FORUM 2026 HALIFAX

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CIMVHR | ICRSMV
Canadian Institute for Military and Veteran Health Research | L'Institut canadien de recherche sur la santé des militaires et des vétérans

DALHOUSIE UNIVERSITY

MOUNT SAINT VINCENT UNIVERSITY

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FAMILIES

HEALTH POLICY

Podium Presentations

3D04: 'Think Family' as Defence Capability: Evaluating Progress in United Kingdom Policy to Support Armed Forces Families

Misca, Gabriela, PhD[1]; Living in Our Shoes Revisited, Research Team[1]

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Introduction: Context

In a period of heightened geopolitical uncertainty, recruitment and retention pressures have brought renewed attention to the role of family policy in sustaining Armed Forces capability and operational readiness. In the UK, the independent review "Living in Our Shoes: Understanding the Needs of UK Armed Forces Families" (2020) generated 110 recommendations, the majority of which were accepted by Government and embedded within the Armed Forces Families Strategy (AFFS) 2022–2032. Five years on, a comprehensive evaluation of progress has been undertaken, assessing how these commitments were translated from policy aspiration into lived experience.

Aims

This paper presents Phase One findings from "Living in Our Shoes Revisited" (2026) study, a follow-up policy evaluation examining progress against the original recommendations. The study asks: to what extent have family-focused reforms been delivered, where do structural barriers persist, and what does this mean for Defence transformation and operational capability?

Methods: The study employed a mixed-evidence policy evaluation design. Data sources included: (1) documentary analysis of MOD family policy, governance and delivery frameworks; (2) purposive consultations with Service Chiefs, MOD policy leads and Armed Forces Families Federations; (3) questionnaires to military charities and schools supporting Service children; and (4) secondary analysis of Armed Forces Continuous Attitude Survey (AFCAS) and Families Continuous Attitude Survey (FamCAS) data. Analysis combined framework analysis, contribution analysis and process-tracing to assess how policy actions translated into intermediate outcomes.

Expected Results: Findings indicate uneven progress. Tangible improvements are evident in areas such as children's education policy, childcare provision and targeted investments. However, enduring challenges remain, including inconsistent SEND support for Service children, persistent disruption to healthcare and education linked to mobility, constrained partner career pathways (particularly overseas), and variable housing quality. Notably, governance fragmentation following the discontinuation of the Families Strategy Steering Group has weakened accountability and cross-Defence coordination.

Conclusion: The study argues that family support remains insufficiently mainstreamed within Defence reform. It proposes a "Think Family in Defence" framework that embeds family considerations across One Defence people policy, governance and evaluation. Doing so is essential not only for family wellbeing, but for retention, readiness and sustainable capability.

International relevance: While grounded in the UK context, the findings have direct relevance for allied forces grappling with similar operational, demographic and retention challenges in Defence.

HEALTH SERVICES

Podium Presentations

1D04: United Kingdom Healthcare Staff Experience and Understanding of Working with Military Populations in the Maternity Setting

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Introduction: Military families are a marginalised group with more challenges and needs during their maternity journey than their non-military civilian counterparts. This may be true for active-duty service women, women military veterans and female spouses of those serving, although the research evidence is limited. Despite National Health Service (NHS) focused military awareness schemes, those from the military community report a lack of understanding of military-related nuanced needs from healthcare providers. There is however no research to date that explores healthcare staff perspectives/experiences of working with this group within the maternity setting in the United Kingdom (UK).

Methods: We collected survey responses (closed ques-

tion options and free-text responses) from 125 members of maternity staff (82 midwives, 17 doctors and 26 other roles) working within a single NHS Trust in a military dense region of the UK. Participants were asked about their understanding, awareness and experiences of working with military populations throughout the perinatal period.

Descriptive statistics and thematic analysis were used to present and explore key issues and ideas.

Expected Results: Initial findings (completing 05/26) indicate that many staff recognised this group has distinct needs, in particular around mental/emotional well-being and broader support, and some had adjusted the care they provided to accommodate needs. Free-text responses suggest staff felt care needs related to; partner deployment, social support, accessing/navigating aspects of care and support (including assisted conception), geographical re-location during the perinatal episode, language difficulties, mental health and infant feeding.

Generally, staff reported confidence with providing care and recognising needs. However, there was limited awareness of additional support for this group or understanding of the Armed Forces Covenant/ schemes, which are designed to ensure military personnel and families are not disadvantaged.

Only one member of staff reported having training related to military populations in general, none around military-connected women and only one in relation to maternity specific care for this group. Many participants (106/126) felt they would benefit from training on the healthcare needs of military communities within the maternity context.

Conclusion: The study provides useful insights into the experiences and understanding among NHS maternity staff who work within a military dense setting (but not within a military specific provision, i.e. OpCourage/ OpRestore). It mirrors many of the experiences highlighted by service-users from the military community. Crucially, it also offers valuable detail for those commissioning and providing maternity, and potentially other non-military specialist services and training within healthcare settings whose aim is to better support military connected communities about the gaps to be addressed.

PRIMARILY MENTAL HEALTH AND WELL-BEING

Podium Presentations

1D01: Military Cultural Awareness and Competence in Counselling: Evidence from United Kingdom Naval Families Beneficiaries and Civilian Counselling Service Providers

Misca, Gabriela, PhD[1]

[1]University of Birmingham

Introduction: Background:
Military cultural awareness and competence is increasingly recognised as essential for effective care delivery to military-connected populations. In contrast to countries such as the United States, where military-specific health systems and professional guidance exist, the United Kingdom (UK) largely relies on civilian counselling and health services that do not routinely identify or accommodate military affiliation. This creates a distinctive policy and service context in which military families receive support from professionals who often lack formal training in military culture awareness and competence.

Objective:
This presentation reports findings from the first UK mixed-methods study to examine military cultural awareness and competence in civilian counselling services, drawing on the perspectives of counsellors, supervisors, and Royal Navy and Royal Marines (RN/ RM) families beneficiaries of counselling. The study addresses how discrepancies in military cultural competence affect therapeutic alliance, accessibility, and perceived effectiveness of relationship support for military families.

Methods: The research formed part of a national evaluation of a family support programme for UK Naval families. Data were collected from military families beneficiaries of counselling (n = 40), counsellors (n = 64), and supervisors (n = 14). Quantitative data were gathered using an adapted version of the Military Cultural Competence Assessment Scale, measuring military knowledge and perceived competence in working with military families. Qualitative data were obtained through open-ended survey responses and analysed thematically to capture lived experience and professional reflections.

Results: Findings reveal systematic discrepancies between how counsellors and supervisors rated their own

military cultural awareness and competence and how this was perceived by military families beneficiaries. While professionals reported high confidence, beneficiaries consistently rated counsellors lower, particularly in understanding the impact of deployments, military family dynamics, and communicating acceptance and care. Qualitative findings highlighted barriers related to lack of military knowledge, scheduling challenges linked to deployments, and fears among beneficiaries about career repercussions of disclosure. At the same time, counsellors expressed strong respect for military clients and a clear appetite for further training.

Conclusion: The findings demonstrate that military cultural awareness and competence is critical for building trust and effective therapeutic relationships in civilian service settings. The UK context functions as a "natural experiment," illustrating the consequences of providing support without systematic recognition of military identity. Implications include the need for targeted training, improved triage and service design that accommodates operational realities. These insights have direct relevance for allied nations seeking to strengthen civilian–military health interfaces and improve outcomes for military families and veterans.

2D01: Co-creating and Testing a Bibliotherapy E-storybook for Children Coping with Parental Complex-Post-traumatic Stress Disorder

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[1]University of New England; [2]Manna Institute; [3]Kings College London; [4]Central Queensland University; [5]Macquarie University; [7]Combat Stress for Applied Military Health Research

Introduction: Children growing up in households where a parent has complex post-traumatic stress disorder (CPTSD) face significant challenges in understanding and responding to their parent's behaviour. Children can experience distress or mental health problems because of the impact of parental CPTSD on their behaviour and household functioning. Despite this, there has been a lack of bibliotherapy resources to improve mental health outcomes for this population.

Methods: To address this gap, our team co-created an innovative children's bibliotherapy storybook (Phase 1) using a trauma-informed approach. This international, interdisciplinary team of researchers, service providers, and individuals with lived experience. There were over 30 participants in the co-creation research process. We collaborated to develop the resource, drawing on family narratives of CPTSD. After the initial co-creation process, the final draft was made available for public feedback, which was subsequently incorporated to enhance usability and relevance. A cross-sectional online survey (designed using a trauma-informed approach) gathered data from affected communities and partners to assess the resource, with findings indicating strong overall usability and that the storybook provided a springboard for meaningful conversations about their families (Phase 2). An additional twenty-two participants responded to three closed-ended questions and open-ended questions covering six areas. Quantitative data were analysed using descriptive statistics. Qualitative data were thematically analysed using an inductive approach.

Results: Quantitative responses indicated that the co-creation approach was effective in developing a family resource that was relevant, informative, and useful, and that most would recommend. Qualitative themes revealed feedback about the relevance, suitability and usability of the resource. The bibliotherapy resource provided opportunities for caring adults to start important conversations with children. Surprisingly, the storybook also provided a chance for adult children from the target community to connect and share their past experiences. Participants made useful suggestions to improve the draft storybook. The vast majority of these suggestions were incorporated, or partially used, to strengthen the storybook before it was released for free online.

Conclusion: The storybook was found to be a useful, free bibliotherapy tool for supporting child and family outcomes among children and families affected by parental CPTSD. The limitations of the study were the number of participants in the Phase 2 (usability testing), the time available for potential participants to engage in the study, and the budget to implement all of the suggested changes participants provided. Further evidence-informed early intervention resources are needed for this cohort of children, especially across different age groups.

2D02: Beginning The PSPYK Hub: An Online Hub of Mental Health and Wellbeing Resources for Public Safety Youth and Kids

Reid, Nathalie, PhD[1]; Oberthier, Steffi, MSc[1]; Fohr, Raelynn, BA[1]

[1]University of Regina

Introduction: Public Safety Personnel (PSP) experience complex occupational stressors that can spill over into the family unit, directly affecting children and youth. Research has shown the symbiotic and mutually reinforcing nature of PSP mental health and wellbeing, and that of PSP youth and kids (PSPYK). However, very little Canadian research investigating PSPYK mental health and well-being exists and there are currently no upstream, tailored, digitally available resources created with, by, and for PSPYK. This project aims to address this gap by developing an online hub of upstream mental health and wellbeing resources addressing the unique experiences and needs of public safety children and youth called: *The PSPYK Hub*. This project has two streams: 1) The content development stream which will result in the online hub, and2) the training stream which will include the development of training materials for service providers in child-serving organizations, based on what the research team learns alongside the child and youth participants.

Methods: PSP children (4-12 years), PSP youth (13-25), and service providers (18+) will each engage in 3 semi-structured conversations. The data from these sessions will undergo an iterative thematic analysis using inductive and deductive processes to inform the development of the hub content and training materials. Following the creation of the hub, a new group of PSP youth and children will be recruited to pilot test the Hub content and functionality. After the training materials are created, a group of service providers will participate in the training and then complete a survey using the Kirkpatrick Model of Training Evaluation.

Expected Results: As we are currently in the recruiting phase of this project, at CIMVHR 2026, we will discuss preliminary findings, key insights from the focus groups, and content development progress. We hypothesize that1) understanding what PSP youth and kids see as gaps will foreground topics and issues not recognized by the research team alone, 2) inviting PSPYK to guide the website and resource creation process will result in a virtual hub that is well-rounded, tailored, friendly, useable, and relevant for PSPYK; and 3) service providers' insight into the lives and challenges of PSPYK will ensure the training provides confidence and knowledge to better support PSPYK for practitioners.

Conclusion: Based on the ongoing success of PSPNET Families, and the findings of the scoping review completed for PSPYK, we anticipate this project will positively impact children and youth in PSP families, while also supporting the people entrusted with their care.

2D03: Exploring the Relationship between Military Parenting and Adult Military Children's Parenting Experiences

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[1]Mount Saint Vincent University; [2]Atlas Institute for Veterans and Families

Introduction: Parenting choices exert a lasting influence on a child's developmental trajectory. Not only do these decisions help build the child's identity, but they also contribute to the intergenerational transmission of parenting practices. Parenting choices are often influenced by an overarching parenting style—authoritarian, authoritative, permissive, or uninvolved. While the implications of parenting styles and practices are widely researched, military families are consistently underrepresented in this body of work. Military families are embedded in a distinct, immersive culture that informs unique parenting choices not commonly seen or understood in civilian populations. Further research is needed on how military parenting choices shape their children's later approaches to parenting.

Methods: Secondary data analysis was conducted on 50 qualitative interviews collected by Atlas Institute for Veterans and Families and Mount Saint Vincent University in a study exploring perspectives of adult children of CAF Veterans. Six interviews were selected for this study. Selected participants were adult children of CAF Veterans who were also parents and who reflected on parenting throughout their interviews. Participants represent diverse backgrounds and experiences, including age, gender, geography, rank of the Veteran, years of service, deployments, and other relevant factors. Data was analyzed using interpretive phenomenological analysis (IPA), with themes generated reflexively through thematic analysis. IPA enabled a deep exploration of how military culture influences parenting styles and their impacts over time, centering personal narratives and meaning-making.

Results: Participants reflected on the lasting influence of their childhood experiences within military families, particularly in shaping their own parenting practices. A common theme was the internalization of authoritarian values rooted in military culture—emphasizing control, obedience, and discipline over autonomy, emotional expression, and open dialogue. Many described adopting similarly rigid approaches in their own parenting, often without initially recognizing the intergenerational transmission of these norms. Participants also critically reflected on how these inherited, militarized worldviews contributed to challenges in forming emotionally attuned and relationally supportive family environments. These findings highlight the enduring psychosocial imprint of military culture on family dynamics across generations.

Conclusion: Findings from this study suggest that militarized authoritarian parenting practices are intergenerationally transmitted to adult military children of CAF Veterans. This study highlights the need for more research that amplifies the lived experiences of adult military children. Emphasizing these perspectives could support the development of targeted services and offer insight into which parenting practices are beneficial versus detrimental to child development within military families.

2D04: "Lurking in the Shadows": How Adult Children of Canadian Armed Forces Veterans Saw Moral Injury in The Home

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[1]Mount Saint Vincent University; [2]University of Windsor; [3]Queen's University

Introduction: Existing literature on moral injury (MI) primarily focuses on internalized and individualized experiences. Yet, the externalized manifestations of MI, especially within family systems, remain underexamined. For children in military families, having a parent affected by MI can offer a unique window into the behavioural, emotional, and relational changes that follow potentially morally injurious events (PMIEs). This study explores how adult children of Canadian Armed Forces (CAF) members perceive and interpret the long-term impacts of their parent's MI, offering important insight for the identification and treatment of MI in Canada's military and Veteran population.

Methods: Eleven adult participants (participants self-report of gender included 2 males, 8 females, and 1 non-binary) took part in semi-structured interviews exploring their experiences of a parent's service-related MI. Interview questions were developed using a military-specific life course perspective, and guided by the biopsychosocial-spiritual model to capture the multidimensional impacts of MI. Interpretative Phenomenological Analysis (IPA) was used to examine participants' first-person narratives, emphasizing the meaning-making processes surrounding their observations and experiences.

Results: Participants consistently noted changes in their parents' following exposure to PMIEs. They described a variety of behavioral and interpersonal shifts, including emotional withdrawal, altered communication patterns, spiritual distress, and strained relationships, which they later linked to specific morally injurious events. These observations often spanned years, highlighting the sustained and pervasive nature of MI within family dynamics. Participants also reflected on the difficulties of understanding and responding to these changes during childhood and into adulthood, often lacking the language or framework to comprehend what they were witnessing.

Conclusion: Children of military members provide an underrecognized but vital perspective on how MI may manifest and endure within the family context. Their retrospective insights highlight key indicators of MI-related changes and underscore the ripple effects such injuries can have beyond the individual service member. These findings point to the importance of family-inclusive approaches in MI research, identification, and intervention

2D05: "I am definitely a brat, through and through": Experiences of Adult Children of Canadian Armed Forces Veterans across the Life Course

Norris, Deborah, PhD[1]; Lamrock, Laryssa[2]; Reeves, Kathryn, MA[1]; McDonald, Cassandra, MEd[1]; Dupuis, Gabrielle, MA[2]

[1]Mount St. Vincent University; [2]Atlas Institute for Veterans and Families

Introduction: Children in military families have been known to incur unique challenges related to military upbringing, including frequent re-locations, prolonged separations, and risk to their parent associated with military service. While some children find these experiences challenging, others find that these challenges help develop resilience and capacity. However, little is known about how these capacities are sustained through to adulthood. Through application of the Family Adaptation and Adjustment Response (FAAR) model, this study explores the meaning making process adult children of Canadian Armed Forces (CAF) Veterans use across the life span to foster and sustain resilience.

Methods: A total of 50 qualitative interviews and 50

online qualitative surveys were conducted with adult children, 18 years and over, of CAF Veterans. Participants represent diverse backgrounds and experiences, including age, geography, rank of the Veteran, years of service, deployments, elements of service, and other relevant factors. The semi-structured interviews were conducted over a secure video-sharing platform and transcribed verbatim. Surveys, consisting of open-ended questions aligned with the interview guide, were administered through Qualtrics. Open, axial, and selective coding was facilitated through MAXQDA to derive themes. Coded data was organized to establish common themes using the Family Adjustment and Adaptation Response (FAAR) model. All transcripts were cross-checked to ensure accuracy. This research was guided by a lived experience advisory board that co-developed the interview questions, recruitment strategies, and reviewed analysis procedures and findings.

Results: Using the FAAR model, three core themes were identified: Demands, Capabilities, and Meaning Making. Normative and non-normative demands of growing up in a military family were buffered by coping behaviours and resources, defined as capabilities, developed from childhood and sustained through to adulthood. The meanings ascribed to their experiences were instrumental in enhancing capabilities and fostering resilience across the life course. The findings from this study reflect the diversity of the participants, highlighting both important patterns of experiences and notable diversions across subgroups.

Conclusion: Adult children of Canadian Armed Forces (CAF) Veterans can provide unique insights into how their childhood experiences influence their later lives while filling important research gaps in Canadian military family research, including the perceived implications of growing up in a military family, the long-term effects of military service on children of CAF members, and the understanding of the potential for resiliency through to adulthood.

3D01: Life Inside that Door: Exploring the Lived Experiences and Impacts of Interpersonal Violence affecting Canadian Armed Forces Veterans and their Families

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Introduction: Research focusing on interpersonal violence in military-connected families has been studied extensively in the United States. In comparison, little is known about the intersecting impacts of militarized culture, military lifestyle, increased risk for mental or moral injuries, and inhibiting effects of help-seeking stigma on the lived experience of interpersonal violence in the Canadian context. This is a significant gap in research, limiting the development of targeted programs and policies sensitive to the intersecting complexities of military operational imperatives and family system dynamics. The purpose of this exploratory, qualitative research was to reveal the lived experiences and impacts of interpersonal violence involving CAF veterans and their families, considering the unique facets of military family life, service-related requirements, and mental health factors.

Methods: Informed by the critical-ecological theoretical framework, exploration of the lived experiences and impacts of interpersonal violence in Canadian Armed Forces (CAF) veteran families was facilitated through in-depth, semi-structured interviews with 15 participants conducted over a secure video-sharing platform and transcribed verbatim. Participants represent diverse backgrounds and experiences, including age, geography, rank of the veteran, years of service, and elements of service. Recruitment was facilitated through convenience sampling techniques. Team de-briefing and reflexive practice mitigated against potential bias in interpretation, enhancing the trustworthiness of the data. Interview transcripts were imported into MAXQDA, a qualitative data analysis software program. Guided by grounded theory methodology, open, axial, and selective coding were instrumental in deriving themes across the environmental systems (micro/meso/exo/macrosystems) conceptualized through the critical-ecological framework.

Expected Results: Participants identified values and practices reinforced through military culture (macrosystem) as significant in intensifying the experiences and impacts of interpersonal violence. The dearth of family-centric and trauma-informed policies and practices (exosystem) within the military system was problematic. Some participants referred to the value of informal supports (mesosystem) received from extended family and friends as instrumental in ongoing recovery with base housing having a protective effect in some instances and enhancing risk in others where control and containment of family issues was imposed. Participants reflected on family dynamics and military identity (microsystem) shaped through service and beyond as a factor influencing the experience of interpersonal violence.

Conclusion: This research facilitates critical examina-

tion of the multiple and intersecting systems embodied within the lived experiences and impacts of interpersonal violence in CAF veteran families. This supports a more nuanced and inclusive understanding of how veteran families experience interpersonal violence, contributing to the development of policies and programs supporting this underserved population.

3D03: Loneliness in Military and Veteran Spouses: Insights from the Military and Veteran Spouse Wellness Survey

Gower, Katherine, PhD[1]; Borah, Elisa, PhD[1]; King, Evie, BS[2]; O'Brien, Hannah, MSW[1]; Neimeyer, Emily, MPH[1]; Rodriguez, Laurianne, MS[1]; LaPlante, Colleen, BA[2]

[1]University of Texas at Austin; [2]InDependent

Introduction: The Military and Veteran Spouse Wellness Survey (MVSWS) was designed to explore and cultivate a better understanding of wellness in military and veteran spouses across the 8 Dimensions of Wellness, as defined by SAMHSA. The survey was conducted in the fall of 2024, with the results released the following summer in 2025 in the MVSWS report. Loneliness emerged as a priority area for further investigation: of the spouses who completed the loneliness scale (n = 861), 60% scored moderate to severe loneliness. In addition, 53.2% percent of all respondents (n = 1150) identified finding community and/or friends as a current challenge. Military and veteran spouses face unique challenges to social connection, including frequent relocations, and difficulties reintegrating into civilian communities (Mailey et al., 2018; Austin et al., 2020). The purpose of this study was to identify key predictors of loneliness among military and veteran spouses.

Methods: Following preliminary bivariate analyses, multiple regression (n = 843) examined employment status (employed vs. unemployed), parental status (has young children [up to age 3] vs. does not), caregiver status (yes/no), and social support (continuous scale ranging from 8 to 40). Loneliness and social support were measured utilizing the UCLA 3-Item Loneliness Scale and the 8-item MOS Social Support Survey.

Results: Social support was found to be the strongest predictor: for every 1-point increase in social support, loneliness decreased by 0.13 points, holding other variables constant. Employment status was the next strongest predictor of loneliness; for employed respondents, loneliness decreased by 0.32 points. Having young children and being a caregiver were not significant. The model as a whole was significant, $F(4, 839) = 128.34$, $p < .001$, explaining 38% of the variance in loneliness ($R^2 = .380$).

Conclusion: Employment status and social support emerged as significant predictors of loneliness among military and veteran spouses. Employment assistance programs and initiatives that facilitate social connection may be key intervention points. Future research should identify which spouse subgroups face the greatest employment barriers and test targeted interventions. Limitations include cross-sectional design, which precludes causal inference.

4D01: I´m Not Alone: Evaluating Blue Star Support Circles, a Promising Upstream, Family-based Veteran Suicide Prevention Program

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[1]The University of Alabama; [2]University of Alberta; [3]Blue Star Families

Program/Intervention Description: Veteran Suicide is a well-known, significant concern [Veterans Affairs, 2025]. Despite this, developing effective prevention strategies remains elusive, with few studies examining interventions utilizing military and Veteran family members [DuBois et al., 2024]. The Blue Star Support Circles (BSSC) pilot program represents a promising intervention. This innovative, upstream, peer-based program engages cohorts of Veteran family members/supporters using a 10 session (/week; 60 min each) program; objectives are to foster awareness of crisis and preventative resources, improve knowledge concerning mental health and suicide prevention, augment knowledge/skills for recognizing, preventing, intervening in, and responding to emotional crises, and enhance social connectivity. This evaluation was conducted to determine BSSC feasibility, acceptability, and efficacy.

Evaluation Methods: The evaluation used a pre-post formative-summative, embedded-mixed-methods design [Creswell & Plano-Clark, 2011]. Data were gathered on each cohort by a pre-post survey with closed and open-ended questions and qualitative interviews. Pre-post changes were examined using logistic and linear regression. Qualitative data were collected using semi-structured interviews. Open-ended questions focused on participants' experiences of program benefits and limitations, use of the program content, and suggestions for improvements. Data were analyzed using Reflexive Thematic Analysis [RTA; Braun & Clarke,

2024], to identify, interpret, and construct themes within data.

Results: Out of 173 recruits, 168 participated in the pre-post survey and 29 in interviews. Surveys showed significant increases in participants' knowledge, tools, and skills for recognizing, preventing, intervening in, and responding to emotional and suicidal crises. For instance, post-program, participants reported greater comfort contacting a crisis line and knowing where to seek help for themselves or others in a mental health or suicide crisis. Qualitative interviews reinforced the program's success in de-stigmatizing suicide, creating communities, moving mental health training to the public sphere, and expanding knowledge to families and friends. Both data sources show BSSC is meaningful, impactful, and essential. Critically, the 3-year analysis found substantially safe storage for firearms in the home.

Conclusion: This evaluation highlights the potential of upstream, family-based suicide prevention initiatives. Current prevention efforts often concentrate on the Veteran in crisis, with limited demonstrated success. Broadening suicide awareness, knowledge, competency, and skills to a wider community (particularly Veteran family members) may enhance safety. Shifting the focus of suicide awareness into the community sphere may be crucial within Veterans communities where mental health still carries stigma. Furthermore, prioritizing support for Veterans' networks may concurrently address potential root causes of suicide, such as challenges related to belonging and community.

4D02: REACH: Effects of a Peer Support Group for Active-duty Military Spouses

Borah, Elisa, PhD[1]; Neimeyer, Emily, MPH[1]; **Gower, Katherine, PhD[1]**

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Introduction: Active-duty military spouses face unique stressors due to the highly uncertain nature of the military lifestyle. Common challenges include changing career and educational goals, developing psychological and physical health conditions, lack of social support, financial strain, and low marital quality. Though common, few evidence-based preventative programs exist to address these hardships. REACH (Resource Empower Advocate Connect Heart) aims to improve mental health and social support outcomes among military spouses. The program consists of eight weekly two-hour in-person sessions facilitated by trained military spouse peers; each week features a topic addressing common challenges faced by spouses, tailored to the military experience. A randomized control trial was conducted to evaluate impacts in quality of life and social support from participation in a REACH group.

Methods: Virtual focus groups with Army spouses informed adaptation of an established peer support curriculum originally developed for veteran spouses. Participants were recruited from Fort Hood, Texas (n = 98) and randomized to an active or waitlist group. Assessments were administered at baseline, post-program (week 8), and three months follow-upOutcomes of interest included quality of life (Q-LES-Q-SF), depression (PHQ-9), anxiety (GAD-7), social support (MOS-SSS), self-care (MVSSCI), and knowledge of psychological health resources. Participants were asked to complete a weekly session feedback questionnaire (n=347), while leaders documented session fidelity (n=213). Repeated-measures MANOVA was conducted in R and SPSS; qualitative data was analyzed in NVivo.

Results: Multivariate analysis revealed a significant group-by-time interaction ($V = 0.07$, $F(2, 94) = 3.70$, $p = .028$). Univariate analysis revealed that active group participants had significantly greater improvements over time in quality of life ($F(2, 190) = 5.27$, $p = .006$), depression ($F(2, 190) = 3.77$, $p = .025$), self-care ($F(2, 190) = 4.20$, $p = .016$), and psychological health knowledge ($F(2, 190) = 5.63$, $p = .004$) when compared to the waitlist group. Thematic analysis indicated participants most enjoyed feeling a sense of community (47.3%) and educational content (32.3%). Leaders reported high program fidelity (50.2%) and suggested adjustments to curricula for timing (11.7%).

Conclusion: Group-based peer support improves outcomes related to mental health, self-care, and knowledge related to relevant health issues among military spouses. These findings showcase the importance of a tailored peer-led support group, where military spouses can access support and resources. Future research should examine the scalability of REACH across military installations and long-term maintenance of observed outcomes.

4D04: Telehealth-delivered Written Exposure Therapy for Adolescents with Post-Traumatic Stress Disorder: A Randomized Feasibility Trial

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Introduction: Youth connected to military, Veteran, and public safety families are at elevated risk for trauma exposure and post-traumatic stress disorder (PTSD), yet access to evidence-based, trauma-focused care remains limited. Barriers such as geographic mobility, service availability, and stigma can restrict timely treatment. Written Exposure Therapy (WET) is a brief, evidence-based intervention for PTSD in adults, but its feasibility and effectiveness in adolescents are not well established. This study examined the feasibility and preliminary effectiveness of WET delivered via telehealth to adolescents with PTSD symptoms.

Methods: This randomized feasibility trial compared immediate WET to a waitlist control condition. Participants were adolescents aged 13–17 years ($N = 14$) with elevated PTSD symptoms. WET was delivered in five weekly sessions via telehealth. Outcomes included PTSD symptom severity (PCL-5), depression (PHQ-9), anxiety (GAD-7), and functional impairment (SDS), assessed at baseline, post-intervention, and 1- and 3-month follow-up. Between-group differences in change from baseline were examined using Hedges' g, alongside indices of reliable and clinically meaningful change.

Results: PTSD symptoms decreased substantially in the WET group relative to waitlist. At post-intervention, the between-group effect size was large ($g = -2.13$, 95% CI [−3.51, −0.74]), and remained large at 1-month ($g = -2.64$, 95% CI [−4.15, −1.13]) and 3-month follow-up ($g = -3.30$, 95% CI [−5.15, −1.46]). At post-intervention, 87.5% of participants in the WET group demonstrated reliable improvement in PTSD symptoms (vs. 0% in waitlist), increasing to 100% at both follow-ups. Improvements were also observed for depression (g range: −1.56 to −1.85) and anxiety (g range: −1.32 to −1.47), with smaller effects for functional impairment (g range: −0.76 to −0.80). Sensitivity analyses using conservative assumptions for missing data yielded consistent findings.

Conclusion: Telehealth-delivered WET was feasible and associated with large reductions in PTSD symptoms among adolescents, with effects maintained over three months. These findings support the potential of brief, scalable, trauma-focused interventions to improve access to care for youth, including those in military, Veteran, and public safety families who may face barriers to in-person services. Further research is needed to evaluate effectiveness in larger and more diverse populations and to examine implementation in military- and community-based settings.

Poster Presentations

P101: Voices That Matter: Sharing Power in Co-designing Tools to Measure Childhood Adversity and Positive Experiences with Young People

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Introduction: Adverse Childhood Experiences (ACEs), covering abuse, neglect, and household dysfunction, are established determinants of long-term health, alongside Benevolent and Positive Childhood Experiences (BCEs/PCEs) as protective factors. Yet existing frameworks were developed with adult populations, limiting their relevance as self-report tools for young people. Without youth involvement, screening risks relying on adult-mediated reporting, where adults may misinterpret, filter, or be unable to accurately report experiences they are themselves part of. This study proposes co-design as a participatory approach that positions young people as experts in their own lives and active partners in developing tools they can understand, trust, and complete independently.

Methods: A five-phase hybrid co-design methodology was implemented to adapt ACEs and BCEs tools for young people aged 14–17, in partnership with military-connected children and young people (MCCYP). Adaptations focused exclusively on language, accessibility, and self-reportability. The content and structure of the validated tools were preserved to maintain their psychometric integrity. Phases included researcher preparation, ethical design, a co-design workshop, researcher synthesis, and member checking with an independent cohort of young people.

Results: Co-design led to several key adaptations to the tools. Participants emphasised present-tense framing to reflect ongoing rather than retrospective experiences, making items more immediate and meaningful for young people completing the tools themselves. This adaptation moves reporting from retrospective to real-time, enabling earlier identification of adversity and timely intervention. Terminology was revised throughout to be age-appropriate, accessible, and reflective of

how young people describe their own lives, replacing adult-oriented language that young people identified as confusing or distancing. Participants also identified where existing phrasing assumed adult interpretation, and suggested reformulations that allowed young people to understand and respond to items independently. The adapted tools demonstrated improved clarity, accessibility, and acceptability across both cohorts, with young people expressing confidence in their ability to self-report accurately and a sense of ownership.

Conclusion: This study demonstrates that sharing power through co-design with young people enhances the validity, accessibility, and ethical integrity of ACEs and BCEs screening tools. Adapting language, rather than adding population-specific content, produces tools that young people can complete without adult mediation, addressing the well-documented limitations of proxy reporting, where adults may underreport, misinterpret, or be the subject of the experiences being reported. The five-phase hybrid co-design model offers a replicable, theoretically grounded approach for adapting measurement instruments with and for young people, with implications for any context in which childhood adversity and protective experiences need to be identified and addressed.

P102: "Calm in a Storm, Whatever that Storm Might Be": Applying the Family Adjustment and Adaptation Response Model to Resilience in Adult Children of Canadian Armed Forces Veterans

Bilodeau, Isabelle, BA[1]; Norris, Deborah, PhD[1]; Lamrock, Laryssa[2]; Reeves, Kathryn, MA[1]; McDonald, Cassandra, MEd[1]; Taghavi, Elham, MA[1]; Antony, Anila, BSW[1]; Kelloway, Ethan, BA[1]; Dupuis, Gabrielle, MA[2]

[1]Mount Saint Vincent University; [2]Atlas Institute for Veterans and Families

Introduction: The Family Adjustment and Adaptation Response (FAAR) model (Patterson, 1988) encompasses both psychological and relational factors. Emerging in Family Science from studies of children who defy expectations of psychopathology in adverse situations, this model emphasizes resilience as a mechanism mitigating negative outcomes (Patterson, 2002). Composed of four central concepts: family capabilities, family demands, family meanings, and family adjustments and adaptations, this model provides an understanding of how family resilience relates to crisis. In the context of military family research, this framework is particularly well-suited to examining resilience processes, given the unique and recurrent stressors associated with military life.

Methods: A total of 50 qualitative interviews and 50 online qualitative surveys were conducted with adult children, 18 years and over, of CAF Veterans. Participants represent diverse backgrounds and experiences, including age, geography, rank of the Veteran, years of service, deployments, elements of service, and other relevant factors. The semi-structured interviews were conducted over a secure video-sharing platform and transcribed verbatim. Surveys, consisting of open-ended questions aligned with the interview guide, were administered through Qualtrics. Open, axial, and selective coding was facilitated through MAXQDA to derive themes. All transcripts were cross-checked to ensure accuracy. This research was guided by a lived experience advisory board that co-developed the interview questions, recruitment strategies, and reviewed analysis procedures and findings.

Results: Across domains of the FAAR model (family demands, family capabilities, family meaning making, and family adjustment and adaptation), findings highlight dynamic and ongoing interplay between demands and capabilities, shaping meaning across time. The FAAR model provided a useful framework for capturing both the cumulative burden of military-related family stress in recollections from adult children and the diverse pathways through which adult children navigate and make sense of experiences.

Conclusion: Findings from this study support the use of the FAAR model as an important theoretical framework for military family research. Applying the FAAR model to the narratives of adult children of Canadian Veterans demonstrates its utility as a framework for capturing the dynamic interplay between family demands, capabilities, and meaning-making processes over time. The model effectively accommodates both the cumulative nature of military-related demands and the variability in adaptations or adjustments, highlighting resilience as an ongoing process rather than a fixed trait. These findings suggest that the FAAR model offers a valuable lens for understanding impacts of military service on families, and may inform more holistic, family-centered approaches to research and intervention.

P103: Family Life in Dual Emergency Service Households: A Qualitative Interview Study Focused on Paramedic Families

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Introduction: Emergency service professions such as paramedicine, firefighting, and policing are widely rec-

ognized for their demanding and unpredictable work. Long shifts, exposure to traumatic events, and high levels of responsibility can create significant stress for workers and their families. While the occupational challenges faced by emergency service personnel have been studied extensively, less attention has been given to how these demands affect family life, especially in dual emergency service households. In these households, both partners face unpredictable schedules and occupational stress simultaneously, which may intensify challenges related to parenting, communication, and household routines. A qualitative approach is well suited for addressing this gap since it allows researchers to explore how families describe and make meaning of their experiences in their own words. This study seeks to explore how members of dual emergency service households describe and interpret the impact of emergency service work on family systems. While this study focuses on paramedic families, research from related emergency service professions provides broader context due to limited paramedic-specific literature.

Methods: This study will use a qualitative research design grounded in a constructivist/interpretivist paradigm to explore how dual emergency service households experience and interpret the impact of emergency service work on family systems. Data will be collected using semi-structured interviews and analyzed using reflexive thematic analysis. Purposive sampling will be used to recruit participants living in households where both partners are employed in paramedic services. Approximately 8-12 participants will be recruited. Sex and gender will be considered throughout the analysis, recognizing the potential for unequal divisions of household responsibilities and the 'second shift' many women carry within families.

Expected Results: Dual-serving paramedic families may experience an amplification of the occupational lifestyle dimensions that shape public safety family life. The findings are expected to highlight how families adapt to changing schedules, share responsibilities, and maintain relationships in the context of demanding work environments that the broader community may not fully appreciate. These insights may reveal common strategies, challenges, and sources of support within paramedic families, as well as nuances unique to the paramedic sector.

Conclusion: Work as a paramedic confers certain lifestyle dimensions onto families, including a heavy demand for logistical juggling around non-standard work and managing worry about exposure to harm. Contextualizing these experiences within dual-serving and paramedic families will help inform future research and support strategies that recognize families as an important part of the broader emergency service system.

P104: Supporting Families through Occupational Cancer: A scoping review

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[1]Queen's University; [2]Western University; [3]St. John's Regional Fire Department

Introduction: The International Agency for Research on Cancer has classified the occupation of firefighting as carcinogenic to humans. As a result Health Canada has released a national framework. Firefighter families are shaped by an intersection of work and home domains, where a 'service before family' mentality is prominent, leading to role overlap, competing demands, and relationship strain. Cancer is experienced by an individual, and by their entire family as a relational stressor, marked by uncertainty, grief, and disrupted family functioning. Given cancer is a shared family experience, it is important to understand how firefighter families navigate occupational cancer. Towards that aim, we will conduct a scoping review to describe the significant body of work addressing family experiences and supports following cancer diagnoses within other contexts.

Methods: This scoping review is guided by the Joanna Briggs Institute, posing the question: "What virtual psychosocial and informational support resources are currently described for families navigating cancer across different contexts?" Databases searched include Medline, CINAHL, EMBASE, PsycINFO, and Web of Science. Framework analysis will be used to analyze relevant articles guided by the Family Adjustment and Adaptation Response (FAAR) Model, and the Consolidated Framework for Implementation Research (CFIR).

Expected Results: This review will include primary studies, knowledge syntheses, and grey literature describing currently available virtual support for families navigating cancer. While the FAAR model will be used to map how families manage stress and crisis and how currently programs need their needs, CFIR will be used the explain barriers and facilitators that can influence the success of currently existing programs.

Conclusion: The results of this scoping review will be used to map how families experience stress and available support while navigating cancer, which will guide

qualitative research to develop an integrated conceptual framework of the experiences and support needs of firefighter families navigating firefighter families.

P105: Workplace Physical and Psychological Injuries among Public Safety Personnel and Mental Health-related Impacts on the Family: A Scoping Review

St. Cyr, Kate, PhD[1]; Cramm, Heidi, PhD[1]; Kirby, Kayla[2]; Smith, Peter, PhD[3,4]; Ricciardelli, Rosemary, PhD[5]; Carleton, R. Nicholas, PhD[2]; MacDermid, Joy, PhD[6]; Svab, Courtney[1]; Mahar, Alyson L., PhD[1]

[1]Queen's University; [2]University of Regina; [3]University of Toronto; [4]Institute for Work and Health; [5]Memorial University of Newfoundland; [6]Western University

Introduction: Public safety personnel (PSP) are at increased risk of workplace physical and psychological injuries, which may spillover to affect the mental health of PSP family members, who already live with a unique set of lifestyle dimensions relative to non-PSP families. A more thorough understanding of the specific mental health impacts of workplace injuries on PSP family members could act as a catalyst for improving the content of and access to formal and informal supports for PSP families following a workplace physical or psychological injury. As such, this scoping review aims to map existing research exploring 1) the prevalence of mental symptoms and conditions; 2) mental health-related outpatient and emergency department use; and 3) mental health-related quality of life and/or well-being indicators among family members of PSP who experienced a workplace physical or psychological injury.

Methods: This review follows the JBI methodology for conducting scoping reviews. A combination of Medical Subject Headings and keywords were used to conduct a preliminary search in MEDLINE. Search terms were refined and the search strategy was executed using the EMBASE, EBSCO, MEDLINE, PsycInfo, Scopus, and Sociological Abstracts databases to identify relevant quantitative, qualitative, and mixed methods research. Manuscripts must investigate the mental health impacts of workplace injuries on PSP family members to be included in the review. Titles and abstracts are currently being screened against inclusion criteria by two reviewers; manuscripts included at this stage will undergo full-text screening by two reviewers. Study-related data and key themes will be extracted, charted, and synthesized from studies selected for inclusion in the review using a narrative analysis approach.

Expected Results: This research is in progress. We anticipate completion of screening by April 30, 2026 and data extraction/synthesis by end of June, 2026. After removing 2,083 duplicates, a total of 4,663 abstracts were identified for title and abstract screening. Based on our work to date, we anticipate that a small number (<40) of manuscripts will be included in the final review.

Conclusion: Workplace injuries can have substantial impacts that extend beyond the injured worker, to their workplace, family and community. However, research in this field remains in its infancy. This review will describe the landscape of research exploring mental health outcomes among family members of PSP who experienced a workplace injury and highlight key concepts and knowledge gaps. Opportunities for next steps, including the feasibility of a systematic literature review, will be described.

P107: "Always caring for, never cared for": Experiences of Spouses and Significant Others of Public Safety Personnel During Inpatient Treatment

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Introduction: Public Safety Personnel (PSP) have a higher prevalence of mental health conditions, such as Posttraumatic Stress Disorder (PTSD) and substance use disorders (SUDs), compared to the general population. Spouses and significant others (SSOs) of PSP are also affected, experiencing increased stress and adverse health outcomes due to their loved ones' occupation. However, there is limited research on how SSOs are impacted when their loved ones access intensive mental health treatment as a result of these challenges and how to support the SSO during this time. This study focuses specifically on the experiences of SSOs of PSP while they are receiving inpatient mental health treatment.

Methods: The study employed an interpretive phenomenological approach (IPA) to explore the impacts of inpatient care on PSP SSOs through semi-structured interviews. Participants were recruited from an inpatient facility in Ontario, Canada, where PSP undergo inpatient mental health treatment.

Expected Results: Preliminary results suggest that there are distinct impacts of PSP inpatient treatment on SSOs. These impacts can be characterized as psychological, emotional, social, and logistical in nature. More specifically, the impacts were found to relate to the weight of their loved one's absence while in treatment, accessibility to them during treatment, appre-

hension about their return home after treatment, and their own inclusion in their partner's treatment process.

Conclusion: These findings are expected to help to improve or optimize care and recognition for those who stand beside PSP struggling with severe mental health and addiction issues. SSOs are impacted in significant ways by the work their PSP loved ones do, including when PSP require intensive treatment, such as inpatient care. The intention is to better understand these impacts and to develop supports and resources that directly and indirectly assist SSOs, recognizing their individual needs in their own right, while their loved ones receive intensive treatment.

MIXED MENTAL AND PHYSICAL HEALTH AND WELL-BEING

Podium Presentations

1D03: Centering Families in Suicide Prevention and Response: Insights from the Inside Suicide Interdisciplinary Podcast Initiative

Campbell, Margaret, PhD[1]; Cramm, Heidi, PhD[2]; Bowen, Henry, PhD[3]; Genest, Christine, PhD[3]; Ricciardelli, Rosemary, PhD[4]; Mahar, Alyson, PhD[2]; Gribble, Rachael, PhD[6]

[1]Mount Saint Vincent University; [2]Queen's University; [3]Military and Emergency Services Health Australia; [4]Université de Montréal; [5]Memorial University; [6]King's College London

Brief Description: Despite growing scholarship and organizational attention to suicide, conversations about prevention, intervention, postvention, and memorialization often occur in silos. Researchers primarily engage other researchers, organizations focus inward or on sector-specific networks, and families—particularly those connected to defence and public safety communities—are frequently sidelined. After extensive literature reviews, empirical studies, and consultations with families and organizations, we identified a persistent gap: families are rarely centered as key stakeholders with distinct needs and expertise. In response, we sought to create an initiative that would bring diverse voices into direct dialogue and reposition families at the center of suicide-related conversations. With funding from the Atlas Institute for Veterans and Families, we convened researchers, practitioners, and defence and public safety family members in structured conversations exploring where and how families fit across the continuum of suicide prevention, intervention, postvention, and memorialization. To ensure accessibility beyond academic audiences, we translated these dialogues into a five-part podcast series titled *Inside Suicide*. The series features 20 participants from approximately ten academic and professional disciplines, including history, occupational therapy, psychiatry, sociology, family science, nursing, and social work, alongside contributors with lived family experience. Participants represent four countries, enabling comparative reflections on Canadian contexts and international settings, including Australia, the United States, and the UK.

Patient Population: This work is geared toward professionals and stakeholders who work with defence members, veterans, public safety personnel (e.g., police, firefighters, paramedics, correctional personnel), and their families who may be affected by suicide across the continuum of prevention, intervention, postvention, and memorialization.

Results: Several cross-cutting themes emerged. First, families consistently emphasized the need to be recognized as individuals with their own distinct needs, rather than as extensions of the serving member. Second, participants highlighted the lack of clear guidance and institutional alignment during periods of crisis and loss, resulting in families navigating complex systems with limited coordination. Third, families expressed a strong desire for meaningful inclusion in prevention initiatives and memorialization practices, rather than being consulted only after decisions are made.

Conclusion: Centering families fundamentally reshapes how suicide prevention and response are conceptualized and enacted. By creating an interdisciplinary and international platform that integrates lived and professional expertise, *Inside Suicide* demonstrates the value of moving beyond siloed approaches. Meaningfully including families across the full continuum of suicide response is not ancillary, it is essential to developing more responsive, coordinated, and compassionate systems of care.

PUBLIC SAFETY PERSONNEL

PUBLIC SAFETY PERSONNEL

HEALTH SERVICES

Poster Presentations

P117: Beyond Transport: A Scoping Review to Unpack Paramedic Barriers in the Care of Patients with Mental Health Complaints

Maharaj, Rick, MSc[1]; Rac, Valeria, PhD[1]; Ibrahim, Sarah, PhD[1,2]; Bowen, James, MSc[2]

[1]University of Toronto; [2]Canadian Armed Forces

Introduction: Mental health (MH) disorders affect one in eight people globally, with increasing reliance on paramedics as an entry point to access care. Patients with mental health complaints (PWMHC) are disproportionately transported to emergency departments, highlighting a critical need to understand challenges in the prehospital care environment. Existing literature remains fragmented, limiting the ability to identify system-level challenges. A scoping review methodology was used, and data collection and analysis have been completed. This study aimed to identify and synthesize challenges experienced by paramedics and inform targeted, system-level interventions.

Methods: A scoping review was conducted following Arksey and O'Malley's framework and reported in accordance with PRISMA-ScR guidelines. A comprehensive search of MEDLINE, Embase, CINAHL, PsycINFO and Cochrane databases (1995-2025) was performed with librarian support. Studies involving paramedics and PWMHC were included using predefined eligibility criteria. Two independent researchers conducted screening and data abstraction was completed. Qualitative data were analyzed using thematic analysis, while quantitative findings were integrated for triangulation. Outcomes focused on identifying system-level barriers to paramedic care for PWMHC.

Results: Fifteen studies met the inclusion criteria, predominantly originating from Australia (46.7%) and published within the last decade. Thematic analysis identified four key domains: (1) Preparedness to Manage, (2) Paramedic Perspectives, (3) Competing Expectations, and (4) Structural Factors. Over 80% of the coded data were concentrated within the domains of Preparedness to Manage and Paramedic Perspectives, indicating frequent reports of limited MH training and challenges associated with paramedic role identity. The remaining codes reflected Competing Expectations and Structural Factors, including conflicting stakeholder demands and limited care pathways, which constrained decision-making in the management of PWMHC. Across studies, system-level barriers were identified to include deficiencies in foundational paramedic education and limitations in available care pathways.

Conclusion: Findings indicate that paramedics face consistent challenges in managing PWMHC, driven by system-level barriers in training and limited care pathways. These results align with expectations that barriers extend beyond individual preparedness, to include structural and organizational constraints. While evidence was primarily qualitative and varied in depth, consistent patterns across studies and triangulation with quantitative data strengthen confidence in these conclusions. This review contributes by inductively synthesizing disparate findings into four themes. Implications include the need to enhance MH training, expand care pathways beyond emergency department transport, and guide future research toward evaluating system-level interventions.

P120: Stability of Dried Blood Products during Simulated Arctic Deployment

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[1]Defence Research and Development Canada

Introduction: As military operations increasingly expand into Arctic and other cold regions, there is a critical need to ensure that medical supplies essential for casualty care remain functional, reliable, and safe under harsh environmental conditions. Many key items—including hemostatic dressings, blood products, and tourniquets—are developed for temperate climates, and their performance following freezing or repeated freeze–thaw exposures is not well characterized. Controlled environmental testing provides a systematic approach to evaluate these products prior to deployment. This study examined the hemostatic stability and protein integrity of two dried blood products used for trauma resuscitation—fibrinogen concentrate (FC) and prothrombin complex concentrate (PCC)—which are vital for early prehospital treatment of combat-related hemorrhage due to their logistic advantages over liquid blood products, especially for non-compressible bleeding, the leading cause of preventable battlefield death.

Methods: Commercially available FC (Fibryga, Octapharma Canada) and PCC (Octaplex, Octapharma

Canada) were stored in their original packaging and exposed to a simulated Arctic deployment profile for over 25 days. The exposure included nine freeze–thaw cycles with temperatures as low as -30°C and above 0°C using a programmable environmental chamber. Unexposed products stored at 4°C served as controls. All products were reconstituted according to manufacturer instructions. Hemostatic function was assessed using rotational thromboelastometry (ROTEM), and protein integrity was evaluated by gel electrophoresis.

Expected Results: The programmed temperature profiles successfully reproduced the variability and extremes observed during Arctic field trials, including large temperature fluctuations characteristic of operational cold-weather conditions. No glass breakage or package damage noted following exposure. Reconstitution using water for injection was completed in approximately 5 minutes for FC and 2 minutes for PCC, consistent with baseline performance. ROTEM analyses demonstrated no meaningful changes in clotting time, clot strength, or fibrinolysis parameters for either FC or PCC after exposure. Gel electrophoresis showed identical banding patterns before and after exposure for both products. Minor differences in band intensity were observed but did not indicate significant protein degradation.

Conclusion: Both fibrinogen concentrate and prothrombin complex concentrate maintained hemostatic function and protein integrity following a 25-day simulated Arctic deployment involving freezing and repeated freeze–thaw cycles. These preliminary findings support the robustness of clotting factor concentrates for use in extreme cold environments. Ongoing work is extending testing to longer durations, additional medical products and equipment, and a broader range of Arctic stress profiles to generate comprehensive stability data to inform cold-weather military medical logistics and trauma resuscitation planning.

PRIMARILY MENTAL HEALTH AND WELL-BEING

Podium Presentations

1D02: Exploring Family System Gaps in Residential Mental Health Care for Public Safety Personnel

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[2]Edgewood Health Network

Introduction: Public safety personnel (PSP) are exposed to significant occupational hazards that increase their risk for a range of mental health challenges. These challenges often extend beyond the individual, impacting families and loved ones. When more intensive intervention is required, residential treatment programs provide critical care for PSP. However, these programs frequently operate with limited integration of the family system, despite evidence supporting the importance of family-centred approaches to mental health treatment.

Methods: This qualitative study explored service users' perspectives of family experiences during residential treatment. Thirty PSP service users participated in semi-structured interviews. Interviews were transcribed verbatim and analyzed using a content analysis approach to identify key themes related to family impact and support needs.

Results: Three main themes were identified: (1) service users reported that their absence during residential treatment was deeply felt by their loved ones; (2) both service users and their families experienced elements of healing during the treatment process; and (3) participants identified a need for enhanced supports for loved ones, particularly direct support beyond their role as caregivers.

Conclusion: Findings highlight the importance of strengthening family integration within residential mental health treatment programs for PSP. While treatment supports individual recovery, families experience significant impacts and require more structured and direct supports. Enhancing family-inclusive care may improve outcomes for both PSP and their loved ones.

1E01: Measurement-Based Care in an Intensive Outpatient Program for Trauma and Substance Use in Public Safety Personnel

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[1]University of Alberta

Program/Intervention Description: Substance use and concurrent mental health disorders are associated with significant morbidity and functional impairment, yet access to structured, medically integrated treatment remains limited. Many individuals fall between standard outpatient care and inpatient admission, highlighting a gap in intermediate levels of care.

A psychiatrist-led Intensive Outpatient Program (IOP) and outpatient detoxification service were developed in a private setting in Alberta. The program targets

adults with substance use and concurrent disorders requiring structured treatment while remaining in the community. Core components include group-based therapies (CBT, DBT, relapse prevention), individual counseling, psychiatric care, ketamine and routine monitoring. Programming is delivered multiple days per week with a focus on recovery and return-to-work. The aim is to evaluate feasibility, engagement, and clinical and functional outcomes of this model.

Evaluation Methods: This evaluation used a quality improvement design with aggregated, de-identified data. Evidence for need was informed by referral patterns and clinical complexity. Outcomes were assessed using a measurement-based care framework at baseline, during and at completion of programming. Measures included CORE-10 (distress), WSAS (function), Brief Addiction Monitor (substance use), and Treatment Effectiveness Assessment (extent of change in 4 domains: substance use, health, lifestyle and community). Engagement and feasibility were assessed through referral volume, attendance, and completion rates. Fidelity was supported through standardized programming and multidisciplinary delivery. We identified barriers and facilitators by examining access to the program and how well care was coordinated with community providers.

Results: Preliminary findings demonstrate strong engagement and favorable outcomes. Completion rates were high (IOP: 84.1%; outpatient detox: 89.5%). Participants showed reductions in psychological distress and improved functioning from baseline to completion. In addition, patients reported feeling less distressed and better able to manage daily responsibilities. Reductions in substance use severity and trauma symptoms were also observed. Formal statistical testing was not conducted due to the quality improvement design; however, trends suggest clinically meaningful improvement. Follow-up data collection is ongoing.

Conclusion: Findings suggest that a structured, psychiatrist-led IOP and outpatient detox model is feasible and associated with improvements in clinical and functional outcomes. High engagement supports its role in addressing gaps in intermediate care.

Implications include the need to expand access to high-intensity outpatient services and integrate these models into broader systems of care. Further research using controlled designs is needed to evaluate effectiveness, cost impact, and long-term outcomes.

1E03: Evolving Goal Management Training for Trauma Care: Development and Outcomes of Trauma-Informed Goal Management Training

Chrysler, Christina, BA[1]; Pichtikova, Mina, PhD Candidate[1]; **Krishnakumar, Kavita, MSC[1];** Mirabelli, James, PhD Candidate[1]; Millman, Heather, MA[1]; McKinnon, Margaret, PhD[1]

[1]McMaster University

Introduction: Background: Post-Traumatic Stress Disorder (PTSD) is a frequently accompanied by changes in cognitive functioning (e.g., working memory, attention) that can hinder an individual's daily functioning and their ability to return to work. Goal Management Training (GMT) is a cognitive remediation program that targets executive dysfunction and has shown promise in trauma-exposed populations. However, standard GMT may not fully address trauma-specific needs related to safety, cultural relevance, and engagement. The present presentation describes the evolution of GMT into a Trauma-Informed Goal Management Training (TIGMT) program and integrates findings from two completed empirical studies evaluating GMT-based interventions across distinct trauma-exposed populations.

Methods: Methods: Study 1 was a randomized controlled trial involving 80 Public Safety Personnel (PSP) with PTSD who were assigned to receive either online GMT or a psychosocial education (PSE) control condition. Participants completed objective neurocognitive testing and validated self-report measures of psychological symptoms, cognition, and functional impairment at baseline, post-intervention, and at three- and six-month follow-up. Study 2 evaluated Trauma-Informed GMT (TIGMT) in a civilian sample of adults with clinically significant traumatic stress (n = 21). TIGMT consisted of a 9-week program adapted from standard GMT to include culturally sensitive and trauma-informed content. Participants completed clinical interviews, cognitive testing, and standardized self-report measures at baseline and post-intervention.

Results: Results: In Study 1, PSP who received GMT demonstrated unique and durable improvements in executive functioning, particularly reduced impulsivity and improved planning, relative to PSE. Reductions in PTSD symptoms, self-reported cognitive failures, alexithymia, and global disability were observed across both conditions, although broader disability reductions were not GMT-specific or sustained at follow-up. In Study 2, TIGMT was associated with significant pre-post reductions in PTSD symptom severity (PCL-5; CAPS-5), functional impairment, and depressive symptoms, alongside improvements in targeted cognitive domains including working memory, response in-

hibition, attention, episodic memory, and deductive reasoning, as well as reduced self-reported executive dysfunction.

Conclusion: Conclusions: Together, these studies demonstrate that GMT effectively targets core executive deficits in PTSD and that adapting GMT through a trauma-informed lens (TIGMT) yields broader clinical, cognitive, and functional benefits in civilian populations. Findings support the feasibility and potential efficacy of trauma-informed cognitive remediation as an adjunctive pathway within PTSD care. Future adequately powered trials are needed to confirm efficacy, durability, and mechanisms of change across trauma-exposed groups.

2E01: Mental Health of Royal Canadian Mounted Police (RCMP) Cadets at the Start of the Cadet Training Program: Extending Initial RCMP Study Findings

Kirby, Kayla, BSc[1]; Maguire, Kirby, BA[1]; Teckchandani, Taylor A., MSc[1]; Andrews, Katie, PhD[1]; Khoury, Juliana, MSc[1]; Stewart, Sherry H., PhD[2]; Nisbet, Jolan, PhD[1]; Shields, Robyn E., MSc[1]; Jamshidi, Laleh, PhD[3]; Sauer-Zavala, Shannon, PhD[4]; Afifi, Tracie O., PhD[5]; Lix, Lisa, PhD[5]; Fletcher, Amber, PhD[1]; Krätzig, Gregory P., PhD[6]; Neary, J. Patrick, PhD[1]; Asmundson, Gordon J. G., PhD[1]; Carleton, R. Nicholas, PhD[1]

[1]University of Regina; [2]Dalhousie University; [3]University of Wisconsin-Milwaukee; [4]University of Kentucky; [5]University of Manitoba; [6]RCMP Depot Division

Introduction: The Royal Canadian Mounted Police (RCMP) Longitudinal PTSD Study was designed to longitudinally assess mental health challenges between cadets assigned to either a standard training condition (STC; i.e., training as usual) or an augmented training condition (ATC; i.e., including evidence-based cognitive-behavioural mental health training) at the beginning (i.e., pre-training) of the Cadet Training Program (CTP). STC cadets evidenced comparable or better mental health than the general population, and better mental health than experienced RCMP. The evidence contrasted long-standing suggestions that RCMP mental health challenges are due to individual differences, rather than service experiences. The current study was designed to extend results based on the mental health of pre-training ATC cadets and provide baseline data for comparing experimental conditions within the overall study.

Methods: ATC cadets (n=1,210; 21% women)at pre-training completed a self-report survey assessing mental health disorder symptoms and screens, and a clinical interview assessing mental health disorder screens and suicidal behaviours (i.e., ideation, planning, attempts). Sociodemographic differences in mental health disorder symptoms were examined using one-way analyses of variance (ANOVA) and independent samples t-tests. Mental health disorder screens were compared to published prevalence data from Canadian general population norms, experienced RCMP, and pre-trainingSTC cadets, using *Z*-tests and *t*-tests.

Results: Female and women ATC cadets reported greater symptoms and positive screens for several mental health disorders than men and males. Relative to the Canadian general population, ATC cadets evidenced comparable self-report prevalence, but lower clinical interview prevalence, for current mental health disorders. ATC cadets evidenced lower mental health disorder symptoms than experienced RCMP. Small statistically significant differences were observed between pre-training ATC and STC cadets; specifically, prevalence of any current mental health disorder among ATC cadets was higher for self-reports (19.7% vs. 15.1%; Z=2.10, p=.036), but lower for clinical interviews (2.3% vs. 6.4%; Z=-3.98, p<.001), and past-month prevalence of suicidal ideation was lower among ATC cadets (0.6% vs. 1.6%; Z=-2.26, p=.024).

Conclusion: At pre-training, ATC cadets evidenced mental health comparable or better than the general population, consistent with STC cadet results. Cadets' pre-training mental health being relatively better or comparable to the general population and better than experienced RCMP, supports contentions that subsequent mental health challenges among RCMP results from service-related experiences. External factors (e.g., RCMP admissions requirement changes, COVID-19 pandemic) overlapping with ATC recruitment timelines may have impacted ATC cadet mental health and resulted in small differences between experimental conditions. Implications for recruitment, retention, and training will be discussed.

2E02: Psychological, Social, and Emotional Wellbeing among Royal Canadian Mounted Police Cadets Starting the Cadet Training Program: Extending Initial Royal Canadian Mounted Police Study Findings

Brambell, Autumn N., BA[1]; Teckchandani, Taylor A., MSc[1]; Kirby, Kayla M., BSc[1]; Khoury, Juliana M.B., MSc[1]; Andrews, Katie L., PhD[1]; Kratzig, Gregory P., PhD[1]; Carleton, R. Nicholas, PhD[1]

[1]University of Regina

Introduction: Positive psychology often distinguishes wellbeing as either flourishing (i.e., high emotional, psychological, and social wellbeing) or languish-

ing (i.e., low wellbeing and disengagement). Flourishing wellbeing is associated with adaptive coping, emotion regulation, and sustained engagement, which may support RCMP cadets' ability to adapt to the demands of the Cadet Training Program (CTP) and ultimately RCMP service. The RCMP Longitudinal PTSD Study allows for comparisons between cadets assigned to a standard training condition (STC; i.e., routine training) or an augmented training condition (ATC; i.e., including empirically supported cognitive-behavioural mental health training) to provide the largest normative assessment of wellbeing of RCMP cadets starting the CTP. The current study was designed to examine psychological, social, and emotional wellbeing of RCMP cadets, extending knowledge on the overall mental health of RCMP cadets starting the CTP.

Methods: RCMP STC (*n*=772; 72.2% men) and ATC (*n*=1012; 78.6% men) cadets completed the Mental Health Continuum Short Form at the start of the CTP (i.e., pre-training), self-reporting on overall wellbeing, and psychological, social, and emotional wellbeing. Groupwise (i.e., STC vs. ATC) and sociodemographic characteristic differences in total and subscale scores were assessed with independent sample t-tests and one-way analyses of variance for total and subscale scores. Bonferroni corrections were applied to all pairwise post-hoc comparisons to control for family-wise error rate and reduce the risk of type I errors.

Results: At pre-training, ATC and STC cadets reported high psychological, social, and emotional wellbeing, indicative of flourishing. ATC cadets reported statistically significantly lower overall (*d*=.147, *p*=.002), social (*d*=.190, *p*<.001), and psychological(*d*=.118, *p*=.012)wellbeing, but not emotional wellbeing(*p*=.668).After Bonferroni correction, sociodemographic comparisons indicated that ATC cadets who self-identified as Black reported statistically significantly greater social wellbeing scores than cadets who self-identified as White (*p*<.001), Asian (*p*=.044), or First Nations/Inuit/Metis (*p*=.003). No other statistically significant sociodemographic differences were observed.

Conclusion: The current results indicate RCMP cadets report flourishing overall wellbeing at the start of training. Results provide novel insights about the mental health and wellbeing of RCMP Cadets starting the CTP. The results also provide important baseline information for longitudinal data analyses. Pre-training comparisons of STC and ATC cadets indicate small differences in wellbeing, which may reflect the impact of external factors (e.g., RCMP admissions requirement changes, COVID-19 pandemic) overlapping with ATC recruitment timelines. Implications for recruitment, retention, and training will be discussed.

2E03: Differences in Putative Risk and Resilience Profiles After Revisions to Admissions Requirements: Evidence from the Royal Canadian Mounted Police Study

Khoury, Juliana, MSc.[1]; Teckchandani, Taylor, MSc.[1]; Maguire, Kirby, BA[1]; Nisbet, Jolan, PhD[1]; Flegel, Kennedy, BSc.[1]; Stewart, Sherry, PhD[2]; Afifi, Tracie, PhD[3]; Krätzig, Gregory, PhD[1]; Sauer-Zavala, Shannon, PhD[4]; Carleton, Nicholas, PhD[1]

[1]University of Regina; [2]Dalhousie University; [3]University of Manitoba; [4]University of Kentucky

Introduction: The Royal Canadian Mounted Police (RCMP) Cadet Training Program (CTP) admission requirements were changed in February 2022, with changes fully implemented by August 2022. Admission details are not publicly available, but the changes included additional measures of personality constructs. Previous research indicates that RCMP cadets admitted using previous requirements started the CTP with statistically significantly lower scores on numerous putative risk factors for mental health disorders, and statistically significantly higher self-perceived resilience than young adult general population norms. The current study was designed to assess whether the updated CTP admission requirements were associated with differences in putative risk and resilience factors among RCMP cadets beginning the CTP.

Methods: RCMP cadets recruited before (STC; *n*=772; 72.2% men) and after (ATC; *n*=1012; 78.6% men) admission requirement changes completed measures of sociodemographic characteristics, putative risk (i.e., state anger, pain anxiety, intolerance of uncertainty, illness and injury sensitivity, fear of negative evaluation, anxiety sensitivity), and self-perceived resilience. Independent samples *t*-tests were used to assess for differences among cadets recruited before and after the admission requirement changes, and one-sample *t*-tests were used to compare ATC cadets' putative risk and resilience factor scores to published young adult norms.

Results: Compared to STC cadets, ATC cadets had statistically significantly lower scores on state anger (*p*<.013, *d*=-.10) and intolerance of uncertainty (i.e., total and subscale; *p*s<.001, *d*s=-.16 to -.28), and statistically significantly higher scores on the escape/avoidance dimension of pain anxiety (*p*<.01, *d*=.11). Consistent with previous research concerning STC

cadets, ATC cadets had statistically significantly lower scores on all putative risk variables examined (*p*s<.001, *d*s=-1.13 to -.36), and statistically significantly higher self-perceived resilience (*p*<.001, *d*=.65), compared to young adult population norm after correcting for multiple comparisons.

Conclusion: The current cross-sectional results indicated the changed RCMP CTP admission requirements were associated with group-level differences in putative risk factors; specifically, lower intolerance of uncertainty and state anger, and higher pain anxiety related to escape/avoidance. The current results converge with prior research indicating that RCMP cadets, whether recruited using the old or new admission requirements, report lower psychological risk and higher psychological resilience than young adults in the general population. Accordingly, structural and systemic efforts should be considered to better maintain resilience and mitigate risk, facilitating better mental health for police throughout their careers.

2E04: An Extended Assessment of Personality Profiles of Royal Canadian Mounted Police Cadets Starting the Cadet Training Program

Andrews, Katie L., PhD[1]; Asmundson, Aleiia J.N., MSc[1]; Maguire, Kirby Q., BA[1]; Nisbet, Jolan, PhD[1]; Shields, Robyn E., MSc[1]; Teckchandani, Taylor A., MSc[1]; Afifi, Tracie O., PhD[2]; Sauer-Zavala, Shannon, PhD[3]; Krätzig, Gregory P., PhD[1]; Carleton, R. Nicholas, PhD[1]

[1]University of Regina; [2]University of Manitoba; [3]University of Kentucky

Introduction: Few studies have evidenced personality differences between the general population and police officers or recruits. Results from the Royal Canadian Mounted Police (RCMP) Longitudinal Posttraumatic Stress Disorder Study (i.e., the RCMP Study) evidence that RCMP cadets starting the Cadet Training Program (CTP) report personality profiles distinct from the general population and ideal for contemporary policing (i.e., higher Honesty-Humility, Extraversion, Agreeableness, and Conscientiousness; and lower Emotionality and Openness to Experience). The current study was designed to further examine and extend data on the personality profiles of RCMP cadets starting the CTP to provide the largest normative assessment of pre-training personality profiles within Canada's national police force.

Methods: The current study focused on pre-training personality data collected from cadets (n=1010; 77.7% men and 21.2% women) assigned to an augmented CTP that included mental health training (i.e., ATC) as part of the larger RCMP Study. Personality was self-reported using the 60-item HEXACO Personality Inventory which provides six factors (i.e., Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness to Experience) and 25 facets of personality. ATC cadets' personalities were compared across gender and other sociodemographic categories using a series of one-way analyses of variance (ANOVA) and independent samples t-tests with Bonferroni corrections. ATC cadets' personalities were compared to published general population norms and to pre-training results from RCMP cadets in a standard training condition (i.e., STC) using a series of independent z-tests.

Results: At pre-training, men and male, and women and female, ATC cadet samples reported differences on all factors and facets relative to the general population including higher Honesty-Humility (ds=.65 to .91, all ps<.001), Extraversion (ds=.45 to .59, ps<.001), Agreeableness (ds=.77 to .95, ps<.001), and Conscientiousness (ds=.37 to .47, ps<.001) and lower Emotionality (ds=.34 to .67, ps<.001) and Openness to Experience (ds=.70 to .73, ps<.001). At pre-training, ATC women and female cadets reported higher Honesty-Humility (ds=.15 to .16, ps<.05), Emotionality (ds= .74, ps<.001), and Conscientiousness (ds=.24 to .25, ps<.01) and lower Agreeableness (ds=.18 to .19, ps<.05) than their men and male counterparts. ATC cadets also reported relatively small differences on several personality factors and facets compared to STC cadets.

Conclusion: The current results indicate that ATC cadets begin the CTP with personality profiles distinct from the general population, consistent with published results from STC cadets. The current results further evidence the distinct personality profiles of RCMP cadets supporting the presence of a positive "police personality" among RCMP cadets. Implications for recruitment, retention, and training will be discussed.

2E05: Mental Health and Wellbeing of RCMP Recruits: Recent RCMP Study Results and Implications

Carleton, R Nicholas, PhD[1]; Khoury, Juliana M B, MSc[1]; Brambell, Autumn N, BA[1]; Kirby, Kayla M, BA[1]; **Shields, Robyn E, MSc[1];** Andrews, Katie L, PhD[1]

[1]University of Regina

Introduction: Nearly two thirds (64.7%) of Royal Canadian Mounted Police (RCMP) screen positive for one or more mental health disorders, relative to 18.3% of the

contemporarily assessed Canadian general population. Historic narratives have argued the higher prevalence among RCMP results from pre-existing conditions or individual vulnerabilities, research from the RCMP Longitudinal PTSD Study (RCMP Study) indicates cadets in the standard training condition (STC) begin the Cadet Training Program (CTP) with relatively lower psychological risk, and better or comparable mental health, than the Canadian general population. Therefore, individuals who elect to join the RCMP and pass CTP admission requirements appear to be at lower risk for the development of mental health challenges, suggesting occupational stressors explain the higher prevalence of mental health disorder sequalae among serving RCMP. The current symposium extends previous research and discusses comparisons of cadets starting the STC and the subsequent augmented training condition (ATC) on several individual differences and mental health outcomes.

Methods: STC and ATC cadets starting the CTP (i.e., pre-training) self-reported on mental health disorder symptoms, wellbeing, risk and resilience factors, and personality traits for the larger RCMP Study. Cross-sectional analyses and direct comparisons with published results from RCMP (i.e., cadets and current members) and the general population were conducted. Differences based on sex, gender, and other sociodemographic characteristics were examined.

Results: At pre-training, both STC and ATC cadets reported fewer mental health disorder symptoms and lower mental health disorder prevalence, lower putative risk, greater resilience, and distinct personality profiles than the general population. Compared to STC cadets, ATC cadets evidenced some small group-level differences in mental health disorder symptoms, risk and resilience factors, measures of wellbeing, and personality traits.

Conclusion: The current symposium provides updates from the RCMP Study, further examining and extending evidence on the mental health and associated individual differences among RCMP cadets starting training. The overall results evidence RCMP cadets begin the CTP psychologically healthier than the general population, further supporting contentions that mental health challenges among RCMP are related to occupational stressors and service experiences. The current results also include the first comparisons of STC and ATC cadets, providing important baseline information for future longitudinal assessments of RCMP cadets as part of the larger RCMP Study. Implications for recruitment, retention, and training will be discussed, as well as potential interactions with the National Action Plan on Posttraumatic Stress Injuries and the Federal Framework on Posttraumatic Stress Disorder.

5E02: An Expert and Evidence-informed Framework to Prevent Prolonged Absence from Work for Public Safety Personnel with a Work-related Psychological Injury/Illness: A Consensus-based Mixed Methods Study

Harrington, Antoinette, DSc[1]; Edgelow, Megan, EdD[1]; Lysaght, Rosemary, PhD[1]; Watson, Kimberely, PhD[2]

[1]Queen's University; [2]Watson Psychology

Introduction: The rate of work-related injury/illness associated with public safety work has steadily increased in Canada in recent years. A subset of PSP, including firefighters, paramedics, police, and correctional workers, is of particular concern. PSP who are unable to work or have impaired functioning due to a work-related injury/illness may be eligible for workers' compensation benefits. The findings of this study highlight the importance of the intersection of psychological injury/illness, occupational-cultural awareness, and best practices in disability management/rehabilitation, as well as training and resources to improve a CM's ability to intervene with PSP. This knowledge can guide practice to help PSP rehabilitate, stay-at-work, or return-to-work. The practical implications of our findings for case management practice are significant, as they provide a roadmap for improving the support and care provided to PSP.

Methods: We employed a consensus-based mixed-methods Delphi study to identify the key components of WCB case management practice, collecting data from a group of experts between March 2023 and August 2023. After a series of iterations, a consensus was reached on the key components of a practice framework for use by WCB case managers (CMs) to help mitigate or, where possible, prevent the negative consequences of work disability. This study sheds light on what is required by WCB CMs intervening with PSP to support recovery, improve quality of life, and restore work capacity.

Results: The results indicate that consideration and attention to specific components of practice are essential when intervening with PSP who are at work or off work with a work-related psychological injury/illness. These data represent the perspectives of individuals with experience in public safety work who agreed that practices, policies, and procedures, as well as those working with the WCB and health care, need to respond differently to PSP with a work-related

psychological injury/ illness. Participants believe that the framework has the potential to enhance the performance of CMs. However, for WCB transformation to occur, the provincial workers' compensation programs must adopt the foundational principles and concepts and change how CMs intervene with PSP.

Conclusion: This study sheds light on what is required by CMs intervening with PSP to support recovery, improve quality of life, and restore work capacity. This knowledge can serve as a beacon, guiding practice to help PSP rehabilitate, stay-at-work, or return-to-work.

5E03: Who is Seeking Treatment for Mental Health and Addictions? A Review of Clinical and Demographic Profiles of Military, Veterans and First Responders

Remers, Shannon, MSc[1]; Ahmed, Sarah, MSc[1]; Rossi, Emily, BSc[1]; Waterman, Robert, PhD[1]; Raman, Vineeta[2]

[1]Homewood Health Inc.; [2]Homewood Health Centre

Program/Intervention Description: The 9-week inpatient Guardians program at Homewood Health Centre is designed for first responders, including healthcare workers and police, and military/veterans (FRMV) who experience one or any combination of PTSD, anxiety, depression, and addiction. FRMV face unique challenges due to repeated exposure to occupational stressors and psychologically traumatic events, leading to higher rates of mental health and addiction disorders compared to the general population. It is prudent to understand who in this population is seeking treatment, what and how severe their presenting concerns are, and where there may be gaps to determine how treatment should be tailored.

Evaluation Methods: Clients complete repeated self-report symptom measures within an online measurement-based (MBC) system including depression (PHQ-9), anxiety (GAD-7), trauma (PCL-5), and cravings (ADCS). Baseline clinical presentations and demographics (e.g. age, recorded sex or gender and education) are reviewed for admissions between 2021 and 2025. Client presentations will be parsed out and compared by occupational category.

Results: Between 2021 to 2025, 269 clients were admitted to the Guardians program who reported their current occupation among one of the FRMV categories. Age at admission ranged between 24 to 70. Overall, over half (54%) of clients reported their job as Police or related occupations, with the remaining clients equally distributed across Healthcare Occupations, Fire Occupations or Military/Veterans. Overall, 50% of clients completed College or higher. The majority of clients were male (82%). Overall, the highest severity symptoms were: substance cravings (67%) and trauma (76%) among Fire occupations; depression (71%) and trauma (81%) among Healthcare occupations; and anxiety (87% and 88%) and trauma (74% and 73%) among Police occupations and Military/Veterans, respectively. Across all occupation groups, substance cravings have been increasing over time, while depression symptoms have been staying relatively stable or decreasing slightly. Trauma and anxiety symptoms have been increasing for Police occupations only, while for the other groups, symptoms have remained stable or fluctuated slightly.

Conclusion: Over half of Guardians clients reported their occupation as Police (or related), which suggests that this population is actively seeking or being referred to treatment. The differences between occupational groups in type and severity of presenting concerns and an increase in client admissions over time suggests that treatment should be tailored to FRMV clients to ensure that programming is consistent with their needs. Furthermore, MBC is an integral tool within a hospital learning health system, providing data over time to support program evaluation, intervention improvement and better outcomes for clients.

5E05: Direct from the Community: The Well-being and Mental Health needs of Royal Canadian Mounted Police Veterans and their Families

Dziekan, Robin, BA[1]; Sarah Lafurgey, BSc[1], Armstrong, Julia, MA[1]; Kane, Cara, MEd[1]; Mulligan, Ashlee, MSc[1]

[1]Atlas Institute for Veterans and Families

Brief Description: The mental health and well-being needs of RCMP Veterans and their Families remain poorly understood, reflecting a limited body of research in this area. To help address this gap, the Atlas Institute for Veterans and Families initiated a dialogue series designed to better understand the lived experiences and priorities of this community. The dialogue series used a group interview approach, with questions co-designed alongside RCMP Veterans and Family members. These questions were explored through a series of two in-person sessions (Edmonton, AB and Moncton, NB) and four virtual dialogue sessions, along with additional individual sessions to accommodate scheduling challenges. Sessions were co-facilitated by members of the RCMP Veteran and

Family community, ensuring that discussions were grounded in shared experience and trust. The dialogue series explored five priority areas identified by the community: mental health services and supports, life after service, moral injury, suicide awareness and prevention, and RCMP culture and community. Findings from these sessions will be presented as part of this presentation.

Patient Population: This work focuses on RCMP Veterans and their families. Participants reflected a diverse cross-section of the RCMP community, including variation in age, geographic location, length of service, and time since retirement. The dialogue series also included perspectives from key sub-populations, including women, francophones, and family members, whose experiences are often underrepresented.

In total, 50 RCMP Veterans and family members participated across a series of in-person and virtual sessions, contributing insights grounded in lived and living experience.

Results: This presentation will share the results of a thematic analysis on what was heard from RCMP Veterans and Families across the sessions. The analysis revealed several interconnected themes that highlight the importance of support from peers, the impact of an operational stress injury across the Family and challenges accessing care. Specific to sub-populations we heard that: Francophone RCMP Veterans experience a fragmentation of services and information in their first language, that gendered workplace experiences share the long-term well-being of women RCMP Veterans, and that leaving the Force also reshapes Family roles and identities.

Conclusion: Findings from this initiative will inform future research, knowledge mobilization and public policy activities aligned with the Atlas Institute's mandate and will also inform others working within the field of RCMP Veteran and Family mental health. Addressing these interconnected challenges will require a coordinated, collaborative approach to strengthen supports for RCMP Veterans and Families and improve mental health outcomes and quality of life.

Poster Presentations

P106: The Impact of Parental Status on the Association between Job Strain and Mental Health Outcomes among Canadian Armed Forces Members: A Sex-stratified Study

St. Cyr, Kate, PhD[1]; Derry, Tristan, MSc[1]; Cramm, Heidi, PhD[1]; Aiken, Alice B., PhD[3]; Tam-Seto, Linna, PhD[2]; Weiss, Deborah, PhD[4]; Mahar, Alyson L., PhD[1]

[1]Queen's University; [2]University of Toronto; [3]Dalhousie University; [4]Department of National Defence

Introduction: Previous research has documented an increased prevalence of mental health disorders among Canadian Armed Forces (CAF) members. This may be at least partially attributable to the unique occupational stressors of CAF members, which may differ between males and females. However, little research to date has explored the impact of being a parent on the association between occupational stressors, such as job strain, and mental health disorders among CAF members. We used data from the 2019 Canadian Armed Forces Health Survey (CAFHS) to determine if 1) parental status influences the association between job strain and self-reported mental health disorders among CAF members; and 2) whether the effect of parental status on this association varies by sex.

Methods: The CAFHS is a stratified, weighted random survey of 56,000 Regular members, conducted between 01/2019-06/2019. We created a dichotomous yes/no variable to use as a proxy for parental status (e.g., "How many dependent children 18 years of age or younger usually live in your household?"), and used the Job Content Questionnaire module to create a four-category variable measuring job strain (active psychosocial work environment, high strain, low strain, and passive psychosocial work environment). Bivariate analyses were used to explore the association between parental status and job strain, by sex. A statistical interaction term was used to explore the joint impact of parental status and job strain on self-reported 1) mood disorders, 2) anxiety disorders, and 3) posttraumatic stress disorder using sex-stratified adjusted logistic regression models among CAF Regular Force members. Results will be presented independently for males and females.

Expected Results: Preliminary analyses suggest that parental status acts as a statistically significant effect

measure modifier of the association between job strain and mental health outcomes among CAF members, and that these associations vary by sex. In particular, the interaction between parental status and job strain was significantly associated with greater odds of self-reported mood disorders and PTSD among females.

Conclusion: The preliminary findings of this research suggest that parental status influences the association between job strain and mental health disorders among CAF Regular Force members. Further, the effect of parental status on the association between job strain and mental health disorders differs for female CAF members compared to males. This research highlights the importance of conducting sex-stratified analyses, and identifies opportunities to further explore the impact of parental status on mental health outcomes among Regular Force members.

P108: The Long Goodbye to Work: Families in Transition. A Scoping Review of Retirement Within Family Systems

Campbell, Margaret, PhD[1]; Cox, Marilyn, MA[2]; Cramm, Heidi, PhD[1]

[1]Mount Saint Vincent University; [2]Queen's University

Introduction: Retirement or release marks a major life course transition that reshapes individual routines and resources as well as the relational dynamics of family life. Although traditionally examined through an individual lens, this transition is increasingly understood as a family-level process embedded in systems of interdependence. This gap is especially pronounced in the context of public safety personnel (PSP) and military families, where occupational demands, exposure to trauma, and role structures differ markedly from the general population. Guided by Family Life Course Theory and Family Systems Theory, this scoping review synthesizes evidence on how retirement transitions affect emotional, practical, and structural dimensions of family life. By mapping what is known—and what is missing—this review establishes the foundation for future research on family adaptation to retirement among PSP and military populations.

Methods: Following Arksey and O'Malley's five-stage framework and reported in accordance with PRISMA-ScR, a comprehensive search was conducted in February 2025 across six databases (Scopus, Web of Science, CINAHL, PsycINFO, SocINDEX, MEDLINE) with support from a health sciences librarian. Eligibility criteria included studies examining relationships between retirement and family well-being, work-family life courses, occupational factors, or family dynamics. Studies focused solely on individual outcomes, lacking empirical data, or not peer-reviewed were excluded. From 4034 records, 61 studies were included. Data extraction captured qualitative data fragments, study characteristics, metadata, and theoretical frameworks, and inductive thematic coding using MAXQDA 24 supported synthesis.

Results: Eight interconnected themes emerged: marital quality and conflict; dyadic adjustment; financial impacts; time use and leisure; redistribution of domestic roles; health outcomes; emotional and psychological effects; and intergenerational dynamics. Gender shaped experiences across all themes, often producing uneven burdens and benefits. Retired husbands frequently disrupted wives' routines, while women disproportionately assumed caregiving and domestic responsibilities. Pre-retirement marital quality and financial stability strongly predicted post-retirement well-being. Spillover effects extended across partners and generations, influencing childcare, financial strain, and emotional climate.

Conclusion: This review positions retirement or release as a systemic, relational transition with implications for family systems. It highlights the near absence of research on PSP and military families, despite their unique occupational stressors, identity transitions, and care dynamics. The findings underscore the need for longitudinal, family-level research that captures diverse family structures, role renegotiation, and emotional adjustment across life-after-service transitions. This synthesis provides the conceptual and empirical groundwork for a future longitudinal investigation of life-after-service transitions, advancing efforts to understand and support well-being across the public safety and military life course.

P111: Building Better Retirement Pathways for Public Safety Personnel: Insights from a Qualitative Case Study

Cox, Marilyn, Masters[1]; Cramm, Heidi, PhD[1]; Traub, Mayram[2]

[1]Queen's University; [2]Niagara Emergency Medical Services

Introduction: Public safety personnel (PSP) face significant mental health challenges, including substance misuse and post-traumatic stress symptoms, during the transition to retirement, shaped by cumulative trauma exposure and enduring occupational identity. Although organizational supports are increasingly recognized as essential, few evidence-informed policies or guidelines address this life course transition. This qualitative case study examines or-

ganizational practices that support PSP retirement transitions, using a Canadian emergency medical service an exemplar of person-centred support. Building on a protocol presented at the 2025 CIMVHR Forum, we present preliminary findings from this cross-sectional study, offering an initial understanding of current retirement supports and highlighting areas for future longitudinal research.

Methods: Guided by life course theory, this qualitative case study uses a question-driven approach to examine retirement as a critical career milestone. Using purposive sampling, participants include three organizational leaders (past and present Chiefs and the Psychological Wellness Facilitator) and 15–20 retirees who left the organization within the past ten years. Data collection includes policy analysis of organizational documentation related to retirement procedures and semistructured interviews, with a focus group of 4–6 retirees used to refine the interview guide. Framework analysis is used to identify key themes related to organizational practices and retiree experiences.

Expected Results: Preliminary findings extend the previously presented protocol by offering early insight into how organizational policies and practices shape the retirement transition. Emerging themes describe both formal and informal supports, including structured programs, symbolic practices, and the organizational motivations underlying them. Preliminary analysis also highlights retirees' perspectives on stressors, sources of support, perceived gaps, and recommendations for improving the process. Together, these findings begin to outline conditions that contribute to a favourable experience and demonstrate where cross-sectional data provide only a snapshot, underscoring the value of future longitudinal inquiry.

Conclusion: These preliminary findings suggest that organizational practices play an important role in shaping PSP retirement experiences, consistent with the expectation that both formal and informal supports and their sequencing influence the transition. The results identify emerging practices and retiree-identified gaps that can inform the development of an evidence-based toolkit to guide organizational decision-making and enhance wellbeing in preparation of and during retirement transitions. In addition to informing policy and practice, this case study establishes groundwork for future longitudinal research examining how PSP retirement experiences evolve over time, supporting policy development and system-level strategies for PSP and their families across the life course.

P113: Santé psychologique au travail : levier organisationnel ou individuel ?

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Introduction: Plus de la moitié des agents des services correctionnels (ASC) présenterait des symptômes similaires à un trouble mental (Carleton et al., 2018). La reconnaissance au travail (RT), facteur organisationnel, est connue comme un levier favorable à la santé psychologique au travail (SPT), tout comme le sentiment d'efficacité personnelle (SEP), facteur individuel. La présente étude quantitative vise à comparer l'influence de ces deux variables sur la SPT.

Méthodes: Au total, 189 ASC ont participé à l'étude (97 femmes et 92 hommes). Les données ont été collectées au moyen de questionnaires en ligne (données auto-rapportées), mesurant la perception de leur SEP selon les fonctions d'encadrement et d'accompagnement (deux dimensions de Desjardins et al., accepté), de leur RT (Brun et Dugas, 2005) et de leur SPT (bien-être psychologique au travail (BEPT) et détresse psychologique au travail (DPT), selon Gilbert et al., 2011).

Résultats: Les analyses de régression linéaire réalisées indiquent que la RT ($\beta = .40$, $p < .001$) et le SEP ($\beta = .27$, $p < .001$) prédisent significativement le bien-être psychologique au travail (BEPT). Ces coefficients sont légèrement inférieurs à ceux observés dans les modèles simples (RT : $\beta = .45$, $p < .001$; SEP : $\beta = .35$, $p < .001$). Au regard de la diminution de la détresse psychologique au travail (DPT), ces deux facteurs participent de manière comparable (SEP = $\beta = -0{,}325$, $p < .001$; RT = $\beta = -0{,}326$, $p < .001$).

Conclusion: Les résultats révèlent que la RT apparaît comme le levier le plus influent du BEPT et souligne son importance dans les pratiques organisationnelles. En outre, ce constat souligne l'importance du rôle de l'organisation dans le soutien du BEPT de l'ASC. Renforcer la RT apparaît comme une stratégie pertinente pour laquelle des pistes d'action seraient à privilégier.

P114: Meaning Making After Witnessing Loss in the Line of Duty

Duerksen, Kari, PhD[1]

[1]University of Manitoba

Introduction: Police encounter death regularly on the job and respond to this in a variety of ways (e.g., resilience, recovery, prolonged grief; PTSD; Kaufman & Christianson, 2003; Papazoglou et al., 2020). Qual-

itative analyses of death exposure and subsequent meaning making have been conducted with other professions involving high death exposure work (e.g., palliative care nurses; Vachon et al., 2020). However, an in-depth analysis of both in-the-moment experiencing and subsequent meaning-making does not yet exist in relation to policing work. Instead, prior research has mainly focused on maladaptive ways of making meaning of traumatic events (e.g., self-blame, negative views of humanity; e.g., Civilotti et al., 2021; Hofer et al., 2021).

Methods: The objective of this project is to provide an in-depth understanding both of how RCMP experience death-related exposures in the moment, and the process of meaning making and values development that occurs following such exposures. To do this, current and former RCMP officers (*n*=5, range of years of service: 10-19) completed in-depth semi-structured interviews. They were asked to speak about particularly impactful death(s) they experienced through their work, and their in-the-moment experience and processing following these events. They were also asked broader questions about the meaning of their work and their lives as a whole.

Expected Results: Interviews were audio recorded and transcribed. Data are in the process of being analyzed using structural existential analysis (van Deurzen, 2025). To date, findings indicate four phases of interacting with death across the course of one's career: 1) shock, 2) segregation, 3) disintegration, and 4) searching for meaning. Through this framework, it is also expected that common paradoxical responses to witnessing death (e.g., wanting to be emotionally separated from death while fearing loss of compassion) will also be revealed.

Conclusion: Findings from this study will provide a more in depth understanding of the nuanced processes individuals undertake to cope with trauma exposure and the impacts on the individual of those processes. This can inform both workplace and therapeutic intervention.

P115: Peer Support Beliefs, Motivators, Barriers, and Preferences among Ontario Fire Chiefs: A Mixed-methods Study

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Introduction: A variety of mental health support programs, such as informal and formal peer supports, have focused on prevention or early intervention as a means of mitigating the burden of occupational stress injuries in firefighters and other public safety professionals. The lack of research understanding peer support in the context of fire chiefs is a notable gap in literature in comparison to the much larger body of evidence examining the role of peer support in front-line firefighters and other public safety sectors.

Purpose: To explore perceptions around the needs, role, delivery preferences, and concerns related to the use of peer support to facilitate mental health amongst Ontario fire chiefs.

Methods: A mixed methods survey was developed by researchers and fire chiefs and completed by 137 Ontario fire chiefs.

Expected Results: Most of the 102 participants were men (97%) and 3 were women (2%). The age ranged from 32 to 72 years old (mean 44).

The need for peer support was evident by measures of mental health (21% reported poor or very poor), qualitative thematic concerns about leadership challenges, stigma, and the need to reflect strength to community and people under their command. Unique administration and leadership demands indicate the need for leadership-specific peer support. Positive attitudes towards peer support related to relevance, trust, and keeping trauma "in the firehouse". Concerns focused on competency of peer supporters/fidelity, confidentiality, and lack of consistent access. Rural fire chiefs had additional concerns about confidentiality and internet access. Peer support was seen as one element of a more comprehensive mental health strategy that had to include access to clinical care when needed. Provider burden and health risks due to vicarious trauma were concerns. Talking to another fire chief for peer support was the most preferred format (62%). App-based peer support was seen as a useful adjunct particularly for independent exploration of issues, tracking, use during night shifts. Most fire chiefs (74%) were unsure if future use of a peer support app would facilitate their well-being.

Conclusion: Fire chiefs want and need a leadership-specific peer support programs that addresses the unique nature of occupational stress during command. A co-designed peer support should allow chiefs to tailor content, delivery platforms, implementation processes, and system supports to their needs and context.

P118: Addressing the Readiness, Resilience and Growth of municipal Peace Officers

Sevigny, Phillip, PhD[1]; Brémault-Phillips, Suzette, PhD[1]; Therriault, Celina[1]

[1]University of Alberta

Introduction: Edmonton Peace Officers (EPOs) operate in high-stress and unpredictable environments, frequently encountering traumatic and morally injurious events that can lead to operational stress injuries, including PTSD. These challenges affect not only individual well-being, but also relationships, organizational functioning, and service delivery. Despite growing recognition of these impacts, there remains a need for context-specific, system-level approaches that support readiness, resilience, and growth (RRG) across the service. This project aims to assess current conditions and identify priorities to inform a strategic plan for enhancing EPO health and well-being.

Methods: This study employs a mixed-methods, exploratory design. A rapid environmental scan is being conducted to identify existing supports and resources available to EPOs. In parallel, engagement sessions with Peace Officers and administrative personnel—including focus groups, world cafés, and interactive survey tools—are being used to gather insights into current experiences, needs, and priorities. Where available, anonymized organizational data related to health and wellness services will be incorporated to strengthen the analysis.

Expected Results: Preliminary findings indicate variability in awareness, accessibility, and perceived effectiveness of existing supports. Participants highlight the importance of culturally and contextually relevant programming, proactive mental health supports, and stronger alignment between individual and organizational resources. Early themes emphasize the need for integrated approaches that address both prevention and response, as well as supports that extend to families. A draft strategic framework is being developed, outlining key priorities, implementation phases, and mechanisms to enhance RRG at both individual and organizational levels.

Conclusion: As this project progresses toward completion, it is expected to yield a comprehensive understanding of EPO needs alongside a practical, evidence-informed strategic plan. This work contributes to broader efforts to strengthen public safety personnel systems by foregrounding resilience, well-being, and sustainable service capacity.

P119: Avoidance Behaviour in Canadian Public Safety Personnel: A Qualitative Study

Shields, Robyn E., MSc[1]; Nisbet, Jolan, PhD[1]; Andrews, Katie L., PhD[1]; Carleton, R. Nicholas, PhD[1]

[1]University of Regina

Introduction: Canadian public safety personnel (PSP) screen positive for posttraumatic stress disorder (PTSD) at nearly 10 times (23.2%) the general population (2.4%). Recent research evidenced the prominent self-report tool, the PTSD Checklist for DSM-5 (PCL-5), may be systematically under-estimating PTSD prevalence among PSP by 2%, potentially equating to approximately 7,000 PSP across Canada. The results evidenced the avoidance criterion was specifically limiting for PSP. Work requirements likely inhibit the ability of PSP to overtly avoid external reminders of potentially psychologically traumatic events (PPTE; e.g., sirens, accident scenes). The PCL-5 avoidance items currently focus on overt behaviours (e.g., avoiding physical reminders of the PPTE), rather than covert avoidance behaviours (e.g., occupying the mind, substance use, dissociation) common to PSP. A nuanced understanding of avoidance among PSP is necessary to better understand and identify avoidance behaviours, which could help improve screening tools and treatment, therein better helping PSP.

Methods: Semi-structured interviews were conducted with 24 PSP (58% women), including paramedics, police officers, correctional officers, and dispatchers. Interviews were conducted via Zoom, lasted 30-60 minutes, were recorded for accuracy, and were deleted after transcription. Transcriptions were coded and are being analyzed using a deductive approach to thematic analysis in NVivo (Version 15). A priori codes included covert avoidance, overt avoidance, PCL-5 avoidance, and non-PCL-5 avoidance.

Expected Results: Preliminary analyses suggest emerging avoidance themes: 1) PCL-5 avoidance (e.g., avoiding conversations about PPTE with coworkers); and, 2) non-PCL-5 avoidance (e.g., withdrawal from non-work social contacts, substance use, emotional detachment).

Conclusion: Results from the ongoing analyses will provide insights about how PSP engage in avoidance behaviours, expand knowledge related to PSP PTSD symptom experiences, and may inform more comprehensive PTSD avoidance symptom assessments for PSP and other trauma exposed professionals (e.g., military, veterans, nurses), which may help improve

treatment. For example, many PTSD treatments (e.g., prolonged exposure therapy) focus on having the client reengage with avoided thoughts, feelings, activities, places, and people. An enhanced understanding of avoidance behaviour as a function of inescapable PPTE triggers may facilitate better treatment targets and outcomes. The results should provide salient examples of avoidance behaviours that may not be captured by the current PCL-5 items. Pending such evidence, the results can inform and support developing proposed revisions for the PCL-5 avoidance items to be examined in future research.

MIXED MENTAL AND PHYSICAL HEALTH AND WELL-BEING

Podium Presentations

3E02: Canadian Study of Violence Against Paramedics: In their own Voices

MacPhee, Renee, PhD[1]; Prno, John, MBA[1]

[1]Wilfred Laurier University

Introduction: Paramedics respond to environments that may be dangerous or chaotic, which in turn presents an increased risk of exposure to workplace violence. There exists a substantive body of research with respect to workplace violence within the paramedic sectors in the United States, Australia, and Europe, and limited regional, cross-sectional research within the Canada (i.e., SK, AB, ON). This study is being conducted in order to respond to the present gap in knowledge about violence against paramedics on a national level. The *Canadian Study of Violence Against Paramedics (CSVAP)* consists of three parts: (1) a robust survey tool; (2) personal interviews with paramedics to explore their experiences of violence; and, (3) personal interviews with family members of paramedics who have experienced violence. This presentation will report on the qualitative findings from the online survey, specifically the respondents' personal insights from Part 1 (online survey).

Methods: Within the CSVAP national survey, participants were invited to share their personal comments in regards to violence that they have experienced and/or witnessed. Of the 1,237 completed surveys, 924 respondents chose to provide commentary. Because the data were generated from responses to an open-ended survey question rather than guided by pre-defined theories, an inductive thematic analysis approach was initially employed, involving successive rounds of open and focused coding to generate themes. Data were analyzed using a two-reviewer process, incorporating both inductive coding to identify emergent themes and limited deductive coding to refine and organize these themes. NVivo software was used to support the coding and thematic analysis process.

Expected Results: A thematic synthesis identified key themes that included: organizational and system betrayal; being visibly invisible; uncertainty of the future in the absence of substantive judicial and protective changes; and, perpetual hopelessness. In this presentation we aim to provide a comprehensive overview of the comments provided by the respondents as a means of giving voice to the critical challenges that in many instances have resulted in life altering physical and mental impacts and consequences as a function of the violence that paramedics experienced and/or witnessed as a function of their job - jobs whose primary goal is to help people.

Conclusion: In sharing the firsthand experiences of the paramedics it is anticipated that the information will provide contextual depth to the quantitative findings, thereby creating a more fulsome narrative from which changes to how violence against paramedics in Canada should be addressed.

4E03: "It´s life-changing, but it´s also life-altering:" A Qualitative Study Exploring the Lived Experiences of Canadian Female Firefighters with a focus on Reproductive Health

Berinyuy Asesi, Dorala, MA[1]; **MacDermid, Joy, C., PhD[1,2];** Osifeso, Temitope A., PhD[1]; Campbell Bromhead, Robin, PhD[1]; Jackson, Kimberly, PhD[1]; Jahnke, Sara A., PhD[3]

[1]University of Western Ontario; [2]St Joseph's Health Care; [5]Center for Fire, Rescue and EMS Health Research, NDRI-USA

Introduction: Firefighting is a male-dominated field with high physical demands, hazardous exposures, and deeply rooted cultural norms. As more females join the fire service, their unique occupational and reproductive health experiences remain underexplored. This study aimed to investigate the reproductive health experiences of Canadian female firefighters. This study aimed to contribute to research on female firefighters by highlighting reproductive health as an important yet often overlooked aspect. It explored how reproductive health influences broader occupational experiences for Canadian female firefighters.

Methods: The study used a qualitative interpretive-descriptive approach within a constructivist framework. Fifteen participants were selected through purposeful and snowball sampling. The participants comprised both Career and volunteer female firefighters with

between 2 and 28 years of firefighting experience. Semi-structured interviews were conducted and analyzed using Braun and Clarke's thematic analysis. Rigour was maintained through independent coding and consensus building by two coders. Member checking was conducted by an experienced female firefighter, and experts reviewed the drafts.

Results: The ECORSE framework emerged, illustrating a dynamic relationship that begins with experiences, leads to concerns, and requires reflective strategies to address them. This paper focused on the lived experiences and three themes were identified: (1) The Complex Realities of Work and Reproductive Health Faced by Female Firefighters; (2) Cultural Norms that Undermine Well-being, Reproductive Health and Belonging; (3) Resilience and Purpose in the Lives of Female Firefighters amid Reproductive Health and Occupational Demands.

Conclusion: Their experiences showed that reproductive health is influenced by multiple intersecting occupational and environmental factors and cannot be understood in isolation. These experiences reflect larger structural and cultural patterns that influence how females experience and redefine their roles in male-dominated, high-risk professions. The findings reflect systemic gaps in occupational health policies, reproductive health accommodations, and inclusivity. Addressing these issues requires gender-responsive policies, mentorship programs, and organizational support for their reproductive and mental well-being.

Poster Presentations

P109: Advancing Women Firefighter Health in Canada: Building Research Priorities and a National Research Network

Campbell Bromhead, Robin, PhD[1]; MacDermid, Joy, PhD[1]; Sinden, Kathryn, PhD[2]; Cramm, Heidi, PhD[3]

[1]University of Western Ontario; [2]Lakehead University; [3]Queen's University

Introduction: Women represent approximately 11% of Canada's 126,000 firefighters, yet they remain significantly underrepresented in firefighter health research. Firefighting is associated with elevated risks of cancer, musculoskeletal injuries, chronic pain, cardiovascular strain, and occupational stress injuries due to repeated exposure to traumatic events, hazardous environments, and physically demanding work. Despite these risks, most firefighter health studies have been conducted in predominantly male samples, frequently excluding women as statistical "outliers." This has resulted in critical gaps in understanding sex- and gender-specific health considerations, including reproductive and maternal health, women's cancers, mental health, cardiovascular health, chronic pain, and organizational policy inequities. Addressing these gaps is essential to advancing equitable and effective health research, policy, and practice. This study introduces a national Canadian initiative aimed at establishing women firefighter health research priorities and creating a dedicated Women in Firefighting Health Research Network.

Methods: This project employs a community-engaged, mixed-methods design to ensure that the perspectives of women firefighters directly inform research priorities. Consultation sessions were conducted with women-identifying firefighters from across Canada, representing diverse roles (career, volunteer, wildland, leadership), geographic contexts (urban, rural, and remote), and career stages. Participants engaged in structured roundtable discussions to identify key health concerns, research gaps, and system-level challenges. Discussions were organized across six priority domains: mental health, physical health, cancer, reproductive/maternal/sexual health, fitness and equipment, and organizational systems. Findings from the consultation sessions will inform the development of a Delphi survey, currently underway, to build national consensus on key research priority areas.

Expected Results: Preliminary findings reveal distinct and underrecognized health priorities among women firefighters. Key issues include limited research on reproductive and maternal health, menopause, gaps in understanding sex-specific cancer risks, and persistent organizational and cultural barriers within the fire service. The ongoing Delphi process is expected to refine these findings into a prioritized national research agenda. These results will inform the development of a comprehensive framework to guide future research, policy, and practice. Additionally, findings will support the establishment of a national Women in Firefighting Health Research Network to foster collaboration among researchers, firefighters, clinicians, and policymakers.

Conclusion: This initiative addresses a critical gap in firefighter health research by centering the lived experiences and needs of women firefighters. Establishing national research priorities and a collaborative network will support evidence-informed policy, practice, and future research, ultimately advancing health equity and occupational well-being of women firefighters.

P112: Families in the Wake of Public Safety Personnel Sleep Loss

Cox, Marilyn, Masters[1]; Cramm, Heidi, PhD[1]

[1]Queen's University

Introduction: Public Safety Personnel (PSP) are vital to community well-being, yet their occupational demands—including shift work, trauma exposure, and high workloads—profoundly disrupt their sleep health. While extensive research documents individual PSP sleep disruption and its occupational consequences, a critical gap remains in understanding the challenges faced by PSP families and the relational impacts within the family system. Poor sleep compromises individual health and job performance and has broader consequences for community safety and family functioning. This narrative review addresses this gap by examining how PSP sleep health issues affect families and establishing a research agenda to guide future studies and inform family-centred interventions and policies.

Methods: This study used a narrative review of reviews methodology to synthesize existing secondary research on PSP sleep health with a focus on potential family impacts. A systematic search was conducted in June 2024 across seven electronic databases using terms related to PSP occupations, sleep, and review methodologies. Reviews were included if they were systematic, scoping, narrative, or meta-analyses; focused on PSP populations; examined sleep-related outcomes; and were published in English. Data were extracted and analyzed inductively and interpreted through Bogenschneider et al.'s (2012) family impact framework, grounded in Bronfenbrenner's ecological systems theory, guiding analysis across five principles: family responsibility, stability, relationships, diversity, and engagement.

Results: Nineteen relevant reviews, predominantly systematic and scoping reviews published between 2019 and 2024, consistently reported a high prevalence of sleep problems among PSP. Key occupational factors—including shift work, trauma exposure, and work stress—were strongly linked to sleep deprivation, insomnia, and circadian misalignment. Applying the family impact lens illuminated the interconnected nature of individual, relational, and systemic factors, revealing how sleep challenges affect PSP families across multiple dimensions: straining responsibility, threatening stability, impairing relationships, creating varied impacts across family structures, and hindering engagement. The existing literature largely overlooks the family context, with only two reviews briefly mentioning family impacts.

Conclusion: PSP sleep health is not solely an individual or occupational concern but a critical public health issue with significant implications for family well-being and community safety. This review highlights a major gap in research on the family impact of PSP sleep health and underscores the need for a family-centred, systems-level approach to policy and intervention. Future research should explore bidirectional relationships between sleep and family well-being, diverse family contexts, and family-level interventions. Prioritizing the family context can improve, support their families, and enhance the resilience of public safety services.

SERVING MILITARY

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HEALTH POLICY

Poster Presentations

P123: The CMVF3C's "One Canada" Approach: The Role of Post-secondary Institutions in National Resilience, Sovereign Capability, and Societal Safety

Bremault-Phillips, Suzette, PhD[1]; Bright, Katherine, PhD[2]; Summerby-Murray, Robert, PhD[3]; Sevigny, Phillip, PhD[1]

[1] University of Alberta; [2]Mount Royal University; [3]Saint Mary's University

Program/Intervention Description: Canada stands at a *Zeitenwende*, a critical inflection point. Our nation is currently navigating an increasingly complex and contested environment, shaped by geopolitical competition, technological disruption, workforce pressures, and growing demands on healthcare and social systems. These dynamics are prompting renewed attention to how Canada organizes its institutions, mobilizes its capabilities, leverages its expertise and innovation and prepares for emerging challenges. National readiness has become a "whole-of-society" imperative that depends on the ability to mobilize capacity across society—including within education systems, research institutions, and local communities. Canada's post-secondary ecosystem of nearly 450 public universities, colleges, polytechnics, and cégeps represents a critical yet underleveraged national asset capable of driving national readiness, workforce development, research and innovation capacity, and sovereign security.

Evaluation Methods: In February 2026, the Canadian Military, Veteran and Family Connected Campus Consortium (CMVF3C) - a pan-Canadian network of PSIs and partners that connects education systems with defence, government, and community partners - convened approximately 200 delegates, drawn from senior leaders from PSIs, the Canadian Armed Forces (CAF), Veterans Affairs Canada (VAC), Military Family Services, and partner organizations. The two-day symposium transcripts were thematically analyzed to examine how PSIs can play a more deliberate role in strengthening "whole-of-society" preparedness and resilience through talent development, applied research and innovation, industry partnerships, and coordinated upskilling and reskilling of military-connected learners.

Results: Key insights from the symposium emphasized that Canada's post-secondary system is not only an educational asset—it is a strategic national infrastructure for defence, resilience, and sovereignty. Strategic recommendations and a call to action emerged around the need for a coordinated "One Canada" approach that mobilizes, connects, and aligns the postsecondary network to contribute significantly to a unified, resilient, sovereign and future-ready Canada. Strategic recommendations focus on three priorities: adopting a "One Canada" approach that formalizes federal-provincial coordination and positions education and health as pillars of national security; designating PSIs as strategic infrastructure within national defence and emergency planning; and empowering the CMVF3C as a national convenor to strengthen cross-sector collaboration and data sharing.

Conclusion: Canada has substantial, distributed capacity across its post-secondary institutions, which already support talent development, innovation, and community resilience, including for military members, Veterans, and families. The key challenge is not capacity but coordination. Fragmentation limits impact, while growing momentum signals readiness for system-level alignment. By fostering sustained collaboration across sectors and jurisdictions, Canada can mobilize this existing strength to build a resilient, secure, and integrated whole-of-society approach to national resilience.

P132: Developmental Evaluation of Health and Equity in every Decision: The Canadian Armed Forces Health-in-All-Policy Approach

Dubiniecki, Christine, MSc[1]; Clair, Veronic, MD, PhD[1]

[1]Department of National Defence

Program/Intervention Description: The Canadian Armed Forces (CAF) operates in a complex and evolving environment in which the health and well-being of its members are influenced across multiple intersecting sectors and levels (micro and macro), many of which sit outside the healthcare system. Health is multidimensional and influenced by decisions made across the organization, including in sectors not traditionally viewed as responsible for health outcomes.

Health and Equity in Every Decision (HEED) was developed by Strengthening the Forces as the CAF's Health in All Policies approach in response to this complexity. HEED provides a practical, sys-

tems-based framework to embed health and health equity considerations into policy development, planning, and decision-making across the CAF. Implementation is being approached through (1) Awareness, and Capacity Building; (2) Governance and Resourcing; (3) Strategic Alignment and Co-design; (4) Policy Integration and Organizational Change; and (5) Accountability, Performance Monitoring, and Continuous Quality Improvement.

Evaluation Methods: A developmental evaluation is underway to support implementation within a complex adaptive organizational system. Indicators were derived from the HEED logic model to assess key components of the theory of change, using early implementation and field observations to inform real-time adaptation.

Results: Early findings demonstrate traction at some levels and resistance in others, contributing to iterative learning and continuous quality improvement. HEED is included in the CAF Health Services Campaign Plan, supporting alignment with existing priorities. The Chief of Military Personnel has made targeted modifications to the CHARGE! COMPAS policy development tool to prompt consideration of health equity and potential impacts on health during policy development.

HEED-aligned initiatives have been identified and inventoried to coordinate and build on existing efforts, support alignment, promote scale-up, and illustrate feasibility. One example is a smoke-free protected outdoor space that offers comparable benefits to “smoke shacks” while legitimizing non-smoking breaks. Initial education and awareness-raising activities have occurred. A leadership toolkit supporting implementation within and beyond policy review processes is under development, with early evaluation results to be presented. Pilot projects to operationalize HEED are being explored to create proof-of-concepts that can inform broader application.

Conclusion: While HEED remains at an early implementation stage, initial experience suggests it is feasible and relevant within the CAF. Early findings have generated lessons learned to inform future directions. Developmental evaluation is supporting adaptive implementation by strengthening learning, alignment, scalability, and coherence across sectors, with potential to improve efficiency and effectiveness in support of military readiness and care for CAF members.

P154: Pregnancy in the United Kingdom Armed Forces: A "What´s the Problem Represented to Be?" Analysis of Policy Constructions and Implications

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[1]Anglia Ruskin University

Introduction: Women serve in militaries worldwide in increasing numbers, and pregnancy is an expected aspect of military service. In the UK Armed Forces (UKAF), approximately 1,000 servicewomen take maternity leave annually, yet pregnancy and the postpartum period remain a point of attrition. Using Carol Bacchi's Foucauldian-inspired policy analysis approach, "What's the Problem Represented to Be?" (WPR), this study aimed to examine how pregnancy is constructed within UKAF policy and the implications of these constructions for subjectivities and everyday life.

Methods: A post-structural policy analysis was undertaken using the WPR framework. Key UKAF policy documents relating to pregnancy were analysed, including Joint Service Publications on maternity, health and safety, and accommodation. Data collection and analysis proceeded in three stages: (1) mapping a "web of policies" to situate pregnancy across intersecting regulatory frameworks; (2) identifying policy proposals and working backwards to infer implicit problem representations; and (3) applying the six WPR questions to interrogate assumptions, discursive constructions, silences and effects. Problem representations were grouped into topics through iterative analysis using NVivo software. Ethical approval was granted by the Ministry of Defence and Anglia Ruskin University.

Results: Analysis identified a dominant framing of pregnancy as an issue of incompatibility with military service, produced through interconnecting representations. First, pregnancy is constructed as a state of heightened vulnerability to harm (physical and social, including discrimination). Second, the pregnant body is positioned as a site of deviation from the male norm. Third, pregnancy is framed as a threat to operational readiness, requiring management through "accommodation" within an otherwise fixed institutional structure. The origins of this incompatibility are located within the policy instruments, and embed particular identities, roles, and relationships. These include a duality between "soldier" and "mother", and the privileging of medical and command authorities as primary knowledge holders. This knowledge hierarchy constrains the emergence of counter-narratives. While representations are not fully consistent across documents, collectively they reinforce a model of managed incompatibility.

Conclusion: UKAF maternity policies do not simply respond to pregnancy but actively constitute it as problematic in specific ways. The novel application of the WPR framework to military policy demonstrates its utility in identifying how underlying assumptions are produced and maintained, and in locating points for intervention. These findings have implications for policy development, with potential benefits to retention and wellbeing strategies. The study highlights the need to move beyond "accommodating" pregnancy, towards structural adaptation and provides a foundation for more equitable policy approaches.

P157: A Mixed-methods Program Evaluation of the Canadian Forces Health Services' Heat Illness Surveillance System

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Program/Intervention Description: Heat illnesses (HIs) remain a preventable cause of morbidity and operational disruption within the Canadian Armed Forces (CAF). Established in 2019, the Canadian Forces Health Services' Heat Illness Surveillance System (HISS) uses two data sources to monitor HIs among active CAF personnel: clinical diagnoses recorded in the Canadian Forces Health Information System (CFHIS) and a reporting form completed by healthcare staff following an HI. While CFHIS captures clinical information, the reporting form collects contextual information such as activity performed, equipment worn, and environmental conditions. Incomplete reporting form submissions have limited its usefulness for force health protection. This evaluation therefore represents the first formal assessment of whether the HISS reporting form effectively supports surveillance and prevention activities in the CAF.

Evaluation Methods: A mixed-methods approach will evaluate the reporting form component of HISS. Quantitative analyses will assess reporting fidelity by examining 294 forms submitted from 2019-2025 and calculating completeness across each of the form's 32 questions. Data availability will be assessed by using service number to link HI events in CFHIS to their corresponding reporting forms to quantify the proportion of missing submissions. To evaluate program impact, historical data requests will be reviewed to determine whether the reporting form captures information required to answer operational and epidemiological questions. Discussions conducted virtually with 10 clinical staff across CAF bases and wings will explore workflow barriers and facilitators and awareness of reporting requirements. Thematic analyses using Microsoft Excel will then integrate the quantitative and qualitative findings to evaluate the form's overall utility and inform program improvement. This approach follows the European Centre for Disease Prevention and Control's recognized methods for surveillance system evaluations.

Results: Preliminary analyses identified substantial missingness in several free-text and event-specific fields on the reporting form. Review of historical data requests is expected to highlight gaps between stakeholder information needs and data collected. We expect to identify barriers to form submission related to time constraints and limited reporting form awareness or access in field settings. Engagement with clinical staff will also identify workflow supports (e.g., pre-season webinars and reference aids) and clarify which variables most directly inform prevention policies. Findings will inform recommendations to add, revise, or remove form questions.

Conclusion: This program evaluation of the HISS will provide insights into the effectiveness and feasibility of the current data collection process. The results and subsequent improvements made will strengthen the program's ability to support HI prevention, protect CAF members' health, and maintain operational readiness.

HEALTH SERVICES

Podium Presentations

2A01: Collaborative Capacity Building in Occupational Therapy Training for Military and Veteran Care in Ukraine

Tam-Seto, Linna, PhD[1]; Shevchuk, Julia, PhD[2,7]; Fox, Morgan, MA (Cand)[1]; Kalinkina, Oleksandra, PhD[2,7]; Ablikova, Iryna, PhD[3,7]; Anderson, Rhona, DSc[1]; Mangusheva, Olya, MOT[4,7]; Kalymon, Natalie, MSc[5,7]; Tereshchenko, Alina, MOT[2,7]; Pedlar, David, PhD[6]

[1]University of Toronto; [2]National University of Ukraine on Physical Education and Sport; [3]Ukrainian Catholic University; [4]University of Indianapolis; [5]365 Rehab; [6]Queen's University; [7]Ukrainian Society of Ergotherapists

Program/Intervention Description: Ukraine's rehabilitation system is facing unprecedented demand due to the ongoing war, particularly for military members and veterans with complex needs. Occupational therapy (OT) is well positioned to address function, participation, and reintegration; however, OT education and post-professional training in Ukraine remain constrained by historical reliance on biomedical models, shortages of qualified clinicians/ educators,

and limited preparation for trauma-informed, biopsychosocial practice. Addressing these gaps is critical to strengthening rehabilitation capacity for military/veteran populations. This presentation describes an ongoing, early-stage collaborative capacity-building initiative focused on formative activities. The objective is to collaboratively identify and prioritize knowledge, skills, and practice gaps experienced by Ukrainian OTs working with military members and veterans, while also identifying Ukraine-specific expertise and practices to be shared nationally. These activities inform the co-development of contextually grounded training modules to strengthen post-professional OT training.

Evaluation Methods: The project employs a collaborative, participatory design grounded in an international partnership between the University of Toronto's Department of Occupational Science and Occupational Therapy and the Ukrainian Society of Ergotherapists. Activities include a virtual workshop involving Ukrainian practicing OTs, OT students, and researchers, alongside Canadian OTs and researchers. Purposeful sampling through USET's national network ensures representation across diverse practice and regional contexts. Structured small-group and plenary discussions are used to identify priority practice challenges, knowledge gaps, and required competencies related to military and veteran rehabilitation. Findings are synthesized with existing literature, national standards, and contextual data to inform the development of the structured and content of trauma-informed, biopsychosocial post-professional training modules. Occupational therapy students from Canada and Ukraine contribute through environmental scan, literature reviews, and synthesis activities.

Results: Preliminary and anticipated results include the identification of priority competencies related to trauma-informed care, clinical reasoning, interprofessional collaboration, and health and social system navigation within Ukraine's evolving rehabilitation infrastructure. Participants are expected to identify both systemic barriers (e.g., constrained resources) and strengths, including locally developed practice strategies responsive to regional and practice realities. Findings will inform draft training materials to be refined in a future collaborative workshop.

Conclusion: Early findings support the feasibility and value of collaborative, context-responsive OT capacity-building for military and veteran care in Ukraine. This initiative is innovative in its emphasis on reciprocity, Ukrainian-led knowledge generation, and alignment with evolving rehabilitation systems. Results suggest strong potential to inform sustainable post-professional education, with implications for policy, workforce development, and future research, and a scalable model applicable to other rehabilitation priority areas and military-connected populations globally.

2B02: Strengthening Support for Survivors of Military Sexual Trauma

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[1]Anglia Ruskin University

Introduction: Military sexual trauma [MST] has been coined as an 'epidemic' in the UK armed forces (Sabbagh, 2023) however victim-survivors often report feeling isolated, unsupported and hesitant to engage with support services (Godier-McBard et al. 2021). Within the UK, Independent sexual violence advisors [ISVA] are a specialist civilian, sexual violence support service, which have been shown to decrease withdrawals from the civilian criminal justice system by 49% (HM Government, 2022) and improve victim-survivor health and wellbeing (Hester and Lilley, 2018). However, recent evidence indicates that civilians ISVAs often feel inexperienced and lacking knowledge to support victim-survivors of MST.

Methods: Our collaborative research team (comprised of researchers, practitioners and ex-servicepeople) developed and delivered specialist research-informed training to 89 ISVAs across 59 organisations nationally, to upskill participants on supporting victim-survivors of MST. Within this, we undertook undertaking a pre-post training survey, follow up focus groups and are currently finalising our co-designed MST toolkit for ISVAs.

Results: Though 37% of trainees had supported victim-survivors of MST, 94% had received no prior specialist training, and only 18% felt quite or very confident in supporting this cohort. Post training however, 85% reported feeling quite or very confident, while focus group participants reflected on experiences of support including challenges, facilitators, and their perceptions of military systems. Whilst most respondents reported no remaining training needs (70%), some desired practical experience (n=8), and additional information on the service justice system, and protective orders. A standout element was the ex-serviceperson Q&A section, which attendees felt provided a depth of insight around military life. The follow-up focus groups provided insight in the emotional and professional impact on ISVA's, with low confidence and military cultural competency, combined with chal-

lenges they experienced working within the military environment (e.g. sporadic comms, lack of access and information, difficulty in VLO coordination, and unique safety planning concerns).

Conclusion: The importance of building military cultural competency is increasingly recognised, evidenced, and advocated for across a range of UK civilian settings including mental health support, GP settings, and the justice sector (Campbell et al, 2024; Scholfield et al, 2025; Finnegan et al, 2021). Within ISVA provision, specialist roles already exist to support victim-survivors who are children or adolescents, university students or sex-workers. Against this backdrop, and with the most recent UK government VAWG strategy noting additional barriers to support for military survivors, findings suggest it is appropriate to provide specialist MST training and develop specialist military ISVA roles.

2B04: Examining Sexual Misconduct Perpetration in the Canadian Armed Forces

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[1]Sexual Misconduct Support and Resource Centre

Introduction: Over the past decade, research on military sexual misconduct has increased substantially. Most of this research has focused on victimization, with limited work examining sexual misconduct perpetration. This gap is significant, as efforts to prevent and reduce sexual misconduct in the Canadian Armed Forces (CAF)require knowledge of who is at risk of, and what factors are associated with perpetration.

Methods: We conducted an exploratory study in which we manually coded personnel and Administrative Review information routinely collected by the CAF on sexual and non-sexual misconduct incidents between 2015 and 2020. We developed three distinct study groups: n = 202 CAF members with a sexual misconduct incident on file (sexual misconduct group), n = 200 CAF members with a non-sexual misconduct on file (non-sexual misconduct group), and n = 202 CAF members with no misconduct incidents (control group). We examined whether demographic, service-related, and incident-specific factors (a) predict study group membership, and (b) for the misconduct groups, predict Administrative Review outcomes (i.e., retention/release decisions). Analyses included a series of logistic regression models, independent sample t-tests, chi-square tests, and correlations.

Results: We found that demographic and service-related factors were associated with study group membership. Relative to the control group, CAF members in both misconduct groups had higher odds of being men and having lower educational attainment. Compared to the non-sexual misconduct group, members in the sexual misconduct group had an increased likelihood of being in committed relationships, being more highly educated, and serving in the Reserve Force. Demographic, service- and incident-related factors were also associated with Administrative Review outcomes. Substance use, prior misconduct history, and criminal convictions were associated with higher odds of release. When compared to Junior Non-Commissioned Members, Senior Non-Commissioned Members and Senior Officers had lower odds of release. When examining outcomes for the sexual misconduct group only, we found that that the type of misconduct influenced release decisions, such that those who were categorized as committing a conduct deficiency of a sexual nature had lower odds of being released compared to those who committed criminal acts.

Conclusion: Our findings indicate that certain factors may be contributing to both sexual and other forms of misconduct within the CAF. These initial insights may point to priority areas for targeted interventions aimed at preventing initial, or repeated sexual and non-sexual misconduct incidents.

5A04: Canadian Armed Forces MedRoute: A Proposed Dual-Purpose AI Architecture for Care-Seeking Guidance and Syndromic Surveillance in Military Health Systems

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[1]Department of National Defence; [2]McGill University; [3]University of Ottawa

Introduction: Canadian Armed Forces (CAF) members seeking care must navigate pathways whose access rules vary by location and context, often defaulting to primary care regardless of whether their concern would be better managed elsewhere. Using clinical encounter data for outbreak detection has a long history, from notifiable disease reporting and sentinel practice networks to modern platforms like ESSENCE and Ontario's ACES, which demonstrate that encounter-based syndromic feeds can operate in near-real-time. AI triage tools increasingly collect structured symptom data at the point of care-seek-

ing, but this data is not yet connected to syndromic surveillance infrastructure for the CAF. This study proposes CAFMedRoute as a source of self-reported triage data that can be integrated into syndromic surveillance in the CAF.

Methods: We developed CAF MedRoute, an AI triage system that is designed to simultaneously capture surveillance-quality syndromic data and routes members to the appropriate health service from a single interaction. The architecture uses a 5-stage modular pipeline (symptom extraction, safety screening, differential generation, policy matching, and routing to one of ten CAF health services in the pilot configuration) with a parallel surveillance module implementing Z-score, EWMA, and CUSUM detection algorithms. Privacy protection uses k-anonymity (k=5) with base-level geographic aggregation. This is a methods and systems characterization study using mock data, designed to examine safety properties and failure modes rather than estimate real-world effectiveness. Validation comprised standardized benchmarking (45 Semigran vignettes), live multi-turn simulation (50 scenarios), structured concealment testing (3 scenarios), and robustness testing across three architectural versions.

Expected Results: On standardized benchmarks, the system achieved 100% emergency sensitivity (15/15) and 0% under-triage. In live simulation with LLM-generated patient personas, emergency sensitivity was 92.3% (12/13) with 74.0% routing accuracy (37/50). The iterative safety design improved from 83% safety in version 1 to 100% in version 3 through progressive addition of fuzzy matching and phonetic encoding layers. Structured concealment testing identified a disclosure-dependent safety boundary: when simulated patients deliberately withheld emergency symptoms, all safety layers failed simultaneously. This limitation is shared by any symptom-dependent assessment, including human telephone triage.

Conclusion: CAF MedRoute demonstrates that a single triage interaction can generate both clinical routing and surveillance-quality structured data. If piloted, it could function as a patient self-report data source that could augment existing healthcare provider-based syndromic surveillance. Prospective evaluation in CAF clinics is planned to validate operational performance,

Poster Presentations

P124: Advancing Occupational Therapy for Canadian Armed Forces Members, Veterans, and Families: Past, Present, and Future

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[1]Canadian Association of Occupational Therapy; [2]University of Alberta; [3]Veterans Affairs Canada; [4]Department of National Defence

Brief Description: The 100th anniversary of the Canadian Association of Occupational Therapy (CAOT) allows us to reflect on the military roots and evolving contributions of Occupational Therapists to the health and well-being of Canadian Armed Forces (CAF) members, Veterans, and their families. Occupational therapy originated in Canada during the First World War. On 6 November 1943, the Department of National Defense formally authorized Occupational Therapists to enlist in the Royal Canadian Army Medical Corps, laying the foundation for the international spread and evolution of the profession, and forming its enduring relationship with the CAF.

CAF members, healthcare professionals, and the general public are largely unaware of this history, as well as the current roles Occupational Therapists have in service provision for military members, Veterans, and their families in facilitating physical and mental health rehabilitation. Even Occupational Therapists within their own profession may be unaware of the breadth and scope of the services being provided to the aforementioned populations. The aim of this presentation is to address this knowledge gap by: (1) Discussing the historical legacy of occupational therapy within military organizations in Canada; (2) Exploring the evolution of Occupational Therapy over the past decade; (3) Discussing current facilitators, barriers, and innovations in occupational therapy services for military members, Veterans, and their families, and; (4) Reflecting on the future practice of Occupational Therapists engaging with Canadian military and Veteran populations, highlighting emerging evidence-based practices, and promoting interdisciplinary collaboration.

Patient Population: From 2018 to 2026, a CAOT Practice Network engaged with the CAF, VAC, key partners, and Occupational Therapists from across the country to share historical perspectives, information,

evidence-based literature, and lived experiences. An expert panel from the network engaged in a modified Delphi process to consolidate and summarize learnings, with the goal of occupational therapy practice via a knowledge translation and mobilization strategy.

Results: Occupational therapy services for military members, Veterans, and their families continue to expand in Canada, in inpatient, outpatient, and community settings. These diverse practices may be within a public sector, or in private practice, bringing unique facilitators and barriers to providing care.

Conclusion: Continued knowledge translation and mobilization by CAF, VAC, key partners, and the CAOT regarding the past and current ties of occupational therapy to Canadian military populations will assist with supporting the growing role of Occupational Therapists in rehabilitation, advocacy, policy and research for military members, Veterans, and their families.

P128: Pharmacogenomics Testing to Optimize Medical Countermeasures against Chemical Warfare Agents and Bacterial Biothreats: Socializing Actionable Opportunities for the Canadian Armed Forces

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Introduction: Pharmacogenomics (PGx), the study of how individual genetic variation influences drug response, represents an important, yet underutilized, tool in military medical countermeasures (MCM). Canadian Armed Forces (CAF) personnel operating in high-threat environments may face exposure to chemical warfare agents (CWAs) or biothreats. Standard MCM protocols are administered uniformly, without accounting for the genetic factors that significantly influence treatment efficacy and safety. This knowledge translation initiative presents a systematic evidence review of actionable PGx variants relevant to CWA and bacterial biothreat MCM scenarios, with the goal of socializing a precision medicine framework tailored to CAF operational requirements and health service planning.

Methods: A systematic review was conducted to identify and synthesize PGx evidence relevant to nerve agent susceptibility, MCM drug response, and antibiotic pharmacogenomics in military-relevant infectious disease. Search targeted genetic factors affecting CWA toxicity, cholinesterase biology, and biothreat antibiotic treatment. Studies were screened for PGx findings applicable to military health implementation, with specific attention to operational feasibility, sex and gender considerations, and point-of-care testing capability.

Expected Results: Key actionable findings include: (1) polymorphisms in butyrylcholinesterase (BChE Ala-567Thr) reduce bio-scavenger activity by 33%, increasing nerve agent toxicity risk: a candidate marker for pre-deployment screening; (2) CYP3A5 and GABRA1 variants alter midazolam pharmacokinetics and sedation depth, impacting acute nerve agent treatment protocols; (3) the mitochondrial MT-RNR1 m.1555A>G mutation substantially elevates aminoglycoside-induced ototoxicity risk in treatment for biothreat infections; and (4) ABCB1 and OATP1A2 variants affect fluoroquinolone and tetracycline absorption, risking sub-therapeutic antibiotic levels. Military Health System data indicate that over 81% of personnel carry at least one actionable PGx variant. Rapid deployable platforms now enable full PGx reporting within hours, supporting point-of-care implementation.

Conclusion: PGx testing offers concrete, operationally relevant opportunities to strengthen CAF force protection and MCM effectiveness. Pre-deployment genetic screening for high-risk variants, combined with genotype-guided treatment protocols, could meaningfully reduce adverse drug events and treatment failures in both CWA and biothreat scenarios. Aligning with allied partners, this initiative invites discussion with Canadian Forces Health Services on integration pathways, priorities, and implementation strategies for precision medicine in defence.

P136: What Gets Measured Gets Managed: A Journey Towards Improved Outsourced Care Management at Canadian Forces Health Services Centre (Ottawa)

Godsell, Pauline, MRSc[1]; Badawy, Youssef, MASc[2]; Jutras-Stewart, Alyssa, JD[3]; Campagna-Wilson, Lucie, MBA, MSc[1]; Randell, Aimee[1]; Singh, Tony, CHE[1]

[1]Canadian Forces Health Services Centre; [2]Directorate of Force Health Protection; [3]Directorate Health Services Secretariate

Program/Intervention Description: Canadian Forces Health Services Centre (Ottawa) (CF H Svcs C (O)) operates within a hybrid medical record environment, relying on the Canadian Forces Health Information System (CFHIS) alongside a separate Medavie Blue Cross portal for community care preauthorization. A comprehensive review identified fragmented workflows, limited oversight, and an absence of standardized referral tracking to external community referrals. Manual processes contributed to delayed or missed appointments, lack of automated follow-up or escalation, and

frequent loss or delay of provider reports transmitted by fax or mail. Without centralized tracking, clinic staff lacked visibility on referral status, appointment outcomes, and report returns, increasing the risk of incomplete medical records and missed clinical findings. These inefficiencies create a significant administrative burden and negatively impacted timely, person-partnered care delivery. Opportunities were identified to improve standardized patient education and communication.

Evaluation Methods: This quality improvement initiative applied Agile project management principles and the Knowledge-to-Action framework. Data sources included a full 2024 physical rehabilitation referral dataset and manual chart audits using standardized Excel fields for outsourced mental health referrals (January–March 2024) and primary care referrals (January and June 2024). SIPOC process mapping interviews with key stakeholders captured end to end referral processes and accountability points. Quantitative data were analyzed using descriptive statistics in IBM SPSS version 29.

Results: Primary care audits identified 474 external referrals in January and 613 in June 2024, with 85% missing initial appointment dates and assigned community providers, limiting the ability to track wait times or conduct follow-up. Missing clinical reports were identified in 40% of the primary care sample files. In 2024, 36 occupational therapy, 121 pelvic floor physiotherapy, and 651 physiotherapy referrals were outsourced; 94%, 79%, and 58% respectively exceeded established priority timeframes. Between January and March 2024, 384 mental health referrals were outsourced, with an average delay of 5–6 months from referral to community provider assignment. Reports were received beyond the six month local guideline in 42% of cases, with mail used for report transmission in an average of 17.6% of these sample referrals.

Conclusion: A digital unit level interim solution addressed key risks inherent to manual, multi-system workflows while broader platform modernization continue. Outcomes included reduced risk of data fragmentation, workflow inefficiencies, authorization delays, privacy and security vulnerabilities, and staff training gaps. This initiative demonstrates adaptive, system level responsiveness and supports improved reliability, accountability, and person-partnered care at CF H Svcs C (O).

P140: Equal Service, Equal Care: Mapping Health Service Utilisation and Experiences among 2SLGBTQI+ Canadian Armed Forces Members - A Study Protocol

Ibbotson, Ashley, MA[1]; Gribble, Rachael, PhD[2]; Rabin, Sarah, MSc[2]; Shoemaker, Meaghan, PhD[1]; Tam-Seto, Linna, PhD[3]; Bowen, Henry, PhD[4]; Fear, Nicola, PhD[2]; Mahar, Alyson, PhD[1]; Campbell, Margaret, PhD[5]; Cramm, Heidi, PhD[1]

[1]Queen's University; [2]King's College London; [3]University of Toronto; [4]Military & Emergency Services Health Australia; [5]Mount St. Vincent University

Introduction: Canada's Veteran population is aging rapidly, and the healthcare system may struggle to keep pace with their needs. By 2026, an estimated one-third of Canadian Veterans will be over 70. Among them are 2SLGBTQI+ Veterans, a group whose needs are among the least understood in existing research and care systems. For these Veterans, military service has never been straightforward. Past homophobic and transphobic policies in the CAF created cultural norms that do not disappear despite changes in policy. This project examines how 2SLGBTQI+ CAF members access and experience care through Canadian Forces Health Services. It asks when, how, and why people engage with or avoid healthcare, and what barriers stand in the way. These health care behaviours, learned throughout the occupational life span, will continue to shape CAF members and Veterans as they age, potentially impacting their long-term well-being and the well-being of their families. Without better knowledge and evidence about health care utilization and health and well-being in general, care systems at the provincial and federal level will remain ill-equipped to serve this population at every stage of life after service. The goal of this project is to generate evidence-based recommendations that improve policies, programs, and services, ensuring that 2SLGBTQI+ military members, Veterans, and their families receive care that is equitable, affirming, and worthy of their service.

Methods: This project will use a multi-method approach to understand healthcare utilization experiences in the CFHS amongst 2SLGBTQI+-identified CAF members. Through survey responses, arts-based journals, engagement of a lived experience advisory committee, and focus groups with CFHS staff, we will uncover access patterns, facilitators, and barriers for this group and provide novel insight into individual experiences of receiving CFHS care as a 2SLGBTQI+ CAF member.

Expected Results: This project will answer the questions, "How do 2SLGBTQI+ CAF members experi-

ence healthcare access and utilization within CFHS? What individual, organizational, and structural factors facilitate or impede access to appropriate care within CFHS for 2SLGBTQI+ CAF members, and how do these factors shape perceived health and wellbeing over time?"

Conclusion: This study will generate evidence on the distinct and evolving care needs of 2SLGBTQI+ military members and produce actionable knowledge regarding gaps in formal and informal supports. It will specify the types of services, policies, and institutional practices required to ensure equitable access to care over time and deliver policy-relevant evidence to inform inclusive service design aimed at advancing equity for 2SLGBTQI+ military members, Veterans, and families.

P142: Trauma-informed AI Support for Military Personnel and Veterans: Evaluating a Large Language Model-based Chatbot

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[1]Sheridan College; [2]Defence Research and Development Canada

Introduction: Military personnel and veterans who have experienced sexual assault or harassment often face barriers to accessing timely, confidential, and trauma-informed support. LLM-based chatbots may help address these barriers, but concerns remain regarding safety, empathy, privacy, and the risk of re-traumatization. This study, funded through the Joint Federal Research Funding for Military Personnel and Veterans, evaluated the feasibility, safety, and effectiveness of a trauma-informed AI chatbot designed to support military personnel and veterans to access confidential and judgment-free resources.

Methods: A mixed-methods study was conducted in which the research team developed and iteratively refined a RAG-based LLM chatbot using trauma-informed resources and military/veteran-specific support information. The prototype was informed by existing mental health chatbots, such as MIRA by the Mood Disorders Society of Canada, and refined with input from military and mental health professionals. The system incorporated trauma-informed safeguards, including harm-prevention logic, privacy-preserving data handling, boundary-setting behaviours, and escalation pathways to human care to reduce the risk of re-traumatization. A comparative testing and usability studies were conducted with practitioner participants, including Sheridan social work students, counsellors, psychotherapists, and psychologists with experience in trauma-informed care. Participants interacted with the chatbot by roleplaying military and veteran support scenarios and evaluated its performance. Quantitative evaluation used predefined LLM-based performance assessments such as retrieval relevance, privacy breach, and hallucination as well as custom metrics such as trauma-informed empathy and sensitivity.

Expected Results: The study produced a trauma-informed chatbot prototype. Preliminary comparative testing by seven experts suggested that the trauma-informed chatbot was generally perceived as safer and more contextually appropriate than the existing support tools included in the study. Expert reviewers noted improvements in emotional validation, boundary-setting, and the relevance of resource recommendations. The feedback suggested that the system was generally easy to use and that participants recognized the potential value of an always available digital support resource for individuals who may be reluctant to seek traditional care. However, participants also identified important limitations, including the potential for inaccurate or overly generic responses, the need for stronger escalation pathways, and concerns regarding hallucinations and long-term reliability.

Conclusion: Trauma-informed LLM chatbots show promise as complementary tools for early-stage support, psychoeducation, and resource navigation for military personnel and veterans. However, their safe use requires ongoing ethical oversight, collaboration with mental health professionals, and clear escalation to human care. This work contributes a practical prototype, expert reviews, and recommendation for the responsible integration of AI into military and veteran mental health services.

P148: Assisted Reproductive Care in Military Women: A Scoping Review

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Brief Description: Assisted reproductive care (ARC), including in vitro fertilisation and gamete preservation, is increasingly relevant for military populations. However, little is known about how women in the military experience navigating this care. This scoping review synthesises the existing literature to examine what the experiences with ARC are for military woman. This review followed the Joanna Briggs Institute methodology for scoping reviews and the

Preferred Reporting Items for Systematic Reviews guidelines. The aim is to identify how military life influences a woman's experience with reproductive possibilities, procedures, and planning among those that were or are in active service.

Patient Population: This review includes studies examining active-duty military and veterans, with a focus on women's experiences of infertility care, fertility preservation, and broader family-building practices. The literature also includes perspectives from subpopulations such as LGBT+ service members and transgender and gender-diverse individuals, as well as, in some cases, partners, healthcare providers, and military leaders. The majority of studies are based in the United States, with one study from a non-U.S. military context.

Results: Nine studies were included in this review, all of which reported primary data. The evidence base comprised qualitative (n=4), quantitative (n=2), and mixed-methods (n=3) designs. Findings indicate that women in the military experience ARC as a complex, coordinated process shaped by reproductive intentions, institutional structures, military career demands, social relations, and embodied experiences. Women describe desires for family-building and employ strategic approaches, such as fertility preservation, to align reproductive goals with military timelines. Experiences of care are organised through fragmented healthcare systems, requiring navigation across multiple sites, providers, and administrative processes. Military priorities, including readiness and career progression, shape when and how care is pursued, requiring alignment with operational demands. Social relations, including leadership support and workplace culture, influence how reproductive care is experienced and understood. Women also engage in ongoing work to access knowledge, manage emotional responses, and navigate the physical aspects of treatment. Across studies, these experiences are coordinated through institutional processes, including policies, insurance structures, and organisational norms.

Conclusion: This review demonstrates that women's experiences with ARC in the military are shaped by military life. These findings highlight the need for greater attention to how military contexts shape reproductive experiences and point to opportunities for policy and program development that better support women's reproductive goals during and beyond service.

P155: Capturing Lived Experiences in Military Populations: A Longitudinal App-based Diary–interview Approach

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Introduction: Researching lived experiences in military populations presents methodological challenges. Hierarchical structures, occupational demands, and geographic mobility can constrain access and participation, while institutional and discursive norms shape what can be articulated within research encounters. Conventional single interviews and surveys risk producing retrospective, decontextualised accounts of complex and evolving experiences. This study demonstrates the utility of a diary-interview approach to address these challenges, using a study investigating pregnancy experiences in the British Army as an exemplar.

Methods: A feminist post-structural qualitative longitudinal design was employed, combining App-based diary entries with follow-up semi-structured interviews. Fourteen serving pregnant women were recruited from 12 weeks' gestation. Participants were invited to submit diary entries throughout pregnancy using written, audio or image-based formats, prompted by event contingent reflections on any aspects of their pregnancy-related lived experiences in the military context. Interview topic guides were iteratively informed by diary content, enabling participant-led exploration and re-engagement with previously recorded experiences. Questions were asked about study participation. Data was analysed using feminist relational discourse analysis to examine how subjectivities are constructed, negotiated and reworked across diary entries and interviews, with particular attention to temporal shifts and participants' engagement with the method. Ethical approval was granted by Ministry of Defence and Anglia Ruskin University research ethics committees.

Results: Twelve participants (OR1-OF3) from combat and combat support Arms completed 89 diary entries (63 written, 26 audio) and 28 voluntary 'check-in' meetings and 11 participated in a post-natal interview (35-86 minutes). The diary-interview generated rich, contextualised, and temporally layered accounts of

lived experiences. Diary entries captured in-the-moment reflections, while interview enabled participants to revisit, reinterpret, and elaborate on earlier accounts. This iterative structure allowed participants to prioritise issues of personal significance. Participants reported positive engagement with the method, with many describing diary-keeping as cathartic and as providing a valued outlet. Participants reported that the app-based format was easy to use on their phones and could be engaged with flexibly across both home and work settings, spanning personal and professional spheres of life.

Conclusion: Diary-interview methods reduce researcher-participant power asymmetries and offer a flexible, participant-led approach for researching lived experiences in military contexts. By enabling longitudinal, in-situ data collection and iterative reflection, the method captures shifting subjectivities and appears effective for sensitive, temporally complex research. This study demonstrates the value of digital tools and diary interview methods for conducting qualitative research in military populations, with implications for qualitative research design in military and similarly structured populations.

PRIMARILY MENTAL HEALTH AND WELL-BEING

Podium Presentations

1E04: When Pain Doesn't Count: Imposter Trauma, Gender, and the Hidden Hierarchies of Harm in Uniformed Service

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[1]Wilfred Laurier University

Introduction: Trauma exposure is widely recognized in military and public-safety professions; however, less attention has been given to how cultural and institutional processes determine whose suffering is recognized as legitimate. In uniformed public-safety environments, a cultural hierarchy of trauma legitimacy often privileges visible or catastrophic events while minimizing cumulative, relational, or morally distressing experiences. This study introduces Imposter Trauma, defined as psychological distress that is dismissed—internally or externally—because others' trauma is perceived as more valid, extreme, or deserving of support. The research examines how legitimacy hierarchies, gendered self-silencing, and institutional responses shape the internalization of trauma invalidation among women in uniformed public-safety professions. The objective is to operationalize Imposter Trauma as a measurable construct and examine its relationship to occupational wellbeing, help-seeking behaviour, and workplace culture.

Methods: This study represents the conceptual development phase of the Imposter Trauma construct. Exploratory qualitative feedback is being collected to assess whether the concept resonates within uniformed public safety contexts. Preliminary input has been gathered from women working in policing, fire services, EMS, corrections, and border services, as well as registered psychotherapists who work with veterans and first responders. Participants are asked whether the concept reflects experiences of trauma invalidation and self-silencing within professional cultures that emphasize stoicism and resilience. Feedback is used to refine the conceptual definition, terminology, and theoretical framing of Imposter Trauma and to inform the future development of the Imposter Trauma Scale – Public Safety (ITS-P).

Expected Results: Preliminary feedback suggests that the concept of Imposter Trauma resonates with both uniformed personnel and clinicians working with veterans and first responders. Participants report recognizing the experience of questioning whether their trauma "counts," particularly when comparing their experiences to more visible or widely recognized forms of trauma. These responses suggest that legitimacy hierarchies within uniformed cultures may influence how individuals interpret, disclose, and seek support for psychological distress. Findings from this exploratory phase will refine the conceptual definition of Imposter Trauma and guide development of the Imposter Trauma Scale – Public Safety (ITS-P).

Conclusion: Imposter Trauma offers language for a previously unnamed experience in which individuals question the legitimacy of their own distress within cultures that rank trauma by visibility or severity. Clarifying this construct may support earlier recognition of psychological distress and inform future research, measurement development, and trauma-informed organizational practices in military and public safety settings.

2A03: Responding to Mental Health Needs in High-Intensity Conflict: Interventions for Ukrainian Military Personnel and Veterans

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[1]University of Manitoba; [2]University of Helsinki; [3]Ivan Boberskyj Lviv State University of Physical Culture; [4]"KROK" University; [5]National Guard of Ukraine; [6]Paris Lodron University of Salzburg; [7]Taras Shevchenko National University of Kyiv

Brief Description: The full-scale war in Ukraine (2022–onwards) has introduced unique challenge for military personnel, veterans, and their families, shaped by nationwide attacks, urbanized warfare, digitally mediated trauma exposure and societal fragmentation. In this context, mental health and psychosocial support (MHPSS) interventions have developed rapidly, but the structure and characteristics of these responses for military populations remain insufficiently synthesized. Aim - to review and characterize MHPSS interventions delivered to Ukrainian military populations affected by the full-scale war.

Patient Population: Target populations include active-duty personnel, reservists, veterans, and families of service members.

Results: A targeted review of MHPSS interventions for military populations was conducted using a structured corpus of studies on war-affected residents of Ukraine. Sources meeting the inclusion criteria for military populations were selected and re-mapped using a modified data extraction form aligned with PRISMA-ScR principles. Extracted data covered target groups, intervention type, delivery format, technological components, provider characteristics, and implementation setting. The included sources were narratively synthesized.

Seventeen eligible sources were identified. Interventions were primarily implemented within Ukraine, including near-frontline settings, with additional support delivered through international remote systems. Identified approaches included first-line evidence-based trauma-focused therapies (Cognitive Behavioral Therapy, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, and Exposure Therapy), specialized protocols (Reconsolidation of Traumatic Memories and Narrative Therapy), and integrative methods such as art, music, Gestalt, and nature-based ("green" therapy). Somatic and physiological approaches, such as mind-body skills, bio-suggestive therapy, and physiological monitoring, were also represented, alongside acute crisis interventions like debriefing. Delivery modalities ranged from intensive in-person individual and group-based rehabilitation in clinical settings to a remote psychological support via video conferencing, mobile messaging, and web-based platforms. Technological integration featured prominently, with immersive virtual reality for trauma processing and stress reduction, AI-powered chatbots for scalable assistance, and mobile applications for longitudinal symptom monitoring. Interventions were delivered by multidisciplinary teams involving military and civilian mental health specialists, as well as trained non-professional providers under professional supervision.

Conclusion: The current MHPSS literature for Ukrainian military populations reflects a rapidly evolving but still predominantly acute-phase response. The findings indicate a gap between immediate crisis-oriented interventions and the growing needs of a prolonged conflict. Longer-term models of care may need to address moral injury, identity disruption and role loss, and complex PTSD with disturbances in self-organization as well as psychophysiological consequences such as cumulative fatigue, impaired decision processes, circadian desynchronization, and stress responses associated with persistent drone threat.

2B03: The Hidden Burden of Care: Mental Health Service Providers' Experiences in Military Sexual Misconduct and Trauma Treatment

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[1] Western University; [2]Lawson Research Institute; [3]University of Ottawa; [4] McMaster University; [5]St. Joseph's Health Care London

Introduction: Military sexual misconduct and trauma (MSMT) is a complex and underreported experience among Canadian Armed Forces (CAF) members and Veterans, often accompanied by stigma, confidentiality concerns, and barriers to disclosure. While growing research has examined patient outcomes, limited attention has been paid to the experiences of service providers delivering MSMT-related care. Understanding provider perspectives is critical to advising trauma-informed systems of care, supporting workforce sustainability, and improving treatment delivery. To address this gap, the aim of this study is 1) To explore the experiences of CAF- and Veterans Affairs Canada (VAC)-affiliated providers in supporting individuals who have experienced MSMT; 2) To examine the impacts of facilitating support for individuals who have experienced

MSMT on the well-being of providers; 3) To understand how providers manage the impacts they experience while supporting individuals with MSMT; 4) To identify and examine clinical and system-level gaps and provider recommendations to sustain provider well-being and ensure optimal care for survivors of MSMT.

Methods: Using interpretive description methodology, we purposefully sampled 21 multidisciplinary mental health service providers, including psychiatrists, psychologists, nurses, and social workers working with MSMT CAF service members and Veterans. One-on-one semi-structured in-depth interviews were conducted via online Teams platform, deidentified, and transcribed verbatim. Data analysis was guided by reflexive thematic analysis and team-based coding was employed to enhance analytic rigor, incorporating both clinical and non-clinical perspectives.

Results: Four overarching themes were constructed from the data. (1) Provider Preparedness and Experiences in Supporting MSMT Survivors; (2) The Moral, Psychological, and Treatment-Related Impacts of Supporting MSMT Survivors; (3) Providers' Adaptive Strategies for Sustaining Well-Being While Facilitating MSMT-Related Care and (4) Recommendations for Improving Support of Providers' Well-Being for Effective MSMT Care.

Conclusion: This study highlights the understudied challenges providers face when delivering MSMT-related care and underscores the need for system-level interventions to better support provider well-being. Findings emphasize the importance of targeted training, structured peer support, and organizational policies that functionally acknowledge both the clinical complexity of MSMT and its emotional toll on providers. This work contributes a novel perspective to MSMT research and offers direct implications to inform trauma-informed care, training curriculum design, workforce sustainability, and the organizational culture of CAF/VAC-affiliated mental health services.

3D02: Navigating Military Relocations: Experiences and Resilience Among Service Members and their Spouses

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[1]Canadian Forces Morale and Welfare Services

Introduction: This study presents findings from the 2025 Family Resilience Experience Survey (FRES) on Military Relocations (MRs) inside and outside Canada within the past 36 months. MRs impact military families in complex ways that can compound throughout the military life journey. A multitude of factors influence relocation outcomes, including the economic conditions of origin and destination locations, as well as the availability of specialized services needed by affected families. This "uprooting" can disrupt family routines and sever essential connections to services and support, leading to reduced resiliency and operational readiness. Members' experiences of challenges, lessons learned, and opportunities were explored through the lens of three main family personas, with a focus on informing practice, policy, and future research.

Methods: The study applied a mixed-method digital survey approach to capture diverse lived experiences while allowing comparison across respondent groups. The instrument was distributed through Qualtrics XM from June 17 to September 30, 2025, in both English and French. Convenience sampling was used, resulting in approximately 361 unique participant responses. The study team used QDA Miner 6.0 to clean the data and review it for accuracy and reliability, followed by NVivo 15 to code and analyze long-form qualitative responses.

Results: Analysis identified several key challenges faced by currently serving members and military partners. One major challenge is the inability to apply or join waitlists for essential services prior to relocating, leading to excessive wait times before receiving needed support. This delay negatively impacts family stability by disrupting established routines and can contribute to poor mental and physical health outcomes. Less resilient families, or those experiencing extreme hardships while away from support systems, may refuse career progression opportunities or even leave the military. These findings highlight a gap in support for spouses, children, and families navigating the demands of military life.

Conclusion: This study offers valuable insights into MRs and emphasizes the need for flexible family support options and further research on the cumulative effects of multiple relocations. Addressing move-related stressors and leveraging identified opportunities can enhance military family resilience. Results recommend boosting local community engagement, encouraging support groups, and facilitating connections to professional services such as child care, medical services, and disability support. Future research should examine spousal employment, financial stress, and the experiences of members undergoing serial relocations to better understand and address these issues.

3E04: Suicide Mortality Surveillance in the Canadian Armed Forces

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[1]Department of National Defence

Brief Description: Suicide prevention is an important public health concern and a top priority for the Canadian Armed Forces (CAF). The Canadian Forces Health Services annually examines suicide rates and the relationship between suicide, deployment and other potential risk factors with an objective of providing a better understanding of suicide mortality in the CAF and to inform ongoing suicide prevention efforts. The 2025 report on suicide mortality was adjusted to a more reader-friendly format that highlights key findings over 1995-2024. It's anticipated that the new format will aid in delineating trends and individuals most at risk of a suicide death among Regular Force CAF members.

Patient Population: Suicide mortality rate trends were assessed among Regular Force CAF members over 1995-2024. Environmental command, marital status, age, sex, rank category, Army combat arms occupation and deployment history were assessed for their influence on suicide rates. Poisson regression techniques were used. Regular Force suicide rates were compared to rates in the Canadian general population using age and sex standardized mortality ratios. Additionally, psychiatric diagnoses and recent stressors were quantified among suicide deaths in 2024.

Results: The 2024 suicide rate among Regular Force members was 26.9 per 100,000 individuals and while similar to the rate in 2023 and higher than in 2022, differences were not statistically significant.

Since 1995, suicide rates have increased an average of 1.3% per year, driven largely by an elevated 2011 rate. However, when assessed over the more recent 2010-2024 period, the temporal trend in rates was not statistically significant. In comparison to the Canadian population, Regular Force suicide rates were lower in 1996 but higher in both 2011 and 2023, and these were statistically significant differences.

Since 2010, Regular Force suicide rates were highest with statistical significance among younger (<45 years) members, males, JNCM ranks, separated/ divorced/ widowed members, the commands not within the specified environments of Army, Navy or Air Force command groups (i.e., 'other' commands) and Army combat arms occupations. Deployment history had no influence on rates. In 2024, most service members who died by suicide had a psychiatric diagnosis (53% had at least one) and an acute life stressor (82% had at least one).

Conclusion: Suicide deaths in 2024 were not attributable to a single predominant reason. Rather, the data continue to support a multifactorial causal pathway, where a psychiatric disorder and a personally significant acute life stressor appear to play a role in service member suicide deaths.

4C02: Immersive Virtual Reality for Military Moral and Ethical Decision-making: Behavioural, Physiological, and Canadian Armed Forces Pilot Insights

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[1]National Research Council Canada; [2]Defence Research and Development Canada

Introduction: Military personnel are increasingly required to make rapid decisions in morally ambiguous operational environments characterized by uncertainty, competing directives, and potential harm to civilians. These experiences may contribute to moral distress and, over time, be associated with moral injury. However, existing training approaches rely predominantly on text-based scenarios, which may not adequately capture the cognitive, emotional, and physiological demands of such situations. This study evaluated whether immersive virtual reality (VR) elicits more operationally relevant responses than text-based delivery and explored its potential value for preparing Canadian Armed Forces (CAF) personnel for moral ethical decision-making (MEDM).

Methods: Two military moral dilemma scenarios were presented either as immersive 360-degree VR videos or as text narratives. In a civilian study (n=58), participants completed baseline, instructions, scenario, decision, and questionnaire phases with continuous physiological monitoring, including heart rate variability (HRV), facial electromyography (fEMG), and pupil dilation, alongside moral decision-making measures. A follow-on CAF pilot (n=3) assessed feasibility, experiential realism, and perceived training relevance using a similar protocol, complemented by qualitative feedback.

Expected Results: In the civilian sample, the VR presentation was associated with the decision to help the mother-and-child scenario relative to text (78% vs

53%) and was associated with shorter decision time in that scenario. Preliminary physiological analyses indicate that multimodal signals can characterize responses to morally salient events: pupil dilation (recorded during VR) increased during high-threat and decision phases of the MEDM scenario, while fEMG patterns reflected increased emotional engagement during VR relative to text and differentiated responses associated with decision choice across presentation modalities.

In the CAF pilot, participants consistently reported that VR scenarios were more immersive, attentionally demanding, and emotionally immediate than text. Preliminary physiological observations indicated increased heart rate (HR) during VR relative to text, particularly during decision-making and moral questionnaire phases. Participants also identified operational fidelity, especially alignment with chain-of-command and doctrinal expectations, as a critical determinant of realism and decision validity. Misalignment in rank or authority structures introduced additional stress unrelated to the ethical dilemma.

Conclusion: Immersive VR appears to elicit more behaviourally and physiologically salient responses than text-based scenarios, supporting its potential as a tool for experiential preparation for morally ambiguous operational contexts. Multimodal physiological measures, including HR, pupil dilation, and fEMG, show promise for characterizing emotional responses during decision-making. These findings highlight both the opportunity and the requirement: future MEDM training approaches must combine immersive technologies with high operational fidelity to ensure relevance, credibility, and impact for CAF personnel.

4D03: Military Dads - Program Evaluation through National Implementation

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[1]Trenton Military Family Resource Centre; [2]Kingston Military Family Resource Centre

Program/Intervention Description: Military Dads is a 10-week group program supporting CAF members who identify as fathers in balancing and strengthening relationships with their children and parenting partners.

Despite widespread recognition that father's engagement in parenting can improve behavioural and cognitive outcomes for children, resources tailored for fathers generally – and those serving, specifically – are limited. Military Dads fills this gap, offering peer support within an environment that validates and supports parenting within the CAF through MFRC and Military Chaplaincy Co-Facilitation.

Activities support psychosocial learning related to processing experiences, child-centred parenting, and interpersonal connections. Individual sessions (3) explore fathers' unique scenarios, working on tangible goals to promote quality family life, thereby enhancing professional capability.

A Contact worker connects with parenting partners / the child(ren)'s mother(s) to inform them of program objectives and offer information regarding resources for military connected families.

Evaluation Methods: Military Dads was developed and piloted over 4 years with over eighty participants in Trenton and Kingston, ON and including a Francophone group in Saint-Jean, QC. National implementation is under way in 2026 - following Co-Facilitator training - leading to at least eight additional sites launching the program.

The Program Evaluation Framework utilizes a layered evaluation approach aligned with national MVFSP standards. Participants complete brief questionnaires before program commencement, in week 10, and again at 6, 12, and 24 months after program completion.

These track changes in self-awareness, child-centred parenting, co-parenting relationships, and operational readiness. Parenting Partners complete short questionnaires at weeks 2 and 9 to offer their perspective and meet additional support needs.

Responses are grouped by key outcomes and analyzed for patterns and lasting impact. Findings continue to support ongoing program improvement, shape additional expansion, and help inform follow-up supports for fathers and military-connected families.

Results: Findings show that participants develop high confidence relative to capacity for child-centred parenting, show an increased sense of operational readiness, and demonstrate an improved effectiveness in parenting relationships following program completion.

Seven groups are currently in progress as the program is being implemented nationwide. These groups, and others scheduled to begin in the coming weeks, will add statistically to these results prior to CIMVHR 2026.

Conclusion: When fathers are positively involved, children thrive. When men are supported and have access

to resources and knowledge for parenting, their mental health benefits. When military-connected families learn and grow, the Canadian Armed Forces (CAF) is strengthened. The national implementation of Military Dads helps fill these gaps.

5B02: Effectiveness of Accelerated Resolution Therapy as Compared to Evidence-based Treatment among Military Members Diagnosed with Posttraumatic Stress Disorder: A Multicentre Randomized Controlled Trial

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Introduction: Accelerated Resolution Therapy (ART) is a trauma-focused psychotherapy which has shown promise as a treatment for Posttraumatic Stress Disorder (PTSD). Given that ART generally requires fewer treatment sessions than other evidence-based psychotherapies, the Canadian military is interested in determining whether the early results are generalizable to members of the Canadian Armed Forces. This study was designed to scientifically evaluate clinical effectiveness of ART in the treatment of PTSD. Specifically, it compares how well this treatment works against current evidence-based treatment practices.

Methods: Between October 2023 and December 2025, 95 members of the Canadian Armed Forces with confirmed diagnosis of PTSD were randomized to either experimental (ART) or control (Treatment as Usual/ TAU) arm. A randomization schedule was developed a priori by statistician with no contact with study participants. Confirmation of clinical diagnosis of PTSD was performed by a senior clinician blinded to randomization status. The primary outcome measure was the PTSD Checklist for DSM-5 (PCL-5). Noninferiority was defined as between group difference of less than 10 points on the PCL-5 scale. Furthermore, clinical effectiveness was also evaluated using Cohen's D coefficient and Cox-proportional hazard ratio at significance level of alpha <0.05.

Results: Of the 95 participants recruited, 88% were men with the mean age (SD) of 39.5 (8.7) years. Most of the participants were married (66%) at the time of the study. Approximately 25% of study participants have a history of Major Depressive Disorder, 16% have Generalized Anxiety Disorder, 13% experienced Persistent Depressive Disorder. The most common index trauma reported (53%) was related to combat or operational trauma occurred during military operation. Another 14% of members reported childhood trauma experienced prior to the age of 18 years. On average, the members had 16.3 (8.5) years of service and 1.8 years (1.9) deployments. At baseline, the mean PCL-5 score for TAU was 44.4 (95% CI: 39.6, 48.5) and ART was 47.3 (95% CI: 43.2, 51.6) indicating no statistically significant differences in the two treatment arms.

Conclusion: Study recruitment is now complete. Our baseline data shows a balance of demographic, mental health history, and military experience between the treatment arms. We anticipate the most definitive evidence to date on clinical effectiveness of ART in an active-duty military population from this study will significantly contribute to the body of literature on the clinical effectiveness of ART.

5D01: Canadian Armed Forces: Harassment and Discrimination in the Regular Force

LeBlanc, Manon, PhD[1]; Pullman, Lesleigh, PhD[1]

[1]Department of National Defence

Introduction: The Canadian Armed Forces (CAF) is committed to a work environment free from harassment and discrimination. An important part of the effort to eliminate harassment and discrimination is to measure the prevalence of these behaviours in the organization. The Canadian Armed Forces Harassment and Discrimination Survey (CAFHDS) measured two types of harassment (personal harassment, abuse of authority) and discrimination. In the current study, we present the top-line findings of the survey and examine whether there are differences in reported personal harassment, abuse of authority, and discrimination based on Regular Force (Reg F) members' demographic and military characteristics, including gender, designated group member (DGM; i.e., members who self-identified as a racial or ethnic minority, an Indigenous person, or a person with a disability) status, sexual orientation, first language, and rank group.

Methods: Between 14 February 2025 and 1 August 2025, Director General Military Personnel Research and Analysis (DGMPRA) administered the CAFHDS to a stratified random sample of Reg F members. The survey was completed by 3,376 members for a response rate of 26.8%. Data were analyzed using the Chi-square test, and the results were weighted so they would be representative of the CAF Reg F population.

Results: The majority of Reg F members did not report having experienced personal harassment, abuse

of authority, or discrimination in the past 12 months. However, results suggest that women (vs. men), racial or ethnic minorities (vs. members who are not racial or ethnic minorities), persons with disabilities (vs. persons without disabilities), and sexual minorities (gay, lesbian, or bisexual vs. heterosexuals) were more likely to report having experienced personal harassment, abuse of authority, and discrimination in the past 12 months. Indigenous members (vs. non-Indigenous members), allophones (vs. non-allophones), and junior members (vs. senior members) were more likely to report having experienced at least one of the three mistreatment behaviours.

Conclusion: The results of the current study demonstrate the importance of considering specific demographic and military characteristics when examining unwanted negative behaviours and may be used to inform ongoing efforts to reduce harassment and discrimination in the CAF.

5D02: 2025 Canadian Armed Forces Harassment and Discrimination Survey: An Intersectional Analysis of Regular Force Canadian Armed Forces Members

Pullman, Lesleigh, PhD[1]; Leblanc, Manon, PhD[1]

[1]Department of National Defence

Introduction: The Canadian Armed Forces (CAF) is committed to a work environment free from harassment and discrimination. An important part of this effort is to understand how overlapping identities—such as race, gender, and sexuality—create unique, compounded, and systemic inequities that a single-axis analysis may overlook (Khan, Usman, & Riaz, 2021). The Canadian Armed Forces Harassment and Discrimination Survey (CAFHDS) measured two types of harassment (personal harassment, abuse of authority) as well as discrimination (collectively known as interpersonal mistreatment). In the current presentation, the results of an intersectional analysis examining the influence of race, gender, and sexual orientation on experiences of interpersonal mistreatment among Regular Force CAF members will be discussed. Data collection for this project is complete, and preliminary analysis is underway.

Methods: Between 14 February 2025 and 1 August 2025, Director General Military Personnel Research and Analysis (DGMPRA) administered the CAFHDS to a stratified random sample of Reg F members. The survey was completed by 3,376 Reg F members for a response rate of 26.8%. The current study uses an intersectional methodology (Misra, Curington, & Green, 2020) to examine the differential impact that diverse identity factors (race, gender, sexual orientation) have on experiences of interpersonal mistreatment.

Expected Results: The available results are preliminary. By intersecting the identify factors of gender (women, man), race (racialized, non-racialized), and sexual orientation (sexual minority, heterosexual), and examining rates of interpersonal mistreatment between groups, important patterns emerge. Not unexpectedly, non-racialized, heterosexual men reported a lower frequency of interpersonal mistreatment than all other groups. Among men, both race and sexual minority status showed a fairly equal impact on experiences of interpersonal mistreatment. Among women, however, race had a larger impact on experiences of interpersonal mistreatment than sexual minority status. These results will be further explored in subsequent analyses to assess the magnitude of the differential impact that these identity factors have on experiences of interpersonal mistreatment.

Conclusion: The results of this study highlight the importance of applying an intersectional lens to provide critical insights to understanding the nature of, and processes that drive, inequality.

5D03: Light in the Darkness: A Scoping Review on the Well-being and Operational Stressors of Military Chaplains

Lapsley, Sara, PhD[1]

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Brief Description: For centuries, Military Chaplains (MCs) have provided spiritual care to armed forces around the world, engaging in a wide range of tasks across operational environments. They provide religious support and services, pastoral counselling to service members experiencing mental health or behavioural challenges, and consult on ethical issues. They are frequently deployed and exposed to injury or death in the battlefield space. This purpose of the scoping review was to identify and understand the operational stressors faced by military chaplains and the impact on their well-being.

Patient Population: The protocol for this scoping review was developed using the Preferred Reporting Items for Systematic Reviews & Meta-Analysis Protocol for Scoping Reviews (PRISMA-ScR). This review used the Population, Concept and Context (PCC) approach to frame the search in this scoping review. The population was defined as *chaplains*, in the context of the *military*.

Concepts were identified as *well-being* and *operational stress*.

Results: After screening 106 records, 13 relevant primary literature studies were identified. Two additional articles were included from the citation search and another source. Data was extracted and organized thematically highlighting significant role strain, combat exposure, and sometimes conflicting values between military and home faith community. The presence of protective factors and personal growth highlighted the rewarding aspects of the work, while psychopathology was present, with mental health issues likely exacerbated by combat exposure.

Conclusion: It is important to encourage awareness regarding the unique role strains faced by MCs and the value they provide to the military. Adequate post-deployment and transition support may reduce psychopathology and enhance the resilience of MCs. Future research should examine a more diverse sample of MCs globally, explore the experiences of female MCs, and inquire about the impact of efforts to secularize spiritual care in military contexts.

5D05: The Health and Well-being of United Kingdom LGBTQ+ Serving and Ex-serving Military Personnel who Joined and Served after the LGBTQ+ Ban was Lifted: A Qualitative Study

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Introduction: There is limited research on lesbian, gay, bisexual, transgender, questioning/queer, and other minoritized sexual orientations and gender identities (LGBTQ+) experiences in the United Kingdom Armed Forces (UKAF), especially among those who served after the ban on LGBTQ+ personnel was lifted in 2000. The existing research has focused on ban-era personnel (i.e. joined pre-2000); qualitative research with these populations has highlighted themes such as identity struggle, exclusion, and impacts on emotional health and well-being (Osborne & McGill, 2024). However, it remains unclear if these findings are consistent for those who joined and served after the LGBTQ+ ban was lifted in 2000.

The main aim of this qualitative study is to bridge this gap in research through: describing the perceptions and experiences that influence the health and well-being of LGBTQ+ serving and ex-serving UKAF personnel (who served after the LGBTQ+ ban was lifted) through their own words and to understand the factors influencing their health and well-being during and after military Service.

Methods: This qualitative study included 31 semi-structured interviews with UKAF LGBTQ+ serving and ex-serving military personnel who served in the post-ban era (after 2000) and is being analyzed using reflexive thematic analysis techniques through the lens of a minority stress model. Participants were identified through advertisements shared within LGBTQ+ UKAF networks and research networks across the sector. To date, ethics, recruitment, and transcription have been completed and analysis is currently underway.

Expected Results: The preliminary findings indicate that the majority of participants have had mostly positive experiences being LGBTQ+ in the UKAF. Initial themes relate to comfort within military environments, support from families and friends, and challenges amid growing global anti-LGBTQ+ sentiment.

Conclusion: Overall, these results indicate that LGBTQ+ personnel may be facing fewer institutional challenges than their predecessors who served during the ban-era. Despite this, many participants indicated areas for improvement (such as redesigning diversity, equity, and inclusion trainings and improving group dynamics among some job roles) and expressed discomfort surrounding the growing worldwide anti-LGBTQ+ sentiment. These results help delineate where the UKAF still has further to go in terms of acceptance and support of LGBTQ+ individuals and helps close the research gap on the understanding of recent LGBTQ+ experiences in the UKAF.

5E01: Voices of the Primary Reserve: Perceptions of Support and Well-being

Wan, Cynthia, PhD[1]; Ross, Matthew, PhD[1]

[1]Department of National Defence

Introduction: Well-being is a broad and multidimensional construct encompassing physical, emotional, social, financial, and workplace factors that contribute to a person's overall perceived physical, mental, and emotional health. Within organizations, member well-being is closely linked to overall organizational health and performance. In military contexts, in particular, member well-being has been found to have important implications for key organizational outcomes such as performance, morale, military readiness and effectiveness, and turnover intentions.

Methods: The Your Say Matters: Defence Team

Well-Being (YSM) survey was designed to capture the Defence Team's perspectives on well-being, organizational culture and retention. The 2024 YSM survey included an open-ended item that asked respondents how the Canadian Armed Forces (CAF) and Department of National Defence (DND) could better support their well-being. Although the item was presented to all respondents, the present study focuses solely on the qualitative feedback provided by Primary Reserve (P Res) respondents.

Results: The responses (*n* = 627) were inductively coded and thematically analyzed to identify key challenges affecting the well-being of P Res respondents. Respondents commonly linked their well-being to issues related to military employment and CAF/DND governance. Areas of concern included benefits and support, leadership quality, training, bureaucracy, and pay. Frequency comparisons by rank group, class(es) of service within past 12 months, and gender, also revealed notable subgroup differences across themes.

Conclusion: The current study aimed to understand the challenges experienced by P Res members and how the CAF/DND can better support them. The findings highlight persistent structural and organizational factors that affect the well-being of P Res members. Furthermore, the results suggest that many well-being concerns may stem from broader systemic issues, including the rising cost of living, tensions between civilian and CAF responsibilities, and personnel shortages within the P Res. Addressing these underlying challenges may strengthen support for P Res member well-being and enhance their overall experience within the CAF/DND.

5E04: Adverse Childhood Experiences Amplify the Mental Health Impact of Distressing Deployment Experiences in the Canadian Armed Forces

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Introduction: Mental health outcomes following military deployment vary considerably among Canadian Armed Forces (CAF) members. While deployment-related stressors and pre-service risk factors have been independently associated with post-deployment mental health problems, less is known about how early-life adversity interacts with specific types of deployment experiences to influence risk. Understanding this interaction is critical for improving post-deployment screening, prevention, and care. This study examines the behaviour and possible interaction of two risk factors for poor mental health post-deployment to a combat mission: adverse childhood experience (ACE) and deployment-related stressful experience (DRSE), with a particular focus on distinguishing universally distressing experiences from context-dependent combat exposures.

Methods: This longitudinal study linked Canadian Forces Recruit Health Questionnaire (RHQ) data with Enhanced Post-Deployment Screening (EPDS) records for CAF personnel deployed in support of Canada's mission in Afghanistan (n = 3,302). Adverse childhood experiences (ACEs) were measured at recruitment using cumulative "type" and "intensity" constructs. Deployment-related stressful experiences (DRSEs) were assessed post-deployment using a 30-item exposure scale. A novel, validated classification distinguished universally distressing deployment experiences (e.g., witnessing death, moral injury–related exposures) from context-dependent combat experiences. Outcomes included mental health–related quality of life (SF-36 Mental Component Summary (MCS)), PTSD-likelihood, depression, suicidal ideation, and anxiety. Multivariable regression models examined independent effects and ACE–DRSE interaction, adjusting for demographic, lifestyle, and military covariates.

Results: Both ACEs and DRSEs demonstrated strong, dose-dependent associations with mental health outcomes. Significant effect modification was observed: the negative impact of distressing deployment experiences on mental health-related quality of life was amplified as ACE levels increased. SF-36 MCS decreased by -5.52 (95% CI: -9.28, -1.77; p=0.004) with high ACE severity and medium DRSE exposure, and by -5.79 (95% CI: -10.07, -1.50; p=0.008) with high ACE severity and high DRSE exposure. Context-dependent deployment experiences showed weaker or non-significant associations once distressing exposures and ACEs were accounted for.

Conclusion: Adverse childhood experiences significantly amplify the mental health impact of distressing deployment-related experiences among Canadian Armed Forces personnel. Deployment experiences involving death, moral injury, or helplessness were more strongly associated with poor mental health outcomes than context-dependent combat exposures, particularly among individuals with prior childhood adversity.

These findings support a more refined approach to post-deployment screening and follow-up that considers both life-course vulnerability and the specific nature of deployment stressors. Distinguishing dis-

tressing from contextual deployment experiences may improve identification of personnel at higher risk and inform the development of more targeted, trauma-informed mental health supports within military and Veteran health systems.

2A04: Toward a Multi-level Prevention Framework for Moral Injury in Military and Other High-risk Occupational Contexts

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Introduction: Moral injury is increasingly recognized as a serious adverse mental health outcome among military personnel and individuals working in other high-risk occupational contexts who are exposed to potentially morally injurious events. Although the literature on treatment and recovery is growing, prevention remains comparatively underdeveloped. Prior work has identified individual, organizational, and systemic contributors to moral injury risk, including trust violations and perceived failures of leadership and institutions. However, these findings have not yet been synthesized into an integrated framework to guide prevention. This scoping review was undertaken to map the prevention-oriented literature on moral injury and inform the development of a multi-level prevention framework.

Methods: This scoping review followed the methodological framework of Arksey and O'Malley, informed by JBI guidance for scoping reviews, and reported in accordance with PRISMA-ScR. Given the limited literature explicitly addressing moral injury prevention, an expanded conceptual search strategy was used to identify relevant evidence across military, Veteran, public safety, healthcare, and related high-risk occupational contexts. In addition to moral injury literature, adjacent domains (e.g., psychological safety, organizational psychology) were examined to identify transferable prevention-relevant mechanisms. A structured gap analysis was used to map the distribution of existing evidence and identify where prevention targets are well-established or lacking.

Expected Results: Literature synthesis is currently ongoing; preliminary findings suggest that the literature is concentrated at the individual level and in post-exposure periods. Early synthesis indicates that prevention may be strengthened by addressing risk and protective factors across individual, team, leadership, and organizational domains. No integrated framework was identified that links prevention targets across levels of influence and exposure phases. This synthesis is informing the development of a preliminary framework comprising six interrelated principles: shifting upstream; anticipating high-risk scenarios and moral stress hot spots; preparing personnel through moral-ethical decision-making training; protecting through procedural justice, transparent communication, and leadership practices; responding with timely acknowledgment and early support following morally injurious experiences; and measuring outcomes related to trust, meaning, belonging, and functional impact.

Conclusion: Findings support the need for a more comprehensive and implementation-oriented approach to moral injury prevention. In response, we propose a multi-level prevention framework organized across two dimensions: level of intervention and timing relative to exposure. The framework is intended to support future research, training, and inform policy in military and other high-risk occupational contexts. Final findings from the scoping review will refine the framework and help identify priorities for validation.

Poster Presentations

P129: Mental Wellness and Alcohol Use in Currently Serving Canadian Armed Forces Members: Associations among Regular Force, Reserve Force, and Gender+ Identities

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Introduction: Women CAF personnel experience high employment stressors (e.g., Mota et al., 2021) and high rates of mental health diagnoses (Mota et al., 2012). Recent studies suggest the previously observed gap between men and women military personnel in using alcohol to cope with distress has narrowed (Livingston et al., 2021). Critically, standard guidelines suggest the negative effects of alcohol are augmented in women, increasing risks of long-term harms (Paradis et al., 2023).

The present study examined relations among personal characteristics, including gender, unit structure (e.g., Air Force, Army, etc.), mental wellness, and alcohol use in currently serving Regular Force (RegF) and Reserve Force (ResF) personnel.

Methods: The Canadian Armed Forces Health Survey (CAFHS; Statistics Canada, 2019) comprises cross-sectional data indexing health, occupational, and social factors among CAF personnel. Gender+

was dichotomized into women+ (women, female, and non-binary persons; N = 11,407) and men+ (men, males, and non-binary persons; N = 64,542). The sample (N = 76,638) is weighted by geography, age, and sex.

Hierarchical regression models examined mental health, life satisfaction, and past year alcohol use (yes/no) as outcomes. Personal characteristics (age, education, income, marital status, and children) were entered in Block 1. Unit structure, stratified by CAF status, was entered in Block 2.

Expected Results: Postsecondary education and higher income were consistently associated with positive mental health and higher life satisfaction across genders+ in RegF and ResF. RegF (both genders+) had greater mental wellness if they were Operational Command (e.g., CANSOFCOM, NORAD, etc.) or Other units (e.g., CDS, ADM, etc.). Reservists (both genders+) had greater mental wellness if they were Air Force.

Over 90% of respondents imbibed alcohol in the past year with higher probabilities of consumption in younger personnel. Women+ (RegF and ResF) and men+ RegF had higher odds of alcohol use if they were widowed, separated, or divorced; men+ ResF had greater odds if they were married or in common-law partnerships. RegF (both genders+) had a higher probability of drinking if they were Operational Command. ResF (both genders+) had higher odds of drinking if they were Army; women+ Reservists also had elevated odds if they were Navy.

Conclusion: Personal characteristics have an impact on mental health, life satisfaction, and alcohol use depending on gender+ and CAF unit. Although data were collected in 2019, they illustrate CAF health prior to the COVID-19 pandemic. Comparisons with current data may reveal changes in mental and substance use health, particularly in women+ personnel.

P143: Psychological Interventions for Post-traumatic Stress Disorder in Military Personnel and Veterans: An Updated Scoping Review

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Introduction: Posttraumatic stress disorder (PTSD) remains a major public health concern among military and veteran populations, with significant impacts on readiness, deployability, functioning, and overall quality of life. Evidence-based psychological interventions for PTSD in military personnel and veterans have continued to evolve rapidly; however, the international academic literature on these psychological interventions has not been mapped since 2013 (Rose et al., *JMVFH*, 2014). Thus, an updated scoping review is needed to characterize more recent intervention approaches for PTSD and identify gaps in the literature, particularly with respect to the inclusion of servicewomen.

Methods: Using the same methodology as the Rose et al. (2014) scoping review, an updated, comprehensive literature search was conducted across MEDLINE, EMBASE, and PsycINFO for studies published between 2014 and present. The search strategy used included keywords across the following domains: PTSD, military and veteran populations, and psychotherapeutic interventions. An additional search strategy incorporating female-specific terms was used to capture interventions focused on female service members and veterans. Eligible studies included empirical investigations of psychological treatments for PTSD among military personnel or veterans. Studies were excluded if they focused exclusively on pharmacological treatments, non-military populations, or conditions other than PTSD.

Expected Results: Initial database searches yielded 8,986 records. Following the removal of duplicates, 4,656 articles remained for article screening. Title and abstract screening for this scoping review is ongoing, with final results anticipated prior to CIMVHR Forum 2026. We hypothesize that the articles retained will represent a diverse range of psychological interventions primarily characterized by cognitive-behavioral and exposure-based modalities. We also hypothesize that relatively few studies will report outcomes stratified by sex.

Conclusion: This updated scoping review will provide a comprehensive overview of psychotherapeutic interventions for PTSD in military and veteran populations over the last decade. Findings will identify key trends in the literature, highlight gaps in representation, and inform future research and clinical practice. Particular attention to gender representation may guide efforts to improve the inclusion and applicability of PTSD interventions for diverse military and veteran populations.

P151: Beyond Post-traumatic Stress Disorder: The Role of Anger and Moral Injury Among Public Safety Personnel

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Program/Intervention Description: Public safety personnel (PSP) are at elevated risk for moral injury due to repeated exposure to potentially morally injurious events. Anger and irritability are commonly reported clinical features in this population; however, their relationship to moral injury and change over treatment remains underexplored. This program evaluation examined associations between moral injury and anger, as well as changes in these constructs across residential treatment, while considering occupational and demographic characteristic

Evaluation Methods: Data were drawn from routine clinical outcome monitoring in a residential treatment program for PSP (N = 81). Participants included predominantly male (71%) and female (29%) clients representing multiple PSP sectors, including military/veterans, police, fire services, EMS, corrections, communicators, parole officers, and healthcare workers. Occupation was coded into nine PSP categories. Moral injury was assessed using the Moral Injury Outcome Scale (MIOS), and anger was indexed using item 15 of the PTSD Checklist for DSM-5 (PCL-5), collected at intake and discharge. Paired-samples t-tests examined change in anger, and Pearson correlations assessed relationships between moral injury and anger at intake, discharge, and across change scores.

Results: Participants demonstrated a significant reduction in anger from pre- to post-treatment, $t(35) = 7.12$, $p < .001$, with a large effect size (d = 1.19). Moral injury and anger were moderately associated at intake ($r = .32$, $p = .056$) and discharge ($r = .32$, $p = .060$). Importantly, change in moral injury was strongly correlated with change in anger ($r = .66$, $p < .001$), indicating that reductions in moral injury were closely linked to reductions in anger symptoms. The sample reflected diverse PSP occupational groups, with the largest representation from military/veterans, police, and fire services.

Conclusion: Findings suggest that anger is closely associated with moral injury and may represent a clinically meaningful treatment target in PSP populations. The strong coupling between reductions in moral injury and anger supports the conceptualization of anger as a core affective component of moral injury. These results highlight the importance of addressing moral injury processes within treatment to support emotional regulation and recovery across diverse PSP occupational groups.

P152: Protocole d'une étude pilote de l'association entre l'observance à un auto-traitement en ligne et l'évolution des symptômes post-traumatiques chez des militaires en service.

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Introduction: Les thérapies cognitives-comportementales (TCC) réduisent efficacement les symptômes de trouble de stress post-traumatique (TSPT), les difficultés de sommeil, et les symptômes dépressifs. Toutefois, les militaires semblent en retirer moins de bénéfices que les civils. L'observance, ou le niveau d'interaction avec les traitements, étant positivement corrélée aux gains thérapeutiques, le taux d'abandon de traitement supérieur des militaires pourrait expliquer leur réponse limitée. Les TCC en ligne pourraient réduire certaines barrières limitant l'observance des militaires en service, mais peu d'études ont examiné l'association entre l'observance et la réponse thérapeutique dans ce contexte. Cette étude vise à : 1) évaluer la relation entre l'observance à une TCC en ligne et l'évolution des symptômes de TSPT, d'insomnie, de dépression et de détresse liée aux cauchemars, et 2) identifier les variables influençant a) l'observance, et b) l'effet de la TCC en ligne sur les symptômes.

Méthodes: Une étude pilote pré-post quasi-expérimentale à un groupe sera réalisée auprès de militaires en service ayant un TSPT (n = 37) de la base militaire Valcartier. Les participants suivront un auto-traitement en ligne accompagné de suivis bimensuels avec une infirmière. RESILIENT est un auto-traitement modulaire de 5 à 32 séances hebdomadaires visant les réactions post-traumatiques et basé sur des stratégies de TCC. Des mesures de symptômes de TSPT (PCL-5), de dépression (PHQ-9), d'insomnie (ISI) et de détresse associée aux cauchemars (NDQ) seront collectées avant le traitement et après chaque module complété. Des données d'utilisation seront également collectées (ex : nombre de séances complétées, données d'attrition de l'intervention, nombre de connexions à la plateforme, complétion des exercices). Un modèle d'analyse intent-to-treat sera utilisé pour réaliser des régressions linéaires simples et hiérarchiques et des analyses visuelles des données afin de répondre aux objectifs.

Résultats attendus: Une corrélation positive est attendue entre l'observance et la réduction de symptômes de TSPT, d'insomnie, et de dépression. Il est attendu que le genre, le niveau d'éducation et l'âge influen-

cent l'observance et l'effet de la TCC en ligne sur les symptômes.

Conclusion: Cette étude permet de clarifier les influences potentielles à l'origine de la réponse limitée aux traitements des réactions post-traumatiques chez les militaires, notamment en précisant l'association entre l'observance et la réponse aux TCC en ligne. La démonstration de l'efficacité d'un auto-traitement chez des militaires en service permettrait de bonifier l'offre de services des cliniques militaires en offrant un traitement nécessitant peu de ressources humaines, favorisant ainsi leur retour au travail.

P153: Méta-analyse de l´observance aux thérapies cognitives-comportementales visant le TSPT chez les militaires : résultats préliminaires.

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[1]Université Laval

Introduction: Les thérapies cognitives-comportementales (TCC) traitement efficacement le trouble de stress post-traumatique (TSPT), mais les militaires semblent en retirer moins de bénéfices que les civils. L'observance aux TCC, ou le niveau d'interaction avec le matériel thérapeutique, est positivement associée aux gains thérapeutiques. Or, les militaires présentent un taux d'abandon de traitement supérieur aux civils, ce qui pourrait expliquer la réponse limitée chez les militaires. Toutefois, des limites dans la littérature rendent difficile de savoir si les conclusions tirées sur l'observance et l'efficacité des TCC s'appliquent à l'ensemble des populations militaires, ou varie plutôt selon le statut d'activité (ex: en service ou vétéran). Cette revue systématique et méta-analyse vise à évaluer la littérature sur les militaires ayant un TSPT pour: a) évaluer si l'observance aux TCC varie selon le statut d'activité; b) examiner la relation entre l'observance aux TCC et l'évolution des symptômes de TSPT; et c) identifier les variables influençant l'observance aux TCC. Il est attendu que l'observance aux TCC varie selon le statut d'activité, soit entre les militaires en service et les vétérans. Une corrélation positive est attendue entre l'observance aux TCC et la réduction des symptômes de TSPT. Il est attendu que le genre, l'âge, le niveau d'éducation, et la modalité de traitement influencent l'observance aux TCC.

Methods: Pour être sélectionnées, les études identifiées dans les bases de données ciblées devront: 1) évaluer une TCC chez des militaires; 2) rapporter des données quantitatives de symptômes de TSPT pré-post; 3) rapporter des données quantitatives d'observance aux TCC. Toute étude rendue publique à partir de 1980 sera incluse. La documentation du processus sera guidée par les recommandations du PRISMA. Le g de Hedges décrira les différences de moyennes normalisées. Le biais de publication, l'hétérogénéité, et le risque de biais seront évalués. Des analyses de méta-régression permettront de répondre aux objectifs de l'étude.

Expected Results: Un total de 17,143 études ont été identifiées à partir des bases données ciblées. Après l'élimination des doublons, 8,143 études ont été triées par deux évaluateurs indépendants à l'aide des critères d'éligibilité. Les caractéristiques des études sélectionnées et les résultats préliminaires seront présentés.

Conclusion: Ce projet permet de clarifier les influences potentielles à l'origine de la réponse limitée des militaires aux TCC. L'étude permet également d'avancer l'état des connaissances sur l'observance aux TCC et son association avec les gains thérapeutiques, notamment dans le traitement du TSPT chez les militaires, ce qui contribuerait à optimiser les interventions auprès de cette population.

P158: The Importance of Program Development in Support of Fathers within Military-connected Families

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Program/Intervention Description: Military Family research has historically emphasized the experience of spouses and children while exploration of military members regarding their roles in their families have been understudied (Atwood, 2024). Recent statistics purport 85% of Canadian Armed Forces (CAF) regular force personnel are men, 50% are married or common-law, and 75% of couples have children; indicating that a significant portion of our Canadian Armed Forces (CAF) identify as fathers (Atwood, 2024). This highlights the significance of a gap in understanding CAF fathers' family roles.

Approaching support to military families through a Family Systems Theory, we can understand families as interconnected units and that impacts on any one member will inevitably impact all (Williams et al., 2023). It follows that only researching and engaging with mili-

tary spouses and children does not present full understanding of military-connected families.

The Military Dads program can be used as an example of the importance of involving CAF fathers when supporting military-connected families, and that more helping professionals should be encouraged to do so.

Existing results from the Program Evaluation of the Military Dads program support the concept that involving fathers in military family care, benefits the family as a whole unit.

Evaluation Methods: The Program Evaluation Framework utilizes a qualitative, longitudinal study approach aligned with national MVFSP standards. Participants complete brief questionnaires before program commencement, in week 10, and again at 6, 12, and 24 months. This measures growth in self-awareness, child-centred parenting, co-parenting relationships, and operational readiness.

Parenting partners complete short questionnaires at weeks 2 and 9 to offer their perspective and meet additional support needs.

Responses are grouped by key outcomes and analyzed for patterns and lasting impact. Findings support that building skills and tools to better integrate fathers within military-connected families creates lasting positive benefits.

Results: Results have highlighted that upon completing the program, fathers experience enhanced self-awareness, effectiveness, and capacity for reflection regarding parenting decisions. Participants also report higher confidence for engaging in child-centred parenting behaviours. Further, results indicate improved quality of parenting relationships and increased sense of operational readiness.

Conclusion: Fathers are key to healthy child development and overall family well-being, yet services fostering parental support have typically missed opportunities to involve them in family care (Shepherd et al., 2003). The success of the Military Dads program both locally and through national implementation could lead to advocate for further research and services that focus on involving fathers to enhance support to military families.

P159: Thérapies cognitivo-comportementales chez les militaires et vétérans ayant un trouble de stress post-traumatique et des symptômes d'usage de substances : données préliminaires d'une revue systématique

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Introduction: Les militaires et vétérans sont à risque d'être exposés à des événements potentiellement traumatiques dans le cadre de leurs professions, les rendant vulnérables au développement d'un trouble de stress post-traumatique (TSPT) et d'un trouble lié à l'usage de substances (TUS). Ces troubles se présentent aussi fréquemment en comorbidité. Les thérapies cognitivo-comportementales (TCC) sont efficaces dans le traitement du TSPT, des TUS et de la comorbidité TSPT-TUS. Des revues systématiques existent sur les traitements de la comorbidité TSPT-TUS, mais elles incluent des populations civiles, en plus des populations militaires, ce qui limite la généralisation des résultats à cette population. Cette étude s'inscrit dans une revue systématique de plus grande envergure qui s'intéresse aux TCC chez les populations militaires. La présente revue systématique, avec possibilité de méta-analyse, vise à évaluer l'efficacité des TCC sur la réduction des symptômes comorbides du TSPT et des TUS chez les militaires et vétérans ayant un diagnostic de TSPT.

Méthodes: La méthode suit les lignes directrices PRISMA. Les bases de données MEDLINE, PsycINFO, Embase, CINAHL, Web of Science, PTSDpubs et la Cochrane Library ont été consultées. Les études incluses dans la revue systématique doivent : 1) être des essais contrôlés randomisés, des études quasi expérimentales ou des études pré-post; 2) porter sur un échantillon composé entièrement de militaires et/ou de vétérans diagnostiqués avec un TSPT; 3) évaluer l'efficacité d'une TCC; 4) inclure une évaluation quantitative pré-post des symptômes de TSPT ainsi que des symptômes d'un TUS à l'aide d'instruments validés et standardisés; 5) être publiées en anglais ou en français et 6) avoir été publiées en 1980 ou après. La littérature grise sera incluse. La qualité méthodologique des études incluses sera évaluée à l'aide du JBI Critical Appraisal Tool selon le devis méthodologique (expérimental ou quasi-expérimental). Si les données le permettent, des méta-analyses à effets aléatoires seront réalisées. L'hétérogénéité (I^2 et Chi^2), la taille d'effet (g de Hedges avec IC à 95 %) et le biais de publication (test d'Egger) seront évalués.

Résultats attendus: Le projet est en cours de réalisation. Il est anticipé que des résultats préliminaires, notamment sous la forme d'une synthèse narrative, puissent être disponibles à l'été 2026.

Conclusion: Les résultats préliminaires permettront de décrire et d'identifier les TCC documentées dans la littérature auprès de cette population et de soutenir les pratiques cliniques basées sur les données probantes.

P161: Gender Invariance in Predictors of Well-being and Turnover Intentions Among Canadian Armed Forces Leaders

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Introduction: Supporting the health and well-being of Canadian Armed Forces (CAF) members is critical for ensuring a resilient and operationally ready military. Leaders hold influential roles that shape organizational climate and directly impact the well-being of their teams (Guérin & Chiasson, 2024; Jensen & Squires, 2024); given this, understanding and supporting their well-being is also vital. Moreover, leaders' experiences and well-being outcomes have been shown to vary by gender, yet little research conducted in military contexts has examined such gender dynamics.

Methods: This study explores the antecedents of leader well-being and turnover intentions using data from a large survey of CAF members in the Regular Force who reported being in a leadership/supervisory role, including n = 859 men and n = 331 women. Following the Job Demands-Resources (JD-R) framework, we used structural equation modelling to examine the relationships between various job demands and resources (previously found to vary by gender) and their associations with well-being and turnover intentions, with burnout and job satisfaction as mediators. Invariance testing was applied to evaluate gender differences in the model.

Results: The final structural model showed gender-invariant associations of job demands and resources with our outcome variables, and significant mediating effects of burnout and job satisfaction, satisfying the key assumptions of JD-R theory. Yet comparisons of latent mean scores revealed significantly higher levels of work-life conflict in men and higher levels of burnout in women.

Conclusion: Our findings suggest that, regardless of gender, leaders in the Regular Force experience various job demands and resources that interact to influence their levels of burnout/exhaustion and satisfaction in their roles, which can ultimately regulate their psychological well-being and desire to stay in the CAF. Despite this, women and men in leadership positions may experience different degrees of workplace stressors. These findings underscore the need for tailored efforts aimed at supporting the workplace health and well-being of CAF leaders. Implications and recommendations for future research are discussed.

P163: Diagnosing Adjustment Disorder in United Kingdom Armed Forces Mental Health Services: A Mixed-Methods Study of Clinical Practice and Care Pathways

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Introduction: Adjustment disorder (AjD) is one of the most frequently recorded mental health diagnoses within the UK Armed Forces (UKAF), accounting for approximately 26% of diagnoses made at initial assessment within Departments of Community Mental Health (DCMH). Despite its prevalence, AjD remains under-researched and poorly understood in both civilian and military populations. In the UK, there is no specific clinical guidance or standardised treatment pathway for AjD, which can lead to potential inconsistencies in diagnostic practice and management. Within the military context, where diagnostic decisions influence treatment, occupational outcomes, and deployability, this lack of clarity may lead to diagnostic substitution, inconsistent treatment approaches, or the use of AjD as a non-specific diagnostic category.

Methods: This mixed-methods study aims to improve understanding of the presentation, diagnosis, and management of AjD among UKAF personnel receiving specialist mental health care. It examines the alignment between clinical presentations and diagnostic criteria, explores potential risk and predisposing factors, and investigates how clinicians make diagnostic and treatment decisions. Phase 1 involves a quantitative observational analysis of DCMH initial assessment records (n=273). Clinical records are screened against ICD-11 diagnostic criteria for AjD. Data collected include demographics, working diagnoses, potential predisposing stressors, current and historical risk indicators, and scores from validated screening measures, including PHQ-9, GAD-7, AUDIT, PCL-5, and the Work and Social Adjustment Scale. Descriptive statistics and inferential analyses are used to examine associations between AjD presentations and demographic, clinical, and risk variables. Phase 2 consists of semi-structured interviews with clinicians and defence subject matter experts involved in assessment, treatment, and policy

development (n=18). Interview transcripts are analysed using reflexive thematic analysis supported by qualitative analysis software.

Expected Results: Data collection is complete. Preliminary analysis of clinical records indicates variability between clinician-assigned diagnoses and symptom presentations consistent with the criteria for AjD. Early qualitative findings suggest that clinicians report uncertainty around diagnostic thresholds, the absence of specific screening tools, and a lack of clear treatment pathways. Participants also described the influence of military-specific factors for triggering AjD as well as enhanced support available for multi-disciplinary working in the treatment space.

Conclusion: This study provides the first systematic examination of AjD diagnosis and management within UK military mental health services. Emerging findings suggest that diagnostic and treatment practices are influenced by both clinical and organisational factors. Improving diagnostic clarity and developing more structured care pathways may support more consistent clinical practice, better allocation of resources, and improved outcomes for service personnel.

P166: Does Stigma Matter? How Baseline Attitudes Moderate Relationship between R2MR Training Effectiveness and Immediate Outcomes

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Program/Intervention Description: Mental illness-related stigma remains an ongoing concern within military populations compared to Canadian civilians. We recently published a manuscript using R2MR program evaluation data involving 2,824 CAF members who had received deployment, occupation, or career R2MR training from 2017-2024 and for whom we had matched pre- and post-training responses. Across all groups, we found pre-post training increases in objective and subjective knowledge of R2MR skills, confidence in detecting mental health issues, and intentions to seek help. However, no significant pre-post training changes were observed for stigma-related attitudes. Our findings suggest that stigma-related attitudes are potentially more resistant to change following brief mental health education sessions. The purpose of this program evaluation was to assess whether baseline stigma acts as a potential barrier to training effectiveness, in moderating the relationship between training effectiveness and immediate program outcomes.

Evaluation Methods: We examined R2MR program evaluation data from 776 Reg Force members who completed either occupational or career R2MR mental health and performance training from 2024-2025. Participants completed pre- and post- training questionnaires immediately before and after their training. Pre- and post-training questionnaires assessed knowledge of R2MR skills, ability to place someone along the mental health continuum (MHCM), mental health literacy, confidence in seeking mental health help, confidence in supporting others with mental health concerns, and stigma. The post-training questionnaire also included measures of intentions to use R2MR skills, and perceptions of training effectiveness (relevance, usefulness, clarity, conciseness, overall satisfaction).

Results: We found no significant relationship between baseline stigma-related attitudes and any of the training outcomes (perceptions of training effectiveness, change in R2MR content knowledge, stigma, confidence in seeking help or supporting others). However, we also examined whether baseline stigma-related attitudes moderated the relationship between perceptions of training effectiveness and immediate outcomes. We found a significant interaction between baseline stigma and confidence in supporting others, and intentions to use R2MR skills post-training, and a marginal interaction for placement along the MHCM. Findings indicate that for those with higher levels of baseline stigma, there is a stronger relationship between perceptions of training effectiveness and changes in immediate outcomes.

Conclusion: We did not find that baseline stigma acts as a barrier to R2MR training. Instead, for those entering R2MR training with more problematic mental health-related attitudes, more positive training experiences lead to more significant change in outcomes, relative to those entering training with less problematic attitudes.

PRIMARILY PHYSICAL HEALTH AND WELL-BEING

Podium Presentations

1A01: Dynamic Multi-Planar Neck Training for Persistent Post-Concussion Symptoms: A Randomized Controlled Trial with Rehabilitation Implications for Canadian Armed Forces Care Pathways

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Introduction: Persistent symptoms following concus-

sion represent a significant clinical and operational challenge, particularly in military populations where delayed recovery impacts readiness and return-to-duty. Cervical spine dysfunction is increasingly recognized as a modifiable contributor to persistent post-concussion symptoms; however, effective and scalable rehabilitation strategies targeting multi-planar neck function remain limited. This study evaluated a completed randomized controlled trial investigating whether an 8-week dynamic multi-planar neuromuscular neck training program would improve symptom burden, headache disability, and neck function compared to standard care in individuals with persistent symptoms after concussion.

Methods: A randomized controlled trial was conducted in 56 participants (aged 13–60 years) with symptoms ≥4 weeks post-concussion and clinical signs of cervical involvement. Participants were randomized (1:1) to standard care (physiotherapy referral) or standard care plus dynamic multi-planar neck training (2 sessions/week for 8 weeks; TopSpin360™ platform). Outcomes included the Sport Concussion Assessment Tool (SCAT5) symptom score, Headache Disability Index (HDI), and Neck Disability Index (NDI), assessed at baseline, 4 weeks, and 8 weeks. Between-group differences over time were evaluated accounting for baseline values. Adherence and adverse events were recorded.

Results: Participants receiving the intervention demonstrated greater improvements at 8 weeks compared with controls despite higher baseline symptom burden. SCAT5 symptom scores decreased by 26.9 points (71.2%) in the intervention group, whereas controls worsened by 2.5 points (10.4%) ($p<0.01$). HDI improved by 20.8 points (35.8%) in the intervention group compared with a 4.4-point worsening (10.3%) in controls ($p<0.01$). NDI improved by 7.2 points (40.5%) versus a 0.7-point worsening (4.9%) in controls ($p<0.01$). Adherence was high (94.6%), and no adverse events were reported.

Conclusion: Dynamic multi-planar neuromuscular neck training was associated with clinically meaningful improvements in symptom burden, headache disability, and neck function in individuals with persistent post-concussion symptoms. Findings support the role of targeted cervical rehabilitation as a scalable intervention. Given existing integration of this training approach within Canadian Armed Forces physiotherapy settings, these results have immediate relevance for enhancing concussion care pathways and supporting return-to-duty outcomes. Further research is warranted to confirm efficacy and explore subgroup responses.

1A02: Damage Associated Molecular Patterns Perpetuate Sterile Inflammation in Chronic Musculoskeletal Disorders that are Common in Military Populations – An Etiological Review of the Problem

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Introduction: Musculoskeletal injuries are a leading cause of morbidity among Canadian Armed Forces (CAF) personnel. A particular area of concern are chronic injuries, such as tendinopathies, joint pain and early forms of arthritis, and low back pain, that develop from overuse or unresolved tissue damage from acute insult. Eventually, heightened nociceptive signalling from sensitized peripheral and central neural pathways amplifies pain perception and movement aversion, making therapeutic exercise difficult to initiate or sustain and often exacerbating symptoms. The result is that these chronic injuries become increasingly refractory to standard care. Beyond exercise-based rehabilitation, few available therapies directly modify the underlying biology of an injury site to heal tissue damage and restore pain-free functional movement.

Methods: An etiological review of chronic musculoskeletal injury phenotypes commonly found in military populations was conducted. A shared attribute of tendinopathies, joint pain and early forms of arthritis, and low back pain in military members is a high frequency of clinical overstrain injuries arising from repetitive use and/or mechanical overload. We examined common pathological features of these injuries to identify treatment targets amenable to biological modulation and capable of interrupting the processes that sustain chronicity.

Results: Damage within soft tissues and joints due to acute injury, repetitive use, or mechanical overload can initiate inflammation that self-perpetuates because of the presence of damage-associated molecular patterns (DAMPs). These etiological features are shared across many injury phenotypes, including osteoarthritis and tendinopathies of the shoulder, elbow, knee and ankle. The DAMPs act as mediators for inflammation that perpetuate the tissue damage and pain. Attempts of biological modulation of the injury site through injectable therapies are becoming a common strategy,

with growing acceptance among clinicians and patients.

Conclusion: Chronic musculoskeletal injuries in military personnel share common mechanistic drivers rooted in overstrain-induced tissue damage, persistent DAMP-mediated inflammation, and nociceptive sensitization. Identifying therapeutic approaches that directly modulate these biological processes may offer a path toward more effective, durable recovery than exercise-based rehabilitation alone. These findings highlight the need for interventions that actively resolve tissue pathology to restore function and reduce long-term morbidity in CAF members.

1A03: Sex Differences in Seat Pressure Characteristics during Whole-body Vibration Exposure

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Introduction: Canadian Armed Forces (CAF) members are exposed to whole-body vibration (WBV) during military vehicle operation which is associated with musculoskeletal injuries (MSKI) such as low-back pain. Females are at increased MSKI risk during WBV exposure, but research elucidating the underlying factors is limited. Person-to-seat interface characteristics such as contact area, average pressure and peak pressure are known to be predictive of reported discomfort and spinal loading. The objective of this study was to compare person-to-seat interface characteristics between males and females during WBV exposure.

Methods: 24 males (27 ± 6 yrs) and 28 females (25 ± 6 yrs) were exposed to vertical WBV representative of what CAF personnel may experience during operation of a light-armored vehicle. Using a hexapod robot, exposures included 3, 20 second trials at combinations of 0.25m/s2 and 0.5 m/s2 root-mean-square (RMS) acceleration at eight discrete frequencies from 1 – 15Hz in 2 Hz increments. Participants were seated on a pressure mat (Tekscan, Model 5315) sampled at 100 Hz and secured atop an AMTI (Model ACG-O) digital force plate sampled at 1000Hz. Seat contact area, average pressure, and peak seat pressure were recorded. Pressure mat data were corrected continuously for creep using force plate data. Each outcome was normalized to static seated mass and analyzed using mixed-factorial ANOVAs ($p<0.05$) including within subject factors of acceleration and frequency, and a between subject factor of sex. Post-hoc Bonferroni pairwise comparisons were performed when appropriate.

Results: Acceleration had a significant effect on seat contact area ($p=0.003$), increasing it significantly for males ($p=0.011$). Females had significantly greater ($p=0.041$) average seat pressure than males across the tested frequencies and acceleration magnitudes. Females had significantly greater ($p=0.014$) average peak seat pressure than males. Females experienced greater maximum peak seat pressure than males at 0.25 m/s2 ($p=0.029$) and 0.5 m/s2 ($p=0.048$), and a significant ($p=0.022$) frequency*sex interaction showed that females had significantly greater maximum peak pressure than males at 3,5,7,13 and 15Hz.

Conclusion: These findings demonstrate clear sex differences in person-to-seat interface characteristics during WBV exposure, with females consistently exhibiting higher average and peak seat pressures than males. Given the established relationship between elevated seat pressures, discomfort, and spinal loading, these results provide a potential biomechanical explanation for the increased risk of MSKI observed in females during WBV exposure. The findings highlight the need for sex-specific considerations in vehicle seat design, exposure guidelines, and injury prevention strategies to better mitigate MSKI risk among CAF members.

1B02: Epidemiology of Traumatic Brain Injuries in the Canadian Armed Forces: An Analysis of the Canadian Armed Forces Injury Surveillance System

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Introduction: Traumatic brain injuries (TBIs), remain a significant health concern within the Canadian Armed Forces (CAF) and can have lasting implications for individual health, and operational readiness. Understanding the long-term trends and identifying people at increased risk are critical for informing prevention strategies, clinical practice, and policy development. This study describes patterns of TBI-related clinical visits among Regular Force personnel.

Methods: A retrospective analysis was conducted using clinical encounter data extracted from the Canadian Forces Health Information System. TBI-related visits were identified using ICD-10 codes for concussion

(S06.0), diffuse TBI (S06.2), and focal TBI (S06.3). Trends in TBI-related visits from 2012 to 2024 were examined. Data from 2024 were disaggregated by age group, sex, rank, L1, and occupation, and proportions of personnel with at least one TBI-related visit were calculated; 2025 data will be used when available. To supplement the clinical data, the Disease and Injury Surveillance System (DISS) data source was used to assess the operational impact of TBIs during deployment between 2020 and 2025.

Expected Results: TBI-related visits increased steadily from 2012 to 2019, declined in 2020–2021, and have remained relatively stable since 2022. In the latest available year (2024), 2,318 TBI-related clinical visits were identified, with concussions accounting for over 99% of visits, and being the 5th most frequent injury code overall. Females were more likely than males to have at least one TBI-related visit in 2024 (2.0% vs. 1.4%, $p<0.01$). The highest likelihood of TBI-related visits was observed among younger personnel aged 18–29 years (1.9%) and junior non-commissioned members (1.7%). Canadian Special Operations Forces Command had the highest proportion of affected personnel (3.6%), while the Army accounted for the greatest number of visits (863 visits). Infantry-related occupations demonstrated both the highest burden and likelihood of TBI-related visits. Additionally, DISS analyses indicate that brain injuries resulted in a disproportionately high number of duty days lost (763 days; ratio = 2.5 days/visit) compared with all other diagnoses (ratio = 0.6).

Conclusion: TBI-related clinical visits disproportionately affected specific groups within CAF which merit attention – females, younger personnel, junior ranks, and combat arms occupations. Interventions should try to prioritize these groups. TBIs were also associated with substantially greater operational impact on deployments, as reflected by higher duty days lost per visit. These findings support targeted, occupation-specific prevention initiatives, continued refinement of concussion management and return-to-duty policies, and enhanced integration of clinical and surveillance data to inform evidence-based policy, clinical practice, and resource allocation.

1B03: Investigating Tauopathy in Canadian Armed Forces Members using a Novel Positron Emission Tomography Radiopharmaceutical

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Introduction: Canadian Special Operations Forces (SOF) personnel are frequently exposed to repetitive blast overpressure (ReBOp), yet the effects of this on long term brain health remains poorly understood and no *in vivo* diagnostic test exists. An estimated 20-30% of Canadian Armed Forces (CAF) personnel with blast-related mild traumatic brain injury (mTBI) experience persistent cognitive, physical, and psychological symptoms which often go unrecognized in operational settings. While limited in vivo studies, including our own preliminary findings (Lora et al., 2026), suggest tau pathology may occur following blast exposure, its presence in SOF members remains unclear. Our team at CAMH developed a next-generation pan-tau positron emission tomography (PET) radiopharmaceutical (Lindberg et al., 2024; Murrell et al., 2025), [18F]OXD-2314, which shows disease-relevant uptake patterns in early studies of patients with progressive supranuclear palsy and preliminary studies in individuals with repeated subconcussive exposures. The primary objective of this study is to evaluate [18F]OXD-2314 for detecting tau pathology in CAF members with a history of ReBOp exposure.

Methods: We are recruiting 20 SOF members with extensive ReBOp exposure and 10 unexposed CAF controls. Participants undergo comprehensive characterization of blast exposure history, alongside cognitive, physical, and psychological symptoms. Participants receive an intravenous injection of 185 MBq (±10%) of [18F]OXD-2314 followed by a 120-minute dynamic PET

scan, with MRI acquired for delineation of regions of interest. PET data are processed using PMOD (v4.28), and binding (*BP*ND) will be estimated using SRTM2 with the cerebellum as reference. Group differences across regions of interest are assessed using ANOVA.

Expected Results: To date, 5 male participants have been enrolled, including 3 SOF members with ReBOp exposure and 2 CAF controls. The blast-exposed participants have a mean age of 52.7 ± 4.5 years and 20.3 ± 3.5 years of exposure to blast. Controls have a mean age of 38.5 years. PET and MRI data acquisition has been completed in these participants. Image processing and kinetic analyses are currently underway to quantify [18F]OXD-2314 binding and evaluate group differences in regional uptake.

Conclusion: This study will evaluate [18F]OXD-2314 as a novel imaging biomarker of tau pathology in individuals with occupational blast exposure. By characterizing *in vivo* binding, regional distribution, and clinical correlates, this work has the potential to advance the detection of blast-related brain injury in both military and civilian populations. This study is ongoing and analyses are pending.

1B04: Sex Differences in Concussion and Traumatic Brain Injury among Canadian Armed Forces Members 2020-2025: An Investigation of Clinical Episodes and Physiotherapy Referrals

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Introduction: Concussion and traumatic brain injury (TBI) are important conditions affecting readiness and long-term health and well-being of Canadian Armed Forces (CAF) personnel. Sex-specific patterns of concussion and TBI remain understudied in active military populations, including the CAF. Improved monitoring of diagnoses and mechanisms of injury is essential to support prevention planning and equitable care within the CAF.

Methods: Primary care and physiotherapy encounters for concussion and TBI were identified in the Canadian Forces Health Information System (2020–2025) using ICD-10 codes. Sex (female/male) was captured to assess differences in occurrence and severity. Related encounters were grouped into injury episodes using 120-day durations for concussion and 365-day durations for TBI. Incidence rates for Regular Force personnel were calculated using mid-year population estimates, and Poisson regression was used to compare incidence rates. Sex-stratified comparisons were examined for incidence, episode frequency, injury type, mechanism of injury, and physiotherapy referrals.

Results: From 2020–2025, 13,690 clinical visits for concussion/TBI were recorded among 4,264 unique Regular Force personnel. The incidence of concussion/TBI episodes was significantly higher among females (15.0 per 1,000 person-years) than males (10.5 per 1,000 person-years), corresponding to an incidence rate ratio of 1.43 (95% CI: 1.33–1.53). Overall, 80.5% of personnel experienced a single episode, 13% experienced two episodes, and 6.5% experienced three or more; females accounted for 22% of all episodes. Injury-type distributions were similar between males and females. Among more severe TBI cases, diffuse brain injury (29%) and traumatic subdural hemorrhage (29%) were the most common diagnoses, followed by focal brain injury (18%). Over the same period, 1,934 Regular Force personnel (27% female) were referred to physiotherapy for concussion/TBI. Based on physiotherapy referrals, the most common injury mechanisms among female personnel were team sports (18.0%) and motor vehicle collisions or slips/falls (11.7%). Among males, injuries were most often attributed to military duty–related activities (19.9%), team sports (13.6%), and slips/falls (11.7%).

Conclusion: The study demonstrates a substantial concussion and TBI burden among CAF personnel, with notable sex differences in clinical presentations and physiotherapy referrals. Injury-mechanism data provide context for how and where injuries occur, offering actionable insights for prevention planning. Sex-specific patterns in injury mechanisms warrant further study to understand the factors contributing to these differences. Overall, these findings support the development of sex-responsive injury-prevention strategies, evaluation of care pathways, and the continued enhancement of CAF concussion/TBI surveillance indicators.

3A02: Tourniquet Conversion in Traumatic Extremity Injury: A Scoping Review

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Introduction: While tourniquets are widely used to control life-threatening extremity hemorrhage,

concerns regarding overuse, complications, and a growing emphasis on prolonged care have shifted attention toward tourniquet conversion. However, knowledge varies widely regarding indications, timing, and reported outcomes. This scoping review aims to map the literature on tourniquet conversion practices and outcomes.

Methods: A scoping review was conducted following Joanna Briggs Institute methodology. MEDLINE, Embase, CINAHL, Web of Science, Scopus, and grey literature were searched. Eligible sources described, evaluated, or reported on tourniquet conversion protocols, techniques, guidelines, or outcomes.

Expected Results: The search identified 5,767 records, of which 15 studies were included. The evidence consisted primarily of observational studies, case reports, expert reviews, and training- or simulation-based research; no randomized or prospective comparative trials evaluating tourniquet conversion were identified. Studies were conducted predominantly in military and civilian prehospital settings, including rural and austere environments with prolonged evacuation times. Tourniquet-related morbidity was frequently described as time-dependent, with several sources suggesting lower complication rates with shorter durations, often cited as under two hours, supporting reassessment and conversion recommendations. Non-indicated or potentially avoidable tourniquet application was commonly reported. Reassessment following initial application was variably described, and conversion was infrequently reported or implemented despite recommendations to reassess once clinically or tactically feasible. Indications, contraindications, and timing thresholds for tourniquet conversion varied across sources. Conversion has been presented as technically feasible, but dependent on provider skill and reassessment, with persistent concern for bleeding recurrence.

Conclusion: The literature on tourniquet conversion is heterogeneous and largely observational, with variability in recommendations. Despite widespread endorsement of conversion to mitigate ischemic injury, empirical evidence specific to tourniquet conversion remains limited.

3A03: Incidence and Risk Factors of Heat Illness in the Canadian Armed Forces, 2014-2025

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Introduction: Heat illness is a serious and potentially life-threatening condition that poses significant risks in military settings, where personnel are frequently exposed to strenuous physical demands in hot environments. Within the Canadian Armed Forces (CAF), these risks are inherent to training and operations and are expected to grow as global temperatures rise. Importantly, heat illness is largely preventable, but effective prevention requires a comprehensive understanding of incidence patterns and their determinants. To address this, this 12-year retrospective cohort study examines the incidence, distribution, and risk factors of heat illness among CAF members.

Methods: A retrospective cohort study of all domestic and overseas Canadian Armed Forces (CAF) personnel from January 2014 to December 2025 was conducted using linked data from the Canadian Forces Health Information System (CFHIS) and the Master Patient Index (MPI). Person-time incidence rates were calculated and stratified by demographic and occupational characteristics. Temporal and seasonal trends were assessed. Poisson regression models were used to estimate crude and adjusted rate ratios (aRR), adjusting for sex, age, season, and year.

Results: Among 222,150 unique CAF members (1,293,070 person-years), 1,484 heat illness cases occurred, representing an overall incidence of 114.8 per 100,000 person-years. Incidence peaked in 2018 and 2021; 91.1% of all cases occurred between May and September. When stratified by base with at least 5 cases, rates per 100,000 person-years were highest at Wainwright (414.0), St-Jean (388.7), and Gagetown (318.1). Among occupations with ≥ 20 cases, the incidence rate was highest in infantry (204.1 per 100,000 person-years), artillery (198.2 per 100,000 person-years) and combat engineer (197.8 per 100,000 person-years) trades. Results from multivariable models showed that the risk of heat illness was highest

among females vs. males (aRR: 1.49, 95% CI: 1.32-1.68), those aged <20 vs. 40+ (aRR: 9.80, 95% CI: 7.99-12.03), Junior Non-Commissioned Members vs. Senior Officers (aRR 3.31, 95% CI: 2.02-5.42), and Class B Reserve Force vs. Regular Force personnel (aRR: 1.59, 95% CI: 1.40-1.81).

Conclusion: Heat illnesses were concentrated among identifiable high-risk groups. The highest rates were observed at training-intensive or recruit-concentrated bases and in physically demanding combat roles. Younger, female, junior ranking, and Reserve Force personnel were at significantly elevated risk. The strong seasonal concentration of cases underscores the need for proactive health messaging ahead of warmer months in Canada, particularly at high-risk bases. These findings provide a foundation for targeted prevention and highlight the importance of continued surveillance to maintain operational capacity and effectiveness.

3A04: Occupational and Demographic Risk Factors for New-Onset Asthma in the Canadian Armed Forces: Results From a 12-Year Retrospective Cohort Study

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Introduction: Canadian Armed Forces (CAF) members may encounter respiratory hazards including dust, chemicals, diesel exhaust, and smoke that can increase the risk of new-onset work-related asthma. Given historical CAF enrolment standards excluding applications with known asthma, incident cases likely represent true new-onset disease, unless previously undocumented or undiagnosed. This presents a unique opportunity to examine demographic and occupational risk factors for asthma, which remain poorly understood in this population. To address this gap, we conducted a 12-year retrospective cohort study to estimate asthma incidence rates and examine risk factors associated with time to diagnosis among CAF members.

Methods: A retrospective cohort study was conducted from 2014 to 2025 among Regular Force and Reserve Force members eligible for Canadian Forces Health Services, using linked data from the Canadian Forces Health Information System (CFHIS) and the Master Patient Index (MPI). Incident asthma was defined using the Canadian Chronic Disease Surveillance System (CCDSS) case definition: two or more ICD-10 diagnoses (J45/J46) within 2 years. A 2-year run-in period (2012 to 2014) and exclusion of members with documented prior asthma were applied to exclude prevalent cases. Incidence rates per 100,000 were calculated overall and stratified by sex, age, component, rank, command, and occupation. A Cox proportional hazards model examined time to incident asthma across demographic and occupational characteristics, adjusting for age and sex.

Results: Among 140,725 military members (16.5% female; mean baseline age 30.3, SD 10.3) with a mean follow-up of 5.7 years, 2,104 incident asthma cases were identified (overall rate 235.3 per 100,000). Rates per 100,000 were highest among those aged 40-49 (247.2) and Junior (264.8 per) and Senior (226.5) Non-Commissioned Members. Among occupations with five or more cases, rates ranged from 66.1 to 608.9 per 100,000, lowest in Air Combat Systems Officers and highest in Plumbing and Heating Technicians. Cox model results showed females had significantly higher risk of asthma than males (HR 1.70, 95% CI 1.54-1.88), adjusting for age. Further sex-stratified occupational analyses and Cox model results will be presented.

Conclusion: Asthma incidence varied substantially across sex, age, rank, and occupation in the CAF, with females and certain occupational groups at notably higher risk. With recent changes to CAF enrolment standards now permitting entry with known asthma, understanding the burden and risk factors in this population is increasingly important. Ongoing sex-stratified analyses will help identify differential risk profiles and inform targeted prevention strategies for force health protection.

3B04: Evaluating Reusable Menstrual Products in Deployed Maritime Settings: A Service Evaluation Exploring Acceptability, Feasibility and Operational Impact

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Program/Intervention Description: Menstrual management in deployed maritime environments presents challenges, including limited access to facilities, privacy constraints, and the logistical burden of storing and disposing of single-use products. Re-useable menstrual products (RMPs) offer potential advantages, including reduced waste, decreased resupply burden, and longer wear times, but their feasibility and acceptability in military operational settings are not well understood.

A service evaluation was conducted within the UK Armed Forces to assess the introduction of RMP in deployed maritime environments. Packs included period underwear, menstrual cups, wash pots and laundry bags. Educational materials and unit-level liaison personnel were provided to encourage and support safe use. The target population included service personnel deployed across multiple maritime platforms.

Aim: to evaluate acceptability, feasibility, and impact on menstrual management, and to identify barriers and facilitators to implementation.

Evaluation Methods: A questionnaire was designed to capture quantitative data assessing product use, comfort, ease of use, and perceived impact which were descriptively analysed. Free text responses were used to explore lived experience, barriers, and facilitators which were thematically analysed. The evaluation considered domains including effectiveness, safety (self-reported tolerance and adverse concerns), sustainability (waste reduction and storage), operational feasibility, cultural relevance, and barriers/facilitators to uptake. Measure of reach included response rate and representation across platform types. Cost considerations were explored descriptively but not formally analysed.

Results: 170 product packs were distributed and a survey response rate of 41% was achieved across multiple platform types. RMP use was generally acceptable, with many participants reporting benefits such as improved comfort, reduced anxiety around leakage particularly during prolonged duties and improved sleep. Uptake was influenced by individual preferences (menstrual patters, comfort, product design), product-related concerns (hygiene, familiarity), and operational constraints (limited access to toilets, laundry facilities, and privacy). Privacy and discretion were consistent cross-cutting themes. 75% of participants reported that the trial had changed their view on RMPs in the deployed environment.

Conclusion: Introduction of RMPs within maritime operational settings is feasible and acceptable but requires more than product provision alone. Uptake is shaped by the interaction of individual, operational, and cultural factors, and a hybrid model of menstrual product use allows individual choice based on personal preference and operational environment. Improvements in menstrual management were associated with enhanced comfort, confidence, and sleep, suggesting potential benefits for wellbeing and operational performance. Implementation strategies should combine provision, education, and infrastructure considerations, with implications for policy, practice, and future research in military menstrual health.

4B01: Bone-anchored Prostheses: Compatibility with Military Service in the Canadian Armed Forces

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Introduction: Canadian Armed Forces (CAF) members with limb amputation are faced not only with a long and sometimes arduous rehabilitation, but also with uncertainty in their ability to continue in their profession. Bone-anchored prostheses (BAP) are an emerging treatment for limb loss, with three Canadian centres providing osseointegration surgery and rehabilitation for appropriate candidates. The goal of our research was to synthesize the available scholarly evidence on BAP and to evaluate its compatibility with military service. In addition, we aimed to collect expert and user opinions on the role of BAP for military and veterans, to provide crucial contextual information on technology uptake and barriers to accessing BAP for military and veterans with limb loss.

Methods: We conducted two systematic literature reviews on the outcomes of upper- and lower-limb osseointegration, a survey of international centres on their impressions of the compatibility of BAP with military service, and a focus group with CAF clinicians knowledgeable about treating military members with limb loss. In addition, eight qualitative interviews were held with CAF members and veterans with limb loss to elicit their opinions and attitudes towards BAP.

Results: Literature syntheses indicated consistent improvements in function and quality of life for most BAP recipients. Superficial infection was the most prevalent complication, with less common but notable serious complications for certain subgroups. The survey of international experts revealed divergent views on the compatibility of BAP with military service, partly due to the varying occupational demands. There was a consistent indication that high-impact activities required during active military duty, as well as the risks of exposure during deployment, could be contraindications to BAP. The focus groups with CAF clinicians echoed concerns about the feasibility of supporting BAP users during deployment, but there was recognition of the potential improvement in quality of life and function

for veterans and those transitioning out of the military. Interviews with CAF members with limb amputation aligned with these themes and emphasized that access to rehabilitation and advanced prostheses is essential to rebuilding professional identity and physical performance.

Conclusion: Overall, the evidence indicates that BAP have potential substantial benefits for persons with limb loss. However, the rates of complications and restrictions on high-impact activities likely preclude its use as a routine treatment option for CAF members seeking to return to active duty. BAP could be considered for veterans and those transitioning out of the military to optimize function.

4E04: Military Occupational Exposures and Women's Reproductive Health: A Scoping Review

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Introduction: Women comprise an increasing proportion of Canadian Armed Forces (CAF) members, but our understanding of the possible effects of military occupational exposure on women's reproductive health outcomes have been under studied in the Canadian context. As such, the purpose of this study was to conduct a broad scoping review of academic and grey literature from comparable militaries to support a comprehensive understanding of the effects of occupational exposure on military women's reproductive health outcomes. A secondary aim was to identify potential policy recommendations and knowledge gaps that could help inform decision-making for healthcare policy and service delivery for women and diverse CAF members.

Methods: Following the JBI Scoping Review Protocol, we reviewed peer-reviewed and grey literature published over the last 20 years examining the effects of military occupational exposures on women's reproductive health outcomes across Five Eyes nations. The protocol was used to develop the rationale, research objectives, eligibility criteria, search strategy, sources of evidence, and data charting processes for the review. We defined "occupational exposures" as any occupational dimensions of military service related to logistics, risks, and identities that may influence reproductive health. Reproductive health refers to the experiences and wellbeing related to women's reproductive system and its functions.

Expected Results: Through our extensive and inclusive search strategy, we identified 8594 sources as potentially relevant. Following title and abstract screening, 229 sources met the inclusion criteria for full-text review. Preliminary analyses revealed the majority of articles focus on the United States' military and reproductive health outcomes concerned primarily with fertility, pregnancy, and reproductive cancers stemming from occupational requirements (e.g., deployments, austere environments) and exposures (e.g.,chemical). Our results also identified significant research gaps, especially on the effects of occupational exposure on reproductive health outcomes beyond pregnancy. Frequent deployment and austere working environments had the greatest impact on military women's reproductive health outcomes.

Conclusion: The existing literature on the effects of occupational exposure on women's reproductive health outcomes was broad in scope yet lacked robust evidence on the risks to women's reproductive health outcomes beyond pregnancy. Further research into the effects of occupational exposure on specific reproductive health outcomes, such as menstrual health, daily functioning, and urogenital health is imperative to ensuring female CAF member's reproductive health needs are being adequately addressed.

Poster Presentations

P121: Self-reported Health and Occupational Exposures among Men and Women in the 2019 Canadian Armed Forces Health Survey

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Introduction: Women make up ~16% of the Canadian Armed Forces (CAF) but most military occupational health research to-date has focused on men. This project aims to describe the occupational health of women in the CAF and examine sex differences in self-reported occupational exposures and health.

Methods: Data from the 2019 Canadian Armed Forces Health Survey (CAFHS), a cross-sectional survey, was accessed through the Canadian Research Data Centre Network. Differences between men and women (sex assigned at birth) were investigated using log-binomial models to estimate prevalence ratios, adjusted for age for both self-reported health outcomes and work-re-

lated exposures. Due to restrictions on data reporting, frequencies are rounded to the nearest 100.

Expected Results: Approximately 14,000 CAF members completed the 2019 CAFHS; 27% were female (median 38 years). Smoking history (current or former) was reported by 40% of men and 35% of women. Heavy drinking was more prevalent among men (30%) than women (15%). Asthma (PR=1.66; 95%CI 1.33-2.06) and hay fever (PR=1.15; 1.04-1.26) were more common among women than men. No sex difference was observed for COPD, though prevalence was low. Several cardiometabolic outcomes were more common among men, including diabetes (PR=0.37; 0.23-0.59), high blood pressure (with medication, PR=0.42; 0.33-0.53) and high cholesterol (with medication; PR=0.23; 0.17-0.32). Analyses of self-reported occupational exposures are currently underway.

Conclusion: Significant sex differences in self-reported health outcomes were observed among CAF members. These differences may reflect sex stratified work (i.e., different jobs and/or different exposures), or biological differences. Future analyses will examine the association of occupational exposures with specific health outcomes.

P122: Patterns and Operational Impacts of Self-reported Freezing and Non-freezing Cold Injuries in Canadian Armed Forces Personnel: Findings from the Canadian Armed Forces Health Survey 2025

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Introduction: As the Canadian Armed Forces (CAF) expand operational presence and training in northern environments, exposure to extreme cold is increasingly concerning. Cold injuries – including freezing injuries such as frostbite and non-freezing injuries such as hypothermia – can impair performance, disrupt operations, and contribute to long-term health consequences. Contemporary population-based data describing the frequency, recurrence, and operational impact of cold injuries in the CAF are limited. The Canadian Armed Forces Health Survey (CAFHS) 2025 collected health-related data from a stratified random sample of CAF personnel, including details of cold injuries. The aims of this study are 1) describe the prevalence of freezing and non-freezing injuries and 2) assess characteristics associated with operational disruption from cold injuries. Improved characterization of cold injury burden will inform prevention, training, and risk mitigation strategies for cold weather military operations.

Methods: We will conduct a cross-sectional analysis of CAFHS 2025 data (Regular Force: n=7,413; Reserve Force: n=2,235). Self-reported freezing and non-freezing cold injuries will be examined as separate outcomes and survey-weighted descriptive analyses will estimate population-level prevalence and recurrence (1 vs 2+ cold injuries). Ordinal logistic regression will assess association of cold injury recurrence (never, 1, 2+) with key characteristics, namely sex, age, component (Regular/Reserve Force), rank, and military command.

We will assess operational disruption as a separate outcome using responses to the question “Did the most recent one require you to stop or be removed from an activity?”, asked separately for freezing and non-freezing injuries. Multivariable logistic regression models will examine the association of operational disruption with three predictors identified in the literature: age, recurrent cold injuries (2+), and BMI. Sex will be treated as a primary stratification variable based on its biological and occupational relevance to cold injury risk. Models will additionally adjust for component, rank, and command.

Expected Results: A substantial proportion of respondents are expected to report lifetime experience of freezing and non-freezing cold injuries, with recurrence among a subset of affected members. Some cold injuries are anticipated to have resulted in removal from activities, indicating impacts on operational readiness. Differences in the prevalence and injury characteristics are expected.

Conclusion: This study provides a contemporary, population-based characterization of freezing and non-freezing cold injuries among CAF members. Results are expected to demonstrate that cold injuries remain a significant occupational hazard, with distinct patterns by cold injury type. By identifying factors associated with operational disruption, this work will inform cold-weather training, risk-mitigation strategies, and support evidence-informed policy.

P126: Leveraging Occupational Therapy in Medical Return to Duty Access Process for Canadian Armed Forces Return to Duty

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Program/Intervention Description: Canadian Forces Health Services is committed to supporting recovery and timely return to duty (RTD) for ill or injured Canadian Armed Forces (CAF) members. Members with neuromusculoskeletal conditions frequently require modified employment during recovery. Given the complexity of operational roles and individual recovery trajectories, there is opportunity to strengthen consistent use of objective functional assessment (FA) to inform medical employment limitations (MELs). Optimizing alignment between functional capacity and work participation may support recovery, reintegration, and operational readiness. Prolonged absence from work is associated with poorer outcomes, and RTD participation within the CAF have been lower than desired.

The Medical Return to Duty Access Process (MRtDAP) was developed and piloted at three sites to improve access to occupational therapy-led FAs and targeted rehabilitation to support person-partnered care, progressive MELs, and timely RTD.

The objective is to implement MRtDAP across selected Canadian Forces Health Services (CF H Svcs Cs) and evaluate early implementation, reach, and RTD outcomes.

Evaluation Methods: This work represents an early implementation evaluation of the MRtDAP using routinely collected program data. A phased implementation was conducted across selected CF H Svcs Cs, guided by a Canadian Forces Health Services Group Commander's Directive.

Key implementation components included staffing, defined roles and responsibilities, equipment readiness, and standardized training to support consistent adoption. Occupational therapists conducted FAs evaluating physical, cognitive, and operational demands, delivered targeted rehabilitation interventions, and developed individualized plans to inform progressive MELs aligned with functional capacity.

Key indicators included implementation uptake, time to FA completion, proportion of MELs informed by FA, RTD outcomes, and patient satisfaction. Data were collected locally through routine reporting and consolidated centrally for monitoring and evaluation.

Results: Seventeen CF H Svcs Cs were identified for MRtDAP implementation; 11 have implemented the process to date. Remaining centres are pending implementation due to occupational therapy staffing constraints, with recruitment underway.

Across pilot and early implementation sites, 79% of participants RTD full time, and FAs informed MELs in 95% of cases. Standardized key performance indicator collection is established to support ongoing evaluation.

Conclusion: MRtDAP demonstrates successful phased implementation and feasibility of standardized, function-based RTD practices within CF H Svcs Cs. Early results demonstrate high integration of FA into MELs and positive RTD outcomes. Continued implementation and longitudinal evaluation are required to assess sustainability, recovery timelines, and broader system impact.

P127: Influenza and COVID-19 Vaccine Coverage Surveillance in the Canadian Armed Forces

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Brief Description: Immunization is critical for reducing the transmission of communicable diseases, yet global vaccine hesitancy has worsened since the COVID-19 pandemic. Similar patterns may be emerging in the Canadian Armed Forces (CAF), where immunizers and public health staff have perceived declines in voluntary vaccination (e.g., influenza, COVID-19). This is particularly concerning in a military context, where outbreaks can impair operational readiness. This project examined influenza and COVID-19 vaccine coverage among CAF Regular Force and Primary Reserve personnel. The objectives were to (a) determine whether global declines in influenza and COVID-19 vaccinations were reflected in CAF members and (b) identify subgroups with lower coverage in the 2024/2025 surveillance year.

Patient Population: Vaccine coverage data were obtained from the Canadian Forces Health Evaluations and Record Outcomes (CFHERO) surveillance system and included Regular Force members and eligible Primary Reserve members (Class C and Class B with > 180 days of service). Influenza vaccine coverage was defined as the number of immunizations during the reporting period. COVID-19

coverage was defined by Canadian immunization guidelines at the time of reporting. Descriptive analyses summarized influenza coverage from 2015-2025 and COVID-19 coverage from 2021-2025. Regression analyses assessed demographic factors (age, component, rank, sex) and occupation (health-related vs. non-health-related) associated with an influenza and/or COVID-19 vaccination from September1, 2024 to August 31, 2025.

Results: Influenza coverage peaked at 46.6% in 2020-2021 and decreased to 19.8% in 2024-2025. COVID-19 coverage decreased from 94.4% in December 2021 to 16.6% in 2024/2025. In 2024/2025, 79,717 CAF personnel were eligible for health services (mean age 34.5 years; 17% female); most were Regular Force (87%) and Junior Non-Commissioned Members (NCMs; 51%). Overall coverage for 2024/2025 was low for both vaccines. Higher odds of vaccination were associated with older age (OR 1.04, 95%CI 1.02 – 1.06), female sex (OR 1.31, 95% CI 1.26–1.37), and Regular Force status (OR 1.45, 95% CI 1.37–1.53). Junior (OR 1.83, 95% CI 1.75–1.91) and Senior Officers (OR 2.76, 95% CI 2.60–2.93) had higher vaccine coverage than Junior NCMs. Personnel in health-related occupations were more likely to be vaccinated than those in other fields (OR 1.92, 95% CI 1.78–2.07).

Conclusion: Influenza and COVID-19 vaccination have declined in the CAF. In 2024/2025, coverage varied by demographic and occupational groups, with higher coverage in females, Officers, and health care personnel. These findings identified subgroups for immunization outreach and will inform a follow-up qualitative study examining attitudes towards vaccination in the CAF.

P133: Use and Access to Prescription Contraception among Female Military and Veterans: A Scoping Review

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Introduction: Reproductive health, including care for menstruation, pregnancy, fertility, and sexual health, is essential for operational readiness and long-term health of servicewomen and Veterans. Military service provokes different motivations for accessing contraception compared to civilian populations, including positive and negative implications from contraceptive use that can impact health, performance and career longevity. Evidence regarding use and access remains scarce, limiting informed decision-making for service members, clinicians, and policymakers. This scoping review aims to identify and map existing evidence pertaining to factors associated with use, as well as barriers and facilitators to accessing prescription contraception among female military personnel and Veterans.

Methods: This scoping review followed the Joanna Briggs Institute methodology for scoping reviews and adhered to the Preferred Reporting Items for Systematic Reviews guidelines. An exhaustive list of terms pertaining to contraception and military topics was searched from inception to 01-Aug-2025. Retrieved texts underwent screening by two authors and disagreements went to a third reviewer. Extractions were then consolidated, interpreted, and summarized. This abstract presents preliminary results from an ongoing analysis.

Expected Results: A total of 234 studies from the United States (n=194), United Kingdom (n=16), Israel (n=8), Nigeria (n = 4), Ukraine (n=3), Barbados (n= 2), Greece (n=2), Paraguay (n=1), Canada (n=1), Malawi (n=1), and one Multinational study were included. Prescription contraception (e.g., injection, intrauterine-device, implant, oral contraception, patch, ring) use ranged from 16.7% to 96.6% (n = 39, average 58.4%). Use of contraception and type chosen were associated with age, service branch or element, when service occurred, relationship status, parity status, race, military context (e.g., deployment, basic training, field exercise, onship) as well as healthcare provider education, beliefs and availability. Additionally, considerations for bone and muscle health, menstrual cycle symptoms and suppression, and mental health all influenced contraceptive type used by servicewomen. Barriers to accessing contraceptives included prescription availability, healthcare provider qualifications and training, clinic or hospital resources, policy, operational tempo, deployment related factors, cultural norms or stigmas, and patient education. Women's health clinics have superior outcomes for adherence, receiving contraceptive of choice, and highest care provider knowledge scores.

Conclusion: Contraceptive use and access among female military and Veterans was related to several individual and organizational factors, including both

patient and care provider contraceptive knowledge. Contraception choice was influenced by deployment, training and routine duties as well as health considerations. Healthcare providers should be equipped to provide multiple contraceptive options across all military contexts.

P134: Injuries Across Occupations in the Canadian Armed Forces – An Analysis of the Canadian Armed Forces Injury Surveillance System

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Introduction: Injuries have important impacts on both the health and the career trajectory of CAF personnel. The different physical demands of the variety of possible military occupations, as well as the characteristics of the member choosing those occupations can lead to drastically different injury patterns. The CAF Injury Surveillance System is a tool based primarily on administrative health data, which can help provide actionable information on how injuries are distributed across different military occupations, while considering potential important confounders such as age and sex.

Methods: We used data from the Canadian Forces Health Information System (CFHIS), to identify clinical consultations with injury-related diagnostic codes, and combined it with administrative sources for demographics such as occupation, sex, age, rank, and L1. Descriptive analyses were performed for volume of injury-related consultation codes for each major occupation group, as well as individual trades, with calculation of consultation rates by exposure time (person-years, py). Associations between occupation and any injury-related code were assessed through logistic regression models also allowing to account for potential confounders, such as different age or sex distribution in different occupations. Results presented are for 2024; 2025 data will be used when available.

Results: 62,431 total injury-related consultation codes (0.98/py) were recorded in 2024. Among the larger occupation clusters, administration (n=16,468 codes, 1.10/py) and combat arms (n=14,263, 1.02/py) contributed the most injury-related codes. Among the different individual occupations, infantryman had the highest number of injury-related codes (n=6,545, 1.20/py), followed by supply technicians (n=3,124, 1.33/py) and vehicle technicians (n=2,401, 1.29/py). After adjusting for age and sex in the same model, the engineering/technical occupational group had the highest odds of an injury-related visit in 2024, 24% greater than all other groups combined (odds ratio: 1.24, 95% confidence interval: 1.19-1.28). They were followed by the combat arms group which was associated with 21% greater odds of an injury-related code, compared to all non-combat arms occupations (odds ratio: 1.21, 95% confidence interval: 1.18-1.25).

Conclusion: Rates of injuries across different military occupations varied considerably. The engineering/technical and combat arms occupation groups had the highest rates of injury after controlling for the influence of age and sex. This analysis helps to characterize injury patterns across different occupations in the CAF. It also highlights the importance of considering the other factors that contribute to the risk of injuries and the medical care associated with them to have a fuller understanding of risk factors.

P138: Cervical Cancer Among Canadian Armed Forces Regular Force Members, 2012–2024: A Descriptive Case Series

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Introduction: Cervical cancer is preventable through HPV vaccination, routine screening, and timely follow-up- of abnormal results. However, limited evidence is available regarding cervical cancer burden and screening patterns and barriers within the Canadian Armed Forces (CAF). This study describes the demographic, military, clinical, and screening characteristics of cervical cancer cases diagnosed among CAF Regular Force members between 2012 and 2024.

Methods: A retrospective descriptive case series was conducted using electronic medical records from the Canadian Forces Health Information System. The clinical extract was used to identify any cervical cancer diagnoses from January 1, 2012 to December 31, 2024. Incident cases were confirmed based on colposcopy-directed biopsy results. Demographic and military-specific data at diagnosis were obtained from the Master Patient Index. Extracted variables included age at diagnosis, rank, screening history, HPV vaccination status, diagnostic pathways, stage at diagnosis, referral timelines, and follow-up outcomes. Descriptive statistics were used to summarize case characteristics and identify gaps in screening participation and follow-up adherence.

Results: A total of 23 incident cervical cancer cases

were confirmed during the study period. The median age at diagnosis was 37 years (range: 24-52), and 47.8% were officers. 21.8% reported smoking at diagnosis. 43.5% of cases had missed (n=7) or delayed (n=3) at least one routine cervical cancer screening prior to diagnosis. 39.1% experienced delayed or missed follow-up after abnormal Pap results. Reported barriers for routine screening and follow-up included pandemic-related service interruptions, deployment or domestic posting, pregnancy, and childcare challenges. 39.1% (n=9) had an abnormal result at the first recorded Pap test in the system. HPV vaccination completion was recorded for 52.2% of cases, and among those tested for HPV (n=19), 31.6% were positive for types 16 or 18. Invasive cancer accounted for 56.5% of diagnoses, with 92.3% of invasive cases presenting at FIGO stage I. Histology included squamous cell carcinoma (69.2%) and adenocarcinoma (30.8%). The median interval from abnormal screening result to diagnosis was 3.1 months (range: 0.7–61.9). No cervical cancer–related deaths were identified.

Conclusion: This case series provides the first comprehensive description of cervical cancer among CAF Regular Force members over more than a decade. Findings highlight important opportunities to strengthen CAF prevention efforts, including improving screening participation and reducing delays in follow-up of abnormal tests. Enhanced reminder systems, reducing barriers to screening including self-testing, and targeted health promotion may reduce preventable cervical cancer and support the health and operational readiness of CAF personnel.

P139: Osseointegrated Implants for Upper-limb Bone-anchored Prostheses: A Synthesis of Clinical Effectiveness and Safety Evidence

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Introduction: Although upper-limb amputation (ULA) is relatively uncommon in the Canadian Armed Forces (CAF) population, it is associated with profound functional limitations and often career-ending consequences. CAF members and veterans with ULA desire the most advanced technologies to restore arm function. Osseointegration (OI) for direct attachment of upper-limb bone-anchored prostheses (BAP) is a promising alternative to socket-based prosthesis systems. The adoption of emerging technologies such as OI requires robust evidence to inform clinical decision-making, particularly in military contexts where treatment decisions must balance functional recovery, long-term risk, and operational readiness. Given the limited evidence on clinical effectiveness and safety, this systematic review aimed to synthesize available evidence to address this gap.

Methods: A systematic review was conducted following PRISMA guidelines. Eight databases were searched up to July 2025. Eligible studies included adults with ULA receiving osseointegrated implants. Outcomes of interest included pain and sensation, health-related quality of life (HRQoL), functional outcomes, prosthetic use and control, adverse events, and patient-reported experiences. Risk of bias was assessed using validated tools, and certainty of evidence was evaluated using GRADE.

Results: Thirty-six studies, including 174 participants (mean age at osseointegration 40.8 ± 14.1 years), were included. Most amputations were trauma-related (87.6%), with transhumeral (49.4%) and digit (37.2%) levels most common. Outcome reporting was heterogeneous, and most studies lacked pre–post comparisons. Among those with comparative data, consistent improvements were observed in pain, range of motion, performance and patient-reported activity, prosthetic use, and prosthetic control. HRQoL findings were mixed. Qualitative findings supported improvements in prosthetic control and suggested perceived gains in sensation not captured quantitatively. The most common adverse events were superficial infections, followed by implant removal and mechanical complications. Overall, the certainty of evidence was very low due to methodological limitations, small sample sizes, and inconsistent reporting.

Conclusion: OI for upper-limb amputation shows potential benefits in pain, function, and prosthetic use and control. However, the current evidence is limited and of very low certainty. Rates of complications and inconsistent reporting of outcomes underscore the need for rigorous, multicentre, prospective studies using standardized measures to establish long-term safety and effectiveness. Although OI is clinically relevant across populations with upper-limb amputation, including military and veteran populations, evidence specific to these groups remains scarce. This limits the ability to accurately inform risk–benefit discussions and highlights the urgent need for high-quality, population-specific data.

P147: Prehospital Dried Plasma Transfusion for Hemorrhagic Shock: A Systematic Review

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Introduction: Hemorrhagic shock is a significant contributor to prehospital mortality, where timely transfusion is critical for survival. As conventional thawed plasma product use is limited in prehospital settings due to storage and preparation constraints, dried plasma (DP) offers advantages of rapid reconstitution and extended shelf life. This systematic review assesses the clinical, safety and feasibility outcomes of prehospital dried plasma implementation, across civilian and military contexts, including lyophilized and spray-dried formulations.

Methods: A search strategy was developed with an information specialist. MEDLINE, Embase and the Cochrane Library were searched from inception to September 9th, 2025. Study designs in English or French that discussed prehospital DP programs in military and civilian settings were included. Two independent reviewers assessed for inclusion and exclusion criteria, with discrepancies resolved by a senior investigator. Clinical outcomes regarding DP implementation were extracted and synthesized.

Expected Results: 572 studies were identified for abstract screening, resulting in 96 studies for full-text review, of which 25 were selected for data extraction. Sixteen (64%) studies were in prehospital military settings, six (24%) in civilian settings and the remaining three (25%) discussed both military and civilian contexts. Of these studies, three (12%) used randomized control trial methodology, fourteen (56%) were observational, six (24%) were descriptive and two (8%) included mixed methods. Clinical and safety outcomes related to DP administration consisted of 6 endpoints, including all-cause in-hospital mortality, 30-day mortality, median INR results on ED arrival, INR results >1.5 on ED arrival, transfusion-related complications within 24h of ED arrival and total adverse events reported. Amongst the 3 randomized control trials, no significant differences in mortality or INR results were found between the dried plasma and control groups. Synthesis of discussions from the descriptive and observational studies found that dried plasma can be safely administered by paramedic providers in combat and civilian EMS systems, while also showing that it is consistently faster to administer, easier to store, and more practical than frozen plasma in resource-limited settings.

Conclusion: Preliminary research suggests that prehospital dried plasma is safe and feasible for use in austere and rural environments, offering logistical advantages due to no cold-chain requirements. Dried plasma provides access to coagulation and intravascular support at the point of injury, serving as a bridge to full-spectrum transfusion. However, current evidence does not demonstrate clear mortality benefits. Further high-quality, system-specific trials with targeted patient selection are needed to clarify its clinical impact across diverse prehospital care models.

P149: Risk Stratification for Pre-deployment Dental Health Screening

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Introduction: Prior to deployment, Canadian Armed Forces (CAF) members must meet certain criteria, including dental readiness at a certain Dental Fitness Classification (DFC). Members assessed as DFC 1 or 2 at their last exam are considered deployable for a set fitness interval (12, 18 or 24 months), while those at DFC 3 are deemed non-deployable until appropriate treatment is completed. If their interval elapses without reassessment they are classified as DFC4 (Undetermined) and are also considered non-deployable.

The percentage of Undetermined members increased during the COVID-19 pandemic and a backlog remains. Therefore, in the event of a large deployment, many members need to be rapidly examined and potentially treated. Director Dental Services staff created a model to predict the classification of DFC 4 members, to prioritize and risk manage who should be examined when resources are limited. We were tasked with assessing the performance of the model and proposing improvements.

Methods: Roughly 50 000 assessment results and risk factor scores from 2024 and 2025 were examined. We used a receiver operating curve as well as confusion matrices to communicate the trade-off of using various risk score cut-off thresholds using the current model. Finally, we then used multiple logistic regression to determine if we could construct a more specific and sensitive model using additional factors suggested by Dental Services.

Expected Results: Lower risk score thresholds identi-

fied a high percentage of the true positive cases while also generating a large percentage of false positives (which would require a higher percentage of the DFC 4 population to be examined), while the higher thresholds identified a smaller percentage of true positives while requiring fewer exams. While no threshold clearly outperformed the others, the optimal threshold had a sensitivity of 66.7%, a specificity of 57.7% and required the screening of 44.2% of the level 4 population. All thresholds examined had a balanced accuracy between 59.3% and 62.2%, meaning that using any threshold would be better than randomly selecting members, but trade-offs and room for improvement remain.

Conclusion: Our analysis allows the deploying commander to make a risk-informed decision about the potential dental casualty state of members in their rotation given the resources available. Specifically, if resources exist to examine approximately one third, one half, or two thirds of members in an unknown state, our results give an estimate of the number of members in potential dental casualty state that will be missed.

P160: Point-of-Care Traumatic Brain Injury Biomarker Detection: Evaluating the i-STAT Alinity System in Canadian Armed Forces Breachers Live-Fire Training Exercise

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Introduction: Canadian Armed Forces (CAF) breachers are exposed to repetitive low-level blast overpressure (BOP) on a near-daily basis during training, leading to cumulative subconcussive neural stress. Despite growing evidence of long-term neurological changes due to BOP, no biomarker-based point-of-care (POC) monitoring tool exists to monitor repetitive subconcussive blast exposure. The Abbott i-STAT Alinity whole-blood traumatic brain injury (TBI) cartridge (FDA and Health Canada approvals in 2024 and 2025, respectively) simultaneously quantifies glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl-terminal hydrolase L1 (UCH-L1) in whole blood within 15–20 minutes. This proof-of-concept study is the first to evaluate the i-STAT system in active-duty CAF breachers during a multi-day blast training exercise.

Methods: Seven CAF breachers completed a five-day breaching training. Dipotassium ethylenediaminetetraacetic acid (K2EDTA) whole blood was collected at Day 4 (D4) post-training and Day 5 (D5) pre- and post-training. Self-reported concussion symptomatology was assessed using the Rivermead Post-Concussion Symptoms Questionnaire (RPQ) at each training session. All inferential analyses used a Bayesian framework; results are reported as posterior medians with 95% credible intervals (CrI).

Results: GFAP was below the device limit of detection (47 pg/mL) in all participants at all time points. UCH-L1 partially recovered overnight (D4 post-training to D5 pre-training; –78.9 pg/mL [95% CrI: –137.9, –12.6], P = 0.989) and rose D5 pre- vs post-training (+75.7 pg/mL [95% CrI: +16.2, +128.7], P = 0.991), suggesting incomplete overnight clearance and acute re-elevation with continued blast exposure. One participant exceeded the device clinical threshold of 360 pg/mL at D4 post-exposure (376 pg/mL) and demonstrated persistently elevated RPQ-13 scores despite a flat somatic symptom profile, suggesting a pattern consistent with compensated neural stress. At the group level, UCH-L1 and RPQ scores were not consistently associated with each other.

Conclusion: The i-STAT Alinity whole-blood TBI cartridge detected subconcussive blast-related elevations in UCH-L1 among CAF breachers during a breaching exercise. This observed elevation–recovery–re-elevation pattern, one clinical-threshold exceedance, and biomarker–symptom dissociation support the feasibility of field-deployable BOP monitoring. Beyond the training environment, the i-STAT platform has clear operational relevance in remote and austere military settings, including Arctic and northern operations along with shipborne deployments, where hospital-based neuroimaging is not available and point-of-care mild TBI triage may be critical. These findings support prospective evaluation of the i-STAT whole-blood TBI cartridge as a practical brain health surveillance tool across CAF operational environments.

P165: The 2024 Military Death March: Injury Visits Surrounding the Event

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Introduction: Maintaining morale and fitness among deployed personnel supports health, well-being, operational effectiveness, and mission success. Structured optional activities (e.g., sports and cultural events) are

used to bolster morale and fitness in deployed settings but may increase injury risk. The Military Death March (MDM), an adaptation of the Czech commemorative march, has been held annually within the NATO Multinational Brigade Latvia (MNB-LVA) since 2021, offers 21km, 39km, and 57km distances completed in a single day, with the latter two carrying ≥25 kg of military equipment with embedded medical support. The objective of this study was to describe injury-related-visits and operational impacts associated with participation in the 2024 Military Death March (MDM-24), and to assess whether this single high-intensity optional event was associated with increased medical burden and reduced readiness among deployed CAF personnel at MNB-LVA.

Methods: The study population included all 498 CAF participants in the MDM-24. Medical encounters were recorded by on-site clinical teams in the Disease and Injury Surveillance System. Descriptive statistics were derived, and between-day comparisons were made using t-tests at a 95% confidence level. Outcomes included total number of injury-related-visits, visit rates, body region, injury type (musculoskeletal [MSK] vs. non-MSK), disposition, specialist referrals, and duty days lost. Three military health-team members provided qualitative descriptions of the healthcare burden resulting from the MDM-24.

Results: Among 498 CAF participants, 78 (15.7%) injury-related-visits were recorded. Non-MSK injuries accounted for 65.4% of injury-related-visits. By body region, foot injuries were most common (48.1%), followed by leg (11.4%), skin (8.9%), and knee (7.6%). Duty restrictions were issued to 5.4% of injury-related-visits, resulting in 34 cumulative duty days lost. 6.5% of CAF injury-related-visits were transferred and referred to specialists (physiotherapist). Among the entire deployed 2402 rotation, 5.5% sustained ≥1 injury on the day of the event, almost a 10-fold increase of the average daily percentage of 0.6% (95% CI: 0.5–0.7). Specialist referrals also significantly exceeded the average daily percentage of 0.50% (95% CI: 0.18–0.82), indicating an event-linked surge in overall injuries and health services utilization, corroborated by the on-site health team.

Conclusion: A single, optional high-intensity event was associated with a statistically significant increase in injuries, specialist referrals, and duty limitations, with potential impacts to readiness. While long-term effects could not be assessed, these findings suggest the need to review risk-mitigation measures such as graded load carriage, pre-participation preparation, and appropriate distance selection. Command decisions should balance morale and fitness benefits against the risk of preventable injuries and downstream operational disruption.

MIXED MENTAL AND PHYSICAL HEALTH AND WELL-BEING

Podium Presentations

1B01: Functional Recovery and Work Reintegration After Traumatic Brain Injury in Public Safety Personnel: A Systematic Review and Meta-Analysis

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Introduction: Public safety personnel (PSP) are at heightened risk of traumatic brain injury (TBI) and often encounter distinct challenges when resuming daily activities, including return to duty (RTD). Despite this, there is limited consolidated evidence on interventions that address functional recovery and work reintegration within this population. The study was designed to systematically examine and synthesize the evidence on interventions targeting functional recovery and RTD among PSP with TBI.

Methods: A systematic search of MEDLINE, CINAHL, EMBASE, PsycINFO and Scopus was conducted on January 23, 2026. Eligible studies included TBI in PSP populations, which we defined as military personnel, law enforcement, firefighters, paramedics, corrections officers, and public safety communicators. Study designs included randomized trials, quasi-experimental designs, cohort studies, case studies, and mixed-methods research reporting functional outcomes. Outcomes were categorized using the International Classification of Functioning, Disability and Health (ICF) framework. Findings were synthesized narratively with meta-analysis conducted where feasible. Risk of bias was assessed using the Joanna Briggs Institute tools, and overall certainty of evidence was assessed using GRADE.

Results: A total of 21 studies were included (9 randomized controlled trials, 5 cohort studies, 4 quasi-experimental studies, and 3 case studies). The majority of studies focused on military populations, with only two involving civilian PSP (firefighters and police). Interventions spanned cognitive rehabilitation, psychological and mental health approaches, interdisciplinary programs, simulation-based training, and physical rehabilitation. A meta-analysis of functional cognitive

outcomes demonstrated a small but statistically significant effect with low heterogeneity ($I^2 = 10.3\%$), indicating consistency across studies. Narrative findings suggested variable, though generally positive, effects on body function outcomes. Participation-level outcomes, including RTW, were inconsistently defined and infrequently reported, limiting quantitative synthesis. According to GRADE, the certainty of evidence ranged from very low for participation outcomes to moderate for functional cognition.

Conclusion: Interventions for PSP with TBI appear to yield modest but consistent improvements in functional cognition at the activity level. However, there is limited, low-certainty evidence regarding their impact on participation outcomes, such as RTW. The predominance of military-focused studies and heterogeneity in outcome measurement constrain applicability to broader PSP populations. Further research is needed to strengthen the evidence base, particularly in civilian PSP groups and participation-level outcomes.

3A01: Mortality Surveillance of Active-duty Canadian Armed Forces Personnel: 2010-2024

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Introduction: Mortality surveillance is a critical function of military public health and informs health promotion and occupational health countermeasures in the pursuit of force readiness. This study presents updated research (2010-2024) on mortality trends in the Canadian Armed Forces population, with a view towards examining key areas for mortality prevention.

Methods: This study used data from the CAF Mortality Registry, which was developed by collating information on in-service deaths among active CAF Regular Force members from the electronic health record, official coroner's reports, board of inquiries, and flight safety investigations. Documented manner and cause of death along with mechanism of injury were extracted and converted to standard World Health Organization (WHO) mortality codes. Demographic and occupational information for active-duty personnel was tabulated using CAF human resource data for the 15-year period from 2010 to 2024 inclusive. Incidence rates (IR) and ratios (IRR) were calculated via Poisson regression using the exact method while accounting for population size. Proportional burdens of mortality were determined for each gender and age group and IRs calculated per 100,000 person-years (py) of observation.

Results: 663 in-service deaths were recorded in over 971,000py of observation during the study period, with an overall mortality rate of 68.3 per 100,000py. Natural deaths accounted for 43% of all mortality, with cancer comprising 54% and cardiovascular disease (CVD) 31% of causes of death in this category. Suicide accounted for 34% of all-cause mortality and accidental death 15% with MVA (45%) and poisoning or overdose (17%) the most common causes of unintentional death. The incidence of all-cause mortality among males (IR=72.7) was 1.7 times greater than females (IR=42.7) during the study period. Male CAF personnel had twice the rate of suicides (IRR 2.1; $p<0.01$), more than twice the rate of accidental death (IRR 2.7; $p<0.01$) and five times the rate of CVD death (IRR 5.0, $p<0.01$) compared to female active-duty members.

Conclusion: While the overall rate of natural death was statistically equivalent between active CAF Regular Force male and female personnel, the observed rate of accidental and self-harm deaths was significantly increased among males during the study period. Gender differences in the rate of CVD deaths and specific mechanisms of accidental injury highlight the need for targeted health promotion initiatives and the ongoing monitoring and communication of health risk behaviours. These results are discussed in the context of published military reports from both allied military countries and the general Canadian population.

3B03: Bridging Military and Veteran Health Research: Examining Menopause Transition Across the Service to Civilian Life Continuum

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Introduction: Women serving in the Canadian Armed Forces (CAF) and women Veterans represent a growing population whose health needs have historically been understudied, particularly in relation to the menopause transition (MT) as they age. Emerging evidence suggests that stressful and/or traumatic occupational experiences impact the severity and onset of MT, further influencing injury risk, operational readiness, and long-term health outcomes, yet little research has examined how military service intersects with menopause

experiences across the service – transition – civilian life continuum. This project reflects a collaborative research initiative between Defence Research and Development Canada (DRDC) and Veterans Affairs Canada (VAC), designed to explore and collect evidence and lived experiences relevant to serving CAF women and women Veterans. Developing targeted interventions and evidence-based recommendations for prevention, symptom management, and health promotion will support continuity of care and equitable health policy development.

Methods: This mixed-methods study jointly led by DRDC and VAC, has received approval from the DRDC Human Research Ethics Committee. Inclusion criteria include serving women CAF members or Veterans 18+. National recruitment strategies will promote 2SLGBTQI+, Indigenous, and visible minority representation across identity groups to enable intersectional analysis. Data collection will include an electronic survey using a cross-sectional, exploratory design with convenience and snowball sampling, followed by semi-structured interviews with a subsample to capture contextual experiences. The study examines factors associated with menopause onset and symptom severity, potential associations with trauma, and PTSD, and MT experiences during and after service and health care access. Collaboration between DRDC and VAC ensures policy, research, and clinical alignment.

Expected Results: As this is an ongoing project; results are forthcoming. Anticipated findings include improved understanding of how military service-related exposures, health histories, psychosocial factors, and access to appropriate health services influence MT experiences among both serving and Veteran women. The study is expected to identify similarities and differences in health care access, preferences, and gaps across service status, informing shared evidence for CAF and VAC.

Conclusion: This collaborative DRDC–VAC research initiative addresses a critical gap in military and Veteran women's health by examining MT across the service – transition – civilian life continuum. By integrating data from serving CAF women and women Veterans, the project supports the development of coordinated, evidence-informed interventions aimed at reducing injury risk and improving health and well-being outcomes. Findings will inform policy, clinical practice, and future research, advancing equitable support for diverse groups of women across and beyond their military careers.

3C01: Adherence to the Canadian 24-Hour Movement Guidelines and health profiles among Canadian Armed Forces members during pregnancy and the postpartum period

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Introduction: The Canadian 24-Hour Movement Guidelines (24HMG) describe how physical activity, sedentary behaviour, and sleep jointly influence daily health. While adult 24HMG are widely used in population health surveillance, pregnancy and the postpartum period involve distinct physiological and functional demands. During these stages, movement behaviours may align with mental health symptoms, injury or pain, pelvic health concerns, and disrupted sleep, yet are often examined in isolation. This study examines whether adherence to prenatal and postpartum 24HMG components is associated with more favourable health profiles among Canadian Armed Forces (CAF) members.

Methods: Cross-sectional analyses were conducted using data from the Prenatal and Postpartum Program (PNP3) outcome survey, with data collection ongoing from May 2024 to December 2026. Adherence to the 24HMG was defined based on self-reported moderate to vigorous physical activity, sedentary time of eight hours per day or less, and guideline consistent sleep duration. Due to small cell sizes, participants meeting zero or one guideline component were grouped, resulting in three adherence categories (0–1, 2, or 3 components). Outcomes included elevated depressive symptoms, injury or pain related functional interference, pelvic health impact, and poor sleep quality. Associations were estimated using modified Poisson regression with robust standard errors, adjusting for relevant covariates.

Results: Among prenatal CAF members (n=304), 29.3% met all three 24HMG components, 43.5% met two components, and 27.2% met zero or one component. Compared with those meeting all three components, prenatal participants meeting zero or one component had higher risks of elevated depressive symptoms (RR=1.96, 95% CI 0.79–4.86), musculoskeletal trouble (RR=1.54, 95% CI 1.21–1.96), pain presence (RR=1.15, 95% CI 0.68–1.96), any pelvic floor impact (RR=1.13, 95% CI 0.94–1.35), and poor sleep quality (RR=2.94, 95% CI 1.91–4.51).

Among postpartum CAF members (n=371), 27.7% met all three components, 43.5% met two components, and 28.8% met zero or one component. Relative to those meeting all three components, postpartum par-

ticipants meeting zero or one component had higher risks of poor sleep quality (RR=1.79, 95% CI 1.42–2.25), elevated depressive symptoms (RR=1.21, 95% CI 0.51–2.85), musculoskeletal trouble (RR=1.20, 95% CI 0.90–1.58), pain presence (RR=1.24, 95% CI 0.81–1.88), and pelvic floor impact (RR=1.22, 95% CI 0.90–1.65). Participants meeting two components demonstrated intermediate risk estimates.

Conclusion: Incremental adherence to the 24HMG was associated with more favourable health profiles among CAF members during pregnancy and the postpartum period. Viewing movement behaviours across the full day underscores the importance of continuing to promote healthy behaviours through targeted efforts such as PNP3.

3C03: Sex differences in health and readiness indicators associated with adherence to the Canadian 24-Hour Movement Guidelines in the Canadian Armed Force: 2025 Canadian Armed Forces Health Survey Findings

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Introduction: Physical activity, sedentary behaviour, and sleep collectively shape daily movement patterns and influence physical and mental health. The Canadian 24-Hour Movement Guidelines (24HMG) integrate these behaviours into a single evidence-based framework, reflecting growing recognition of their interdependence. National studies suggest most adults meet at least one guideline, but few meet all three. Adherence to the 24HMG is generally associated with more favorable health indicators in the Canadian civilian population. To date, analyses have not included full-time members of the Canadian Armed Forces (CAF), a population with distinct occupational demands and health risks. More importantly, the extent to which these movement patterns align with indicators relevant to CAF military health and readiness - particularly mental health, musculoskeletal injuries, and physical fitness - has not been examined. Using national health survey data, this study characterizes 24HMG adherence patterns and explores associations with selected health and readiness indicators, with particular attention to sex-related differences.

Methods: This study uses self-reported Regular Force population-based data from the 2025 Canadian Armed Forces Health Survey (CAFHS) (n = 7,413), a cross-sectional survey administered to a stratified simple random sample of CAF personnel. Movement exposures include measures of physical activity, sedentary behaviour, and sleep duration derived from standard survey items. Survey-weighted descriptive analyses will be used to characterize adherence to the 24HMG (one, two, or all three guidelines met) and examine unadjusted associations with screen-positive mental illness, musculoskeletal injury, and successful military physical fitness testing. Hypotheses will be evaluated using sex-stratified regression models adjusted for relevant covariates selected a priori. Estimates will be obtained by comparing personnel meeting all three 24HMG recommendations (reference group) with those meeting fewer.

Expected Results: Analyses are ongoing. Descriptive results are expected to demonstrate graded patterns of adherence to the 24HMG. Exploratory analyses are anticipated to identify associations between higher levels of guideline adherence and more favourable mental, physical, and readiness-related health indicators. Sex-stratified analyses are anticipated to reveal variation in adherence patterns and in the strength of associations across strata. Final analyses are expected to be completed by summer 2026.

Conclusion: This study will provide the first population-level description of 24HMG adherence within the CAF including sex-specific findings on how daily movement patterns relate to health and military readiness indicators. While limited by self-reported, cross-sectional data, results will offer sex-specific insights to support hypothesis generation, inform future analytic work, and guide the development of targeted health promotion and disease prevention strategies, within the military context.

3E01: Patterns Of Intimate Partner Violence and Abuse Among Military Personnel and Veterans: A Scoping Review

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Introduction: Existing research shows that military personnel and veterans have higher rates of intimate partner violence and abuse (IPVA) compared to the civilian population and may experience different dynamics around IPVA due to the unique nature of military service. IPVA is a multi-faceted phenomenon which can take different forms and patterns over time, with varied impacts on physical and psychological health. However, it is unclear what the scope of current research is in

relation to different IPVA patterns among military personnel and veterans, or how studies approach identifying these patterns. This inhibits accurate comparison and interpretation of findings from existing research. The aim of this scoping review is thus to systematically review existing research on IPVA among military personnel and veterans by critically examining how studies define, conceptualise and measure different IPVA types and patterns.

Methods: This review is being conducted as a scoping review, due to its suitability for clarifying key concepts and definitions in existing literature and examining key characteristics and methodological approaches related to a phenomenon of interest. The review is following the Joanna Briggs Institute (JBI) framework for scoping reviews and the PRISMA-ScR checklist. Literature searches were conducted on MEDLINE, PsycINFO, Embase, and Web of Science using librarian-reviewed search terms and MeSH headings. A second reviewer will independently screen 10% of the titles and abstracts. A review protocol was registered via the Open Science Framework (https://doi.org/10.17605/OSF.IO/HS93Y).

Expected Results: The searches generated 2,219 results after de-duplication, with title and abstract screening currently underway. Based on previous reviews of the military IPVA literature with similar parameters, it is expected that following full-text screening, approximately 150-180 records will be included in the review. Data extraction will focus on study characteristics, study design, sample and participant information, IPVA types and other IPVA characteristics (e.g. directionality, symmetry) reported in the study and relevant definitions, IPVA measures used, and analytical approach used to identify IPVA patterns. It is expected that there will be significant heterogeneity in studies' definitions, conceptualisations and measures of IPVA patterns, and that reporting of IPVA characteristics other than type of IPVA will be limited.

Conclusion: The review will help advance understanding of the heterogenous nature of IPVA among military personnel and veterans. This will help identify avenues for better mitigating and addressing the health impacts of different IPVA patterns through effective screening and nuanced treatment approaches. The review will also identify evidence gaps and priorities for future research on military IPVA.

4A01: Mapping Population-Based Data Sources to Support Observational Health Research of Diverse Military and Veteran Populations

Campbell, Sarah, MAHSR[1]; Gibson, Kirstian, PhD[1]; Edwards, Rosann, PhD[1]; Richards, Emily, PhD[1]; Magalhaes, Sandra, PhD[1]

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Introduction: This scoping review was conducted as one component of an environmental scan aimed at assessing the feasibility of an observational health research platform for diverse Canadian Armed Forces (CAF) members and Veterans (hereafter: diverse military populations). The healthcare utilization (HCU) trends and health outcomes of diverse military populations are chronically understudied, in part due to fragmented datasets and persistent gaps in diversity-related identifiers. As Canada advances commitments to inclusive recruitment and retention strategies, clarity regarding existing data assets and their structural limitations is urgently needed. This study aimed to systematically map population-based data sources relevant to observational health outcomes research on diverse military groups, and to evaluate their suitability to support equity-oriented health research.

Methods: We conducted a rapid scoping review to inform an inventory of HCU, administrative, and survey datasets in which CAF members, Veterans, and/or military families are reliably identified. Sources were systematically extracted and synthesized, with supplemental evidence sought through targeted website searches. Data custodians and datasets were evaluated using the Findable, Accessible, Interoperable, and Reusable (FAIR) principles of data management. An extensive set of diversity variables were identified and defined, and their availability within each data environment was catalogued. Results were synthesized narratively and summarized in structured tables.

Results: A total of 51 sources informed the identification of 57 datasets managed by three custodians: the Department of National Defence (DND) and/or CAF (12 datasets), Statistics Canada (StatCan; 32 datasets), and the Institute for Clinical Evaluative Sciences (ICES;13 datasets). Custodians were universally compliant with the Findable criteria, while StatCan and ICES complied with the accessibility and reusability principles. Interoperability emerged as the primary constraint across environments. Diversity-related variables beyond age and sex were inconsistently collected, with limited integration between identity data and

health records. Service-related identifiers outside of DND/CAF are fractional and incongruous across data sources.

Conclusion: While data assets exist to support health research among military-connected populations, data fragmentation across military-civilian transitions restricts opportunities for effective longitudinal analysis and comparative analyses across military-civilian populations. Research involving diverse military populations is further constrained by a lack of appropriate identifiers to support stratification and intersectional analyses. By systematically mapping and evaluating existing datasets and environments, this study demonstrates what research may be feasible within the current data landscape, and informs strategies to improve data collection, linkage, and governance. However, additional inquiry is required to understand contextual, cultural, and political considerations that may shape observational health outcomes research among diverse military populations.

4A02: Exploring the Feasibility of Data Access, Linkage, and Governance of Diverse Military Members and Veterans Health Information: A Key Informant Interview Study

Gibson, Kirstian, PhD[1]; Campbell, Sarah, MAHSR[1]; Edwards, Rosann, PhD[1]; Richard, Emily, PhD[1]; Magalhaes, Sandra, PhD[1]

[1]University of New Brunswick

Introduction: This qualitative inquiry was one component of an environmental scan aimed at assessing the feasibility of an observational health outcomes research platform for diverse Canadian Armed Forces (CAF) members and Veterans (hereafter: diverse military populations). While existing data sources have the potential to support population-based research, a complex interaction of methodological, policy-related, and institutional factors create significant barriers to advancing this work. The current study aims to identify and describe key considerations affecting feasibility, based on the experience and expertise of key informants, to inform strategies that mitigate barriers and leverage existing assets in advancing equity-focused research among increasingly diverse military populations.

Methods: This qualitative study employed semi-structured key informant interviews (n=15). Purposive and snowball sampling were used to recruit data custodians, health policy experts, researchers with expertise in military and Veterans' health, and privacy experts. Interviews were conducted virtually using Microsoft Teams, audio-recorded, and transcribed verbatim. Interview questions explored issues related to data accessibility, privacy and consent, data linkage feasibility, methodological challenges, governance structures, and resource requirements. Transcripts were analyzed using a hybrid analytic approach combining Braun and Clarke's six-step thematic analysis with framework analysis. Coding was conducted independently by two researchers, with iterative refinement of themes through team discussion to enhance rigour and credibility.

Results: Analysis revealed several cross-cutting themes. Participants emphasized the central role of coordinated governance, including representation from people with lived and living experience, and sustained inter-organizational collaboration in enabling data access and linkage. Privacy and confidentiality concerns, particularly related to small cell sizes and the identifiability of diverse military populations, were identified as significant constraints. Methodological challenges included inconsistent identifiers, limited availability of standardized diversity variables, and barriers to linking data from military and civilian data sources. Resource-related constraints, including time, personnel, and infrastructure requirements, were frequently cited. Participants highlighted opportunities to leverage existing data platforms, partnerships, and governance models rather than creating entirely new systems.

Conclusion: While significant privacy, methodological, and resource barriers exist, an equity-focused research platform may be feasible within a collaborative governance framework built upon existing infrastructure; however, clarity around research priorities, data access, analytical approaches, and communication of findings must be established. Privacy and confidentiality considerations must weigh issues of consent, legislative authority, and national security. Capacity, resource, and time constraints can be mitigated through designated and sustained investment. These findings have important implications for policy, data stewardship practices, and future research aimed at strengthening equitable health policy for diverse military populations.

4A03: Exploring Privacy, Confidentiality and Consent in Equitable Military and Veteran Health Research, Health Data Access, and Data Tracking: Findings from an Interest-Holder Focus Group Study

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Introduction: This qualitative inquiry was conducted as part of an environmental scan assessing the feasibility of an observational health research platform for diverse Canadian Armed Forces members and Veterans (hereafter: diverse military populations). Previous phases focused primarily on technical feasibility and governance, with limited attention to the perspectives of women and diverse CAF members, Veterans, and healthcare providers regarding data use, privacy, and acceptability. Understanding these perspectives is critical to health research initiatives are ethically grounded, appropriate, responsive, and equitable. This study aimed to explore interest holders' views on the perceived benefits, risks, and acceptable uses of diverse military population's health data for research.

Methods: Semi-structured focus groups were employed as part of a broader environmental scan. Purposive sampling was used to recruit diverse military populations and healthcare providers with experience with these populations. A total of 6 focus groups, each comprising up to 6 participants, were conducted via Microsoft Teams (n=17). Discussions explored perceptions of health data tracking, privacy, consent, data governance, and priorities for an equity-focused health research platform. Sessions were recorded, transcribed verbatim, and deidentified. Data were analyzed in NVivo v15.4 using a hybrid approach combining thematic analysis and framework analysis, enabling systematic comparison across groups while remaining grounded in participants' lived experiences.

Results: Participants described a culture of distrust and reluctance to disclose health information, driven by concerns about stigma, career repercussions, and misuse of data. While participants acknowledged that health data already exist, many emphasized that current data do not accurately reflect lived experiences due to underreporting, inconsistent documentation, and limited capture of intersecting identities. Despite these concerns, participants strongly endorsed the value of longitudinal health research, particularly when data capture the intersections of gender, diversity characteristics, and military occupation. Key priorities included transparency, participant agency, mechanisms for re-consent, and clear accountability for data use. Participants identified topics and data uses they considered inappropriate or harmful, underscoring the importance of ongoing consultation on research initiatives.

Conclusion: Findings highlight that acceptability, trust, and perceived relevance are as critical as technical feasibility in developing health research initiatives for diverse military populations. While participants identified concerns related to privacy and misuse, they also articulated clear conditions where data use would be supported. These findings contribute novel, lived-experience-informed insights and underscore the importance of co-developing health data platforms with those under study. The results have important implications for research practice, data governance, and policy aimed at advancing equitable military and Veteran health research.

4A04: Building a Foundation for Inclusive Health Research: Feasibility Study on Health Outcomes Monitoring Across the Military-Civilian Continuum

Magalhaes, Sandra, PhD[1]; Gibson, Kirstian, PhD[1]; Campbell, Sarah, MAHSR[1]; Richard, Emily, PhD[1]; Edwards, Rosann, PhD[1]

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Introduction: This study assessed the feasibility of developing an observational health outcomes research platform for diverse Canadian Armed Forces (CAF) members and Veterans (hereafter: diverse military populations), given existing data assets, governance models, and cultural contexts. While Canada holds extensive healthcare utilization (HCU), administrative, and survey data, multiple other dynamics influence the feasibility of an equity focused, longitudinal health research platform. Employing a multi-phased environmental scan we mapped relevant data sources, investigated key informant and interest holder perspectives, and synthesized findings into actionable recommendations for implementation.

Methods: An environmental scan employing Shahid and Turin's five-step environmental scan framework was conducted in three integrated phases. Phase I consisted of a rapid scoping review of federal and provincial/territorial HCU, administrative, and survey datasets, assessed using the FAIR (Findable, Accessible, Interoperable, Reusable) principles of data management. Phase II involved semi-structured key informant interviews with data custodians, policy experts, researchers, and privacy officers. Phase III employed virtual focus groups with women and diverse CAF members, Veterans, and healthcare providers.

Qualitative data were analyzed using a hybrid thematic and framework analysis. Findings were synthesized and a strengths, weaknesses, opportunities and risks (SWOT) analysis was conducted to assess overall feasibility and inform recommendations in key areas.

Results: Integrated findings indicate that an equity focused health outcomes research platform is technically and methodologically feasible but highly contingent on governance alignment, sustained collaboration, and a safe, inclusive culture. Identified strengths included extensive existing data assets across custodians, mature secure data environments, and precedent for cross sector linkage. Key weaknesses were the structural fragmentation of data compromised data accuracy and completeness due to underreporting, deficits, and inconsistencies in diversity-related identifiers, a lack of transparency in military data governance, and resource and capacity limitations. Opportunities included leveraging established infrastructure, piloting incremental linkages, harmonizing diversity identifiers, and strengthening trust through co-governance and transparency. Identified threats included complex privacy implications, jurisdictional barriers, political volatility, and cultural resistance to measuring inequities.

Conclusion: Contrary to assumptions of data scarcity, the primary barriers to equitable health research for women and diverse CAF members and Veterans relate to integration, governance, and trust rather than availability. This study provides one of the first comprehensive, multi-stakeholder feasibility assessments in this domain, integrating technical, methodological, and lived-experience perspectives. Key recommendations integrating findings across studies have important implications for people, policy, and future research seeking to advance equitable, responsible military and Veteran population health surveillance in Canada.

5A01: Noise and Blast Exposures in the Canadian Armed Forces: Findings from the Canadian Armed Forces Health Survey 2025

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Introduction: Noise exposure is a pervasive occupational risk for military personnel, arising from routine training, job tasks, and combat-related activities. Exposure to continuous high-intensity noise, small-arms fire, heavy weapons, and blast events has been linked to auditory and non-auditory health outcomes, including hearing loss, tinnitus, and cognitive effects. Beyond individual health consequences, noise-related injuries can negatively affect force readiness and operational performance. The Canadian Armed Forces Health Survey (CAFHS) 2025 collected health-related data from a stratified random sample of CAF personnel, including details of noise exposure. The aim of this analysis was to describe noise and blast exposure patterns to inform prevention strategies and guide future research on service-related health outcomes.

Methods: We will conduct a cross-sectional analysis of CAFHS 2025 data from Regular Force (n = 7,413) and Reserve Force (n = 2,235) members. Survey weights will be applied to generate estimates representative of the total CAF population. Self-reported frequency of exposure to four noise types—continuous high-intensity noise, small-caliber firearms, heavy weapons or explosives, and blast exposure—will be examined separately using descriptive statistics. Crude and adjusted ordinal logistic regression models will be used to assess associations between frequency of exposure (seven levels of exposure from never to daily) to each noise type and demographic and occupational characteristics, including sex, age, service component, command, rank, trade group, years of service, and history of deployment. In addition, a composite noise exposure measure will be derived to capture cumulative exposure across multiple noise sources and assessed using the same ordinal logistic regression approach described above.

Expected Results: We anticipate that a substantial proportion of respondents will report recurrent exposure to high-intensity noise. Continuous noise and small-caliber firearms are expected to be reported at higher frequencies than heavy weapons or blast exposure. Differences in exposure patterns are expected by sex and between Regular and Reserve Force members, as well as across occupational groups and service characteristics. The composite exposure measure will identify subgroups experiencing higher cumulative noise exposure.

Conclusion: This study will provide an updated and comprehensive characterization of self-reported noise and blast exposures among CAF personnel. By examining both individual exposure types and cumulative noise exposure, findings will contribute to a more nuanced understanding of occupational noise risk in military settings. Results may inform hearing conservation programs, exposure mitigation strategies, and policy development, and support future research examining

links between noise exposure and long-term health outcomes in military populations.

5A02: Enhancing Surveillance of Tick-borne Pathogens for Military and Public Safety Personnel using the Bacterial Amplicon Tick Test

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Introduction: Canadian Armed Forces (CAF) members, Veterans, and public safety personnel who train and operate in outdoor environments face disproportionate exposure to deer ticks (*Ixodes scapularis*) that transmit Lyme disease and can carry other human pathogens. The rapid northward expansion of tick populations across Canada is increasing the challenge of early detection, risk assessment, and operational health decision-making. Existing surveillance and diagnostic approaches target common strains of a small number of pathogens, limiting their utility for detecting rare, emerging, or co-circulating threats and for tracking their epidemiology. We developed and benchmarked the Bacterial Amplicon Tick Test (BATT), a broad-spectrum pathogen detection assay that can support integrated surveillance of tick-borne pathogens relevant to occupational health and operational readiness.

Methods: Leveraging the portability of the Oxford Nanopore MinION handheld DNA sequencer, we modified molecular laboratory protocols and bioinformatics pipelines to increase sensitivity to detect pathogens. We conducted a blind benchmarking study of BATT against the Public Health Agency of Canada Standard Operating Procedure (PHAC-SOP) for detection of *Borrelia burgdorferi*, the spirochaete bacterium that causes Lyme disease, and related species of *Borrelia*. The PHAC-SOP reference consisted of three separate qPCR assays targeting the 23S rRNA, OspA, and flaB genes with additional tests needed for other pathogens. We compared this agains a single BATT assay.

Expected Results: BATT achieved sensitivity for *B. burgdorferi* comparable to the PHAC-SOP. In addition, BATT detected multiple *Borrelia* species, several sequence variants of *B. burgdorferi*, and co-infections with other potential pathogens, all within a single assay. Results revealed substantial heterogeneity in microbial assemblages across tick samples. The BATT revealed region-specific exposure profiles that targeted assays miss and that are directly relevant to understanding risk for training, deployment, and public safety operations. Additionally, te BATT is able to detect less common and unexpected pathogens that are not tested as part of the PHAC-SOP, supporting early warning for emerging health threats.

Conclusion: The BATT and other sequence-based, multi-pathogen assays provide a rich and scalable data source for tick-borne disease surveillance, improving situational awareness for CAF, Veteran, and public safety populations. BATT is currently benchmarked for deer ticks (*Ixodes scapularis*) from southern Ontario, but ongoing research is extending this approach to other regions, with potential to expand to other tick species, non-bacterial pathogens (e.g., viruses, parasites), and other vectors (e.g., mosquitoes, fleas, flies). Untargeted pathogen surveillance of this kind can inform evidence-based strategies for prevention, preparedness, and operational health planning in environments with evolving biological risks.

5A03: Developmental Evaluation of the Stock the Freezer Nutrition Program at Canadian Armed Forces 14 Wing Greenwood

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Program/Intervention Description: Healthy eating improves physical and mental performance and military readiness. However, military members face barriers to preparing nutritious meals for themselves and their families, including food costs, time constraints, variable cooking skills, and limited nutrition literacy.

Stock the Freezer is a pilot project led by Health Promotion and Military Family Services at 14 Wing Greenwood that aims to reduce stress, stigma related to food access, food insecurity, and to improve nutrition and social connections. The intervention combines hands-on meal preparation with micro-lessons on budgeting, nutrition, and food safety. Participants prepare freezer-ready meals to take home, thereby reducing meal planning and cooking burden. Staff prepare additional meals to stock a community freezer available to CAF members, veterans, and their families requiring support, via referral or self-access. Target populations include military personnel, veterans, their families, and friends.

Evaluation Methods: A developmental evaluation was conducted to assess implementation and early outcomes of the pilot. This iterative process enabled rapid

feedback to support timely adaptations and continuous quality improvement. A logic model grounded in the Capability, Opportunity, Motivation–Behaviour (COM-B) framework guided the selection of indicators related to implementation fidelity and short-term outcomes. Data sources included event day and follow-up participant surveys, administrative data, and stakeholder feedback. Results reflect the first two iterations of the program and changes informed by feedback from iteration one.

Results: Two iterations of *Stock the Freezer* were delivered in February and March 2026, each reaching full capacity (15 registrants). Participation partially reflected the target populations, with participants being predominantly female, civilian, and over 25 years old. Military members, males, and younger individuals were underrepresented. The most common reasons for participation were having ready-made meals available, simplifying meal preparation, and enjoyment. Overall satisfaction was high, and all participants indicated they would recommend the program. Participants reported high levels of trust in the information presented. Thirty-six additional meals were distributed to 11 CAF families requiring assistance due to food insecurity or family stress. Areas for improvement focused on logistical and equipment challenges and including family-friendly recipes. Follow-up surveys were positive, with most participants reporting increased confidence in preparing healthy meals and improved nutrition and meal-planning knowledge. Distribution of meals to the CAF community highlighted the need for this service.

Conclusion: Preliminary findings suggest *Stock the Freezer* addresses an unmet need within the military community. Program implementation was successful, with adaptations made following early feedback. Future iterations should explore strategies to improve reach and maximize impact.

1A04: Physiotherapy Spinal Care Pathway Part I: Baseline Estimates of Spinal Injury

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Introduction: Low back pain (LBP) is the most common reason for physiotherapy referral among Canadian Armed Forces (CAF) members, representing approximately 17% of all referrals and a leading contributor to medical releases. Despite its high prevalence and significant impact on operational readiness, the CAF Physical Rehabilitation Program lacks a coordinated, system-wide approach to LBP management. To address this gap, a working group of five physiotherapists with expertise in LBP and knowledge translation developed the Spinal Care Pathway (SCP). The SCP classifies patients into therapeutic subgroups (phenotypes) based on pain-modulation, physical, and behavioural characteristics. This project aims to promote an evidence-informed, patient-centred approach to LBP management within the CAF to reduce healthcare utilization, pain, and low back–related disability. The objective of the current presentation is to describe clinically relevant baseline data for the most common reason for physiotherapy consultation in the CAF and to identify potential challenges prior to SCP implementation.

Methods: Using an observational study design, data from 1 January to 31 December 2025 were extracted from physiotherapy discharge summaries within the Canadian Forces Health Information System Operational Reporting Environment (ORE). Clinical Impression Classifications (CICs) for low back-related conditions, number of visits, and patient-reported outcomes (pain intensity, low back-related disability) were analyzed to establish baseline estimates prior to SCP implementation.

Results: ORE discharge summary reports identified a total of 9,939 entries from 16 Canadian Forces Health Services Centres; 7,984 entries were excluded as they were unrelated to LBP. Of the remaining 1,955 records, the leading CICs were *Recurrent Low Back Pain* (522 entries), *Sprains and Strains of the Lumbar Spine* (438 entries), and *Derangement Syndrome* (294 entries). The average number of visits for lumbar disorders was 7.3, with a mean treatment cycle duration of 17 weeks. Errors related to data entry and extraction greatly affected data analysis. Consequently, initial and discharge scores for pain intensity and disability were only available for 1197 (61.2%) and 375 (19.2%) records, respectively. Pain intensity improved by an average of 3.6 points while disability ratings decreased by 5.1 points during a physiotherapy treatment cycle.

Conclusion: This initial analysis of physiotherapy discharge data identified several limitations regarding data entry and extraction; addressing them will be essential for accurately assessing pathway effectiveness. Nevertheless, the data provide important preliminary baselines describing CIC prevalence, treatment volume and duration, and patient outcomes. These findings will inform future analyses evaluating the impact of the SCP on clinical outcomes and healthcare utilization within the CAF.

P130: General Health Status of Canadian Armed Forces Personnel: Results from the Canadian Armed Forces Health Survey 2025

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Introduction: Canadian Armed Forces (CAF) personnel are excluded from population health assessments conducted by the Federal Government, such as the Canadian Community Health Survey (CCHS). The Canadian Armed Forces Health Survey (CAFHS) is a recurring population health survey administered by the Canadian Forces Health Services' Directorate of Force Health Protection that addresses this gap by collecting information on the social determinants of health, health risk exposures, and health outcomes of interest to population health surveillance and health program evaluation. This work in progress presents early findings on indicators of general health status from the CAFHS 2025. Monitoring general health status is essential for population health surveillance and preventive health planning, as indicators such as self-rated health, chronic conditions, body composition, and social determinants of health provide insight into current health and future risk.

Methods: This analysis uses data from the 2025 Canadian Armed Forces Health Survey 2025, a cross-sectional, population-level health survey of Regular Force and Reserve Force personnel. Survey weights are applied to produce estimates representative of the active CAF population. Indicators of general health status, including self-rated health, body composition, and chronic conditions, will be summarized using weighted prevalence estimates with corresponding confidence intervals. Estimates are produced overall and stratified by key demographic and service characteristics, including component, rank, age, and sex. Where permitted by sample size and confidentiality requirements, additional subgroup analyses by gender and racialized or ethnic minority status are conducted to support examination of variation in general health status and potential inequities.

Expected Results: This work in progress will describe indicators of the general health status of CAF personnel by key demographic and service-related characteristics. As with previous survey years, indicators of overall health are expected to differ based on subgroups such as age, rank and command.

As the first population-level health assessment since the COVID-19 pandemic, the CAFHS 2025 survey results will enable assessment of whether these established patterns and disparities have persisted or changed since CAFHS 2019.

Conclusion: The CAFHS helps establish contemporary baselines for health status in the CAF. Early analyses from the 2025 survey updates understanding about the general health of the population, identifies gaps in health equity, and identifies opportunities for population health action. These analyses contribute to ongoing efforts to embed a health equity lens within CAF population health surveillance and help support future health planning and policy development.

P131: Recruit Characteristics Associated with Risk of Non-completion of Basic Military Training: An 8-year Retrospective Study of Canadian Armed Forces Recruits

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Introduction: Successful completion of Basic Military Qualification (BMQ) or Basic Military Officer Qualification (BMOQ) is critical for Canadian Armed Forces (CAF) force generation. Attrition prior to BMQ/BMOQ completion (approximately 10%) represents a significant operational and resource burden. Early identification of risk factors for non-completion may support targeted interventions and improve recruit outcomes. The Recruit Health Questionnaire (RHQ) is administered during the first week of basic training to Regular Force recruits at the Canadian Forces Leadership and Recruit School at Saint-Jean Garrison and CFB Borden. It collects demographic, health, and lifestyle data that influence training trajectories and offers a valuable population-level health surveillance. The objective of this study is to identify predictors of non-completion of BMQ and BMOQ, and to examine differences by training stream and sex.

Methods: We will conduct a retrospective cohort study linking RHQ survey data with Department of National Defence administrative records for Regular Force recruits who initiated BMQ or BMOQ from January 2018 to December 2025. Analysis will include RHQ respondents who consented to linkage of their service number (approximately 70%). The primary outcome is non-completion of BMQ or BMOQ. Predictor variables will include literature-informed factors such as self-reported demographic characteristics, physi-

cal and mental health factors, health behaviours, and injury history. Multivariable logistic regression models will estimate adjusted associations between recruit characteristics and attrition risk, stratified by training stream (BMQ vs BMOQ). Sex differences will be assessed using interaction terms (sex × predictor) and sex-stratified analyses.

Expected Results: We anticipate that regression analyses will identify recruit characteristics independently associated with increased training attrition risk. Differences in adjusted risk are expected between BMQ and BMOQ recruits and between female and male recruits, suggesting distinct risk profiles across training streams and sexes.

Conclusion: Linkage of routinely collected RHQ data with administrative training records enables robust evaluation of recruit training attrition in the CAF Regular Forces. Findings will generate actionable, sex-informed evidence to support targeted health and training interventions aimed at optimizing recruit success and improving force generation outcomes.

P135: Redefining Occupational Exposure: Military Work and Women's Reproductive Health

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Introduction: Despite women comprising an increasing proportion of the population of service members within the Canadian Armed Forces (CAF), there still remains a limited understanding of the impacts that occupational exposure has on reproductive health and outcomes. This study conducts a broad scoping review of academic and grey literature from militaries across the Five Eyes nations to identify occupational exposures, examine how they are defined, and explore their impact on women's reproductive health outcomes. The goal of the research is to both strengthen and inform institutional responses to occupational impacts in order to better support the reproductive health needs of Canadian service members.

Methods: We used the JBI Scoping Review Protocol to guide our review of research and non-research articles published over the last 20 years related to the effects of military occupational exposures on women's reproductive health outcomes as reported in literature from across the Five Eyes nations. The protocol was used to develop the rationale, objectives, eligibility criteria, search strategy, sources of evidence, and data charting processes for this review.

Results: The comprehensive and inclusive search strategy resulted in 8594 sources being identified as potentially relevant. After title and abstract screening, 229 sources were identified as relevant for full-text review. Based on preliminary analyses, many articles focused on reproductive health outcomes related to pregnancy, reproductive cancer, and fertility as it relates to more traditional occupational impacts (i.e. exposures to chemicals). We found significant data to expand and redefine what is considered occupational exposures which should also include education, workplace practices and military culture which shapes and determines military women reproductive health outcomes.

Conclusion: The existing literature on the effects of occupational exposure on women's reproductive health outcomes was broad in scope and focused on a more traditional understanding of how occupational exposures to the military shaped the experience. This research suggests the need for a more expansive understanding of occupational exposure and argues for redefining what is included in that category. In doing so, it examines how this broader definition improves the reproductive health experiences of Canadian military personnel. The study further argues that such a redefinition is essential to ensure the reproductive health needs of female CAF members are adequately addressed.

P137: Refining VR-based Stress Exposure Training: A Pilot Study to Inform R2MR-Integrated Protocols in Canadian Armed Forces Personnel

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Introduction: Maintaining cognitive-motor performance under unpredictable stress is critical for Canadian Armed Forces (CAF) personnel. The Road to Mental Readiness (R2MR) program provides evidence-based mental performance strategies; however, training is primarily classroom-based with limited applied stress exposure. Our program of research integrates immersive virtual reality (VR), multimodal physiological sensing, machine learning, and configured R2MR training to support adaptive stress expo-

sure training (SET). Building on evidence of graded physiological responses to task demands in civilian populations, this CAF pilot was conducted to evaluate whether these trends generalize to military personnel, and to identify necessary refinements to the protocol prior to a full-scale CAF trial.

Methods: CAF participants (n=3 pilot) completed immersive VR cognitive–motor tasks manipulating attentional demand, unpredictability, and time pressure. Participants received configured R2MR instruction and coaching (tactical breathing, visualization, self-talk, attention control). Measures included heart rate (HR), heart rate variability (HRV, e.g., RMSSD), behavioural performance, and qualitative feedback from debriefs and semi-structured interviews.

Expected Results: VR tasks elicited increases in HR with corresponding inverse modulation of HRV (RMSSD), demonstrating sensitivity to cognitive load. RMSSD showed greater reductions (i.e., increased physiological arousal) during higher difficulty ("hard") conditions compared to baseline and easier tasks. Smaller reductions were observed during unpredictable conditions, aligning with lower reported stress and frustration.

Qualitative findings provide important context: some participants did not fully recognize the unpredictable task rule and instead adopted compensatory strategies, reducing perceived difficulty and physiological reactivity. Participants reported moderate attentional demand (e.g., vigilance, cue tracking) but low to moderate perceived stress. Despite counterbalancing, a learning effect was observed, with improved performance and reduced perceived demand across trials. R2MR strategies were primarily applied during recovery rather than peak task execution.

Participants identified key protocol limitations, including insufficient audio intensity, limited contextual realism, and inadequate pre-training to support understanding of task mechanics and R2MR application.

Conclusion: Mirroring findings in civilian populations, this military pilot demonstrates that the VR paradigm is sensitive to graded changes in cognitive–motor workload, as reflected in HR and HRV responses across task conditions. However, the magnitude and nature of the stress response, particularly during unpredictable conditions, were insufficient to consistently drive in-task application of R2MR strategies. Findings highlight critical protocol refinements required prior to a full CAF trial, including enhanced task clarity, increased sensory and contextual fidelity, and calibrated difficulty to prevent compensatory strategies. These refinements are essential to ensure SET environments effectively challenge personnel and support meaningful application of mental performance skills.

P144: Understanding Occupational Health Risks and Health Conditions among Firefighters in the Canadian Armed Forces: Results of a 12-year Cohort Study

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Introduction: Firefighters in the Canadian Armed Forces (CAF) are exposed to a complex combination of occupational hazards, including combustion by-products, hazardous materials, physical strain, extreme heat, noise, and psychological stress. Civilian firefighter populations demonstrate elevated risks for specific cancers, cardiovascular disease, hearing loss, and mental health conditions; however, comparatively little is known about the health of CAF firefighters relative to civilian firefighters or other CAF members. This study aims to build a comprehensive understanding of health conditions among CAF firefighters to inform evidence-based medical surveillance.

Methods: A retrospective cohort study is being conducted to describe health conditions among CAF firefighters and to compare their occurrence with the broader CAF population. The study population comprised Regular Force CAF members employed as firefighters from 01 January 2014 to 31 December 2025 (n=824; 8.3% female). Clinical records were extracted from the Canadian Forces Health Information System and linked to administrative data.

Health outcomes were selected based on firefighter occupational health literature and ascertained using ICD-10 diagnostic codes documented during clinical encounters. Incident cases were defined as first diagnosis during follow-up. Person-time analyses were used to account for varying duration in the firefighting trade. Outcome prevalence and incidence rates per 1,000 person-years are being calculated. The relatively small cohort size limits statistical power and may preclude precise estimation of effect measures and formal inferential comparisons; therefore, analyses emphasize descriptive epidemiology to characterize disease occurrence and to inform occupational health risk assessment rather than to support definitive causal inference.

Expected Results: Preliminary analyses indicate that CAF firefighters represent a distinct occupational subgroup with a health profile that differs from that of the broader CAF. Early findings suggest elevated prevalence of hearing loss and tinnitus but not heat illness or asthma. Subsequent analyses will examine patterns of cardiovascular disease, mental health diagnoses, musculoskeletal disorders, and cancers and findings will be summarized during this presentation. Our findings align with the multifaceted exposure profile of firefighting and highlight the value of occupation-specific analytic approached for military health surveillance.

Conclusion: CAF firefighters are a distinct occupational group with a unique exposure profile. This analysis provides an initial, CAF-specific characterization of firefighter health using linked clinical and administrative data, grounded in conditions identified in the broader firefighter health literature. By describing patterns across demographic and service-related characteristics, this work strengthens the evidence needed to contextualize CAF firefighting occupational risk and supports informed enhancement to medical surveillance of CAF firefighters and targeted force health protection policies.

P145: Psychosocial and Sexual Impacts of Conflict-related Genital Injuries, Intimate Scarring, and Loss of Function, Impacting Sexual Activity in Male Military Personnel: Systematic Review

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Introduction: During the Iraq and Afghanistan conflicts, genital injuries were reported among male military personnel at unprecedented rates, due to increased use of improvised explosive devices and advances in battlefield medicine improving survivability of injuries. Most research in this area focuses on the immediate medical management of genital injuries, with less attention paid to the psychosocial and relationship impacts of these injuries. We completed a literature review with the aim of understanding how conflict-related genital injuries affect male military personnel's psychosocial and relational wellbeing.

Methods: We carried out a PRISMA-based narrative systematic review to identify literature

on the psychosocial and relationship impacts of conflict-related genital injuries in male military personnel. This involved searching five electronic databases (Embase, Medline, PsycInfo, Scopus, and Web of Science) as well as hand-searching the reference lists of all included studies and searching for grey literature. We used insights from thematic analysis to analyse the data and narrative synthesis to synthesise the findings.

Results: After screening over 8,500 citations, 11 studies were included in the review. Thematic analysis identified six themes: 1) Sexual function, relating to the importance of sexual capability and changes in sexual activities; 2) Fertility and reproductive concerns, highlighting participants' worries about their ability to father children; 3) Relationship dynamics and intimacy, showing how genital injuries reshape relational roles and patterns of intimacy; 4) Psychological wellbeing and mental health, indicating that genital injuries result in substantial psychological distress; 5) Identity, masculinity, and body image, suggesting genital injuries can disrupt beliefs about masculinity and military identity; and 6) Support needs and healthcare gaps.

Conclusion: Our findings suggest that conflict-related genital injuries can negatively impact sexual function, reproductive capacity, intimate relationships, psychological wellbeing, and masculine identity, and these domains appear to be highly interrelated. While men who sustain genital injuries adapt with new sexual positions, new definitions of intimacy and renegotiation of identities, many lack support addressing their psychosexual, reproductive, and psychological needs. Due to the small number of relevant studies and lack of longitudinal data, findings must be interpreted cautiously, but positively, the majority of included studies were high in quality. This study is the first to systematically review data relating to psychosocial and relationship outcomes of conflict-related genital injuries, and provides meaningful recommendations for support, such as normalising the expansion of sexual repertoires, combining sexual and mental health services, addressing pre-injury values and beliefs, and the inclusion of intimate partners in support interventions.

P150: Comparison of Microprocessor and Mechanical Knee Prosthesis Performance in Individuals with Lower Limb Amputation Across Basic and High-Level Mobility Tasks

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Introduction: High-level mobility is critical for military personnel and veterans with lower-limb amputations who desire to return to physically demanding roles or maintain active lifestyles. However, standard mobility assessments may not fully capture functional differences between prosthetic devices under operationally relevant task demands. In fact, many clinical tests emphasize basic ambulation and may underestimate performance differences during high-demand activities. Hence, this study compared the functional performance in users of a primary microprocessor knee (MPK) prosthesis and a mechanical backup prosthesis across basic and high-level mobility tests.

Methods: In the context of a larger research project, four male Canadian Armed Forces (CAF) members with unilateral lower-limb amputation (age: 41.5±8.9 years) completed clinical mobility assessments when using (1) a primary MPK prosthesis and (2) a mechanical backup prosthesis. Amputation levels included above-knee amputation (n=2), knee disarticulation (n=1), and through-knee amputation (n=1). Basic mobility was evaluated using the Two-Minute Walk Test (2MWT), Timed Up and Go (TUG), and dual-task TUG (TUG-DT) tests. High-level mobility was assessed using the Comprehensive High-level Activity Mobility Predictor (CHAMP). Paired comparisons were conducted via Wilcoxon signed-rank tests. For the CHAMP, overall prosthesis effects and prosthesis × sub-task interactions were examined by applying a non-parametric ANOVA to the normalized z-scores.

Results: Basic mobility measures showed consistent, yet non-significant trends favoring MPK prosthesis use. Participants walked farther during the 2MWT with the MPK (195±36.98 m) compared to the backup prosthesis (162.5±26.29 m; p=0.250). TUG performance was faster with the MPK prosthesis (5.98±1.68 s versus 7.36±1.31 s; p=0.125), with similar trends for TUG-DT (6.87±2.50 s versus 7.87±1.91 s; p=0.375). In contrast, high-level mobility tasks demonstrated greater differences between prosthesis types. Within CHAMP sub-tasks, faster performance was observed with the MPK prosthesis in agility-based tasks including the T-Test (17.69±3.22 s versus 21.56±2.26 s; p=0.125) and Illinois Agility Test (29.19±3.76 s versus 34.27±5.41 s; p=0.125). The ANOVA indicated that participants improved performance when using the MPK prosthesis across all sub-tasks (p<0.05) with no significant sub-task interactions (p=0.638).

Conclusion: While basic mobility tests showed limited statistical differentiation between prosthetic types, high-demand agility tasks revealed performance advantages associated with MPK prosthesis use. This suggests that conventional low-demand clinical measures may underestimate meaningful device differences in high-performing individuals. Here, incorporating operationally relevant mobility assessments may optimize performance evaluations and activity recommendations in the CAF. Considering the functional potential of MPK prostheses specifically for more challenging tasks, our results may guide associated clinical decision-making, e.g., regarding prosthetics prescription and allotment.

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Poster Presentations

P125: A National Guidance Document for Occupational Therapists working with Military and Veteran Populations: Development and Implementation by the Canadian Association of Occupational Therapy

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Brief Description: The 100th anniversary of the Canadian Association of Occupational Therapy (CAOT) offers an opportunity to reflect on the profession's military origins, its current contributions to the rehabilitation of military members, Veterans, and their families, and its future directions. It also highlights the need for updated resources and policies to support occupational therapists providing care to this population.

In 2017, CAOT published *Working for the Canadian Armed Forces and Veterans Affairs Canada: A Guidance Document for Occupational Therapists*. This first-of-its-kind national resource was developed in collaboration with Veterans Affairs Canada (VAC), Canadian Armed Forces (CAF) Health Services, and occupational therapy leaders. It has since served as a key reference for clinicians and graduate students working with the aforementioned population, throughout diverse healthcare settings.

Over the past decade, the role of occupational therapists in serving military members, Veterans, and their families has expanded significantly in Canada necessitating a comprehensive update of this document.

This presentation aims to: (1) introduce the 2026 publication, *Working for the Canadian Armed Forces and Veterans Affairs Canada: A Guidance Document for Occupational Therapists*, (2) highlight key updates to practice and policy, and, (3) demonstrate its application in occupational therapy practice and education.

Patient Population: From 2023 to 2026, the CAOT collaborated with the CAF, VAC, and Occupational Therapists with extensive experience working with military members, Veterans, and their families as clinicians, researchers, policy makers, and leaders, within CAF and VAC, and externally. Using an implementation science lens guided by the Active Implementation Frameworks, the team employed a modified Delphi process to assess the need of the guidance document, evaluate the current state of the occupational therapy role, review evidence-based literature, define objectives, and plan for knowledge mobilization.

Results: The 2026 national guidance document was developed to reflect current occupational therapy practice with military members, Veterans, and their families, while providing updated policy and practice direction. It captures the evolving role of occupational therapists in holistic rehabilitation, research, leadership, advocacy, and policy in the public service, academia, and private practice. The document is intended as a key educational resource for clinicians, students, administrators, organizations, and partners. Ongoing evaluation will examine its implementation and impact.

Conclusion: The (CAOT) publication: Working for the Canadian Armed Forces and Veterans Affairs Canada: A Guidance Document for Occupational Therapists (2026) will serve as a vital reference, supporting the growing role of Occupational Therapists in rehabilitation, advocacy, policy and research for military members, Veterans, and their families.

P185: Digital Access, Exclusion, and Mental Health Burden among United Kingdom Military Veterans: Findings from the Veterans Digital Needs Survey

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Introduction: Digital platforms are increasingly used to deliver healthcare and essential public services. For military veterans, who experience elevated rates of mental health difficulties, digital exclusion may compound existing health and social inequalities. However, there is limited evidence describing digital access, barriers, and mental health needs within UK veterans. We completed a national survey to characterise digital access, confidence, exclusion experiences, and mental health burden in UK veterans. We hypothesised that high device ownership would coexist with meaningful structural and affordability-related barriers.

Methods: We conducted a cross-sectional online survey of UK veterans. Quality control procedures removed duplicate, bot, and rapid (<5 minute) responses.

Non-veterans and proxy respondents were excluded. The final analytic sample comprised 1,595 veterans (mean age 43.6 years; 65.1% male; 62.9% Army/Royal Marines). Measures included digital device access, internet reliability, cost-related barriers, experiences of exclusion, and use of digital health and public services. Mental health screening included PHQ-2 (depression), GAD-2 (anxiety), and the UCLA 3-item loneliness scale. Analyses were descriptive.

Results: Digital access was high: 96.8% reported smartphone access, 89.4% laptop access, and 99.2% reliable home internet. Most (85.8%) described themselves as confident and independent users. However, 64.0% reported having been unable to access a digital service due to lack of equipment or internet at some point, and 62.2% reported cost-related barriers affecting access (somewhat or significantly). Over half (56.5%) reported personal or cultural barriers to using digital services; 26.7% avoided services due to privacy or safety concerns; and 27.3% reported difficulties using digital platforms for essential services. In the past 12 months, 53.3% accessed healthcare online and 49.7% accessed public services online. Mental health burden was substantial: 685/1,551 (44.2%) screened positive for probable depression, 694/1,552 (44.7%) for probable anxiety, and 836/1,550 (53.9%) for probable loneliness.

Conclusion: Although most veterans report high digital confidence and device ownership, many experience episodic, affordability-related, and trust-based barriers to digital engagement. This coexists with high levels of probable depression, anxiety, and loneliness. Digital health strategies for veterans should incorporate cost-aware design, privacy-sensitive approaches, and alternative access routes to prevent further exclusion. These findings provide actionable evidence to inform veteran-facing health policy and service design.

P189: A Look at Veteran Income - Income Study 2026

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[1]Veterans Affairs Canada

Introduction: This study of Veterans' income is part of research aimed at understanding the military to civilian life transition. The primary objective was to describe income trends pre- and post-release, for Veterans and their families, including change in total income, sources of income, rates of receipt of Employment Insurance and rates of low income. Income trends according to demographic and service characteristics were analyzed, as well as the distribution of Veterans and labour-market earnings by industry, with comparisons of female and male Veterans.

Methods: Using the Military Veterans Status File (MVSF), Statistics Canada linked records of 81,125 Regular Force Veterans released from 1998 to 2019 with Canadian tax files (T1FF 2022), to describe Veteran income (pre-tax) for the pre-release year, the 3-year period after release, and up to 25 years post-release. Statistics Canada produced aggregate tables for the cohort with at least 5 years of follow-up from the year prior to release. Before-tax income did not include the VAC disability benefit amount.

Results: Post-release, the largest source of income was earnings, followed by pensions and government transfers. Average income declined between the pre-release year and the first year post-release [$85K (2022 constant dollars) to $81K], with post-release income reaching pre-release income levels 5 years after release. Those medically released (a 38% decline), aged 60 to 64 at release (a 17% decline), and females (a 14% decline) experienced the largest declines in income. There were large variations in labour-market earnings across industries where females earned less than males. The largest post-release employer was the public service (37%), followed by administrative services (11%) then manufacturing (8%). Families rely on the Veteran's income with Veteran income accounting for about 70% of total family income. The rate of low income peaked at 6% in the first year post-release before gradually leveling off at 4% a few years after release. Seventeen percent of Veterans experienced low income at least once post-release. The highest rates of post-release low income were experienced by Veterans who involuntarily released (45%), had served less than 2 years (43%), or who released at entry rank level (40%). Females had higher rates of low income at least one year post-release than males (20% vs 17%).

Conclusion: In general, post-release, Veterans experienced little decline in income and few experienced low income. There were several groups of Veterans, such as younger Veterans, females, and medically released Veterans, who warrant further research and policy consideration.

P206: Institutional Context and the Organization of Psychological Distress in Military-to-Civilian Transition

Whelan, John, PhD[1]

[1]Mount Saint Vincent University

Introduction: Research on military transition has largely focused on individual pathology and exposure-based models of distress. Less attention has been given to how institutional systems shape whether distress is recognized, legitimized, and treated. Transition from military to civilian life involves movement between distinct institutional environments governing identity, vulnerability, and credibility. This study examines how institutional processes structure psychological distress and recovery among Canadian Veterans.

Methods: A qualitative study using reflexive thematic analysis was conducted on open-ended responses from 20 Canadian Veterans (10 men, 10 women), purposively sampled from a larger mixed-methods study (N = 83). Sampling reflected variations in rank, release type, deployment history, and time since release. Analysis focused on institutional processes shaping recognition, legitimacy, and recovery pathways. Ethics approval was obtained from a university research ethics board.

Results: Six interrelated domains were identified: institutional regulation of vulnerability, conditional recognition and diagnostic negotiation, transition as identity discontinuity, individual bureaucratic burden in accessing care, recovery beyond institutional systems, and gendered differences in recognition. Participants described distress as becoming actionable only when validated within institutional systems, often requiring sustained efforts to establish credibility.

Transition was frequently experienced as a disruption of identity continuity rather than a predictable reintegration process. Administrative systems shifted responsibility for care navigation onto individuals, contributing to delays in access and disengagement. Recovery commonly occurred outside formal systems, particularly through peer networks and multimodal approaches. Female Veterans described additional barriers to recognition, particularly in relation to trauma disclosure. These findings support an emerging conceptualization of institutionally mediated distress in military transition.

Conclusion: Psychological distress among transitioning Veterans is shaped not only by exposure to specific events but by institutional processes governing recognition, legitimacy, and access to care. While distress is experienced personally, it becomes clinically and socially actionable only when it is recognized within systems that authorize suffering and determine pathways to care. When recognition is delayed, conditional, or absent, distress may be intensified, prolonged, or redirected outside formal systems. These findings suggest that barriers to care extend beyond access and stigma. Barriers may be embedded within institutional practices that regulate credibility, disclosure, and responsibility for recovery. Addressing Veteran mental health therefore requires attention to how clinical, administrative, and policy systems structure recognition and engagement. Interventions that incorporate identity continuity, reduce bureaucratic burden, and improve recognition processes may enhance both access to care and recovery outcomes.

P208: Invisible No More in Practice: Women Veteran-led Evaluation of Parliament's 42 Recommendations

Wong, Caleigh, MA[1]**;** Breeck, Karen, MD[1]; Eichler, Maya, PhD[1]

[1]Mount Saint Vincent University

Introduction: Over the past two decades, numerous recommendations have been issued to improve outcomes for women and other military members and Veterans. Implementation of such recommendations has traditionally been defined internally by CAF/DND, RCMP, and VAC, and thus largely remained out of public view and without meaningful involvement from those most affected. This project, "Invisible No More: Canadian Women Veterans Moving the ACVA Report Recommendations to Full Implementation," focuses on the 42 recommendations arising from the House of Commons Standing Committee on Veterans Affairs (ACVA) study that resulted in the report Invisible No More. The Experiences of Canadian Women Veterans. The project develops an innovative participatory model for evaluating government progress on implementation that positions women Veterans not as passive recipients of policy change, but as partners in defining and assessing what meaningful implementation should look like.

Methods: Using a Participatory Action Research framework, women Veteran testimony from the ACVA study is identified, mapped, and coded across all 42 recommendations. Testimony describing desired outputs, outcomes, and longer-term impacts is used to define what meaningful implementation looks like from the perspective of women Veterans themselves. These women Veteran-defined indicators are then translated into recommendation-specific rubrics. The evaluation approach integrates Proctor et al.'s (2010) implemen-

tation outcomes framework, McPhail's (2003) Feminist Policy Analysis Framework and Thomann, and Liebherr's (2024) work on policy implementation. Together, these frameworks inform nine conditions for successful implementation, including acceptability, fidelity, accountability, and sustainability.

Expected Results: Early findings suggest that women Veterans' testimony provides a critical basis for assessing whether implementation is meaningful rather than merely procedurally complete. Our research shows a potential gap between the outputs, outcomes, and impacts women Veterans associate with the 42 recommendations and some of the indicators institutional stakeholders may use to judge their own progress. This raises the possibility that institutions may meet internal performance indicators, declaring recommendations implemented, without adequately incorporating the perspectives of the populations most affected or without the measures needed to assess whether meaningful change has actually occurred.

Conclusion: This project develops an alternative model of implementation evaluation for recommendations aimed at improving outcomes for Canadian women Veterans. By centring lived experience in the definition of implementation success, it challenges institution-led approaches that may privilege administrative completion over substantive change. The project also demonstrates both the value and the practical limits of participatory implementation evaluation within Canadian defence, security, and veteran-serving institutions, and offers a model that may be adaptable to other policy contexts.

HEALTH SERVICES

Podium Presentations

2A05: Adapting Military Cultural Competency Training for Canadian Health Care Providers: A Cross-national Implementation Study

Charbonneau, Ashley, MSc[1]; Bowen, Henry, PhD[2]; McFadden, Tara, MEd[1]; Lamrock, Laryssa[1]; Mullick, Abdul "Huf"[1]; Camarda, Jordan[3]; McKenna, Brian[1]; Tam-Seto, Linna, PhD[4]; Andrews, Oliver[2]; Hoch, Veronica[1]; Wright, Courtney[1]

[1]Atlas Institute for Veterans and Families; [2]Military and Emergency Services Health Australia; [3]Military Transition Engagement and Partnerships; [4]University of Toronto

Brief Description: Civilians across health and social systems play a critical role in supporting Canadian Armed Forces members, Veterans, and their Families; however, many report limited preparedness to engage effectively with military culture. This contributes to challenges in culturally responsive care, trust and service engagement across systems including Veterans Affairs Canada and civilian providers. Foundational work in Canada, including the Military and Veteran Family Cultural Competency Model by Tam-Seto et al. (2020), established a theoretical basis for improving civilian capability. This model was operationalised in Australia into the Military Identity and Cultural Competency training program, a structured, evidence-informed intervention shown to improve knowledge, awareness, sensitivity and skills among civilian providers.

This presentation describes the adaptation and evaluation of this program back into the Canadian context.

Patient Population: The intervention targets civilian health care providers and comprises a blended learning model, including online modules and in-person workshops co-facilitated by civilian and lived experience trainers.

Evaluation Methods:
An implementation science-informed approach was used to guide adaptation and evaluation. Building on prior application of the Consolidated Framework for Implementation Research, the process included: (1) stakeholder engagement with Veterans, Families, and service providers to establish need and priority areas; (2) iterative internal content review cycles; (3) external co-design and validation workshops; and (4) systematic adaptation of materials to reflect Canadian military structures, terminology and systems.

Evaluation of the pilot includes mixed-methods assessment of acceptability, appropriateness and feasibility, alongside pre–post measurement of participant competency using a military informed cultural competency scale validated across five countries, including Canada and Australia.

Results: All four stages of the translation have now been completed, with pilot implementation to external stakeholders underway. Findings to date demonstrate strong alignment between the original Canadian theoretical model and the operationalised Australian program, supporting cross-national transferability. Preliminary evaluation findings, including quantitative and qualitative outcomes related to acceptability, feasibility, and changes in participant competency, will be presented.

Conclusion: This study represents a full translational cycle, from Canadian theory to Australian implemen-

tation and back to Canadian application. Early findings indicate that military cultural competency training can be effectively adapted across national contexts when grounded in co-design and implementation science. Strengthening civilian provider capability has the potential to improve trust, engagement, and navigation across military, Veteran and civilian systems. This work provides a scalable model for culturally responsive workforce development and international collaboration across allied nations.

5C03: A Pilot Study to Develop a Preliminary Cultural Competency Framework for Healthcare Providers Caring for Veterans with Concurrent Post-traumatic Stress Disorder and Dementia in Long Term Care Settings

Sullo, Emily, MMASc[1]; Ellis, Janet, MD[2,3]; McKinnon, Margaret, PhD[1]; Ritchie, Kimberly, PhD[1,4]

[1]McMaster University; [2]University of Toronto; [3]Sunnybrook Health Sciences Centre; [5]Trent University

Introduction: Symptoms of posttraumatic stress disorder (PTSD) in Veterans with dementia can be difficult to identify. Healthcare providers (HCPs) often misattribute symptoms to other conditions, leading to inappropriate care. Many HCPs are not aware of the important military culture considerations and health needs of Veterans with concurrent PTSD and dementia. There is a lack of research on this topic despite the increasing need for cultural competencies to inform care practices of providers working with this population. This pilot project aims to develop a preliminary framework for HCPs in long-term care (LTC) working with Veterans with concurrent PTSD and dementia.

Methods: Semi-structured interviews were conducted at Sunnybrook Veterans Centre with 10 Veterans aged 60+ living in a Veterans LTC facility with PTSD and dementia, 10 family members or caregivers of a Veteran with PTSD and dementia, and 10 HCPs with experience caring for this population. Marelli et al.'s (2005) competency modelling approach was used to develop a cultural competency framework outlining health needs and military culture considerations important to the care of Veterans with dementia and PTSD. Qualitative data was analyzed in accordance with Ritchie & Spencer's (1994) Framework Analysis to identify key themes, which will be used to create the final framework

Expected Results: Preliminary data analysis of caregiver and HCP data highlighted several signs and symptoms of comorbid PTSD and dementia (e.g., night terrors, paranoia) and the importance of an individual, collaborative approach to care. Participants emphasized that preserving the dignity, trust, and sense of self of Veterans is critical to their care. Moreover, military history plays a significant role in shaping Veterans' behaviours and care needs requiring a culturally sensitive approach to care, including flexible, creative, and compassionate care. Data collection of Veteran perspectives is on-going but final analysis will be completed in time for dissemination of the completed cultural competency framework at the conference, building on work presented last year.

Conclusion: Given that the average age of Canadian Armed Forces Veterans is 61 years old, more Veterans will be entering long-term care facilities within the next decade. However, changes to legislation are leading to the dissolution of Veterans LTC facilities, meaning these aging Veterans will live in community LTC homes that may not have the expertise to care for this population. This framework is the first of its kind and can help inform training programs for HCPs working with older Veterans living in LTC with PTSD and dementia.

5D04: How Can We Better Support Equity-Deserving Military and Veteran Populations? Lessons from Lived-Experience-Informed Designs

Liu, Jenny JW, PhD[1,2]; Ein, Natalie, PhD[1,2]; Birch, Michelle[1]; Collins, Erin, PhD[1,2]; Nazarov, Anthony, PhD[1,2]; Richardson, J Don, MD[1,2]

[1]Lawson Research Institute; [2]Western University

Introduction: Military and Veteran populations are diverse across gender, identity, and lived experience; however, the systems designed to support them have not consistently evolved to reflect this diversity. As a result, misalignment between population needs and system design can contribute to gaps in access, safety, and quality of care. This presentation addresses a central question in military and Veteran health: how can we better support equity-deserving populations in ways that are meaningful, safe, and effective? Drawing on two complementary Canadian studies, we synthesize key insights to inform more inclusive and responsive systems.

Methods: The first study used a modified-Delphi approach to identify priority health research areas and barriers affecting women and trans- and gender-diverse Canadian Armed Forces members. Participants included individuals with lived experience, service providers, and researchers, and data were analyzed using iterative rounds of quantitative rating and qualitative content analysis to establish consensus on

priority domains and barriers. The second study employed in-depth qualitative interviews to examine how Veterans affected by the LGBT Purge experience and navigate programs and services. Interview data were analyzed using thematic analysis, with an emphasis on identifying patterns across care pathways, including barriers, facilitators, and recommendations for system improvement. Together, these studies offer distinct yet complementary perspectives across the continuum of service and care.

Results: Despite differences in study populations and methodologies, findings converged across four key domains. First, trust emerged as a foundational factor, shaping whether individuals engage with systems at all. Second, safe access was not limited to service availability, and also included whether individuals felt psychologically safe, had their confidentiality protected, and were not retraumatized through care or research processes. Third, a harm reduction lens highlighted that systems may unintentionally reproduce harm, particularly when interactions mirror prior experiences of stigma, surveillance, or exclusion. Finally, lived-experience-informed design was identified as essential to ensuring that research, programs, and policies are relevant, acceptable, and effective for the populations they intend to serve.

Conclusion: In this presentation, attendees will be invited to consider how trust, safety, and lived experience are currently integrated into research, practice, and policy, and where gaps may persist. Positioned within the broader need for systems to better reflect the diversity of the populations they serve, this session will reflect on current approaches, and explore what it means to design services that are inclusive, responsive, and equitable. The discussion will highlight opportunities for moving from insight to action, with a focus on practical, system-level change.

Poster Presentations

P179: Perceptions of the UK Armed Forces: Insights from the 2025 British Social Attitudes survey

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Introduction: Public opinion is central to sustaining defence and foreign policy, military effectiveness, and service provision for serving personnel, Veteran and family transition, health, and wellbeing. In the UK, serving personnel and Veterans are generally viewed positively, however broader government policies, including austerity and their effects on public services such as the National Health Service, may shape public perceptions of legislation including the Armed Forces (AF) Covenant (which seeks to ensure that personnel, Veterans and their families face no disadvantage because of Service). This can affect support for military-specific services. Additionally, the recent UK Strategic Defence Review, which calls for a whole-of-society approach to defence, highlights the importance of understanding whether, and how, the Armed Forces Community (AFC) and general population diverge in their views on defence, health, and wider social and political issues, which is particularly important amid growing geopolitical pressures.

To address this knowledge gap, this study synthesises evidence on public perceptions of the AF and analyses recent British survey data to examine differences between the AFC and general population.

Methods: Analyses draw on the 2025 British Social Attitudes (BSA) survey (N = 2,648 including AFC sample, N = 431) conducted by the National Centre for Social Research and funded by Royal British Legion. Descriptive, between-group, and multivariate analyses were undertaken using a weighted dataset, controlling for demographic factors. Summary statistics and effect sizes (with confidence intervals) will be presented upon project completion (Summer 2026).

Expected Results: Preliminary analyses indicate a lack of awareness across the entire sample, of the AF covenant, but support for its principles. Significant differences are identified, between AFC and non-AFC respondents regarding demographic characteristics, satisfaction with healthcare, political behaviours, views on immigration, attitudes towards defence, media consumption, and awareness of and support for the AF Covenant. No significant differences were observed for socioeconomic classification, ageing or social care views, or health service utilisation suggesting heterogeneity in areas of divergence between groups.

Conclusion: This research offers initial insights into awareness of and support for UK AF legislation and a comparison of defence, health, social, and political views of those within the AFC and the public. These findings can guide third sector campaign strategies, service provision for subgroups of the population, policy design to strengthen civil-military relations, and enhance public awareness and attitudes, promoting a whole-of-society approach to defence; a priority given evolving geopolitical tension.

P182: Recruiting Canadian Veterans Living with Chronic Pain in the COPE-V Cohort: Who We Reached, Challenges, and Lessons Learned from a Coast-to-Coast Online Survey

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Introduction: Recruiting Canadian Veterans living with chronic pain from coast-to-coast requires web-based strategies to overcome geographic barriers. Online approaches face several challenges, including limited trust, survey fatigue, and fraudulent responses. Developed in partnership with four Veterans with lived experience, the ChrOnic Pain trEatment among Veterans (COPE-V) Cohort established a web-based data infrastructure to support research on chronic pain and its treatment among Canadian Veterans. This presentation aims to (1) describe the COPE-V Cohort profile and (2) report on the implementation of the pan-Canadian web-based recruitment strategy, rarely detailed in depth in newly established Veteran cohorts, highlighting successes and challenges to inform future Veteran-centred research initiatives.

Methods: We recruited Canadian Veterans living with pain >3 months. The survey included validated measures across the Veterans Affairs Canada Well-Being Domains and the Canadian Adult Pain Registry Minimum Dataset. Recruitment leveraged Veteran and pain organizations, social media, and outreach to socially marginalized populations. Data quality was maximized via anti-fraud techniques and duplicate and inconsistent data detection. A key strategy was to humanize the survey with photos/videos, branding, and an empathetic approach.

Results: Six-month recruitment efforts yielded 505 survey entries; 223 were excluded due to empty questionnaires (19.2%), fraudulent responses/bots (14.7%), duplicate entries (0.6%), or failure to reach the pain section of the questionnaire (9.7%), leaving 282 valid respondents. Notable successes were strong engagement with partner organizations, broad geographic reach, and high recontact consent (88.8%). The cohort encompassed 22.4% women, 20.4% Indigenous, and 47.5% French-speaking respondents. Challenges included time-intensive recruitment (~300 h) and some former military personnel not identifying as "Veterans", prompting varied outreach strategies. 88.8% were willing to be contacted again for future studies.

Conclusion: The COPE-V Cohort demonstrates the feasibility and strategic value of establishing a pan-Canadian, bilingual, web-based research infrastructure to advance knowledge on chronic pain and its treatment among Canadian Veterans. Although the sample size remains modest, this cohort provides a robust foundation for multiple future analyses, with findings to be interpreted in light of the strengths and limitations of this data source for each research question. Co-developed with Veterans with lived experience of chronic pain, COPE-V achieved broad geographic reach and meaningful engagement, including populations disproportionately affected by chronic pain. By documenting both successes and challenges, this paper offers actionable guidance for future Veteran-centred research initiatives, underscoring the need for sustained funding beyond pilot-level support, multimodal recruitment strategies, strong local partnerships across provinces, and rigorous procedures to ensure data quality and recruitment monitoring.

P200: Perspectives of Service Providers on the State of Canadian Female Veteran Homelessness

Short, Michael, MHSc[1]; Lemonde, Manon, PhD[1]; Sun, Winnie, PhD[1]; Gamble, Brenda, PhD[1]

[1]Ontario Tech University

Introduction: The Standing Committee for Veterans Affairs has identified that female Veterans are at an increased risk for homelessness in Canada and it is unknown as to why. Literature on this topic is sparse in the Canadian context; however, US-based literature has identified that several experiences over the life course interact in a cumulative manner to influence the risk of homelessness among female Veterans. Further, after discussions with service providers, it was identified that there may be specific barriers and facilitators to service uptake for female Veterans, with differences identified between civilian and military service providers. Therefore, this study sought to understand the state of homelessness among Canadian female Veterans from the perspective of service providers and identify the perceived barriers and facilitators of service uptake in this population.

Methods: This case study utilized a purposive sampling methodology to recruit service providers across Canada. Participants completed a 90-minute semi-structured interview. Interviews were performed in-person

or virtually and recorded. Reflexive thematic analysis, in conjunction with the Framework Method, was used for data analysis. Data were deductively analyzed using the Life Course Perspective and Intersectionality Framework to identify key themes and ensure that the complex interaction of variables were properly assessed.

Expected Results: Twelve service providers participated in this case study. Themes uncovered were roots of homelessness, harassment, housing, identification, culture, and services. Overall, themes for the government regarding how to improve the situation surrounding service providers and their ability to assist homeless female Veterans was most reported. From a lived experience perspective, service providers reported that female Veterans with experiences of homelessness are struggling with housing costs, physical and mental health, intimate partner violence and substance use issues. Female Veterans have been reported to have experience military sexual trauma and struggles with the military culture, during and after service. Service providers identified several issues surrounding social and community-based factors that may contribute to their homelessness. Issues surrounding the identification of and interaction with homeless female Veterans were reported by both civilian and military service providers.

Conclusion: Female veterans have complex and unique needs as they deal with and attempt to escape homelessness. Service providers have reported various barriers and facilitators to service uptake, including the identification and interaction with female Veterans that require assistance. A focused, interdisciplinary, and transparent effort across service providers, institutions, and government agencies is required to assist Veterans out of homelessness, ensuring that those who serve their country are not left behind.

PRIMARILY MENTAL HEALTH AND WELL-BEING

Podium Presentations

1C01: Adherence to Treatment and Treatment Outcomes in United Kingdom Military Veterans with Co-occurring Common Mental Health and Alcohol Use Problems

Goodwin, Laura, PhD[1]; Irizar, Patricia, PhD[2]; Salam, Shumona, PhD[1]; MacManus, Deirdre, PhD[3]; Roberts, Neil, PhD[4]; Jones, Steven, PhD[1]

[1]Lancaster University; [2]Liverpool John Moores University; [3]King's College London; [4]Cardiff University

Introduction: People with a co-occurring alcohol use disorder (AUD) are often excluded from mental health services due to abstinence-based policies, despite some evidence that treatment outcomes may be comparable when they are included. This study examined differences in treatment adherence and common mental disorder (CMD) treatment outcomes among veterans with CMD alone and those with co-occurring CMD and AUD receiving care in a specialist veterans' mental health service.

Methods: We conducted a secondary analysis of routinely collected data from a North-West Military Veterans' Mental Health service from 2011 - 2023. Veterans aged ≥18 years with a CMD were included if they had at least three contacts, commenced psychological therapy, and completed an alcohol assessment. Exposure was CMD only versus CMD with AUD. Outcomes included reliable improvement and reliable recovery for depression, anxiety, and PTSD, plus proportion of Did Not Attends (DNA) and treatment completion. Group differences were examined using chi-squared tests and adjusted regression analyses.

Results: Among 1,000 eligible veterans, 28.6% had co-occurring AUD. After adjustment, veterans with CMD+AUD were more likely to show reliable improvement in depression (OR 1.51, 95% CI 1.07–2.13), with no group differences in reliable recovery for depression, anxiety or PTSD. Adherence was poorer with alcohol comorbidity, with lower treatment completion (68.5% vs 77.0%; OR 0.63, 95% CI 0.45–0.90) and a higher proportion of DNAs (β = 0.04, 95% CI 0.01–0.06).

Conclusion: Although veterans with co-occurring AUD may have more difficulty staying engaged in treatment, they can achieve similar benefits from psychological therapy if they are supported to adhere. These results suggest that abstinence based eligibility criteria may unnecessarily prevent veterans with co-occurring problems from engaging with mental health treatment.

1C02: Generation of Recommendations to Improve Care for United Kingdom Veterans with Co-occurring Alcohol and Mental Health Problems

Irizar, Patricia, PhD[1]; Salam, Shumona, PhD[2]; Goodwin, Laura, PhD[2]; MacManus, Deirdre, PhD[3]; Roberts, Neil, PhD[4]; Jones, Steve, PhD[2]

[1]Liverpool John Moores University; [2]Lancaster University; [3]King's College London; [4]Cardiff University

Introduction: Veterans with co-occurring alcohol and mental health problems experience barriers to access-

ing care, yet little is known about service providers' perspectives on treatment pathways, challenges, and best practices for this population. This study aimed to explore service providers' views on care and to develop recommendations to improve service provision.

Methods: A two-phased study was conducted. First, three online focus groups with 16 service providers from NHS, primary care, and thirds sector organisations explored treatment pathways, challenges, best practices, and developed recommendations for care. Second, a two round online Delphi study was used to build consensus on these recommendations. In Round 1, experts (N=41) rated the importance of each recommendation on a five-point scale, with those rated 4–5 by over 80% progressing to Round 2. In Round 2, experts (N=31) assessed feasibility and ranked the recommendations by importance.

Results: Providers identified fragmented services, poor information sharing, rigid abstinence policies, limited understanding of military culture, and military norms such as normalised heavy drinking as key barriers. Integrated and flexible models were viewed as best practice. Of 46 recommendations generated, 26 reached consensus for importance, with the 15 highest ranked emphasising coordinated, accessible, and veteran informed care, although feasibility varied across recommendations.

Conclusion: Service providers highlighted structural and cultural barriers to care for veterans with cooccurring alcohol and mental health problems but strongly supported integrated, veteran informed models of care. Clear recommendations were identified to improve service provision although implementation will require better support and collaboration between services.

1C03: Reducing Hazardous Drinking among Women who have Served in the United Kingdom Armed Forces: A Randomised Controlled Trial of the DrinksRation App

Leightley, Daniel, PhD[1]; Williamson, Grace, MSc[1]; Carr, Ewan, PhD[1]; Varghese, Rhea, MSc[1]; Dymond, Simon, PhD[2]; Goodwin, Laura, PhD[3]; Murphy, Dominic, PhD[1, 4]

[1]King's College London; [2]Swansea University; [3]Lancaster University; [4]Combat Stress

Introduction: Alcohol misuse remains a significant concern in the UK Armed Forces community, yet digital interventions have largely been developed and evaluated in predominantly male samples. Women who have served in the UK Armed Forces report higher levels of hazardous drinking than women in the general population, but there is limited evidence on tailored digital support. This study evaluated the efficacy of DrinksRation, a smartphone app adapted for women who have served.

Methods: We conducted a two-arm, participant-blinded randomised controlled trial comparing DrinksRation with BeAlcoholSmart, a web-based control providing NHS-focused alcohol guidance. Eligible participants were women aged 18 years or older, living in the UK, who had completed at least one day of paid UK Armed Forces service and reported drinking more than 14 UK units per week. Participants were followed for 84 days. The primary outcome was change in weekly alcohol consumption measured using the 7-day Timeline Follow-Back. The secondary outcome was change in Alcohol Use Disorders Identification Test (AUDIT) score. Outcomes were analysed using mixed models for repeated measures adjusted for baseline outcome, age, time, and treatment-by-time interaction.

Results: Eighty-eight women were included in the final analysis (BeAlcoholSmart *n*=37; DrinksRation *n*=51). Mean baseline alcohol consumption was 27.2 units/week and mean AUDIT score was 14.5, indicating hazardous drinking across the sample. At 84 days, DrinksRation participants showed a greater reduction in weekly alcohol consumption than controls (adjusted mean difference in change from baseline = -11.6 units/week, 95% CI -19.7 to -3.6, p=0.005). AUDIT scores also fell more in the intervention arm (adjusted mean difference in change = -3.9, 95% CI -6.9 to -1.0, p=0.010). Intervention participants reported greater engagement and higher usability across all mHealth App Usability Questionnaire domains. No serious adverse events or technical issues were identified.

Conclusion: DrinksRation produced clinically meaningful reductions in alcohol consumption and hazardous drinking among women who have served in the UK Armed Forces. These findings support the value of tailored digital interventions for an under-researched veteran population and suggest a scalable approach to improving access to alcohol reduction support.

1C04: Treatment for co-occurring mental health and alcohol problems in ex-serving military personnel

Goodwin, Laura, PhD[1]

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Brief Description: Military veterans are more likely to experience co-occurring mental health and alcohol use

disorders compared to civilians. Veterans experiencing co-occurring problems face more problems when seeking treatment compared to those with one problem. Furthermore, veterans can be turned away from mental health services as a result of heavy alcohol use, highlighting the need for alternative intervention approaches for those veterans who may not want to seek support through formal drug and alcohol services, such as women with children.

Patient Population: This symposium will present UK data from three research studies focused on veterans experiencing co-occurring mental health and alcohol use problems. This research includes 1) an observational study examining how mental health treatment outcomes and engagement compares between veterans with and without co-occurring problem drinking, 2) a Delphi study which developed recommendations for practice for veterans experiencing co-occurring problems, and 3) findings from a randomised controlled trial of female veterans who used a digital alcohol intervention.

Results: The research studies presented showed that 1) whilst veterans with co-occurring mental health and alcohol problems may experience more difficulty staying engaged in mental health treatment, they can benefit just as well from psychological therapy, 2) clinicians and practitioners highlighted strong support for recommendations focused on provision of accessible and coordinated treatments for veterans and 3)evidence that digital alcohol interventions can result in clinically meaningful reductions in problem drinking among women who have served in the UK Armed Forces.

Conclusion: This symposium will discuss current treatment options for military veterans with co-occurring problems, including digital interventions, and critically evaluate the benefits and limitations of these approaches. The discussant will outline recommendations for practice to improve care for veterans with co-occurring problems across settings.

2A02: Mental Health Needs Assessment of Ukrainian Combatants, Veterans and Their Families During the War in Ukraine

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Introduction: For the past 12 years, Ukraine has been defending its sovereignty. The ongoing war and regular attacks on the civilian population cause trauma that disrupts the usual way of life and creates the preconditions for intergenerational trauma on a large scale. The number of military personnel, veterans and civilians who require mental health services is growing every day. In these circumstances, the provision of services that are not only accessible but also tailored to the real needs of a particular group is important. The objective of the study was to conduct a comprehensive mental health needs assessment of military personnel, veterans and their families in order to develop and improve the provision of services.

Methods: This mixed-methods study was conducted from May 1 to July 1, 2025. Twenty-five participants joined three focus groups, while 588 answered an anonymous online questionnaire. Qualitative focus group data were evaluated using thematic analysis. Quantitative data were analyzed via descriptive statistics and Pearson's ($\chi 2$) test to explore relationships between service needs and socio-demographic or military characteristics.

Results: Most of the respondents (82%) were men, aged 25-44, and more than 64% had experience serving in combat zones. In general, only 27.1% of military personnel applied for help, and veterans did so more often (50%) than active military personnel (19%). However, 65.2% of veterans noted that the services provided did not fully cover their needs. The priorities are significantly different: for military personnel, the first needs are employment in the future (46.2%) and mental health services (45.4%), and for veterans the most necessary are medical services (56.5%) and employment (50%). Among the family members, 65.3% noted a significant increase in the level of stress, and 31.9% an increase in anxiety in children and feelings of loneliness and stigmatization of psychiatric care. For the families, absolute priorities are mental health services (66.9%) and housing assistance (41.2%). Qualitative analysis showed that social exclusion, lack of understanding by society and distrust of specialists lead to self-isolation of veterans.

Conclusion: Since different groups show significantly different needs, the "one-size-fits-all" approach will not be effective. Reintegration programs should be comprehensive and not only offer medical care and long-term psychological assistance but also address socio-economic issues. A three-pronged approach of therapy, community support, and systemic policies optimizes social reintegration. Through therapeutic means and decent livelihoods, it would foster recovery while alleviating further distress by assisting military families whose psychological burden is often ignored in conflict areas.

2C01: Determinants of Health in Longitudinal Military-to-Civilian Transition Trajectories: Where do we go from here?

Cramm, Heidi, PhD[1]

[1]Queen's University

Brief Description: Leaving military service and transitioning to civilian life can involve significant changes across various life domains. There remains a lack of research, particularly qualitative in nature, that has explored the longitudinal experiences of Canadian Armed Forces (CAF) members and Veterans as they undergo military to civilian transition (MCT), and the key determinants that influence their experience. MCT experiences that are perceived to be successful are a function of more than the type of release or the health status at release.

To address the current knowledge gap, a longitudinal qualitative study was conducted to better understand the mental health and well-being of CAF members as they prepared to release and become Veterans during MCT. The purpose of the symposium is to describe transition trajectories of CAF members and Veterans through MCT, highlighting key determinants that shape their health and well-being, and subsequently their transition to civilian life post-release. This discussant presentation will particularly focus on the social determinants of housing, identity and social connection, education, and health services access. Participants' experiences of health and healthcare resources about a year after their planned release from the military will be considered cross-sectionally, while the other determinants will be considered through longitudinal trajectory analysis. While each of these determinants will be explored separately, they are very inter-connected as well. It is a highly complex process, and this study offers the only longitudinal qualitative study across the Five Eyes to prospectively follow military personnel prior to release and into their MCT.

Patient Population: Veterans, serving military

Results: Presentations 1, 2, 3, and 4 in the symposium

Conclusion: Key social determinants such as housing, identity, education, and healthcare access can shape MCT trajectories over time.

2C02: Housing and Relocation Experiences of Canadian Armed Forces Veterans over the Duration of their Military-to-Civilian Transition: A Longitudinal Study

Richardson, Melissa, MSc[1]**;** Ibbotson, Ash, MA[1]; Hill, Shannon, PhD[1]; Mahar, Alyson, PhD[1]; Cramm, Heidi, PhD[1]

[1]Queen's University

Introduction: Housing is widely recognized as an important social determinant of health in Canada such that unstable, inadequate, or unsafe housing can directly increase an individual's vulnerability to physical and mental health concerns. Military-to-civilian transition (MCT) refers to the period of significant change during which an individual leaves military service and begins their transition into civilian life. Over the duration of a qualitative, longitudinal study of Canadian Armed Forces (CAF) Veterans in MCT, data related to housing and relocation were collected, and this study seeks to explore how housing and relocation were experienced by Veterans over their MCT, grounded in a social constructivist paradigm.

Methods: Semi-structured interviews were conducted with CAF members and Veterans at three time points spanning their early MCT. Grounded theory techniques guided the preliminary analysis. All data related to housing across three points will undergo reflexive thematic analysis to gain an understanding of how housing concerns were experienced across the three data collection points.

Results: 75 participants completed interviews while preparing for release, 70 of the same participants completed interviews within six to 12 months post-release, and 65 of the same participants completed interviews 12 to 18 months post-release. Cross-sectional analysis of the first time points indicates that housing and relocation were spoken about broadly - in some cases, with hope and a factor in future planning, or, in others, as a significant hurdle between them and their civilian life. Common points of discussion included significant housing costs and financial planning, housing as a foundation point for their future lives, difficulties navigating the military-contracted relocation company, or being unable or hesitant to relocate because of access to healthcare or for family reasons. Longitudinal trajectory analysis across all three time points will identify where and how housing intersects with other determinants of health.

Conclusion: Housing and relocation can influence the mental health and well-being of CAF Veterans as they undergo MCT, in association with a variety of other determinants of health. These areas highlight ways that Veterans can be supported before, during, and following their release, which can have critical influence on their mental health trajectory post-release, as housing remains a significant social determinant of health.

2C03: Educational Trajectories Through Military-to-Civilian Transition: Findings from a Longitudinal Qualitative Study

Hill, Shannon, PhD[1]; Mahar, Alyson, PhD[1]; Cramm, Heidi, PhD[1]

[1]Queen's University

Introduction: Military-to-civilian transition (MCT) refers broadly to the process of leaving military service and transitioning to civilian life. The transition to civilian life can bring significant adjustments to various life domains such as, but not limited to, identity, employment, education, health, housing, finances, and family. In recent years, there have become increased efforts within Canada to better support serving members and Veterans who are seeking and accessing post-secondary education following release. Despite this, there remains a lack of national, long-term research that has explored the educational trajectories of Canadian Armed Forces (CAF) members and Veterans as they undergo MCT. A longitudinal qualitative study was conducted to better understand the mental health and well-being of CAF members and Veterans during MCT. This presentation provides insight into a sub-set of findings focused on education and longitudinally describes the experiences of CAF members and Veterans seeking education during MCT.

Methods: Sociodemographic questionnaires and individual semi-structured interviews were used to collect data from participants across three timepoints (T1 – within six months of release date from CAF; T2 – six to 12 months after release date from CAF; and T3 – 12 to 18 months after release date from CAF).To date, grounded theory techniques have been used to preliminary analyze data related to education across the first two time points. Reflexive thematic analysis will be used to formally analyze data across all three time points.

Results: In total, data were collected from 75 English-language participants at T1, 70 English-language participants at T2, and 65 English-language participants at T3.Preliminary analysis has indicated that having a vision for post-release life is crucial for moving on from military life, with participants highlighting the importance of engaging in post-release activities that could provide routine, structure, and meaning. For many, post-release activities included pursuing further education, often linked with the desire to refine or gain a skill set that could lead to subsequent employment post-release. Type of release has emerged as an important determining factor in pursuing education post-release, with participants medically released noting challenges around ability and readiness to take on post-release training or education, as well as time-limited benefits.

Conclusion: Given that education has been internationally identified as a key determinant of health, supporting the educational pathways of CAF members and Veterans as they undergo MCT is critical in ensuring a successful transition from military service.

2C04: From Soldier to Civilian: The Transformation of Identity in Military-to-Civilian Transition

Ritchie, Kim, PhD[1]; Hill, Shannon, PhD[2]; Cox, Marilyn, MFSG[1]; Tam-Seto, Linna, PhD[3]; Cramm, Heidi, PhD[2]

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Introduction: Transitioning from military service to civilian life is a significant life course event involving not only a change in occupation but also a profound shift in identity. Military service fosters a deeply embedded, collective identity shaped by shared values, structure, and experiences. Consequently, leaving the military requires not only exiting a role but also disengaging from a social identity and reconstructing a sense of self within a fundamentally different civilian context. The shift from a collectivist military culture to a more individualistic civilian environment may contribute to identity disruption, diminished belonging, and challenges with social integration. These challenges may be further intensified among Veterans with limited civilian ties or those experiencing mental health conditions such as posttraumatic stress disorder (PTSD), depression, or anxiety. Although loss of military identity has been identified as a key barrier to successful reintegration, limited research has explored how identity is experienced and reconstructed from the perspectives of transitioning service members.

Methods: This study explored changes in identity among Canadian Armed Forces members during the transition to civilian life. Data were drawn from a qualitative longitudinal study of military-to-civilian transition. Semi-structured interviews were conducted at three time points: T1 (0–6 months from release date), T2 (6–12 months following release), andT3 (12-18

months following release). Regular and Reserve Force members undergoing voluntary, involuntary, or medical release were recruited. Interviews were transcribed verbatim and analyzed using a multi-stage coding approach. Initial coding was guided by a structured codebook, followed by inductive development of identity-related themes. Analytical rigour was supported through team-based coding, inter-rater reliability, and iterative discussion.

Results: Interviews were completed by 75 participants at T1, 70 participants at T2, and 65 at T3. Findings reveal a non-linear process of identity transition comprising three interconnected phases: (1) Disengagement from the Institutional Self, reflecting how the dominant nature of the military identity is deeply engrained through military culture and training, (2) Existing in the In-Between, describes a period of identity disruption and liminality marked by non-belonging and loss of purpose, and (3) Reconstructing and Negotiating Identity in Civilian Life, involves active efforts to establish new roles, relationships, and sources of meaning. Participants described challenges related to loss of structure, recognition, and community, alongside the process of identity renegotiation.

Conclusion: Identity change is a central part of the transition process. Findings underscore the need for targeted interventions that support identity reconstruction, belonging, and social integration.

3B01: Fragmented Selves, Reclaimed Identities: Qualitative Insights into Canadian Armed Forces Women Veterans' Transition to Post-Service Life

Rodrigues, Sara, PhD[1, 2, 4]; Tam-Seto, Linna, PhD[3]; Nannarone, Molly, MPH[1]; Pilote, Sandra[1]; Bouffard, Lynn[1]; **Lamoureux, Guylaine[1]**; Uetz, Connie[1]; **Beynen, Tabitha[1];** Gregory, Adelina, MSc[1]; Hill MacEachern, Kate, PhD[1]

[1]Atlas Institute for Veterans and Families; [2]University of Ottawa; [3]University of Toronto; [4]Institute of Mental Health Research (IMHR)

Introduction: Women Veterans of the Canadian Armed Forces (CAF) face distinct challenges when transitioning from military to post-service life. Women Veterans are more likely than men to be primary caregivers, to experience financial challenges, and to have mental and physical health conditions. Yet, Canadian research about their transition experiences remains limited. Existing research suggests that transition experiences may be shaped by mental health, identity, caregiving responsibilities, and access to appropriate supports; however, women's first-hand descriptions remain underrepresented. This study examined how women Veterans of the CAF describe their transition to post-service life, including factors they view as important to transition and services they identify being needed.

Methods: Data for this presentation comes from a cross-sectional, online survey of CAF women Veterans' experiences of transition that contained a series of open-ended questions about transition to post-service life. Participants were asked about their perceptions of successful transition, support needs for women, and facilitators and barriers to adjustment. Data from 150 participants (Mage=53.5) were analyzed using qualitative content analysis, with responses coded inductively to systematically categorize participant responses and identify salient patterns.

Expected Results: At this time, preliminary themes in participants' descriptions of transition to post-service life suggest that, first, agency and control over the timing and conditions of release appeared to shape how women experienced transition, with abrupt, poorly supported, or administratively constrained release experiences often described as more difficult. Second, participants frequently described transition as an experience involving changes in identity, purpose, and a sense of belonging after service. Third, participants emphasized the importance of social support and social connection during and after transition, alongside a desire for women-specific programs and supports. Finally, participants described system navigation as a significant challenge, including not knowing what services were available or how to access them.

Conclusion: These findings suggest that women's transition to post-service life is shaped by personal, social, and system-level factors. Furthermore, the findings suggest a need for more accessible, women-specific supports and clearer navigational support through available services, both during release and after service.

3B02: Hidden and Underserved: Military Sexual Trauma, Post-Traumatic Stress Disorder and Homelessness Among United States Women Veterans — United States Findings with Implications for Canada

Casura, Lily, MSW[1]; Harris, Richard, PhD[1]

[1]University of Texas at San Antonio

Introduction: Women veterans now represent between 11 and 15 percent of those who have served in both the United States and Canada, yet research on their post-service challenges remains sparse

and poorly understood in both countries. In the U.S., most existing research is conducted within the Veterans Affairs (VA) system, limiting its generalizability to the large portion of women veterans who never enrolled. The relationships among military sexual trauma (MST), post-traumatic stress disorder (PTSD), intimate partner violence (IPV), and homelessness — while suspected — have lacked the empirical grounding needed to drive policy and practice. This study addresses that gap.

Methods: We conducted a large-scale survey (n=2,496) of U.S. women veterans spanning all service eras, every branch of service, and all 50 states, U.S. territories and 27 foreign countries where U.S. women veterans now reside. Critically, approximately one quarter of respondents had never enrolled in the VA system, making this one of the most broadly representative studies of this population to date. The sample was well-represented by race, ethnicity, and geographic region, including almost 6% Native women. We used bivariate, trivariate, and multivariate logistic regression to analyze the prevalence of MST, PTSD, and homelessness and their interrelationships.

Results: More than four in 10 survey respondents (40.1%) reported having experienced homelessness after leaving the military. Additionally, 417 women veterans (16.7%) reported having stayed in an unsafe relationship, such as those characterized by domestic violence, during periods of unstable housing or homelessness. MST and PTSD, individually and in combination, were the most prominent predictors of homelessness risk.

Our model correctly predicts homelessness identification more than 70 percent of the time, with a Nagelkerke R^2 exceeding 0.3 — a robust result for a population historically difficult to study. IPV and domestic violence emerged as compounding factors. Findings held across service eras, branches, and racial and ethnic groups.

Conclusion: Women veterans represent a hidden homeless population whose risk is driven by identifiable, measurable factors. As Canada works to better understand and serve its own women veteran population, U.S. findings offer both a methodological model and an evidence base from which Canadian researchers and practitioners can build. Policy and practice implications — including outreach beyond VA-equivalent systems to reach unenrolled veterans — are discussed.

3C04: Collaborative paths to understanding: A one-year follow-up to the mental health and wellbeing impacts of participation in the 2025 Invictus Games

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[1]McMaster University

Introduction: The Invictus Games, an international adaptive sports event for wounded, injured, or sick Veterans and service members, are widely recognized for promoting recovery, resilience, and community reintegration.1 Prior research highlights the psychological and social benefits of adaptive sport participation for Veterans; however, much of this work has been cross-sectional or focused on immediate experiences, with limited understanding of how these outcomes evolve over time.2 The 2025 Invictus Games (IG) in Vancouver/Whistler provided a unique opportunity to examine both short- and longer-term impacts of participation within a recovery framework. This study builds on prior qualitative findings by incorporating longitudinal quantitative and qualitative data to better understand Veteran recovery trajectories following the IG.

Methods: This study uses a longitudinal mixed-methods, biopsychosocial design. Data collection included online surveys assessing psychological well-being (e.g., PTSD, anxiety, depression) over the course of one year, physiological indicators (e.g., sleep and cardiovascular activity via Garmin devices), and qualitative interviews conducted during/immediately after the Games and at one year post-IG. This design enables the examination of changes over time. Sub-analyses also explore differences based on time since military service, injury type, and national team context.

Expected Results: Data collection is complete, and analyses are ongoing. Preliminary qualitative findings suggest that while many Veterans experience an initial post-Games decline ("post-Games slump"), this is often followed by sustained or renewed benefits over time, including improved sense of purpose, connection, and well-being. Planned quantitative analyses will examine trajectories of psychological and physiological outcomes across five timepoints (during, immediately after, three months, six months, and one year post-IG). Integrated findings will explore how qualitative experiences help explain patterns of change observed in the quantitative data.

Conclusion: This study advances understanding of the longitudinal impact of the IG by moving beyond immediate outcomes to examine recovery over time.

Findings highlight the importance of considering both short-term challenges and longer-term growth, as well as the individual and contextual factors that shape Veteran experiences. These insights will inform future programming and policy to better support sustained recovery through adaptive sport initiatives.

3E03: Investigating suicide trends in Scottish military Veterans

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Introduction: Although overall suicide rates in Scotland have been falling over the last 20 years, there is still public concern about the risk of suicide in military Veterans. There remains a paucity of epidemiological data on Veteran suicide, the most recent UK-wide cohort study covering 1996-2018, and our previous studies on suicide in Scottish Veterans have examined data to 2012 and 2017. Generally no overall increase in risk has been demonstrated, although with some differences at subgroup level. Recent trends in mental health issues, and the impact of social media in young people, have suggested that this may increase the risk of suicide. The aim of this study is to examine risks of Veteran suicide in Scotland, using a refreshed, expanded and updated dataset to 2025, and to explore whether there have been changes, including an increase in risk in specific age groups.

Methods: Retrospective cohort study of 83,000 Veterans born between 1945 and 2005 and 262,000 people with no record of service matched for age, sex and geographical location, using survival analysis to explore risk of suicide in male and female Veterans, overall and by subgroup including sex, age and length of service, and to compare findings with our earlier studies which used the same methodology.

Expected Results: The results will include hazard ratios for suicide risk in Veterans compared with non-Veterans overall and stratified by sex and birth cohort, and by length of service and time elapsed since leaving service. The results, which will be compared with our findings in the earlier studies, are expected to demonstrate whether particular sub-groups of Veterans are at increased risk of suicide, and whether the risk of suicide in Veterans in Scotland is changing. The study is currently in progress and finalised data will be presented at the Forum.

Conclusion: Continuing monitoring of the risk of suicide in Veterans enables timely preventive initiatives and support to be delivered, targeted especially at those at the highest risk. It may also provide an indication of the effectiveness of suicide prevention measures which have been implemented in-service in recent years.

4C01: Prolonged Exposure Therapy to Treat Moral Injury: A Case Series and Discussion

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Program/Intervention Description: Over the past decade, the prevalence of exposure to potentially morally injurious experiences (PMIEs) during military operations and the psychological sequalae of this exposure or moral injury (MI) has gained increasing attention. It has become apparent that exposure to PMIE's can result in significant distress and functional impairment, and research is delineating whether MI is related to or distinct from Posttraumatic Stress Disorder (PTSD). Yet, treatment recommendations for MI are equivocal. Research on MI has highlighted the hypothetical shortcomings of existing evidence-based treatments for PTSD, such as Prolonged Exposure (PE) Therapy, in favor of new approaches without evaluating the flexibility and appropriateness of these treatments in effectively addressing MI. We discuss how the rationale and theoretical framework for PE can accommodate MI in treatment, and present a series of case reports as examples of its appropriateness and effectiveness.

Evaluation Methods: This case series provides an overview of treatment provided to five Canadian Armed Forces Veterans who were diagnosed primarily with PTSD, and endorsed MI. A summary of the treatment interventions and therapeutic techniques that were used to increase optimal processing of MI is provided.

Results: Following treatment, these clients achieved sustained remission of their PTSD symptomatology and endorsed amelioration of their MI. Psychometric and qualitative data supporting their treatment response will be outlined.

Conclusion: These cases illustrate how PE can be used effectively to address PTSD and MI in a highly symptomatic Veteran sample. Furthermore, these cases contribute to a growing literature on effective treatments for MI, and suggest that first-line PTSD psychotherapy can address MI effectively. Obtaining a better understanding of which evidence-based treatments are most clinically appropriate for treating different forms of military trauma, including MI, will greatly enhance the clinical care of military personnel and Veterans.

4C03: A Proposed Pathway of Care for Moral Injury for Serving and Retired Canadian Armed Forces Members

Wong, Caleigh, MA[1]; Chia, Simone, MPP[1]; Vanstone, Rena, MA[1]; Hyde, Julie, PhD[1]

[1]The Dallaire Institute for Children, Peace, and Security

Introduction: Moral injury refers to the lasting psychological and social impacts resulting from the transgression of moral values. It represents a type of trauma infliction with unique dimensions of guilt and shame, causing individuals' doubt of moral self-regard. Although awareness of moral injury has increased, and despite its recent recognition as a mental health condition within the DSM-5-TR, knowledge on how best to support service members before, during, and after potentially morally injurious events(PMIEs) — especially when those PMIEs include encounters with children—remains limited. Our research—which comprised participatory action research (PAR)with Canadian veterans and validation by military mental health experts— led to the development of a support pathway that outlines specific actionable recommendations to support Canadian service members who have experienced PMIEs stemming from encounters with children.

Methods: In phase one, the research team conducted qualitative interviews with 16 Canadian Armed Forces (CAF) Veterans who had encountered children during military deployments (a recognized PMIE). 39 Veterans, health professionals, and researchers then participated in a series of PAR workshops to develop recommendations for improving preparation, training, and support for military personnel; the PAR methodology prioritized the lived experiences of Veterans in shaping these recommendations. To develop the support pathway, recommendations that emerged from the PAR workshops were collated and shared with 18 experts working across VAC, DND, and community support and advocacy groups. This group of subject matter experts took part in a validation exercise to situate the Veteran-led recommendations within current support structures and clinical best practices.

Results: During the PAR workshops, Veteran participants identified several significant gaps in current military preparation and support pathways. Current systems remain largely reactive with insufficient recognition of encounters with children as a predictable and anticipated moral risk. Veterans' experiences and perspectives shared during the PAR resulted in 12 targeted recommendations for the pre-deployment, deployment, and post-deployment phases. These were validated by subject matter experts, resulting in a series of final recommendations that are situated within current military support structures and clinical best practices.

Conclusion: Addressing gaps in preparation and support is crucial to ensuring that current and Veteran members of the CAF are adequately supported when dealing with the increasingly ethically complex nature of modern conflict. This unique collaboration between Veterans and military mental health experts found that effective prevention requires shifting from a reactive, individual-focused model to a systems-based approach grounded in ethical leadership, preparation, continuous support, and institutional accountability.

4C04: Neuroimaging in Moral Injury Research: A Review of Progress in the Field, Relevance to Veterans, and Investigation of Minority Stress-related Moral Injury

Lynn, Emma[1,2,3]; Hosseini-Kamkar, Niki[1,3]; Villeneuve, Ally[1,3]; Klimkowski, Victoria[1,2,3]; Lanius, Ruth[4,5]; Nicholson, Andrew[1,2,3]

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Brief Description: Neuroimaging is a research method that allows objective measurement of brain structure and function. Functional magnetic resonance imaging (fMRI) and electroencephalography (EEG) are two widely used neuroimaging techniques that allow for non-invasive exploration of research questions related to how brains work under different conditions. So far, neuroimaging studies have been used to study moral injury by examining the neural correlates of moral reasoning, group differences, and more. This presentation will introduce the audience to the application of neuroimaging to study moral injury, exploring findings from our group on the neural correlates of identity-based moral injury as an example of how neuroimaging can be applied in this context. SGMs face unique, chronic stressors and trauma connected to their stigmatized identities that may function as morally injurious events (Nicholson et al., 2025; 2022). Importantly, research suggests that SGM veterans and military members are exposed to higher rates of trauma, discrimination and minority stress than civilian SGM populations (Livingston et al., 2019), highlighting the importance of studying this population in a Canadian military and veteran context. In this example study, we use fMRI to examine experiences of moral injury in a population of sexual and gender minorities (SGMs).

Patient Population: Our sample included 39 SGM participants with diverse identities, including veterans

and purge survivors. We collected fMRI data while participants recalled autobiographical memories – one morally injurious event related to their identity and one neutral event. We compared neural activation between recall of morally injurious and neutral memories and examined how this differed based on eye gaze and post-traumatic stress disorder (PTSD) diagnosis. Linear regression analyses explored associations between self-reported minority stress, trauma exposure, trauma-related symptoms and neural activation.

Results: We found increased activation in the left anterior and right posterior insula and a negative correlation between minority stress exposure and activity within the ventromedial prefrontal cortex during moral injury vs. neutral memory recall. Minority stress exposure was associated with trauma symptom severity. Results differed based on eye gaze and PTSD diagnosis.

Conclusion: Neuroimaging is a promising method with which to study moral injury, with particular utility when applied to understanding neural correlates of moral reasoning, symptoms, group differences and more. The presented findings provide preliminary evidence linking identity-based moral injury to disruptions in large-scale brain networks. Importantly, this work highlights potential neural targets for trauma-informed interventions aimed at addressing moral injury symptoms that disproportionately affect SGM communities, particularly Veterans and military members.

4E02: What Quantitative Data can tell us about the Association between Occupational Stressors and Moral Injury in Women Veterans of the Canadian Armed Forces and Royal Canadian Mounted Police

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[1]Atlas Institute for Veterans and Families; [2]The Royal's Institute for Mental Health Research; [3]University of Ottawa

Introduction: Research on moral injury (MI) in servicewomen and women Veterans is nascent; to date, approaches have focused on combat exposure and service-related sexual trauma (SRST) (Weiss et al., 2023). While many women in the military and police experience gender-based harassment and discrimination (Khouryet al., 2025), and while SRST has been identified as a potentially morally injurious event (PMIE) (Kondrath et al., 2024), women face other occupational stressors that may also be categorized as PMIEs and that may lead to MI symptoms. Qualitative inquiry demonstrates that servicewomen report working twice as hard, being assigned undesirable jobs, and feeling unsupported by leadership or peers (Waruszynski et al., 2024), but these experiences have not been examined empirically with larger samples. Standardized, validated measures can enable the identification of patterns between occupational stressor exposure and effects associated with MI. As such, this study assessed how occupational stressors relate to MI scores in a sample of women Veterans.

Methods: N=163 women Veterans of the CAF and RCMP (Mage = 53.1, SD = 10.5) completed an online, cross-sectional, self-report survey that assessed organizational stress (Organizational Police Stress Questionnaire (ORGPSQ; McCreary, 2004), SRST(Deployment Risk and Resilience Inventory–2;Vogt et al., 2013) and MI (Moral Injury Outcome Scale; Litz et al., 2022)). A factor analysis of the ORGPSQ showed items loaded onto two distinct factors representing structural and interpersonal stressors (α >.80).

Results: Multiple linear regressions examined structural stressors, interpersonal stressors, and SRST as predictors of total MI, shame-based MI, and trust-based MI.SRST was significantly associated with total, shame- and trust-based MI scores (B=0.30-0.61; all p <.001). Interpersonal stressors were significantly associated with total (B = 2.52, p < .001), shame- (B = 1.08 p = .013) and trust-based (B = 1.41, p < .001) MI scores. Structural stressors were not significant. Predictors accounted for 22.4-35% of the variance across outcomes.

Conclusion: Results suggest that interpersonal stressors are central to MI among women Veterans and support recognition of the value of quantitative approaches to considering the magnitude of associations between organizational stressors and MI. This approach enables the translation of complex occupational experiences into testable and comparable data. Standardized approaches such as surveys, enable understanding of how cumulative transgressions relate to MI and can advance the current knowledge base by generating evidence with validated measures, larger sample sizes, and the ability to assess statistical significance of the association between variables.

5B01: From Guidelines to Reality: Understanding Benzodiazepine Prescribing in Specialized Post-traumatic Stress Disorder Care

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[1]MacDonald Franklin Operational Stress Injury Research Centre; [2]St. Joseph's Operational Stress Injury Clinic; [3]Western University

Introduction: Clinical practice guidelines discourage benzodiazepine use in posttraumatic stress disorder (PTSD) due to limited efficacy for core symptoms and risks such as dependence and adverse outcomes. Despite these recommendations, benzodiazepines continue to be prescribed among military personnel and Veterans with PTSD. However, little is known about the clinical contexts in which these medications are used within specialized PTSD care. This study aimed to characterize benzodiazepine prescribing among Canadian Operational Stress Injury (OSI) clinics and identify patient- and practice-level factors associated with their use.

Methods: We conducted a cross-sectional study of 438 Canadian military personnel and Veterans receiving care for primary PTSD across OSI clinics in Ontario, Quebec, and Manitoba. Descriptive analyses characterized the sample and compared patients who were prescribed benzodiazepines with those who were not. Multivariable logistic regression examined associations between clinical characteristics and benzodiazepine use, adjusting for age, sex, and site, with clustering at the provider level.

Results: The cohort was predominantly male (88.4%) and Veteran (89.7%), with a mean age of 47.7 years (SD 9). Participants had experienced PTSD for an average of 8.2 years (SD 5.3), and 62.6% had received pharmacotherapy for at least five years. Benzodiazepines were prescribed to 22% of patients and were rarely used as monotherapy. Prescribing was more common among individuals with longer illness duration and greater cumulative medication exposure. Each additional year of PTSD was associated with a 12% increase in the odds of benzodiazepine use (adjusted OR 1.12, 95% CI 1.06 to 1.18). Patients with five or more years of pharmacotherapy exposure had two- to three-fold higher odds of use compared with those with shorter treatment histories.

Conclusion: In specialized OSI clinics, benzodiazepine prescribing is selective and concentrated among patients with chronic, treatment-refractory PTSD and prolonged medication exposure. These findings suggest that use arises in complex clinical contexts where standard guideline recommendations may not fully address real-world needs, and where a binary framing of benzodiazepines as either contraindicated or acceptable is insufficient. More nuanced, practice-oriented guidance, supported by longitudinal data, is needed to inform clinical decision-making, particularly regarding patient selection, risk mitigation, and long-term outcomes.

5B03: When Trauma Reminders Trigger Craving: Understanding Posttraumatic Stress and Substance Use Comorbidity Using a Trauma Cue Reactivity Paradigm

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Introduction: Derived from classical conditioning theory and rooted in motivational mechanisms, cue reactivity paradigms (CRPs) are used in addictions research to measure participants' propensities for substance-relevant responses (e.g., craving) during exposure to substance- relevant cues (e.g., drug paraphernalia). CRPs are also useful in posttraumatic stress disorder (PTSD)- addiction comorbidity research, allowing the study of affective and substance- relevant responses to trauma cues. The present study examined trauma cue–elicited affect and substance craving in a mixed sample of military and non-military individuals.

Methods: Fifty trauma-exposed individuals who use cannabis were recruited from both military and civilian populations. A laboratory-based cue reactivity paradigm was employed, in which participants were exposed to personalized trauma (vs. neutral) scripts developed from their self-reported most distressing experiences. These included military-related traumas (e.g., combat exposure, witnessing injury or death) as well as non-military traumas (e.g., childhood abuse, interpersonal violence, serious accidents). Self-reported negative affect and substance craving were assessed at baseline and following trauma and neutral cue exposure. Linear mixed models examined the effect of cue type (trauma vs. neutral) on affective and craving responses.

Results: As hypothesized, the trauma interview elicited significantly greater cannabis craving (and alcohol craving among the drinkers), and, greater negative affect among those with more severe PTSD symptoms, compared to the neutral interview. Positive affect did not significantly differ across conditions. These find-

ings indicate that engaging with trauma-related material, even in a brief semi-structured format, is sufficient to elicit meaningful increases in both emotional distress and substance craving.

Conclusion: Results support trauma-related reactivity as a robust mechanism contributing to substance craving among trauma-exposed individuals. The findings highlight the importance of targeting trauma-specific triggers in interventions for PTSD-SUD comorbidity. Although observed across both civilian and military participants, these findings have important implications for Veterans, who may experience heightened and cumulative trauma exposure, reinforcing the need for integrated approaches to treatment.

5B04: Targeting the Neurocircuitry of Threat-fixation in Post-traumatic Stress Disorder using Neurofeedback

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Introduction: Veterans with post-traumatic stress disorder (PTSD) often see danger in safe places and some feel most alive in high-stress situations. These experiences happen because PTSD changes how the brain is wired. In participants with PTSD compared to healthy controls, the brain's sense-of-self centers are atypically more connected during threat than rest paradigms whereas threat prediction, detection and response regions are overly connected in both paradigms. Electroencephalogram (EEG)-neurofeedback, a brain-training technique, is a non-invasive treatment that could help shift these altered connections. Our study tracked participants with PTSD over 20 weeks of EEG-neurofeedback to see how it changed connectivity of two key brain regions: the periaqueductal gray (PAG, which manages defensive responses) and posterior cingulate cortex (PCC, which handles self-reflection).

Methods: At baseline, 36 participants with PTSD were compared to 36 age-matched healthy controls. The PTSD group was randomized in a double-blind fashion to 20 weeks of either experimental EEG-neurofeedback (n = 18; alpha-downregulation at Pz) or a sham control (n = 18; yoked sham-signal). Psychological assessment and resting-state fMRI scans were conducted at baseline and post-treatment. Seed-based functional connectivity analyses of the PAG and PCC were performed to evaluate baseline and post-treatment differences.

Expected Results: Baseline scans revealed that PTSD participants had greater threat-center (PAG to amygdala) and reduced self-referential (right PCC to bilateral precuneus) functional connectivity than healthy controls. Following 20 weeks of EEG-neurofeedback, the experimental group--but not the sham group--showed a 61.1% remission rate and a significant shift toward 'healthy' brain connectivity patterns. This included decreased threat-related (dorsolateral PAG to bilateral superior colliculus and right bed of the nucleus of the stria terminalis) and increased self-related (left PCC to bilateral medial prefrontal cortex) functional connectivity at rest.

Conclusion: Our study shows that 20 weeks of EEG-neurofeedback can help people with PTSD rewire their brain by calming parts that always look for danger and strengthening connections involved in self-related processing. This non-invasive treatment offers a powerful new way to help Veterans with PTSD feel safe and present again.

5B05: Resetting the Alarm: The Effects of Electroencephalogram-Neurofeedback on Insular Connectivity in Individuals with Post-traumatic Stress Disorder

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Introduction: Accurate interpretation of external threat-related cues and internal bodily signals is critical for adaptive functioning yet is often disrupted in individuals with post-traumatic stress disorder (PTSD). These mechanisms are partly mediated by the insula, where the anterior insula (AI) processes salient stimuli in the environment, and the posterior insula (PI) supports bodily awareness. Within the AI specifically, the ventral AI (vAI) is a socio-emotional region involved in encoding self-related emotional stimuli, whereas the dorsal AI (dAI) integrates interoceptive and emotional information to generate a subjective representation of the body. Notably, PTSD can alter insular connectivity, disrupting salience/threat processing and bodily self-consciousness. Electroencephalogram neurofeedback (EEG-NFB),

which teaches individuals to self-regulate brain activity, is an emerging neurobiologically-informed treatment for PTSD. This study investigated EEG-NFB-induced alterations in AI and PI resting-state functional connectivity (rsFC) patterns as potential neural mechanisms underlying sustained clinical improvements for individuals with PTSD.

Methods: This analysis draws on our previous EEG-NFB randomized controlled trial involving 36 individuals with PTSD (n = 18 experimental group, n = 18 sham control group) and 36 healthy controls. Participants with PTSD completed 20 weekly EEG-NFB sessions, with resting-state functional magnetic resonance imaging (fMRI) scans collected pre- and post-treatment. Seed-based analyses were conducted to assess pre- and post-treatment rsFC patterns of the vAI, dAI, and PI for all participants. Multiple regression analyses identified relationships between insular rsFC and clinical measures pre- and post-treatment.

Expected Results: Compared to healthy controls, individuals with PTSD showed reduced connectivity pre-treatment between the right insula (vAI, dAI, PI) and areas involved in self-referential and sensory information processing (superior parietal lobule, supramarginal gyrus, post-central gyrus). Following 20 weeks of EEG-NFB, the experimental NFB group exhibited decreased insula connectivity (left vAI and bilateral dAI) to a region involved in evaluating emotional and affective stimuli (right temporal pole). The experimental NFB group also demonstrated decreased connectivity post-treatment between the left vAI and an area supporting the 'alerting' attentional network (right inferior frontal gyrus). Furthermore, greater reductions in PTSD symptom severity scores pre- to post-treatment were associated with decreased connectivity between the right vAI and areas implicated in attention control and hypervigilance/motor planning (bilateral superior frontal gyrus, precentral gyrus, and supplementary motor cortex).

Conclusion: EEG-NFB non-invasively improves the disrupted neural and psychological processes of PTSD. Twenty sessions of EEG-NFB may reduce connectivity among areas that promote hypervigilance and misinterpretation of internal bodily signals underlying defensive posturing, demonstrating its efficacy as a therapeutic treatment for PTSD.

5C01: Stakeholder Perspectives on Integrating an Intergenerational Childcare Centre in a Veteran Long Term Care Community: A Pre-implementation Study

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Introduction: Intentional intergenerational programming within a co-developed shared space fosters an environment that can support meaningful social engagement, connection, and participation in activities that enhance quality of life for long-term care residents. This study aims to understand the perspectives of aging Veterans and stakeholders towards the opening of the new Andrew Fleck Children's Services Intergenerational Early Learning Centre at Perley Health.

Methods: Prior to the early learning centre opening, four co-design workshops and ten semi-structured interviews were conducted with Veterans, older adults, staff, care partners, volunteers, and leadership to inform program design. Through in-depth analysis of recurring patterns, the research team examined the perceptions, anticipated benefits, needs, and concerns of thirty-one stakeholders, with particular emphasis on Veterans' views of intergenerational programming to ensure the program fosters engagement, a sense of purpose, and community building between generations. Additional interviews and co-design workshops are ongoing.

Expected Results: Preliminary findings from stakeholders emphasized that Veteran participation in the intergenerational childcare centre could foster a renewed sense of duty and purpose, create opportunities for meaningful storytelling related to former service history, and support specialized intergenerational programming that acknowledges the diversity of Veteran identities and experiences. Participants highlighted the value of intentional intergenerational engagement within a shared space and its potential benefits for both generations. Participants also identified implementation challenges including risks related to infection prevention and control, staff capacity, autonomy to participate, and the need for specialized training among frontline workers and early childhood educators. Final results will expand upon these preliminary findings and will be presented at the conference.

Conclusion: Insights generated through the pre-implementation phase enable the host organization to refine program structures and activities, communication styles, staff training, and operational workflow prior to opening. The evaluation highlights that engagement of Veteran residents is central to the program and capturing their perspectives ensures that it is grounded in their lived experiences and reflects their preferences and values.

5C02: Understanding the Existential Distress of Moral Trauma at Life's End: A Hermeneutic-Phenomenological Study of the War Narratives of Canadian Second World War Veterans at End of Life

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Introduction: There is a scarcity of research on the impact of combat related moral trauma on aging Veterans, and few studies have explored the impact of moral trauma at end of life. The goal of this study is to increase understanding about moral trauma that re-emerges within the life reviews of Second World War Veterans at end of life. The objectives of this project are to understand how Veterans reflect on earlier moral conflicts related to their combat experience, explore issues related to forgiveness and reconciliation at end of life, and inform a professional practice approach to care for those with distress related to moral trauma at end of life.

Methods: This study utilized a hermeneutic-phenomenological method to analyze three medical charts of former, deceased, Second World War Veterans residing in an Ontario long-term care home. Data from the medical chart is supported by analysis of semi-structured interviews completed with seven staff members of the interprofessional care team who had in-depth experience supporting Second World War Veteran residents in their clinical practice.

Results: Results from the chart review and semi-structured interviews demonstrated that distress related to moral trauma at end of life is an involuntary, reflective phenomenon that seeks meaning within life's traumatic episodes. Six major themes were identified within the data analysis: distress related moral trauma is an experience that is overwhelmingly a) involuntary, b) concerned with meaning-seeking, c) possesses a wordless quality, d) conveyed through grief and lament, and e) ultimately a spiritual and existential reckoning that occurs at end of life.

Conclusion: This study highlights the ways in which moral trauma from earlier experiences can complicate the dying process. Furthermore, this study supports the necessity of trauma-informed end-of-life care that can assess and address the moral dimension of trauma-related distress. Finally the study confirms the unique role of spiritual care on the interprofessional medical team to support spiritual and existential distress related to moral trauma at end of life.

5C04: Co-creating Musical Heartbeats: Enhancing Veteran Well-being in Long Term Care

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Program/Intervention Description: Creative and relational interventions are increasingly recognized as effective supports for the mental and psychosocial well-being of Veterans in long-term care (LTC) homes. *Rhythms of Remembrance* is an innovative arts-based program at Perley Health that transforms residents' heartbeats into personalized musical compositions co-created with residents, families, and music therapists. By celebrating Veterans' heart rhythms as musical legacies, the program nurtures emotional expression, connection, and a strengthened sense of identity. This program evaluation examined participants' experiences throughout the co-creation process and explored perceived impacts on mental and psychosocial well-being.

Evaluation Methods: A co-design approach engaged aging Veteran residents and their families in developing individualized musical compositions using heartbeat recordings and personally meaningful music. Semi-structured interviews were conducted with 10 residents and family members before and after program participation. These interviews explored expectations, emotional responses, relational experiences, and the perceived meaning of the co-creation process. Data were analyzed using conventional content analysis to identify recurring themes in participant experiences and reported effects on well-being and relationships.

Results: Participants described the experience as deeply personal and validating. The musical transformation of heartbeats evoked strong emotional reactions, both joyful and reflective, while prompting significant memories and personal storytelling. The process

strengthened family bonds, fostered communication, and encouraged intergenerational connection. Residents expressed a renewed sense of identity and legacy through hearing their heart's rhythm preserved as music. Family members emphasized the program's capacity to facilitate shared meaning-making and emotional closeness.

Conclusion: *Rhythms of Remembrance* illustrates the potential of co-created, arts-based interventions to support Veteran well-being in LTC homes through creative self-expression and relational engagement. Findings highlight the therapeutic impact of personalized music grounded in resident's lived experience for enhancing emotional resonance and human connection. While emotional intensity varied among participants, results underscore the importance of individualized facilitation within co-design. This evaluation provides evidence for integrating person-centered, creative modalities into Veteran care to promote mental health, psychosocial connection, and meaningful aging.

5C05: Honoring the Past, Designing the Future: Discussant Remarks on Reimagining the Veteran Long Term Care Landscape

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Brief Description: Within long-term care (LTC) homes, addressing the complex needs of Veterans requires innovative, culturally competent, and trauma-informed approaches. This symposium explores diverse strategies to enhance the quality of life and care for Veterans living in LTC homes.

Patient Population: Results: We begin by examining the results of a pre-implementation study on integrating an intergenerational childcare centre in a Veteran LTC community, demonstrating how stakeholder perspectives can proactively identify barriers prior to launch while fostering vibrant, multi-generational connections. The focus then shifts to a hermeneutic-phenomenological exploration of the existential distress and moral trauma experienced by Second World War Veterans at the end of life. Addressing the complex intersection of trauma and cognitive decline, the third presentation introduces a preliminary cultural competency framework, which is crucial for healthcare providers supporting Veterans with concurrent PTSD and dementia. Finally, the symposium highlights the power of creative interventions, demonstrating how co-creating "musical heartbeats" can actively enhance Veterans' well-being.

Conclusion: As discussant, the commentary will synthesize these distinct yet deeply complementary studies to highlight a necessary paradigm shift in Veteran care: the balance between acknowledging deep-seated, historical trauma and proactively building joyful, engaging environments. The discussion will critically examine how the individual presentations inform one another. By drawing these threads together, the commentary will outline actionable implications for clinical practice, policy, and future research. Ultimately, this session will provoke a critical dialogue on how we can synergistically apply structural innovations, culturally attuned frameworks, and creative therapies to honour Veterans and foster LTC environments that promote quality of life and vibrant community integration.

Poster Presentations

P146: The Armed Forces Genital Trauma and Psychosexual Experiences Research (AFTER) Study: Learnings to Date on Coproduction and Managing Non-genuine Participants

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Introduction: In recent conflicts, genital injuries continue to be reported among Servicemen at increasing rates. This is likely due to increased use of improvised explosive devices and advances in battlefield medicine improving injury survivability. Most research in this area focuses on the immediate medical management of genital injuries, with less attention paid to the psychosocial and sexual impacts of these injuries. This research aims to understand the long-term psychosocial and sexual impact of conflict-related genital injury, intimate scarring, and loss of function on ex-Servicemen and their partners, develop evidence-based psychological interventions to address these impacts, and assess the acceptability and feasibility of any developed interventions.

Methods: A mixed methods participatory approach is being undertaken, including veteran and partner advisors across all study stages. Quantitative survey data is being collected to measure psychological, relationship, and sexual wellbeing outcomes and associated factors among affected ex-Servicemen, and interviews are being conducted with ex-Servicemen and partners of those affected to gather deep experiential insights into psychological, relationship, and sexual wellbeing experiences, and explore support needs and preferences.

Expected Results: With recruitment ongoing key learnings garnered thus far include: 1) Coproduction with veteran advisors is pivotal in conducting effective research on sensitive topics relating to relationships and sexual activities among ex-Servicemen; 2) Coproduction requires thoughtful consideration and action to ensure lived experience advisors have a positive experience, feel part of the project, and consequently maintain engagement; 3) Connecting with the partners of ex-servicemen with genital injuries is especially challenging creating difficulties to recruiting a coproduction partner advisor; and 4) Offering financial incentives for participation resulted in an influx of non-genuine participants requiring additional time and resource to manage. To overcome this, a fraudulent participant checklist was developed, to which each survey response is screened against to ensure only genuine responses are included; 5) Preliminary findings indicate that sexual functioning, fertility, romantic relationships, and psychological wellbeing are negatively impacted following combat-related genital injury, intimate scarring, and loss of function, and support needs for these are unmet.

Conclusion: Understanding the long-term psychosocial and sexual wellbeing of ex-servicemen and their partners affected by genital injuries is an overlooked but important area of work, especially considering the current geopolitical climate and increases in such injuries during recent conflicts. Coproduction is an important approach to enable effective research on sensitive topics, taking a 'nothing about us without us approach' to ensure the outcomes of research can most effectively impact those it aims to serve.

P167: Post-service Life: Mental Health and Wellbeing of Royal Canadian Mounted Police Veterans

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Introduction: Recent evidence suggests that approximately 65% of RCMP members screen positive for one or more mental health disorders (Carleton et al., 2024). Our understanding of such posttraumatic stress injuries (PTSIs) among RCMP members is growing, but far less is known about the mental health and wellbeing of former RCMP members. The limited available data from current and former RCMP suggests that cumulative exposures to potentially psychologically traumatic events and other occupational stressors experienced can contribute to lasting mental health challenges for RCMP that carry into post-service life. The proposed study will clarify post-service mental health and wellbeing of former RCMP collect critical information on the prevalence of mental health disorders, potentially psychologically traumatic event exposures, other occupational stressors, institutional, interpersonal and family supports, and access to mental health care.

Methods: The limited extant data have been used to inform an upcoming survey collaboratively designed with the Atlas Institute for Veterans and Families, the RCMP Veterans Association (RCMPVA), the RCMP Director of Research and Strategic Partnerships, and former RCMP members. The proposed self-report online survey will include validated questionnaires assessing mental health disorder symptoms and associated environmental and individual differences factors. The survey will be promoted and distributed by the participating organizations to their members via email, internal communication channels, and social media. The data collection methods will allow for cross-sectional analyses and direct comparisons with published results from RCMP (cadets and current members) and other public safety personnel (PSP).

Expected Results: The current presentation will describe the limited extant results from a small previous subsample of former RCMP and provide important updates about the pending study. The pending study results will provide data on mental health disorder symptoms and prevalence, potentially psychologically traumatic event exposures, perceived social and institutional supports, access to mental health care, and lived experiences on the transition service. Where applicable, comparisons with both newly recruited and current RCMP members and other PSP will be used identify potential gaps in knowledge and services

Conclusion: The extant and pending study results can be used to provide baseline mental health information on former RCMP, inform on their unique needs, inform interventions and tailored treatments, and enhance advocacy initiatives to improve the mental health and wellbeing of former RCMP, as well as current RCMP members approaching the transition from active-duty service to retirement. Broader implications and knowledge mobilization plans will be discussed.

P168: Methodological Innovations in Studying Moral Injury: Participatory Action Research Approaches

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Introduction: Participatory Action Research (PAR) is a

methodology that uses a democratic process of knowledge creation, engaging people affected by a social issue as active collaborators in designing and carrying out the research (Reason & Bradbury, 2008; Tandon, 2002). Grounded in social justice and critical social theory, PAR is a social learning process of reflection and action that seeks to bring research and practice together to produce actionable knowledge that transforms social inequities (Tandon, 2002). PAR is becoming a more common and accepted methodological approach in military mental health due to the careful consideration of power relationships, contextual relevancy, and recognition of the agency of the people most affected – Veterans, active members of the military, and their families. This presentation provides an overview of the opportunities and significance of PAR methodologies in deepening understandings of moral injury related to international deployments. Moral injury is a relatively new concept, first articulated within the field of psychiatry (Shay, 1994), and has been evolving within and outside of military mental health, particularly over the past decade.

Methods: This symposium presentation is informed by a critical review of literature on PAR and military mental health, alongside ongoing reflexive practice in multiple research projects using PAR to study moral injury with Canadian Veterans. Literature focused on Canadian contexts were prioritized with notes from structured research team reflexive discussions.

Expected Results: Studying moral injury through PAR is illuminating a broader understanding of moral injury impacts, as well as opportunities for prevention and enhanced support. PAR is enabling a collective interrogation, by bringing together people with lived expertise, researchers, health professionals and policy experts, to generate prioritized actions focused on understanding potentially morally injurious events, relevant professional and personal contexts, and required preparedness for morally complex work.

Conclusion: PAR explores moral injury from a socio-political lens, paying particular attention to the structural inequalities leading to moral injury. PAR operationalizes within a collaborative partnership, where the lived expertise of military members and Veterans are respected and centered to co-create knowledge that is accessible, relevant to the lives of those impacted, and orientated for social change. While PAR can deepen understanding of the lived experiences of moral injury, it has potential limitations, including the time needed to build trusting relationships within the research team, limited recognition of the methodology, and the possibility that participants may not reflect the full range of experiences.

P169: Experiences of Single Parent Veterans: A Scoping Review

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Introduction: Single-parent Veteran families represent an understudied population within Veteran and family research. While military service and family life each present distinct challenges, their intersection creates unique pressures for single-parent Veterans navigating reintegration, caregiving, and wellbeing. Existing literature has largely focused on partnered families or active-duty members, leaving a gap in understanding the experiences of single-parent Veterans. Therefore, this study asks: What is known from existing academic and grey literature about the experiences, challenges, wellbeing, and support needs of single parents within Veteran populations?

Methods: A scoping review was conducted following Joanna Briggs Institute (JBI) methodology. Searches were completed across CINAHL, PsycINFO, PubMed, Scopus, Web of Science, and Google Scholar, including English-language sources published between 2000–2025 from Five Eyes countries. Two reviewers independently screened studies using Covidence and extracted data using MAXQDA. Studies were included if they examined single-parent Veterans or provided extractable data relevant to this population.

Results: A total of four studies met inclusion criteria, all conducted in the United States between 2021–2024. Most studies were quantitative, with one mixed-methods study. Analysis revealed one overarching theme: single-parent Veteran experiences are embedded within broader social, structural, and reintegration contexts. Three sub-themes emerged: (1) economic and material stability as related to parenting functioning, (2) social supports are positively associated with parenting functioning, and (3) parental health shapes parenting outcomes. Findings indicate that financial insecurity, limited access to resources, and health challenges can negatively impact parenting, while strong social and community supports enhance resilience and caregiving capacity.

Conclusion: This review highlights the importance of understanding Veteran single parenting through a family systems lens. Parenting experiences are not solely

determined by individual factors but are shaped by interconnected economic, social, and health-related conditions. Economic stability, psychosocial support, and parental health emerge as central mechanisms influencing caregiving capacity. Applying a family systems perspective, which considers influences beyond the individual Veteran or household, has important implications for research, policy, and service delivery. There remains a clear need for targeted research and integrated, family-centered supports that address these interconnected determinants to improve outcomes for single-parent Veterans.

P170: When the Golden Years aren't so Golden: Older Women Veterans, Military Sexual Trauma, Post-traumatic Stress Disorder and Homelessness

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Introduction: Among the most overlooked populations in veterans health research are older women who served long military careers — and who, paradoxically, face elevated homelessness risk despite decades of service. In both the U.S. and Canada, homeless women veterans have been systematically under identified, compounded by many older women veterans having been told they lacked veteran status and eligibility for veterans health services. This peer-level gatekeeping, rooted in gendered and combat-centric definitions of veteran identity, has kept large numbers of women outside institutional systems and generally placed them outside the research record.

Methods: Drawing on a large-scale survey (n=2,496) of U.S. women veterans — spanning all service eras, every branch, all 50 states, every U.S. territory, and approximately 27 foreign countries — we subset to examine women with 20 or more years of service. Approximately one quarter of all respondents in the full sample had never enrolled in VA services, capturing a population elusive to institutional data. The sample was well-represented by race and ethnicity. We examined VA eligibility and enrollment status, experience of military sexual trauma (MST), PTSD, and homelessness, using bivariate, trivariate, and multivariate logistic regression.

Results: At least 20 percent of women veterans with 20 or more years of service had experienced homelessness — a striking finding for a population presumed to be among the most resourced. MST and PTSD, alone and in combination, were the strongest predictors of homelessness risk. VA enrollment status was less protective than expected, though enrollment did provide screening opportunities that may have facilitated MST identification. Our model identifies homelessness at over 70 percent accuracy, with a Nagelkerke R^2 exceeding 0.3.

Conclusion: Homelessness among aging career women veterans is driven by identifiable trauma-related factors, compounded by decades of institutional exclusion and misidentification. These dynamics are unlikely to be unique to the United States. Canadian researchers and practitioners are well-positioned to examine whether similar patterns of gendered gatekeeping have shaped the experiences of Canada's own aging women veterans, including those from Indigenous communities where compounding marginalization may amplify risk. Policy implications and directions for future research are discussed.

P171: A Qualitative Interview Study on Participants' Lived Experiences and Perceived Ethics of the Trauma Cue Reactivity Paradigm

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Introduction: Cue reactivity paradigms (CRPs) are laboratory-based methods that elicit psychological and physiological responses (e.g., craving, distress, heart rate) to salient stimuli. These paradigms are widely used in the study of substance use and posttraumatic stress disorder (PTSD). Lifetime trauma exposure is associated with increased risk for cannabis use disorder (CUD), and among veterans with CUD, comorbidity with PTSD is notably high (72.3%). In prior work from our group, cannabis users with trauma histories were exposed to personalized trauma, neutral, and cannabis-related cues; with trauma cues eliciting greater negative affect and cannabis craving compared to cannabis and neutral cues. Despite their utility, CRPs raise ethical and practical concerns, particularly when involving individuals with trauma histories or psychopathology. Ongoing debate centers on whether eliciting trauma-related responses in research settings may cause harm. Although existing evidence suggests that CRPs are generally well-tolerated, important questions remain regarding participants' motivations, perceived risks and benefits, emotional consequences (short- and long-term), and ecological validity. The present study employed a mixed-methods, cross-sectional design to examine participants' lived experiences and perceptions of the ethics of CRPs. Since the nature of

this project is exploratory and the methodology is qualitative, no specific hypotheses are offered

Methods: Thirty-three participants from a prior CRP study involving trauma-exposed cannabis users completed an online quantitative survey (REDCap), and a subset (n = 10) participated in qualitative interviews analyzed using reflexive thematic analysis (NVivo 14).

Results: Quantitative findings indicated that most participants felt safe, in control, and adequately supported throughout the study, with minimal reports of lasting distress following participation. CRPs were rated as moderately realistic, necessary for advancing knowledge, and highly ethical. Notably, perceived benefits of the research increased after participation, with many participants reporting that the experience was meaningful and contributed to self-reflection and personal growth. Qualitative findings converged with quantitative results, offering nuanced insights into participants' emotional responses (both challenging and beneficial), perceptions of procedural safety, and views on the broader value of the research. Participants also described elements of the procedure as facilitating reflection on trauma and substance use.

Conclusion: Overall, consistent with prior literature, our CRP was perceived as safe, acceptable, and valuable by participants with trauma histories. These findings have important implications for trauma-exposed populations, particularly veterans, suggesting that ethically conducted CRPs can contribute to advancing research and improving interventions targeting co-occurring PTSD and substance use disorders.

P174: Hidden Strengths – Patterns of Psychological Resilience in Veterans in the Canadian Longitudinal Study on Aging

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Introduction: While a substantial body of research has examined mental health during the transition from military to civilian life, significant gaps remain in our understanding of long-term psychological outcomes among older Veterans who served decades ago. In particular, psychological resilience, although widely acknowledged, has been inconsistently defined and operationalized across studies, limiting comparability and synthesis of findings. Emerging evidence suggests that some older Veterans demonstrate notable resilience and post-traumatic growth, including adaptive coping, strengthened interpersonal relationships, and gratitude for life. However, it remains unclear which factors contribute to resilience in later life and how prior military service may shape this process over time. Guided by a positive health perspective, the present study examines the experiences and characteristics of a cohort of older Veterans, using readily available measures from the Canadian Longitudinal Study on Aging (CLSA).

Methods: We will analyze data from three waves of the Canadian Longitudinal Study on Aging: Baseline (2011-2015), Follow-Up 1 (2015-2018), and Follow-Up 2 (2018-2021). Latent Class Analysis (LCA) will be used to identify distinct subgroups of individuals who follow different trajectories of mental health over these time points. Depression, anxiety, and post-traumatic stress disorder (PTSD) will be assessed using validated screening tools. Symptom-level data will be examined to characterize patterns of psychological functioning over time and to assess how these patterns relate to resilience.

Expected Results: Preliminary LCA identified three distinct mental health profiles. One class of participants was characterized by overall low symptom burden, namely low levels of anxiety, depression, and PTSD symptoms. A second class was characterized by heightened symptoms of anxiety, depression, and PTSD, suggesting a broad pattern of psychological distress. A third class was characterized by low anxiety and depression, but heightened PTSD symptoms, suggesting a trauma-informed presentation. These profiles underscore heterogeneity in mental health presentations and may reflect differing underlying symptom pathways that contribute to psychological resilience.

Conclusion: The CLSA is a valuable platform for examining mental health trajectories among older Veterans as they age. This research offers an accessible approach to operationalizing resilience by analyzing symptom-level mental health data through latent class analysis. The findings will enhance understanding of how resilience manifests in aging Veterans, an older population that remains underrepresented in the literature.

P175: The Experiences of Self-compassion in Female Veterans of the Canadian Armed Forces during the Transition to Civilian Life: An Interpretative Phenomenological Analysis Study

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Introduction: Female veterans of the Canadian Armed

Forces (CAF) experience some of the highest rates of adverse mental and physical health outcomes in the Canadian population. The transition back to civilian life also encompasses distinct gender-based challenges related to female identity and what it means to be a woman in society after being in a highly masculine military environment. The shortage of qualitative literature on female veterans leads to gaps in understanding what psychological practices would be helpful for this population.

One practice that has received considerable research attention in recent years is self-compassion, with a growing number of studies exploring its beneficial impact on veterans' health. Self-compassion is a process of noticing when one is experiencing distress in one's life, being understanding and kind towards oneself, and trying to gain relief from the distress (Gilbert, 2009; Neff, 2003). The process is related to calming psychophysiological effects and emotion regulation. Much of the literature on self-compassion in veterans is quantitative, conducted outside of Canada, and with male veterans. Because self-compassion is experienced in unique ways by different populations, targeted attention is needed to capture these nuances in female veterans.

Methods: This qualitative study investigates the research question "What are female veteran's experiences of self-compassion during their military-to-civilian transition (MCT)?". This study is utilizing an interpretative phenomenological analysis (IPA) methodology. IPA is commonly utilized for in-depth, contextualized exploration of participants' lived experience and perspectives. Six female CAF veterans were recruited, each completing an initial semi-structured interview and a follow-up interview. The analysis involves an initial coding of each transcript at a low level of abstraction, followed by the grouping of codes into higher-level themes within each transcript. Common themes are then identified across participant interviews.

Expected Results: Data analysis is ongoing. The outcomes of this study are expected to address the following areas during the MCT: 1) the meaning of self-compassion; 2) how self-compassion is experienced and practiced; 3) the impact of self-compassion on the transition; 4) facilitators of self-compassion; and 5) barriers to self-compassion. Themes are expected to emerge in the key areas of inquiry.

Conclusion: This study will add to the limited literature on CAF female veterans and provide in-depth information for a minoritized population. The results are expected to reveal insights into the nature of self-compassion in female veterans. Findings will be used to inform effective and targeted compassion-based support strategies and interventions for CAF female veterans during their MCT.

P176: Adapting CoupleCARE for Defence and Veteran Couples: Embedding Relationship Education within a National Veteran Mental Health Service

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Program/Intervention Description: Defence and veteran couples experience unique relationship stressors related to deployments, relocations, service-related injury, and transition from military service, which can negatively affect wellbeing and resilience. Strong couple relationships are a critical protective factor for mental health in this population, highlighting the importance of targeted interventions focusing on relationship knowledge and skills. Although evidence-based relationship education programs improve relationships and mental health outcomes, there is limited evidence on how these programs can be adapted for, and embedded within, Defence and veteran service systems. CoupleCARE for Defence and Veteran Couples is a tailored adaptation of an established relationship education program delivered through Open Arms – Veterans & Families Counselling (Australia). The evaluation aims to assess feasibility, implementation, and early relationship outcomes.

Evaluation Methods: Program adaptation was informed by multiple evidence sources, including research from the Australian Institute of Family Studies, stakeholder consultation, and co-design with veteran and family lived-experience peers and clinicians. An implementation-informed framework guided the systematic adaptation of program content and delivery. Key components included review of existing CoupleCARE materials, consultation workshops with clinicians and lived-experience representatives, and development of digital modules to support flexible program delivery. Implementation planning included development of a clinician training program and a train-the-trainer model to support scalable delivery across a national counselling service.

Results: The CoupleCARE program was translated into a digitally delivered format to increase accessibility and participation for geographically dispersed cou-

ples. 60 couples across three regions will participate in the CoupleCARE pilot in 2026-2028. It is expected that the program adaptations will help couples to apply core relationship skills to both everyday stressors and challenges associated with military service, including couple reintegration following work separation, injury adjustment, and transition out of service. Implementation of the pilot has required coordinated planning across, program adaptation, digital platform design, and workforce capability development.

Conclusion: Embedding evidence-based relationship education within Australia's veteran and family's mental health service requires aligned adaptation across program content, digital delivery systems, and workforce training. The development of *CoupleCARE for Defence and Veteran Couples* demonstrates how co-design, digital accessibility, and scalable clinician training can support the integration of relationship education into mental health service systems to enhance relationship wellbeing among Defence and veteran couples. These insights may inform other military and veteran service systems seeking to integrate relationship education into accessible mental health services for couples experiencing service-related stressors.

P177: Evaluating Mental Health Service Utilization and Mental Health Outcomes among Women in the Canadian Armed Forces

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Introduction: There remains a lack of research focused on women in the Canadian Armed Forces (CAF), reflecting broader patterns of the persistent invisibility of women in Canada's military and Veteran populations, and resulting in significant knowledge gaps surrounding their mental health and well-being. The proposed study aims to rigorously assess the feasibility and validity of linking the 2021 Canadian census to administrative health data within the CanCHECs dataset to advance understanding of mental health in women and diverse military personnel and Veterans.

Methods: We will use a cross-sectional design to conduct a secondary data analysis of 2021 CanCHECs data. We will use descriptive statistics to report respondent characteristics related to study outcomes (mental health related hospital admission, length of hospital stay, and emergency department visit), exposure (sex/gender), diversity factors (e.g., age, 2SLGBTQI+ status, race), and mental health risk factors (e.g., comorbidities, substance use), stratified by military status (active CAF member, Veteran, civilian) using frequencies and proportions with 95% Confidence Intervals (CI). To comprehensively assess the association between sex/gender and mental health outcomes, we will conduct a multivariable logistic regression model. For each outcome, we will estimate the adjusted association of sex/gender with mental health outcomes, stratifying on military status, after adjusting for potential confounding variables via odds ratios (ORs) alongside 95% CIs and p-values. Additionally, as the degree of misclassification bias between the Canadian Forces Health System and the provincial/territorial health systems is currently unknown due to limitations in available datasets, we will conduct a quantitative bias assessment to understand the impact of this bias on results from the CanCHECs dataset by assessing whether model inferences remain stable across simulated sensitivity values.

Expected Results: Within the 2021 census (N = 29,527,350), approximately 99,020 Canadians self-report as currently serving members of the CAF (0.3%), within which 18,530 (18.7%) self-report as women and 13,785 (13.9%) self-report as a visible minority. Among Veterans (n = 461,240), 74,940 (16.2%) identified as Women+, and 19,130 (4.5%) identified as a visible minority. Additional analyses are pending.

Conclusion: Anticipated analyses will comprehensively assess the feasibility of using CanCHECs data to advance understanding of the mental health challenges experienced by women and diverse CAF members and Veterans. These outcomes can inform future research using Canadian census data to guide novel and targeted improvements in mental health services for women CAF and Veterans.

P183: Evaluating a Harm Reduction and Clinical Guidance Program for Medical Cannabis Use Among Veterans: A Nurse-Led Approach

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Program/Intervention Description: This presentation highlights a growing gap in the clinical guidance of medical cannabis use among Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) veterans. Increasing numbers access cannabis for pensioned conditions through Medavie Blue Cross, often

with limited education or monitoring. In 2024–2025, over $244 million was reimbursed, representing a significant and growing expenditure. Safehouse Science has identified risks related to high-THC use, inhalation methods, and cannabis use disorder, and has implemented a nurse-led harm reduction model grounded in education and holistic care. The program provides holistic health assessments to identify unmet needs, followed by individualized education on cannabinoids, dosing, administration routes, and harm reduction, alongside lifestyle strategies supporting the endocannabinoid system. Veterans receive tailored, primarily non-intoxicating treatment plans and 12-week follow-up, with ongoing support to achieve health goals, improve symptom management, and ultimately reduce reliance on cannabinoids.

Evaluation Methods: A retrospective mixed-methods design is being used. Participants include CAF and RCMP veterans who engaged in the program between 2020 and 2025. Quantitative data included self-reported cannabis use (frequency, dose, route) and engagement in health and social supports.

For the qualitative component, past participants are recruited using prior consent-to-contact records. To reduce perceived coercion, recruitment was conducted by a team member not involved in clinical care. Participation was voluntary, with informed consent obtained and no impact on services.

Semi-structured interviews explore cannabis use practices, harm reduction knowledge, and perceived impacts on health and functioning. Interviews are conducted virtually, recorded, transcribed, and de-identified. Data is analyzed using reflexive thematic analysis as described by Virginia Braun and Victoria Clarke.

Results: Over five years, more than 300 veterans participated. Outcomes included reductions in high-risk consumption, particularly decreased inhalation and high-THC use, and transitions to lower-risk modalities. Participants reported improvements in symptom management, physical activity, social engagement, and quality of life, along with enhanced family relationships and daily functioning.

Conclusion: There is a significant gap in evidence-informed guidance for veterans using medical cannabis in Canada. A nurse-led harm reduction approach can promote safer use and improved outcomes. Expanding structured education and clinical oversight may enhance both individual and system-level effectiveness.

P184: Perceived Healthcare Responsiveness and Veteran Mental Health: The Moderating Influence of Self-compassion

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Introduction: For Canadian Armed Forces (CAF) Veterans, who may have been accustomed to an integrated military healthcare system during service, the perceived lack of responsiveness of the civilian system can be a significant stressor, and may trigger feelings of frustration, isolation, and self-judgment (Williams et al., 2026). Self-compassion – treating oneself with kindness during hardship – is a critical psychological resource that may directly buffer this distress by promoting emotional regulation (Neff, 2003; Stutts, 2022). Specifically, its core components are theorized to counter distinct failures of system responsiveness: namely, self-kindness can mitigate the self-judgment that follows dismissed health concerns, a sense of common humanity can reframe the isolation of long wait times as a shared struggle, and mindfulness can provide a balanced perspective on the frustration of poor provider communication. This study examines self-compassion as a moderator of the relationship between perceived healthcare responsiveness and mental health symptoms among CAF Veterans.

Methods: Using data from 164 CAF Veterans (*Mage* = 54.66; *SD* = 13.14), moderation models tested the interaction between self-compassion, and a measure of perceived healthcare responsiveness (capturing domains of care accessibility, patient-centeredness, and quality of communication). Outcomes included depression, anxiety, post-traumatic stress disorder (PTSD), and positive affect.

Results: A significant interaction for depression (B = −.012, p = .038, ΔR^2 = .023) revealed that the negative association between responsiveness and depression was significant for Veterans with average to high self-compassion but not for those low in self-compassion. A moderated moderation analysis indicated this buffering effect did not significantly differ by sex (p = .498). A second significant interaction emerged for positive affect (B = .007, p = .023, ΔR^2 = .019), where the positive association was significant at all levels, growing stronger as self-compassion increased; similarly, this enhancing effect was not found to differ by sex (p =.364). The full models explained 20.7% and 43.4% of the variance in depression and positive affect, respectively. Interactions for anxiety and PTSD were non-significant.

Conclusion: Self-compassion demonstrates a dual function in Veterans' healthcare experiences, acting as a protective buffer against depression and a promotive factor for well-being. This suggests that for optimal mental health outcomes, a responsive healthcare system and a Veteran's internal capacity for self-compassion are interdependent and equally critical. This interplay between external systemic support and internal psychological resources is therefore a crucial consideration for promoting Veteran mental health.

P186: From Consensus to Practice: Co-developing Treatment Guidance for Canadian Military and Veterans

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Introduction: Posttraumatic stress disorder (PTSD) treatment guidelines often fail to reflect the clinical complexity of military-related trauma, including chronicity, multimorbidity, and heterogeneous recovery trajectories. In practice, clinicians face uncertainty in treatment planning, defining treatment failure(s), and determining when to escalate care. These gaps contribute to variability across Canadian military and Veteran health systems and highlight the need for additional guidance grounded in real-world clinical decision-making.

Methods: The MIND PTSD Collaborative conducted a national modified Delphi study to identify consensus priorities for the treatment of military-related PTSD. Psychiatrists and prescribing clinicians from Operational Stress Injury (OSI) clinics across Canada participated in a three-round modified Delphi process. Round 1 elicited key domains and gaps in current care through structured and open-ended input. Round 2 used clinical vignettes to examine decision-making in complex and treatment-resistant cases. Round 3 quantified agreement on consensus statements using Likert-scale ratings, with predefined thresholds for consensus. Analyses included descriptive statistics and prioritization of domains using median and interquartile range (IQR) to assess level and strength of agreement.

Results: A central finding was the identification of "treatment adequacy" as a foundational construct underlying clinical decision-making. Across pharmacological and psychotherapeutic domains, participants emphasized that inconsistent definitions of adequacy limit confidence in determining treatment failure and subsequent care pathways. High-priority consensus areas included the need to operationalize adequate trials, define thresholds for escalation, and clarify criteria for adjunctive or novel interventions. Participants also highlighted important additional considerations to be incorporated into clinical decision-making.

Conclusion: Altogether, Delphi findings identify critical gaps between existing guidelines and real-world practice and position treatment adequacy as a key leverage point for improving consistency in PTSD care. Standardizing core constructs such as adequacy and escalation thresholds may reduce unwarranted variability, strengthen clinical confidence in decision-making, and improve continuity of care across CAF, DND, VAC, OSI, and community systems. This work provides an empirically grounded foundation for developing more actionable, context-sensitive treatment guidance and supports movement toward a learning health system model in Canadian military and Veteran mental health. Future research is also needed to operationalize consensus domains into measurable clinical standards, evaluate their impact on patient outcomes, and examine how guidance can be effectively implemented across diverse care settings.

P191: Mental Health and Well-being of United Kingdom LGBTQ+ Serving and Ex-Serving Military Personnel: Secondary Analysis of an Iraq and Afghanistan-era Cohort Study

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Introduction: There is limited research on the experiences of lesbian, gay, bisexual, transgender, queer/questioning and other minoritized sexual and gender identities (LGBTQ+) in the United Kingdom Armed Forces (UKAF). Existing work, largely focused on personnel affected by historic bans on open Service, suggests poorer mental health among LGBTQ+ personnel, but it is unclear whether similar disparities exist for those who served in the Iraq and Afghanistan era following the lifting of the 'gay' ban.

This quantitative study aimed to compare mental health and well-being outcomes, and how these vary by key sociodemographic and military characteristics, between LGBTQ+ UKAF personnel (n = 93 [2.61%]) and their non-LGBTQ+ counterparts (n = 3477) using data from a large, multi-phase UK cohort study of Serving and ex-Serving personnel deployable to Iraq and Afghanistan.

Methods: Validated measures of common mental disorders (CMD), probable posttraumatic stress disorder

(PTSD), and alcohol misuse were used (namely, the 12-item General Health Questionnaire [GHQ-12] for CMD, the 20-item PTSD Checklist [PCL-5] for probable PTSD, and the 10-item Alcohol Use Disorder Identification Test [AUDIT] for alcohol misuse). Comparisons in outcomes are made using unweighted frequencies, weighted percentages design-based chi-square tests, and regressions analyses to adjust for potential covariates.

Expected Results: Initial findings indicate that LGBTQ+ personnel had over twice the odds of meeting caseness for any of CMD, probable PTSD or alcohol misuse compared with non-LGBTQ+ personnel (adjusted odds ratio: 2.15, 95% confidence interval: 1.24–3.74), supporting our hypothesis of elevated mental health burden among LGBTQ+ personnel. Analyses for individual mental health outcomes continue and will explore factors associated with increased or decreased risk.

Conclusion: These preliminary findings provide the first quantitative evidence on the health and well-being of Iraq- and Afghanistan-era LGBTQ+ UKAF personnel and highlight the need for targeted research, monitoring and support for this historically understudied group.

P197: The Theory of Veteran Identity Integration: Military-to-Civilian Transition as Institutional Reculturation

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Introduction: Military-to-civilian transition carries elevated risks for psychological distress, loss of meaning, and suicide, with recently separated veterans experiencing suicide rates more than double active-duty rates. Yet existing frameworks cannot explain why veterans with similar service histories experience vastly different outcomes. Psychological models address individual adjustment without accounting for the environment. Policy models focus on skill transfer, unable to explain why veterans with successful employment still experience identity disruption years post-separation. Two consistent absences persist across frameworks: none places causal weight on the receiving civilian environment, and none specifies the mechanisms through which identity reconstruction succeeds or fails. This completed theory synthesis aimed to address both gaps by developing a mid-range theory specifying the causal mechanisms of veteran identity reconstruction and the structural role of the civilian environment in transition outcomes.

Methods: The Theory of Veteran Identity Integration (TVII) was developed using theory synthesis methodology, structured by nursing's metaparadigm. Source theories included Goffman's (1961) total institution framework, Bourdieu's (1977) theory of practice, and Meleis's (2010) transitions theory as load-bearing architecture, with Berry's (1997) acculturation model, Stryker's (1980) identity salience framework, and Benet-Martínez and Haritatos's (2005) Bicultural Identity Integration theory as informing frameworks. These were analyzed for complementary strengths and deficiencies. Constructs were derived through iterative synthesis and evaluated through retrodictive adequacy testing against empirical findings unexplained by prior theories.

Results: TVII specifies four core constructs: Intensity of Enculturation (depth of military identity formation), a Capital Conversion Typology (direct, translational, and cultural negative), Field Receptivity (environmental recognition of military identity), and Veteran Identity Integration, a multidimensional outcome comprising psychological coherence, sociocultural legitimacy, and functional compatibility. Retrodictive testing confirmed the theory accounts for previously unexplained findings: why functional reintegration fails to resolve identity distress, why identity crises emerge years after apparent adjustment, and why women veterans experience qualitatively distinct barriers through non-recognition rather than misrecognition, patterns documented across U.S., U.K., Australian, and Canadian populations. Nine falsifiable propositions are advanced. Instrument development (the Veteran Identity Integration Profile) is underway.

Conclusion: TVII addresses both identified gaps: it specifies causal mechanisms of identity reconstruction and assigns independent explanatory weight to the civilian environment through Field Receptivity. The theory's novel multidimensional outcome architecture predicts that veterans can appear functionally adjusted while accumulating identity-level deficits, a pattern invisible to current assessment tools. Implications extend to clinical practice through differentiated assessment targets, to policy through reframing transition programming beyond skill transfer, and to research through nine testable propositions currently undergoing empirical evaluation.

P203: Supporting those who Serve: The Development and Evaluation of a National Military Cultural Competency Course for Frontline Professionals Working with Veterans

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Program/Intervention Description: The Veterans Transition Network (VTN) has provided trauma-informed and culturally competent clinical programming to veterans, military service members and first responders since 1997. Despite this, research suggests that there may be a broader lack of awareness regarding the unique needs and presenting concerns of veterans, leading to challenges as they seek community and health care services. The VTN partnered with the Government of Canada to develop and disseminate a self-paced 10-Module Military Cultural Competency Course (MCC) in both English and French to enhance professional competency in a variety of service providers working with military service members and veterans. Content was developed and delivered by VTN psychologists and veteran peers. Main areas of focus include understanding key elements of military culture and how they shape identity, the transition from military to civilian life, preventing homelessness in veteran populations, recognizing the diverse experiences of indigenous, female and LGBTQ+ veterans, and healing after service.

Evaluation Methods: On completion of the training, participants were invited to complete a 22-item structured questionnaire evaluating the effectiveness, relevance and quality of the MCC course, as well as the impact of the course on their professional practice, confidence in applying culturally responsive approaches, and awareness of personal bias.

Results: Participants (*n*=47) from several professional groups including support workers, case managers, allied health professionals, and academics rated the program as highly effective and relevant. Approximately 96% of respondents indicated the course helped them reflect on their own assumptions and biases regarding military culture, and 98% reported they felt moderately to extremely confident in applying what they learned in the MCC to their work with military service members, veterans and their families. Modules focused on transition to civilian life, homelessness in veterans, understanding deployment experiences, and navigating veteran health systems were endorsed as most impactful on participants' professional practice.

Conclusion: Enhancing understanding of military culture and the unique needs of veterans among service providers may increase engagement and improve the quality of the health and social services they receive. The MCC is an effective and accessible intervention to promote awareness and competency in a variety of individuals who provide services to veterans in Canada.

P209: Implementation and Evaluation of a Co-design Approach for a Digitally-enabled Mental Health Continuum with Veterans and Families

Young, Karen, MSc[1]; Jiao, Tina, MHI[1]; Taggart-Mint, Sonyia, BA[1]; Saxton, Kait, MSc[1]; Jaouich, Alexia, PhD[1]; Haseeb, Maimoona, BSc[2]; Parker, Melissa, MBSc[2]; Moll, Sandra, PhD[2]; Mulligan, Ashlee, MSc[3]; Kane, Cara, MEd[3]; Notarianni, MaryAnn, MSW[3]

[1]Stepped Care Solutions Inc.; [2]McMaster University; [3]Atlas Institute for Veterans and Families

Program/Intervention Description: Canadian Veterans and their families face many mental health and substance use challenges, but there are gaps in service delivery across the country. In 2020, Atlas Institute for Veterans and Families and Phoenix Australia outlined a stepped care model to improve mental health care delivery for Veterans and their families, including the adoption of co-design approaches for meaningful engagement. However, the use of co-design to support the implementation of mental health and substance use health stepped care (MHSUH) models and other MHSUH system transformation initiatives is limited. This project aimed to apply and evaluate the Populating the Model Series, a co-design-based, system-level planning intervention, in the Veterans and Families context.

Evaluation Methods: The Populating the Model Series uses qualitative methods to identify services and supports at a systems level. Evaluation of the process included an online survey at the start and end of the workshop as well as after several weeks following the workshop. The surveys were based on a tailored version of the Public and Patient Engagement Evaluation tool (PEET), a 30 item standardized tool that gathers input on the perceived integrity of the design and process; influence and impact; participatory culture; and collaboration and common purpose. It also included tracking of participation and feedback on the final product.

Results: Applying the Populating the Model Series provided a co-design framework in the planning phase of a stepped care model for the Veterans and Families context, including two service map infographics to

support the development of a digitally-enabled continuum of care for Veteran and Family well-being. Evaluation of the co-design methodology provided the following themes. Due to the small number of evaluation survey respondents, grouped response averages were used. Two-tailed T-tests were used to measure significance at a confidence interval of 95% ($\alpha = 0.05$). Veteran participants highlighted the value of knowledge exchange and opportunities for connection with peers during this process. Family members also emphasized opportunities for information-sharing and the experience of "being heard." Service providers generally entered the process with strong awareness of supports available to Veterans and their Family members. They left with a better understanding of how their organization's goals align with other organizations that work with the same populations.

Conclusion: This project demonstrates that using a co-design approach to systems planning can provide practical recommendations informed by Veterans and Families to advance the design and planning of stepped care models, in addition to increasing knowledge exchange among participants.

PRIMARILY PHYSICAL HEALTH AND WELL-BEING

Podium Presentations

4B02: From Co-design to Clinician-monitored Training: A Virtual Reality Platform for Multi-articulating Myoelectric Prosthesis Rehabilitation

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[1]University of New Brunswick; [2]University of Alberta; [3]Glenrose Rehabilitation Hospital; [4]Alberta Machine Intelligence Institute

Introduction: Upper limb amputation ranks among the most devastating injuries sustained by military personnel and Veterans, yet prosthesis abandonment remains common — driven partly by insufficient access to individualized, task-relevant training. Multi-grasp prostheses offer sophisticated capabilities that go largely underutilized without structured practice. Virtual reality (VR) offers a compelling solution: accessible, repeatable training in ecologically valid environments. However, effective VR rehabilitation requires content grounded in user needs and clinician tools to monitor and guide progress remotely. This study aimed to: (1) systematically identify user-prioritized tasks, grip targets, and design requirements to inform VR content; (2) develop functional VR training scenes reflecting these priorities; and (3) build a clinician portal enabling remote session monitoring and performance data capture.

Methods: Using a user-centered design framework, semi-structured interviews were conducted with five individuals with upper limb loss and four rehabilitation clinicians. Summative content analysis identified priority tasks and environments; tasks were classified using the GRASP taxonomy. Clinician interviews were thematically analyzed for design requirements. Findings directly informed development of two VR training scenes — a Kitchen (cooking tasks) and a Garage/Workshop (tool-use tasks) — integrated with a clinician-facing portal.

Expected Results: Across nine participants, 449 tasks were identified and organized into 18 scenes; the five highest-priority were Garage (n=85, 89% participant agreement), Kitchen (n=60, 100% agreement), Yard (n=44), Recreation (n=43), and Grooming (n=39). Three core grip targets emerged: Cylindrical (n=169 tasks), Lateral Key (n=120), and Closed Tripod (n=66). Meaningful user-clinician divergence in grip priorities was found in the Kitchen context (users: Lateral Key 47.6%; clinicians: Cylindrical 56.4%), directly informing scene design. Clinician interviews identified scene design and motivational scaffolding as essential for military and Veteran users. Two priority scenes were successfully developed and integrated with the clinician portal, which captures timestamped grip states, task-step execution sequences, object interaction patterns, gaze fixations, and spatial movement trajectories — enabling objective, remote assessment of prosthesis control during ecologically valid tasks.

Conclusion: This work delivers the first end-to-end, co-designed VR prosthesis training system with integrated clinician monitoring capabilities. The platform's emphasis on occupationally grounded environments — aligned with military functional demands — and its user-informed design principles position it directly for Veteran and military rehabilitation contexts. The clinician portal addresses a critical barrier in distributed care: the inability to monitor and guide VR-based training remotely. For Veteran health policy, this platform supports the case for scalable, home-based rehabilitation technologies that preserve clinical oversight. Platform validation with prosthesis users is underway.

4B04: Relationship Between Skin Properties of the Residual Limb and Clinical Outcomes in High-activity Persons with Unilateral Transtibial Amputation

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[1]Defense Health Agency; [2]Brooke Army Medical Center; [3]The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.; [4]Walter Reed National Military Medical Center; [5]Uniformed Services University of the Health Sciences

Introduction: There is a lack of clinical tools to quantify residual limb skin health in high-activity prothesis users, e.g., Service members (SM), who are prone to skin breakdown which prevents socket use1. Non-invasive measures of skin health in other populations have potential for early detection of breakdown2. Here, we evaluate these measures for differentiating residual and contralateral limb skin and their relationship to clinical outcomes.

Methods: Twelve past/present SMs with unilateral transtibial amputation participated (10 male; 37.9±6.2y; 4.5±3.9y since amputation; 12.3±4.4hrs/day in socket; 11 traumatic amputations, 1 cancer). Probe-based devices of skin properties (Courage+Khazaka) collected three measures at each site (distal tibia [DT], midpatellar tendon [MPT], interosseous space between the tibia/fibula [IO]) on residual (RL) and contralateral limbs (CL). Transepidermal water loss (TEWL) measured barrier function, with lower values indicating an intact barrier. A suction displacement device measured skin biomechanics, including displacement under suction (R0), percent recovery (R2), and net elasticity (R5). Participants self-reported limb health for six months after measurement. After testing for normality (Shapiro-Wilk test), paired t-tests (normal) and Wilcoxon signed rank tests (non-normal) compared RL and CL measurements.

Results: TEWL was higher at the DT ($p=0.003$) and MPT ($p=0.002$) of the RL. Biomechanical measures were larger in R0 and smaller in R5 at all sites ($p<0.05$) of the RL; R2 was smaller at the DT ($p=0.021$) and IO ($p=0.014$) in the RL. Persons who reported blisters or open wounds (n=5) within three months of measurement exhibited higher ($p<0.05$) TEWL values at all sites compared to those who did not report issues.

Conclusion: Non-invasive measures of skin health differentiated RL vs. CL skin, likely related to socket wear. Differences in TEWL between those that reported skin issues and those that did not demonstrate the potential to predict (and mitigate) future skin breakdown. Future work will relate additional properties to clinical outcomes and determine measurement predictive value for maximizing readiness and outcomes in high-activity individuals.

Disclaimer - The views expressed are those of the authors and do not necessarily represent the official policy or position of the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., Defense Health Agency, Department of War, or any other U.S. government agency. This study protocol was approved by the San Antonio Institutional Review Board. This work is supported by funding from the Congressionally Directed Medical Research Program (W81XWH-22-2-0010).

Poster Presentations

P110: Veteran and Canadian Military Personnel Feedback on the Medical Care and Services they Receive for their Chronic Pain

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[1]Western University; [2]St. Joseph's Health Care London; [3]Institute for Work and Health

Introduction: Military Veterans may live with chronic pain due to injuries and other factors associated with their service in the military. Past research has identified barriers to accessing chronic pain treatments and supports for Veterans. The purpose was to explore the feedback regarding treatments, services and supports for Canadian service members and Veterans living with chronic pain, and their suggestions for improvements of these treatments, services and supports.

Methods: We interviewed 26 (11 women, 15 men) Canadian service members and Veterans living with chronic pain. We followed interpretive description methods during our coding and thematic analysis process. One researcher performed the coding, and another researcher confirmed the codes and categories. Final themes were reviewed by the research team.

Expected Results: Participants had different opinions of their access to chronic pain treatments and services depending on the satisfaction of their experiences, yet typically identified a lack of support for Veterans living with chronic pain. Within the civilian healthcare system, Veterans struggled navigating a new healthcare system especially during their transition out of the military, and believed that healthcare providers lack resources and knowledge to adequately diagnose

and treat their chronic pain. With the Canadian Armed Forces (CAF) and Veteran Affairs Canada (VAC), participants were dissatisfied with the treatments provided for injuries sustained during their military service, and were frustrated by the process of receiving treatment coverage from VAC as well as the lack of communication of chronic pain services for Veterans. Participants made recommendations to improve the chronic pain services they received such as improving Veterans' access to civilian healthcare services (i.e., access to a family doctor immediately after being released from the military), increasing the range of treatments that are provided to service members and covered by VAC, and increasing the knowledge of chronic pain across all stakeholders.

Conclusion: Veterans may experience barriers to accessing treatments and services for their chronic pain as they are released from the CAF and transition to civilian healthcare. Veterans may require supports and resources to guide them during this period of transition and throughout their pain management journey such as a consistent case manager who manages their treatment coverage requests to VAC, access to a family doctor who can assist with coordinating their treatment plans and referrals to specialists, and Veteran-specific resources and peer support groups. Healthcare providers may benefit from understanding the military context when treating Veterans living with chronic pain.

P180: Cancer Incidence in Female Canadian Military Personnel and Veterans: Summarizing Age and Time Trends in Comparison to the General Population

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[1]Veterans Affairs Canada; [2]Directorate Force Health Protection, Department of National Defence

Introduction: The Canadian Forces Cancer and Mortality Study, a research collaboration between Veterans Affairs Canada and the Department of National Defence, offers a unique opportunity to examine cancer in female CAF personnel and Veterans. Observations from a prior study suggested that cancer rates in female Canadian Armed Forces (CAF) personnel and Veterans may differ from females in the Canadian general population, however, trends by time and age were not examined. The objective of this study was to examine time and age-based incidence trends for all cancers combined and specific cancer types in female CAF personnel and Veterans in comparison to females in the general population.

Methods: Females who served in the CAF from 1976-2016 were identified using CAF administrative data (N=38,380). For these individuals, 2,120 primary cancer diagnoses between 1976-2017 were ascertained from the National Cancer Incidence Reporting System and the Canadian Cancer Registry. Using age- and year-specific rates for females in the general population, standardized incidence ratios (SIRs) and 95% confidence intervals (CIs) were calculated for all cancers combined and for specific cancer types in analyses stratified by time period or age group. Subgroup analyses restricted by military rank were also conducted.

Results: In comparisons of the study population to the general population, similar or lower rates of all cancers combined were observed in all time periods (pre-2000 SIR=0.97, 95%CI=0.88-1.07; 2000-2009 SIR=0.89, 95%CI=0.83-0.96; 2010-2017 SIR=0.94, 95%CI=0.88-1.00) and all age groups (20-39 SIR=0.86, 95%CI=0.78-0.95; 40-49 SIR=0.92, 95%CI=0.85-0.99; 50-59 SIR=0.94, 95%CI=0.87-1.01; 60-74 SIR=1.02, 95%CI=0.91-1.13). A lower rate of colorectal cancer was observed in 20-39-year-olds (SIR=0.52, 95%CI:0.24-0.98), and a lower rate of breast cancer was observed in the 2000-2009 period (SIR=0.89, 95%CI:0.78-0.99). However, a higher rate of melanoma was observed in the 2010-2017 period (SIR=1.38, 95%CI:1.07-1.77). In comparisons of junior non-commissioned members to the general population, higher rates of lung and bronchus cancer were observed in 50-59-year-olds (SIR=1.37, 95%CI:1.06-1.75) and 60-74-year-olds (SIR=1.53, 95% CI:1.01-2.22) and in the 2010-2017 period (SIR=1.36, 95%CI:1.06-1.72); and a higher rate of cervical cancer was observed in the 2000-2009 period (SIR=1.52, 95%CI:1.07-2.09).

Conclusion: For female CAF personnel and Veterans, these findings are suggestive of a healthy soldier effect for all cancers combined and colorectal cancer in younger age groups, and for all cancers combined and breast cancer during the 2000s. Possible emerging health issues include excess rates of melanoma and for junior non-commissioned members, lung and bronchus cancer.

P181: Is Military Occupation Associated with Cancer Incidence in Canadian Armed Forces Personnel and Veterans?

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Introduction: The Canadian Forces Cancer and Mortality Study (CFCAMS) is an ongoing research collaboration between the Department of National Defence and Veterans Affairs Canada. The Canadian Armed Forces (CAF) includes a large workforce with a diverse spectrum of military occupations and potentially related exposures. Despite this, prior studies of cancer by occupation in Canda have either excluded military personnel and Veterans, or grouped all military occupations together into a single category. The objective of this study was to examine sex-stratified associations between service in distinct military occupations and subsequent development of cancer.

Methods: This retrospective cohort study used CAF administrative data linked to national cancer registry data. Personnel and Veterans with at least two years of CAF service between 1990 to 2017 were identified (N = 19,660 females and 129,840 males). The 10 most common military occupations for females and males respectively were selected for analysis. Service in each of these occupations was categorized as "yes" or "no" using military occupation codes. Associations between military occupation and incident primary cancer diagnoses (examining all cancers combined as well as specific cancer types) between 1990 to 2017 were analyzed using Cox proportional hazards models adjusted for enrollment era.

Results: In this cohort, 685 first cancer diagnoses were identified among females and 5,270 among males. For most occupations, no significant associations were observed between military occupation and all cancers combined or specific cancer types in females or males. Exceptions included the aviation systems technician occupation, which was associated with increased likelihood of breast cancer in females (hazard ratio [HR]=1.86, 95% confidence interval [CI]:1.14-3.05), and had multiple associations with increased cancer likelihood in males including all cancers combined (HR=1.23, 95%CI:1.09-1.40) as well as oral (HR=1.86, 95%CI:1.20-2.88), colorectal (HR=1.62, 95%CI:1.18-2.23), Hodgkin lymphoma (HR=3.38, 95%CI:1.77-6.44), non-Hodgkin lymphoma (HR=1.66, 95%CI:1.09-2.53), and kidney/renal cancers (HR=1.85, 95%CI:1.17-2.93). Positive associations were also observed in females for colorectal cancer in supply technicians (HR=2.36, 95%CI:1.23-4.55), and in males for non-Hodgkin lymphoma in gunners (HR=2.12, 95%CI:1.19-3.78), pancreatic cancer in infanteers (HR=2.00, 95%CI:1.01-3.94), and lung/bronchus cancer in supply technicians (HR=1.53, 95%CI:1.01-2.31).

Conclusion: This is the first study to examine likelihood of incident cancers by military occupation in Canada. These findings can be used to inform health protection measures, benefits, and services for military personnel and Veterans. Future research should examine specific factors linked to the associations observed in this study.

P190: Military Occupational Exposures and Cancer Risks among Serving and Veteran Women

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[1]Ontario Health; [2]Institute for Work & Health; [3]University of Toronto; [4]University of British Columbia; [5]Department of National Defence; [6]Canadian Forces Environmental Medicine Establishment; [7]BC Centre for Disease Control; [8]BC Cancer

Introduction: Military personnel may be exposed to a wide range of occupational and environmental hazards throughout their service duties. Hazards may include known or suspected carcinogens which may increase cancer risk among serving members and veterans. Despite the growing representation of women in the military, cancer and exposure research remains largely focused on men, with limited data on women's exposure patterns and cancer risks. This scoping review aims to identify and map the existing evidence on carcinogenic exposures and cancer risks among serving and veteran military women.

Methods: We followed the JBI scoping review methodology to identify peer-reviewed and grey literature through database searches (MEDLINE, EMBASE, Web of Science, the Canadian Public Documents Collection, and ProQuest), targeted website searches (n=27), and reference list screening. Search strategy and eligibility criteria were guided by the Population-Concept-Context framework, focusing on serving and veteran military women (population); carcinogen exposures and cancer outcomes, including female-specific estimates or area-level environmental assessments (concept); and military service in Five Eyes countries, published between 1990 and 2025 in English or French (context). Data was charted by extracting information on study characteristics, populations, exposure types, cancer

outcomes, and reported sex differences, where available.

Expected Results: On preliminary analysis, a total of 35,325 abstracts were identified and title/abstract reviewed. Following abstract review, 1,842 full-text documents were screened, and 437 articles retained for inclusion. These included 182 peer-reviewed articles and 255 grey reports (including 19 theses). Retained articles were mostly from the United States (n=418), followed by Canada (n=10), United Kingdom (n=8), and Australia (n=1). Among the included studies, 178 reported cancer outcomes, 265 reported measured exposure data, and 6 reported associations between measured exposure levels and cancer outcomes. Included articles covered over 100 hazards (e.g., organic chemicals, metals, persistent organic pollutants, radioactive agents, particulate matter) and evaluated cancer outcomes across more than 30 cancer sites (e.g., reproductive, digestive, skin, blood), with more published in the past decade.

Sex-differences were reported in 76 cancer outcome studies; however, no studies reported sex-differences in carcinogenic exposures. Upon completion of article review (anticipated in May), findings will be organized by cancer site and/or carcinogenic hazard and presented narratively and in tabular or visual formats to highlight exposure patterns, cancer outcomes, sex-differences, and knowledge gaps.

Conclusion: Our findings will help identify possible carcinogenic exposures, associated cancer outcomes and evidence gaps. These findings may inform policies and support programs to improve health outcomes for military and veteran women.

P196: Bridging the Gap: Evaluating Virtual Primary Care Access for Canadian Armed Forces Families and Veterans

Sanford, Abbey, MA[1]; Ly, Linda, BA[1]

[1]Maple

Program/Intervention Description: Canadian Armed Forces (CAF) families face significant challenges accessing primary care due to frequent relocation (>10,000 families annually) and service transitions (10,000 members yearly), resulting in fragmented care and reduced access to family physicians. Virtual care addresses geographic and mobility barriers inherent to military life. Maple, a Canadian virtual healthcare platform, has partnered with the Canadian Forces Morale and Welfare Services (CFMWS) and Veterans Affairs Canada (VAC) to implement two programs: the Military Family Virtual Healthcare Program (MFVHP) for eligible CAF family members (launched 2020) and the Veteran Family Telemedicine Service (VFTS) for eligible Veterans and their families (launched January 2022, expanded February 2026). Both programs provide on-demand access to physicians and nurse practitioners via secure chat, video, and phone for primary care consultations, prescriptions, requisitions, referrals, and sick notes. This evaluation measures program utilization and, in collaboration with plan sponsors and administrators, informs ongoing program improvements, funding decisions, and strategic planning.

Evaluation Methods: We conduct formative evaluation using mixed methods. Quantitative data from Maple's digital systems captures consultation volume, wait times, visit duration, geographic distribution, timing, modality, and patient demographics, such as sex assigned at birth and age. Patient satisfaction is measured post-consultation. Qualitative feedback is evaluated to identify recurring themes. Assessments focus on program demand, reach, utilization patterns, and patient experience. Limitations include absence of a civilian comparator group and lack of long-term outcome data due to early-stage implementation.

Results: As of March 2026, MFVHP delivered >36,000 consultations to approximately 5,400 registered families with an 8-minute average wait time, 13.90-minute visit duration, and 95% patient satisfaction. Year-over-year consultation volume increased 6% (Dec 2023–Mar 2024 vs. 2024–2025). VFTS completed >5,400 consultations with a 9.60-minute wait time, 16.10-minute visit duration, and 93% patient satisfaction. Geographic analysis shows reach across all provinces and territories, with highest volumes in Ontario and Quebec. Qualitative feedback identified timely access and reduction of travel to in-person care as key benefits.

Conclusion: Preliminary findings suggest MFVHP and VFTS reach eligible populations and provide timely virtual care during periods of disrupted continuity. Program data demonstrates consistent ability to meet demand and scale effectively. Strong utilization metrics, sustained growth, and high satisfaction rates position these programs as valuable investments that justify funding. The data enables strategic planning for management, program expansion, and potential application to additional underserved populations. Research priorities include continuity of care, equity, and cost-effectiveness. Future evaluation should examine long-term health impacts and integration with provincial systems.

P202: Forecasting the Support Needs of the Great British Veteran Community

Galley, Catherine[1]; **Slapakova, Linda[1]**

[1]RAND Europe

Introduction: The British veteran community is expected to change substantially in size and composition over the next twenty years, due to demographic trends, social change and evolving patterns of military service. Approximately 1,700 Armed Forces charities provide welfare support across the United Kingdom, yet limited evidence exists on how future demand for these services will evolve. Without forward-looking estimates, service providers risk being unable to plan effectively for changing needs with the British veteran community. This completed study for the Royal British Legion aimed to forecast the prevalence of general health problems, disability and unpaid caring responsibilities among veterans, their partners and their children out to 2045.

Methods: This quantitative forecasting study combined point-estimates of veteran specific data from the 2021 England and Wales Census and the 2022 Scotland Census with longitudinal civilian trend data from the Health Survey for England (2002-2023) and the Family Resources Survey (2002-2024). We then used our Bayesian hierarchical modelling to forecast the number of individuals in each support need category out to 2045, stratified by age group and gender. We also generated complementary forecasts to estimate the number of individuals in each support need category if the census prevalence rates remain constant out to 2045.

1. Results: Approximately 64% of veterans reported good or very good health, with the prevalence of poor health among the veteran community comparable to age- and gender-matched civilians and concentrated among elderly veterans and their partners.

2. Approximately one third of veterans and one quarter of partners of veterans reported being disability, with disability rates higher among older veterans. However, increasing levels of disability in younger individuals (primarily due to increases in mental health-related conditions) among the broader UK population may lead to increasing numbers of young veterans with a disability out to 2045.

3. Veterans, and in particular, partners of veterans reported significantly higher rates of unpaid caring than age- and gender-matched civilians, particularly among partners of veterans aged over 65.

4. For all three support needs, the number of individuals with each need within the community is likely to decrease out to 2045 as the veteran community becomes much smaller.

Conclusion: While aggregate demand for veteran support services is likely to decrease as the size of the veteran population decrease, the profile of need is shifting towards younger cohorts with mental health-related disabilities. The disproportionate caring burden by partners of veterans also suggests additional support may be required to support this segment of the community.

MIXED MENTAL AND PHYSICAL HEALTH AND WELL-BEING

Podium Presentations

1E02: Outpatient Detoxification as a Gateway to Longitudinal Care: Design, Safety, and Engagement in a Measurement Based Model

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[1]University of Alberta

Program/Intervention Description: Outpatient detoxification (home detox and day treatment models) is traditionally underutilized despite evidence supporting its safety and effectiveness in appropriately selected patients. We describe the design of a structured outpatient detox program embedded within a broader addiction and mental health service. The model integrates psychiatric oversight, standardized withdrawal monitoring, pharmacologic support, and rapid transition into ongoing care, including intensive outpatient programming.

Evaluation Methods: A naturalistic program evaluation was conducted using routinely collected clinical and operational data. Patients are selected using risk stratification tools and clinical criteria to ensure safety in the community. Monitoring includes symptom-based withdrawal scales, clinical follow-up, and integration with Measurement-Based Care where appropriate. Outcomes include detox completion, engagement with follow-on treatment, and clinical stability during withdrawal.

Results: Single-site observational data demonstrate an 89.5% detox completion rate across 60 patients over a one-year period . The model supports safe management of mild to moderate withdrawal in the community while maintaining patient autonomy. Importantly, outpatient detox functions as a critical engagement point,

facilitating transition into longitudinal treatment and reducing gaps between acute stabilization and ongoing care.

Conclusion: Outpatient detoxification can be delivered safely and effectively within a structured, psychiatry-supported model and serves as a key entry point into the continuum of care. Integration with Measurement-Based Care and downstream programming improves engagement and continuity, addressing a high-risk transition period in addiction treatment.

2B05: Military Sexual Trauma and Associations with Mental Disorders and Physical Health Conditions in Service Members and Veterans

Southall, Martine, MA[1]; Perera, Essence, MSc[1]; Bolton, Shay-Lee, PhD[1]; Mota, Natalie, PhD[1]

[1]University of Manitoba

Introduction: Military sexual trauma (MST) is a significant and pressing issue within the Canadian Armed Forces (CAF). Prevalence rates of MST drawn from a 2022 CAF survey increased to 3.5% from 1.7% in 2018. Further, MST is more prevalent among female CAF members, with 44.6% reporting at least one experience of MST, compared to 4.8% in males. Critically, strong associations have been found between MST and many mental and physical health disorders (e.g., PTSD, depression, substance use, chronic pain). However, national estimates of associations between MST and specific health conditions in the CAF are currently lacking, as is clarity on whether these associations differ by sex. Therefore, our objectives were to examine the associations between MST exposure and individual mental disorders and self-reported physical health conditions, in both male and female service members and veterans.

Methods: This was an epidemiological study using data drawn from the CAFVMHS (2018; n=2,941 Canadian Forces members and veterans). Logistic regression analyses were used to examine a) associations between MST and individual mental disorders, as well as a composite "any mental disorder" variable, after adjusting for demographic and military variables (e.g., age, income, education, military rank) and presence of any physical health conditions and b) associations between MST and physical health conditions (e.g., cardiovascular disease, gastrointestinal conditions) as well as an "any physical health conditions" variable, after adjusting for relevant demographic and military variables and the presence of any mental health conditions. All analyses were sex-stratified.

Results: MST is strongly associated with adverse mental and physical health outcomes in both male and female survivors. Fully adjusted models revealed PTSD as the strongest association for both females (AOR = 4.38, $p<0.001$) and males (AOR = 3.71, $p<0.001$). While both sexes had significantly elevated odds of depression and any mental disorder, distinct sex differences emerged. Men had higher odds of generalized anxiety disorder, whereas women had higher odds of panic disorder. Although physical health comorbidities were common, most associations became non-significant after adjusting for mental disorders, excepting respiratory conditions in both sexes, suggesting that mental health comorbidities may be an important mediator between MST and physical health conditions in survivors.

Conclusion: This study reveals the significant health burden associated with MST in the CAF. Sex-stratified findings highlighting shared risks like PTSD alongside sex-specific anxiety and panic disorders can directly inform targeted screening and treatment. These results emphasize the critical need for policies reducing MST and associated negative health outcomes.

2C05: Canadian Armed Forces Members' Perspectives on Health and Healthcare Resources following Military-to-Civilian Transition

Bain, Bryn[1]; Richardson, Melissa, MSc[1]; Hill, Shannon, PhD[1]; Tam-Seto, Linna, PhD[2]; Williams, Ashley, PhD[3]; Mahar, Alyson, PhD[1]; Cramm, Heidi, PhD[1]

[1]Queen's University; [2]University of Toronto; [3]University of Regina

Introduction: Military-to-civilian transition (MCT) is a complex process unfolding across several life domains, including health. A relatively unexplored aspect of MCT concerns shifting from federal military health systems to provincial or territorial systems. These operate differently and the shift may introduce additional complexities to the MCT and an already vulnerable population: Veterans are more likely to experience health problems than the general Canadian population. This study is part of a larger longitudinal study examining health and well-being during MCT. It focuses on findings of a secondary analysis examining the perceptions of Canadian Armed Forces (CAF) Veterans' experiences of health and healthcare resources post-release.

Methods: Following a constructivist paradigm, in-depth semi-structured interviews were conducted with CAF members 8-12 months following their release (T3). Grounded theory techniques guided the develop-

ment of themes from data. Reflexive thematic analysis was applied to explore health as a core determinant at T3.

Results: 65 participants were interviewed at the final time point (T3). Participants described learning to adapt to a new normal, including living with complex health issues and negotiating the transition to a different health system. The move from a military to civilian context underlay these changes, while informal support (e.g. friends, family, pets) helped ease this shift. Navigating ongoing, complex health profiles involved a diverse range of supports (i.e. primary care, allied health). Providers with military literacy enhanced delivery of care, treatment experience, and eased the transition process while participants highlighted concerns surrounding difficulties in finding providers (specifically family physicians) and accessing prompt care. Structural discrepancies shaping delivery and timing of care between civilian and military systems were acknowledged. Lack of effective communication between Veterans Affairs Canada (VAC), the Department of National Defence (DND), and/or the participant complicated the claim and benefits process. This precluded participants from accessing supports, contributing to moral injury and undermining trust in organizational support structures.

Conclusion: Access to timely care delivered by culturally competent providers supports CAF Veteran well-being post-transition. This diverse, rich data can inform health policy and program development. It can further guide interactions for clinicians working with CAF members as they prepare to release as well as with those who are now Veterans. When considering the Veterans Affairs Canada Well-Being and Life Course Conceptual Framework, this study advances our understanding of social determinants of health associated with MCT. It clarifies how changes in identity, purpose, and connection, coupled with access to resources, supports, and community, shape CAF Veteran well-being in the post-release period.

3C02: Highlighting the lived experiences of Veterans/Injured Military Personnel living with chronic pain and PTSD/OSI; an interpretive description study

Attalla, Joline, PhD (Cand)[1]; MacDermid, Joy, PhD[1]; Halmasy, Nicholas, MACP[1]; Killip, Shannon, PhD[1]; Richardson, Don, MD[1]; Ziebart, Christina, PhD[1]; Campbell Bromhead, Robin, PhD[1]

[1]Western University

Introduction: Operational Stress Injuries (OSI) refer to any mental health conditions, such as posttraumatic stress disorder (PTSD), resulting from operational duties performed while serving (in military or public service roles). Chronic pain occurs in about 40% of Veterans, where OSI and chronic pain often exist together which may complicate activities of daily living and quality of life. Understanding the experiences of Veterans who have both an OSI and chronic pain concurrently is crucial to planning how to best meet their needs.

The purpose of this study was to underline former or current members of the Canadian Armed Forces (CAF) unique exercise needs and preferences living with both an OSI and chronic pain.

Methods: Interviews were conducted with former or current members of the CAF living with an OSI and chronic pain. Thirty participants (15 men and 15 women) were interviewed using a semi-structured interview guide. Data analysis was performed using an inductive thematic analysis, where codes and themes were derived from the data using an interpretive description approach.

Results: Participants provided information surrounding 5 key areas including their experience in management of unpredictable symptoms of chronic pain, barriers related to exercise concerning stress responses related to their OSI and successful strategies for mitigating these responses, preferences towards tailored exercise programs, lack of culturally informed clinicians, and the integral foundation of social support.

Many participants noted days of extreme opposites-days where they are unhindered by pain and days where they are unable to function due to it. Participants also noted specific triggers, where avoidance-based strategies were often used to manage symptoms. The need for social support was also mentioned, where participants often relied heavily on their spouse and found camaraderie through other Veterans. A key barrier for rural participants was lack of access to care.

Conclusion: Current or former CAF members living with OSI and chronic pain struggle to resume and maintain physical activity and exercise due to highly variable and interactive symptoms of both health conditions. Providing skills and tools to monitor triggers and symptoms to become more adaptive exercisers, leveraging social support from family and other Veterans/members, allows the modification of expectations through trauma-informed exercise prescription/rehab, which may help current or former serving mem-

bers to achieve the health benefits of an active lifestyle with regular tailored exercise.

4B03: "It's a Fight for Everything": Improving Care for Canadian Veterans with Amputations

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[1]University of Western Ontario; [2]MacDonald Franklin OSI Research Centre; [3]McMaster University; [4]St. Joseph's Health Care London

Introduction: Canadian Veterans living with amputations represent a small but highly complex population experiencing intersecting physical, psychological, and social challenges. Beyond chronic pain and functional limitations, these Veterans frequently encounter barriers to accessing coordinated care, navigating benefits systems, and maintaining quality of life. To address this gap, this study aimed to; (1) Explore the lived experiences and insights of Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) Veterans following limb amputation and recovery. (2) Critically appraise the clinical and policy-relevant recommendations to inform the design of rehabilitation and support pathways for Veterans with amputations.

Methods: A total of 10 CAF and RCMP Veteran amputees were recruited, and data was collected via in-depth, one-on-one semi-structured interviews on an online Teams platform. A socioecological framework guided both the analytical structure and the organization of findings across individual, interpersonal, organizational, and policy domains. Data was analyzed using reflexive thematic analysis, with a codebook developed iteratively and analytical rigor was maintained through member checking and reflexive memo writing.

Results: Veterans indicated multi-level barriers across individual, interpersonal, organizational and system-level domains. Veterans described fragmented care coordination, inconsistent clinical guidance, and challenges navigating benefits and insurance systems often accompanied by feelings of betrayal, stigma, and frustration. Systemic barriers were closely linked to adverse mental health outcomes, including depression, suicidality, reduced quality of life and socioeconomic instability. Notably, key facilitators of recovery were reported, including peer support, community belonging, self-advocacy, and access to knowledgeable, empathetic, and Veteran-centered providers. Further, Veterans identified actionable cross-level recommendations, including coordinated case management, prosthetic support continuity, trauma-informed clinical practice, and structured peer mentorship programs.

Conclusion: The post-amputation experiences of CAF and RCMP Veterans reveal a deeply layered interplay of adversity and resilience operating across individual, relational, institutional, and structural levels. These findings have direct implications for rehabilitation service design, benefits policy reform, and the development of more Veteran-centred support programs that is unique to the complex needs of this population. By applying a systems lens, this research supports the development of more accessible and equitable care for Veteran amputees. These findings underscore the importance of integrated, trauma-informed approaches that address both physical, social and psychological dimensions of recovery.

4E01: Experiences and Biopsychosocial Impacts of Perimenopause, Menopause, and Post-Menopause on Women Veterans: A Scoping Review

Bright, Katherine, PhD[1,2,3,4,5,6]; Melendez, Isabel, BA Psychology[3,5]; Mulrooney, Zakari, Undergrad Student[3,5]; Bennette, Katelyn, BA Psychology[3,5]; Nguyen, Cristina, BN[3,5]; Rennick, Matthew, BN[3,5]; Hews-Girard, Julia, PhD[3]; Kirkpatrick, Megan, MN[3]; Hayden, K. Alix, PhD[3]; Brémault-Phillips, Suzette, PhD[1,5]

[1]Heroes in Mind, Advocacy, and Research Consortium; [2]Mount Royal University,; [3]University of Calgary,; [4]Thompson Rivers University,; [5]University of Alberta; [6]Recovery Alberta

Introduction: Women Veterans represent a growing population in Canada and internationally. Their health experiences are shaped by unique occupational exposures, including physical demands, trauma, deployment-related stressors, and institutional cultures. These factors may influence the onset, severity, and management of menopausal symptoms in ways that differ from civilian populations.

This scoping review aims to synthesize peer-reviewed and grey literature on the experiences and biopsychosocial impacts of perimenopause, menopause, and post-menopause on women Veterans, with a focus on Canadian populations and broader international contexts.

Methods: This review was guided by JBI scoping review conducting guidelines and PRISMA-ScR reporting guidelines. A comprehensive search was conducted across databases including Medline, CINAHL, PsycInfo, Embase, CENTRAL, and Academic Search Complete. The search strategy was developed with a health sciences librarian and included controlled vocabulary

and keywords related to menopause and Veteran populations.

Titles and abstracts were screened independently by two reviewers, followed by full-text review. Discrepancies were resolved through consensus. A PRISMA flow diagram documents the selection process.

Expected Results: Forty-six studies (1994-2025;) were included, most from the United States (n=43). Sample sizes ranged from 17 in qualitative studies to >290,000 in large administrative cohorts , with most studies Veteran Service-based (65-70%). Menopause in women Veterans was characterized as a high-burden syndemic of cardiometabolic and musculoskeletal comorbidity, vasomotor and genitourinary symptoms, and high rates of depression, anxiety, PTSD, and insomnia. Trauma exposure (especially military sexual trauma and intimate partner violence) consistently intensified symptom burden. Meaning-making was shaped by trauma histories, limited menopause knowledge, and gendered military culture, with frequent reports of retraumatizing care experiences, dismissal, and reliance on self-advocacy. Menopause was framed as an embedded social and institutional experience rather than a purely biological transition. Help-seeking improved with trauma-informed, gender-sensitive, and educationally supportive care, but was constrained by systemic gaps in trust, knowledge, and access. Outcomes reflected substantial symptom burden and functional impairment alongside emerging resilience through peer support and women-centered care.

Conclusion: The menopause journey in women Veterans is a complex, intersectionality shaped health transition marked by high symptom burden, trauma amplification, and functional impairment within structurally inequitable, male dominated health systems. Findings underscore the need for trauma-informed, gender sensitive, and education-focused care models, alongside improved system-level access and provider preparedness, to address compounded biological, psychological, and social vulnerabilities and to support resilience and equitable care outcomes.

Poster Presentations

P116: Concerns, Experiences, and Recommendations with Respect to Equity, Diversity, Inclusion, Decolonization, and Accessibility in Military and Public Safety Research: A Mixed Methods Study

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[1]Western University; [2]Memorial University of Newfoundland; [3]Queen's University

Introduction: The nature of military roles and service is changing as society has evolved to consider Equity, Diversity, Inclusion, Decolonization, and Accessibility (EDIDA) an important issue and as immigration patterns change the nature of the Canadian population. Given the importance of EDIDA and changing ecosystem, it is important to study the challenges the military, Veteran, and public safety personnel (PSP) research community face with respect to EDIDA.

Objective: To investigate the concerns and experiences of military, Veteran, and PSP researchers with respect to EDIDA issues in research.

Methods: This mixed methods study used quantitative (survey), qualitative (workshop focus group), and social media (Reddit) AI-based scraping methods.

A pre-workshop online survey was conducted to collect data on direct or indirect EDIDA-related academic harms. A workshop at the Canadian Institute for Military and Veteran Health Research Forum enrolled 19 military, Veteran, or PSP researchers. Researchers discussed their EDIDA concerns and/or submitted anonymous written concerns. A ChatGPT scraping of Reddit posts extracted summary information about EDIDA research posts. Survey responses (n=40) and qualitative data themes are reported.

Results: From the 15 defined potential threats surveyed, at least one was directly experienced by every researcher (range 1-11). The top five threats directly experienced to self were: testimonial smothering, academic credit smothering, harassment, academic freedom research infringements, and silencing of dis-

course. Indirect exposures (observed in others) were reported for 5-14 of the threats. Overall, discrimination was most common (23 yes/18 no).

Qualitative themes were grouped into concerns about operational issues, ethical issues, career concerns, and scientific validity. Researchers expressed difficulty in achieving EDIDA expectations; identified recommendations for how universities, funders/reviewers, ethics boards, and organizations could better support EDIDA.

Recommendations from Reddit triangulated study findings and suggested more details on how researchers could execute EDIDA.

Conclusion: There is a need for more open dialogue on EDIDA, better training in EDIDA research methods, more inclusive teams, more authenticity, and more consistent support.

P141: A Qualitative Exploration of the Retirement Experience of Royal Canadian Mounted Police Veterans and their Families

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Introduction: Current research suggests that the transition to retirement is a critical experience for Veterans, who may experience significant challenges during transition from service to civilian/Veteran life. Most service to civilian transition research has focused on the transition of Canadian Armed Forces military personnel, while little research has focused on the transition of Royal Canadian Military Police (RCMP) Veterans. After retiring from service, RCMP Veterans fall under the mandate of VAC, but little is known about how these Veterans access services and support. In order to understand the unique needs of RCMP Veterans and the impact of service and retirement on their health and well-being, this study set out to gain a better understanding of this experience. By interviewing family members, we gained insights on how retirement impacts the family as well as the Veteran and how they could be better supported.

Methods: To address this research gap, we conducted in-depth semi-structured qualitative interviews with RCMP Veterans and their family members using a purposive sampling approach. Through this approach, we are able to collect detailed accounts of retirement amongst RCMP Veterans and their families and the strengths and challenges these Veterans encounter, which will help us to better understand this phenomenon as a whole.

Results: Using Braun and Clarke's Reflexive Thematic Analysis, findings showed a breadth of experiences across three themes.

Theme 1: Context shapes retirement decisions and supports. Participants described inconsistencies in supports around retirement that influenced their transition. This lack of consistency impacted feelings of preparedness, trust, and the overall retirement experience. The importance and impact of leadership in the retirement experience was also emphasized, having both negative and positive impacts.

Theme 2: Shifting identities. Retirement involves renegotiating a sense of identity from service to civilian/Veteran life. Participants described social impacts, including feeling like they belong to two different worlds, and that it takes time to adjust to the change.

Theme 3: The labour of transition. Participants noted that the transition takes time and effort, including making intentional moves to incorporate hobbies and family. It is an active and ongoing process and requires preparation for both civilian life and the enduring mental, physical, and health impacts of service that persist into retirement.

Conclusion: RCMP Veterans and their families need consistent, knowledgeable support for the transition to retirement starting well before their retirement. Support for Veterans should acknowledge the changes that come with retirement such as identity, routine, and financial impacts of retirement.

P172: Differences between Canadian Men and Women Veterans with Experience of Homelessness: How do we address Veteran Homelessness?

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Introduction: Veteran homelessness is a complex issue influenced by multiple factors, including health-related challenges. Although Veterans make up only 1.5% of the Canadian population, they represent 4.4% of individuals experiencing homelessness. Conservative estimates indicate that approximately 2,400 Veterans are homeless in Canada, with about 30% identifying as

women. To date, the only research focused specifically on women Veterans experiencing homelessness has been conducted in the United States. This presentation compares homelessness solutions proposed by women and men Veterans.

Methods: Veterans with lived experience of homelessness participated in individual interviews as part of two separate Canadian studies. One ongoing study included only women Veterans, while the completed study involved men Veterans who had taken part in a Housing First program across four Canadian cities. In both studies, the qualitative components explored participants' experiences and their recommendations for an ideal support program for Veterans. Resulting themes and subthemes were analyzed and compared across genders.

Expected Results: Women Veterans largely recommended the development of women-only housing as well as Veteran-specific housing and greater outreach efforts in the community. Men noted the need for permanent housing for personal stabilization to be achieved. Both men and women highlighted the importance of safety and security. Women also identified childcare needs which need to be considered for housing. Both sets of Veterans reported a need for further health and mental health supports. Peer support emerged as an important and valued component for both women and men Veterans. In particular, the subtheme of camaraderie - connection and mutual understanding among fellow Veterans - was consistently highlighted as beneficial. More than half of the women but all of the men reported substance use (albeit mostly tobacco, caffeine and alcohol). Men reported harm reduction as key to maintaining housing which is a key component of housing first approaches. Trauma was also reported by both men and women Veterans, but only the women reported PTSD. Women also experienced sexual trauma often related to military experience.

Conclusion: The findings indicate that women and men Veterans in Canada share both common and distinct experiences of homelessness. These analyses will support stronger advocacy efforts to advance appropriate housing solutions for Veterans experiencing homelessness nationwide. This study also underscores a significant need for expanded Veteran-focused research within the international community.

P173: Changes in Health and Well-being Outcomes Among Women+ Veterans: Findings from the 2022 and 2024 Canadian Veteran Health Surveys

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[1]Veterans Affairs Canada

Introduction: Women+ Veterans in Canada have distinct and evolving health needs across physical, mental, and social well-being domains, yet evidence gaps persist regarding their health and well-being outcomes. The Canadian Veteran Health Survey (CVHS) 2024 represents the second national survey conducted by Veterans Affairs Canada to assess Veteran health and well-being. Examining changes and differences in outcomes between CVHS 2022 and CVHS 2024 among women+ Veterans, including Indigenous and visible minority women+ Veterans, is critical to informing equitable policies, programs, and interventions that respond to intersecting health needs.

Methods: Using a comparative cross-sectional design, data from CVHS 2022 and CVHS 2024 were analyzed to examine differences in self-reported health and well-being outcomes among women+ Veterans. Analyses focused on overall differences across survey cycles, as well as subgroup comparisons among women+ Veterans who identified as Indigenous or as members of visible minority groups. Descriptive and inferential statistical analyses were used to assess changes over time and to identify disparities across groups.

Results: Preliminary findings indicate notable differences between 2024 and 2022 CVHS cycles for women+ Veterans' age, physical health, mental health, chronic conditions, and measures of well-being. Specific changes include older age profiles (60.7 in 2024 vs 58.4 years in 2022) with a larger proportion aged 65–79 (26.4% vs 20.3%), alongside reduced past-year cannabis use (20.8% vs 28.0%). Cannabis-related differences were also notable for Indigenous women+ Veterans, who reported lower past-year cannabis use (21.6% vs 47.1%).

In CVHS 2024, subgroup differences suggest intersecting inequities. Mental health disparities were particularly pronounced among Indigenous women+ Veterans, who reported higher burdens than non-Indigenous women+ Veterans (e.g., mood disorder 44.2% vs 23.8%, PTSD 30.0% vs 15.3%, traumatic brain injury 20.3% vs 8.3%). Visible minority women+ Vet-

erans were younger (under 35: 13.7% vs 3.6%), more highly educated (Bachelor's+: 60.7% vs 32.6%), and less likely to report some chronic conditions (e.g., arthritis 27.7% vs 46.3%).

Analysis is ongoing; however, findings point to persistent and emerging disparities requiring targeted policy and program attention.

Conclusion: Comparing outcomes across CVHS survey cycles provides critical insight into evolving demographics and health and well-being patterns of inequity among women+ Veterans, specifically among Indigenous and visible minority women+. This underscores the importance of intersectional, sex- and gender-informed approaches to Veteran health research and consistent subgroup reporting across future CVHS cycles. These findings point to the need for targeted, culturally safe, and equity-oriented policies, programs, and outreach aimed at improving health and well-being outcomes for all women+ Veterans.

P178: Review of Military Personnel and Veteran Identifier Questions from Canadian Surveys: Recommendations for a Standard Identifier

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Introduction: Over the past 10 years, an increasing number of Canadian health and well-being surveys collected information for Veterans and military personnel by including a question to identify them amongst the general population. The questions used to identify this population tended to be simplified and only asked if someone has had experience in the Canadian military, often overlooking the nuances and complexity of military service, such as what component this service was in, or if it is current or previous service. These details are important as health and well-being vary between these cohorts, each having unique pressures and characteristics. To capture these relevant details of military service, a standard identifier could be adopted. This could help facilitate the development of policy and research objectives more reflective of the unique experiences of the different cohorts of Veterans and military personnel.

Methods: This study examines select Statistics Canada national health and well-being surveys conducted within the last 10 years that include a question to identify Veterans and or military personnel. The identifier questions used across the surveys were analyzed to assess patterns and gaps in how military service status is measured. A qualitative content analysis is underway to generate and support recommendations for a standard identifier question.

Expected Results: Preliminary results indicate that about half of the survey data sources examined treat the Veteran and military personnel population as a whole, however existing research demonstrates the importance of distinguishing them in analysis.

Conclusion: Many existing Canadian surveys treat the Veteran and military personnel population as a whole; however, the health and well-being outcomes of these populations are distinct. By reviewing existing surveys, this analysis will support recommendations for a standard identifier question to be used in future data collection efforts for Veterans and military personnel, particularly amongst the general population. The anticipated recommendations are likely to be of national interest given the sample. A standard identifier question aims to enhance comparability and usability of future data sources, ensure coverage of all segments of the population and enable analyses that support multiple policy and research objectives to ensure that all Veteran and military personnel cohorts get the care and recognition they deserve.

P187: Revue de la portée des adaptations culturelles militaires dans les programmes d´autogestion numériques

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Introduction: La douleur chronique est plus fréquente chez les vétérans que chez la population civile. Bien que les programmes d'autogestion de la douleur offerts en ligne ou via une application soient de plus en plus accessibles et montrent des effets positifs, leur adaptation aux besoins distincts des vétérans demeure incertaine. Cette revue de la portée visait à documenter la présence et la nature des adaptations culturelles militaires dans ces programmes et à examiner leur influence sur les résultats rapportés par les utilisateurs.

Méthodes: Nous avons inclus des études portant sur les vétérans et les membres des forces armées vivant avec de la douleur chronique et ayant participé à un programme d'autogestion offert sur le web ou via une application. Nous avons examiné comment les adaptations culturelles étaient décrites et si elles influençaient l'expérience utilisateur, l'engagement, la sat-

isfaction, la motivation ou la perception de pertinence culturelle. Une recherche exhaustive a été menée dans les principales bases de données (MEDLINE, CINAHL, Embase, PsycINFO) et la littérature grise pour trouver des études en anglais ou en français publiées depuis 2010.

Résultats: Sur les 248 sources examinées, nous avons retenu neuf études provenant des États-Unis et deux du Canada. Dix décrivaient des programmes destinés aux vétérans, mais une seule détaillait le processus d'adaptation. Nous avons identifié divers éléments d'adaptation, bien que la plupart aient été décrits de manière superficielle. L'une des adaptations notables est liée à la préférence pour une conception épurée, caractérisée par un contenu court et clair, reflétant une volonté d'efficacité. L'intégration de témoignages, de vidéos et d'histoires de vétérans est également une composante essentielle. D'autres aspects tels que l'adaptation du langage et l'esthétique du design restent des pistes peu explorées et méritent d'être approfondis auprès des vétérans afin de mieux comprendre leurs préférences. Aucune étude n'a évalué les effets spécifiques de ces adaptations, à l'exception des perceptions des participants quant à la pertinence culturelle.

Conclusion: Les descriptions des processus, des composantes adaptées et de leurs effets demeurent limitées. Nous observons une distinction subtile entre les études rapportant des adaptations culturelles intentionnelles pour la population vétérane et celles utilisant une conception centrée sur l'utilisateur sans aborder explicitement la culture militaire. Lorsqu'aucun vétéran n'était impliqué dans le processus, il était difficile de déterminer si les changements apportés aux programmes reflétaient des adaptations culturellement pertinentes. Les recherches futures devraient impliquer les vétérans dès les premières étapes et évaluer systématiquement la valeur ajoutée de ces adaptations.

P188: Navigating Chronic Pain Care: Barriers, Facilitators, and Priorities Among Canadian Armed Forces Veterans

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Introduction: Chronic pain affects many Canadian Armed Forces (CAF) Veterans, yet engagement with care remains low. Little is known about how Veterans experience chronic pain care across different pain trajectories or what system changes are needed to improve access and engagement. This study explored barriers, facilitators, and Veteran-identified priorities for improving chronic pain care among CAF Veterans.

Methods: Thirty CAF Veterans participated in semi-structured interviews. Participants were purposively sampled using a maximum variation strategy to capture a range of chronic pain experiences, including differing pain trajectories over time. Interviews were audio-recorded, transcribed verbatim, and analyzed using inductive thematic analysis. Following the interview, participants completed the Brief Pain Inventory–Short Form (BPI-SF) to assess current pain severity and interference.

Results: Across participants, experiences accessing care were highly consistent despite variation in pain experiences. Seven intersecting themes of barriers and facilitators to care were identified: (1) system-level factors (e.g., long administrative delays vs. faster access when claims were approved), (2) governmental and policy factors (e.g., limited or inconsistent coverage vs. supportive policy changes), (3) clinical (e.g., provider shortages vs. supportive provider), (4) geographic (e.g., rural access challenges vs. availability of local services), (5) discrimination (e.g., stigma and bias), (6) self-advocacy (e.g., navigating complex systems vs. support from case managers), and (7) military cultural factors (e.g., reluctance to seek help vs. provider understanding of military service). Veterans also identified key priorities for improving care, including streamlined administrative processes, increased access to coordinated and Veteran-centered care systems, improved service availability and continuity across transitions, enhanced education for providers on military culture, earlier identification and intervention for pain, and more flexible, individualized treatment approaches.

Conclusion: CAF Veterans described common barriers and facilitators to chronic pain care across a range of pain experiences, suggesting that challenges are driven more by how care systems are structured and delivered than by differences in pain presentation. These findings highlight persistent system-level gaps that place a substantial burden on Veterans to navigate and coordinate their own care. Addressing these issues through Veteran-informed, actionable reforms may improve access, engagement, and quality of chronic pain care for CAF Veterans.

P192: Using Network Analysis to Identify Multimorbidity in Canadian Veterans

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Introduction: Multimorbidity, defined as the co-occurrence of two or more chronic conditions, presents major challenges for clinical management and health system planning. Findings from the 2019 Life After Service Survey indicate that the prevalence and incidence of multiple chronic comorbidities (MCCs) are higher among Canadian Veterans than in the general population. Understanding how chronic conditions cluster can inform targeted screening, prevention, and integrated care strategies. This study examined sex-specific multimorbidity patterns among Veterans using association rule mining and network analyses on chronic conditions after excluding major central nervous system and cardiovascular diagnoses.

Methods: Association rule mining was conducted using the Apriori algorithm to identify non-random co-occurrences of chronic conditions. Rules were required to meet thresholds of support ≥0.05, confidence ≥0.50, and rule length ≥2. Each respondent contributed a "basket" of reported conditions, and analyses were stratified by sex. Survey-weighted undirected co-occurrence networks were constructed among respondents with two or more chronic conditions. Nodes represented individual conditions, with edges weighted using the Salton index. Community structure was identified using the Louvain algorithm, and node influence was assessed using PageRank centrality.

Expected Results: Among female Veterans (n = 234), 25 association rules across 15 condition categories met inclusion criteria. The most prevalent dyad was arthritis and back pain (30.3%). Back pain also frequently co-occurred with gastrointestinal and urinary conditions. Several rules demonstrated higher-than-expected clustering involving arthritis, back pain, and urinary infections, indicating non-random multimorbidity patterns. Overall, multimorbidity among female Veterans was dominated by musculoskeletal and pain-related conditions. Among male Veterans (n = 1,757), 40 association rules across 16 condition categories were identified. Arthritis–back pain was the most prevalent dyad. In contrast to females, multimorbidity among male Veterans showed cardiometabolic clustering. Strong association rules linked diabetes with hypertension and obesity (lift > 1.8), indicating higher co-occurrence. Network analyses supported these findings, with greater connectivity among males (16 nodes, 113 edges) than females (15 nodes, 79 edges). In both sexes, hypertension was strongly integrated comorbidity of diabetes. Louvain clustering identified two communities in males and four smaller communities in females, while PageRank centrality highlighted arthritis and back pain as the most influential conditions.

Conclusion: Arthritis–back pain was a dominant multimorbidity pattern in both sexes. Male Veterans exhibited clustered cardiometabolic multimorbidity centered on diabetes, whereas female Veterans displayed more diffuse patterns dominated by musculoskeletal and pain-related conditions. These sex-specific patterns support the need for tailored, cluster-based screening and multimorbidity management strategies among Veterans.

P193: The Evolution of the Canadian Veteran Health Survey

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[1]Veterans Affairs Canada

Introduction: The Canadian Veteran Health Survey (CVHS) has evolved substantially since its inaugural cycle in 2022. It was designed to replace and expand on the former Life After Service Survey (LASS). The CVHS addresses several key limitations of its predecessor. Unlike the LASS, which was restricted to Veterans released since 1998, the CVHS provides full representation of the Canadian Veteran population. Its close alignment with the Canadian Community Health Survey (CCHS) enables direct comparisons between Veterans and the Canadian general population. The CVHS also incorporates new content. This supports a broader range of analyses, including those focused on equity-deserving Veteran sub-populations and emerging health and well-being issues. The 2022 cycle delivered some of the first gender-specific findings representative of the entire Canadian Veteran population. Subsequent cycles in 2024 and 2027 are expected to further strengthen the evidence base on Veteran health and well-being, including for equity-deserving groups.

Methods: This project examines the evolution of the biennial CVHS across its first three cycles: 2022, 2024, and planned 2027. It highlights the objectives and relevance of key indicators. It also shows links between questionnaire content and the seven domains of Veterans Affairs Canada's Veteran Well-Being Framework. Selected topics of high importance to Veteran health

and the research community are featured, such as adjustment to civilian life and mental health. The analysis also explores how customized CVHS content, developed in alignment with the CCHS, enhances understanding of Veteran health and well-being outcomes, including among equity-deserving sub-populations.

Expected Results: The project remains in progress. The CVHS 2024 technical report is expected to be published prior to CIMVHR 2026. Internal finalization of the CVHS 2027 questionnaire is scheduled for September 2026, with consultations with Statistics Canada concluding in October 2026. CIMVHR 2026 will provide the Veteran research community with an early opportunity to review emerging CVHS 2027 themes in the context of questionnaire development, prior to survey collection in fall 2027

Conclusion: Veterans Affairs Canada, in partnership with Statistics Canada, will continue to evolve and further develop CVHS content. Their interconnected goals are: 1) capturing results that are both relevant and important to Canadian Veteran health and well-being; 2) adjusting the questionnaire to reflect emerging health and well-being needs of Canadian Veterans; 3) responding to particular health and well-being needs of equity-deserving Canadian Veteran sub-populations; and 4) maximizing possibilities for comparison with the Canadian general population.

P194: Identity, Mental Health, and Neuropsychological Change Following Psychedelic Retreat Participation Among Canadian Veterans

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Introduction: The military to civilian transition is often accompanied by challenges related to identity, belonging, mental health and quality of life. While many veterans navigate this transition successfully, others experience persistent difficulties adjusting to civilian life. In response, a growing number of veterans are seeking support through unconventional pathways, including international psychedelic clinics or retreats. Despite rising interest, prospective longitudinal research examining sustained mental health, neuropsychological, and psychosocial and identity-related outcomes among Canadian veterans engaging in these treatments remains limited. As such, this study aims to investigate changes in mental health, neuropsychological functioning, and psychosocial processes among Canadian Armed Forces veterans following participation in a psychedelic clinic or retreat.

Methods: A longitudinal prospective mixed methods study will be used to examine changes in mental health, neuropsychological functioning and psychosocial outcomes applicable to the military to civilian transition among cohorts of veterans attending retreats administering ibogaine (± mebufotenin), ayahuasca, or psilocybin. Surveys and interviews will be used to collect data across multiple time points to assess sustained changes and participants lived experiences: Time 1 (2-4 weeks before), Time 2 (1-4 weeks after), Time 3 (3 months after), Time 4 (6 months after). Mental health assessments include symptoms of post-traumatic stress disorder (CAPS-5), depression (MADRS), anxiety (HAM-A), disability (WHO-DAS); neuropsychological assessments include verbal memory (HVLT-R), working memory (WAIS-IV subtests), inhibition (SCWT, WCST), processing speed (DSST), sustained attention (SART); psychosocial assessments include measures of well-being (WEMWS), military to civilian transition (M2C-Q), meaning in life (MLQ), sense of belonging (SBS) and psychological flexibility (AAQ-II).

Expected Results: Data collection for the study is anticipated to commence in Spring 2026. The research protocol for the study will be presented including the study rationale and details related to pre-registration. Preliminary analyses will be presented. It is hypothesized that participants will report significant improvements in psychosocial and mental well-being, improvements in neuropsychological functioning, decreases in psychological distress, and positive shifts in identity-related outcomes across pre- and post-retreat longitudinal assessments.

Conclusion: Findings from this prospective longitudinal mixed methods study will contribute to new insight into the potential harms and benefits of international psychedelic clinic/retreat experiences among veterans navigating the military to civilian transition.

P195: Predictors of Mental Health Trajectories and the Role of Chronic Pain in Military Personnel and Veterans Receiving Care at Operational Stress Injury Clinics

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Introduction: Measurement-based care (MBC) uses standardized clinical measures in routine care to inform assessment, treatment decisions, and shared decision-making, while also creating opportunities for

longitudinal clinical research. In the Canadian Operational Stress Injury (OSI) context, this approach offers potential to support a more longitudinal understanding of symptom complexity, functioning, and recovery in military personnel and Veterans. As an illustrative example of this broader potential, this study examined predictors of change in mental health symptoms and functioning in a longitudinal cohort of military personnel and Veterans receiving OSI clinic care.

Methods: Data were drawn from a longitudinal cohort of 186 military personnel and Veterans receiving care at OSI clinics. Participants were assessed at multiple time points over a two-year period within an MBC framework, with longitudinal data abstraction supported through CROMIS. Outcomes included PTSD symptoms (PCL-5), anxiety (GAD-7), depression (PHQ-9), and SF-36 mental and physical component summary scores, standardized for age and sex. Linear mixed-effects models were used to examine predictors of change over time while accounting for within-subject correlation. Fixed effects included demographic variables, service-related factors, and pain-related measures, including baseline chronic pain status and severity as assessed by the SF-36 bodily pain score.

Expected Results: Participants were predominantly male (96.2%) with a mean age of 39.7 years; 74.2% had been released from service. Chronic pain was endorsed by 68.3% of the sample, and 98.9% met criteria for PTSD. Higher income and education were associated with lower depression scores, while longer duration of service was associated with modest reductions in anxiety and depression. In unadjusted analyses, chronic pain status was associated with worsened PTSD and depression symptoms, but not anxiety. In adjusted models, chronic pain status was not independently associated with mental health outcomes, although it remained a consistent predictor of poorer day-to-day functioning. Lower pain burden and interference were associated with small improvements in depression symptoms in both unadjusted and adjusted analyses.

Conclusion: These findings illustrate the potential of MBC-informed longitudinal data to advance understanding of trajectories, comorbidity, and functioning in military personnel and Veterans receiving routine care. In the Canadian OSI context, this approach offers important opportunities to generate clinically useful evidence about predictors of recovery and impairment, while informing care planning and future mental health research.

P198: Canadian Veterans are More Frail than Non-veterans: Insights from the Canadian Longitudinal Study on Aging

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Introduction: Frailty is an age associated, graded, multiply-determined state that increases the risk of poor health outcomes including emergency department visits and peri-operative complications. Aging military veterans may present with different risk factors and health concerns than non-veterans, with preliminary findings showing accelerated rates of biological aging among veterans. Frailty largely remains understudied among veterans, particularly Canadian veterans.

Methods: We used data from the Canadian Longitudinal Study on Aging (CLSA), a cohort study of Canadians aged 45-85 to better understand health and aging. Veterans were identified in CLSA using questions regarding military service history, length of service, and military branch. For any individual, a deficit-accumulation frailty index (FI) quantifies the degree of frailty as the proportion of the total number of deficits divided by the total number of deficits assessed. Here, we constructed a 48-item FI from a self-reported health history. Individuals who had a FI >0.1 was considered having at least a very mild level of frailty.

Expected Results: Of 4461 veterans identified in CLSA (3552 Canadian veterans and 909 foreign veterans) 89% were male, with a mean age of 67.2 ± 10.9 years. Among Canadian veterans, the most common service branch was the reserves (32%), followed by the army (22%), the air force (21%), the navy (15%), and other or multiple branches (11%). The mean length of service was 10.7 ± 11.9 years. Compared to non-veterans, Canadian veterans have higher odds of having at least a very mild level of frailty (1.28 [95% CI: 1.15, 1.44]) after adjusting for age and sex. Comparing service branches, army veterans had the highest prevalence of at least very mild frailty (47.8%), followed by the air force (46.1%), other or multiple branches (41.8%), navy (41.5%), and reserves (39.1%). Additionally, compared to army veterans, veterans who served in the navy (0.72 [95% CI: 0.57, 0.92]), air force (0.68 [95% CI: 0.55, 0.85]), or reserves (0.71 [95% CI: 0.58, 0.87]) also had significantly lower odds of being at least very mildly frail. There was no significant relationship found between length of service and frailty.

Conclusion: Canadian veterans more often experience frailty than their non-veteran age peers. Army veterans have a higher odds of having at least a mild level

of frailty than those who served in the air force, navy, or reserves. Further research is needed to support healthy aging in these populations.

P199: Correlates of Persistent Post-concussive Symptoms: Results from a Nationally Representative Cohort of Canadian Armed Forces Personnel

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Introduction: Traumatic brain injuries are a significant concern across military populations and consequences can be long-lasting and associated with complex physical and psychological symptoms and comorbidities. For this study, our aim was to understand the prevalence and correlates of persistent post-concussive symptoms (PPCS) among active duty members and Veterans in the Canadian Armed Forces.

Methods: The sample (n = 2,941) was from the 2018 Canadian Armed Forces and Veterans Mental Health Survey, a 16-year follow-up study of members who served in the Regular Force and were originally surveyed in the 2002 Canadian Community Health Survey—Canadian Forces Supplement. In 2018, 65% of the 2002 sample transitioned from active service to veteran status. Correlates of PPCS were analyzed with unadjusted and adjusted logistic regression models.

Results: Persistent post-concussive symptoms were associated with lower rank, having released from service, land uniformed environment, younger age, and shorter length of service. Individuals with PPCS were significantly more likely to have co-occurring mental disorders, chronic pain conditions, less adaptive coping styles, sleep difficulties, lower self-rated health, lower life satisfaction, and a reduced feeling of community belonging.

Conclusion: Findings identified individuals with the highest odds of experiencing PPCS. Those with PPCS, compared to those without, had a higher prevalence of co-occurring symptoms and conditions, including mental disorders, chronic pain conditions, and poor psychosocial functioning. Implications include the need for interdisciplinary care to diagnose and manage complex symptoms and comorbidities, and attention to intervention and prevention efforts, involving psychoeducation, to target modifiable psychosocial factors.

P201: Estimating the Societal and Economic Impact of Poor Transitions from the United Kingdom Armed Forces

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Introduction: Around 15,000 people leave the United Kingdom (UK) Armed Forces each year. While most transition successfully, a minority experience adverse outcomes including unemployment, poor mental health, harmful drinking, homelessness, and justice system involvement. These outcomes affect Service leavers and families and impose costs on government and the third sector, yet their economic impact is poorly understood. This economic modelling study estimates the cost of adverse outcomes to government and the third sector in the four years following discharge, updating earlier Transition Mapping Studies (2013, 2017).

Methods: Using data from the England and Wales Census, Office for National Statistics, UK Ministries of Defence and Justice, King's Centre for Military Health Research, local government, and published literature, we estimated the prevalence of six adverse outcomes (unemployment, common mental disorders, harmful drinking, criminal offending, imprisonment, and homelessness) and the cost per affected individual. For each outcome, year (2025–2030), year since discharge (1–4), and gender, we estimated the number of affected Service leavers by applying prevalence rates to the expected number of Service leavers. To capture uncertainty and variation in how individuals experience costs, we use Monte Carlo simulations and probabilistic samples of costs from a PERT distribution.

Results: We estimated the total cost of poor transitions in 2025 as £258 million (95% credible interval: £63–546 million), with this cost varying due to symptom severity, help-seeking behaviour, and treatment received. This equates to £3,500 per Service leaver, though costs will be concentrated among those facing the most severe challenges and most Service leavers incurring no costs at all. Criminal offending and harmful drinking are the largest cost drivers, accounting for 40% and 26% respectively. Notably, common mental disorders are the most prevalent outcome (~16,500 Service leavers affected), yet criminal offending (~3,600 affected) generates the highest cost. Our projections suggest costs will remain stable through 2030 without targeted intervention.

Conclusion: Most Service leavers transition successfully. However, by quantifying the costs of poor transition, this research supports policy makers and service

providers in targeting resources toward programmes addressing the causes of poor transition. Nevertheless, key data gaps remain, including outdated data on drug dependency and the prevalence of financial insecurity, and limited understanding of when outcomes emerge post-discharge, which all highlight the need for further research in this area.

P204: Top 10 Priorities for United Kingdom Veterans Health Research: A James Lind Alliance Priority Setting Study with Veterans, Families and Healthcare Professionals

Van der Zande, Marieke, PhD[1]; Patel, Nikil, PhD[1]

[1]Ministry of Defence (UK)

Introduction: To ensure that people who have served in the UK armed forces, and their families and carers, get the support they need, the James Lind Alliance method for Priority Setting was used to identify the top 10 unanswered questions about veterans' health.

Methods: Firstly a steering group was initiated to set up and oversee the project. Secondly veterans, carers, and families shared the questions and comments that mattered to them about physical and mental health and wellbeing of veterans, families and carers, in the form of a national survey (Survey 1). Thirdly the questions were summarised by the information specialist and reviewed by the steering group ensuring they accurately reflected respondents' questions (Refinement). Fourthly the remaining unanswered research questions were shortlisted in a second national survey (Survey 2). Finally the resulting questions and comments were prioritised in a priority setting workshop, forming the final top 10 priorities for veterans' health research.

Results: In Survey 1, 1052 respondents (from all four UK nations) shared their questions about veterans' health (886 veterans; 75 family members; 65 healthcare professionals; 26 others). Demographic data showed diverse age, gender, ethnic and service backgrounds, and healthcare professionals across the four UK nations and various service types, commissioning and charitable sector. Fifty-six summary research questions were shortlisted by 868 respondents as part of Survey 2. The 26 resulting shortlisted questions were discussed in the workshop by 28 participants including veterans, family members and carers, healthcare professionals and charity representatives, who agreed on the Top 10 priorities for Veterans Health. The priorities cover questions around improving access and help seeking; innovations to detect, treat and manage mental health; meeting ex-servicewomen's and family members' needs; preventing health problems through additional transition support; joining up of care by healthcare and charity services; and learning from those with good mental health.

Conclusion: The top 10 priorities for veterans' health research were agreed with involvement from 1,000+ veterans, their families and carers, and healthcare professionals. Addressing the priorities demands encouraging researchers and funders, as well as policy makers, healthcare commissioners and charities to consider, share and align with these. The priorities are focusing cross-government collaboration on veterans' concerns; they have informed research funding for veterans' health research for the first time by the National Institute for Health and Care Research. Further cross-government research is in progress to review and where sufficient evidence is available, synthesise the research evidence around the priorities.

P205: Health Innovation Fund Research for United Kingdom Veterans: Outcome and Impact Mapping of 22 Projects Furthering Innovation in Veteran Health

Van der Zande, Marieke, PhD[1]; Patel, Nikil, PhD[1]

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Program/Intervention Description: The UK government invested £5 million from 2022 in 22 research projects led by university, industry and charitable sector organisations to drive forward innovation in techniques and pathways for meeting veterans' physical and mental health needs, and to ensure their care is informed by the latest research.

Evaluation Methods: Impacts and outcomes of the 22 innovation projects are assessed, including number of veterans who may benefit from the innovation; contributions to research capacity – both in attracting researchers from outside of veterans research, and enabling veterans researchers to develop innovations; attracting additional funding to innovations on veterans' health; and potential for impact on wider research, management and treatment of health conditions, and policy. In addition, barriers and facilitators to successfully delivering benefits to veterans' health are mapped.

Results: Preliminary findings show 3000+ veterans were involved in the studies, with around half of the projects bringing in expertise from outside the veteran research community, contributing relatively new methods. Two projects informed clinical guidelines or pathways, two produced mobile appli-

cations that are being considered by national health services for wider use, and eight projects produced technologies that show initial effectiveness but would need further research. Moreover, eight projects improved understanding of outcomes related to amputee bone health, surgical interventions; and veterans' needs around assistive technologies, care pathways for ex-servicewomen, suicidal ideation, visual hallucinations, and brain health. Effective cross-organisational collaboration, especially where the collaboration was new, permissions from healthcare trusts or others, changes in supplier of technologies or software, and recruitment challenges particularly for researchers less familiar with veterans research were encountered. Facilitators included previously established collaborations, collaborations including clinicians working closely with veterans, use of co-design approaches with close involvement from veterans, effective investigator leadership, and involving veteran organisations for recruitment.

Conclusion: Preliminary mapping of impact from this large investment in veterans health innovation shows that while most technologies need further research to understand effectiveness projects have furthered understanding of veterans health needs and around half produced technologies with good initial feasibility. Co-design approaches where veterans were involved in adapting existing interventions showed particular initial effectiveness and acceptability. While bringing in experts from wider research communities outside of veterans research contributed innovations with relevance to veterans, close collaboration with veteran organisations for participant recruitment and established collaborations including those working closely with veterans were important for project impact.

P207: Non-Canadian (Foreign Service) Veterans in the Canadian Longitudinal Study on Aging: A Cohort Profile

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Introduction: Veterans residing in Canada are a heterogeneous population. Although there is research on individuals who served in the Canadian Armed Forces, far less is known about Veterans who served in the military forces of other countries (i.e., Non-Canadian Veterans) who have since immigrated to Canada. The Canadian Longitudinal Study on Aging (CLSA) offers a unique opportunity to identify and describe this understudied group within a large, population-based cohort of middle-aged and older adults.

Methods: Using data from the CLSA Baseline (2011-2015), we describe sociodemographic, military, and health characteristics of Non-Canadian Veterans in the CLSA in comparison to Canadian Veterans and Non-Veterans.

Results: At CLSA Baseline, 4,467 participants responded affirmatively to a set of Veteran Identifier Questions indicating prior military service. Of these, n=909 (20.3%) reported having served in the military forces of a country other than Canada (e.g., United States, France, etc.), with the remainder reporting service in the Canadian Armed Forces. Compared with Canadian Veterans and Non-Veterans, Non-Canadian Veterans were generally older and predominantly male. Among Non-Canadian Veterans, service was most commonly reported in the Army (54.0%), followed by the Air Force (20.6%), and Navy (12.8%); an additional 5.7% reported service in the reserves. Service era spanned a wide historical range, with enlistment dating back to the Second World War (as early as 1942), and release from service extending to 2008. The most frequently reported countries of service were the United Kingdom (31.7%), United States (12.9%), France (8.5%), Netherlands (5.3%), and Germany (2.4%). As expected, the vast majority (95%) of Non-Canadian Veterans reported being immigrants to Canada compared with 8.8% of Canadian Veterans and 14.9% of Non-Veterans. In prior work, we estimated that 185,548 (95% CI: 165,713-205,100) Non-Canadian Veterans aged 45-85 years were living in Canada between 2011 and 2015. At CLSA Follow-Up 1, there were 769 Non-Canadian Veterans, decreasing to 638 at Follow-Up 2.

Conclusion: The CLSA includes a sizeable group of Non-Canadian Veterans whose characteristics and health trajectories have received little attention within Canadian Veteran research. This cohort profile provides an important foundation for future studies examining aging and the long-term health impacts of military service among Non-Canadian Veterans in Canada. We hope this work encourages researchers to explicitly identify and include Non-Canadian Veterans as a distinct analytic subgroup in studies of aging and Veteran health. Improved understanding of this population may help advance more inclusive Veteran health research and better inform policy and service planning.

OTHER POPULATIONS

OTHER POPULATIONS

PRIMARILY MENTAL HEALTH AND WELL-BEING

Poster Presentations

P156: Investigating Automatic Attentional Biases Underlying Posttraumatic Stress Disorder and Cannabis Use Disorder Co-Occurrence

Murray, Nicholas, MSc[1]; DeGrace, Sarah, PhD[1]; Burke, Melissa, BSc[1]; Bossom, Isabella, MA[1]; Ethier-Gagnon, Mikaela, MSc[1]; Klein, Raymond, PhD[1]; Stewart, Sherry, PhD[1]

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Introduction: Posttraumatic stress disorder (PTSD) and cannabis use disorder (CUD) co-occur at rates five time higher than chance. An integrated self-medication/attentional bias model suggests that when cannabis users with trauma histories are exposed to trauma reminders, their attention may shift to and become stuck upon cannabis cues, increasing cravings and behavioural intentions to use. Cannabis use to cope with negative affect and symptoms elicited by trauma reminders may, in turn, reinforce these attentional biases, which could help explain why PTSD and CUD commonly co-occur. The present project seeks to test the integrated self-medication/attentional bias model of PTSD-CUD co-occurrence, using a personalized cue reactivity paradigm and an Addiction Stroop Task in a sample of 50 cannabis users with trauma histories.

Methods: At the time of submission, 17 participants have completed both sessions of the study. In Session 1, participants completed questionnaires and a semi-structured interview to generate personalized trauma and neutral scripts. In Session 2, participants were exposed to trauma and neutral cues, each followed by an Addiction Stroop task containing cannabis-related and neutral words. Linear mixed models were used to assess cue reactivity, craving, and attentional bias, while accounting for participant-level clustering and overall reaction time.

Expected Results: Trauma cue exposure increased negative affect ($\beta = 0.75$, $p < .001$) and cannabis craving ($\beta = 0.57$, $p < .001$) and decreased positive affect ($\beta = -0.66$, $p < .001$), consistent with cue reactivity effects. However, decreases in positive emotion significantly predicted increases in cannabis craving following trauma cue exposure ($\beta = 0.50$, $p = .045$), whereas increases in negative affect did not ($\beta = -0.15$, $p = .51$).

With respect to attentional biases, PTSD symptoms and cue exposure interacted, such that PTSD symptoms predicted larger cannabis attentional biases following trauma cue exposure ($\beta = 0.51$, $p = .034$) but not following neutral cue exposure ($\beta = -0.09$, $p = .70$). The relationship between PTSD symptoms and attentional biases may therefore depend upon trauma reminder context.

Conclusion: These preliminary findings suggest that decreases in positive emotion drive cannabis craving following trauma cue exposure. In addition, PTSD symptoms appear to amplify attentional biases in the presence of trauma cues, highlighting an interaction between symptom severity and situational context. If results hold up in the full sample, they suggest that interventions combining trauma reminder exposures and attentional bias modification trainings could target cannabis-related attentional biases as a maintaining mechanism underlying PTSD-CUD co-occurrence.

P162: Cannabis Craving during the Anticipation of a Trauma Reminder: The Roles of Cannabis Coping Motives and Anxiety Sensitivity

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Introduction: Posttraumatic stress disorder (PTSD) is associated with increased cannabis use, often as a means of coping with trauma-related distress, in both military and veteran as well as civilian populations. Previous work showed that PTSD symptom severity predicts trauma cue-elicited cannabis craving via coping motives. Trauma-exposed individuals may also experience heightened craving in anticipation of potential traumatic cue exposure due to increased negative affect and PTSD symptoms. We thus extended previous work by examining whether cannabis coping motives mediate the relationship between PTSD symptom severity and negative anticipation elicited (NAE) cannabis craving. We then examined whether anxiety sensitivity (AS; fear of anxiety sensations) moderates this model.

Methods: A sample of 202 trauma-exposed, cannabis-using adults (including but not limited to military and veteran participants) completed validated measures of PTSD symptoms, cannabis coping motives, AS, and cannabis craving after being warned they might be asked to recall a personal trauma.

Results: Coping motives mediated (explained) the association between PTSD symptom severity and NAE cannabis craving, replicating and extending prior findings. AS was positively correlated with PTSD symptom severity and coping motives but did not intensify the link of PTSD with coping motives for cannabis use. Additional analyses indicated that AS predicted NAE cannabis craving indirectly via PTSD symptom severity and, in turn, cannabis coping motives. The mediation model accounted for more variance in relief-oriented (43%), than in reward- (10%) or compulsivity-oriented (27%), craving.

Conclusion: Findings suggest that coping-motivated craving may be particularly relevant to anticipatory, relief-oriented cannabis craving in trauma-exposed individuals. Applicability of the findings to understanding links of PTSD with substance use problems, and relevance to military members, veterans and their families will be considered.

P164: Examining the Interplay between Help-seeking, Self-stigma, and Public Stigma among Cadets of the Royal Military College of Canada

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Introduction: Despite growing research on mental health stigma and help-seeking, little is known about how these processes operate in military college settings. This study examines the relationship between public stigma, self-stigma, and help-seeking intentions among students at the Royal Military College of Canada (RMCC).

Methods: A cross-sectional online survey was completed by 186 students enrolled in the Regular Officer Training Program (ROTP). Participants completed standardized measures of self-stigma of seeking help, social stigma for receiving psychological help, and intentions to seek help from formal and informal sources. Data were analyzed using mediation analyses.

Results: High public stigma was positively associated with high self-stigma, and both were negatively related to help-seeking intentions. Self-stigma fully mediated the relationship between public stigma and help-seeking intentions, indicating that social attitudes may reduce willingness to seek help primarily through internalization. Participants reported significantly greater intentions to seek help from informal rather than formal sources. Women reported lower self-stigma than men, although no significant gender differences emerged for public stigma or overall help-seeking intentions.

Conclusion: These findings suggest that self-stigma is a key barrier to help-seeking in this population and that informal support networks may function as a preferred avenue of support among RMCC students. The study contributes new evidence from a previously unexamined military college context. The current study highlights the importance of future interventions that reduce internalized stigma while addressing institutional and cultural barriers to formal help-seeking. Findings should be interpreted in light of the study's cross-sectional, self-report design with the potential for sampling bias.