



Patterns of Attrition in the Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey

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What the researcher(s) did

The researchers evaluated attrition from the Canadian Armed Forces and Veterans Mental Health Follow-up Survey (CAFVMHS), examining rates of completion and reasons for attrition. Three key reasons for attrition were identified as deceased, refused and excluded. Data was compared to identify potential correlates of attrition, including deployment history, adverse childhood events, and mental health diagnoses.

What the researcher(s) found

The total attrition rate of those eligible to participate in the CAFVMHS was 31.2%, lower than rates found in general population studies with a similar follow-up period. Baseline predictors of overall attrition included younger age, being a member of the Canadian Army and having a lifetime history of suicide attempt. Traumatic exposures, deployment history, childhood adversity, and lifetime psychiatric diagnoses were not found to be linked to attrition.

RDC Datasets used

2018 Canadian Armed Forces and Veterans Mental Health Follow-up Survey (CAFVMHS)

Policy areas this research can inform

- Health
- Population and demography
- Statistical methods

Policy implications of this research

This research has implications for clinical and policy decisions around appropriate survey methodology for military personnel in Canada. Understanding rates of attrition can help to identify biases in longitudinal studies of military personnel to address the needs of those who are not captured in the CAFVMHS. Knowledge of this evaluation is vital to interpretation of risk estimates in the longitudinal context among Canadian military personnel and, more specifically, when using the CAFVMHS data.

Read the full article

Bolton, S., Affi, T. O., Mota, N. P., Enns, M. W., de Graaf, R., Marrie, R. A., ... Sareen, J. (2021). Patterns of Attrition in the Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey (CAFVMHS). *The Canadian Journal of Psychiatry*, 6(11), 996-998. doi:10.1177/07067437211002697.

