



CIMVHR FORUM WORKSHOP REPORTS



CIMVHR
Canadian Institute for Military
and Veteran Health Research

ICRSMV
L'Institut canadien de recherche sur
la santé des militaires et des vétérans

CIMVHR FORUM 2023 – WORKSHOP POST-EVENT SUMMARY

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INTEGRATING SEX, GENDER AND DIVERSITY FACTORS INTO MILITARY HEALTH RESEARCH

Workshop lead

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Workshop objective

- Describe why it is important to include gender and diversity variables in military and Veteran health and social science research.
- Discuss process, guidelines and tools available to facilitate a systematic approach to gender and diversity in research.
- Recognize that integration of sex and gender issues makes for more rigorous and ethical science.

Workshop discussion highlights

Key Information Shared:

- The difference between equal and equity; health inequities are systemic, avoidable, and unfair.
- Applying an intersectional approach; our lived experiences are affected and shaped by how intersecting factors interact with our specific sociocultural, political, and economic context.
- Sex and gender are important determinants of health and well-being yet have historically often been overlooked in military health research design, study implementation and scientific reporting, as well as in health promotion communication. This has limited the generalizability of research findings and applicability to prevention and clinical practice. Many now recognize the imperative to integrate gender and diversity into military and Veteran health and wellness research.
- Sex and Gender Equity Research (SAGER)/Gender Based Analysis + (GBA+) Guidelines.
- Integrating sex, gender, and diversity into research cannot be a mere 'afterthought' and must be considered at all stages of the research process to reduce potential bias in military health and social science research:

1. Project scoping

- Research question: Consider internal and external stakeholders, subject matter experts, those with lived experiences, and members of the target population itself.
- Literature review: Identify gaps, assumptions, and unintentional consequences of previous literature conducted. Explore historical shifts in policies/programs that may have impacted some groups over others.

2. Methodology

- Research design: Design study to address any gaps identified in the literature. Consider any ethical concerns of relevance to the demographic groups being considered. Avoid unintentional consequences to various groups. Pilot the survey with stakeholders/subject matter experts (SMEs).
- Sampling: Do you have the representative power of the diverse groups of interest; design the sample accordingly (consider oversampling/re-sampling when required). For qualitative methods be mindful of where groups are too small for survey power.
- Data Collection: Are there any barriers to participation. How is the information collected being safeguarded?

3. Analysis:

- Consider the impact of intersecting variables in your analysis; control for other variables that could be interfering with the demographics of interest; be upfront about limitations in your analysis.

4. Reporting

- Interpretation: What are the implications for the various groups that are impacted? How might limited representation/ unequal sample sizes have affected the findings? Consider all findings, not just the statistically significant ones. Consider the recommendations that can be made from the findings and how feasible these are for the affected groups.
- Dissemination: Share the results with the target population in a way that is accessible to them.

Key questions which were discussed:

- How to incorporate SAGER/GBA+ Guidelines into the research process for various example studies.

Outcomes and Next Steps

Through presentations and breakout sessions, the workshop connected clinicians, researchers, and representatives from the Department of National Defence, Veterans Affairs Canada, the Canadian Armed Forces, and Defence Research Development Canada. The importance of integrating sex, gender and diversity factors into military health research was discussed. The workshop highlighted the need and significant support for future research to further our understanding of how these intersecting factors impact the health of members and Veterans and encouraged future involvement by all present.

Specific areas of future research focused on women and members with diverse identity factors include:

1. Equity in Research:

- How do sex, gender and diversity factors impact military health in the CAF?
- Are CAF health services tailored to offer individualised assessment and treatments to these military sub-populations?

2. Musculo-Skeletal Injuries (MSKi):

- What is the prevalence of MSKi among these military subpopulations?
- What are the MSKi injury profiles and injury predictors of these military subpopulations?
- How can we adapt military training to reduce MSKi among these military subpopulations during the execution of military tasks?

3. Reproductive and gynecological health of military members.

4. Menstrual suppression and management in theatre.

5. How does clothing and equipment influence performance of Military Members during the execution of military tasks?

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Knowledge Translation and Exchange

Audience Type	<i>Why is this research important to this audience?</i>	Are there specific organizations who should be targeted?
<p>Policy Makers - please consider which level(s) of government and department(s)</p>	<p>This workshop highlighted the importance of the SAGER/GBA+ Guidelines and integrating sex, gender and diversity factors into research. Currently, there is no policy for DND to require these be applied when conducting research, nor are there utilizing specific definitions and terminology surrounding gender-diverse-identities. This creates a potential challenge for researchers to be able to draw conclusions from studies and apply their findings. Further exploration into the creation of such policy would be beneficial.</p>	<p>CAF, DND, VAC</p>
<p>Practitioners (e.g., health care professionals, social workers, etc.)</p>	<p>This workshop acknowledged the knowledge gaps and inequities in the current health system, which may result in access challenges and potentially poorer outcomes for diverse members.</p>	<p>DND, CAF, Healthcare providers (Nurse, Doctors, Physiotherapists, etc)</p>
<p>Program Development (e.g., mental health, rehabilitation, employment, etc.)</p>	<p>This workshop highlighted the need for continued partnership between all key members of the CAF, DND, DRDC, VAC, Personnel Support Programs (PSP), and Post-Secondary Institutions (PSI) to develop evidence-based programs to support diverse members.</p>	<p>DND, CAF, VAC, DRDC, PSP, PSI</p>
<p>Service-User Populations (MVF, PSPs)</p>	<p>This workshop acknowledged the health inequalities and knowledge gaps that impact the interactions diverse members have with the health systems.</p>	<p>CAF, VAC,</p>
<p>Academia (other researchers, scientists, etc.)</p>	<p>This workshop provided guidelines to consider at every step of the research process, as well as key references to consult such as the SAGER guidelines.</p>	<p>PSI, DRDC</p>
<p>Industry (e.g., informatics, technology, etc.)</p>	<p>This workshop highlighted the lack of knowledge and investment in resources for diverse members and illustrates the need for more comprehensive injury surveillance tools. Industry is encouraged to embrace and invest in supporting CAF and VAC diverse members.</p>	<p>All industry</p>

“SAME STUFF, DIFFERENT UNIFORM” — MAPPING OUT MILITARY AND PUBLIC SAFETY PERSONNEL CULTURE AND IDENTITY DEVELOPMENT, INTERNATIONAL CONTEXTS AND WHY IT IS ESSENTIAL IN RESEARCH, POLICY AND SERVICE DESIGN

Workshop lead

Henry Bowen, PhD

Senior Research Officer, Military and Emergency Services Health Australia (MESHHA)

Ashley Williams, PhD

Assistant Clinical Professor (Adjunct), Rehabilitation Science, McMaster University

Karen May

Military and Emergency Services Health Australia (MESHHA)

Workshop objective

- To build an understanding of differences and similarities between military and public safety personnel (PSP) culture and identity development and discuss how these differences and similarities may map across international borders, for example, across Five-Eyes nations, for research, practice, and policy purposes.

Workshop discussion highlights

Approximately 25 participants.

Majority of participants were from North America (Canada, U.S.).

13 identified as someone who interacts regularly with current/former service personnel or families, 7 as someone who is serving/has served, 3 are family members of the military, Veteran or PSP population, 1 person had no interaction with this community.

Participants worked with military members, Veterans, families, paramedics, researchers, public safety personnel (PSP), emergency services, government, politicians, correctional service workers, women, unions, Royal Canadian Mounted Police (RCMP), industry, police, firefighters, Veterans Affairs, members of the public seeking mental health services and service providers.

Countries use different language to describe PSP, which can result in meaningful differences in work translation for PSP populations.

What works for one country doesn't necessarily translate well to another. Some programs and services require adaptation before implementation in other regions/countries.

Workshop consisted of a 20-minute presentation, followed by a 50-minute discussion period.

Presentation covered: what is culture, what is identity, what does this look like in military and PSP personnel, what does this look like in their families, and what is known about how this looks across the Five-Eyes nations.

Following the presentation, attendees broke into groups of 5-7 people where they were asked to discuss three core questions:

- Where have you noticed differences between the culture and identity formation between the different services and their families?
- Where have you noticed similarities between the culture and identity formation between the different services and their families?
- Is there anything you agree or disagree with, or that would be unique, when considering your local contexts?

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- Facilitators rotated through groups to support discussions.
- Throughout discussions, attendees identified similarities and differences in:
 - The formation of service culture and identity between services.
 - The maintenance of this through socialisation/indoctrination and interactions with civilians.
 - All the services are devoted to a particular lifestyle, which often promotes service before self.
 - There is always an impact on the family unit. Families have to have the ability to adapt, shift and change, and there are often missing birthdays, Christmas, etc; co-parenting difficulties; uncertainty; & higher levels of family breaks and reform.
 - Service personnel will share within their own community rather than folks outside the profession.
 - There are microcultures within sectors that are impacted by physical location, but differences between PSP or military professions fade away when these professionals are in situations with civilians.

Outcomes / Next Steps

- Tailored interventions and programs specific to the needs of service families are required.
- Advocacy for further research and education on service families is needed, as well as increased awareness of the unique impacts and protective factors in the community.
- Culturally appropriate programs, co-designed by those with lived experience or using a peer model, must be developed.
- Lived experience-informed resources, hubs and services should be created that use language, stories and scenarios that are relatable.
- Future work should develop a guiding model for knowing what can be **adopted** with minor changes **versus** what can be used but needs to be **adapted versus** what can **advise** but does not **apply**.
- However, it is easier to adopt and translate resources from Australia or the UK to Canada and vice versa due to similarities in military and PSP set up and challenges; culture from America or UK might not translate very well. Relationship with allied agencies in local areas can also impact outcomes.
- There is a need for both practical (e.g., resource generation, program development, services) and theoretical (e.g., building an understanding of causal mechanisms and pathways) work moving forward.
- Ultimately, we are dealing with individuals who have many layered identities.

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Knowledge Translation and Exchange

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers - please consider which level(s) of government and department(s)	Impact of knowledge translation into policy and how policies that are in place in allied nations may inform policy in the home nation. E.g., Canadian policy could be more readily informed by Australian policy, and vice versa, but American policy would require adaption.	VAC, DOD, Provincial government
Practitioners (e.g., health care professionals, social workers, etc.)	Impact of health risk factors and how these may influence the development of health conditions in military, PSP, and their families, and how this may influence interactions with this population as part of the discovery and rapport building process (e.g., screening for health risks and the transferability of those tools across nations). Impact of culture more broadly (and need for competency in this area)	Any health care professional
Program Development (e.g., mental health, rehabilitation, employment, etc.)	Impact of health intervention transfer and the influence of differing health system engagement, cultural support mechanisms, and access to resources to the success of program implementation (e.g., American civilian services are generally more supportive of military with a greater awareness of military than other countries)	Not-for-profits (e.g., True Patriot Love, Together We Stand, etc.)
Service-User Populations (MVF, PSPs)	Knowledge about how their service may have impacted their internal identity, and how this may influence their health, relationships, interactions with their environment, and ongoing personal wellbeing. Knowledge about how these relationships may be similar or different with other service personnel, and where understanding may map.	Service personnel members
Academia (other researchers, scientists, etc.)	Impact of the culture when conducting multinational research, and factoring this into research design (e.g., required translation of outcome measures and tools to local service population around language and understanding; military terminology may not map to police, or across countries)	Academic settings
Industry (e.g., infomatics, technology, etc.)	Inform the development of tools and technologies that are relevant to cultural domains and can be modified. Understanding for defence industry hiring former serving personnel about behaviours and professional standards and how this may influence their ability to work in these spaces and what professional development training they may need.	Industry

BUILDING RESILIENCE IN THE MILITARY-TO-CIVILIAN TRANSITION

Workshop lead:

Shannon Gottschall, PhD

Director General Military Personnel Research and Analysis, Department of National Defence

Julie Coulthard, PhD

Director General Military Personnel Research and Analysis, Department of National Defence

Amy Hall, PhD

Research Directorate, Veterans Affairs Canada

Workshop objective:

The learning objectives of this workshop are to describe resilience in the military-to-civilian transition and identify ways to measure and support resilience among transitioning members.

Workshop discussion highlights

The military-to-civilian transition is a significant event in the lives of military members, and although most members adjust well following transition, research suggests that some military members may experience significant challenges. The workshop began with a presentation to set the stage for discussions on resilience in transition. Information was first presented on how resilience has been defined, studied and fostered in the Canadian Armed Forces and other military populations. A description of the transition process in Canada was also provided, including a discussion of resources available for members to assess and address their needs across seven domains of well-being. It was noted that there are similarities in the approach that different countries are taking to examine how transitioning members and Veterans are doing across multiple domains and provide relevant supports. Several discussion questions were posed to workshop participants to explore the concept of resilience in the transition process and identify best practices and potential new initiatives to support resilience among transitioning members. 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.

- Around 40 workshop participants engaged in group discussions. Thirty percent represented government departments, just over twenty percent were from academic institutions, and almost half were from other organizations (e.g., support agencies). Around half were researchers, while the other half worked in policy/programs, a combination of research and policy/programs, or other areas of work. The group discussions produced a number of key considerations in this area. For example, it was noted that definitions of resilience (or success) may differ for each individual based on their circumstances, and self-rated resilience may be key to assessment. Key domains were discussed for promoting resilience, such as life skills, families and social integration, and transportation may be important to consider for transition plans (e.g., for accessing support and services). Timing was discussed, and it was suggested that members should be educated about transition early in their careers and assessed early in the transition process. The timing for post-release assessments could be based on research identifying times of greater risk. Shared responsibility for building resilience was also discussed, and it was noted that this is not just an individual responsibility – resilience is also built through the community and the organization, and members' trust in the organization is important to this process. Workshop participants discussed that support should not be provided in siloes, and coordination among stakeholders is critical.

Outcomes and Next Steps

Key themes identified from the workshop discussions can help to inform future research examining resilience in the military-to-civilian transition process. The workshop hosts are planning to prepare a more detailed report on this topic, and their current research plans include further consultations with key informants and secondary data analyses to explore resilience in the transition process.

Knowledge Translation and Exchange

Audience Type	<i>Why is this research important to this audience?</i>	Are there specific organizations who should be targeted?
Policy Makers	Key discussion points from the workshop may help to inform policy development to support members in the transition process.	Department of National Defence / Canadian Armed Forces and Veterans Affairs Canada
Program Development	Key discussion points from the workshop may help to inform the development of programs designed to support transitioning members and Veterans.	Department of National Defence / Canadian Armed Forces, Veterans Affairs Canada, non-government organizations and service providers for Veterans
Academia	Key discussion points from the workshop may help to inform further research in this area.	All researchers interested in the military-to-civilian transition

PAIN REPROCESSING THERAPY AS A GROUP TREATMENT

Workshop lead

Pamela Holens, PhD, C. Psych.

Clinical Psychologist, Winnipeg Operational Stress Injury Clinic, Lead Psychologist, Winnipeg Fire Paramedic Service, Associate Professor, Clinical Health Psychology, University of Manitoba

Sara DePottie, O.T. Reg. (MB), M.O.T.

Occupational Therapist, Winnipeg Operational Stress Injury Clinic, Deer Lodge Centre, Winnipeg, MB

Workshop objectives

The function of the workshops was to (1) learn the basics of pain reprocessing therapy (PRT) and learn how it can be used in a group setting for Veterans, military members and first responders with chronic pain and (2) to gather input on how PRT materials could be made more applicable to the military/Veteran/first responder population and possible alterations to managing and treating chronic pain in organizations supporting the health of these members.

Workshop discussion highlights

Workshop demographics

- 25 participants with 18 responding to demographic questions:
 - 12 clinicians
 - 1 clinic manager
 - 1 Veteran with chronic pain
 - 1 service officer at VAC
 - 2 DND employees
- The percentage of participants caseloads focused on treating chronic pain is as follows:
 - 0 – 25% – 10
 - 26 – 50% – 3
 - 51 – 75% – 2
 - 76 – 100% – 1
- The approach participants take to treating chronic pain is as follows:
 - Medical approach – 0
 - Physical approach – 2
 - Psychological approach – 10
 - N/A – 6
- The psychological approaches participants have used to treat chronic pain are as follows:
 - ACT – 7
 - CBT – 7
 - PRT – 5
 - N/A – 7

Group members were given an overview of the five primary components of PRT: 1) education about the brain origins and reversibility of pain, 2) gathering and reinforcing personalized evidence for the brain origins and reversibility of pain, 3) attending to and appraising pain sensations through a lens of safety, 4) addressing other emotional threats and 5) gravitating to positive feelings and sensations. They also learned how PRT has been adapted for group treatment at the Winnipeg Operational Stress Injury (OSI) Clinic, and how it can be applied to chronic conditions other than pain. Highlights of discussion topics follow:

Participants' thoughts about messages and beliefs that military and first responder organizations teach members about pain and injury:

- "Pain is normal" and an expected part of the job.
- There is pressure in the military to perform resulting in members hiding their pain, not seeking treatment and exercising with an injury.
- Military uses a mechanistic model for pain and does not consider the psychosocial components that impact pain experience and recovery.
- Mission above man.
- "No pain, no gain" ideology.
- Reporting or seeking treatment for injuries shows weakness and will end of your career.

Participants' thoughts on ways PRT materials could be made more applicable to military/Veterans/public safety personnel (PSP):

- Include and empower spouses/caregivers.
- Involve family members, include a "couples' option" for treatment.
- Educate more health care providers and clinicians on PRT.
- Offer PRT at more OSI Clinics across Canada.
- Educate Canadian Armed Forces (CAF) members about pain principles early in military career to inform future recovery and to aid members performance in combat.
- Adapt the language and metaphors to relate to military/Veteran/PSP populations would aid in application.

Participants' thoughts on alterations that could be made to how pain is managed and treated by organizations that support the health of military/Veterans/PSP*:

- Offer PRT as a first line pain treatment.
- Provide psychoeducation about pain principles as part of military training.
- Provide education about the importance of rest and recovery, teach parasympathetic strategies as part of military training.
- Create time and spaces in the military for rest and recovery.
- Provide access to PRT materials through military health systems (ex. books, apps, etc.).

*Some responses were provided to the previous question but fit with this question.

Outcomes and Next Steps

Through the research presentation and brainstorming session, the workshop allowed for discussion about this important paradigm shift in the understanding of the origins of pain (and other chronic symptoms). Important next steps would be to find ways to continue to conduct and publish research showing the effectiveness of PRT for a wider range of chronic pain and chronic symptom presentations and to spread this information more widely through knowledge translation and exchange as per the chart below.

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<p>Policy Makers - please consider which level(s) of government and department(s)</p>	<p>Policy makers need to be informed of changes and advances in the understanding of pain, as they are responsible for creating policies and programming. Based on participants input during this workshop it appears the policies, procedures and approach taken by the organizations that support military and Veteran health are not in alignment with new research and approaches for chronic pain.</p>	<p>VAC, CAF, DND</p>
<p>Practitioners (e.g., health care professionals, social workers, etc.)</p>	<p>Practitioners are key individuals who provide information to patients/clients regarding the nature of their symptoms and how to address their symptoms. The wrong message from one practitioner can set up the patient to incorrectly believe that a condition is permanent and will only worsen over time, whereas today's neuroscience tells us this is often not true. Getting the wrong message at an early stage makes it more difficult for the patient to trust the message they may hear later that many chronic pain conditions can be "unlearned".</p>	<p>VAC, CAF, DND</p>
<p>Program Development (e.g., mental health, rehabilitation, employment, etc.)</p>	<p>Group participants identified that the concepts covered in PRT are important to learn early-on in one's military career as it will change how members respond to and manage injury. So, when developing preventative programs within military health system it would be imperative to incorporate concepts from PRT.</p>	<p>DND, CAF</p>
<p>Service-User Populations (MVF, PSPs)</p>	<p>It is important for service users to understand the concepts of PRT as it will allow them to seek out and utilize treatments. It is also important that family members understand the PRT principles so that they can support their loved ones.</p>	<p>Members of CAF& RCMP, Veterans, PSP, MVF</p>
<p>Academia (other researchers, scientists, etc.)</p>	<p>It is important that research is up-to-date and focused on the most current understandings about the brain origins and reversibility of pain.</p>	<p>Academic settings</p>

IMPACT OF CLIMATE CHANGE ON CANADIAN ARMED FORCES HEALTH SERVICES

Workshop lead

Col Carlo Rossi, MD MTMH

Director Force Health Protection, Canadian Armed Forces

Peter Berry, PhD

Senior Policy Analyst and Science Advisor, Climate Change and Innovation Bureau, Health Canada

George Nikolakakos, PhD

Defence Scientist, Canadian Army Centre for Operational Research and Analysis, Defence Research and Development Canada

Workshop objective

- To explore the scientific underpinnings of current and projected climate change impacts and how they relate to health system resiliency.
- To understand the current impacts of climate change on the Canadian Forces Health Services;
- To introduce participants to a framework for thinking about the spectrum of climate change and its impact health care resiliency on our health system

Workshop discussion highlights

- Approximately 35 participants were in attendance including a mix of military personnel, representatives from government organizations, and industry members. The workshop began with a climate change and health presentation that was delivered by Dr. Berry. It ensured that participants understood current and projected climate change impacts and how they might impact health systems. Col Rossi then briefed participants on the intersection of climate change and military health. He highlighted a number of health and climate change issues that are already pertinent to the CAF, as well as potential future implications.
- Dr. Nikolakakos followed these context-setting presentations by describing the main workshop activity. A worked example was described to participants to help guide them. For the workshop activity, participants were divided into six groups of 3 to 6 members. Each group was asked to identify climate change-related military health risks within the context of a military operational scenario that was provided to them. Background information about the operation, and several guiding questions and potential factors to consider were provided to participants in order to stimulate discussion among the group members.
- Three military operation scenarios were explored and they included humanitarian assistance and disaster relief operations within Canada, Canadian Arctic operations, and expeditionary disaster relief and humanitarian assistance operations. The scenarios included an overview of future projected climate change impacts within the relevant operating region. Following the group discussions, each group was asked to present their top-rated risk and, when possible, to expand on the rationale behind their group's selection. In addition, each group was also asked to share any challenges they encountered during the activity or observations.

Outcomes and Next Steps

The workshop generated a great deal of discussion about climate change and the risks that it poses to military health personnel and military health systems. Humanitarian and disaster relief operations were identified as a challenging area that will place a growing strain on both military health resources and the health (both physical and mental) of military personnel themselves. The opening of the Arctic will also pose significant challenges, as increased activity in the region will demand greater access to medical resources and supplies, a task which is complicated by the remoteness and harsh conditions of this region. Continuing discussions on the implications of future climate change will help to enable the identification of additional risks as well as the implementation of adaptation strategies to reduce the impact of these risks. Workshops such as this one provides an effective tool for exploring these issues.

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Knowledge Translation and Exchange

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Policy Makers - please consider which level(s) of government and department(s)	This work can help enable Department of National Defence/Canadian Armed Forces leadership to make critical decisions regarding the resourcing of health systems. Additionally, it would be of use to allied nation defence departments and other health-related departments within Canada.	DND/CAF, Health Canada
Practitioners (e.g., health care professionals, social workers, etc.)	This work would benefit health care professionals in exploring the potential consequences of climate change and required future skill sets and capabilities.	
Program Development (e.g., mental health, rehabilitation, employment, etc.)		
Service-User Populations (MVF, PSPs)		
Academia (other researchers, scientists, etc.)	This work lends itself to collaborative research between university and government researchers. Scientific research will inform many of the consequences of climate change as well as potential adaptation strategies.	Universities exploring the intersection of health and climate change.
Industry (e.g., informatics, technology, etc.)	Consultation with industry will be important in assessing the feasibility of adaptation strategies and the development of new health systems approaches.	
Other	Canada is leading the new NATO Climate Change and Security Centre of Excellence. This work would likely be a good fit for future exploration among NATO allies.	NATO Climate Change and Security Centre of Excellence

IMPORTANT CONSIDERATIONS FOR THE ASSESSMENT, TREATMENT AND RESEARCH OF MILITARY/VETERAN PTSD – AN UPDATED PRIMER

Workshop leads

Maya Roth, PhD, C.Psych.

Psychologist, St. Joseph's OSI Clinic – Greater Toronto Site, Affiliated Scientist, MacDonald Franklin OSI Research Centre, Associate Member, Yeates School of Graduate Studies, Toronto Metropolitan University, Adjunct Clinical Professor, Dept. of Psychiatry, Schulich School of Medicine and Dentistry, Western University, Associate Scientist, Lawson Health Research Institute

Dr. J. Don Richardson, MD, FRCPC

Medical Director - St. Joseph's OSI Clinic, Scientific Director, MacDonald Franklin OSI Research Centre, Medical Advisor - Atlas Institute for Veteran and Families, Professor and Wellness Lead- Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University, Tanna Schulich Chair in Neuroscience & Mental Health at the Schulich School of Medicine & Dentistry, Western University

Acknowledgement: Note taker

Thomas Wasiuta, MD, FRCPC, Clinical Psychiatry Fellow, St. Joseph's OSI clinic, London.

Workshop objective

The purpose of this workshop was to highlight important considerations for assessment of military/Veteran post-traumatic stress disorder (PTSD), discuss advances in psychotherapy, pharmacotherapy, and collaborative care; review promising areas for future research; and discuss opportunities for engaging and educating military personnel/Veterans about assessment and treatment options with an emphasis on participant engagement.

Workshop discussion highlights

- Fifty-three people registered for the workshop, and twenty-five were in attendance.
- Eight topics were presented didactically, with ample participant discussion.

1. Phenomenology of PTSD

Military/Veteran PTSD is heterogenous, exposure can occur many times throughout service, and can be compounded over time. PTSD has more than 20 diagnostic symptoms and 4 symptom clusters.

2. Diagnostic Comorbidity

It is rare for PTSD to present on its own. Depressive disorders, alcohol and substance use disorders, anxiety disorders, psychotic symptoms, mild traumatic brain injury (mTBI) and migraines, musculo-skeletal (MSK) injuries and chronic pain, somatic complaints, personality disorder/traits, and other psychosocial dysfunction often co-occur with PTSD.

3. Identification of an Index Trauma: Important for Assessment and Treatment

Defined as the criterion A stressor “that haunts the most.” It is subjective, and the surrounding context is important to understand. Diagnosis and assessment relate each of the symptoms to the index trauma, and most trauma-focused psychotherapies focus on processing it.

4. Treatment Outcome: Psychotherapy

Phase-based treatment of PTSD is not recommended. Outcome monitoring is clinically and ethically required. Understanding the phenomenology of avoidance and addressing it in treatment impacts outcome.

5. Psychotherapy and Outcome: Practice Reflections

Treatment response is often modest in clinical trials compared to civilians. Military/Veteran trauma may require a longer treatment course. The goal of treatment is symptom management. Understanding the theory and rationale of evidence-based psychotherapies allows tailoring for patients. Moral Injury, problematic anger, traumatic bereavement, and organizational betrayal are important to address.

6. Pharmacotherapy and Outcome: Practice Reflections

Pharmacotherapy is a first-line treatment for PTSD. Phase-oriented treatment approaches *may not always be required*. Initial management is often focused on both PTSD symptoms and comorbidity. About one-third of patients with PTSD do not respond to usual first-lines pharmacotherapy. No widely accepted definition of treatment-resistance in PTSD or treatment algorithm

7. Pharmacotherapy and Outcome: Emerging Treatments

Several studies have explored the role of rTMS in treating PTSD and comorbid depression. The use of ketamine has demonstrated a significant therapeutic effect on PTSD symptoms. The efficacy of psychedelic (e.g., psilocybin and MDMA) assisted psychotherapy appears promising. Over the past decade, psychiatric pharmacogenetics has garnered attention.

8. Cannabis and PTSD

Cannabis use is prevalent among Veterans with PTSD. It is a form of self-medication, perceived by many as being “*lifesaving*.” Support is limited to anecdotal experience, individual case reviews, observational studies; however, there is strong evidence against the use of cannabis for the treatment of PTSD (VA/DOD, 2023).

Outcomes / Next Steps

- The participant discussion identified a number of important research questions to better understand and enhance the assessment and treatment of military/Veteran PTSD. Such topics included a deeper examination and caution associated with personality disorder traits in females who have experience military sexual trauma; the development of guidelines to delineate between recreational, medical and problematic substance use; more empirical support for how and when to modify evidence-based psychotherapies; further research examining the effectiveness of propranolol; and research examining the prevalence and treatment implications of co-morbid attention deficit hyperactivity disorder (ADHD).
- Participants were also asked to discuss three research questions and share their reflections. These questions were: 1) How do we best leverage collective data (e.g., OSI Clinics, CF Health Services) to better understand and improve treatment outcomes? 2) Are there limitations to promoting emerging treatments? 3) How do we better understand the pros and cons of Cannabis in the treatment of PTSD?

CIMVHR FORUM 2023 – WORKSHOP POST-EVENT SUMMARY

Knowledge Translation and Exchange

Audience Type	<i>Why is this research important to this audience?</i>	Are there specific organizations who should be targeted?
Policy Makers - please consider which level(s) of government and department(s)	The information reviewed in this workshop and the discussion that was facilitated could support policy makers in determining which clinical practices to fund and support.	CAF; DND; VAC; RCMP; funded community clinicians
Practitioners (e.g., health care professionals, social workers, etc.)	To support and enhance assessment and treatment outcome given that most military/Veteran patients are treated by community providers.	Health care providers (e.g., psychiatrists, psychologists, social workers etc.)
Program Development (e.g., mental health, rehabilitation, employment, etc.) Academia (other researchers, scientists, etc.)	The information reviewed in this workshop and the discussion that was facilitated could support enhanced program development and outcome. Encourage areas of much needed research.	CAF; DND; VAC; RCMP. National and international research partners.

SO WHAT?! OPERATIONALIZING PRIORITIES FROM A COMMUNITY HEALTH NEEDS ASSESSMENT FOR CANADIAN VETERANS

Workshop lead

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Workshop objective

- To brainstorm meaningful ways to share Community Health Needs Assessment (CHNA) results with Veterans/stakeholders (products developed during major activity #1, discussion notes)
- To identify tangible and impactful strategies to address Veterans highlighted health and well-being priorities (products developed during major activity #2 and discussion notes)
- To build networks promoting the exchange of ideas (active participation) between Veterans and Veteran organizations

Workshop discussion highlights

- The workshop was designed to be highly participatory and generated engaged discussion and the incorporation of ideas/input from key Veteran stakeholders into the development of the dissemination plan for the Veterans' well-being community health needs assessment. This was achieved through:
 - **2 major activities**
 - Presenting Data: Participants worked in groups formed from similar organizations (i.e. DND, CP CoE, VAC, etc.) to review real-world data sets and drew/illustrated sketches of the types of tools to present the Veteran data in a way that they felt made the most sense for their organization(s).
 - Planning and Applying: Participants worked in groups with others in similar roles (Veterans, Clinicians, Researchers, etc.) to use a sample CHNA to develop either a new policy, program, research idea, or service that would address an identified priority issue identified in the sample.
 - **3 minor activities**
 - **Slido Pole:** Individuals responded to relevant questions about knowledge translation and data usage via the Slido app
 - **Ice Breaker:** Individuals participated in an icebreaker at the beginning of the workshop.
- All participants remained engaged throughout.
- Tangible information was collected through presented group activity products, Slido Poll survey responses, and observation and method notes. All of which will be incorporated in the project dissemination plan.
- All participants agreed the workshop afforded them with an opportunity to understand how a CHNA can be used by a variety of organizations, and at all levels regardless of their specific role (including members of the target community) when information is presented in meaningful ways.
- 53% of participants strongly agreed, and 47% agreed that they were satisfied with their contributions to the workshop topics.
- Positive statements received from participants to the workshop host and co-facilitators about the workshop overall.
- Workshop hosts and co-facilitators are confident the information and learning will be useful to inform VAC CHNA work moving forward.

CIMVHR FORUM 2023 – WORKSHOP POST-EVENT SUMMARY

Outcomes and Next Steps

- All notes and generated group products from the workshop were collected by the workshop team and are being analyzed as part of the VAC CHNA project steps to formulate a dissemination plan.
- As the workshop was a success, a similar approach may be applied when meeting with key stakeholder groups to discuss early findings of the VAC CHNA in Jan/Feb 2024 to support the project team in the development of tailored summary reports.

Knowledge Translation and Exchange

Audience Type	Why is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers Practitioners Program Development Service-User Populations Academia Industry Other – Community Members (Veterans)	<p>The Veterans’ well-being community health needs assessment (CHNA) is relevant for all Veterans and stakeholders (at any level) in the Veteran community who are concerned with Veteran health and well-being (including Veterans).</p> <p>A CHNA is a holistic assessment process that seeks to identify a defined community’s strengths and needs (affecting health) to guide in the establishment of priorities that improve the health status of the population. These factors are based on a population health approach, which acknowledges that there are a broad range of factors, or determinants, that affect the health of an entire population.</p> <p>Collecting new and building on existing data, the objectives of the CHNA are to:</p> <ul style="list-style-type: none"> • Highlight priorities for Veterans’ health and well-being • Inform decision-makers • Support the allocation of resources <p>Intended Outcomes:</p> <ul style="list-style-type: none"> • Improve policies, programs, and services • Identify and reach equity-deserving Veterans • Inform new well-being measurement indicators • Strengthen external federal, provincial, and territorial, and community partnerships • Generate awareness of the health-related strengths and needs of Veterans <p>The purpose of the workshop (as planned and achieved) was to demonstrate how a CHNA can be used by all the listed audience types to meet objectives and realize the intended outcomes.</p>	<p>Any stakeholder concerned with Veteran health and well-being.</p>

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:

- Embrace where you are in your journey,
- Fostering opportunities, and
- Maximize transferable skills.

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 / Next Steps

The next steps will involve using the discussions and participant feedback, in combination with the panelists and attendees’ statements regarding their hopes for the future of trainee development to inform future SPEC activities and events.

Future programs and events should include more formal and informal networking and relationship building. Through creating and developing these connections both professionals as well as students and postdoctoral fellows can benefit. Events should also centre on professional development to ensure that students and postdoctoral fellows are competitive in a variety of career paths including academic, clinical, and industry.

CIMVHR FORUM 2023 – WORKSHOP POST-EVENT SUMMARY

Knowledge Translation and Exchange

Audience Type	<i>Why</i> is this research important to this audience?	Are there specific organizations who should be targeted?
Policy Makers please consider which level(s) of government and department(s)	These discussions help students and postdoctoral fellows understand what employers are looking for in new hires.	Defense research departments within DND, CAF, and VAC that could hire trainees under the FSWEF program.
Practitioners (e.g., health care professionals, social workers, etc.)	Programs, events and initiatives can be informed by these discussions, shifting the focus to what students and postdoctoral fellows require to aid their career and professional development.	CIMVHR/CIPSRT - specifically SPEC.
Program Development (e.g., mental health, rehabilitation, employment, etc.)	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
Service-User Populations (MVF, PSPs)	<p>These discussions explained the vast array of academic opportunities both national and international that are available through networking and connection building.</p> <p>Making connections between students within and across different institutions as well as with organizations with research opportunities is an important next step.</p>	SPEC, CIMVHR/CIPSRT, partner institutions.
Academia (other researchers, scientists, etc.)	Employers should be aware of the versatility of students and postdoctoral fellows. These discussions also help organizations ensure that potential new hires have the skills they require.	DND, VAC, CAF, PS.
Industry (e.g., informatics, technology, etc.)	These discussions help students and postdoctoral fellows understand what employers are looking for in new hires.	Defense research departments within DND, CAF, and VAC that could hire trainees under the FSWEF program.