



**ATLAS  
INSTITUTE**  
FOR VETERANS AND FAMILIES

*April 2026*

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**SUMMARY REPORT**

# ROUNDTABLE ON THE HEALTH AND WELL-BEING OF FRANCOPHONE VETERANS AND THEIR FAMILIES

Shared insights and potential avenues for action  
shared by interest holders from the Francophone  
Veteran and Family ecosystem in Montréal

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# SUMMARY

On December 2, 2025, the Atlas Institute for Veterans and Families hosted a Francophone roundtable in Montréal, QC, bringing together participants from key organizations in the Francophone Veteran and Family ecosystem, including Veterans, Family members, researchers, clinicians and intermediary organizations. This consultation, held in the form of World Café sessions and small-group discussions, aimed to explore the specific mental health and well-being issues facing Francophone Veterans and their Families.

*Francophone Veterans represent about one-quarter of the Canadian Veteran population, yet French-language services across the Veteran and Family ecosystem – including health care, mental health, transition support and community-based organizations – remain insufficient to meet their needs. This gap is particularly pronounced outside Quebec, where Francophone Veterans and Families navigate systems designed primarily in English.*

## HIGHLIGHTS FROM DISCUSSIONS

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Participants identified several possible actions for the Atlas Institute to consider:

- Bridging practice-based knowledge and experience and public policies
- Ensuring knowledge is translated into concrete actions
- Adapting and raising awareness of the Atlas tools that remain little-known
- Developing French-language first-person resources such as blogs and podcasts that speak to the lived experience of Francophone Veterans and Family members
- Creating a community of practice that brings together key Francophone interest holders

## WHAT WAS SHARED

The gap between what is offered and reality	Impact on mental health and well-being	Translation does not equal cultural adaptation	Underutilized Francophone expertise	Funding imbalance
<p>The offer of appropriate French support exists on paper, but not always in reality. Selecting “French” does not guarantee the quality or authenticity of the service – and when the support is offered, it may be less complete or adapted than its Anglophone counterpart. This gap between what is being offered and the lived experience can erode trust.</p>	<p>Not being able to express oneself in one’s first language can lead to isolation, distress and alienation and may even increase the risk of suicidal ideation.</p> <p>When the words to express one’s suffering come only in French, having to do so in English becomes another obstacle.</p>	<p>A translation-alone approach can lead to loss of meaning, misinterpretation and lack of cultural relevance. When tools are simply translated rather than co-developed, Francophone Veterans and Families may struggle to identify with them, which compromises the relevance and effectiveness of these tools.</p>	<p>Francophone expertise – research, practice-based and lived – does exist, but is not systematically consulted. There is no established practice to involve them in the development of tools and services that are national in scope, which contributes to strengthening a parallel system rather than equitable integration.</p>	<p>Notable example: 2% of the Veteran and Family Well-being Fund<sup>1</sup> is allocated to serve 23% of the Veteran population. This structural imbalance limits the capacity for action in Quebec and for Francophones across the country.</p>

# CONTEXT

## ATLAS INSTITUTE FOR VETERANS AND FAMILIES

Atlas was created to address a need expressed by Veterans themselves for a more efficient and streamlined service system. Veterans have also advocated since the Atlas Institute's inception for Families to be included in the organization's mission, recognizing that the well-being of Veterans is inseparable from that of their loved ones.

The activities of the Atlas Institute include conducting and funding research, developing resources, coaching and training service providers, bringing interest holders together to share knowledge and advance practice, and working with the Veteran and Family community to influence, inform and respond to public policy issues through the sharing of evidence-based information and research recommendations.

Within this context, Atlas recognizes the importance of ensuring the equitable engagement of Francophone Veterans and their Families in order to develop a more complete understanding of their realities and to deepen reflection on how culture and language shape their transition and recovery trajectories. This roundtable is one step in improving the care system for Veterans and their Families.

## VETERAN PROFILE IN CANADA

Based on the most recent data (2021–2022), Canada's Veteran population is as follows:



## FRANCOPHONE VETERANS

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FRANCOPHONE  
VETERANS

25 %

Data on Francophone Veterans vary by source.

According to the 2021 Canadian Census of Population, 25.4% of Veterans have French as their first language (112,830 out of 444,520)<sup>2</sup>. The 2022 Canadian Veteran Health Survey (CVHS)<sup>3</sup> and the same year's Veterans Affairs Canada (VAC) National Survey both show 23.8%<sup>4</sup>. The 2024 cycle of the CVHS identifies 80,680 Francophone Veterans out of approximately 378,000 (21.3%)<sup>5</sup>. Despite these variations, the estimates remain homogeneous: Francophones represent about one in four Veterans.

## LANGUAGE STRUCTURE IN THE CAF

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In 2018, the CAF had 55 French-speaking units<sup>6</sup> designated as French-language units (FLUs), where French is the daily language used. They are mainly concentrated in Québec City, Saint-Gabriel-de-Valcartier and Lévis<sup>7</sup>. In these units, French is both the language of command and the official language of work (LoW)<sup>8</sup> – embedding it at every level of institutional culture.

The rest of the Francophone service members primarily work in English across the country<sup>9</sup>. These service members navigate their careers mainly in English, even though they identify as Francophones.

## LANGUAGE STRUCTURE IN THE RCMP

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There is no designated Francophone unit within the RCMP. All members are trained at the Depot Division in Regina, SK. The linguistic distribution of positions are as follows: 81% of positions require English only and fewer than 1% require French only<sup>10</sup>.

The RCMP "C" Division (Quebec) is the main operational division in which French is the predominant language of work, although the RCMP has experienced challenges in ensuring linguistic equality, with "English essential" positions even within this division. Francophone members are therefore scattered across Canada, in work environments that are predominantly Anglophone.

## PRELIMINARY RESEARCH DATA

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André Lauzon, PhD, Senior Research Associate at the Atlas Institute, presented preliminary data from the Atlas-led *Thriving after service* study, collected as of September 18, 2025, from 287 respondents. This study, which is still ongoing, provides initial insights into the language experiences of Francophone Veterans.

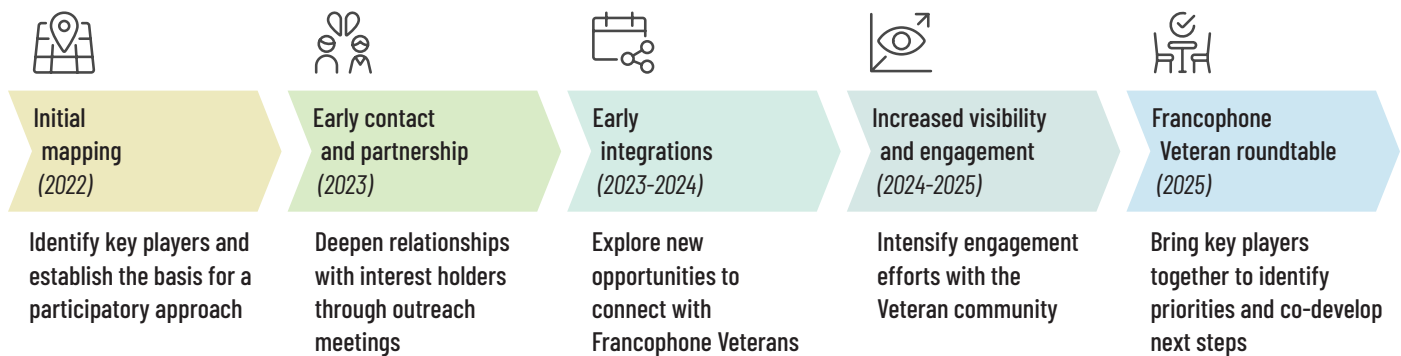
Emerging data reveal a significant gap between Francophone identity and actual language use, suggesting that identifying as Francophone does not necessarily translate into daily use of the language. This raises questions about what facilitates or complicates maintaining the practice of French during and after service and about the consequences for health and well-being.

# COMMUNITY ENGAGEMENT STRATEGY

## ADVANCING THE ATLAS INSTITUTE'S FRANCOPHONE ENGAGEMENT (2022-2025)

The Atlas Institute's engagement with the Francophone Veteran community has gradually developed since 2022, through a period of intentional relationship-building and continuous learning. This work has led to a better understanding of the levers, obstacles and gaps experienced by the Francophone Veteran and Family community, an understanding that has deepened through conversations and outreach meetings. This three-year journey illustrates a deliberate approach: working from the ground up, building trust and amplifying Francophone voices at decision-making tables. It reflects a sustained commitment to showing up consistently and demonstrating through action that Francophone perspectives matter.

## ADVANCING ATLAS'S COMMITMENT TO FRANCOPHONE VETERANS AND THEIR FAMILIES



## METHODOLOGY: AN END-TO-END PARTICIPATORY APPROACH

The Atlas Institute designed this roundtable on the fundamental principle that those most affected by an issue must be involved not only in the discussions, but also in shaping the initiatives that concern them. This means actively engaging Francophone Veterans, their Families, and those with lived experience at every stage – from design to implementation.

Prior to setting the meeting parameters, a planning survey was sent out to key interest holders and partners who had expressed an interest in this work since 2022. The survey asked them to comment on the desired format, meeting location, possible dates and preferred time frame. Respondents were also invited to prioritize the themes to be addressed together, describe what would make the event meaningful for them and define their success criteria. Decisions were then made based on the responses received, ensuring that the event met the expectations and needs expressed by the participants themselves.

This participatory approach<sup>11</sup> is rooted in humble inquiry and co-creation, where people are actively involved in decisions that affect them rather than being consulted on predetermined options.

*Note on translations of quotes: This roundtable event was conducted in French and all participants' quotes have been translated into English by the Atlas Institute. To ensure transparency, the original French text is provided following the English translation.*

## PLANNING SURVEY

The planning survey was sent to key network members who had expressed an interest in this work throughout the outreach phase, collecting 13 complete responses.

### HOW RESPONDENTS IDENTIFIED THEMSELVES



### PRIORITY THEMES IDENTIFIED FOR THE ROUNDTABLE

1

Explore lived experiences of Francophone Veterans and their Families

2

Explore what access to services in French actually looks like

3

Understand the impact of language contexts on Families

4

Assess what we currently know

## WHO WAS AT THE TABLE?

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The roundtable brought together 19 participants from 11 different organizations. The diversity of profiles present was essential to obtaining a comprehensive understanding of the issues.

### **Interest holder groups present:**

- Francophone Veterans of the CAF
- Francophone Veterans of the RCMP
- Family members of Francophone Veterans
- Researchers and academics specializing in Veteran health
- Service providers and clinical practitioners
- Representatives from community organizations serving Veterans
- Representatives of national research institutes

The diverse representation of Veterans, Families, researchers, clinicians and community-based organizations at the roundtable brought forward issues from multiple perspectives, generating insights that reflect the complex identities of Francophone Veterans and their Families and their experiences within the health care system.

# OBJECTIVES OF THE ROUNDTABLE

This roundtable was part of a broader effort by Atlas to engage Francophone communities and to better understand our role within them. There were four main objectives, developed from the priorities expressed by participants in the planning survey.

## 1 EXPLORING LIVED EXPERIENCES

**EXPLORING** the lived experiences of Francophone Veterans and their Families was at the heart of this meeting and the topic of most interest to survey respondents. This priority reflects a pressing need as there have been few national conversations on these realities. Engaging with this community also means honouring their sacrifices and gaining a better understanding of how their experiences of transition and recovery from service can be marked by distinct realities.

## 2 IDENTIFYING LANGUAGE CHALLENGES

**IDENTIFYING** specific language-related barriers in accessing care and support resources. In the civilian context, the scientific literature shows that Francophone minority communities face linguistic barriers in accessing care and a cumulative set of minority experiences. Furthermore, the Office of the Veterans Ombudsman has recognized<sup>12</sup> that Francophone Veterans have historically faced inequities when receiving services from VAC due to language.

## 3 EXAMINING CURRENT TOOLS AND APPROACHES

**EXAMINING** whether translated clinical tools adequately meet the needs of Francophone Veterans and their Families. Research indicates that during their service, Francophones may experience negative experiences related to their mother tongue within the CAF<sup>13</sup>. The issue of cultural adaptation of tools – beyond simple translation – was at the heart of this objective. A tool translated word-for-word can lose its meaning, contain errors and give the impression of a lack of consideration toward Francophones.

## 4 IDENTIFYING NEXT STEPS

**IDENTIFYING** actions and the role that Atlas, among others, can potentially play in improving the situation – including available levers and actionable opportunities – and building a clearer picture of the scope of the issues and the broader landscape of actors and initiatives.

## METHODS

The planning survey identified the preferences of the participants regarding the meeting format. The World Café format was chosen to combine the two most popular formats: thematic roundtables and small-group discussions. The reflections were recorded on flip charts and then posted on the walls for collective prioritization using stickers. Participants were also able to add any perspective they felt was missing.

### WORLD CAFÉ



- Foster exchanges between diverse perspectives
- Further discuss the themes identified in the survey
- Four roundtables, 20 minutes, three rotations
- Allow participants to contribute to multiple roundtables according to their interests
- Develop shared findings and collective priorities

### FLIP CHARTS



- Record group thoughts during discussions
- Accumulate notes over the three rotations (each group added to the same page)
- Post the observations on the walls for group consultation during breaks
- Allow participants to add thoughts for collective prioritization

### SUMMARY PLENARY



- Identify and validate cross-cutting themes
- Explore the projects, ideas and perspectives that resonated most
- Identify what could have been overlooked
- Discuss the role of Atlas and possible collaborations
- Develop common directions for the future

### INDIVIDUAL VOTES



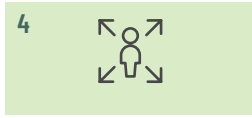
- Allow each participant to express their priorities individually
- Identify the most important observations for the group
- Highlight opportunities that could have been overlooked
- Collectively validate the observations prior to event closure

## RESULTS

Participants used their individual stickers (five per person) during the event to mark the statements on the flip charts that resonated most with them. Here are the contributions that garnered the most votes:



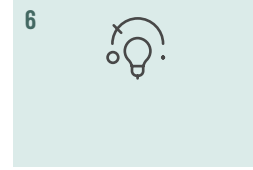
3  
Insufficient translation of knowledge into concrete actions



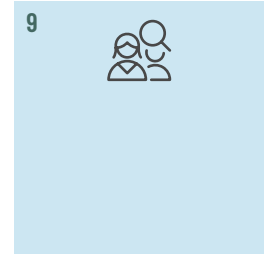
4  
Lack of support to reach Veterans and Families in minority contexts



5  
A translation-only approach can lead to a loss of meaning, diagnosis errors and a perceived lack of willingness



6  
Ensure that available evidence reaches decision makers



9  
Francophone subject matter experts are not used, are little-known or current established practices do not mobilize them

### THEME 1: THE GAP BETWEEN THE STATED OFFER AND REALITY

“ It is common for a service to be advertised as bilingual, but often the choice of language does not really exist. It’s not true, the offer is not there. ”

– PARTICIPANT

« Il est courant qu’un service soit affiché comme étant bilingue, mais souvent, le choix de la langue n’est en fait pas là. Ce n’est pas vrai, l’offre n’est pas là. » (Original Quote)

A recurring observation emerged from the discussions: Across the ecosystem of services and support available to Francophone serving members, Veterans and their Families – including government programs, community organizations, clinical support and knowledge resources – services may appear to be offered in French, but the reality is quite different. Participants reported that checking the “French” box on a form does not guarantee a truly Francophone service.

In Valcartier (the CAF’s largest French-language base), access to care and language barriers are not seen as a major problem – the problem is elsewhere in the country. On many bases, there is

no service in French and no services for Families either. Even the larger bases have few resources in French.

Participants noted that they have difficulty reaching Francophone VAC employees, which creates additional challenges for Veterans trying to access services. Participants shared that many clinics do not have Francophone health care providers – Veterans must travel very long distances to obtain services in their language.

In Canada, the lived experiences of Veterans and their Families vary significantly across the country, shaped by local and provincial supports, demographics, geography and other factors. Resources created with a national scope in mind do not always connect with these diverse contexts. Participants expressed this disconnect directly, noting that tools developed by national organizations – including those headquartered in Ottawa – “do not [always] reach them” and are not adapted to their local realities. Francophone interest holders subsequently develop their own solutions locally in response to the inadequacy of resources available in French, contributing to a more fragmented support system for Francophone Veterans, with local actors filling the gaps where national resources do not meet their needs.

## THEME 2: TRANSLATION DOES NOT EQUAL CULTURAL ADAPTATION

 *Many tools are translated without being culturally adapted, so Francophone Veterans don't see themselves reflected in them. Otherwise, they look for Francophone tools that are not adapted to the culture and military experience.* 

– PARTICIPANT

*« Il y a beaucoup d'outils traduits sans être traduits culturellement, donc les vétérans francophones ne se reconnaissent pas. Sinon, ils vont chercher des outils francophones mais qui ne sont pas adaptés à la culture et au vécu militaire. » (Original Quote)*

The issue of translated clinical tools was a hot topic of discussion. Participants stressed that translating a tool is not enough. Cultural adaptation is necessary for Francophone Veterans to see themselves reflected in it. When translation is the only step – performed at the end of a resource development, without cultural review – it often results in loss of meaning, misinterpretation and a sense that Francophone users were not fully considered. Word-for-word is not enough.

The roundtable did not specifically address the validity of the clinical tools currently in use with the Francophone Veteran population – but the question arises. In the absence of genuine cultural adaptation or co-development, their validity – not merely in translation, but in what they were originally designed to measure – is a question that warrants further exploration.

Some participants shared that upon returning to Quebec, some Veterans receive revised diagnoses from Francophone clinicians, a documented phenomenon in Canada<sup>14</sup>. They attributed the original misdiagnosis to the language barrier while the Francophone Veteran was serving in an Anglophone context: Veterans may be unable to fully express the depth and complexity of their experiences in English and English-speaking clinicians may be unable to fully grasp what the Veteran means to communicate. In those cases, a more complete clinical picture emerges only when Veterans can speak about their experiences in French.

Participants also cautioned against using artificial intelligence for translation, noting that even seemingly minor errors can have real impact. They shared examples of official documents where translation errors made the French version difficult to understand, leaving Francophone readers to rely on the English version to grasp the intended meaning. Such errors in official documents undermine credibility and send a message of disregard toward Francophone Veterans and their Families.

Participants proposed that by developing resources and tools directly in French from the outset, co-creation could help resolve the recurring gaps in cultural relevance, meaning and representation that translation alone cannot address. Where existing English resources require translation, cultural adaptation remains preferable to translation alone.

## THEME 3: FRANCOPHONE EXPERTISE IS LARGELY UNDERUTILIZED

This was the contribution that garnered the most votes during the individual prioritization exercise, reflecting how strongly it resonated with participants. They emphasized that Francophone expertise – research, practice-based and lived – exists in Canada but is not systematically consulted, remains little-known or is simply not reflected in established practices when developing resources and services of national scope.

“ Francophone experts are not used, little known or there is no established practice of using them. ”

– PARTICIPANT

« Les experts francophones ne sont pas utilisés, peu connus, ou pas un réflexe de les utiliser. » (Original Quote)

An important observation was made about the “Anglophone default”: There is an automatic tendency to do things in English first “because it’s easier.” This default tendency must be consciously overcome to ensure linguistic equity and equal health outcomes for Francophone Veterans and their Families.

This underutilization of Francophone expertise represents a loss of resources and knowledge and perpetuates gaps in the equitable care and support of Francophone Veterans and their Families.

Participants also highlighted the underrepresentation of the Francophone reality in research in general. This systemic gap limits the understanding of issues specific to Francophone Veterans and consequently, the ability to develop appropriate interventions.

#### THEME 4: IMPACT ON MENTAL HEALTH

“ I went to see an English psychiatrist. It was difficult to describe my traumatic experience. I couldn’t find the right words in English. The energy required is considerable, it shrouds the emotional side, it can minimize the situation. ”

– PARTICIPANT

« J’ai rencontré un psychiatre anglais. C’était difficile de décrire mon expérience traumatisante. Je ne trouvais pas les bons mots en anglais. L’énergie requise est considérable, ça occulte le côté émotionnel, ça peut minimiser la situation. » (Original Quote)

The energy required is considerable, it shrouds the emotional side, it can minimize the situation.” (« J’ai rencontré un psychiatre anglais. C’était difficile de décrire mon expérience traumatisante. Je ne trouvais pas les bons mots en anglais. L’énergie requise est considérable, ça occulte le côté émotionnel, ça peut minimiser la situation. »)

Participants raised the question of whether suicide rates may be higher during periods of language crisis. It was one of many topics carrying both clinical urgency and research relevance that were surfaced during the roundtable — a three-hour conversation that opened many avenues for discussion without being able to pursue them with the depth they deserve. In keeping with the epistemic lens of this report, it is documented here as it arose. The topic of suicidality in Francophone Veterans and Families warrants further exploration.

The richness of the French lexicon was emphasized: In the participants’ experience, French makes it possible to express emotional nuances that English does not convey with the same precision. For example, “I’m angry” in English corresponds to several French terms with distinct intensities: fâché, en colère, enragé. In therapy, these nuances are essential for proper diagnosis and treatment.

Participants shared the profound impact that language barriers can have on the mental health of Francophone Veterans and described their lived experience of how not being able to express oneself in one’s first language during a crisis can set off a tragic chain of events, where not feeling heard or understood deepens a sense of isolation that contributes to distress. Some participants described this experience in their own words: “You get pushed aside,” and shared that this cascade can contribute to the development of suicidal ideation. Research confirms that indicators such as suicide attempts remain less favourable for civilian Francophones in minority situations compared to the Anglophone majority<sup>15,16</sup>.



One participant shared their experience with an English-speaking psychiatrist:

“I went to see an English psychiatrist. It was difficult to describe my traumatic experience. I couldn’t find the right words in English.

Beyond the Quebec/non-Quebec distinction, participants noted that there are significant regional and provincial variations (e.g. New Brunswick, Abitibi-Témiscamingue, Montréal). For instance, how one says “yes” differs depending on the region. These variations can be confusing if not accounted for by health care providers.

“In addition to the social stigma of seeking help, there is also the fact that you are a minority.” By default, other minority identities can start to add up: being a woman, being a Francophone, having a mental health challenge. This combination of factors may cause some Veterans to not seek help at all.

## THEME 5: FUNDING IMBALANCE

 *Two percent (2%)<sup>1</sup> of the Veteran and Family Well-being Fund over the next three years is for the 23% of Veterans in Quebec.* 

– PARTICIPANT

*« 2 % du fonds pour le bien-être des vétérans et leur famille pour les trois prochaines années pour 23 % des vétérans au Québec. » (Original Quote)*

A major point highlighted by participants: the lack of adequate community-level support to complement federal funding for Francophone Veterans and their Families in Quebec.

Despite factors such as geography and official languages being considered when approving project applications to the Veteran and Family Well-being Fund to ensure funding is distributed across diverse topics and multiple Veteran subpopulations<sup>17</sup>, participants highlighted this structural funding imbalance – where Quebec’s Veteran population receives a disproportionately small share of

the Veteran and Family Well-being Fund – as significantly limiting the capacity for action for Francophone Veterans in Quebec and across the country. They also discussed a lack of adequate provincial support to supplement this gap.

The resource implications of developing in both official languages were raised: Doing so costs “twice the money, with twice the effort.” However, participants stressed that this requirement should be openly accepted as a condition of equitable service – not perceived as an additional burden to manage.

## ADDITIONAL OBSERVATIONS

### THE SPECIAL SITUATION OF FAMILIES

The discussions highlighted the difficult situation for Families of Francophone Veterans. One striking example shared was that of a deaf Francophone spouse of a serving CAF member. Written communication in French was essential to her staying informed. When official correspondence related to her spouse’s service arrived only in English, she could not understand what was happening, leading to her isolation.

Participants also noted that Families do not have access to military physicians, a broader systemic gap that compounds the challenges faced by Francophone Families in particular. Prior to a posting to a predominantly Anglophone community, they suggested that Francophone Families of CAF and RCMP should have earlier and better access to English language courses, so they can navigate the local system once they arrive.

## CHAPLAINS

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Participants suggested that all military chaplains should be bilingual to be able to create a real connection with Francophone members. These individuals often serve as a first point of contact in situations of distress.

## CHALLENGES OF THE RCMP

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For the RCMP, French as a first language is not seen by participants as an issue in Quebec (aside from challenges with key bilingual positions in Quebec that are held by RCMP members who have little or no knowledge of French), but elsewhere in the country, the situation is more complex. Participants shared how Francophone RCMP members posted outside Quebec often find themselves without any services or support in their language.

## DELAYED IMPACTS ON MENTAL HEALTH

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Participants noted that symptoms can develop much later after service, at a time when Francophone services are no longer available or accessible if the Veteran has moved away from Quebec. One roundtable participant who served 20 years in Ontario shared that they never had access to services in French during their entire career.

## FUTURE DIRECTIONS



Conduct an inventory and cross-sectional analysis of existing mapping resources to identify strengths and gaps



Incorporate Francophone lived experiences and expertise from the outset of projects to co-develop solutions



Reach Veterans from Francophone minority communities with a national participatory platform



Translate current knowledge into practical and easily accessible tools to equip interest holders in the field



### POTENTIAL ROLE AND ACTIONS FOR ATLAS AND SYSTEM PARTNERS

- Ensure the ability to determine language of services listed in the directory of services on the Atlas website.
- Work with Francophone experts to validate the translation of key concepts, as applicable.
- Increase awareness of the Atlas website and its resources among Francophone interest holders.
- Developing French-language first-person resources such as blogs and podcasts that speak to the lived experience of Francophone Veterans and Family members.
- Continue to offer and co-develop mental health training in French that is easily accessible.
- Co-develop a practical guide for Anglophone service providers working with Francophone Veterans and their Families.
- Convene a community of practice of Francophone interest holders.
- Identify areas for relevant public policy influence.

## PROPOSED COLLABORATIONS

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A proposal emerged to bring the three VAC-funded research institutes together to explore the dimensions of language and culture in Veteran mental health:

- Atlas Institute for Veterans and Families
- Canadian Institute for Military and Veteran Health Research (CIMVHR)
- Chronic Pain Centre of Excellence for Canadian Veterans (CPCoE)

These three institutes could also align this work with the Standing Committee on National Defence (NDDN), whose upcoming work will focus on the Francophone experience of service members.

## UPCOMING OPPORTUNITIES FOR CONTINUED ENGAGEMENT

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During the closing plenary, participants and Atlas shared upcoming opportunities that could serve as natural next steps for continued engagement and collaboration on Francophone Veteran issues.

**CIMVHR FRANCOPHONE FORUM** – April 2027 in Montréal, QC: Opportunity to continue the dialogue in French in a research context.

**CIMVHR FORUM** – October 2027 in Ottawa, ON: Opportunity to discuss concrete actions and further engage in roundtable conversations. There is also an opportunity to prepare a workshop on Francophone issues for this forum.

**JOURNAL OF MILITARY, VETERAN AND FAMILY HEALTH:** The journal accepts French-language abstracts. Interested participants may also act as peer reviewers. Dr. Stéphanie Bélanger has committed to sharing the information with participants.

**RCMP DIALOGUE SERIES** – February 2, 2026: Virtual session in French for former RCMP members. The purpose of this session was to gather evidence, identify research priorities and understand issues specific to Francophone RCMP Veterans. A public report will follow this summer.

**PROPOSED NATIONAL STUDY:** Participants suggested there could be benefit in exploring a national study in order to listen to the perspectives that were not represented at the roundtable and to hear from Francophone minority interest holders across the country. Following this data collection, a prioritization exercise could be carried out to truly reflect the opportunities, needs, gaps, obstacles and strengths of Canada's Francophone Veteran community.

# REFERENCES

1. Veterans Affairs Canada. Funding recipients – 2024-2025 : Veteran and Family Well-being Fund [Internet]. Ottawa, ON: Government of Canada [cited 2026 Mar 13]. Available from: [veterans.gc.ca/en/about-vac/research/veteran-and-family-well-being-fund/funding-recipients/funding-recipients-2024-2025](https://veterans.gc.ca/en/about-vac/research/veteran-and-family-well-being-fund/funding-recipients/funding-recipients-2024-2025)
2. Statistics Canada. Table 98-10-0143-01 Linguistic diversity among Canada's military and veteran populations: Canada, provinces and territories, census metropolitan areas and census agglomerations with parts [Internet]. Ottawa, ON: Statistics Canada; 2023 [cited 2026 Jan 21]. Available from: [doi.org/10.25318/9810014301-fra](https://doi.org/10.25318/9810014301-fra)
3. Sweet J, Babe M, Pound T. Canadian Veteran Health Survey 2022 [Internet]. Charlottetown, PE: Veterans Affairs Canada Research Directorate; 2022 [cited 2026 Jan 21]. Available from: [publications.gc.ca/collections/collection\\_2025/acc-vac/V3-1-11-2022-eng.pdf](https://publications.gc.ca/collections/collection_2025/acc-vac/V3-1-11-2022-eng.pdf)
4. Veterans Affairs Canada. 2022 VAC National Client Survey – results [Internet]. Ottawa, ON: Government of Canada; 2022 [cited 2026 Jan 21]. Available from: [veterans.gc.ca/en/about-vac/reports-policies-and-legislation/departamental-reports/2022-vac-national-client-survey/2022-vac-national-client-survey-results](https://veterans.gc.ca/en/about-vac/reports-policies-and-legislation/departamental-reports/2022-vac-national-client-survey/2022-vac-national-client-survey-results)
5. Statistics Canada. 2024 Canadian Veteran Health Survey: Findings on the service to civilian transition – Veteran population by gender and demographic characteristics, Canada (excluding the territories), 2024 [Internet]. Ottawa, ON: Statistics Canada; 2024 [cited 2026 Jan 21]. Available from: [www150.statcan.gc.ca/n1/daily-quotidien/251106/t001b-eng.htm](https://www150.statcan.gc.ca/n1/daily-quotidien/251106/t001b-eng.htm)
6. Théberge R. Notes for an address to the Canadian Forces College: The importance of bilingualism in the Canadian Armed Forces [Internet]. Toronto, ON: Office of the Commissioner of Official Languages; 2018 Apr 12 [cited 2026 Jan 21]. Available from: [clo-ocol.gc.ca/en/newsroom/2018-04-12/notes-address-canadian-forces-college-importance-bilingualism-canadian-armed](https://clo-ocol.gc.ca/en/newsroom/2018-04-12/notes-address-canadian-forces-college-importance-bilingualism-canadian-armed)
7. Canadian Army. Units and formations – 2nd Canadian Division [Internet]. Ottawa, ON: Government of Canada; 2022 [cited 2026 Jan 21]. Available from: [canada.ca/en/army/corporate/2-canadian-division/units-formations.html](https://canada.ca/en/army/corporate/2-canadian-division/units-formations.html)
8. Department of National Defence. DAOD 5039-2, Official languages in the workplace [Internet]. Ottawa, ON: Government of Canada; 2025 Jan 10 [cited 2026 Jan 21]. Available from: [canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5039/5039-2-official-languages-in-the-workplace.html](https://canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5039/5039-2-official-languages-in-the-workplace.html)
9. Assistant Deputy Minister (Review Services). CAF Official Languages Review: A baseline for building capacity [Internet]. Ottawa, ON: Department of National Defence; 2021 [cited 2026 Jan 21]. Available from: [canada.ca/en/department-national-defence/corporate/reports-publications/audit-evaluation/caf-official-language-review.html](https://canada.ca/en/department-national-defence/corporate/reports-publications/audit-evaluation/caf-official-language-review.html)

10. Chevance S. Le projet pilote de la GRC aiderait finalement les cadets francophones [Internet]. Radio-Canada; 2020 May 7 [cited 2026 Jan 21]. Available from: [ici.radio-canada.ca/nouvelle/1700372/grc-projet-pilote-police-federale-cadets-francophones-loi-langues-officielles-bilinguisme-canada-saskatchewan](https://ici.radio-canada.ca/nouvelle/1700372/grc-projet-pilote-police-federale-cadets-francophones-loi-langues-officielles-bilinguisme-canada-saskatchewan)
11. Ziam S, Chouinard LJ, Lanoue S, McSween-Cadieux E, Lane J, Dagenais C, et al. Guide pour structurer la planification et l'évaluation de vos stratégies de mobilisation des connaissances [Internet]. Montréal, QC: Université TÉLUQ; 2024 [cited 2026 Jan 21]. Available from: [36671ce8-37d7-4c16-9292-45ae340934dc.filesusr.com/ugd/27353e\\_6982bcb4d1bb46fc004814624c97af.pdf](https://36671ce8-37d7-4c16-9292-45ae340934dc.filesusr.com/ugd/27353e_6982bcb4d1bb46fc004814624c97af.pdf)
12. Fairness in the services offered to Francophone, women and 2SLGBTQ+ Veterans: Report of the Standing Committee on Veterans Affairs [report no. 7, 44th Parliament, 1st session]. Ottawa, ON: House of Commons Canada; 2022 [cited 2026 Jan 23]. Available from: [ourcommons.ca/documentviewer/en/44-1/ACVA/report-7/page-5](https://ourcommons.ca/documentviewer/en/44-1/ACVA/report-7/page-5)
13. Rubinfeld S, Sowinski C. Barriers to French language use in the Canadian Armed Forces. *Journal of Military, Veteran and Family Health*. 2022;8(s1):94-98. [doi:10.3138/jmvfh-2021-0100](https://doi.org/10.3138/jmvfh-2021-0100)
14. de Moissac D, Bowen S. Impact of language barriers on quality of care and patient safety for official language minority Francophones in Canada. *Journal of Patient Experience*. 2019;6(1):24-32. [doi:10.1177/2374373518769008](https://doi.org/10.1177/2374373518769008)
15. Bouchard L, Colman I, Batista R. Santé mentale chez les francophones en situation linguistique minoritaire. *Reflets*. 2018;24(2):74-96. [doi:10.7202/1053864ar](https://doi.org/10.7202/1053864ar)
16. van Kemenade S, Bouchard L, Savard J. La santé mentale en contexte francophone minoritaire : état des connaissances. *Minorités linguistiques et société / Linguistic Minorities and Society*. 2024(22). [doi:10.7202/1110625ar](https://doi.org/10.7202/1110625ar)
17. Veterans Affairs Canada. Evaluation of the Veteran and Family Well-Being Fund [Internet]. Ottawa, ON: Government of Canada; 2023 [cited 2026 Mar 13]. Available from: [veterans.gc.ca/en/about-vac/reports-policies-and-legislation/departmental-reports/departmental-audit-and-evaluation-reports/evaluation-veteran-and-family-well-being-fund](https://veterans.gc.ca/en/about-vac/reports-policies-and-legislation/departmental-reports/departmental-audit-and-evaluation-reports/evaluation-veteran-and-family-well-being-fund)

## QUESTIONS?

Atlas Institute for  
Veterans and Families

Partnerships and  
Stakeholder Relations

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Although not all participants had the same level of familiarity with the issues discussed, everyone left with new contacts, a better understanding of the system and of ongoing needs. Many informal conversations took place, indicating an interest in staying connected beyond the roundtable. Invitations to collaborate on other projects were offered, suggested or requested by participants. All the participants went away satisfied.

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## DISCLAIMER

*This report was originally developed in French from French-language discussions and reviewed and validated by participants in its original form. It reflects the perspectives and experiences shared by participants at the roundtable on the health and well-being of Francophone Veterans and their Families, organized by the Atlas Institute for Veterans and Families. This English version is a culturally adapted translation. Where adaptation was necessary for clarity, every effort was made to remain faithful to the spirit in which participants shared their contributions. The French version remains the primary reference document.*



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