

CIMVHR FORUM WORKSHOP REPORTS

2022



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ARE WE READY FOR PSYCHEDELICS IN MEDICINE? A FOCUS ON PTSD

Workshop lead:

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Department of Psychiatry, Leiden University Medical Center, Leiden, the Netherlands

Andrew Greenshaw, PhD, FRSA, Psychiatry, University of Alberta

State the workshop's objective:

The purpose of the workshop is to provide an update on the current state of psychedelics, discuss how to move forward in an area with much promise, and consider the benefits and risks of including psychedelics in medicine.

Workshop discussion highlights:

- Approximately 40 participants
- Majority of participants had some knowledge (score range 2 to 4.8/10) of MDMA, psilocybin, LSD, ketamine, ayahuasca and DMT. The most common psychedelics known to participants were LSD, MDMA and psilocybin.
- 43% were very positive about medical use of psychedelics, while 29% were neutral, 24% were slightly positive and 3% were slightly negative.
- 42% were not prepared to provide advice to a patient who took psilocybin and felt awful, while 28% said they were well prepared to provide advice, 17% would call a colleague, and 14% would refer the patient elsewhere. No participants stated they would call police.
- Participants stated the greatest cautions and caveats of using psychedelics for patients were concerns about side effects, legality, long-term effects, psychosis, overdose, lack of dosing data.
- Participants stated the greatest cautions and caveats of using psychedelics for doctors/therapists were concerns about liability, training, lack of expertise, lack of evidence, lack of dosage information.
- With respect to the incoming Jan. 23, 2023 regulations in Alberta, Canada, 73% of participants stated we are not ready to integrate psychedelics into mental health care.
- 68% of participants said they would work with psychedelics in their practice.
- Participants indicated the biggest barriers to implementing psychedelic-assisted treatment in mental health were: provider bias, stigmatization, lack of research/evidence/education/understanding
- By 2025, 71% of participants indicated they would have more understanding of psychedelics than they do now
- Patients are using recreational psychedelics regardless, so clinicians need to be informed and able to assist patients when they seek information/advice/assistance.
- Clinicians are concerned about recommending the use of substances that do not have DIN numbers/are not legal treatments (e.g., potential licensing issues), assessing when a patient is ready to use psychedelics, determining for whom psychedelics are appropriate, dosage, composition of substances, efficacy of psychedelics as a treatment
- Patient expectations are also a concern (i.e., silver bullet effect), as well as what line of treatment (i.e., first line, second line, etc.) is appropriate for recommending psychedelics
- Debate exists about whether neurobiological effect or transformative state is what induces change in users of psychedelics
- MDMA for PTSD study now in Phase 3. Psilocybin for depression in Phase 2. In 1-2 years, it's likely both compounds will be registered for use.
- Growing distrust of medical professionals by the public who are turning to alternative forms of health care. Traditional

thinking of 1st-4th line treatments may not fit for psychedelics. May need to deviate from construct of evidence-based absolutes, peer-reviewed journals to a more open mindset.

- Pushback is coming from colleagues, not policymakers, patients, or the public. Public is supportive of psychedelics for medical use.

Outcomes / Next Steps:

- More effective therapies are needed for PTSD, other mental health conditions
- More thorough reviews and meta-analyses are required
- It's been five years since breakthrough status
- This is a novel orientation to delivering psychotherapy and involves long hours
- Adverse and long-term effects require more study
- Clinicians need to prepare for post-regulation; be informed even if you will not use psychedelics in your practice
- Underground therapies should be discouraged for vulnerable patients
- Therapists may need to do integration and harm reduction for patients who use psychedelics on their own
- Stay open-minded and avoid the hype. There is still a lot that is unknown, but become informed about this new treatment modality.

FATIGUE AND MORAL INJURY IN PEOPLE OF SERVICE

Workshop lead

Matt Skof, President, Ottawa Police Association

Workshop objective

To identify and offer appropriate treatment to active and retired people of service and their families with respect to fatigue and moral injury.

Workshop discussion highlights

The participants provided input with respect to the identified priorities such as: collaboration within the respective workplaces as well as the external professional partners and communities; communication strategies to seek engagement from the active/retired members and families; methods to bring together all partners relevant to the delivery of the programs discussed by the panel experts: associations-employer/senior management-front line; sources of financial and human resources that can be utilized to deliver the fatigue-moral injury programs

Outcomes and Next Steps

Workshop forum was provided guidelines to facilitate access to adequate supports and resources to agencies working with active/retired people of service and their families; The participants can access additional information by contacting the expert panel (coordinates were made available)

Knowledge Translation and Exchange

Who would benefit from the knowledge shared at this workshop and captured in this summary?

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers	The research associated with the content of this workshop confirms the necessity to create new policies, more accurately reflective of expert understanding of issues associated with fatigue and moral injury in people of service	Regional, provincial, federal police agencies, Canadian forces, WSIB
Practitioners	The research associated with this workshop identifies gaps in the currently available treatment, which can delay recovery, and, in some cases, prolong suffering	Psychotherapists, psychologists, social workers, WSIB claims adjusters, etc.
Program Development	The workshop introduced a feasible, peer reviewed, cohesive programming that can be adopted without much delay and adjusted to the individual circumstances of any participant, i.e., lack of local expertise in moral injury treatment	Health and Safety departments, Associations-Unions, OSI clinics
Service-User Populations		
Academia	The workshop presented an opportunity to look at treatment of fatigue and moral injury as two conditions that engage with each other; this approach advances from treatment options that have been historically offered in isolation	Universities, hospitals, researchers, cimvhr
Industry	Health apps design specific to peacekeeping populations; access to crisis support via hyperlinks, mitigating obstacles such as geographic location	IT
Other	Political institutions (municipal, provincial, federal), as fatigue and moral injury treatment are correlated to member-public safety	

ROLE OF THE ARTS IN ILL AND INJURED CAF MEMBERS AND VETERANS' RECOVERY AND REHABILITATION IN CANADA

Workshop lead

Eric Li, PhD, Associate Professor, Faculty of Management, University of British Columbia - Okanagan

Workshop objective

1. To explore strategies to empower the community to define its own identity and express its needs and strengths through creative arts and creative art therapy programs;
2. To build momentum for establishing community-based creative arts interventions for CAF members and Veterans in Canada.

Workshop discussion highlights

The workshop started with a brief introduction and the role of creative arts therapy in supporting injured or ill soldiers and Veterans in Canada and beyond. Dr. Eric Li then presented a summary of a research study his team conducted in the spring of 2022. The research study was an environmental scan of existing creative arts therapy programs in Canada, the United Kingdom, and the United States. The presentation ended with thirteen sets of recommendations. There were some discussions on the differences between arts and art therapy programs as well as the importance of regulating creative art therapists in Canada. Participants also pointed out the need for more educational programs and impact assessment tools to support the future development of creative art therapy programs for the Canadian Armed Forces and beyond.

In the second half of the workshop, Dr. Li offered the opportunity to the participants to work closely with others to brainstorm new creative art therapy programs for supporting injured uniform members. The brainstorming component was guided by a customized business plan canvas created by Dr. Li. Participants appreciated the brainstorming session and recognized the value of the canvas-style worksheet as it allowed them to organize their thoughts. Some participants said they rarely connected operation-related issues (i.e., program design, delivery modes, etc.) with partners and financial considerations. The workshop allowed them to plan a program holistically.

The workshop ended with a sharing session. Participants were invited to share their group's ideas with other groups. There were several creative ideas generated from the brainstorming session. One group proposed engaging serving members, Veterans, and their families with the "healing dance" from the Indigenous culture. Some groups discussed the creative use of space and shared (musical) instruments to ensure a manageable budget for implementing the creative art therapy programs. Many also shared their views on partnerships with local community organizations and artists. Overall, this was a very interactive and creative workshop.

Outcomes and Next Steps

Through the research presentation and brainstorming sessions, the workshop connected policy-makers, practitioners, researchers, and representatives from community organizations to discuss the current and future of creative art therapy programs in supporting serving members and Veterans of the Canadian Armed Forces and beyond. The workshop generated several insights on creative art approaches, funding models/mechanisms, regulatory and education mechanisms, as well as partnership strategies.

Participants from the workshop also proposed the following "next steps" recommendations:

1. Form an international network to share best practices and explore research partnerships (starting with the "Five Eyes" countries: Australia, Canada, New Zealand, the United Kingdom, and the United States);
2. Work with policy-makers and higher education institutes to explore mechanisms to regulate and educate creative art therapists in Canada and beyond;
3. Explore partnership and funding mechanisms to support community-based creative art therapy programs;
4. Develop long-term research and impact assessment programs to under the impact of creative art therapy on serving members/Veterans, families, local communities, and CAF/DND.

Knowledge Translation and Exchange

Who would benefit from the knowledge shared at this workshop and captured in this summary?

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers	This workshop provided policy-makers the opportunity to explore the need for regulating creative art therapies in Canada and beyond.	Veterans Affairs Canada (VAC), Canadian Armed Forces, Department of National Defence.
Practitioners	This workshop offered an opportunity to health professionals (e.g., creative art therapists) and representatives of not-for-profit organizations to explore the role of creative art therapies in supporting injured soldiers and Veterans' rehabilitation and recovery.	Canadian Art Therapy Association, Dr. Janice Lobban (Combat Stress in UK), artists (e.g., musicians, performing artists).
Program Development	This workshop provided a business planning toolkit for developing creative art therapy programs to support injured soldiers and Veterans' rehabilitation and recovery. The Workshop participants also connected creative art therapy programs with community- or cultural-driven therapeutic activities (e.g., healing dances). This gives program developers further explore the possibility of connecting programs and cultural facilities, and knowledge brokers to advance the usage and design of creative art therapy programs in Canada and beyond.	Health authorities, creative art therapists.
Service-User Populations	The workshop participants discussed how creative art therapy programs can benefit injured or ill soldiers and Veterans as well as their families and social networks.	Veteran communities (i.e., The Legions) and peer-support networks.
Academia	The workshop initiated discussions on how to meaningful engage multiple stakeholders (policy-makers, practitioners, serving members and Veterans) in co-design and implementing creative art therapy programs. Participants also emphasized the importance of inclusivity and flexibility of programs.	Higher education institutions in Canada and other "Five Eyes" countries (e.g., University of British Columbia, Concordia University, University of New Mexico, etc.).
Industry	The research presentation provided a list of recommendations to practitioners and organizations who are interested in developing and launching a community-based arts therapy program for the serving members and Veteran communities.	Regional hospitals, clinics, art studios, art therapy industry associations (e.g., CATA), and community centres.

THE CANADIAN MILITARY SEXUAL TRAUMA COMMUNITY OF PRACTICE (MST COP): A PARTNERSHIP TO PROMOTE UNDERSTANDING AND TO REDUCE THE INCIDENCE AND EFFECTS OF MST

Workshop lead:

Margaret McKinnon, PhD, CPsych
Homewood Chair in Mental Health and Trauma
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McMaster University

Alexandra Heber, MD, FRCPC
Chief of Psychiatry, Veterans Affairs Canada
Associate Professor, Dept of Psychiatry and Behavioral Neurosciences, McMaster University
Co-Chair, Canadian Military Sexual Trauma Community of Practice
LCdr (Ret'd) Lori Buchart, PhD, Canada

Linna Tam-Seto, PhD, O.T.Reg.(Ont.)
Assistant Professor
Department of Psychiatry and Behavioural Neurosciences
McMaster University
Network Co-Director, Canadian Military Sexual Trauma Collaborative Network

Workshop objective:

To share key accomplishments since first MST workshop in 2019 including standing up of the Canadian Military Sexual Trauma Community of Practice (MST CoP), the first Canadian virtual symposium series on MST, and contributions of “Critical Conversations” meetings with CAF leaders were discussed. Participants participated in discussions to identify knowledge gaps, new initiatives, and research topics.

Workshop discussion highlights

1. An overview of the activities addressing MST since the first workshop in 2019 including: partnerships and collaborations that led to the creation of the Canadian MST Community of Practice; contribution to the development of the official definition of “military sexual trauma” that will be adapted in Canada; delivery of a number of virtual workshops and symposiums such as exploring the effects of MST on families and examination of military culture; and the development of BEST: Believe, Empower, Support Together- a trauma-informed sexual misconduct training for leaders at all levels of the CAF.
2. Research activities out of McMaster University’s Trauma and Recovery Research Unit were also shared with the workshop attendees including a VAC-funded study examining the experiences of PWLE who attended Critical Conversations sessions.
3. As a larger group, there was a discussion on the responsibility of the CAF to protect and support military members who have experienced MST as well as leaders. It was identified that leaders often do not know how to respond to a disclosure which can compound the experiences of institutional trauma and betrayal. This dynamic can be understood from a family violence lens as the military is often viewed as a family.
4. There was also a discussion on the role and impact of military sexual misconduct and military sexual trauma on by-standers. There needs to be a way to address the emotional impact of those who witness this type of harm. There is a paucity of resources for by-standers and given that members have the duty to report, there needs to be more exploration of supports for those who witness.
5. There needs to be preparation and learning on what leaders and members of the CAF should say and do so they can be trauma-informed and knowledgeable in supporting those who disclose their experiences of MST. Open door policies and trauma-informed support needs to be modelled by leadership throughout the CAF.

6. Leaders in the CAF need to be made aware that it is not their role to solve the problem or to investigate incidents when they are disclosed. A formal tool kit or decision tree needs to be identified to support leadership on how best to navigate disclosures of misconduct and trauma.
7. There needs to be a culture shift to create an environment where people feel safe to come forward to share their experiences as well as provide an opportunity for people to grow and move forward. There is the need to value resilience and growth.

The opportunity has provided the workshop leaders, and members of the MST CoP in attendance, to share the progress that has been made since the first workshop on MST was hosted at CIMVHR Forum in 2019. The discussions held with the attendees, as a large group and within smaller groups, identified gaps in research, policy, and services while inspiring conversations for future program and service development, and research initiatives. More importantly, the workshop created an arena for ongoing collaboration with existing partners and an opportunity to engage new ones. It was evident from the attendance at the workshop that the issues surround military sexual trauma continues to impact those connected to the military and Veteran community in Canada and internationally. Next steps include continuing to engage with existing and new collaborators to move forward efforts to understand and decrease occurrences and address mental health effects of MST on serving members and Veterans.

Knowledge Translation and Exchange

Who would benefit from the knowledge shared at this workshop and captured in this summary?

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers	A common language to create a glossary of terms and how it relates to Canada's PTSD act a unified front to support those with MST.	CAF, DND, VAC, MST CoP
Practitioners	To support official definition and understand the experiences of those who have experienced MST and to learn tools to support MST. Programs are clinician lead.	Health care providers (e.g., physicians, psychiatrists, psychologist)
Program Development	Common language, understanding the needs of those with lived experience. The BEST program (trauma-informed, information curriculum) has been developed by McMaster University and validated by CPCC; will be used to support training and education of CAF members throughout the ranks.	Collaboration with CAF, DND, CPCC
Service-User Populations	Providing tools to support reporting as well as providing support to breach the past and move forward. Working with families and those with lived experience and building trust and path forward. Support media to ensure they are trauma-informed when working with PWLE.	CAF, DND, VAC, Canadian mainstream media, family/friends, service providers
Academia	Support the CAF and VAC and those with MST with program co-development	MST CoP, national and international research partners

CULTURE CHANGES MEETS HEALTH AND WELLNESS

Workshop lead

Transforming Military Cultures Network

Tammy George, PhD

Assistant Professor, York University, and;

Maya Eichler, PhD

Associate Professor and Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University

Workshop objectives

This workshop focused on how culture change intersects with health and wellness in the military context. The objectives of the workshop were the following:

1. For participants to learn about how culture change efforts in the military intersects with, and require, a health and wellness perspective.
2. For participants to learn how Canadian Forces Health Services can contribute to culture change through the application of intersectionality and an anti-oppression framework.

Workshop discussion highlights

Central to contemporary culture change efforts within the CAF/DND are issues of health and wellness among its currently serving members and Veterans. The primary goals of this workshop were to identify what lessons can be learnt about culture change from civilian health care which has begun to address histories of ableism, colonialism, racism, sexism, and homophobia in its own practices. The workshop also outlined an anti-oppression framework and illustrated its application to issues of health and wellness. Finally, some best practices for ongoing culture change efforts within CFHS and CCPC related to health and wellness were discussed.

This workshop asked: How does culture change require a health and wellness lens and what culture change is needed specific to the Canadian Forces Health Services? The military is unique in its dual responsibility for both the profession of arms and provision of health care. Workshop participants engaged with our two guest speakers LCol Trisha MacLeod and Rear Admiral Rebecca Patterson, in addition to academics, military members, military health care professionals, and civilian health care professionals thinking through and reflecting on issues of equity and intersectionality in health care.

Key questions discussed were the following:

What are some of the obstacles and barriers to culture change and what are their personal and institutional impacts on health and wellness?

1. What do we mean when we evoke the idea of “culture change”? How do we understand this from a health and wellness perspective? How might culture change transform health service delivery?
2. How do we imagine and bring about meaningful change? How can an anti-oppression framework inform change strategies and transform, or limit, the health and wellness of the organization and its members?
3. How does military culture impact the health and wellness of Veterans and their family members long-term?

Outcomes and Next Steps

Fruitful and engaged discussion on a number of themes emerged from the workshop which included but were not limited to understanding health as a spectrum, breaking down silos and colonial structures, interrogating power dynamics embedded in the warrior identity, access to care and how to equip practitioners with tools, mental health among marginalized Veterans and targeting leadership in larger culture change efforts for healthier teams. Furthermore, there was a need to recognize service members' experiences and trajectories into and out of the CAF. Understanding issues of identity and the barriers to belonging were expressed. The emphasis on understanding military families as mechanisms of support and their health and wellness needs were communicated. Finally, engaging with intergenerational trauma and the importance of understanding the shift from health care provided in the military and the transition to accessing care as a Veteran in civilian spaces were issues identified as important to include in future discussions.

Knowledge Translation and Exchange

Who would benefit from the knowledge shared at this workshop and captured in this summary?

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers	Understanding the specificity of health care for service members and Veterans is central to developing policy on health and culture change in the CAF.	
Practitioners	Health care professionals have a direct relationship to this topic. The use of an anti-oppression framework would help assist health care professionals understand the inequities that exist further.	
Program Development	This workshop and ensued discussion are central to informing policy and then the programs that are created as a result of policies created. For example, understanding how belonging and identity are central to service members and Veterans can further inform mental health and rehabilitation practitioners in meaningful ways.	
Service-User Populations		
Academia	Researchers need to continue to develop ways on how to enact culture change at all levels of the organization. Understanding how healthy organizations are central to culture change needs to be further engaged with among the research community.	
Industry	This workshop can inform members of industry by thinking through ways of improving occupational health and wellness. For example, the use of technology and reflecting on equipment used has implications for health and wellness.	
Other		

CANADIAN MILITARY AND VETERAN CONNECTED CAMPUS CONSORTIUM (CMV3C)

Workshop lead

Suzette Brémault-Phillips, PhD, HiMARC, University of Alberta

Workshop objective

- Explore how Canadian Post-Secondary Institutions (PSIs), the Canadian Armed Forces (CAF), Veterans Affairs Canada (VAC) and associated partners can collaboratively support the academic, personal and professional success of reserve and regular force military members training to effectively serve in the CAF, Veteran students transitioning into the civilian world, and their families as they pursue post-secondary education.
- Identify key components of a Military and Veteran Connected Campus (MVFC)
- Explore current opportunities, priorities and next steps of a Canadian Military, Veteran and Family Connected Campus Consortium (CMVF3C).

Workshop discussion highlights

What are the benefits of a MVCC?

- Facilitate the academic, personal and professional success of military members, Veterans and families pursuing post-secondary education
- Increase awareness of military culture among PSIs and associated partners
- Empower military, Veteran and family students to contribute to military, postsecondary and civilian communities
- Increase opportunities for employment and innovation among military members, Veterans and their families
- Increase success and satisfaction during, through transition to civilian life and following service
- What would be the benefits of a CMVCCC?
- Equitable access to postsecondary education (PSE) across Canada for military members, Veterans and families pursuing PSE
- Facilitate a collaborative and coordinated approach to MVFC best practices and processes across Canada
- Reduce barriers to services and supports
- Better use available services and supports
- Reduce duplication of effort across PSIs, CAF, VAC and partners
- Align priorities, efforts and services across PSEs, VAC, CAF and partners
- Influence all domains of well-being: the impact on well-being goes beyond employment
- Learn from each other and shine a light on the exceptional efforts currently underway
- Facilitate an evidence-based data-informed approach and research

Outcomes and Next Steps

- Agreement to advance and soft launch the CMVF3C
- Support the National Veterans Employment Strategy and Framework being developed by VAC
- Actively engage with CAF initiatives in support of recruitment, reconstitution, retention and transition, including with the Transition Group and Military Transition Engagement & Partnerships (MTEP) Unit
- Explore 3rd party partnerships and education regarding employment supports and services
- Prepare and submit an application for the VAC Veteran and Family Well-being Fund grant call
- Continue monthly meetings with the Consortium, with the aim of growing the CMVF3C and broadening partnership.

Knowledge Translation and Exchange

Who would benefit from the knowledge shared at this workshop and captured in this summary?

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers	To gain an understanding of collaboration and have a role in connecting with others, and developing and standardizing MVFC best practices and processes into national strategies	Post-secondary Institutions (PSIs), Veterans Affairs Canada (VAC) and the Canadian Armed Forces (CAF)
Practitioners	To inform best-practices, resources and support	Allied health MDs etc
Program Development	Considering all the well-being domains and communication and pathways between Post-secondary Institutions (PSIs), Veterans Affairs Canada (VAC) and the Canadian Armed Forces (CAF) and across provinces	VAC/ CAF/ PSI
Service-User Populations	Knowledge translation, collaboration, direction, common language, co-design of the initiative and consortium	PSIs, military members (MMs), Veterans, VAC and CAF
Academia	Research, standardization of communication and pathways, implementation	PSIs across Canada
Industry	Information as well as partnership to build programs that allow for opportunity and leadership	Employers

EQUITY IN DECISION MAKING: THE ADJUDICATION OF SEXUAL DYSFUNCTION AND MILITARY SEXUAL TRAUMA AT VETERANS AFFAIRS CANADA

Workshop leads

Margaret Boswall, MD

Senior Medical Advisor, Strategic Initiatives, Central Operations Division
Veterans Affairs Canada, Government of Canada

Melanie MacDonald, BScN, RN, MHSA

EEG Modernization Lead, Strategic Initiatives, Central Operations Division
Veterans Affairs Canada, Government of Canada

Sébastien Périgny-Lajoie, MSc

EEG and TOD Modernization Coordinator, Strategic Initiatives, Central Operations Division
Veterans Affairs Canada, Government of Canada

Workshop objective

- Key concepts relating to equity, sexual dysfunction and sexual trauma
- The use of Gender-Based Analysis Plus mindset to improve equity in adjudication process for sexual dysfunction and sexual trauma related to service
- The evolution of adjudicating sexual trauma related to service at Veterans Affairs Canada (VAC)

Workshop discussion highlights

Overview of VAC: our values and ethics are integrity, respect, service, accountability, teamwork and balance. We acknowledge the service that our clients have contributed to Canada and express gratitude by offering program, services and benefits tailored to the unique requirements of clients.

VAC Disability Claim Process starts with an application and moves to several stages (including the determination of the disability). Then service records are investigated to find a relationship of disability to service (entitlement), followed by assessing the extent and impact of the disability (assessment), which determines the payment amount.

Gender-Based Analysis Plus (GBA Plus): Explanation provided of how and why to apply a GBA Plus mindset to VAC Disability Benefits? The goal is to apply new initiatives to the existing steps to reduce and provide equity in processing times for Veterans. clients with sexual dysfunction including those who identify as sex/gender diverse and those who have experienced sexual trauma related to service.

Entitlement Eligibility Guideline (EEG) on Sexual Dysfunction is a departmental policy statement. EEGs are developed to allow decision makers to confirm disabilities relating to service based on evidence-based research and findings. They streamline and simplify the adjudication process. For those with Sexual Dysfunction, as a result of sexual trauma or those who identify as sex/gender diverse, they don't ask clients to find a health care provider who specializes in sexual dysfunction because there simply isn't a lot throughout the community.

Activities: 1) We are discussing the terms Equality, Equity and Inclusion. What is your vision or concept of Equity? 2) Self-reflection and challenging assumptions – who are the people you serve? What barriers are present for your clients? What are that initiatives that could put in place to reduce barriers? 3) Has your vision or concept of Equity changed throughout the workshop?

Outcomes and Next Steps

Advanced Equity in Disability Benefits Decision Making – slowly but consistently making change in order to reach Equity within VAC's Disability Benefits processing.

More Veterans have received compensation for sexual dysfunction related conditions in the first 6 months of 2022 than in 2020/2021. Limitations are: it doesn't tell us if these claims were favorable or unfavorable, and it doesn't tell us the impact on other groups.

There are early signs of decreasing processing times for applications for sexual dysfunction (also slowly disaggregating by sex) however we are not yet meeting the VAC service standards for processing time for Disability Benefits, however the data shows definitely decreasing processing time and moving closer to the goal of equity.

Processing times for female and male members and veterans are close to equal.

Processing times for French claims have been reduced, however, more work is needed to achieve equitable processing times when compared with English claims.

Knowledge Translation and Exchange

Who would benefit from the knowledge shared at this workshop and captured in this summary?

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers	<ul style="list-style-type: none"> - Encompasses serving and retired/released Military members and their family, and retired RCMP members. - Starting to expand sexual dysfunction into more specified conditions in order to better encompass individual differences and supports to different dysfunctions and their specific needs. 	Several departments that process disability claims might benefit at the functional level
Practitioners	<ul style="list-style-type: none"> - What terms are used? (sex assigned at birth, gender self-identified, sexual trauma resulting from service). - Clinicians and providers that are involved with various disabilities such as Mental Health conditions, etc. - Who needs to be involved to assess, evaluate, and treat. 	Health Care providers Clinical settings and practices
Program Development	-In the past VAC provided a fair process, now the resources are gradually put in place to provide equity within disability benefits. Different groups of clients need different type of support.	Mental health groups, disability groups, treatment benefits, etc.)
Service-User Populations	<ul style="list-style-type: none"> - VAC found male claims were processed faster than female claims simply due to probability of being taken next from the queue where more applicants in line with CAF percentages are male than female. - VAC established a “women’s” team to dedicate staff to adjudicate claims. 	Past and present CAF members, former RCMP members, and their families
Academia	-Increasing the inclusion and reporting of research focused on the wide ranging diverse Canadian experience of Veterans and Members including 2SLGBTQI+ community members will help inform initiatives and policy decisions aimed to provide greater support for these groups.	Researcher and scientists
Industry	Administrative systems need to be built with the ability to report disaggregated data about the services provided. Without good quality information it is difficult to assess gaps in the needs of subpopulations and the processes that affect them.	

HARNESSING MILITARY AND VETERAN DATA FROM CENSUS 2021

Workshop lead

Jennifer E. C. Lee, PhD

Director Research Personnel and Family Support, Director General Military Personnel Research and Analysis, Chief Military Personnel, Department of National Defence, Government of Canada

Tristan Cayn, Statistics Canada

Nathan Svenson

Research Director, Veterans Affairs Canada, Government of Canada

Workshop objective

This workshop sought to help shape the future research agenda in military and Veteran well-being research by prioritizing the use of census data and exploring directions for future large-scale data linkages with federal and provincial administrative data in the health and socioeconomic domains.

Workshop discussion highlights

Information sharing

- Census 2021 results for military members and Veterans.
- Statistics Canada developing a military and Veteran database
- Use of census data in well-being measurement frameworks (VAC, DND, Federal Quality of Life)
- Data Linkage opportunities with federal administrative data sources

Participant discussion

- Discussion of key questions that can be answered with census data
- Ranking of relevance of research questions to various stakeholders
- Data sources that can be leveraged or developed for data integration

Outcomes and Next Steps

Research questions were generated on a wide variety of topic areas:

- Housing, employment, health care, disability, suicide, demographics, finances, family structure, unpaid caregiving, purpose, incarceration

Federal and provincial data sources were identified that could be used in conjunction with census data to help answer proposed questions, and potential research collaborations were discussed.

Knowledge Translation and Exchange

Who would benefit from the knowledge shared at this workshop and captured in this summary?

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers	With Census 2021, there is an unprecedented opportunity for population health research on our current military and Veteran population and possibilities for international comparisons, as the United Kingdom and Australia also added military service census questions in 2021.	Departments/Organizations that serve this population an in particular, the underrepresented groups in this population (such as women, Indigenous, racialized and LGBTQ2 Military Members and Veterans) and other vulnerable groups (homeless, in poverty).
Program Development	Data from the Census, other national surveys, and from data linkage projects will provide information on this special population to help Veterans Affairs Canada (VAC), Canadian Armed Forces/Department of National Defence (DND), other government departments, and Veteran stakeholders better understand – and better serve – Canadian Veterans and their families.	
Academia		All researchers interested in Military and Veteran research.

CHARTING YOUR PATH FORWARD: A MENTORING EVENT FOR STUDENTS AND POSTDOCTORAL FELLOWS

Workshop lead

Student and Postdoctoral Engagement Committee (SPEC)

Workshop objective

To provide trainees with an opportunity to learn from and network with mentors regarding future career paths.

Workshop discussion highlights

Based on the panel questions and student questions, the discussions centered on facilitating career and personal growth and encompassed four themes:

1. connection and networking,
2. fostering opportunities,
3. research impact, and
4. trust in one's self and the learning process.

All four panelists discussed the importance of connecting with peers and mentors during graduate school and beyond. Connections with peers can help alleviate isolation and be a source of support, particularly within the military, Veteran, PSP, and family space, where there is a small community. Making connections with both peers and more seasoned researchers can also lead to opportunities to do important work and impact career progression. Although this can be intimidating sometimes, experienced researchers are usually happy to hear from trainees and are supportive, so the panelists advised trainees to reach out even if it feels uncomfortable.

Networking leads into the second theme related to fostering opportunities because, as the panelists pointed out, connections with others often lead to opportunities. Panelists discussed the importance of seeking out and being open to these opportunities.

The importance of focusing on research impact and what this looks like was the third theme. Discussions around staying grounded in making a difference for a target population, keeping a finger on the pulse of the community, and responding to community need rather than organizational agendas and publication tallies was a prominent discussion.

Lastly, the issue of career trajectory and the future arose. Panelists discussed their career paths as non-linear and unfolding in ways they did not plan. They expressed and validated feeling stress and self-doubt that trainees may have and described these experiences and feeling as "part of the process." They all recommended flexibility and trust in considering one's future paths and not getting too attached to a particular pathway. Trainees and panelists alike mentioned the need for greater focus on non-academic career paths as an option (e.g., government science, clinician-researcher, etc.).

These four themes culminated in an overarching vision for growth and impact. Connecting with peers and mentors creates opportunities for research that can have a real impact on our communities. If we can keep this vision at the fore in our training and work, we will remain on the right path, whatever that might look like.

Outcomes and Next Steps

The next steps will involve using the discussions and participant feedback, in combination with the SPEC's more general trainee survey, to inform future SPEC activities and events. Possibilities include creating more opportunity for informal networking between trainees as well as making connections with mentors. Professional development focusing on career opportunities outside academia and knowledge translation and mobilization will also be important. Future activities focusing on mental health and well-being during training within the military, Veteran, public safety, and family arena could also be helpful.

Knowledge Translation and Exchange

Who would benefit from the knowledge shared at this workshop and captured in this summary?

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers	Existing opportunities for trainees within Federal departments may not be well known and need more promotion. For example, our DND mentor indicated that the Federal Student Work Experience Program is available, and they are always looking for new students.	Defense research departments within DND, CAF, and VAC that could hire trainees under the FSWE program.
Program Development	These discussions can inform activities (programs, events, initiatives, etc.) that can have a positive impact on trainee well-being.	CIMVHR/CIPSRT - specifically SPEC.
Service-User Populations	Fostering trainee growth and well-being will ultimately result in the creation of knowledge that can have a real-world and important impact on these populations. Possible initiatives could include having service-user populations involved in trainee development – this would go toward the importance of maintaining a connection with the community, discussed during the workshop.	SPEC
Academia	Very relevant because this is the context in which students/post-docs are being trained. Making connects between students within and across different institutions would be an important next step.	SPEC, CIMVHR/CIPSRT, partner institutions.
Industry	Government science departments can have an impact on creating opportunities for trainees outside academic, so they need to be involved in these conversations.	DND, VAC, CAF.