

THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA



BEST ADVICE

# Caring for Military Families in the Patient's Medical Home

SEPTEMBER 2017



## INTRODUCTION

Military service members and their families experience a unique combination of circumstances that few other Canadians encounter, and family physicians have an important role to play in ensuring they stay healthy. Regular Force members of the Canadian Armed Forces (CAF) frequently move great distances to respond to the staffing needs of the military within the country and around the world. This can result in long periods of separation from immediate and extended family, which can isolate the service member from family support systems.

The families of CAF Regular Force members usually accompany the active service member when moving. As a result, the family is also removed from their community and social support networks, including health services. While serving personnel receive care through the CAF, their family members often find it difficult to secure a new family physician because of frequent moves that may cross provincial boundaries. In addition to the stress of relocating, finding a new family physician and re-establishing regular access to health services can pose difficulties.<sup>1</sup>

Without a regular family physician, military families lack continuity in care and often experience lengthy wait times for referrals, prescription refills, and other specialist care. Applying the principles of the [Patient's Medical Home](#) (PMH), family physicians can enhance their awareness in caring for military families within the context of a patient-centred care delivery model. Doing so can help with the stress and anxiety of a newly arrived military family.

**Twenty-four per cent** of military spouses report that they do not have a family physician for themselves, compared with **15 per cent** of the general population. Additionally, 17 per cent of children from military families do not have a family physician.<sup>2</sup>

The PMH is the future of family practice in Canada. In this vision created by the College of Family Physicians of Canada (CFPC), every family practice offers seamless care that is centred on an individual patient's needs, within their community, throughout every stage of life, and integrated with other health services. The PMH is the central hub for the timely provision and coordination of the comprehensive set of health and medical services that patients need.

## PURPOSE OF THIS GUIDE

This guide is intended to help family physicians understand the unique experiences and realities of being a member of a military family and to familiarize them with the resources that are currently available to provide equitable health care to military families.<sup>3</sup>

Practising in alignment with the PMH model—focusing on continuous, comprehensive care centred on the needs of the patient—can be particularly effective with patients from military families. Following these principles can assist family physicians in delivering high-quality services that respond to the health care needs of military families.

While this guide is presented for the consideration of those in all types of family practices, the strategies described involve many important components of the PMH model.



## BACKGROUND

In Canada the families of active service members do not receive medical care through the military. They access services through the same provincial and territorial health care systems the civilian population uses. In a 2013 report, the Department of National Defence and the Canadian Forces Ombudsman identified three key factors that distinguish military families from civilian families:<sup>1</sup>

- **Mobility:** Most military service members and their families relocate multiple times to various locations across the country and around the world throughout their military careers
- **Separation:** Families often experience work-related separation when the military service member carries out domestic operations or training exercises or participates in overseas missions; these work-related separations can last anywhere from one day to 15 months
- **Risk:** Injury, illness, or death are all risks that are more highly associated with active military service

While these three factors may not be unique to military families, when combined they may have a more considerable impact.

## DEMOGRAPHICS OF MILITARY FAMILIES IN CANADA

- Canada is home to 40,000 Regular Force military families and 14,000 Reserve Force families. They access a variety of programs and services in their neighbourhoods, including child care and elder care and health, mental health, education, employment, and transition support.<sup>4</sup>
- About two-thirds of Canadian military spouses have experienced the deployment of their military partner at least once, while six per cent have experienced deployment more than five times.<sup>2</sup>
- Most military spouses (87 per cent) are female.<sup>5</sup>
- There are more than 64,000 children growing up in military families in Canada.<sup>6</sup>
- In the mid-1990s, 80 per cent of military families in Canada lived on military bases, whereas only 15 per cent do today, so most families are living in civilian communities across the country. While most military families live in close proximity to a base, some live in neighbourhoods with little or no experience of military families.
- Twenty-six per cent of spouses whose partners were deployed said that most days were “quite a bit” or “extremely” stressful, compared with 21 per cent of those whose partners were preparing for deployment, 25 per cent of those whose partners had recently returned from a deployment, and 19 per cent of those whose partners had never been deployed or were deployed longer than seven months.<sup>7</sup>
- Forty-four per cent of Canadian Armed Forces spouses find it extremely difficult to re-establish medical services after relocation.<sup>8</sup>

## CHALLENGES IN ACCESSING HEALTH CARE SERVICES

Military families often find themselves without a family physician when they move and regularly end up on new wait lists with limited ability to engage in routine health maintenance with a regular health care provider.<sup>9</sup>

Compounding the stop-start nature of their access to primary care, half of Canadian military communities are located in rural, isolated, or semi-isolated communities where care can be hours away, if available at all.

Research shows that families compensate for their lack of access to family physicians by travelling long distances to consult their former physicians; others rely on walk-in clinics and emergency departments for episodic care.<sup>10</sup>

Having to report to urgent care clinics and emergency rooms means that military family members are unlikely to access preventive care on a regular basis. Medical issues that require attention but are not emergencies often are not actively tended to, leading to complications, delays, complex logistics, and general frustration when care is finally sought.<sup>1</sup> Being able to access only urgent care clinics or emergency rooms can lead to anxiety about long-term effects if preventive and regular health care are not accessible.<sup>1</sup>

Relocating to a different provincial jurisdiction can be especially difficult because of systemic variation, such as eligibility for services. If family members have medical needs or disabilities, navigating new health care systems can be onerous and frustrating, with eligibility and reimbursement policies causing considerable stress.<sup>9</sup>

Currently, all provinces have agreed to waive the 90-day waiting period for provincial health insurance for military families moving into a new province.<sup>1</sup>

## WHAT MAKES THE PMH AN IDEAL SETTING IN WHICH TO CARE FOR MILITARY FAMILIES?

Comprehensiveness and continuity of care are defining elements of practice in a PMH. With the disparities in access and health status military families face, PMH-like models are well suited to provide the comprehensive and continuous care they need. As a hub that ensures the coordination of information related to all the medical care services of its patients, a PMH set-up contributes to the effective transfer of patients and their medical records across services and locations.

For guidance on implementing patient-centred care in family practice settings, refer to the [Best Advice guide \*Patient-Centred Care in a Patient's Medical Home\*](#). The document offers concrete suggestions on how to make family practices more patient-centred by engaging patients in the planning and delivery of their care.

## SUPPORTING MILITARY FAMILIES IN THE FAMILY PRACTICE

### Promoting military literacy

Military literacy refers to the awareness of the unique experiences military families face and military life stressors—frequent relocation, separation, and risk, as described above—that can affect the well-being of military families.<sup>2</sup>

The level of military literacy among family physicians may affect the quality and continuity of care.<sup>1</sup> Having a high level of military literacy and a comprehensive understanding of military family life can help family physicians deliver services attuned to patients' needs. To learn more, family physicians can add military health care topics to their continuing professional development (CPD) plans.

Understanding the challenges military families face and the resources they can access is something family physicians can discuss with their interprofessional teams within the PMH. By improving military literacy organizations can foster welcoming and inclusive environments for military families and effectively deliver evidence-based programs and services specifically tailored to supporting military families.<sup>2</sup>



## Facilitating the intake process for military families

Seeing that many military families continue to face challenges in accessing family physicians, PMH practices should develop strategies to facilitate the intake process for military families. These can include:

- Ensuring support staff can book adequate time to do the intake history, which frequent moves may complicate; military families may need more time than most to establish a sound case history with the new practice
- Using a new-patient questionnaire to capture information unique to military families
- Having your reception staff ask whether they are a part of a military family when a patient calls to inquire about joining the practice
- Ensuring that there is a level of practice capacity to handle the transient nature of military families in family practices that serve communities with a strong military presence

To learn more about CPD opportunities available in your region, refer to [CPD Upcoming Events](#). The online calendar allows CFPC members to search for programs in their area using specific keywords and includes many Mainpro+® certified activities that relate to the strategies offered in this guide.

Learn about Military Family Services programs and supports by going to [www.cafconnection.ca](http://www.cafconnection.ca) or calling the 24/7 Family Information Line at 1-800-866-4546, and be prepared to refer patients when needed.

Team-based care is an essential component of the PMH. For strategies on how to work with other health care professionals such as nurses, dietitians, and social workers to best deliver care, refer to the [Best Advice guide \*Team-Based Care in a Patient's Medical Home\*](#). In addition, the [Best Advice guide \*Communities of Practice in the Patient's Medical Home\*](#) focuses on intraprofessional collaboration between family physicians and provides actionable advice for establishing and maintaining communities of practice.



## Assisting with medical record keeping and facilitating potential transitions between providers

Medical records of military families are sometimes not transferred efficiently from location to location and may be transmitted after long delays, if at all.<sup>1</sup> This impedes quality and continuity of care. With military families often on the move, it is essential for family physicians to support their patients with accurate and timely medical record keeping and transfers. Family physicians are encouraged to advise their patients to keep copies of their medical records so they can self-manage their continuity of care upon relocating. If patients are being relocated, the current family physician can help them find a family doctor in their new location and can refer them to the local [Military Family Resource Centre](#) (MFRC) for assistance. MFRCs provide tools and services to educate and empower military families to take control of and improve access to health care.

When patients are transitioning between providers, family physicians should ensure that each family member's medical transition is as thorough and timely as possible.<sup>6</sup> Using electronic medical records (EMRs) can enhance this transfer.

### Case study:

*"When my husband was the commanding officer at his regiment, a new military family of five had moved from Alberta to Vancouver to join the regiment. After relocating, they were unable to find a family physician. When they learned that I was a family physician, they asked if I could take on the wife and children. In our clinic, we have a New Patient Questionnaire that all patients are asked to fill. After reviewing the medical history, we determined that we needed to request medical records from their previous medical practitioners. At that first visit, we had the patient sign a consent for release of medical records and sent it right away. The family was very grateful to have found a family physician, as they were on regular medications that required refills and monitoring. It was a pleasure to have them in my practice.*

*When the family was relocated to a different community, they had a lot of concerns about finding another family physician, especially since there was an ongoing workup being done that required follow-up investigations. Since I knew some of the doctors in the community they were moving to, I decided to fax a note to one of them myself, requesting a family physician transfer. I attached the patient medical summary from my EMR. That medical colleague was more than happy to accept the family into her practice. In the interim, I went ahead and sent a requisition for the follow-up investigation directly to a hospital in her new community to avoid any delays."*

—Kuljit Sajjan, MD, CCFP

## Providing appropriate and continuous care for each patient across age groups

Canadian military families can thrive if they have access to appropriate care and support. This includes:

- Providing services in a language that the families understand. Communicating can be difficult for families posted to locations where the predominant language is their second language. For example, an English-speaking service member and their family may be stationed in a French-speaking community, or (more frequently) vice versa. Basic English or French proficiency may be sufficient for daily tasks; however, it can make understanding and discussing medical issues, concerns, and directives difficult.<sup>1</sup> Providing services in both official languages or having a bilingual staff member can be beneficial.
- Promoting health literacy. Effective communication is important when delivering health information. The terminology health professionals use is often technical and laden with jargon and acronyms. The implications of poor health literacy for society are vast. Family physicians can promote greater clarity in communication through following the strategies described in the [Best Advice](#) guide *Health Literacy in the Patient's Medical Home*.

- Promoting military cultural competence in the PMH. Military families may have a unique cultural identity associated with their experiences of deployment and frequent relocation. Cultural competence is necessary in providing appropriate and effective health care services. It is essential for family physicians to understand the family's story—the impact on the family of numerous relocations, separations, and risk throughout the member's military career—to be able to understand their patients' language and family structure. Family physicians are encouraged to pursue military cultural competency training and/or resources. Local MFRCs (situated in 32 CAF communities in Canada) can serve as a resource for information and education on military families.

## Providing mental health supports for military families

The overwhelming majority (83 per cent) of military spouses report feeling strong and resilient in the face of the demands of military service. However, deployments and relocations can place extraordinary stress on family life and affect one's mental health and well-being.<sup>2</sup> In addition, the families of military members who are experiencing physical and/or mental illnesses or injuries (for instance, from experiencing combat or other equivalent stressors) may be supporting their loved ones through changing behaviours and intense relationship dynamics.

Stress associated with a partner's military service is one of the main contributors to illness among members of military families diagnosed with a psychological disorder, such as depression.<sup>6</sup> Levels of reported stress can vary across the deployment cycle and tend to be highest when a spouse/partner is deployed. In a recent CAF survey, respondents whose spouse/partner was currently deployed reported higher levels of depression compared with those whose partner was preparing for deployment or who had recently returned.<sup>7</sup> Approximately one-quarter of the respondents reported that they had been diagnosed with depression at some point in their partner's career in the military and 17 per cent have been diagnosed with an anxiety disorder.<sup>2</sup> These figures for the general population are 11 per cent and 9 per cent, respectively.<sup>11</sup>

To assist military families with promoting mental health and well-being in the PMH, family physicians can:

- Increase their understanding of the mental health of children or youths and the parent at home in military families; understand the stresses associated with the deployment cycle; assess family stress; and build on each family's distinct coping skills.<sup>6</sup>
- Screen more regularly for anxiety, depression, behavioural problems, academic difficulties, peer relational problems, or high-risk behaviours (e.g., substance use) and respond to treatment needs in a timely, sensitive manner. In some cases, individual or family interventions may be required (e.g., in the CAF).<sup>12</sup>
- Familiarize themselves with the locations of, and points of contact for, [Canadian Armed Forces Medical and Dental Centres](#) to direct patients to counselling services included in the psychosocial program, which may involve military service members and their family.
- Anticipate common age-specific issues and reactions children or youths face during deployments, and counsel parents accordingly. The [Toolkit For The Well Child Screening of Military Children](#) is a United States-based resource that provides materials to help primary care physicians and other clinicians screen children and youths for deployment stress, determine the level of support required, and provide information to parents.
- Connect the patient to the services of mental health professionals, such as social workers and psychologists.



- Learn about supportive resources that are available and inform military families of them as needed. To learn more about mental health programs for military families, refer families to [www.cafconnection.ca](http://www.cafconnection.ca), the Family Information Line (1-800-866-4546), or their MFRCs for services and resources tailored to their particular needs. Services include educational, assessment, treatment and counselling programs.
- Learn more about the [Road to Mental Readiness \(R2MR\) Program](#). Through R2MR, military families are able to access pre-deployment training, post-deployment transition and reintegration training, and post-deployment follow-up military screening. The program uses the [Military Mental Health Continuum Model](#) to assess health status and functioning. By being aware of the program and the spectrum of colours (green to red, ranging from healthy to ill) across the mental health continuum, family physicians can better understand the terminology and health status of military families who are accessing these services. Families can access this training through their local MFRC.

The [Military Families Services Program Mental Health Services Framework](#) provides a conceptual overview of the types of mental health programming available to CAF families through MFRCs. These services include outreach and engagement, peer support, psychoeducation, psychosocial services, and mental health treatment. The purpose of the framework is to provide clarity to MFRCs, service providers, and other community partners, as well as a common language for us to discuss industry standards and best practices (see Appendix A).

## Understanding the unique concerns of children and youths

Family physicians can better support children and youths from military families by:

- Understanding the unique concerns of children and youths from military families and mobilizing specific resources to support them<sup>6</sup>
- Carefully reviewing, completing, and documenting routine primary care surveillance for children, including growth charts, development, immunizations, etc.; when providing well-baby/well-child care, family physicians should use standardized forms, such as the [Rourke Baby Record](#), to ensure that the complete picture of the child's development is being captured and can easily be transferred to another provider in case of a move

Refer to the [Canadian Paediatric Society's position statement](#) regarding caring for children and youths from Canadian military families for recommendations to health care providers.

### Case study:

*The spouse of a Canadian military infantryman and her two children of four and seven years have just been relocated to a different province. This followed the return of her husband, who had been deployed in the Middle East for 12 months. Since returning, he has shown signs of impatience and irritability, which has challenged the couple's relationship. The spouse contacted the Canadian Armed Forces Member Assistance Program and had three sessions with a social worker before relocating. She is now seeking help in her new community.*

*A few months after arriving she visited a walk-in clinic for help with her difficulty sleeping. By following the principles outlined in this guide, the family physician was able to provide appropriate care. Diagnosing adjustment issues and marital concerns, he connected her to the MFRC for support; he also contacted the Canadian Armed Forces Health Services Centre about possible spousal counselling, which the couple agreed to pursue.*

*The family physician was able to secure support in the civilian community and build an action plan to support the family in the long term by making room in his PMH. This led to a coordinated effort that allowed them to be better prepared when, a few months later, the youngest child survived cancer. The support the family received helped them cope with this additional stressor.*

—Marc Bilodeau, MD, CCFP (EM)

## SUPPORTING MILITARY FAMILIES IN COMMUNITIES

### Establishing community partnerships

Community partnerships can support military families by enabling the strong formal and informal networks fundamental for promoting and sustaining health, well-being, and resilience.

Family physicians are encouraged to keep a list of related support programs and services that can be accessed by military families in the community. This can include:

- MFRCs: Located on Canadian Armed Forces Bases and Wings, local MFRCs are the hub of military communities (see Appendix B for a complete list)
- Family Information Line: Families can call the confidential, bilingual Family Information Line 24/7 at 1-800-866-4546, where qualified counsellors offer support, information, and referral to various services
- *Family Physicians Working with Military Families*: a resource document by the CFPC and the Canadian Military and Veteran Families Leadership Circle to help health professionals enhance their awareness of health care issues specific to military families in Canada
- **Canadian Armed Forces Member Assistance Program**: a free, confidential service available to military families that offers a 24/7 counselling line to help with well-being; 1-800-268-7708, (Teletypewriter) 1-800-567-5803
- *On the Homefront: Assessing the well-being of Canada's military families in the new millennium*: the 2013 Special Report to the Minister of National Defence by the Canadian Forces Ombudsman that provides a deeper understanding of the context of military families, as well as recommendations for improvements to services and resources
- Blaisure KR, Saathoff-Wells T, Pereira A, Wadsworth SM, Dombro AL. *Serving Military Families: Theories, Research, and Application*. 2nd ed. New York, NY: Routledge; 2016

Approximately 35 per cent of MFRCs reported having a doctor referral program and half of those are currently using the [Calian Military Family Doctor Network](#) for family referral. While 42 per cent maintain a contact list of local family physicians accepting new patients, 84 per cent provide a list of local walk-in clinic locations.<sup>13</sup>

In 2015, through working with Military Family Services, the Military Family Doctor Network developed a family-specific referral service that links military families with physicians in clinics located in select communities across Canada. Leveraging the availability of that medical network, dozens of family physicians willing to take military families into their local practices have been recruited in communities across Canada.

Launched in September 2012, Operation Family Doc is the product of a partnership between the MFRC in the National Capital Region and the Academy of Medicine Ottawa, with the support of Military Family Services. The program's mission is to provide access to continuous health care to every CAF family member and to military members in the National Capital Region who are retired or being released. Operation Family Doc is an orphan-patient program that serves to alleviate some of the stress CAF families experience. Through a community engagement strategy, Operation Family Doc manages ongoing collaborations with local family physicians.<sup>14</sup>

### Teaching and learning opportunities

Family physicians involved in teaching can expose residents to the unique challenges of providing care to military families. Additionally, providing such care can be an important component of CPD for family physicians and their interprofessional teams.

## CONCLUSION

Promoting military literacy in the PMH can equip family physicians with the knowledge, skills, and strategies they need to provide continuous and comprehensive care to military families and veterans no longer in service. By being aware of the unique challenges that frequent relocation and separation present, as well as the risks to physical and mental health, family physicians can better support military families in accessing care and promoting well-being. Due to their relationships with patients and the broad range of services they offer, family physicians have a key role to play in promoting access to care as well as in connecting military communities with resources. By collaborating with health care teams and patients, family physicians in the PMH setting can deliver patient-centred care that allows military families to thrive.







## Appendix A: Mental Health Services



what I can expect from my  
**MILITARY FAMILY  
RESOURCE CENTRE**  
in mental health



### People supporting people

**Connect** with people that share similar experiences.



### Professionals teaching people

**Learn** about a number of wellness, health and mental health subjects.



### Professionals helping people

**Develop** new skills and coping strategies.  
**Learn** how to access medical or mental health care in your community.



### Professionals providing treatment to people

**Overcome** difficulties like depression, anxiety, addictions, phobias and personality disorders.



Family Information Line **1-800-866-4546**  
[www.CAFconnection.ca](http://www.CAFconnection.ca)





## APPENDIX B: Military Families Resource Centres

MFRC Bagotville	Quebec	418-677-7468
MFRC Borden	Ontario	705-424-1200 ext. 3994
MFRC Calgary	Alberta	403-410-2320 ext. 3590
MFRC Central Saskatchewan	Saskatchewan	306-492-2135 ext. 4266
MFRC Cold Lake	Alberta	780-594-6006
MFRC Comox	British Columbia	250-339-8290
MFRC Edmonton	Alberta	780-973-4011 ext. 6300
MFRC Esquimalt	British Columbia	250-363-2640
MFRC Gagetown (+Moncton Satellite Office)	New Brunswick	506-422-3352
MFRC Gander (+Corner Brook Satellite Office)	Newfoundland and Labrador	709-256-1703
MFRC Goose Bay	Newfoundland and Labrador	709-896-6900 ext. 6060
MFRC Greenwood	Nova Scotia	902-765-5611
MFRC Halifax Region	Nova Scotia	902-427-7788
MFRC Kingston	Ontario	613-541-5010 ext. 5195
MFRC London (+Hamilton Satellite Office)	Ontario	519-660-5366
MFRC Mainland	British Columbia	1-888-828-6372
MFRC Meaford	Ontario	519-538-1371 ext. 6509
MFRC Montreal Area:	Quebec	
	Saint-Hubert	450-462-8777 ext. 6810
	Saint-Jean	450-358-7099 ext. 7955
	Saint-Jean Ligne De Recruit	450-358-7099 ext. 7227
	Mtl. Longue-Pointe	514-252-2777 ext. 4984
MFRC Moose Jaw	Saskatchewan	306-694-2273
MFRC National Capital Region	Ontario	613-998-4888
MFRC North Bay	Ontario	705-494-2011 ext. 2053
MFRC Petawawa	Ontario	613-687-7587
MFRC PEI	PEI (Charlottetown)	902-892-8999
MFRC Shilo	Manitoba	204-765-3000 ext. 3352
MFRC St. John's	Newfoundland and Labrador	709-570-4636
MFRC Suffield	Alberta	403-544-5567
MFRC Toronto	Ontario	416-633-6200 ext. 4311
MFRC Trenton	Ontario	613-965-3575
MFRC Valcartier	Quebec	418-844-6060
MFRC Wainwright	Alberta	780-842-1363 ext. 1253
MFRC Winnipeg/ Thunder Bay	Manitoba	204-833-2500 ext. 4500
MFRC Yellowknife	Northwest Territories	867-873-0700 ext. 6859

Source: Military Family Services, 2017.



## References

1. Daigle P. Office of the National Defence and Canadian Forces Ombudsman. *On the Homefront: Assessing the well-being of Canada's military families in the new millennium*. Ombudsman, National Defence and Canadian Forces= Ombudsman, Défense nationale et Forces canadiennes. Ottawa, ON; 2013.
2. Wang Z, Aitken N, CAF Family Research Team. *Impacts of Military Lifestyle on Military Families: Results from the Quality of Life Survey of Canadian Armed Forces Spouses*. Director General Military Personnel Research and Analysis, Defence Research and Development Canada Scientific Report, DRDC-RDDC-2016-R012; 2016.
3. The Vanier Institute of the Family. *Supporting Canada's Military and Veteran Families*. Ottawa, ON; 2017. Available from: <http://vanierinstitute.ca/supporting-canadas-military-veteran-families/>. Accessed 2017 Apr 26.
4. Human Resources Reporting System. Directorate of Human Resources and Information Management. Department of National Defence. (2014) [Data extraction]. Accessed Oct. 2014.
5. Rowan-Legg A. Caring for children and youth from Canadian military families: Special considerations. Canadian Paediatric Society. 2016. Available from: [www.cps.ca/en/documents/position/military-families](http://www.cps.ca/en/documents/position/military-families). Accessed 2017 Apr 26.
6. Battams N. A Snapshot of Military and Veteran Families in Canada. Statistical Snapshots. The Vanier Institute of the Family. 2016. Available from <http://vanierinstitute.ca/snapshot-military-veteran-families-canada/>. Accessed 2017 June 5.
7. Dursun S, Sudom K. Impacts of military life on families: Results from the Perstempo survey of Canadian Forces spouses. Defence R&D Canada, DGMPPRA TR 2009-001; 2009. Available from: [www.cfmws.com/en/AboutUs/MFS/FamilyResearch/Documents/DGPRAM/PERSTEMPO%20and%20deployment/PERSTEMPO\\_Survey\\_Spouses.pdf](http://www.cfmws.com/en/AboutUs/MFS/FamilyResearch/Documents/DGPRAM/PERSTEMPO%20and%20deployment/PERSTEMPO_Survey_Spouses.pdf). Accessed 2017 Jul 20.
8. The College of Family Physicians of Canada and Canadian Military and Veteran Families Leadership Circle. *Family Physicians Working with Military Families*. Mississauga, ON; 2016. Available from: [www.cfpc.ca/uploadedFiles/Military%20Family%20Physician%20Guide\\_E.pdf](http://www.cfpc.ca/uploadedFiles/Military%20Family%20Physician%20Guide_E.pdf). Accessed 2017 Jul 20.
9. Cramm H, Norris D, Tam-Seto L, Eichler M, Smith-Evans K. The Current State of Military Family Research. The Vanier Institute of the Family. Available from: <http://vanierinstitute.ca/current-state-military-family-research/>. Accessed 2017 Apr 26.
10. Vogel L. Military urges provinces to improve access to health care for soldiers' families. *CMAJ* 2014;186(1):E15-16.
11. Pearson C, Janz T, Ali J. *Mental and substance use disorders in Canada*. Health at a Glance. Statistics Canada Catalogue no. 82-624-X; 2013. Available from: [www.statcan.gc.ca/pub/82-624-x/2013001/article/11855-eng.pdf](http://www.statcan.gc.ca/pub/82-624-x/2013001/article/11855-eng.pdf). Accessed 2017 June 5.
12. Cozza SJ. Children of Military Service Members: Raising National Awareness of the Family Health Consequences of Combat Deployment. *Arch Pediatr Adolesc Med* 2011;165(11):1044-6.
13. Military Family Services. *Making Canadian Research Meaningful to Better Serve Military Families*. Ottawa, ON: Military Family Services; 2017. Research Focus.
14. Operation Family Doc. Database. 2012-2017.