of men and 51.2% of women will experience at least one traumatic event within their lifetime. These traumatic events may result in acute or chronic PTSD, therefore understanding the aftermath of this psychological disorder is necessary. In keeping with Javidi & Yadollahie (2012, pg. 2), about 84% of individuals suffering from PTSD may also experience drug or alcohol abuse, feeling of hopelessness (distress), physical symptoms, employment problems, divorce, violence, and an overall decrease in life satisfaction. These factors became the dependent variables in my research study. Through reading the work of Javidi & Yadollahie (2012, pg. 2-10), one is able to see the potential prevalence of feelings of distress, increased smoking habits, decreased life satisfaction, increased chance of undergoing other psychological disorders (suicidal tendencies), and a decrease in their self-perceived mental health in those who struggle with PTSD. These five negative impacts became the dependent variables present in this paper and were analyzed in various cross-tabulations with PTSD itself.

For my undergraduate thesis I decided to conduct qualitative research in the form of one-on-one semi-structured interviews and articulate an extensive literature review in order to bring light to this significant problem in rural Canadian society. The quotes gathered from these interviews are differentiated in separate paragraphs, as well as italicized. Participants did not want to be public, therefore no names are included. Instead, participants are identified through the use of nick names, which are included at the end of every quotation. The research question I set out to investigate is:

**Do the amount of mental health supports in the CBRM meet the needs of military veteran’s post-service?**
“Mental health is widely recognized as an essential part of our well-being and overall health” (Public Health Agency of Canada, 2012, pg. 5). In utilizing a critical sociological perspective, this thesis aims to contribute to debates about mental health infrastructure, and support systems. I will focus primarily on military veterans in the CBRM. The present study will explore the impacts of trauma, allow individuals to tell their stories, and aid in developing research on what support systems need to be implemented and what support systems are most effective. According to Statistics Canada (2013, website) “about 1 in 6 full-time Regular Force members of the Canadian Armed Forces reported symptoms of at least one of the following disorders: major depressive episode, panic disorder, post-traumatic stress disorder, generalized anxiety disorder, and alcohol abuse or dependence.” The present study will contribute to debates around mental health care supports by exploring the prevalence of mental health issues in the veteran community and the dangers of not responding effectively on an institutional level as the case of Lionel Desmond makes painfully clear. Through outlining the prevalence of mental illness in this population, and constantly reminding ourselves of the Desmond tragedy, one is able to see the relevance for the present study.
2. Methodology

This chapter gives an outline of the overall rationale of the present research study, and the research design that was chosen. It provides information about the participants, their background, how they were recruited into the interview process as well as the setting in which the interviews have taken place. I will also explain how data was collected and the methods that were used in data processing and analysis. The ethical considerations, and limitations/delimitations related to the research question are also found in this chapter. Lastly, an overall summary of the theoretical perspective and methodology utilized in this process are also discussed.

Rationale

The overall purpose of this chapter is to present the research method of choice, and theoretical pedagogies applied. This chapter defines the strengths and limitations of the research design, and places existing research traditions into perspective to further strengthen the data collection and background information of the present research paper.

The qualitative research approach to this study using semi-structured interviews will be discussed later in the chapter. According to Williams (2007), qualitative research allows a researcher to immerse themselves in a natural setting and to collect research data from the personal stories of participants. Qualitative research can be used for describing, explaining and interpreting data through the lens of the participant and allows researchers to take part in the discovery process. This frame of reference is essential in the present research study, as quantitative research would not allow for data collection from the perception of participants and this topic cannot be scientifically nor mathematically measured.

Vogt (2011, pg. 135) states that in order to successfully begin understanding mental health infrastructure available to military veterans, we need to address the individuals
themselves. This can be accomplished through gaining insight into their personal characteristics, developing an understanding of what would allow them to seek out mental health services and to benefit from them, and then enforcing these changes.

In qualitative research, one is able to further develop an understanding of the meaning of life, and the socialization process of the participant sitting in front of you in the present day. It gives a framework for understanding the perspectives of participants on a deeper level, which will allow me to answer the present research question.

**Research Design**

This research is exploratory in nature as it attempts to examine the experiences of military personnel in acquiring mental health supports post-service. Their perspectives have formed the core data of the study and required a method that would operate with the topic in an exploratory way. The present research design will be utilized to acquire the most in-depth perspective and allow for the most genuine outcome.

The present research study utilizes the qualitative research method of one-on-one semi-structured interviews, and correlates findings with previous scholarly publications. The data collected through these interviews was coded and used in correlation with previous work in the area of mental health in the military, to draw conclusions.

Interviews have consisted of 10 open-ended questions, lasting approximately 1 hour at various locations throughout Sydney, Nova Scotia. Interviews were recorded, and later coded by the author. By coding the data, relating it back to the research questions, and relating it with relevant literature, I was able to draw conclusions and create a defense for the present research paper.
The use of qualitative research methods as opposed to quantitative research was necessary in developing a thorough and deepened understanding of the topic. According to Lawrence (2013), quantitative research methods sufficiently provide statistics, which in this case could not answer the research question posed. The use of a focus group would not allow for participants to provide a deeper explanation to the researcher, and therefore one-on-one interviews are essential.

Instead of proving a hypothesis, I set out to develop a deeper understanding of the correlation between mental illness and community for returning veterans. Gaining this understanding has allowed me to draw conclusions and illustrate what individuals themselves see as sufficient mental health infrastructure, as well as what is lacking. Therefore, the research question is not one to be rejected or accepted but, rather, begins a conversation of importance by rolling the ball in an area of research that is presently lacking.

**Setting and Participants**

The present research is based on interviews with 7 participants. These participants are essential to developing an understanding of the present research question by allowing for an in-depth understanding of their experiences and perceptions. Participants were recruited through the distribution of pamphlets, word of mouth, community functions and mutual friends.

All participants were required to have served in the CAF and personally consent during a phone conversation/through text message, as well as, by signing a consent form prior to beginning their interview. There were no age, race, or gender restrictions on participants. Criteria was left wide open to allow for various kinds of perspectives and individuals to participate and this approach was deemed necessary in such a small town. Also, to allow for the gap of
individuals who have served the country and do not feel comfortable discussing their experiences for justifiable reasons.

The participants consisted of 7 military veterans who showed interest in the research topic. The subjects consisted of one elderly women, and 6 middle-aged men, of white ethnicity, who grew up in the CBRM and served in the CAF. Interviews were conducted at the participants’ facility of choice. Due to the increased likelihood of these individuals living with mental illness, the present research took place where they felt most comfortable and safe to discuss their experiences.

Various interviews took place in an office within CBU, as well as, over the telephone, and at community functions. Interview settings were not set in stone to allow for flexibility in terms of working with specific veterans and their preferences on a given day. Also, to accommodate service dogs in the instance that they would be attending.

Materials

The present study required the use of a tape recorder during interviews and a comfortable space (i.e. participant’s home, or office space at CBU). An extensive literature review and previous knowledge of mental health served to help the author in the primary research process.

Instrumentation

For the purpose of this study, and to gain ethical approval, the present data collection occurred through the use of semi-structured interviews involving all open-ended questions that allowed participants to share as much information as they felt necessary on the topic. All of the questions revolved around community, the supports available within the community, where there are adequate supports and where supports are lacking, and where there is room for improvement. As mentioned above, the interviews involved 10 open-ended questions and were conducted in
various locations throughout the CBRM to allow for maximum flexibility in terms of meeting participants’ needs and comfort.

The first interview question was broad and allowed the interviewer space to build rapport with the participants. By gaining a sense of the geographical placement of a participant, and how long they have been a resident, one is able to gain a deeper understanding of their experiences and ties to the community. Individuals who have been here for a shorter amount of time may feel as though they are less connected, because they have not had the time to build bonds and grow within the geographical setting. In contrast, those who have resided here longer already have these ties, and hypothetically would more likely feel as though they are a contributing participant of the community. Asking participants to describe the CBRM, also puts into perspective how they view the community in which they reside and sets the stage for the various questions to follow.

The second question allowed the research to build upon the first, allowing for the participant to state whether they consider themselves an integrated part of the community, and what avails them to feel connected as well as what does not. Laying a foundational pedagogy for the topic of community at the commencement of the interview is vital to understanding the mental health infrastructure available and the experiences of a participant. The questions that followed gradually dug deeper into unearthing the overall purpose of the present research question.

The third research question discussed the more visible community support system amongst Canadians, i.e. the celebration of Remembrance Day. By presenting the question at this point, the research laid the groundwork for various other inquiries about community support systems that are not as well known throughout the community. Moreover, by asking the fourth question about how one can feel supported, the research was able to flow directly into these
practices through proposing questions five through ten. The researcher was able to validate the proposed research question based on this in-depth perspective and begun to lay the groundwork for future studies utilizing participants’ experiences, and perspectives on this topic.

In terms of being an exploratory study, the use of semi-structured interviews allows for flexibility in the framing of questions and the possible directions of discussion. It also allows participants to share as much information as they are comfortable doing without the requirement to share a lot. The interview questions presented throughout this research study allowed for straightforward answers as well as in-depth detail, which is vital when answering the proposed research question. Utilizing the semi-structured interview method also allows the researcher to ask for clarification or continue conversations on specific topics when needed (Cohan, 2006, qualres.org).

According to Stebbins (2001, pg. 1-17), conducting research begins with curiosity and a great deal of exploration. Open-ended questionnaires allow for the highest account of exploration within a research study and allow the researcher to create and maintain a relationship with the participants that is extraordinarily beneficial. Stebbins (2001, pg. 1-17) states that, due to these positive characteristics, social research should always be exploratory.

**Procedure**

Initial contact with the veteran’s community was made with what used to be Marijuana for Trauma, which has since terminated services. This organization provided the initial framework for the data collection to follow and is discussed in more detail in the results chapter. This facility no longer exists; however, they host a weekly focus group for military veterans in the area. This is when a connection was made with Joe McGillivray, whose contact information was passed along through a mutual friend. Once this initial connection was made, the research
ethics application was amended and resubmitted, which led to a bit of a wait period. Once ethics approval was granted, pamphlets were dispersed via Joe MacGillivray, and through the focus group, explaining the research project, aims, and requesting participants. Joe MacGillivray also passed along information about weekly community events, where a large percentage of the participant pool was discovered, and initial contact was made. Due to the non-specific participant pool, most individuals are eligible to participate in the interviewing processes and scheduling will commence. During this scheduling process, participants will consent using the oral consent script, which will later be delivered to them on paper.

On meeting the military veterans, a brief description of the purpose of the study was proposed allowing the researcher to outline the procedures, potential risks and discomforts, the benefits, and the nature of voluntary participation, a duty to disclose, confidentiality, anonymity, and overview of voluntary participation were also delivered verbally, followed by the signing of the consent forms. The consent to record the interviews with a recording device was also obtained.

All of the interviews were conducted by the researcher in a setting where participants felt the most comfortable discussing the topic. According to Vogt (2011, pg. 135), military personnel are at a higher risk of developing mental health problems, however, research findings indicate that they do not generally seek mental health care. In utilizing this notion, we are able to see the importance of creating a comfortable environment for participants. Some interviews were conducted in an office on CBU campus, others took place over the telephone, and one interview took place off campus, where participants felt most comfortable as a group. All of the interviews took between 60-100 minutes, depending on the amount of depth of subject matter initiated through conversation of the participants’ experiences. They were also audio-recorded.
That this subject matter may be ‘triggering’ for some veterans is acknowledged in the research ethics process and is built into the research orientation allowing for maximum sensitivity to participants’ level of comfort. It was acknowledged that some veterans may choose to decline the offer to participate for their own mental health purposes. A number of veterans may refuse to participate, while others will be interested in the study and willing to share their experiences with the researcher.

Upon the conclusion of the interview, veterans were given a debriefing session where they were asked if they have any other concerns they want to address that the interview did not cover. All participants were given a list of PTSD and military supports as well as their contact information. Personal information was given for the distribution of the finalized research project.

The data has been processed by the primary researcher, myself, and is summarized in the results chapter of the present research paper.

Data Processing and Analysis

Sociology has become a critical discipline within our society because of the useful frameworks it presents in providing identification of both socialization and social construction; both vital aspects of our communities as well as our overall being (Naiman, 2012). A sociological perspective is vital in answering the present research question with as much legitimacy as possible.

According to Mills (1959), the sociological imagination is similar to putting on a new pair of glasses, with sociological lenses that enable us to see our society and everyday behaviors/interactions that we usually take for granted, in a different, more critically vigilant way. While conducting the present research paper, I was able to utilize my sociological imagination to understand the experiences of our military veterans and properly represent their
desires in this manner. Though sociological research is fundamental in maintaining balance in society, people do not understand how important it truly is and how eye opening it can be. The questions, perspectives and research methods sociologists bring to the table provide for a balance of the scientific and societal aspects in everyday life. It assists us in the establishment of a connection between an individual, their experiences, and the society in which they find themselves (Naiman, 2012).

Qualitative research can be described as a data collection method that is rich in description and usually consists of peoples’ current or past experiences in relation to the question being investigated (Naiman, 2012). Upon collecting qualitative research data, the primary researcher will utilize grounded theory, which can be defined as the ‘open coding’ of qualitative data in the place of closed coding used in the analysis of survey answers (Strauss, 1990). As said by Strauss (1990), grounded theory is “particularly suited to research questions unformed or targeted as areas of the social about which little research has been conducted.” This notion allows us to justify the use of grounded theory in the present research study.

According to Hooper (1992, pg. 29), the ability to interpret and understand the subject’s world as they construct it is vital when properly analyzing and drawing conclusions from qualitative research data. In utilizing this pedagogy, the processing of data from transcripts is done by converting the data into codes followed by a thorough analysis.

The primary researcher in this study will transcribe the interviews from voice recordings. These transcripts were read several times and the most dominant themes have been highlighted and elaborated upon. As stated by Lawrence (2013), qualitative data analysis involves extensive reading of data notes, and organizing these notes into themes that allow for conclusions to be drawn and the research question to be supported/unsupported.
**Ethical Considerations**

There is no means of collecting data without some sort of bias, because as researchers we bring our own experiences, opinions and thoughts to the study, which in turn affect our judgement (Naiman, 2012). When Sociologists begin to collect research data, they follow a step by step procedure to avoid overwhelming or harming participants. This procedure involves a variety of research ethics. The well-being of research participants is ranked before anything else to be most important when conducting research.

The overall objective of the present research study, as well as an entire consent script was explained to participants verbally during the recruitment process. Participants were asked to give consent after being informed of the expectations and were not pressured to take part in the study. Researchers build the confidence of participants by maintaining confidentiality, explaining the study, and by laying out the potential benefits and risks involved with participation. Participants were asked to sign a consent form when it is clear that they fully understood the nature of the study.

Upon receiving an overall outline of the present research study, participants were also given the contact information of the primary researcher and the supervising professor. Once completing the interview, a contact list of mental health infrastructure in the area was provided in the case of the need for further debriefing. The consent to voice record was also obtained, with an explanation that the voice recording would be deleted immediately after the completion of the study.

The fact that this topic can be very triggering for some people is a potential risk I have identified in doing such research. However, I used tight questions that focus on the supports available as opposed to focusing on individuals’ personal experiences. I will also minimize risk
by conducting interviews in a facility where supports are readily available, and participation is entirely optional. Due to initial contact with the front-line workers and discussions with various individuals working in this field I created research questions that imply the least amount of risk.

An important principle of ethical research is the concern for welfare, also defined as avoiding harming the well-being of an individual, group, or entire community through preforming your research. This potential harm includes physical, emotional, social, spiritual, and economic. Avoiding harm to participants is achieved by following rules around confidentiality and embarrassment. The present research questions have also been cleared by the Research Ethics Board at Cape Breton University, ensuring the minimal ethical concern. While conducting my research, I have taken all of these important ethics into account and kept everything anonymous, safe, and respectful (Bryman, 2012).
3. Theory

**Durkheim - Suicide**

Emile Durkheim, the father of Sociology, has argued that “suicide” is any death that is a result of a positive or negative act that eventually takes the life of the individual themselves. As previously stated, suicide is extremely prevalent in the mental health community, and according to Durkheim (1897/1951, 82-114) individuals are more likely to commit suicide if their ties to the community are weak. Durkheim states (1897/1951, pg. 82-114) “Man cannot become attached to higher aims and submit to a rule if he sees nothing above him to which he belongs. To free him from all social pressure is to abandon him to himself and demoralize him.” This theory strongly suggests that without sufficient support systems available within their community, feelings of loneliness are more likely to occur in military personnel. Durkheim’s work on suicide has become a foundational theory in the present research paper.

In utilizing the work of Emile Durkheim, and structural functionalist theory, which will be discussed in further detail below; we can begin to create a foundational framework for understanding community, and the requirement of these supports in order to maintain strong mental health. Developing this sociological framework can offer tools for understanding society at a micro level. To further develop this pedagogy for understanding the importance of community ties, Condorelli (2016) analyzes modernity, and ties to Durkheim’s work on suicide. In keeping with Condorelli “Suicide proves to be the tangible sign of that modernization process that, on one hand, while it contracts the sphere of existence under the authority of traditions and leads toward autonomy, toward personal responsibility, and individualism which in itself is desirable, on the other hand, it simultaneously nurses the germs of social malaise identifying its
most dangerous manifestations in group disintegration, weakening of primary ties, and social isolation (2016, pg. 2).”

Through analyzing previous literature, and critical analysis as presented by Condorelli, we can begin to unfold what a healthy balance of selfishness and selflessness are in an individual, and the influence community has on these characteristics (Appelrouth & Edles, 2016, pg. 85-95). Based on a variety of resources, we can concur that the government’s lack of support and the increase in the privatization of important resources can be linked to an increase in suicide rates amongst Canadian Armed Forces personnel in rural areas (Greene 1996; Turner 2016, Fikretoglu et al 2007, Javidi & Yadollahie 2012, Ching Lu & Hsieh 2013, Breslau 2000, Van Ameringen 2008, Greene et al 1996, Turner 2016, Van Der Kolk 2015, Statistics Canada, etc.).

**Grounded Theory**

During the preparation phases of the present research study, initial drafts were being written and a significant conclusion was drawn. While collecting research data from a marginalized group of individuals, grounded theory would provide the most sufficient theoretical support. Grounded theory is said to be extremely important when researching other people’s experiences, as it is a flexible guideline for data collection. Grounded theory allows a researcher to draw conclusions and collect other theoretical standpoints based on the outcomes of the data. As stated by Charmaz (1996, pg. 28), the grounded theory allows researchers to remain close to their field of study while developing theoretical concepts as data is collected and analyzed. In keeping with the work of Chamaraz (1996, pg. 27-28) “what are grounded theory methods? They are a logically consistent set of data collection and analytic procedures aimed to develop theory. Grounded theory methods consist of a set of inductive strategies for analyzing data. That means you start with individual cases, incidents, experiences and develop progressively more abstract
conceptual categories to synthesize, to explain and to understand your data and to identify patterned relationships within it.”

In previous scholarly publications, grounded theory has also been referred to as ‘open coding’ and allows a researcher to develop their data from the ground up (Strauss, 1990). In keeping with the work of Charmaz (1996, pg. 28-29) “Grounded theory entails developing increasingly abstract ideas about research participants’ meanings, actions, and worlds and seeking specific data to fill out, refine, and check the emerging conceptual categories.” Through utilizing this theoretical framework, one can ensure their personal biases are not illuminated when presenting the data, because essentially the experiences of participants do so.

In utilizing this approach throughout the data analysis, we are also able answer the present research question on the account of participants personal experiences. When researching a topic that involves so much personal reflection of participants, using a grounded theory approach is particularly helpful as it provides a method for organizing the data into themes that can then be comparatively analyzed across interviews. Unearthing the personal experiences of these individuals and allowing them to address what support systems could assist them the most beneficially has allowed me to draw conclusions on the data that answer the present research question.
4. Literature Review

*Increase in Mental Illness*

In recent years, there has been a growing trend in research on mental illness in regard to teen mental health, self-harm in schools, and suicide rates (McMartin et al. 2014; Waddell et al 2005; Offord 1987, etc.). An emerging theme in the literature is that mental health infrastructure in Canada is struggling, due to increased wait times, lack of available resources, and a growing population who suffer daily with crippling mental illness. Yourex-West (2015, Global News website) states that the Canadian Mental Health Association has previously suggested they cannot help anyone who feels like “they are slipping through the cracks.” This quotation sets the stage for understanding the continuous struggle people face daily due to the prevalence of mental illness in Canadian society, and in particular, its effect on military personnel. The media, amongst other social institutions, has led us to believe mental illness affects only our teenage and young adult populations. For example, Todd (2014) states that we hear stories of people under the age of 20 not receiving proper care, ending their own lives, or feeling adverse effects of mental illness. This news article presents a notion that community resources are limited in availability, though mental illness is a prevalent issue in contemporary contexts (McMartin et al 2014; Waddell et al 2005; Offord 1987, etc.).

Arboleda-Florez illustrates the increase of mental illness in her 2005-article *The Epidemiology of Mental Illness in Canada*. Adequate mental health is evident in this piece when analyzing the social impacts of the increasing mental health crisis. As stated by Arboleda-Florez (2005, pg. S14) “Mental illness is not just the loss of mental health, but a much more insidious, incapacitating, and devastating pathological development that seriously affects intellectual functioning, mood states, and behaviour to the point of seriously affecting an individual’s
professional and social standing.” Utilizing this pedagogy as a foundation, allows one to visualize the necessity of proper access to services in order to maintain mental health, and to adequately provide for the individuals who live daily with mental illness. The overall increase of mental illness in Canada signals a need for adequate supports that are efficiently available including: hospital beds, facilities, community support, funding, and assistance for family members (Arboleda-Florez, 2006, pg. 14-16). Moreover, society is failing in providing these support systems, and the objective of the present research study is to illustrate this from a more in-depth perspective.

**Post-Traumatic Stress Disorder**

Van Ameringen et al., (2008), completed a literature review grounded in studies that examine the rates of the general population, and decide to articulate these findings due to the nonexistence of previous research done in the area of military veterans and PTSD. Based on these findings, Van Ameringen et al. (2008) base their research on telephone surveys in Canada, covering all 10 provinces and 3 territories. According to Van Ameringen et al., (2008, pg. 171) “Post-traumatic stress disorder (PTSD) has become a global health issue, with prevalence rates ranging from 1.3% to 37.4%” This statistic sets the stage for understanding the prevalence of PTSD and begins unraveling previous literature in the field. Van Ameringen et al., (2008), states that according to the Diagnostic and Statistical Manual (DSM5), the traumatic event leading to PTSD may be experienced, witnessed, or learned about, and is recognized through the numbing of general responsiveness and avoidance of stimuli. Their study highlights the prevalence of PTSD and sets the stage for understanding the need for social support systems.

Based on previous research (Javidi & Yadollahie 2012; Fikretoglu et al. 2007), it is clear that PTSD contributes fundamentally to various factors including drug or alcohol abuse, feelings
of hopelessness, physical symptoms, employment setbacks, divorce, violence, and an overall decrease in life satisfaction. About 84% of individuals living with PTSD may experience these factors as well as decreased self-perceived mental health and suicidal tendencies. PTSD is not developed based on personality traits, instead, it intensifies based on the trauma one is exposed to. Javidi & Yadollahie (2012), state that the intensity of trauma, pre-trauma demographic variables and temperament traits are the best predictors of the severity of PTSD symptoms.

Smith et al. (2008, pg. 1) completed a research study using surveys in the USA. They were able to measure the prevalence of PTSD based on the PTSD checklist in the DSM4. According to their dissertation, previous research suggests that 10-30% of military personnel are returning home from conflict ridden places (Iraq, Afghanistan) with symptoms of PTSD. According to Smith et al. (2008, pg. 8), most individuals who self-reported experiencing PTSD in their study, also reported drug and alcohol use as a baseline. They state that “the unpredictability and intensity of urban combat, constant risk of roadside bombs, multiple and prolonged tours and complex problems of differentiating enemies from allies can leave many troops with high stress levels and possible lasting health consequences.”

**Depression**

Depression is a mood disorder that causes an individual to constantly experience feelings of sadness, and a loss of interest. It may affect how they feel, think, behave, and encompasses a very close tie to suicide (Mayo Clinic, 2016, website). Ching Lu & Hsieh (2013, pg. 1663-1671) completed a qualitative study involving semi structured interviews of 25 healthcare providers and as a result, were able to draw various conclusions about the impacts of depression on Canadians. According to Ching Lu & Hsieh (2013, pg. 1663) depression can also increase disability, ruin quality of life, and increase the use of social/health services. The impacts of this
illness are felt by the individual, their family and society as a totality. They were able to conclude that communal activities were important for mental wellness and depression prevention. As social beings, Ching Lu & Hsieh (2013, pg. 1663), believe interaction and ties to the community are two important aspects of our wellbeing. Individuals who lack these connections are more prone to loneliness, which in turn, contributes to depression. This notion ties into the work of Durkheim, which is mentioned later in my paper.

As stated by Todd (2014), the lack of diagnoses in contemporary Canadian society, potentially leads to a lack of community and medical supports; which leads to fatal consequences due to a strong correlation between depression and suicide. According to Breslau et al., (2000, pg.902-909), major depression is strongly associated with post-traumatic stress disorder. The symptoms present in those experiencing PTSD tie closely to increased sadness (major depression) as well as similar implications of decreased life-satisfaction, self-perceived mental health and an increase in suicidal feelings. Through an abundance of previous literature (Todd 2014; Breslau et al. 2000; Ching Lu & Hsieh 2013; Smith et al. 2008; Javidi & Yadollahie 2012; Fikretoglu et al. 2007; Van Ameringen et al. 2008, etc.) we are able to conclude that there is in fact a strong connection between depression and PTSD, as well as astronomical prevalence rates of both illnesses amongst military veterans.

**Prevalence in Military**

Previous research suggests that there is a prevalence of mental illness in Canada, however, there has been little research on mental health in the military setting. Pearson & Janz, Zamorski & Canadian Forces Health Services Group (2015, website) compiled evidence based on the results of two surveys: (1) the 2013 Canadian Forces Mental Health Survey and (2) the 2002 Canadian Community Health Survey- Mental Health and Well-being- Canadian Forces.
They were able to conclude that members of the Canadian Armed Forces (CAF) are at a greater risk of mental health issues due to increased probability of exposure to trauma, separation from family, and stressful living conditions.

Over the last 50 years, the CAF have been deployed to several conflict-ridden places. As stated by Pearson & Janz, Zamorski & Canadian Forces Health Services Group (2015, website) while deployed, members of the CAF are routinely exposed to traumatic events that aid in the development of PTSD. For example, CAF members deployed on the mission to Afghanistan reported symptoms of at least 1 mental disorder in the past 12 months, which was higher than their non-deployed peers (Pearson & Janz, Zamorski & Canadian Forces Health Services Group, 2015, website). They were also able to conclude that 1 in 6 members of the Canadian Armed Forces report experiencing symptoms of at least one of the following disorders: major depressive episode, panic disorder, post-traumatic stress disorder, generalized anxiety disorder, and alcohol abuse. Furthermore, it has also been said that PTSD and panic disorder are becoming steadily more prevalent within the Canadian Armed Forces.

Pearson & Janz, Zamorski & Canadian Forces Health Services Group (2015, website) have also recognized that CAF members face higher rates of depression and generalized anxiety disorder than the general population. Between 2001 and 2008, over 13% of military personnel deployed to Afghanistan reported being clinically diagnosed with a mental disorder, and in 2013 almost one half of all Canadian Armed Forces personnel met the benchmarks for at least one mental or alcohol disorder at some point in their lifetimes.

Frans (2003, pg. 9-10) discussed the historical terminology for the current framework of PTSD that originated after World War 1, when the effects of combat stress came to light and people began using the terms “shell shock” or “war neurosis” for diagnostic purposes. As stated
by Frans (2003, pg. 10), they were not originally diagnosed as a mental illness, instead as a physical injury resulting in their service. In World War 2, these symptoms were referred to as “operational fatigue.” All of these original frameworks set the stage for the contemporary diagnosis of PTSD through the DSM5 and implications of this illness for military personnel (American Psychiatric Association, 2013 in Frans, 2003, pg. 10).

Owens, Steger & Whitesell (2009, pg. 654), completed a quantitative research study through the use of an online survey to examine the interrelations between guilt, depression, and meaning in life in the framework of PTSD. The target audience encompassed combat veterans who are said to experience more guilt and depression following their deployment. The prevalence of PTSD was extraordinarily higher in correlation with high feelings of guilt, depression and less meaning in life. As stated by Owens, Steger & Whitesell (2009, pg. 656), “Our research indicates that guilt and depression remain significant concerns for some veterans and may be important treatment issues.”

The research available has recognized that PTSD is a significant issue within the Canadian Military, and in order to provide sufficient supports for soldier’s post-service, significant adjustments need to be made (Fikretoglu et al. 2007; Frans 2003; Van Ameringen et al. 2008; McMartin et al 2014; Waddell et al 2005; Offord 1987, etc.). By recognizing that mental illness is a significant aspect of military service and extremely prevalent in their community, we can initiate setting the stage for understanding why creating sufficient infrastructure is necessary and providing supports for those who serve our country should be brought to light.
The Effects of Military Training

In contemporary contexts, military personnel are not directly deployed overseas, instead they endure years of military training on support bases throughout Canada. Each soldier experiences different military practice, and this suggestion presents itself when gaining perspective on individual encounters, as well as the resulting struggles with mental illness. This notion became particularly evident during the recruitment of military veterans for data collection processes in the present research study. As a result, an emerging theme in the literature is that PTSD has become more prevalent amongst veterans who do not endure overseas deployment. Consequently, PTSD is not just evident amongst soldiers who endure deployment, it has become problematic throughout the entire military community (Eid, 2002, pg. 771-783). Military personnel undergo heightened exposure to traumatic events through all aspects of their service (Eid, 2002, pg. 771-783). Eid (2002, pg. 771-783) illustrates this notion through the completion of their own research study examining the impacts of two fatal training accidents and the subsequent increase in diagnosis of mental illness amongst veterans, with a particular focus on PTSD.

According to Eid (2002, pg. 772) “The persistence of PTSD symptoms in a subgroup of trauma survivors has been explained by individual factors such as incomplete emotional processing, and dysfunctional information-processing of traumatic memories.” This quotation, along with the previous illustrations of PTSD noted above, allow for an in-depth understanding of the illness itself, and the varying levels that exist within it. Essentially, individuals are joining the military, where they are undergoing a resocialization processes (Eid, 2002, pg. 771-775). Resocialization can be defined as the process of teaching an individual new norms, values, and beliefs (Fredericks, 2015, lecture notes). This process allows one to transform from one social
role to another and becomes fundamental during military training. This initial breakdown, along with other elements present when serving the country, lead to heightened exposure to traumatic events, and in turn, cause an increased likelihood of being directly affected by PTSD (Eid, 2002, pg. 779-783).

As stated by Eid (2002, pg. 772) “In vivo exposure to actual situations that resembles the trauma could elicit intrusive recollections which functions as environmental triggers or “alarms” that cause intense fear or panic reactions, characterized by hyper arousal symptoms and activations of the sympathetic nervous system.” Eid (2002, pg. 771-783) applied quantitative research methods to measure the impact of two devasting training accidents on military personnel. During the course of their data collection, Eid (2002, pg. 771-783) was able to conclude that accidents may cause fear responses, triggering symptoms of PTSD amongst soldiers. Eid (2003, pg. 779) states “we found that survivors from both accidents revealed equally high levels of acute stress reactions.” This study has significant implications in terms of the circumstances of the military veterans who participated in the present research, and consequently find themselves battling PTSD.

**Complications of Receiving Treatment**

According to Brennan (2017, website), members of the CAF can face various complications when trying to receive suitable mental health care including stigma, and inability to receive sufficient care while dealing with mental illness post service. Mental health infrastructure, and sufficient support systems for individuals and their families are, without a doubt, one of the biggest concerns and largest pillars in recovery within Canadian society (Brennan, 2017; Turner 2016). Fikretoglu et al. (2007, pg. 103-110), illustrate that stigma surrounding mental health makes it shameful to seek guidance when we are struggling. This
Stigma causes any member of our society to hesitate when seeking help, denying their symptoms, and alters relationships for them individually. In reviewing the literature, it is obvious that stigma makes living with mental illness, especially as a CAF personnel in rural Nova Scotian society a struggle each and every day.

According to Fikretoglu et al. (2007, pg. 103-110), there have been supports put in place that are available to the CAF personnel; but receiving them properly, amongst the never-ending wait lists still seems to be a major concern. According to The Chronicle Herald (2016, website), “Wait times for community-based mental health services are on the rise”. Allin et al., (2010, pg. 465-472) state that Nova Scotia along with other maritime provinces need more professional help and more accessible programs. They state that we need to decrease wait times and make mental health infrastructure more accessible for those who are struggling. Without these support systems, rates of depression in our provinces are going to continue to increase, which is going to lead to heartbreaking consequences for communities, and community members (Caissie, 2017, lecture notes).

**Gap in Research**

The stereotypes surrounding the topic of mental illness indicate the lack of studies done on suicide rates of the CAF personnel in Canada. In the context of neoliberal austerity in the past few decades, healthcare services have been significantly impacted. We do not see governments raising awareness about homelessness, unemployment, mental illness, and malnutrition, just to name a few social issues. According to Van Der Kolk, B (2015, pg. 11) “we don’t really want to know what soldiers go through in combat. We want to think of families as safe havens in a heartless world and of our own country as populated by enlightened, civilized people.” The extreme absence of studies done in this area prove a huge gap in research. One can rarely come
across a qualitative study allowing for veterans to provide a deep understanding of their experiences and utilize their voice to fight for what mental health infrastructure is needed. Does the available mental health infrastructure impact whether or not someone will access it? Does it influence the individual’s mental health? Does it influence their feeling of community? Through completing the present research study, we can begin to fill this gap, and start a conversation about a topic that is routinely veiled.
5. Results

The research question I address in this thesis is:

**Do the amount of mental health supports in the CBRM meet the needs of military veteran’s post-service?**

This chapter will investigate the results of the present research study including: the data, discourse analysis, and an overall discussion. These results were gathered through the use of a qualitative research method, one-on-one semi-structured interviews, and correlates findings with previously written scholarly publications. Countless insights were drawn while utilizing the present methodology, some had been previously illustrated and others were completely unexpected.

This study analyzes the available support systems, and veterans’ experiences through their own story telling. The goal of the present data collection will be to unearth the available support systems or lack thereof in our community of Sydney, Nova Scotia. As well as beginning to fill the gap in research and starting this crucial conversation. Interview data will be explored, and comparisons will be drawn.

**Participants**

The sample consisted of 8 CAF veterans. We present participant characteristics in Table 1. As previously stated, the participant pool was left unrestricted to warrant a broad participant base and to allow for a variety of perspectives in such a small town. It also allowed room for the gap of individuals who served our country but do not feel comfortable discussing their experiences. Table 2 provides the interview questions that were used to collect data in the present research study. Questions were articulated through the use of previous literature and personal passion for this area of study.
A number of the participants interviewed did not endure overseas deployment but experienced heightened exposure to trauma during their military training. Moreover, in contrast, some of the older generation CAF veterans that participated in the present research study, served overseas for many years. Through utilizing various generations of military veterans, the present participant pool enabled me to collect extremely versatile data. Participants perspectives varied slightly in a variety of ways, i.e. some of them underwent diagnosis for mental illness, while others had never considered it. While illuminating these gaps, data grew in richness and perspective, which for the researcher was extremely exhilarating. All participants were over the age of 40, had all served in the Canadian Armed Forces, and two work in the military community presently. Furthermore, participants were all long-term residents of communities within the CBRM.

**Interview Data**

Table 3 illustrates the major themes of the interview setting, along with the percentage of participants that touched on each topic. These themes have become the main pillars of this chapter and are discussed in great detail. Although the qualitative data collected shares similar themes, each story and experience were different. Individuals experienced different levels of intensity, anger, and sadness, however, everyone shared the common want/need for sufficient mental health infrastructure for the military community. Below, we describe these topics in detail, illustrate barriers, honor successes, and provide illustrative quotes from participants.

**Community**

Through critical analysis of previous scholarly publications, conclusions were drawn on the importance of community, and feeling socially connected. Veterans who underwent the interview process began their questionnaire by stating how long they had been residents of the
CBRM. All participants were long term residents who left to join the CAF and returned upon completion of their service. Those who did not necessarily grow up here, spent their years of retirement settling and starting a life on the island. These initial results indicated that valid data was to follow, and participants had undergone significant adjustment or readjustment to the location of study.

Veterans interviewed described community as the feeling of a warm blanket through available support and kindness. It was also described as “tight knit”, allowing for strong connections to be built, and important information to be spread amongst residents. They also addressed the inability to get into trouble with law enforcement in the sense that police in the CBRM are more understanding and engaged within the community. Participants also described an increase of support in times of misfortune as important characteristics of ‘community’.

In utilizing these perceptions, it was possible to see how participants were able to describe the CBRM in the most personal manner. It was described to be the perfect place to raise a family, allowing for a calm laid back atmosphere. Moreover, it was also described as a variety of small communities, all pinned together throughout the island. In being such a tight knit space, women were able to walk alone at night, feeling safety and protection by their neighbors. It was also described as affordable, as residents tend to stay for the long term. As well, families currently residing within the CBRM are likely to have generations of family members within the local cemetery.

One community in Cape Breton, and I can speak from experience. I knew this couple that lived at the end of this dirt road and there was a lot of deer and stuff around there. They had a lot of deer hunters, and one time the season opened up on a Saturday, so there was no Sunday hunting. Anyway, it was raining that day and the guys were anxious to get into
the woods, but she told me on the first day of the season there was so many hunters coming and going that she served, I think the number was 47 cups of tea and cookies to hunters that were parked by her place. [Christopher]

Although, veterans described the CBRM positively, they also described negative characteristics. The CBRM was also described as particularly cliquey, as individuals stick within their own communities and the social groups thereof. As a result, becoming an active community member is problematic, cliques have already been created through time, and fitting into these social circles is a difficult task as a new comer. As a military veteran, these tasks become even more challenging due to a significant lack of connection.

Yeah this is pretty well not considered a military community. [Peter]

Here in Cape Breton the military community is a very small part of Cape Breton, so we don’t get the same outreach as other spots that have military bases attached to them. [Geppetto]

Furthermore, participants described a significant difference between the veteran and civilian community. The veteran community is much tighter knit, carrying its own language, symbolism, and inclusive feeling. It was stated that these two communities were entirely opposite of each other, making reintegration into civilian life an impossible task for veteran’s post-service. The most significant barrier presented by participants is the feeling of having nothing in common with civilian residents. One participant referred to civilians as those “who had never laced up a pair of army boots.” This perception was shared amongst various participants as they described the bond they felt with other veterans. While not all veterans faced a battle with mental illness, one participant in particular described his experience post-service as a strong disconnect.
I was in the military for 30 years, finished my service, came home and couldn’t fit in anymore because I had nothing in common with anyone. I had 5 brothers who I couldn’t even talk to because I saw things, they didn’t see and spoke in ways they didn’t understand [Pettersson]

Keeping with these conclusions, one is able to begin to understand why veterans may not necessarily feel a part of their communities within the CBRM. Participants illustrated a feeling of being kind of included, but never entirely due to a lack of education and patience by the civilian residents within the community. Moreover, participants felt that sufficient support systems exist in various parts of Canada but are lacking in more rural parts of the country, especially in Cape Breton.

As a veteran, there’s no help here. [Jack]

I feel part of the community. But current aspects there’s probably a disconnect also. And well, for an army guy trying to fit in, I don’t really to a lot of people. [Peter]

Available infrastructure throughout the province disproportionately exists in larger centers. Places such as Ontario, and Halifax are able to provide this blanket and sense of community, while Cape Breton seems to be lacking, with nobody to rely on for coping or recovery strategies. Veterans had been able to relate to various places of residence through their military travels, and overall life experiences, allowing them to go into great detail on the topic. In these interviews, residents of the CBRM are described as unwilling to provide support in some areas or become educated on topics such as mental illness, or PTSD. Due to this lack of education, participants find it difficult to get out and be social, for a fear of being mistreated, and in some cases having their service dogs mistreated.
As a veteran with PTSD, it’s hard for me to get out and do things. I have gone to organizations and felt like an outsider, and in these same organizations, say if I went to Halifax or even St. Peters, I would be welcomed with open arms. [Jack]

In contrast, participants described attendance as another barrier in providing sufficient infrastructure through Cape Breton Island. Individuals located close to military bases have support systems readily available to them, while across the causeway the veteran community struggles to come together as large attendance is nearly impossible with our population and geographical location.

We tried to get a movie night at cineplex where they put on a private screening for us but a lot of it has to do with numbers, and we don’t have the numbers down here that most other bases have for veterans so it’s really hard for us to get companies and social events here active because they want big numbers to attend like 100 people, and we just don’t have it. [Geppetto]

Throughout the course of data collection, participants shared varying opinions on the reintegration experiences amongst generations of veterans. Some participants felt as though they are becoming more disconnected throughout time from their place of residence, and even within the veteran community. The lack of communication and open-mindedness, as described by participants, has led to a feeling of being closed off and unwelcome. These feelings have caused an increase in individualistic feelings such as loneliness and disengagement amongst veterans and civilians in the CBRM. In contrast nevertheless, some participants felt a stronger connection post-service in their capacity to employ personal experiences and provide sufficient assistance for those presently transitioning. Developing substantial social supports allows for veterans to make connections, which in turn, sanctions them to feel like an active part of the community.
Through gaining this insight on community, we were able to draw connections with other themes throughout the data. It is not surprising that participants described a lack of motivation when seeking assistance.

**The Legion**

As a resident of rural Nova Scotia, I am able to recognize the abundance of legion branches in communities throughout the province and the resulting prevalence of Remembrance Day ceremonies. This fact contributed to the biases that resulted in the addition of question 3 in the present research study. One participant in particular described the initial establishment of the Royal Canadian Legion, which allows foreshadowing of the experiences to follow.

The legions were designed as a safe spot for world war 2 veterans where they could go and be with like-minded people and cry and drown their sorrows in the bottle, and that’s not how veterans today deal with their, or what they use as a coping mechanism because a lot of veterans today are on medical marijuana. [Geppetto]

Keeping with this notion, presently, the legion community in the CBRM was described as a hit and miss in terms of providing support, an organization whose supportive infrastructure appeared to interview participants as a product of mere chance. Moreover, some veterans felt the likelihood of feeling welcomed was imbalanced, while others felt accepted. Through analyzing these experiences, different generations of veterans underwent different practices.

Various participants described the legions throughout the CBRM as judgmental, and defective, while legions closer to the Canso Causeway were described as welcoming, and willing to provide. In drawing these connections, one can see that Remembrance Day ceremonies differ throughout Cape Breton Island greatly, and this inconsistency has deterred members of the
veteran community from partaking. Also, participants illustrated the fact that executive positions within legion branches have become commonly occupied by civilians.

They don’t consider us veterans. We weren’t in a war. So, they don’t consider us veterans. [Jack]

In my mind that’s wrong, and that’s my personal opinion because I think how can a legion, and I’ll use a service officer for example how can I go to a legion service officer who has never put on combat boots, and never served in the military. It’s kind of hard for him to understand what military service is all about unless he reads it in a book. And that’s what I find with most legions. [Peter]

While this disconnect is present, and participants described similar negative experiences, a majority of them also pointed to positive experiences. Keeping with its initial purpose, one is able to conclude that with time the older generation is beginning to disappear, this is changing the overall sentiment within the legion community. This turn around has contributed to very negative experiences for veterans. All in all, legions were described as a place of pride, while Remembrance Day functions were illustrated as even greater.

The legion does good work, there’s no question about it, and thank god for the Legion. Unfortunately, our World War 2 Veterans are all 90 years of age. [Christopher]

Being a part of rural Nova Scotian communities, Remembrance Day ceremonies have been emphasized as a time of great pride, allowing generations of residents to stand together in memory of the adversities’ soldiers have encountered. All of the research participants described this ceremony as a positive experience, however, each individuals’ traditions varied. One participant described the execution of a unique Remembrance Day tradition, allowing for veterans with mental illness to attend.
I run my own Remembrance Day service through, in connection with the legion. They allow me to use their facility, but I’m not a part of the legion, I run my own Remembrance Day service for people who can’t deal with large crowds. [Geppetto]

During each questionnaire, experiences were explained by each participant that differed greatly. However, one common theme amongst most was feeling the support from attendees especially the younger generation. Participants also described positive experiences such as being able to connect with their peers who served alongside them in the military, allowing for a strong feeling of community and acceptance.

I admire people that will take their children whether they’re babies in arms, or 10 years old or 6 years old or 15 years old, that will take their kids to Remembrance Day ceremonies because they are our future, we need those people and we need them to be active when it comes to these sort of things, because kids today, they have no idea.

[Christopher]

It’s all positive, the more people I get out to experience it and realize they’re not struggling by themselves, they get to build that comradery back up, know that they’re not alone and share a moment of time and remembrance, whether they lost friends or family or whatever and they have brothers and sisters that are there to do it with them.

[Geppetto]

As a researcher, my personal biases led me to believe that the Royal Canadian Legion, and Remembrance Day Ceremonies would be the most reassuring or empathetic situations for our military veterans, to my surprise, this is not entirely the case. While various participants do not attend Remembrance Day ceremonies for vastly different reasons, some participants regularly do, describing the day as extremely close to their heart.
I very seldom have missed a Remembrance Day, if I did I was working maybe in the woods if a guy had a thousand trees that he wanted bailed and fixed up we would go and maybe at 5 or 10 to 11 I’d say boys shut the machine off and we’ll just uh, *long pause*, give our way of thanks or respects. We’d stop for 10 or 15 minutes and some of the guys would even take their hats off. [Christopher]

Although, older veterans and those who have served in combat situations have more positive outlooks on these services, not all participants in the present research study experienced similar positivity. These results indicate a disconnect in the veteran community, as well as, a growing awareness on the topic of mental illness, and PTSD particularly.

**What Supports Exist?**

Table 4 illustrates the various support systems participants were able to access, and thus provide the researcher during their interview. These support systems were later discussed in great detail and rated based on their success or lack thereof.

**What Have You Accessed?**

Participants described a variety of different organizations that worked and did not work for them. As previously mentioned, each veterans’ experiences were vastly different, as they all become diagnosed with varying levels of PTSD, and other restricting factors. Their choices of outreach were the resulting factors of adequate supportive infrastructure in the community or the lack thereof.

One participant illustrated their experiences as a veteran of a foreign war, stating that support systems were unavailable to them within Canada, and those within the US were unknown to them. This participant’s experiences of support systems did not resonate with the experience of other veterans, instead they illustrated their experiences on Facebook. Through
joining various groups within the social media platform, they were able to build connections with people they served alongside and discuss their daily hardships in an informal peer support atmosphere. This became their main coping mechanism and piloted their discussion.

You know the big thing with the veterans there on the site? Even when I joined the group you had to give a little bit about what you do, and where you served, and all this stuff, I don’t know how many replies I had that said welcome home, thank you for your service.

[Christopher]

To illustrate these organizations in the most beneficial way, I chose to start with those who had the most positive feedback. Once again, not all organizations were utilized by all participants, each experience varied drastically, and this point will be discussed in greater detail at the end of the chapter.

Firstly, participants identified strongly with an organization called Paws Fur Thoughts, it was created by two veterans in Halifax, Nova Scotia. This organization provides service dogs to those in need (physically or mentally), in a timely and efficient manner. They go out of their way to mold the dog to fit within the individual’s lifestyle, and as a result, the veterans felt a strong connection to them. Additionally, one participant who learned about the organization through completing the present questionnaire was pleasantly surprised with their dedication to serving veterans.

If your disabled, no legs, they’ll get you a dog for them. PTSD, they’ll get you a dog for that. They’ll train the dog for that, so yeah, I give them a 10 for that. [Jack]

Another organization that received a lot of positive feedback, was VETS Canada. This organization works to assist with homelessness and provide adequate housing for veterans post-service. They work tirelessly to reintegrate military veterans into civilian life and were described
as very supportive. This organization is once again run for veterans by veterans and has shown enormous success throughout the years.

Last week alone they took 6 vets off the street in Halifax, they got 3 apartments, 2 guys went to a shelter temporarily, and we put 1 guy up in a hotel, 4 of them got mental health help, 1 guy got a dog, and got a husband and wife back together. [Jack]

Across Canada last year, we got 1800 off of the street. It’s small to throw in the bucket, but it’s something. [Jack]

To illustrate this positive experience, the organization description, found on the VETS Canada website, has been included. Their mission statement puts the need for adequate mental health infrastructure into perspective, and participants of the present research study illustrated this immensely.

When Jim Lowther, a veteran himself, realized that there were veterans slipping through the cracks. They had not made successful transitions from their military careers to healthy, productive, civilian lives. These veterans had lost their families, were living in the streets or at-risk of being homeless and were, at times, suicidal. They were unemployed, and many were trying to cope with mental and physical injuries related to their service without adequate health care and other community support. Jim formed a small team in Halifax, NS to seek out and help homeless and at-risk veterans with a view to helping reintegrate them into civilian life. [vetscanada.org, website]

The Military Family Resource Centre was another organization that earned extremely positive feedback. Although, it was not well known by all participants of the study, it was well regarded by those who utilized it. This organization provides services for medically released CAF members and their families to successfully reintegrate them into civilian life.
So now, for a CAF member who’s being medically released if we have any here in the local area for example they’ll go through the CAF transition center, in most cases, and when they are released they’ll come through the military family resource center, and there’s a binder I’ll give them, the binder is called easing your transition. [Peter]

The Army Navy & Air Force received generally positive feedback as they provided an open atmosphere for receiving assistance in the future. Participants stated that this organization had not been utilized enough in the past to be given a positive or negative rating. One participant described their generosity in providing financial aid for a veteran seeking a service dog. Witnessing them support members of the veteran community who reached out, made participants feel as though they were an adequate support system in the area.

I went in and asked, I told him what was going on, and the president turns to the finance officer and said, “how much can we give?” They gave me a contribution right there on the spot, so if I was to join anything I would join the Army Navy just for that fact. [Jack]

Previous experiences with Veterans Affairs had been rated as moderate; receiving adequate support is once again, a product of chance. For example, various participants received horrible news encompassing the lack of back time and proper financial aid for the physical injuries they endured during their military training. While in some cases, individuals receive support without a question due to phenomenal case workers. According to participants, receiving sufficient support often depends on being in the right place at the right time. Veterans Affairs was also given moderate ratings because while case workers may be phenomenal, the organization itself withholds adequate support from veterans, which in turn disables case workers from providing. These conclusions were drawn because veterans throughout Canada depend on their
office in Prince Edward Island. As a result, these veterans become classified as “files” instead of individuals.

I rated it a 6 because of my personal experiences, and a few of my friends. I guess we just happened to fall into good positions, our case workers are the same. [Jack]

Now what I think, because I think the case managers, because I deal with a lot of them because of the job I’m in I think we have some of the best case managers across the country, but as said there’s times when their hands are tied. [Peter]

In my opinion, the case manager’s we have down here do what they can with what they have um but it’s a struggle. My case manager has been active in everything she showed up to MFT to visit people, she’s been out to all kinds of events she just shows up and says hello so. [Geppetto]

These five organizations, Paws Fur Thoughts, VETS Canada, Military Family Resource Centre, The Army Navy and Veterans Affairs were the organizations receiving the most positive comments. Participants also described peer-support groups as being extremely beneficial, using AA NA DA groups through the CBRM as an example. In contrast however, participants described the overall experience of seeking mental health support in a hospital setting as unpleasant, time consuming, and with staff/health workers lacking consideration. Throughout time, there has also been an increase in hospital closures throughout Cape Breton Island, and participants addressed these points by illustrating their inability to receive help in their places of residence.

I went to the ER for the first time when I came home, and I was 14 hours in outpatients. I attacked somebody, and I was the one that was taken out, removed, refused treatment. Not the drunk that I attacked. [Jack]
If you’ve already been diagnosed with PTSD, Chronic Depression, or High Anxiety or anything, and you’re having a bad day, you’re feeling suicidal, the biggest downfall we have here in Cape Breton is that you can’t check yourself into the hospital without having to sit in the waiting room for 8 9 10 hours. I’ve personally had peers of mine that have gone in and sat in the emergency room for 8 hours trying to get some help and have left frustrated. That’s one of the biggest problems that we have here in the mental health aspect, is the fact that we don’t really have access when it’s needed. [Geppetto]

These experiences were strongly linked by participants to the increase in suicide rates of military veterans. In addition to these deaths, participants discussed their experiences within the facility including wait times with civilian population, endless stacks of paperwork, being locked into the facility and feeling medicated, as negative and disheartening. After receiving treatment, they felt as though they were discharged on the doctors account as opposed to their own. These negative experiences resulted in very low ratings for the ER, the treatment process, and the facility itself.

In order to receive a financial claim through Veterans Affairs Canada, you need a proper diagnosis from a physician, which becomes nearly impossible on Cape Breton Island. One participant linked their experiences of gaining a diagnosis while filing for these claims. Through illustrating their experiences, this participant was able to peel back another layer of flaws within the health care system throughout Cape Breton.

A lot of people don’t have a doctor, then once you have that diagnosis then that doctors gotta relate it to your military service, so again, we’re going back to Cape Breton again, so now we’re talking about doctors who don’t know a lot about military service, I spent 28 years in the army for example so I did a lot of trench digging, running, we run with
ruck sacks, combat boots, these are things that as a veteran, we need to explain to this
civilian doctor and it gets frustrating. [Peter]

Gaining a diagnosis, in itself can be very frustrating, and when discussing the health care
system in Cape Breton, these difficulties come to light. Participants all shared a common
opinion, that military veterans, as well as civilians do not like advocating for themselves when
they are struggling. Personal barriers, and pride are two major contributors that restricted
participants from accessing health care services, as well as wait times, hospital closures, and the
inability to book appointments with over worked physicians, psychologists, and psychiatrists.

However, in contrast a few stories were told of compassionate nurses, and excellent
doctors. This seems to be the case with anyone who struggles with mental illness as they
navigate the system. Through gaining this data, one can conclude that the support may
technically be there, but actually being able to get the help is another story. The veteran
community has rights by law but can’t necessarily exercise them in practice.

I went to the ER one time, there was an older nurse there, and she recognized me and my
illness. She put me in the family room which was great you know? I still had to wait but I
was away from the crowd. Which was good, I didn’t attack anyone. She was good and
educated after serving 25 years as a nurse, she knew what to do. [Jack]

In addition, Marijuana for Trauma had been accessed with great enthusiasm in the past,
but due to its disappearance, received the lowest ratings of 0. This organization painted the
picture of the lack of mental health infrastructure in Sydney and put the present research study
into perspective for me as a researcher.

Marijuana for Trauma
Throughout the present research study, it became evident that organizations that had shown prosperity in the past have been removed and replaced with government run, less responsive organizations. This process has led to discouragement amongst veterans.

Marijuana for Trauma was a common example in describing this despair. MFT was utilized by military veterans for mental health purposes, not only as a place to obtain medical marijuana but to socialize with other veterans. Participants described the initial purpose of MFT as common to that of the Royal Canadian Legion; a place for veterans to come together and not only fulfill prescriptions but socialize with individuals who experience common struggles. Within this facility marijuana would be utilized by military veterans to assist them in curbing the number of medications they were taking every day. While being a community and medical center, it also provided a serene atmosphere to collect yourself and prosper forward in civilian life. One participant painted the picture of its solitude room, describing it as a blue room with a wave machine, sea shells, and silence. However, throughout time this atmosphere changed drastically.

I knew about it at the beginning, I think when it was first created it was created for veterans then overtime it went from veterans to first responders to cancer patients to everyday and eventually what happened is most veterans if not all of them weeded themselves off. Or got pushed out. That’s from my eyes looking out at that program.

[Peter]

MFT would be celebrating 5 years of business, after its birth in Gagetown. This organization was created by a veteran, to allow veteran volunteers a chance to aid other veterans who were struggling. All of the volunteers had to have previously or currently served in the CAF. However, 2 years ago, the organization was sold to the government. Marijuana for Trauma is no
longer veterans supporting veterans and this experience negatively impacted the lives of participants in a variety of ways.

If I could I’d go back and MFT was a place for me to get out of bed and go. Now I don’t have that. It’s like that for a lot of veterans. They’d come in, and we’d just gossip and stuff like that you know? How are you doing today and such. And now we don’t have anywhere to go. [Jack]

Now it’s very clinical it’s like a Macdonald’s, so the patients are in and out in a heartbeat. It's turned into a money-making machine down there now. Not to mention the owner, decided to sell the business out from under everybody and make 7 million dollars off the sale, and didn’t give any of his presidents or volunteers a single cent. [Geppetto]

Participants felt as though education was a large barrier in the availability of mental health infrastructure in Sydney. They described MFT as the opening chapter for education on PTSD and the mental health benefits of smoking marijuana. However, through providing this information to the public so quickly, more barriers were put up and teachable moments were missed. In other words, it did not have the necessary time to be processed and understood due to its exponential growth.

When MFT started, that’s when PTSD came out in the forefront and medical Marijuana. I think that was too much information for the community, especially here. Too much information, too soon for people to process. If it would have come a little slower, people would be a little more educated. [Jack]

Moreover, participants felt as though an influx of medical marijuana caused individuals to begin relying on a substance instead of external supports such as organizations throughout the CBRM. Medical marijuana in its place became a crutch for a lot of people who do not want to
get better anymore. Participants believe it has become a habit instead of a healing mechanism, as people start smoking more and more often. One participant in particular believed this was happening largely due to a lack of consideration from Veterans Affairs Canada. They explained that yearly follow ups are uncommon with PTSD, stating that once you are diagnosed you’re left to find your own coping mechanisms. These practices are vastly different from the treatment received by those with physical limitations, who attend meetings yearly or biyearly to discuss their healing process and reanalyze financial aid.

So, marijuana it’s a really, I’ve seen it do wonderful things, I’ve also seen it used as an excuse to not get better, so for me it’s a positive and a negative depending on the personality and the person we’re dealing with. [Geppetto]

PTSD is not like a busted back um it’s not going to progressively get worse if your taking care of yourself and doing everything to that effect, you should show signs of improvement. You’re never going to be better, you’re never going to be 100% but you should show signs of improvement if your using coping mechanisms, dealing with your anger, getting out into the public, making a new circle of friends, hopefully surrounding yourself with positivity. [Geppetto]

Through the loss of MFT, participants felt a loss of friendship, community and overall support. MFT was characterized as a positive experience. However, after it’s change in leadership, veterans felt discouraged from seeking other infrastructure. Drawing these conclusions allowed me to begin understanding why participants did not continue to reach out to other mental health support systems in the area and continued the conversation on their experiences as a result. This allowed us to transition into the topic of feeling unsupported by the community, and the changes that can be made to alter these feelings.
**Feeling Supported**

As previously stated, participants felt as though organizations were more unavailable in Sydney than other parts of the province. When discussing the topic of feeling supported, one participant felt strongly about his service dog, describing him and the process of getting him as a positive one.

The organizations are good, Veterans Affairs is in the middle of a pilot project right now for service dogs. And there’s two things stopping them from putting the okay on it, and one is when you go out in public people go up to pet them. You can’t. And people don’t understand or know… they’re uneducated, put it that way, that they can’t pet the dog because the dogs working full time on me. That’s one thing, and another thing is when we go in public with the dog, we’re not as outgoing. [Jack]

A variety of participants said they felt supported by the veteran community, during breakfasts, suppers, legion functions, ceremonies, and so on.

I feel it, I feel it most when I’m with veterans. I feel connected with other veterans. [Pettersson]

We feel more comfortable with ourselves. [Pettersson]

Another participant illustrated the support systems available to those who are being medically released from the CAF. Through making the comparison between his release, and those of military veterans today, they were able to state that these organizations being put in place allow struggling veterans to feel supported more than they did during their reintegration.

There’s a lot of programs and services out there for veterans that are being medically released, there is way more support today and services for them then there was when I was released for example. [Peter]
Participants described a sense of being supported in some cases and really lacking in others. Marijuana for Trauma was a common example illustrated by participants as a successful organization that disappeared with time. This process brought a strong feeling of support, but its loss has led to disappointment and a lack of motivation to continue searching for adequate assistance. In addition, instead of support systems being readily available, individuals are forced to fight for their coping strategies i.e. their service dog, financial aid, family support groups. The use of service dogs also leads to difficulties as illustrated above, due to the lack of education or communication on the topic.

Another example presented by participants is the tedious process of finding valuable information on infrastructure, diagnosis, and coping strategies. It was noted as possible, but not simple. Therefore, information is not as readily available as it should be and as a result, veterans feel even less supported within the community. This aspect of our conversation led to the feelings of being unsupported.

**Feeling Unsupported**

Military status was a major contributing factor to the feelings of being unsupported within the community. Participants felt because they did not serve overseas, seeking treatment within the veteran community is shameful, and as a result they feel more disconnected, and unwilling.

They don’t consider us veterans. [Jack]

Well down here the stigma is definitely something that’s alive and well but for us down here a lot of what we come across is people who don’t think they need help. [Geppetto]

One participant in particular who had previously served overseas in a foreign war felt extremely disconnected within his community. They also felt as though their civilian neighbors,
and peer group could not relate to their experiences which resulted in a wall going up, and a lack of personal connection being made. They also described a feeling of not wanting to be heard, because we are socialized within a non-warring country, where conflict is not a popular topic of discussion.

Not really no, because as a veteran, I was a veteran of a foreign war and most of those people couldn’t find Vietnam on a map, and some guys would say, “Were you in Vietnam?” I’d say yes, and that’s all there would be to it, so I think that’s the reason why I was not supported as such, is because body was set subjected to their brothers or sisters, maybe shot and wounded, killed or whatever the case may be. [Christopher]

Had I been a Vietnam veteran and living in the States, well there’s different programs, and groups, veterans of foreign wars, and legions, there’s all sorts of that stuff but not in Canada, only because in Canada it was not involved in that war, but there was over 300 Canadians killed in that war, out of 30 000 that served in it, so I think you get the picture. [Christopher]

In addition, participants described their hospital experiences as a major contribution to their feelings of being unsupported by their community. Emergency room wait times, hospital closures, and the health care crisis in Cape Breton have been at the forefront of the media, and this correlates largely with an increase in crisis situations.

I called Halifax for the organization I work with and I told them there’s a vet in the hospital, in crisis, and he left. So, I was told to get the mobile crisis unit on the go, so I laughed at him. He said what are you laughing at? I said I’ll hang up and I’ll be back in 15 minutes, so I went over to New Waterford hospital where the sign says closed, and I took a picture and I sent it to him. And he said, what the **** are you doing down there?
What’s your health system like? Like, that’s it, I’m the mobile crisis unit, for veterans.

That’s it. [Jack]

Keeping with this notion, participants felt that the CBRM was not a military community and as a result having these connections with large groups of retiring veterans is impossible. When comparing the CBRM to places like Fredericton or Dartmouth, one can begin to see a large difference; i.e. Fredericton provides a military discount, different supports, and people are likely to thank you for your service because the 5th Canadian Division Support Base- Gagetown is so close geographically, and military population is greater.

I guess you can kind of say that you lose your identity as a military member in Cape Breton. [Peter]

We have politicians that say they’re going to support veterans and when the time comes, when it comes for a bill they vote no, so the veterans down here see that we don’t really have support, even though they’re saying they support us. [Geppetto]

In Halifax you can go anywhere and get help. Down here, it’s not. And we’re just across the bridge. [Jack]

Moreover, participants felt as though if they were residing in a community closer to a major military base, that veterans would be more in tune with the support systems available to them. Being surrounded by greater numbers of military veterans would allow individuals to relate and understand the impact of the military on their lives. It would appear that a lot of disconnect is in numbers. In order to receive financial support, military family mental health training programs, community events, so on, a community needs large numbers of interested participants. The CBRM is not densely populated, and as a result numbers just are not there.
That’s why we do our own, that’s why I do the groups where we have breakfast on Saturday, dinner on Tuesday, movie on Saturday, because we have to make that community on our own rather than waiting for it to be built up by our community itself.

[Geppetto]

To sum up, participants felt unsupported by their community due to the lack of resources, and the inefficient process of getting it. This lack of services is a serious issue for all of those living with mental illness in Cape Breton, especially our military population.

Well really down here in Cape Breton there’s nothing, which is worse. There’re no organizations. [Jack]

There’s about they figure around 5000 veterans in Cape Breton and maybe a thousand are out in the community looking for help, going to veteran’s affairs and that kind of stuff and a lot of them don’t have any mental health help. Their help is, I was talking to one veteran and his help is a 40 of whiskey he drinks that a day he tried the pills and all that and he didn’t like it, so he went back to the alcohol. Another smokes a lot of weed every day to deal with his mental illness. [Jack]
6. Discussion and Implications

As Veteran Romeo Dallaire notes, “we really needed to handle the gap between a soldier’s medical release and when Veterans Affairs Canada took over” (Dallaire, 2016, pg. 65). Romeo Dallaire (2016, pg. 65) shines light upon the lack of community supports present in contemporary Canadian society. As we can see, mental illness is extraordinarily prevalent in the military community, and society plays a large role in recovery. Bridging this gap and shining light on the lack of sufficient supports are the pillars behind the present research paper.


The structural functionalist and social constructivist perspectives are the foundational frameworks of choice throughout the research paper. According to Appelrouth & Edles (2006, pg. 347) “Structural functionalists envision society as a system of interrelated parts, and emphasize how the different parts work together for the good of the system.” Through gaining the initial insight and engaging in the work of Talcott C. Parsons and Robert K. Merton, structural functionalist frameworks for thinking become evident within the present research paper. By focusing on a variety of institutions within society, one can begin to draw conclusions on relationships between individuals and the community in which they find themselves. Through utilizing this framework, which highlights or allows us to see society as encompassing various
systems that feed off one another, and in turn, maintain balance for their members. Without these social structures or proper balance, things begin to fall apart. For example, social exclusion of military personnel leading to an inability to feel supported by the government or by the civilian society at large (Appelrouth & Edles, 2016, pg. 84-94).

In addition, social constructivist perspectives become vital when understanding the everyday hardships faced by our military veterans post-service. This becomes extremely evident in the work of Emile Durkheim in his 1897 piece entitled Suicide, which was discussed earlier in the paper. Keeping with the work of Appelrouth & Edles (2006, pg. 108) “Durkheim not only demonstrates that individual pathologies are rooted in social conditions, but in addition, shows how sociologists can scientifically study social behaviour.” Emile Durkheim explains various types of suicide that occur under different circumstances. Egoistic and Anomic suicide are both primarily evident within the military community. Egoistic suicide is defined by increased feelings of isolation and loneliness (Appelrouth & Edles, 2006, 108-110). As well, anomic suicide occurs after a sudden change in an individual’s way of life, which disrupts their feelings of balance (Appelrouth & Edles, 2006, 108-110). Both egoistic and anomic suicide become prevalent in the military community post-service due to sudden and commonly unsupported reintegration into civilian life. These changes and lack of ties within the community are having extraordinarily negative impacts on society as a whole, and these impacts become even more prevalent within the military community. Thus, social constructivist and structural functionalist perspectives strongly impacted the sociological imagination that was utilized in the creation of the present research study.

Veterans who participated in the present research study displayed a variety of mental illnesses, with PTSD being the most common. They described their personal experiences as a
resident within the CBRM post-service, sharing commonalities with one another. These included the feeling of community, legion practices, lack of access to information, civilians lack of knowledge, disappearing/non-existent support systems, how they feel as a veteran in the CBRM, and what they believe must undergo revision. Surprisingly, there were a few extraordinarily positive stories which enlightened me as a researcher and helped me draw unexpected conclusions. These positive experiences altered the assumption that adequate support systems do not exist. Instead, taken as a whole, results of the present research study indicate that receiving adequate support is a product of mere chance.

If I go to the ER, I may or may not get something, but my case workers good. But there’s guys that went, won’t get nothing. And there’s guys that went and got everything they wanted. And one guys worse than the other, but we’re all veterans, what’s the problem? That seems to be the way the government wants it. [Jack]

Many of the present findings still indicate that support is sparse and uneven throughout the province, as well as the country as a whole. For some participants, the feeling of disconnect is growing stronger. They no longer feel a part of their residential community nor the veteran community. These findings suggest that adequate support systems are not available to their full capacity for military veteran’s post service. Many of my findings are consistent with prior research, and literature in the area. The goal will be to compare and contrast the experiences of more veterans upon additional data collection. This analysis will allow me to draw conclusions about the mental health infrastructure available to veterans and begin bringing this invisible community of individuals to light.

By drawing on contemporary scholarship and qualitative interviews with military personnel, this thesis sheds light on what is needed. The present paper illustrates the mental
health infrastructure available to Regular Armed Forces members, as well as what is being requested by individuals themselves. It will set the stage for understanding the lives of individuals with post-traumatic stress disorder, and by understanding these hardships, we set the stage for future research and the spark of potential support systems in the community.

**Conclusion**

In conclusion, the present research study pursued to illuminate the experiences of our military personnel post-service and spark the conversation of what needs to change in order to provide adequate mental health service to those in need. As previously stated, grounded theory allows a researcher to draw conclusions and collect other theoretical standpoints based on the outcomes of the data. Through employing this theoretical framework, the personal experiences of participants truly became the foundation for the present research study, that aims to give a voice to a marginalized group of people. Within the use of qualitative research methods and an extensive literature review, we are able to begin gaining insight and visualize strategies to enforce change. As a researcher, my aim was to thank them for their service and allow them to speak on the topic of feeling supported. I also sought to honour the Desmond family by starting the conversation and bringing PTSD in Rural Nova Scotia to light. The present research study shines light on the fact that adequate support systems in the CBRM are severely lacking, and there is an extraordinary need for improvement. At the same time, data analysis has shown that there are a variety of support systems that are being utilized and are providing positive encouragement for our veterans. However, there are a lot of areas that are lacking infrastructure within the CBRM. This disconnect not only within Cape Breton Island but our country as a whole shines light on the urgency for discussion and change. Not only do we need more research in this area, we need sufficient changes in our support systems, to lower the chances of tragedy
and allow for our veterans to return home in a more serene manner. As a country, we must act now, and begin to provide support for those who put their lives on the line every time they lace up their combat boots. The Desmond tragedy is one of many incidents that illuminate the need for change, the need for betterment as a country.

**Recommendations**

According to Fikretoglu et al., (2007, pg. 104) information on mental health infrastructure and developing a deeper understanding of the needs proposed by Canadian Armed Forces are essential for efficient service planning, providing access, and creating positive changes in communities.

The military community within Canada are providing us with invaluable services by constantly putting their lives on the line for our protection, and continuously honouring our country. As a result, adequate support systems are a necessity. With the growth of PTSD, and other mental illnesses in the community, organizations are continuously growing and aiming to provide satisfactory assistance. In order to provide adequate long-term support, the barriers in receiving service and the resulting flaws therein must be addressed and adjusted in order to create a solid foundation for returning veterans in the future and their families. Without these supports, mental health will continue to deteriorate, and this marginalized group of individuals will continue to fall through the cracks.

The goal of the present research study is to provide insight on these experiences and address members of the Canadian government, families, organizations, as well as community members, and spark the conversation on this critical topic. It is my hope that policy makers, organizations, and individuals with the privilege and/or capacity to affect change, will utilize the following recommendations.
1. THAT organizations utilize the experiences of military personnel when providing adequate infrastructure for other military personnel;

2. THAT organizations become more well-known throughout communities of civilians and military personnel in order to be properly utilized;

3. THAT organizations provide services based solely on need and not large numbers of individuals because with population numbers being a prerequisite for service, many veterans are falling through the cracks, and these aspirations are becoming nearly impossible;

4. THAT health-care centers, such as doctors’ offices, emergency rooms, and hospitals aim toward creating programs for military personnel to receive adequate support efficiently in a short period of time;

5. THAT health-care providers, doctors, psychologists, psychiatrists, social workers, are required to become educated on topics such as PTSD, military experiences, military families and the needs of our heroes in their facilities;

6. THAT the government of Canada keeps their promises of providing adequate financial aid when addressing the return of military veteran’s post-service, instead of utilizing their struggles when fighting for power, and leaving them marginalized in the long-run;

7. THAT the government of Canada works strongly to provide for our countries veterans instead of continuously failing them, marginalizing them, and placing attention in a variety of other places;

8. THAT as a country, we remember the Desmond family, and the tragedies of January 3rd, 2017, whilst improving the lives of our returning veterans and their families no matter how strongly they are struggling.
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Appendices

Table 1
Participant Characteristics

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Table 2
Questions used in one-on-one semi structured interviews with military veterans

1. How long have you been a resident of the CBRM?
   a) In what part of the CBRM do you currently reside in?
   b) How would you describe the CBRM to new comers?

2. How would you describe community?
   a) Do you feel like you’re a member of a community here (in CBRM)?
      IF YES: what makes you feel included?
      IF NOT: what can be done to include you better?
   b) How would you describe living in rural Nova Scotia?

3. Have you attended any functions through the legion branch or Remembrance Day ceremonies in your area? Elaborate
   a) Do these events impact you as an individual?
4. What makes you feel supported/unsupported by your community?  
   IF YES: What aspects of community make you feel supported?  
   IF NO: What is a major contributing factor to this feeling of lacking support?  
   What’s missing?

5. Do you believe it is critical to have sufficient mental health supports available?  
   Explain.

6. What support systems do you know of that exist within the community?

7. What support systems have you accessed in the community?  
   IF ACCESSED: Rate how your experience was at (each support system accessed)  
   from 1-10?  
   Why did you choose that number?  
   IF NOT ACCESSED: What things are restraining you from receiving them?

8. These are some of the supports for veterans in the area, do you feel like any meet your needs?  
   IF YES: Do you feel as though they are well known throughout the members of the county?  
   IF NO: What supports do you believe need to be put in place?

9. Are there areas in the community that are lacking supports?

10. Thank you for all that valuable information, is there anything else you’d like to add before we end?

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**Table 3**
Commonalities amongst research data

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</tr>
<tr>
<td>The Hospital</td>
<td>100%</td>
</tr>
<tr>
<td>Organization</td>
<td>Average Rating (mean)</td>
</tr>
<tr>
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<td>Paws Fur Thoughts</td>
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<td>Veterans Affairs</td>
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Table 4
Well know support systems, and ratings in the CBRM
Figures

Figure 1. Ageism in Mental Health; relevant statistics

Figure 2. Canadian Mental Health Association; relevant statistics
Figure 3. Seniors and Mental Illness