

IMPACT REPORT 2020





::: TABLE OF CONTENTS

YOU SPOKE, WE HEARD	3
MESSAGE FROM THE PRESIDENT & CEO AND CHAIR OF THE BOARD	4
YOU SPOKE, WE HEARD	7
BRIAN MCKENNA, STRATEGIC ADVISOR - VETERANS	8
LARYSSA LAMROCK, STRATEGIC ADVISOR - VETERAN FAMILIES	10
VETERANS & FAMILIES PRIORITIZE THE WORK	12
Military & Veteran Families Affected By Suicidality	12
Peer Support	14
Intimate Partner Violence	16
Moral Injury Outcomes Scale	18
Service Provider Needs Assessment	20
Research & Knowledge Gap Analysis	22
HIGHLIGHTS	24
Advancing Research	24
Engaging Community	25

I know our kids are affected and I see them struggling.
How do I even begin to have a conversation with them about this and where can we get help for them?

YOU SPOKE, WE HEARD

When I started to talk about my sexual trauma that occurred while I was deployed, my counselor just stared at me. It was uncomfortable and I realized I was screwed. My friend experienced the same blank stare from her counselor when she mentioned that she was part of what happened at Shelburne. It was clear her counselor had no clue what Shelburne was and never heard of the "fruit machine" either.

99

There is no reason that
Veterans and their Families
should each have to do a
blind internet search sifting
through research and
websites to find the answers
to their questions about
PTSD and related mental
health concerns.



MESSAGE FROM THE PRESIDENT & CEO AND CHAIR OF THE BOARD

When the mandate for a Centre of Excellence to serve Canadian Veterans and their Families was developed, the issue itself was clear – the very people who had served this country, and their loved ones, now struggling with the burden of post-traumatic stress and related mental health conditions, did not have access to the supports and services that they needed, and more importantly, deserved.

What Veterans and their Families have been saying for years that they needed was just as clear – there is no reason that Veterans and their Families should have to search for the answers to their questions about PTSD and related mental



health concerns. We heard questions such as "What is PTSD and what are the signs and symptoms?" "How do I know if I or my family member might have PTSD?" "What are the right treatments and supports?" "How can I, as a family member, support my spouse while taking care of myself as well?" "I know our kids are affected. Where can we get help for them?" "How do we know which sources of information are legit?"

Information and resources are critical but they aren't all Veterans and their Families have said they needed. They've raised consistent questions about equitable access to high-quality, evidence-based services and supports that work. "Why can't we have similar access to therapies and treatments that work no matter where we live?" "If we know it works, why isn't it available across Canada?" "Why is it my responsibility to educate my therapist about military culture?"



We also heard frustrations and questions from Veterans and their Families who had somehow been connected to services and still didn't get what they needed. "It was so disappointing because we thought we finally had the answer to our problems. Then we found out that the treatment and therapy that we were getting, just wasn't as effective for military and Veterans with PTSD." "When I asked my doctor about Moral Injury, she said there isn't any research on therapies that work." "Why should we have to wait years for getting answers to what we're dealing with now?" "PTSD doesn't come in a one-size-fits-all." "Our counsellor admitted that they didn't really know much about what worked for supporting Veteran Families. He just shrugged his shoulders and said they're doing the best they can."

We also heard loud and clear from Veterans and their Families their stories of strength developed through adversity as they underscored the need for us to focus on resilience and post-traumatic growth.

As we release our first annual Impact Report to Community, step-by-step and side-by-side, much ground has been gained in a compressed time frame to move the Canadian community serving Veterans and Families further along that continuum of access to the highest quality of services through transformational system-based solutions. This would be an achievement worth celebrating at any time, to do so while rapidly growing the team alongside the added complexity of building an organization during a global pandemic is by any definition a resounding success.

Early in the mandate, the team at the CoE – PTSD took these questions that Veterans and Family members clearly outlined and then adopted a worldview approach to assessment; we looked at first understanding the work that was already happening across Canada and



globally and what research was recommending and used that to underpin the plan for the CoE – PTSD's work in responding to Veterans and Family members' expressed needs.

This resulted in the development of the <u>Conceptual Framework</u> in collaboration with Phoenix Australia, one of only two other such centres internationally.

Zeroing in on what Veterans and their Families should be able to expect in an ideal system of services and supports, this document is our North Star, in effect guiding us towards a comprehensive effective system for our Veteran and Family community.

What we do know is that moving towards solutions will take a three pronged approach; one which acknowledges that information is key, that what we know is as important as what we don't know, and finally that we cannot begin, or continue, a task such as this without direct, ongoing, true engagement from those most impacted.

- Access to up-to-date, trusted relevant information – is a primary link, a first step towards supporting our Veterans and their Families. We need to create a central repository of information, services, and supports across Canada, which will make it easier for them to navigate.
- Implementing what we know works and building on what we don't know there have been great strides in mental health and PTSD treatments, globally and within Canada. Through mobilizing this existing knowledge, training, and capacity building at the service-provider and research levels, we can build capacity around all systems to make treatment more accessible and equitable. Equally important is recognizing there is a lot left to do. Through rigourous research, and partnerships both within Canada and around the world, we can better understand how to lean into the questions that matter most to Veterans and their Families.

Learning from our stakeholders –
 engaging authentically with Canadian
 Veterans and their Families is a
 foundational aspect of the function of
 the CoE – PTSD, finding answers to the
 questions they already have can only be
 done when we are working together.

The CoE – PTSD can meet our mandate by being with Canadian Veterans and their Families, every step of the way. And, knowing we can't do it alone, we need them walking with us, step-by-step and side-by-side.

This report highlights how we have spent the past several months building a foundation that, in its totality, will allow us to respond to what Veterans and their Families have repeatedly said they need and to advocate for the system change that will bring access to Veterans and their Families in a comprehensive, effective way. They've earned it!

Dr. Patrick SmithPresident & CEO

Scott McLean
Chair of the Board

YOU SPOKE, WE HEARD

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There is new evidence and research being put out there every week about new therapies and approaches. How are Veterans and Family members expected to stay on top of all this and how can we know which sources of information are legit?

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I finally got in to see a counselor and I found myself having to educate them about military culture. The therapist had no clue about what I went through on deployment and the shit I had witnessed. After a while of trying to help them understand, I got frustrated and just shut down. I began to just talk about day-to-day stuff they could relate to and in the end, it didn't help me at all.

BRIAN MCKENNA STRATEGIC ADVISOR – VETERANS

"If a program or support is developed for the Veteran community, who says it works? Who decides that it matters to them? Real impact involves going into the community and finding out if what we are doing is changing things for the better. You can't have impact or credibility without consulting the Veteran community."

Active in the Canadian Army for 19 years, Brian served twice in both Afghanistan and Bosnia. He retired as a Warrant Officer and began a new phase of life; this time as a Veteran and now living with post-traumatic stress. For a time, he was the person he is now working so hard to support. Then came counselling and from there a shift from patient to peer supporter, someone helping others by using his lived experience as a guide for someone new to the journey. It was during this time that he became acutely aware that while he was supporting the individual Veterans who called in to talk, he wasn't able to do the same for those who didn't, or couldn't, pick up the phone. That realization made Brian commit to a pathway of change, working at a national level to liaise with larger communities of Veterans towards identifying and advocating for their needs.

Brian was part of the original planning team where the genesis of the Centre emerged. Today, he is that Strategic Veteran Advisor who ensures the voice of who the CoE – PTSD was built to serve never loses sight of that community itself. About his work at the Centre, Brian says, "I can only bring my experience to the table, but it is vast enough

to have connected with the three branches of the regular force, and the reserves. I don't know the answer to everything, but I probably know someone who does. When we shift our thinking to bringing in those with lived experiences, people who share what's happened in their lives according to them, we make better choices. Our work is heavily informed by those who lived the experience – they will tell us what's missing."

Brian's hope is that individuals will soon begin to feel the impacts of the work he and his colleagues at the Centre of Excellence are doing. Veterans will begin to encounter doctors who understand them a little better. Service providers will show more awareness and sensitivity when working with Veterans living with post-traumatic stress. But, he says it's a moving target that can be continuously adapted to ensure the mission is successful, "if Veterans are seeing no change in their lives, then we have to hone in and adjust what we are doing."

The fact that Veterans will always inform and guide this work is a foundational tenet of the Centre that is a source of deep pride for Brian. He is clear in articulating that without their direct input into the work of the Centre, the issues lose context and are harder to comprehend. To achieve true understanding and identify the supports that will really work, "we need to have those with lived experience speaking to us for themselves."



If a program or support is developed for the Veteran community, who says it works?
Who decides that it matters to them? Real impact involves going into the community and finding out if what we are doing is changing things for the better. You can't have impact or credibility without consulting the Veteran community.

- Brian McKenna

LARYSSA LAMROCK STRATEGIC ADVISOR – VETERAN FAMILIES

"I want to bring answers about PTSD symptoms and supports to Families. I want them to have a reliable place that they know, off the bat, they can access at any time for information, education, and resources. I want Families to know that they have a place to go."

Enter Laryssa Lamrock, the Strategic Advisor for Families at the CoE – PTSD. Here, as she works to bring those answers, Laryssa knows she needs to understand the questions. To make sure that she does understand, Laryssa relies on two key strengths – her own lived experience as a military daughter, partner, and mother, and a commitment to engaging with others who are also living in military and Veteran Families.

She is not a stranger to the role of supporting others. Throughout her career, she has listened to and supported over 1,200 family members. These conversations gave her a bigger picture of the issues faced by Families: "so it's not my experience I'm bringing to the table, it's the 1,200 family members that informed, taught, and influenced me."

Those Families she has worked with repeatedly emphasized to Laryssa that what they need are effective strategies for supporting their loved ones with PTSD – strategies that they can implement today. "Families are worried about the impacts of PTSD on their loved ones, their family units, and their relationships. They may be angry, confused, exhausted – but they want to help. They understand that the Veteran's injury affects the whole family."

She is quick to identify that the family has often been an afterthought when looking at the care of Veterans with PTSD; there are far fewer resources for Veteran Families than there are for Veterans themselves. The challenge for Laryssa is getting meaningful and useful information out to families and to do it quickly. Using tools such as podcasts, dedicated web pages, and social media, Laryssa's hope is to reach military and Veteran Families across the country to ensure they know where to go for support and resources. Ultimately, her purpose is "to make the next family member's journey easier than mine was."

As part of her daily work at the Centre of Excellence, Laryssa continues to have conversations and create connection directly with Veteran Family members. She processes her conversations, gathers information, and supports the development of strategies to shift the issues to a national level. Her engagements with Veteran Family members help her to identify the key issues of concern while at the same time reinforcing the unique dynamic of each family unit. "We have to understand that families are living with someone with PTSD. We have to get that clear first. I really hope that I understand each person's experience is unique. I don't want to minimize someone else's reality by saying that I understand. Their experience is too unique." But that understanding is the perspective which keeps her grounded in her role and mission to help others find the support she knew was missing when she began her journey.



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- Laryssa Lamrock

place to go.

VETERANS & FAMILIES PRIORITIZE THE WORK

The CoE – PTSD reached out to our Veteran and Family Reference Group members to provide us with their insights into the work the Centre is currently engaged in. Using a value and score, the following areas emerged as top priorities out of the more than 30 current projects.

MILITARY & VETERAN FAMILIES AFFECTED BY SUICIDALITY

FACT: The suicide rate for Veterans is nearly 50 % higher than that of serving members, with male Veterans having a higher risk of dying by suicide at a rate of 1.4 times higher than the general population and female Veterans at 1.9 times greater. (Source: 2019 Veteran Suicide Mortality Study – Veterans Affairs Canada)





WHAT WE'VE HEARD

"Family and peers are immeasurably important in suicide prevention. We need to know what works and what doesn't and to build on success."

- Anonymous CoE - PTSD Reference Group Member





This multi-part project will look at family involvement in military and Veteran suicide prevention initiatives in six different countries, including Canada. It will explore the family's perspective and willingness to participate in those services and supports and will aim to create a set of recommendations for next steps in research, programming and policy. This project will bring the experiences and needs of families to the front of the discussion about military and Veteran suicide prevention. (Co-led with Dr. Heidi Cramm from Queens University)



WHAT'S THE IMPACT

Although the role of the family members in suicide prevention as well as the ripple effects that suicidality may have on the family unit have been formally recognized within Canadian policy, to date, there has been no systematic synthesis of the research evidence aimed at understanding how military and Veteran Families have been engaged within military systems along the suicide pathway, or how research evidence is reflected in policies, services, and programs for military and Veteran Families.

Working with stakeholders such as government agencies, researchers in each country will meet regularly to discuss preliminary findings. This will ensure that the analysis is grounded and relevant to each county's specific situation and ensure the development of both general and country-specific recommendations. The final synthesis of the findings will inform a set of Veteran family-centric recommendations and priorities for research, programming, and policy.

PEER SUPPORT



FACT: There is a strong belief in the Veteran community that peer support is a helpful intervention to manage the extreme stressors they face in their work; offering an outlet with others who can understand their struggles.



WHAT WE'VE HEARD

"That vehicle in front of us in the convoy had our backs once. Peer support is a way to get that feeling back."

- Candace Bell, Vice-Chair, Veteran Reference Group





The CoE – PTSD is gathering published information, on Canadian peer support programs that will help identify for the future what has worked well in peer support, what can be improved on and where the gaps are. Further, the CoE – PTSD is mapping out organizations that offer peer support to Veterans and their Families to create a resource that will list the location, services offered, feasibility and type of peer support for each program to help Veterans and Families learn about the programs available and make an informed decision to find the best fit for them. (Co-led with VETS Canada)



WHAT'S THE IMPACT

In health-care systems that practice stepped-matched care, individuals are matched to the most appropriate services that are likely to improve their health outcomes, and there is a built-in review process that allows them to be "stepped up" to more intensive treatment or "stepped down" to less intensive treatment as needed. This system ensures that individuals are referred to the appropriate treatment tier so that services delivered by specialized clinicians in the higher tiers are reserved for individuals with greater and more complex needs and that individuals can enter into the appropriate level of care, services and supports depending on their level of need. This tiered model of services and supports has been widely utilized across the globe and has been adapted to map out the multi-layered services and supports required to meet various health challenges. The peer support model of care spans across the continuum of communitybased services and supports. The findings of this scoping review and mapping exercise will be organized into this conceptual model, which will provide a clear picture of what peer support programs are offered throughout Canada, and their efficacy within a tiered model of service and supports. Veterans and Veteran Family members will be able to access the results of this mapping exercise to help them navigate peer support services across Canada.

INTIMATE PARTNER VIOLENCE

FACT: There is an established link between Intimate Partner Violence (IPV) and negative psychological outcomes—of which depression and anxiety are the most common. (Source: Intimate partner violence and its impact on health (justgender.org))





WHAT WE'VE HEARD

"As a survivor of IPV, having endured more than 43 years of violence, the healing process undoubtedly took time; however, it would have been easier to get through it had I had the appropriate resources available and accessible. Having enduring IPV, I have become stronger, hopeful and motivated to install change."

- Petra Babic, Military Family member





A collaboration between the CoE – PTSD and Phoenix Australia – Centre for Posttraumatic Mental Health was formed to explore intimate partner violence (IPV) in Veteran and military populations within a Canadian context. The collaboration aims to generate preliminary evidence and a framework for research to inform responses to IPV as well as to develop partnerships and a network of cross sector collaborative relationships that can support an ongoing body of research on IPV.



WHAT'S THE IMPACT

At the CoE – PTSD we've heard that IPV is an issue within military and Veteran communities. This work, which is guided by research evidence, forms our understanding of the prevalence rates of IPV in military and Veteran populations. The framework will help identify and describe any major approaches to addressing IPV that have already been implemented in military or Veteranspecific environments. Findings will help inform our future work in this area, which could lead to policy and program development to prevent and treat IPV.

MORAL INJURY OUTCOMES SCALE



FACT: Military and combat experiences take many forms, many of which do not directly threaten the physical integrity of the individual. For instance, 49 to 84% of Canadian Armed Forces (CAF) members reported being exposed to atrocities or massacres while deployed. (Source: Federal Framework on Posttraumatic Stress Disorder: Recognition, collaboration and support – Canada.ca)



WHAT WE'VE HEARD

"It is crucial to understand the concept of moral injury and its impact. The guilt, shame and anger that can follow a morally injurious event have the potential to adversely affect Veterans as well as their Families. This research will be critical to further the understanding of moral injury outcomes, and to develop strengthened supports for individuals impacted by moral injury."

- Bethany Easterbrook, Reference Group Member





With its international partners, the CoE – PTSD is developing a Moral Injury Outcome Scale (MIOS), which will measure moral injury to help clinicians and researchers assess the consequence of experiencing potentially morally injurious events (PMIEs). It will use data from a study on moral injury within military personnel and Veterans in Australia, Canada, the United Kingdom and the United States. The current study was triggered by the establishment of an international collaboration who recognised the need for an internationally validated, gold standard measure of moral injury to improve the care of current and ex-serving military members and police officers worldwide, who are at a particular risk of experiencing potential morally injurious events. (In collaboration with the international consortium led by Dr. Brett Litz, Boston University)



WHAT'S THE IMPACT

Debate is ongoing as to whether existing evidence-based treatments for traumatic stress address the proposed pathology associated with exposure to PMIEs, where guilt and shame rather than fear appear prominent. Emerging research supports the notion that moral injury and PTSD likely differ with regards to their association with physiological stress response systems, as well as the function of symptoms and how they are maintained in the individual. Once validated, the Moral Injury Outcome Scale may be used by Canadian military mental health practitioners and other service providers as part of their routine assessment and treatment planning processes, to guide the care provided to current military members and Veterans.

SERVICE PROVIDER NEEDS ASSESSMENT

FACT: In 2013, among CAF
Regular Force Veterans, the
prevalence of fair or poor selfrated mental health was double
the general population. (Source:
Health and Well-Being of Canadian
Forces Veterans: Findings from the
2013 Life After Service Survey –
Reports – Publications – Research
Directorate – Veterans Affairs
Canada)





WHAT WE'VE HEARD

"My husband returned from his fifth tour overseas September 2, 2011. He was told he had an appointment at the base hospital two days later to be tested for ADHD. He was tricked and was actually there to be diagnosed with PTSD. They immediately medicated him with psychoactive drugs, required him to complete many forms, told he would never wear a uniform again, and then drove home....to me and our son."

- Marcia Chafe, Veteran Family member





The CoE – PTSD has initiated a series of surveys to understand the unique requirements of providers of mental health care to Veterans and their Families in implementing evidence-based practices, including training needs and preferences. The surveys target Canada's Operational Stress Injury (OSI) clinics, select peer support organizations, as well as independent mental health service providers and organizations focusing on serving Veterans and their Families. The results of these surveys will help tailor our educational offerings to meet the needs of providers to ultimately improve care.



WHAT'S THE IMPACT

In the long term it is our hope that Veterans and their Families will have a better understanding of their care options, that they will know what they can expect when seeking care, and that regardless of where they live, there will be a variety of evidence-based options of care available to them. By using the needs assessment findings to develop tailored education content for providers, we anticipate improved care experiences for Veterans and their Families. For example, we are developing training resources for providers to enhance the understanding of the Veteran context and we plan to develop resources to build providers' knowledge and skills related to understanding the unique needs of diverse Veterans, such as 2SLGBTQ+ and BIPOC Veterans.

RESEARCH & KNOWLEDGE GAP ANALYSIS



FACT: Continued research is needed related to PTSD and Veteran and Family mental health to develop more effective treatment options.



WHAT WE'VE HEARD

"While there is a fairly long history of research on PTSD, much of this research has been done in isolated pockets and rarely looks at the work across multiple academic disciplines. The Knowledge Gap Analysis provides an opportunity to synthesize the knowledge and experiences of a wide range of actors, including the subjective needs as voiced by the Veterans themselves, and will hopefully allow us to see the whole forest instead of just isolated trees."

- Walter Callaghan, Veteran, Research Reference Group member





This project will build the CoE – PTSD's research and knowledge mobilization plans in a way that responds directly to the mental health care needs of Veterans and Veteran Family members. Throughout this project, Veterans and Veteran Family members will be consulted, alongside additional stakeholders, to provide insight into the current and most important research and knowledge gaps related to PTSD and related mental health conditions in Canada. The perspectives of Veterans and Veteran Family members will support the CoE – PTSD in determining its research and knowledge mobilization priorities over the next several years



WHAT'S THE IMPACT

By guiding our future research and knowledge mobilization priorities, this will help raise awareness of leading-edge and innovative research on PTSD treatment, identify and address information and evidence gaps about PTSD among Canadian Veterans, their families and loved ones, RCMP officials, mental health professionals, employers, educators, policy makers, and researchers, develop and implement research capacity on Veteran and Veteran Family mental health care needs and effective treatments, build capacity to address priorities in research on PTSD and lead to new resources to make evidence easier to access.



ADVANCING RESEARCH

INVESTING NATIONWIDE IN CANADIAN RESEARCH



27 partnerships with researchers and partners from more than **35 universities** and organizations. 20 of these projects involve participation from more than **50 researchers**



INTERNATIONAL CONNECTIONS AND COLLABORATIONS



2 research partnerships with over30 researchers and collaborators across3 countries



DEMONSTRATING THOUGHT LEADERSHIP



12 manuscripts submitted or accepted for publication



ENGAGING COMMUNITY



NETWORK OF NETWORKS



7 Military and RCMP Veterans and 8 Military or RCMP Veteran Family members, 12 service providers and 15 researchers actively engaged through our Reference Groups which guide the CoE team and work.



70 individuals engaged through various project advisory committees and communities of practice, inclusive of Veterans, Veteran Families, service providers and researchers.



