



A Canadian Forces soldier hugs his wife goodbye before departing from Trenton Air Force Base in Trenton, Ontario, in November 1996, leaving on a Canadian mission to help the Rwandan refugees in Zaire following the Rwandan genocide in 1994. CARLO ALLEGRI/AFP/GETTY IMAGES

Military steps up battle against stigma of mental illness

Mental health centre awards recognize former military couple who helps others as result of own experiences with mental illness

By CINDY CHAN
Epoch Times Staff

OTTAWA—Three months after Steven Lively returned from central Africa in 1996, the former Canadian Forces soldier started experiencing constant panic attacks, migraines, and anxiety.

It was two years following the Rwandan genocide. He was in Africa to observe the survivors who had fled to neighbouring countries and were trying to return to Rwanda.

"It was a feeling of complete helplessness," he said. "You come home from a mission and before you know it you're overcome with a very strong sense of guilt." He encountered mass graves and other horrors of human suffering, including children and babies dying.

Yet, due to the military's rules of engagement to guard the soldiers' safety, "there was absolutely nothing that I could do. I was unable to stop and provide any kind of assistance."

The resulting guilt manifested as depression, anxiety, nightmares, and flashbacks, along with other severe symptoms that included headaches, fibromyalgia, and irritable bowel syndrome.

"I didn't understand all these things that were part of post-traumatic stress disorder that we now know. Back then, I had no idea what was happening to me," said Mr. Lively, who now works with the Joint Speakers Bureau (JSB) of the Department of National Defence (DND) to provide education and awareness on mental health and operational stress injury (OSI).

He is among a group of speakers who conduct pre- and post-deployment education within the military. All are former military personnel who have been diagnosed with post-traumatic stress disorder (PTSD) or another OSI resulting from military operations, such as anxiety, depression, substance use, or psychological difficulties relating to chronic pain.

Just as it is in society at large, stigma surrounding mental illness is significant within the military.

Over one third of Canadian Forces members will not come forward for mental health treatment due to their fear of stigma, according to a study published in the February 2008 edition of Medical Care, a journal of the American Public Health Association.

Meanwhile, as Canada plans to end its combat role in Afghanistan by July 2011, a House of Commons committee report from last November estimated that 3,600 Afghanistan veterans could develop psychological problems, including PTSD.

The military is making efforts to educate soldiers and their families as well as all levels of leadership.

"The backbone of our organization is to try to eradicate stigma within the Canadian Forces in regards to mental health injuries," said Mr. Lively. "We're taking those negative experiences and reusing them in a positive way to educate our peers and colleagues."

In pre-deployment training, the group talks about experiences that the soldiers may encounter, and the signs and symptoms of mental illness. Another program provides social support for soldiers suffering from an OSI.

And when troops return from a mission, rather than going home directly as they did when Mr. Lively was serving, they

now spend from one to three weeks in an isolated location for what's called "third location decompression."

"It's an opportunity for trained social workers, psychologists, psychiatrists, and peer speakers and educators to speak to the troops, . . . so if they do happen to sense any depression or anxiety, the message is to get help immediately, not to wait, and not to be afraid of stigma," Mr. Lively said.

The JSB is starting to share its curriculum and model with civilian first-responder agencies such as paramedics, firefighters, and police forces. And the military now has programs to support spouses and families.

It is completely different from the experience Mr. Lively and his wife, Marcia Mills, met with during the seven years when they had no support at all.

The family "rolled in and out of one anxiety state into a more severe panic attack, back to an anxiety, and then ultimately collapsed with exhaustion for a day or two or a week, and then it would just start all over again," said Ms. Mills.

Mr. Lively's symptoms were dismissed as a "normal" part of returning from deployment. It was assumed they would go away with time.

Unfortunately, they didn't, but got worse instead as he continued to be deployed. By the time he was diagnosed with PTSD, nearly five years had gone by.

"I had lost much body weight, and I was so sick at this point that the military made a decision that I was going to be medically released. I was unfit for military duties."

That was in 2001. But he was left with no treatment program in place. "There were no doctors, no therapy plan. There was absolutely nothing for myself, or for my wife," he said.

It was not until another two years later before they found a program within the DND that started to turn their lives around.

Over the seven years, Ms. Mills became her husband's advocate, working with doctors, psychologists, Veterans Affairs Canada, and other organizations to try to find treatment.

Today she speaks out to others on the issue but remains "ready to step in if things are going bad" for Mr. Lively, who still has flashbacks occasionally if something happens that triggers memories of the trauma in Africa.

The couple was among the recipients of the 2010 Inspiration Awards presented by the Royal Ottawa Foundation for Mental Health last Friday to honour people who have educated and inspired others as a result of their own experiences of mental illness.

Ms. Mills found that after having the chance to step forward and share with others, "you find out that people are generally very supportive."

The more awareness campaigns there are and the more people speak out, it gives a voice to others who have been suffering mental illness, as well as their families, she said.

It empowers them to say, "Here I am, and this is who I am, and I'm going to carry on."

Royal Ottawa Mental Health Centre is presenting a free public lecture—*INVISIBLE WOUNDS: Recovery for Veterans and Their Families*—on Thursday, March 11, 2010, 7-9 p.m., 1145 Carling Avenue. Call 613-722-6521, ext. 6349, or visit www.surveymonkey.com/s/CSFQPZT for more info.

Visible minorities may become a majority in 20 years

By HELENA ZHU
Epoch Times Staff

VANCOUVER—With Canada's foreign-born population increasing approximately four times faster than the rest of the population, Caucasians could become the visible minority in Toronto in 20 years, a new Statistics Canada study finds.

The visible minority population of Toronto is projected to double from 2.3 million in 2006 to almost 5.6 million by 2031. Over the same period, the rest of Toronto's population is expected to increase by only about eight percent.

Toronto's South Asian population, the largest visible minority group in the area as of 2006, could triple from 718,000 to 2.1 million, representing 24 percent of the city's population.

Two contributing factors would be a high volume of South Asian immigrants and a higher fertility rate than many other visible minority groups, Stats Can said.

The Chinese population in Toronto would likely remain the second largest visible minority group. Their numbers are expected to increase from 510,000 to 1.1 million, mainly as a result of immigration.

Chinese immigrants have one of the lowest fertility rates among all visible minority groups in Toronto. Although their numbers will almost double by 2031, their propor-

tion of Toronto's population would rise modestly, from 10 percent to about 12 percent.

The trend of proliferation of visible minorities also prevails in Vancouver and Montreal.

In Vancouver, Chinese will remain the largest minority group, accounting for 23 percent of the overall population by 2031. Vancouver's visible minority population is projected to double from 910,000 in 2006 to just over 2 million by 2031.

Montreal's visible minority population is also expected to increase, rising from 604,000 in 2006 to just over 1.5 million by 2031, with blacks and Arabs being the largest minority groups.

Canada's black and Filipino populations, which were the third and fourth largest visible minority groups in 2006, could also double in size. The Arab and West Asian groups could more than triple, the fastest growth among all groups.

Between now and 2031, the foreign-born population of Canada could increase approximately four times faster than the rest of the population, reaching between 9.8 million and 12.5 million, depending on various immigration trends.

Stats Can found that by 2031, more than 71 percent of all visible minority people would live in Canada's three largest metropolitan areas: Toronto, Vancouver, and Montreal.

Tainted additive could trigger huge food recall

By JOAN DELANEY
Epoch Times Staff

A U.S. investigation and recall last week of a flavour enhancer used in thousands of processed foods is being closely followed by the Canadian Food Inspection Agency (CFIA).

Hydrolyzed vegetable protein (HVP), a flavour enhancer manufactured by Nevada-based Basic Food Flavors Inc., has been found to be contaminated with salmonella bacteria, U.S. officials said.

In the past week, more than 100 items in the U.S. and nine in Canada, including four products that were made here and five imports, have been recalled. They include Hawaiian Kettle Style Sweet Maui potato chips and honey mustard Southwest Ranch Veggie Dip by President's Choice.

The CFIA said Tuesday that about 50 Canadian food companies manufactured processed foods made with the contaminated ingredient.

The popular flavour enhancer is added to a wide range of foods including dips, chips, salad dressings, chilis, soups, and hot dogs.

While the risk to consumers is thought to be low, the contamination could extend through the entire food industry and result in further recalls, Jeffrey Farar, the FDA's associate commissioner for food protection, said in a briefing.

"We do suspect the amount of products is going to increase over the next several days or weeks," he said.

However, if not for the fact that many products containing the ingredient are cooked in the manufacturing process, the recall would be even more extensive. Cooked processed foods contain a step that kills the salmonella.

The foods that did not include this step will be subject to recall, and the CFIA is working with the FDA to determine which products those are. It is the ready-to-eat foods such as chips or dip that pose a higher risk, the CFIA said.

The 94 recalled products in the U.S. include dips, dressings, snack and snack mix products, bouillon products, and pre-packaged meals.

An investigation by the FDA found salmonella in Basic Food Flavors' processing equipment after a customer identified a problem last month. The company's HVP was used in approximately 10,000 products.

There have been no reports of



Hawaiian Kettle Style Sweet Maui Onion potato chips are one of nine products recalled so far in Canada due to contamination by HVP, a flavour enhancer used in a wide range of processed foods. CANADIAN FOOD INSPECTION AGENCY

any confirmed illnesses in Canada or the U.S. related to any of the recalled products. The CFIA says public health officials are looking at previously reported cases of salmonella to determine if there are any links.

Although food contaminated with salmonella may not look or smell bad, eating it can result in salmonellosis which can cause serious or deadly infections in children, seniors, and people with weakened immune systems.

In others, salmonellosis can cause short-term, flu-like symptoms such as headache, fever, diarrhea, vomiting, and abdominal pain. Symptoms usually appear 12 to 72 hours after eating contaminated food and generally last up to seven days.

Although HVP is used in numerous products, it is made by only a handful of big suppliers.

The flavour enhancer is produced by boiling cereals or legumes, such as soy corn, or wheat, in hydrochloric acid and then neutralizing the solution with sodium hydroxide. The acid hydrolyzes, or breaks down, the protein in the grains and legumes into their various component amino acids.

The resulting product contains amino acids including glutamic acid. A similar product is hydrolyzed whey protein, which comes from dairy origin, and MSG, with which consumers may be more familiar. MSG and HVP, which comes as a powder or paste, are used to give a meaty, savoury, or brothy taste to foods.

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