



**FORUM
2024
WINNIPEG**

**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

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KNOWLEDGE TO ACTION! DEPLOYING THE VETERANS' WELL-BEING COMMUNITY HEALTH NEEDS ASSESSMENT

WORKSHOP LEAD:

Margaret Fry, CD, RN, MHS, Director General Military Personnel Research and Analysis, Department of National Defence

WORKSHOP CO-HOSTS:

Lisa Garland Baird, RN, PhD, Senior Researcher, Veterans Affairs Canada

STATE THE WORKSHOP'S OBJECTIVE:

To promote knowledge translation of the 2023 Veterans' Well-being Community Health Needs Assessment (CHNA) by creating an opportunity for participants to consider strategies to address priorities and promote health equity in their own work by incorporating findings in their work.

WORKSHOP DISCUSSION HIGHLIGHTS:

During the workshop, participants had the opportunity to engage in several activities that fostered collaboration, critical thinking, and idea sharing. Participants were asked to sit at tables with others who worked in similar roles as themselves to ensure that discussions and planning could be as relevant as possible while engaging in group activities. All activities, minor and major, were linked directly to the learning objectives.

During the first major activity, most groups (and participants) were clearly committed to discovering how they could adopt the findings in their own work and to develop realistic strategies to use findings to make positive change. Although initially hesitant, at the end of the activity, several groups were excited to offer their ideas to the full group which was received well by all.

Likewise, during the second major activity, participants were given the option to work individually or as a group. The majority opted to build upon their earlier collaboration and succeeded in conceptualizing realistic tactics they could use to promote health equity using findings.

Using an anonymous poll, 100% of participants reported that they enjoyed the workshop (14% somewhat yes; 86% absolutely yes). While 87% of participants reported that the workshop enabled them to meet both learning objectives; 3% met one; 10% were unable to meet either.

OUTCOMES / NEXT STEPS

During the workshop, the full report, accessible summaries, and veteran resource directory were shared with participants. As the main objective of the workshop was to promote knowledge translation, next steps include continuing (1) to promote awareness of the research; and (2) to seek and create opportunities to coach individuals and teams who are involved in roles and organizations concerned with Veteran health and well-being to use the CHNA report and resources as tools to inform their work.

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KNOWLEDGE TRANSLATION AND EXCHANGE

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

The CHNA used the socioecological model to identify opportunities for change at the various levels of being, including the individual, interpersonal, community, organizational, structural, and historical levels.

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)	A number of individuals who participated in this workshop identified themselves as policy makers, however we did not link this information to the organizations where they worked. This research is important to policy makers in terms of acting on the recommendations highlighted in the report as well as to inform their existing priorities.	VAC CAF
Practitioners (e.g., health care professionals, social workers, etc.)	A number of individuals who participated in this workshop identified themselves as working in service delivery roles, however we did not link this information to the organizations where they worked or the exact nature of the role (i.e., practitioner vs manager). This research is important to practitioners in terms of acting on the recommendations highlighted in the report as well as to inform their existing priorities. More specifically, it should create opportunity for practitioners to consider their own responsibilities to adopt culturally sensitive and trauma-informed approaches to their care delivery.	Provincial/Territorial health and social development VAC CAF VAC service providers (those they contract out to)
Program Development (e.g., mental health, rehabilitation, employment, etc.)	A number of individuals who participated in this workshop identified themselves as working in program/project planning roles, however we did not link this information to the organizations where they worked. This research is important to program developers in terms of acting on the recommendations highlighted in the report as well as to inform their existing priorities. For example, it should create opportunities for program developers to consider the importance of involving Veterans in planning at all stages.	Veteran service organizations VAC
Service-User Populations (MVF, PSPs)	There were at least two Veterans who participated in this workshop. The CHNA is intended to be accessed and used by Veterans - as a tool that will inform them so they may be better positioned to act on efforts that will promote their own well-being and so that they can share with others in their circles of care and support.	Veterans
Academia (other researchers, scientists, etc.)	Several individuals who participated in this workshop identified themselves as researchers, however we did not link this information to the organizations where they worked. This research is important to researchers in terms of acting on the recommendations highlighted in the report as well as to inform their existing priorities. Specific examples would be to include Veterans in all stages of research and to consider the benefits of using mixed-methods and diverse research paradigms in Veteran research.	All researchers and funders concerned with military and Veteran research

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Industry (e.g., infomatics, technology, etc.)

While the recommendations in the report were not made specifically for “industry”, opportunities for change have been made based on the various levels of being identified above (this table) and would apply within the industry sector as related to Veteran health and well-being. For example, IT and communications advisors within VAC should consider how making information accessible to Veteran clientele using modern technology that is easy to navigate can improve access to services and benefits. Furthermore, they should consider the importance of making information available in a timely manner so that it is still relevant when released and not coming out after Veterans have already had to go elsewhere to get what they need.

VAC CAF

SUPPORTING CHILDREN, TEENAGERS AND PARENTS: BUILDING INTERNATIONAL CAPACITY TO DELIVER IMPACT, KNOWLEDGE TRANSLATION AND DIGITAL SYSTEMS

WORKSHOP LEAD:

Marg Rogers, PhD, Senior Lecturer in Education, University of New England; Postdoctoral Fellow, Manna Institute

WORKSHOP CO-HOSTS:

Michèle L. Hébert PhD, CEO, Buds in Bloom; CIHR HSI Postdoctoral Fellow at the Autism Alliance of Canada and the University of Alberta

Captain Reverend John Vanstone, MDiv, Chaplain, Princess of Wales' Own Regiment Department of National Defence

Victoria Williamson, PhD, Research Fellow, Kings College London Centre for Veteran Health Research; Research Fellow, University of Bath; President of UK Psychological Trauma Society

STATE THE WORKSHOP'S OBJECTIVE:

- Important themes to cover in workshops for military/veteran and their spouse that are being medically released;
- Ways to further involve spouses and give them a voice in workshops for couples;
- Would this type of workshop be beneficial for PSP?

WORKSHOP DISCUSSION HIGHLIGHTS:

Explore ways to:

- achieve greater national and international collaboration to ensure we address the lack of evidence-based support and services for children from service families.
- share knowledge, skills and resources.
- use a three-part engagement framework to encourage enablers, reduce barriers and support blue-sky thinking for better outcomes.

What floats your boat?

A three-part engagement framework.



What do you dream of for your boat?



What either slows or accelerates your boat?

What either sinks or floats your boat?

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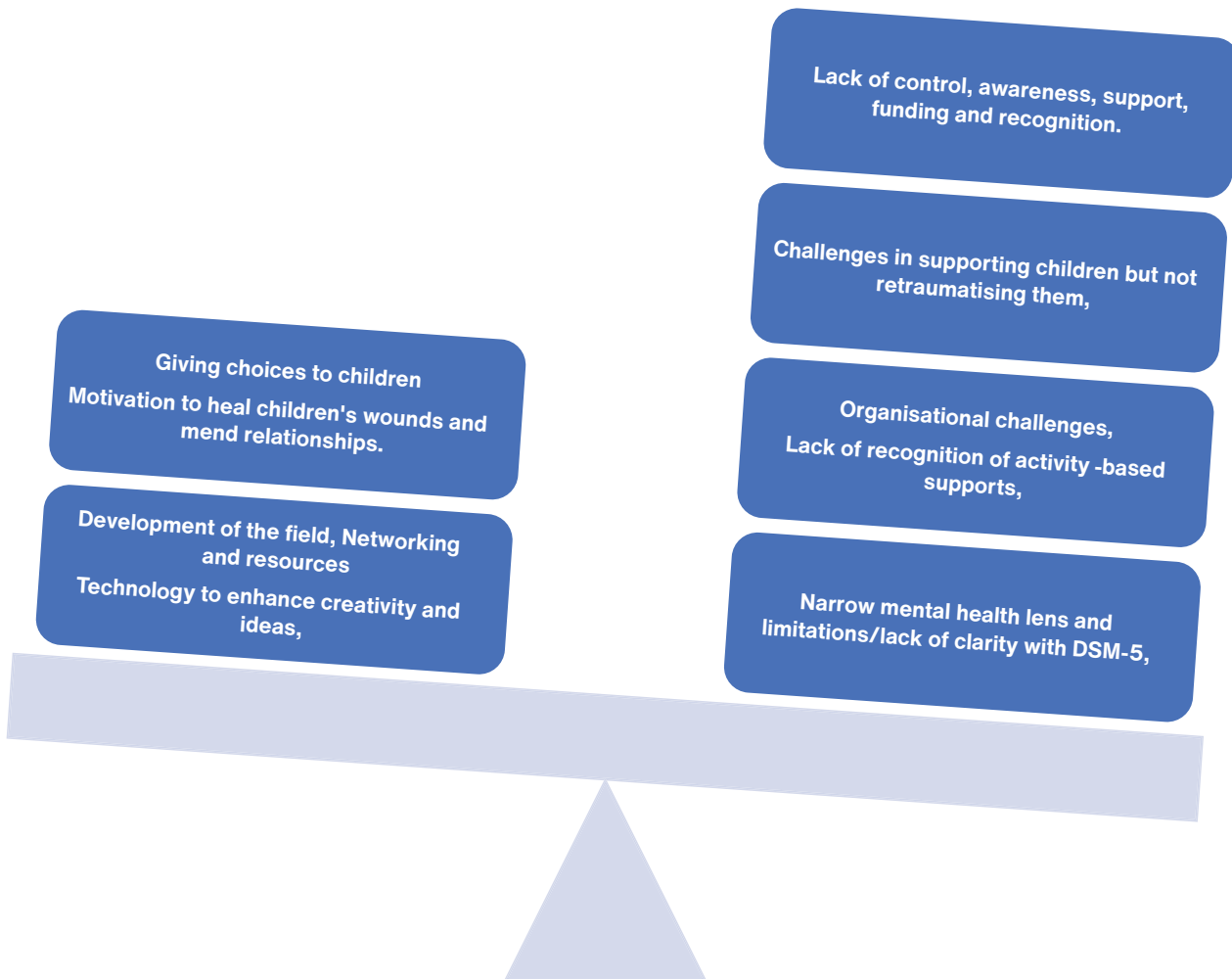
WORKSHOP DISCUSSION HIGHLIGHTS:

Water

- What floats your boat and keeps it on course? What waters and weather conditions help float your collaboration boat?
- What sinks your boat or sends it off course? What waters and weather conditions sink your collaboration boat?

What floats your boat?

What sinks your boat?



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Boat

- What do you love about your boat and crew? What accelerates your collaboration boat?
- What do you like less about your boat and crew? What slows down your collaboration boat?

What do you love about your boat and crew?

What accelerates your collaboration boat?

Diversity of ideas, accessibility, technological connection, good leadership, participation.

Seeing families thrive, positive feedback, the shift in lived experience recognition

Red tape, miscommunication, differences in intent, lack of engagement.

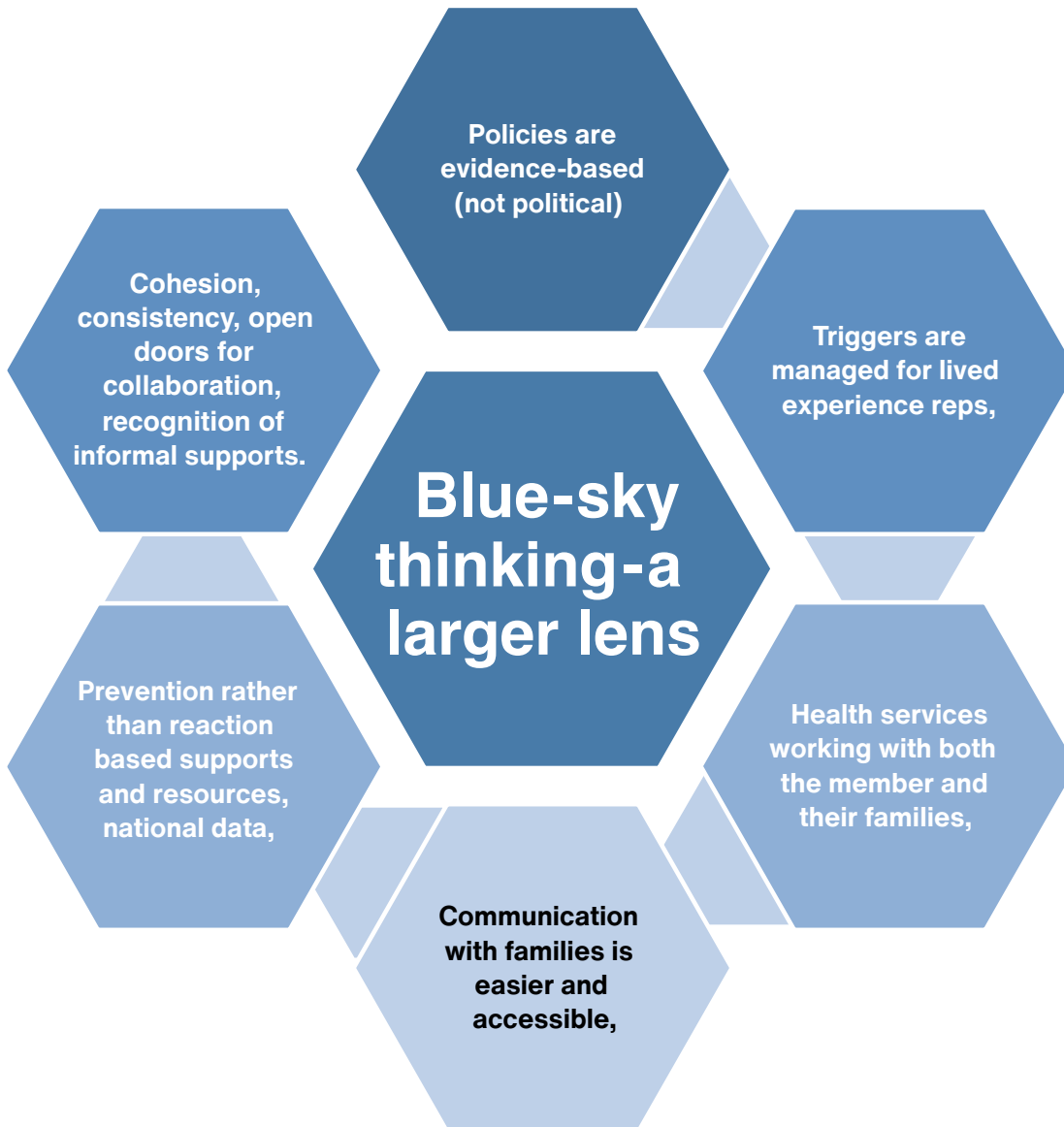
Varying agendas and incentives, poor delegation, stigma,

Lack of diversity, Lack of mutual response and empathy,

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Sky

- What are your hopes, wishes or dreams for your collaboration boat?



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OUTCOMES / NEXT STEPS

The outcomes of the workshop were that from the springboard of our exemplar, participants were able to share what would work for them and their organisations when engaging collaboratively. Participants and organisers were able to safely share the barriers and benefits of collaboration in a supportive environment. They were also able to imagine what could happen if we reduced or removed barriers and supported national and international collaboration. The participants were able to imagine how they could create resources and services that could be freely used and/or adapted for families in different countries and various communities to ensure they were contextually appropriate.

Our recommendations would be to:

1. Make this report available to participants so they can take the ideas back to their organisations and partners.
2. Disseminate the report to other CIMVHR partners, including services, organisations, those with lived/ living experience, and researchers/research consortiums working to support children and families.
3. Adopt some of the ideas into our policies and practice in our research and collaboration work.

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 - please consider which level(s) of government and department(s)	Policies that include military families, namely children, parents and civilian partners, are lacking. In this workshop, we learned what supports and accelerates progress in supporting children and teenagers, and what stops or retards this progress. This highlights the urgent need for policy makers to be informed and equipped with lived experience realities shared by families, service providers and organisational leaders.	CAF Director of Research on Personnel and Family Support, MFS, provincial/territorial health systems, DVAs in Canada and allied countries
Practitioners (e.g., health care professionals, social workers, etc.)	Participants in the room, namely families, service providers, organisational leaders, and policy makers, highlighted the pivotal role played by service providers.	MFRCs, ATLAS Institute, HiMARC, members of CAF, Chaplains, clinicians and the Surgeon General. International equivalents of these.
Program Development (e.g., mental health, rehabilitation, employment, etc.)	Sharing knowledge, skills, and ideas internationally could enhance and support program development, ensuring allies benefit from best practices and the inclusion of new research.	Combat Stress, CAF Chaplaincy, Child and Family Resilience Programs, Garnet Families
Service-User Populations (MVF, PSPs)	Those with lived experience were able to contribute their experiences of being supported, unsupported or inadequately supported in various contexts and with various aspects of their lives. This is helpful for practitioners and policy makers to hear to inform and improve our work moving forward.	CFMWS, Wounded Warriors, Atlas Institute for Veterans and their Families, Military Emergency Services Health Australia, Combat Stress UK
Academia (other researchers, scientists, etc.)	Hearing ideas from those with lived and living experience informed the researchers in the room. Additionally, service providers were able to shed light on the challenges and limitations moving forward in regard to organisational barriers and how they might be best addressed in order to advance collaborative research. Further research into ways to overcome barriers and support enablers would be useful.	University departmental academics and institutions interested in supporting MVF, PSPs, Garnet Families

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<p>Industry (e.g., infomatics, technology, etc.)</p>	<p>Technology or inter-agency confidentiality agreements could facilitate cross-regional information exchange when a family relocation is imminent. Such shared information would be on child, spousal/partner needs (daycare, schooling, employment, special services), particularly when a risk for or identification of neurodiversity, disability or mental health concern is known. Such information sharing could minimise distress associated with relocations.</p>	<p>Government, CAF, other technology companies</p>
<p>Other</p>	<p>It demonstrated the benefits of national and international collaboration, including how this can better support children and families and more productively utilise limited resources.</p>	<p>Garnet Families, MESHA, ATLAS Institute for Veterans and Families, CFMWS</p>

MAKING EXERCISE/PHYSICAL ACTIVITY SAFE AND EFFECTIVE FOR VETERANS LIVING WITH OSI/PTSD AND WITH/WITHOUT CHRONIC PAIN

WORKSHOP LEAD:

Joy MacDermid, PhD, Professor, Western University

WORKSHOP CO-HOSTS:

Robin Campbell Bromhead, PhD, Research Associate, Western University

J. Don Richardson, MD, FRCPC, Director, MacDonald Franklin OSI Research and Innovation Centre

STATE THE WORKSHOP'S OBJECTIVE:

The key issues tackled were strategies and recommendations to address barriers and facilitators to exercise in Veterans and identifying exercise triggers, drug interactions, and mental health barriers that affect exercise for Veterans with OSI/PTSD.

WORKSHOP DISCUSSION HIGHLIGHTS:

A world café discussion, question period, and dotmocracy were used during the workshop to engage participants in discussions on the workshop topic. Some highlights of these discussions are below:

Question 1: What strategies, supports, or recommendations do you have that could/do help Veterans deal with pain and mental health triggers when exercising? (Shannon)

- Skills to accept and normalize that a Veterans new physical capacity has changed from pre-pain and that it's okay
- Strength and conditioning training to understand the relationship between previous service experiences and new context as a way to reduce triggers
- Conceptualize chronic pain to other anxiety symptoms and use interoceptive exposure therapy

Question 2: How can we better address the unique needs of Veterans living with chronic pain and OSI/PTSD to help them be more successful in their exercise/physical activity goals? (Joline)

- Different settings for mental health and chronic pain treatments are a barrier. These services and clinics should be at the same place and there should be more interdisciplinary work between professionals to help inform the Veterans about how the two interact (e.g., when mental health is poor, pain gets worse)
- Individualized fitness regiments for Veterans, include holistic approach that covers all aspects of a person
- Funding for this from healthcare
- Continuity of care after service members become Veterans
- Oftentimes chronic pain is present in multiple parts of the body and its hard for Veterans to maintain patience because they want to do what they want or need to but always feel like their pain is greater than their ability to exercise

Question 3: In your role, what are the barriers to supporting Veterans with chronic pain to participate in physical activity and exercise? What could make it easier? (Sara)

- Nature as a healing tool
- Culturally safe care is not available for a lot of Veterans who wish to utilize specific services pertinent to their culture (e.g., Indigenous care)

A larger group discussion and question period occurred where questions around how cultural competency and Indigenous strategies can/should be implemented to support Veterans with chronic pain and mental health issues to participate in physical activity/exercise.

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OUTCOMES / NEXT STEPS

- Direct a report on Veterans’ exercise needs and preferences that integrates their triggers and challenges, needs, ways to access support, and advice on things that ‘work’. This workshop will help inform the development of decision-aid for Veterans’ exercise needs and preferences.

KNOWLEDGE TRANSLATION AND EXCHANGE

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

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)	Understanding of the importance of physical activity/ exercise for chronic pain and mental health. Currently exercise professionals or engagement in exercise is not covered by VAC benefits.	Veterans Affairs Canada
Practitioners (e.g., health care professionals, social workers, etc.)	A key barrier to participate in physical activity and exercise by Veterans was professionals who do not understand the unique needs or complexities of Veterans living with pain and PTSD/OSI. More education and training is required.	Any health care professional
Service-User Populations (MVF, PSPs)	The information and discussions from this workshop help validate the experiences and needs of Veterans living with pain and OSI/PTSD. A key facilitator is social support, and families could benefit from this knowledge as well.	Veterans living with pain, and family members.
Other		

STUDENT WORKSHOP - BUILDING YOUR CAREER TOOLBOX WORKSHOP

WORKSHOP LEAD:

Marshall Gerbrandt, Co-Chair SPEC

WORKSHOP CO-HOSTS:

Kathryn Reeves, Forum Lead SPEC; Melissa Richardson, Networking Lead SPEC

STATE THE WORKSHOP'S OBJECTIVE:

Key issues included:

- Provide students and SPEC members attending Forum with the opportunity to network with other students
- Provide attendees with opportunities to expand their knowledge of future research opportunities.

WORKSHOP DISCUSSION HIGHLIGHTS:

This workshop brought together students attending CIMVHR Forum 2024 in a World Café format. Students had the opportunity to meet with professionals (Dr. Tim Black, Whitney Jakobsen, Heather McCuaig-Edge, Tracie Afifi) who provided students with their professional insight into working outside of academic settings. Participants engaged in two broad areas of discussion; tools for success and life beyond training. Discussions included design and data analysis with StatsCan, the process of SSRRB, and transitioning from academia to organizations such as Wounded Warriors. All participants provided insight into their journeys to-date, and how they did, and did not follow a linear trajectory to get to where they are now. A lot of emphasis was placed on it being okay to not always have a concrete plan, and that being flexible is helpful advantage of varying opportunities.

OUTCOMES / NEXT STEPS

Outcomes of the workshop included an increased connection between students and post-doctorates engaged in military and Veteran research. Attendees had the opportunity to ask questions to the invited guests, meet with other students, and build awareness of opportunities available after completion of schooling.

Additionally, this workshop saw an increase in new-to-SPEC members. It provided an opportunity to briefly describe SPEC, its benefits, and future events and funding opportunities. Looking forward, this event was well received by those who attended and we think it will help us grow SPEC.

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?
Academia (other researchers, scientists, etc.)	For our three speakers, beyond interacting with attendees, this event provided an opportunity to better understand what SPEC does and the role it is trying to play within CIMVHR.	
Other	Students and Post-doctorates who are engaging in research with the military, Veteran, and family community. This workshop allows attendees to develop connections with other early-stage researchers. Attendees can converse with the invited professionals in order to expand their knowledge, network, and develop research tools.	Students

MILITARY PERSONNEL, VETERANS AND THEIR SPOUSES WHO ARE MAKING THE TRANSITION FROM MILITARY LIFE TO CIVILIAN LIFE FOR MEDICAL REASONS; PSYCHOSOCIAL ISSUES AND REFLECTION WORKSHOPS FOR COUPLES

WORKSHOP LEAD:

Audrey Gallant, M.S.S., Family Liaison Officer, Montreal Military Family Resource Centre

WORKSHOP CO-HOSTS:

Myriam Dutour, B.S.S., Veterans Family Program Coordinator, Montreal Military Family Resource Centre

Francine Habel, Executive Director, Montreal Military Family Resource Centre

STATE THE WORKSHOP'S OBJECTIVE:

- Important themes to cover in workshops for military/veteran and their spouse that are being medically released;
- Ways to further involve spouses and give them a voice in workshops for couples;
- Would this type of workshop be beneficial for PSP?

WORKSHOP DISCUSSION HIGHLIGHTS:

a) Topics covered in workshops for medically releasing members/veterans and their spouses could include some of the following:

- Identity issues (for both the member and spouse) such as “Who am I?”, “What do I want?”, “What do I like, need and wish for?”;
- Explain the medico-administrative process of a medical release, primarily for the benefit of spouses (the main support for members), and information on possible VAC benefits;
- Working through conflict, including active listening, validation of each member’s needs within the couple, and fostering mutual support;
- Information on various mental health disorders (e.g. PTSD, depression, etc.) including specific sessions on explanations, triggers, mitigation and how the family can help);
- Parenting – talking to kids about illness/injury/transition;
- Sharing strategies among participants for peer support, with spokespeople to spread knowledge and help navigate challenges
- Wellness areas (checklist);
- Building social network outside military/veteran community;
- Co-designing workshop with those with lived experience;
- Grieving process;
- Finding new purpose after release;
- Create/provide with toolkit for identity crisis, healthcare, support for spouse, etc.

b) Would this type of workshop be beneficial for the public safety personnel (PSP):

This discussion highlighted the need for further studies to fully understand the needs of this population. While there are similarities between members/veterans and PSP, they also have specific needs. Several points were discussed regarding the similarities and differences between these two groups, including:

- Stronger integration into the civilian community for PSP, due to more stability in the home/region;

- High adrenaline and cortisol levels for some PSP members – how do they adjust to normal life after that?
- Struggling with a new identity;
- Complex or changing work schedules for some PSP – how does this affect family life? What are the consequences?
- Presence of shame and vulnerability in both PSP and military members;
- Multiple trades within PSP leading to several distinct realities;
- A peer/mentorship program with a 6-month pre-release/retirement check-in;
- Effects of negative media coverage;
- Availability of services and support – the need to disseminate this information;
- Creation of new, positive memories for retiring PSP members in their community (e.g., managing triggers throughout the city);
- The need for recognition;
- PSP groups tend to be very tight-knit, making it difficult to access them and obtain information

c) How to get spouses more involved in workshops:

Participants agreed on the necessity of involving spouses at all levels, as they are often the “project managers” of the family. However, the information doesn’t always reach them. Members may struggle to recall everything, particularly if they are dealing with mental health issues, chronic pain, or other challenges that make it difficult to retain information. Spouses should be involved throughout the entire career and transition process.

- Some spouses dedicate their lives to the military way of life; they, too, need support during the transition;
- The group should be split at some point to allow spouses to speak freely about their feelings, including validation of their sacrifices, needs, and potential burnout;
- Individual sessions for spouses to provide information about available services (e.g., counseling or other support);
- Peer mentorship programs for spouses;
- Spouses often take on additional roles and manage expectations to prevent conflict;
- Issues related to dual-service couples (e.g., one partner still serving, one retired, or dealing with illness, etc.);

The discussion also recognized the needs of children during the transition process, particularly in relation to their parent’s illness, injury, or conflict levels.

OUTCOMES / NEXT STEPS

- Tailor content for specific populations (need for further research among PSP)
- Invite past participants of the workshop (in this case l’Escale) or other medically releasing members, veterans and their spouses to a focus group in order to co-design workshops with people with lived experience with medical release (military/veteran and their spouse)
- Provide toolkits (or design) with information on different subjects (mental health, resources, VAC, etc. -(e.g. The veteran Family Journal CFMWS | Veteran Family Journal | CFMWS) region specific
- Involve peer support networks to spread the word, serve as mentors and facilitators during the workshop
- Follow-up sessions for participants individually and couple a few months after the workshop
- Measure outcome and effectiveness (program evaluation)

CIMVHR FORUM 2024 – WORKSHOP POST-EVENT SUMMARY

KNOWLEDGE TRANSLATION AND EXCHANGE

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

Audience Type	<i>Why is this research important to this audience?</i>	Are there specific organizations who should be targeted?
Practitioners (e.g., health care professionals, social workers, etc.)	Information on needs of injured military members, veterans and their spouses/families Themes to be discussed with military, veterans and their spouses/families that experiencing transition for medical reasons Concrete ideas to address specific issues related to medical release	MFRCs Transition Center Non-benefit organizations OSI clinic
Program Development (e.g., mental health, rehabilitation, employment, etc.)	Information on needs of injured military members, veterans and their spouses/families Themes to be discussed with military, veterans and their spouses/families that experiencing transition for medical reasons Concrete ideas to address specific issues related to medical release	MFS
Academia (other researchers, scientists, etc.)	Need for program evaluation	

INCLUSION, DIVERSITY AND REPRESENTATIVENESS LANGUAGE IN HEALTH CARE, EPIDEMIOLOGY AND RESEARCH

WORKSHOP LEAD:

Col Helen L. Wright, CD, MD, MPH, MSc, CCFP, ABPM(AM), Director of Women & Diversity Health, Canadian Forces Health Services

WORKSHOP CO-HOST:

Lt(N) Charlotte Farquharson, CD, Research & Engagement, Director of Women and Diversity Health, Canadian Forces Health Services

STATE THE WORKSHOP'S OBJECTIVE:

- Considering the implications and consequences of gendered, sex-based, or additive language.
- Describe the meaning behind specific terms and when they apply.
- Discuss the evolving vernacular landscape and the resources available to facilitate inclusive and accurate health care and research in the future.

WORKSHOP DISCUSSION HIGHLIGHTS:

Key Information Shared:

- The evolving vernacular landscape: our understanding of sex and gender, as well as sex, gender and diversity interactions, and how and when to use these designations continues to grow and shift.
- The difference between sex, gender, gender identity, and gender expression; each are important determinants of health and well-being
- Intersectionality: our lived experiences are affected and shaped by how intersecting factors interact with our specific sociocultural, political, and economic context
- The difference between equity and equality; health inequities are systemic, avoidable, and unfair.
- SAGER/GBA+ Guidelines on the use of sex and gender terminology
- In an effort to recognize the gender-experience, increase inclusivity, and avoid isolation of marginalized communities, there has been a push to use de-gendered or de-sexed terms. However, this approach may bring unintended consequences, such as imprecise language, inclusion of unintended personnel and ineffective communication, which must be considered and minimized when possible.
- Case Study: The consequences of inaccurate language and the conflating of terminology within the Treasury Board's *Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices*.
- Case Study: The difference between advocacy and exclusion, and the potential implications of research that is focused only on cis-gender women.
- Case Study: The implications of Health Records which consider sex only (often only binary).
- Case Study: The CAFHS 2019 Survey and the challenge of accessing sex-at-birth variable in accordance with the Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices.
- Case Study: The implications of de-sexed research and search terms by journals or grant organizations.
- Case Study: The dilemma of presenting health promotion material that doesn't utilize inclusive language or data sources and the consequences of retrospective terminology changes.

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Key questions which were discussed:

- Should one use de-sexed or de-gendered terminology? (Answer: 50% of participants felt that it depends upon the situation; 36% agreed; 14% disagreed)
- Is research that is “free of gender bias” enough to build the knowledge for future generations?” (Answer: 82% no; 18% unsure)
- What are some medical situations in which sex and gender interact? (Answer: it was extremely difficult to identify a medical situation in which sex and gender do not interact)
- Is it justifiable to do research using legacy systems with only sex as a binary variable (Answer: 48% Yes; 42% Unsure; 10% No)
- Is removing all sexed and gendered terms the correct approach (Answer: 82% No, but there are also consequences; No: 18%)

OUTCOMES / NEXT STEPS

Through the presentation, live questions and the ensuing discussions, 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 to discuss the evolving vernacular landscape and the resources available to facilitate inclusive and accurate health care and research in the future. The workshop highlighted the conflicting implications and unintended consequences of utilizing sexed, gendered, or additive language with those of de-sexed or de-gendered terms that instead describe the process or anatomy of an individual. The workshop emphasized the importance of careful consideration of the terminology used to ensure researchers and health care providers can communicate effectively while employing appropriate language and fostering inclusive environments.

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?
<p>Policy Makers - please consider which level(s) of government and department(s)</p>	<p>This workshop highlighted the unintended consequences of policies put in place, such as the Treasury Board’s Policy Direction to Modernize the Government of Canada’s Sex and Gender Information Practices, often with the intention of protecting the rights and privacy of individuals. A Health Equity Impact Assessment of such policies should be considered to ensure they are achieving their aim without resulting in unintended consequences.</p> <p>Further, the workshop highlighted the need for a uniform and logical approach on when and how to apply policy exceptions, such as when biological information is necessary to fulfill the specific needs of programs or services. One possible solution would be the establishment of an independent review committee to ensure that researchers are granted access to the appropriate variables in a timely fashion, in accordance with the governing policy.</p>	<p>Government of Canada, CAF, DND, VAC</p>
<p>Practitioners (e.g., health care professionals, social workers, etc.)</p>	<p>This workshop acknowledged the evolving vernacular landscape, and implications of how it is being incorporated within the health care setting – specifically medical records. It emphasized the need for practitioners to look beyond the data provided within the medical records and consider both the gender, sex, and intersectionality of their patient.</p>	<p>Civilian, DND, CAF, Healthcare providers (Nurse, Doctors, Physiotherapists, etc)</p>

CIMVHR FORUM 2024 – WORKSHOP POST-EVENT SUMMARY

<p>Program Development (e.g., mental health, rehabilitation, employment, etc.)</p>	<p>This workshop highlighted the need for continued engagement between all key members of the CAF, DND, DRDC, VAC, Personnel Support Programs (PSP), and Post-Secondary Institutions (PSI) with key stakeholders, such as the Defence Advisory Groups, as we endeavour to create an inclusive and supportive environment for our members. Given the evolving vernacular landscape, careful consideration of the terminology used should be encouraged, as well as an openness to further guidance that aims to improve accuracy, inclusivity, and effectiveness in communication. Additionally, any limitations of the data sources should be identified.</p>	<p>DND, CAF, VAC, DRDC, PSP, PSI</p>
<p>Service-User Populations (MVF, PSPs)</p>	<p>This workshop acknowledged the implications and consequences of gendered, sex-based, or additive language and encourages careful consideration of the terminology used.</p>	<p>CAF, VAC</p>
<p>Academia (other researchers, scientists, etc.)</p>	<p>This workshop highlighted the evolving vernacular landscape, emphasizing the need for careful consideration of the terminology used to ensure that unintended consequences, such as imprecise language, inclusion of unintended personnel, and ineffective communication are minimized. Further, it also stressed that all data sources should be carefully assessed for their use of language or variables and any limitations should be identified and considered prior to further use.</p>	<p>PSI, DRDC</p>
<p>Industry (e.g., informatics, technology, etc.)</p>	<p>This workshop acknowledged the implications and consequences of gendered, sex-based, or additive language and encourages careful consideration of the terminology used. Industry is encouraged to embrace language that will improve accuracy, inclusivity, and effectiveness in communication.</p>	

“ARE CRISIS LINES FOR ME?”: MOVING FROM EVIDENCE TO ACTIONABLE SUICIDE PREVENTION CRISIS LINE RECOMMENDATIONS CREATED BY AND FOR PUBLIC SAFETY PERSONNEL

WORKSHOP LEAD:

Gisell Castillo, MA, Research methods specialist, CAMH

Susan Anderson, MSc, Manager of research and evaluation, CAMH

Matthew Charbonneau, Co-researcher / 9-8-8 Supervisor, CAMH

STATE THE WORKSHOP’S OBJECTIVE:

This workshop aimed to a) share back study findings regarding whether crisis lines are an appropriate, acceptable, effective and equitable mental health service for PSP, b) engage participants in idea generation for crisis line service improvements; and c) obtain feedback on workshop processes to shape future virtual workshop sessions.

WORKSHOP DISCUSSION HIGHLIGHTS:

The **RESPond Study** aims to explore the crisis line needs of PSP. Preliminary learnings suggest that 1) stigma, 2) cultural competency, and 3) building trust in mental health services, including crisis lines, are key issues that must be addressed in order to improve crisis line services for PSP.

Workshop participants were divided into three groups and engaged in idea generation related to the three main issues identified through the RESPond study. The group brainstormed and generated the following options as potential recommendations based on project findings to date:

PSP-specific crisis line

Launching a PSP-specific crisis line with trained responders who are well-versed in the unique mental health needs and work challenges that PSP face would address all three issues.

Addressing stigma

It will be prudent to:

- Determine what language is most appropriate for encouraging help seeking and connecting to crisis line services. The word “crisis” may actually deter PSP from reaching out.
- Normalize conversations around mental health by integrating them with existing or routine education related to health and safety rather than positioning mental health as a separate skill or issue.
- Create accessible and confidential (i.e., not visible to others) opportunities to access mental health resources.

Developing cultural competency

To improve the relevance of existing services, like 9-8-8, for PSP:

- Ensure that publicly available services are advertised directly to PSP and in places they frequent
- Visually represent public safety groups so it is clear that the service is for them.
- Promote crisis line services in collaboration with unions and leaders in the sector.
- Develop an adapted risk assessment and safety planning model that considers and acknowledges that PSP often have ready access to lethal means
- Connect PSP who access crisis lines with PSP-specific local resources
- Develop ongoing relationships with PSP-serving organizations to improve connection to culturally relevant resources

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Building trust in crisis lines

To build trust, crisis line responders need to be:

- Well-suited to the role through training in mental health and risk assessment skills
- Informed of specific group needs as well as the needs of PSP family members
- Supported in their role to prevent compassion fatigue and burnout Additionally, crisis lines could explore:
- Using AI to match callers/texters with responders who are more familiar with their professional group / background.
- Segmenting crisis line options so that PSP are directed to a peer/PSP trained responder. However, a segmented line would need to ensure that other groups do not feel overlooked.

OUTCOMES / NEXT STEPS

Workshop attendees shared their feedback on the workshop process and were invited to share suggestions for improving the next iteration of co-design workshops. The group reflected on the strengths of this workshop format for engaging researchers, PSP leaders and policymakers, but noted the approach should be adapted in collaboration with various PSP groups to enhance engagement from PSP across various roles who may participate in similar virtual sessions.

Based on the feedback shared, our learnings, and the recommendations developed during this workshop, we will design a series of virtual co-design workshops that will take place in early 2025. The virtual workshops will bring together PSP, crisis sector staff, researchers, clinicians, and other interested parties to brainstorm and co-develop recommendations for improving crisis line services for PSP.

Recommendations that are developed through this process will be shared with government agencies (e.g., Public Safety Canada, Public Health Agency of Canada), the crisis sector, including 9-8-8, researchers, clinicians and other PSP-serving organizations.

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 - please consider which level(s) of government and department(s)	Policy makers may be interested in this work and the recommendations we are continuing to develop as they consider how to best support the mental health of PSP.	Public Safety Canada
Public Health Agency of Canada	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".	VAC, CAF, DND
Service-User Populations (MVF, PSPs)	Public safety personnel may be interested in this work as end- users of crisis line services, as peer supporters, and as mental health advocates who may consider engaging in upcoming virtual co-design sessions.	All PSP-oriented organizations including employers, unions, associations, and PSP mental health organizations.
Academia (other researchers, scientists, etc.)	Researchers interested in studying, understanding and evaluating crisis supports for public safety personnel may be interested in this work.	CIPSRT
Other	Representatives from the crisis sector.	9-8-8

HOW SOCIO-CULTURAL CONTEXTS CAN INFORM MODELS FOR ADDRESSING MORAL INJURY: TWO EXAMPLES

WORKSHOP LEAD:

Dan Johnson, BSc (Hons) Occupational Therapy – Rehabilitation Advisor, Veterans’ Affairs New Zealand

WORKSHOP CO-HOSTS:

Raharuhi Thomas Koia, BTheol, BCouns, NZDF Army Veteran

Peter D. Yeomans, PhD, U.S. Department of Veteran Affairs

STATE THE WORKSHOP’S OBJECTIVE:

- Review predominant definitions of moral injury and contrast with PTSD
- Discover why culture should inform models for addressing moral injury
- Compare and contrast two culturally-informed models for attending to moral injury
- Learn about indigenous approaches to healing / forgiveness

WORKSHOP DISCUSSION HIGHLIGHTS:

In small groups, participants identified and reflected on cultural and social contextual factors that warrant consideration as they reflection on how best to address moral injury given client factors in their unique work setting,

OUTCOMES / NEXT STEPS

Each participant was encouraged to examine more carefully the cultural and social factors in which moral injury resides in their specific setting. They were invited to bring those reflections back to their work community and to engage in further program development.

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 - please consider which level(s) of government and department(s)	Policy makers in services where the potential of Moral Injury is high such as PSP, may wish to factor in guidance for recognising and directing what supports may be required in de-briefing and individuals in high-risk occupations.	unknown
Practitioners (e.g., health care professionals, social workers, etc.)	Practitioners need to address moral injury with greater consideration for cultural and social factors	
Program Development (e.g., mental health, rehabilitation, employment, etc.)	Practitioners need to construct interventions for moral injury with greater consideration for cultural and social factors	

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<p>Service-User Populations (MVF, PSPs)</p>	<p>Service user populations and military/veteran families may use this learning to raise awareness for the recognition of supports that may be required in debriefing and individuals and families working in high-risk occupations.</p>
<p>Academia (other researchers, scientists, etc.)</p>	<p>Such considerations of socio-cultural factors could enhance existing and new research into this area, as guidelines for intervention protocols continue to emerge from current literature.</p>

ADVANCING A STRATEGY TO COLLABORATIVELY SUPPORT THE HEALTH AND WELLBEING OF OLDER VETERANS

WORKSHOP LEAD:

Kim Ritchie, PhD, Assistant Professor, Trent/Fleming School of Nursing, Trent University

WORKSHOP CO-HOSTS:

Madison Brydges, PhD, National Institute of Aging

Janet Ellis, MD, University of Toronto, Sunnybrook Hospital

Gray Gaudett, PhD, Atlas Institute for Veterans

Atul Jaiswal, PhD, Perley Health

Andre Lauzon, PhD, Atlas Institute for Veterans

Annie Robitaille, PhD, University of Ottawa, Perley Health

Sara Rodrigues, PhD, Atlas Institute for Veterans, University of Ottawa

Danielle Sinden, Perley Health

STATE THE WORKSHOP'S OBJECTIVE:

This workshop aimed to raise awareness about current research on older Veterans health and wellbeing in Canada and to identify gaps, priorities, and opportunities for future research, practice application, education, policy and collaborations to support older Veterans as they age.

WORKSHOP DISCUSSION HIGHLIGHTS:

This workshop was divided into two parts. The first part showcased current research on older Veterans in Canada through focused research presentations. Four members of the workshop planning committee were allotted 7 minutes each to present their own research. To keep the presentations brief and focused, presenters were asked to answer three questions:

- What is the focus of your research on older Veterans
- What are your key findings and/or gaps?
- What are the priorities of these findings for research, clinical practice, education, and/or policy?

In the second part of the workshop, two round table discussions were held with participants. Each round table was 20 minutes in length and participants had the option to move tables if they wanted to discuss a different topic for the second session. Three topics relevant to older Veterans in Canada were identified by the workshop planning team and each table focused on one topic: Homelessness among Older Veterans, Caregiving and Families of Older Veterans, and Equity Deserving Older Veterans.

At the beginning of the round table, participants were given a short case scenario on the topic to better understand the problem, the underlying causes and challenges, policy and service gaps, and implications. The table facilitator then led participants through a lengthy discussion to identify ways to address the topic and gaps through research, policy, and practice.

The last part of the workshop was a presentation of each table's discussion to the whole group.

OUTCOMES / NEXT STEPS

Although there were few participants in this workshop, there was considerable engagement and lively conversation at the tables. Each table identified gaps and generated several research, policy, and practice recommendations. Overall, the lack of knowledge about older Veterans across sectors and among healthcare professionals was a consistent theme across all three tables. The need for increased collaboration, research, and policy was also identified by participants.

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Next steps are:

1. To present the findings at the next Aging Veterans Community of Practice (AVCoP) and to use the outcomes of the workshop to develop priority areas for research, policy, and practice.
2. To increase awareness of the issues impacting aging Veterans in the wider community, we hope to submit an article for publication on the workshop and findings.

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 - please consider which level(s) of government and department(s)	<p>Older Veterans have a combination of age-related health needs and the long-term effects of military service. Lack of consistent identifier for Veterans in public healthcare system makes it difficult to identify Veterans when they are using health services across the care continuum.</p> <p>Improved transitions and planning for military release may help to prevent trajectory to can lead to homelessness</p>	Veterans Affairs Canada, Ministry of Health, CAF
Practitioners (e.g., health care professionals, social workers, etc.)	<p>Cultural competency training is needed across the care continuum to increase knowledge, awareness, and skills of military culture, health risk, and long-term impacts of military service.</p> <p>Recognition of caregivers and family's needs also required.</p>	Healthcare organizations
Program Development (e.g., mental health, rehabilitation, employment, etc.)	<p>Cultural competency education programs, increase knowledge about older Veterans in health care providers education (in universities)</p>	Academic community
Service-User Populations (MVF, PSPs)	<p>Few programs offer by service-user groups focus on older Veterans and their families. All programs need to consider the needs of <i>all</i> Veterans.</p>	All
Academia (other researchers, scientists, etc.)	<p>Little is known about the specific health related risk and needs of older Veterans in Canada, especially those from equity-deserving groups.</p> <p>Increased collaboration and knowledge exchange needed.</p>	Funding agencies for research – CIMVHR, ATLAS, Wounded Warrior etc.
Industry (e.g., infomatics, technology, etc.)	<p>Identifier for Veterans in health care, including long-term care</p>	Canadian Institute of Health Information, Resident Assessment Instrument