LIFE AFTER ROYAL CANADIAN MOUNTED POLICE SERVICE

Mental health experiences of Veterans and Families

ATLAS INSTITUTE
FOR VETERANS AND FAMILIES

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This report presents the lived experiences and perspectives of Royal Canadian Mounted Police Veterans and Families who participated in a dialogue series hosted by the Atlas Institute between June 2025 and February 2026. Atlas extends our sincere thanks to these individuals for informing the findings and recommendations in this report.

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TABLE OF CONTENTS

A NOTE ABOUT LANGUAGE

There is variation in the terminology used to refer to **Royal Canadian Mounted Police (RCMP) Veterans**, including terms such as *former RCMP member, retired RCMP member* and others. Different terms may resonate differently with individuals, depending on their experiences or personal preference. For clarity and consistency, this report uses the term *RCMP Veteran* to refer to all former or retired members of the RCMP. We acknowledge that other terms may be preferred in specific contexts or by individual members of the community.

Atlas defines Veteran **Family** as parents, siblings, partners/spouses and dependent and adult children, as well as carers (related or not), friends and peers, taking into account who the Veteran identifies as significant to their mental well-being.

EXECUTIVE SUMMARY

To better understand the post-service mental health experiences of Royal Canadian Mounted Police (RCMP) Veterans and their Families, the Atlas Institute for Veterans and Families convened a series of dialogue sessions with members of this community.

These conversations explored experiences with mental health, access to services and supports, transition from service, and broader cultural and systemic factors shaping well-being after RCMP service. This engagement included 50 participants across six dialogue sessions and two follow-up discussions, held between June 2025 and February 2026 in Moncton, NB, Edmonton, AB and virtually. While participants reflected a range of roles and experiences within the RCMP Veteran and Family community, this was a qualitative, non-representative sample, intended to generate in-depth insights, rather than findings that can be generally applied across this population.

WHAT WE HEARD

Eight broad themes emerged across the dialogue sessions. Although drawn from a relatively small and self-selected group of participants, these themes were raised consistently across sessions and participant groups, underscoring their relevance and resonance within this sample. In the context of limited existing research on RCMP Veterans and their Families, these findings offer important early insight into shared challenges and priorities:

- Occupational culture discourages help-seeking and amplifies psychological risk.
- Administrative complexity shifts the burden of navigation onto injured members.
- Access to care requires both provider availability and cultural competence.
- Peer connection and belonging are critical protective factors.
- Transition to post-service life is abrupt, under-supported and identity-disrupting.
- Mental health challenges of the serving member affect the whole Family.
- The term *moral injury* is under-recognized, but deeply resonant.
- Identity reconstruction and renewed purpose are central to post-service well-being.

Twelve additional themes emerged from sessions held with three specific communities: Francophone RCMP Veterans, women RCMP Veterans and Families of RCMP Veterans. These themes reflect distinct experiences and perspectives shaped by language, culture, gender and Family roles. They also highlight important differences in how challenges are experienced and supports are accessed. Together, they underscore the need for approaches that are responsive to the diverse realities within the RCMP Veteran and Family community. These are the 12 additional themes that emerged within the three specific communities:

FRANCOPHONE RCMP VETERANS

- Access to information and services in French remains fragmented.
- Language and cultural context shape how administrative decisions are experienced by Francophone RCMP Veterans.
- Peer-led outreach within Francophone networks helps improve awareness of supports.

WOMEN RCMP VETERANS

- Gendered workplace experiences shape long-term well-being.
- Connection with other women RCMP Veterans can be uniquely healing.
- Women RCMP Veterans face identity strain during both entry into and exit from service.
- Women RCMP Veterans often reconnect with support systems on their own terms after service.

FAMILIES OF RCMP VETERANS

- Families often act as informal advocates and navigators of support systems.
- Families carry significant emotional burdens related to their loved one's service and often serve as informal caregivers.
- Transition from service reshapes Family roles and identity.
- Families benefit from connecting with others who share similar experiences.
- Those whose RCMP member loved ones have died experience a distinct and unsupported transition.

OPPORTUNITIES FOR ACTION

Insights shared by participants pointed to clear opportunities to strengthen supports for RCMP Veterans and their Families. The following knowledge needs, research priorities and policy considerations are drawn directly from these discussions and reflect areas where action by researchers, service providers, policy makers and community organizations could contribute to future change to improve mental health and well-being outcomes.

KNOWLEDGE NEEDS

SERVICE ACCESS: Clear and consistent guidance beginning during training on available benefits, programs and services, including how to access and maintain them

TREATMENTS: Clear, accessible information on available mental health treatments and Veterans Affairs Canada (VAC) services, including what is covered, how to access different types of care (including emerging or less common treatments) and eligibility requirements

SYSTEM NAVIGATION: Greater understanding of system navigation, including claims processes, documentation requirements and digital tools such as My VAC Account

COMMUNITY SUPPORTS: Increased awareness of peer networks that facilitate connection with RCMP Veteran and Family communities

LANGUAGE-RELATED: Accessible, centralized and language-appropriate information, including high-quality resources and clinical services in French

POTENTIAL RESEARCH AREAS

POST-SERVICE LIFE: Post-service mental health and well-being outcomes for RCMP Veterans, including delayed trauma processing and long-term effects

BARRIERS: How system and service barriers shape access to care for RCMP Veterans and Families, including navigation complexity, continuity of care and availability of culturally competent providers across regions and subpopulations

PEER SUPPORT: Effectiveness of peer support, including peer navigation, mentorship and community-based models

SUBPOPULATIONS: Experiences and needs of specific subpopulations

MORAL INJURY: Awareness, recognition and effects of moral injury among RCMP Veterans and their Families

FAMILY EXPERIENCES: Including caregiving, secondary or vicarious trauma, burnout, compassion fatigue and intergenerational effects

THE IMPACT OF GENDER: Long-term mental health effects of gendered workplace experiences during RCMP service

SOCIAL ISOLATION: Role of social isolation in the onset of mental health challenges among RCMP Veterans

RCMP AND MILITARY EXPERIENCES WITH MORAL INJURY: Differences and similarities in how moral injury presents among RCMP and Canadian Armed Forces (CAF) Veterans

OPPORTUNITIES FOR PUBLIC POLICY INFLUENCE

SIMPLIFY AND STREAMLINE VAC CLAIMS PROCESSES, particularly for mental health-related claims, to reduce administrative burden

PROVIDE PROACTIVE, HANDS-ON NAVIGATION SUPPORT for Veterans and Families, including structured guidance during and after transition to post-service life

IMPROVE COORDINATION BETWEEN VETERAN-SERVING SYSTEMS to ensure administrative continuity and reduce disruptions to care

EXPAND ACCESS TO TRAUMA-INFORMED AND CULTURALLY COMPETENT CARE, including virtual, hybrid and travelling service models (i.e. bringing services to the RCMP Veteran, rather than the reverse)

Develop and maintain a centralized **NATIONAL DIRECTORY OF PROVIDERS WITH RCMP CULTURAL COMPETENCE,** including defining and operationalizing this concept

STRENGTHEN AND INVEST IN PEER SUPPORT NETWORKS, including formal peer navigator roles

EXPAND TRANSITION SUPPORTS to include structured follow-up and sustained connection to services and community

INCREASE ACCESS TO MENTAL HEALTH SUPPORTS FOR FAMILIES, including independent (i.e. not reliant on their loved one's registration with VAC) and confidential pathways to care

IMPROVE ACCESS TO FRENCH-LANGUAGE SERVICES and ensure availability of high-quality, culturally appropriate resources

Continue to advance **IMPLEMENTATION OF EXISTING RECOMMENDATIONS FROM PRIOR REPORTS AND REVIEWS,** with clear accountability, timelines and public reporting on progress

These insights offer a grounded, experience-based understanding of the post-service mental health experiences of RCMP Veterans and their Families, along with suggested directions for strengthening supports. The sections that follow build on this foundation, providing deeper context and detail to inform meaningful, coordinated action across research, policy and practice.

FIND MORE RESOURCES AND INFORMATION RELATED TO RCMP VETERANS AND FAMILIES:

atlasveterans.ca/rcmp

INTRODUCTION

The well-being and mental health needs of RCMP Veterans and their Families are not well understood. To date, there is limited research exploring these experiences. The research and data that do exist suggest that RCMP Veterans and their Families may face significant mental health challenges, underscoring the importance of improving shared understanding of their post-service mental health experiences and needs.

- Data from VAC shows a steady increase in RCMP Veterans receiving disability benefits for psychiatric conditions, rising from roughly 5,100 in 2017–18 to more than 10,800 in 2021–22, with **more than 9,000 with a posttraumatic stress disorder (PTSD) diagnosis** alone[1]. Limited awareness of available services and benefits suggests these figures likely underrepresent the true level of need.
- RCMP members report exposure to an average of **13 different types of potentially psychologically traumatic events during their careers**, compared to two in the general population and 11 across public safety overall[2]. Studies have also found they are **six times more likely to screen positive for a mental health disorder** than the general population[3].
- Studies have also found elevated suicide risk among RCMP members, who are at least **three times more likely to contemplate suicide and more than five times more likely to plan a suicide attempt** compared with the general population[3-4].
- Research on public safety personnel (including but not exclusive to RCMP) suggests that **workplace stressors and cumulative trauma exposure can have lasting effects** on mental health that extend into post-service life[5].
- Despite these indicators of need, access to and engagement in health services remain areas of concern. VAC data suggests that while many RCMP Veterans self-report fair or poor mental health, a relatively small proportion receive VAC case management supports compared with CAF Veterans, indicating a **potential gap between need and service utilization**[6].
- Broader research on Families of Veterans and public safety personnel indicates that **Family members may experience higher levels of emotional challenges and lower well being** compared with non service Families, underscoring that the effects of service extend beyond the individual to their supports at home[7].

Even with these documented gaps and needs, there remains limited research that is focused on RCMP Veterans and their Families, particularly on post-service mental health experiences and supports. These findings make the case for more engagement with RCMP Veterans and Families to better define needs, inform priorities and guide future support, research and policy actions. To help address this need, the Atlas Institute launched a series of dialogue sessions with RCMP Veterans and their Families.

ABOUT THE SERIES

The Atlas Institute aims to improve the mental health and well-being of Veterans, including RCMP Veterans and their Families. Feedback from RCMP Veterans and Families involved broadly with Atlas highlighted a need for more focused attention on the unique experiences and needs of this community.

To identify research priorities, knowledge needs and areas of public policy action that meet the community's needs, the Atlas Institute sought to hear directly from RCMP Veterans and their Families through a series of dialogue sessions.

A dialogue series is a structured set of facilitated conversations that bring together individuals with shared or related experiences to discuss specific topics and exchange perspectives. This approach was selected to create a safe and collaborative space for participants to share insights from their lived experience in their own words, enabling a deeper understanding of complex issues and opportunities for future work.

OBJECTIVES OF THE SERIES INCLUDED:

- Identifying knowledge needs related to mental health and available services for RCMP Veterans and their Families
- Identifying potential areas of research on mental health and well-being for RCMP Veterans and their Families
- Exploring opportunities for public policy influence to improve mental health outcomes for RCMP Veterans and their Families
- Improving the Atlas Institute's understanding of the experiences of RCMP Veterans and their Families to better inform engagement and future initiatives

EXPECTED OUTCOMES INCLUDED:

- Gaining a clearer understanding of the needs of RCMP Veterans and Families
- Expanding the Atlas Institute's outreach and strengthening trust with the RCMP Veteran and Family community
- Identifying opportunities for future work for both Atlas and system partners, including knowledge products, knowledge mobilization activities and research

The learnings from the dialogue series will inform future Atlas Institute activities, where relevant to its mandate. By mobilizing learnings with other organizations supporting RCMP Veterans and Families, Atlas also seeks to support partners to better understand community needs and focus areas for future efforts.

METHODOLOGY

To guide this work, Atlas collaborated with RCMP Veterans and Family members from its Strategic Reference Group atlasveterans.ca/strategic-reference-group to co-develop questions addressing five key areas: mental health services and supports, life after service, moral injury, suicide awareness and prevention, and RCMP culture and community.

These questions were explored in a series of two in-person and four virtual dialogue sessions. Three sessions were open to all RCMP Veterans, while other sessions focused on specific subpopulations: women, Francophones, Family members. Two follow-up discussions were held for participants unable to attend the scheduled sessions. Sessions took place between June 2, 2025, and February 19, 2026, in Moncton, NB and Edmonton, AB, and virtually.

The sessions were co-facilitated by community members aligned with the focus of each session (e.g. an RCMP Veteran Family member co-facilitated the Family session). Pre-registration was required to maintain a group size that supported psychological safety and privacy, while allowing all participants an opportunity to contribute in ways that aligned with their comfort level. Well-being supports (e.g. mental health support lines, clinician on standby) were available and discussions focused on the impact of experiences rather than on personal mental health diagnoses or trauma, to mitigate the risk of retraumatizing participants.

A total of 50 individuals contributed across all sessions, including five peer co-facilitators. Some participants shared insights that were reflective of the various roles they held, reflecting their complex experiences (e.g. one participant was an RCMP Veteran, the parent of a serving member as well as a clinician providing supports to RCMP Veterans)*.

With the exception of the Francophone session, all sessions were conducted in English. Sessions ranged in length from 90 minutes to three hours. Discussion questions were shared with participants in advance and honoraria were offered in recognition of participants' time and expertise.

Following each session, a thematic analysis was conducted by the Atlas Institute to identify key insights across all participants and specific themes relevant to RCMP Veterans, women RCMP Veterans, Francophone RCMP Veterans and Family members of RCMP Veterans. Themes were then validated with peer co-facilitators to ensure accuracy and relevance.

* These individuals were only counted once, even though they participated in multiple sessions.

DISCUSSION TOPICS

Sessions began with a prioritization activity to ensure each discussion remained focused within the allotted time. Participants were presented with five potential discussion topics that they were asked to prioritize (descriptions were shared in advance). Efforts were made to ensure that participants could share their preferences anonymously to remove any real or perceived judgment or stigma. Topics receiving the highest number of votes were prioritized for discussion. However, the conversations often naturally expanded into related areas.

The five discussion topics included:

1. **MENTAL HEALTH SERVICES AND SUPPORTS:** Exploring experiences accessing care, barriers, successes and areas for improvement.
2. **LIFE AFTER THE RCMP:** Examining the effects of leaving the force and identifying supports to improve post-service experiences.
3. **MORAL INJURY:** Exploring psychological, social and spiritual effects when actions conflict with deeply held moral beliefs.
4. **SUICIDE AWARENESS AND PREVENTION:** Understanding knowledge of suicide risk, prevention strategies and available supports.
5. **RCMP CULTURE AND COMMUNITY:** Examining the influence of RCMP culture on post-service experiences and ongoing connections with the RCMP community.

Specific questions asked in each session can be found in the appendix.

LIMITATIONS

It is important to note the limitations of this initiative:

- Participants represented a sample of the RCMP Veteran and Family community and may not reflect the full range of experiences or perspectives. For example, many participants indicated they had retired from the RCMP a decade or more ago, which means their experiences may differ from those of members who have recently left service or are currently serving.
- While dedicated sessions were held with women RCMP Veterans, Francophone RCMP Veterans and Families of RCMP Veterans, there is much to learn regarding the distinct experiences and perspectives of other communities, such as Indigenous, racialized, 2SLGBTQIA+ RCMP Veterans and Families, as well as those living in rural or remote areas and those living with a disability.
- Not all topics were discussed in every session. For example, while mental health services and supports, and life after the RCMP were frequently prioritized for discussion, the topic of suicide awareness and prevention was selected less often. This does not reflect the importance of the topic, but rather that it was not selected as a priority by participants in each session.
- Individual experiences inevitably shaped how participants interpreted the discussion questions, so some variation in perspectives was expected.

- Discussions focused on experiences after leaving the RCMP, as barriers to mental health care during service are outside the scope of the Atlas Institute's work. We recognize, however, that the boundary between service and post-service life is often porous and that experiences during service can shape mental health and access to supports after leaving.
- Finally, participants often identified with multiple roles within RCMP service, so the sessions were designed to respect these overlapping identities, recognizing that insights could reflect complex and multi-faceted perspectives.

This report identifies opportunities for action based on participant perspectives, but does not prescribe how these opportunities should be implemented. The intent is to highlight areas for improvement as identified by RCMP Veterans and their Families, which may inform future work by other organizations supporting RCMP Veterans and Families, policy makers, service providers and researchers.

BROAD THEMES

The summary that follows is grounded in insights shared by participants during the dialogue sessions. Participant views are presented directly, alongside areas where the Atlas Institute has synthesized and interpreted these insights to identify implications and potential opportunities.

Occupational culture discourages help-seeking and amplifies psychological risk

Participants emphasized that RCMP culture strongly conditions members to endure hardship, suppress vulnerability and prioritize duty. Members continue to face real and perceived risks associated with seeking help during service, a mindset that often persists into retirement. Without an intentional cultural shift, participants felt that other reforms will have limited effect.

INSIGHTS

DUTY-FIRST CULTURE: Participants described feeling the need (whether stated or implied) to "push through" injuries and prioritize duty over well-being, particularly in understaffed environments, where taking leave may feel like letting colleagues down.

> "There's always another thing. You just push through and get it done."

STIGMA: Fear of real or perceived career consequences discourages help-seeking. Participants described fears of being "benched" or labelled unfit for duty, losing promotion opportunities and having confidential health information circulate informally.

> *"The culture during service is very much 'do your work.' You don't start to process all your trauma until after you retire."*

DOCUMENTATION GAPS: Many members delay or avoid accessing help during service, which leaves them without the records needed to support future disability claims.

DELAYED TRAUMA PROCESSING: Members often defer processing trauma until medical leave or retirement, as operational demands leave little space to process their experiences in the moment.

LACK OF SUPERVISORY SUPPORT: Some participants described observing instances where members' accounts of critical incidents were questioned or dismissed by supervisors, reinforcing a general reluctance to seek help.

SELF-STIGMA: Participants described how the invincible "warrior" or "macho" mindset makes help-seeking feel inconsistent with the RCMP identity (i.e. RCMP members help others, they don't

need help themselves). This can make it harder to recognize and seek support for mental health challenges.

PERCEPTIONS OF RETIREMENT: Participants described how RCMP culture may implicitly frame retirement as "quitting," which can discourage earlier transition planning.

> "We were discouraged from putting in claims [while serving], because it meant we were weak."

GENDERED BARRIERS: Many women described facing additional barriers, including harassment, exclusion, discrimination and the need to "armour up" to be accepted or remain safe in the workplace. These barriers contributed to chronic stress and influenced mental health disclosure and help-seeking. This was further compounded by experiences where complaints or grievances did not result in meaningful action. These gendered experiences are explored in greater depth in the women-specific themes.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

ADDRESS STIGMA: Recognize and acknowledge that preventing mental health issues in RCMP members is the best treatment and ensures the workforce remains fit for duty. Engage senior RCMP leadership to visibly normalize and champion mental health conversations and model help-seeking behaviour.

IMPROVE MENTAL HEALTH LITERACY: Continuously embed coping skills and routine psychological check-ins across members' careers, starting in the Cadet Training Program (i.e. Depot), and ensure members have the time, space and supports they need to process operational stressors as they occur, rather than deferring this until medical leave or retirement.

WORKFORCE CAPACITY: Continue to address persistent recruitment shortages and understaffing for those still serving, so members can take needed time off without hesitation or concern about placing additional strain on colleagues. Amend policies to allow for backfilling of positions when members are off-duty sick for extended periods.

LEADERSHIP ACCOUNTABILITY: Strengthen RCMP leadership training to improve accountability for workplace misconduct, ensuring reporting processes lead to visible consequences.

TRANSITION PROGRAMMING: Expand to incorporate reintegration, relationship support and Family education (e.g. how operational training can affect behaviour after service). Leverage existing infrastructure, where possible.

> "In a small detachment, there's no one to take your place. If you go on sick leave, you're leaving the other two or three members to pick up the slack."

Administrative complexity shifts the burden of navigation onto injured members.

Participants noted that they often felt that navigating VAC benefits and claims processes was confusing, inconsistent and administratively burdensome, leaving RCMP Veterans and their Families to shoulder the effort. Streamlining processes, improving guidance and providing proactive support could significantly lower barriers at a vulnerable moment and ensure timely access to care.

INSIGHTS

"A lot of former members have basically organized themselves into volunteer groups to help other members complete VAC paperwork."

RECORD GAPS: Incomplete service records can leave RCMP Veterans responsible for proving past injuries or even basic service history years after retirement. For example, members who were reluctant to formally seek help during service may lack the documentation needed to confirm a service-related injury.

CLAIMS COMPLEXITY: Claims processes are difficult to navigate, with RCMP Veterans describing how they often need to gather extensive documentation or align their experiences with predefined categories. Requirements for frequent physician documentation (and therefore appointments) create additional barriers for those already experiencing mental health difficulties.

AWARENESS OF PROGRAMS AND PROCESSES: Participants had inconsistent knowledge of VAC itself, available benefits and programs (e.g. operational stress injury clinics) and reimbursement processes. Participants shared how VAC case management support isn't always accessible and when it is, there isn't always an understanding of the RCMP Veteran experience.

INCONSISTENT CLAIM DECISIONS: Participants reported highly variable experiences with VAC. Some noted high rates of denial for initial claims (followed by approval on appeal), inconsistent decision-making and perceptions that submitted evidence was not always fully considered. Some reported needing to bypass or request a different case manager or being assigned a new case manager without being informed.

INFORMAL NAVIGATION: Because the mental health system is difficult to navigate, RCMP Veterans frequently rely on informal networks, volunteers or private services to navigate benefits, claim processes and systems such as My VAC Account. Family members often become informal system navigators, researching benefits, locating services and advocating for support on behalf of the RCMP Veteran.

ONGOING ADMINISTRATIVE REQUIREMENTS: Maintaining benefits often involves ongoing paperwork, renewals and provider changes, creating interruptions in care to meet coverage requirements.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

NAVIGATION SUPPORT: Provide proactive, hands-on guidance before and again at retirement, including a structured walkthrough of VAC benefits and increased access to case managers for RCMP Veterans and Families.

CLAIMS SIMPLIFICATION: Simplify and streamline VAC claims processes, particularly for mental health-related claims, to reduce repeated paperwork and reliance on volunteers. Provide formal navigation roles/support in the interim.

BENEFIT AWARENESS: Ensure clear, consistent guidance on available benefits, how to access and maintain them and how to use digital tools such as My VAC Account. Introduce this information throughout service, not only at retirement.

> "It's difficult to know where to go or how to start, especially if you're not well."

END-OF-SERVICE MEDICAL ASSESSMENTS: Implement standardized medical evaluations at retirement to document members' physical and mental health status, enabling comparison with entry assessments and supporting continuity of care and future claims.

ADMINISTRATIVE CONTINUITY: Strengthen alignment between RCMP and VAC systems, so service records and documentation follow Veterans after they leave the force.

CASE MANAGER CAPACITY: Strengthen training and support for VAC case managers to improve familiarity with the health care system, available programs, RCMP Veteran needs and the cultural context of RCMP service.

CARE CONTINUITY: Ensure coordinated communication across providers to prevent administrative errors and disruptions to care during transitions.

Access to care requires both provider availability and cultural competence.

Participants described how there is limited access to trauma-informed care available in people's preferred language, particularly in rural, remote and Francophone communities. Long wait times, geographic barriers, limited provider familiarity with RCMP culture and gender-specific experiences often discourage members from seeking support. Improving access requires both increasing provider availability and cultural fit to ensure RCMP Veterans and Families have services and supports that effectively meet their needs when they do reach out for help.

INSIGHTS

PROVIDER AVAILABILITY: Significant shortages exist in rural, northern and remote communities, with long wait times, limited French-language services, gaps in substance use supports and few trauma-informed providers familiar with RCMP and law enforcement culture. Women-specific supports are especially limited.

GEOGRAPHIC ACCESS CHALLENGES: Services are often clustered near larger CAF populations, requiring travel that can be costly, time-consuming and stigmatizing in small communities where privacy is harder to maintain. Travel barriers are especially challenging for older RCMP Veterans.

CONTINUITY OF CARE: Provider retirement or turnover can leave RCMP Veterans without trusted clinicians. Veterans are often required to restart intake processes from the beginning when transitioning to a new provider. The limited transfer of clinical information between providers often forces Veterans to repeatedly recount traumatic experiences in full.

CULTURAL COMPETENCE: Civilian providers may lack understanding of policing culture, operational trauma or gender-specific experiences. Families also struggle to find clinicians familiar with RCMP Family realities.

LIMITED AWARENESS AND AVAILABILITY: Both RCMP Veterans and service providers often lack awareness of available treatment options, specialized services and evidence-based approaches. Access to psychiatrists and residential treatment can be extremely limited, creating further barriers.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

PROVIDER DIRECTORY: Develop a national directory of clinicians with RCMP cultural competence, including specialists in operational trauma, policing culture and moral injury.

PROVIDER TRAINING: Invest in provider training and capacity-building, including education for civilian clinicians on policing and first responder trauma and on Family experiences.

SERVICE ACCESS: Expand availability through virtual, hybrid and travelling service models (i.e. bring services to the RCMP Veteran, rather than the reverse), particularly for rural, northern, Francophone and women RCMP Veterans, as well as those with substance use-related needs.

WORKFORCE STABILITY: Strengthen clinician recruitment, retention and continuity-of-care mechanisms in underserved regions, including smoother transfer of clinical information (from one provider to another) when RCMP Veterans relocate.

TREATMENT TRANSPARENCY: Provide clearer, transparent information about available treatment options, evidence-based approaches and eligibility criteria.

SPECIALIZED CAPACITY: Strengthen treatment capacity for people with complex or severe needs and ensure timely access to specialized care, when needed.

Peer connection and belonging are critical protective factors.

Peer connection was identified as a central protective factor, providing both emotional support and practical guidance that compensates for gaps in formal services. Formalizing and resourcing peer networks — including trained peers, women-specific groups and Family-focused communities — can strengthen awareness, engagement and belonging, while helping RCMP Veterans and Families navigate complex systems. Peers are not seen as peripheral supports — rather, they are a central component of the mental health care system for RCMP Veterans and Families.

INSIGHTS

> *"We're not getting to everybody. I know so many people out there who aren't connected to the Vets' [Association], and they need help."*

WORD-OF-MOUTH LEARNING: Participants reported how RCMP Veterans often first learn about VAC supports through peers or former colleagues, with messages from peers often carrying more weight than those from Family or institutions.

CONNECTION: Peer networks, including online and in-person forums, foster openness, validate shared experiences and reduce isolation by showing members they are not alone.

PEER GUIDANCE: Peers often serve as trusted navigators, helping RCMP Veterans understand benefits, paperwork and service pathways.

COMMUNITY BELONGING: Preserving a sense of belonging with the RCMP Veteran community is critical for many. Some RCMP Veterans even relocate to maintain connections.

FORMAL PEER SUPPORT: There is strong interest in more structured peer support, including trained peers who proactively reach out to RCMP Veterans. This helps to build trust and increase readiness to engage with peers over time (particularly for those who may have distanced themselves from the RCMP community).

SUPPORT GAPS: Some participants noted that recently retired RCMP Veterans seem to be less connected to formal peer networks, including member associations. Peers noted concern for these individuals and highlighted the importance of inclusive outreach strategies to ensure no one "falls through the cracks."

GENDER-SPECIFIC CONNECTION: Women RCMP Veterans highlighted the value of connecting with other women who share similar experiences. Some described their participation in this project as the first meaningful connection with peers in years.

FAMILY CONNECTION: Family members also benefit from connecting with other RCMP Families for advice, validation and support, reinforcing the practical and emotional value of these communities.

CONTINUED ADVOCACY: RCMP Veterans remain committed to improving the system for those still serving.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

FORMALIZE PEER NETWORKS AND ROLES: Invest in peer support networks through community-based hubs, digital platforms and structured RCMP Veterans' Association programs. Peers already serve as informal system navigators and formal programs could strengthen this role.

PEER TRAINING: Train peer navigators in system processes, crisis response and mentoring, including women-specific peer networks, while strengthening awareness of and connections to existing peer support groups.

OUTREACH PATHWAYS: Leverage multiple outreach channels (e.g. RCMP Veterans' Association divisions, publications, social media, provider networks) to engage RCMP Veterans who may be disconnected. Expand to include more remote and flexible ways to connect, which could help reach members who prefer not to connect locally, enabling connection on their own terms.

PEER RECOGNITION: Recognize and strengthen the existing role of peers as informal system navigators and problem solvers.

PEER ENGAGEMENT: Encourage peer-led discussions and information-sharing on mental health, including structured mentorship opportunities.

FAMILY PEER SUPPORT: Support Family peer networks and online communities, facilitating safe connections between those with shared experiences.

Transition to post-service life is abrupt, under-supported and identity-disrupting.

Participants reflected how the transition from service to retirement is often experienced as an abrupt disconnection, leading to identity disruption and loss of institutional belonging. This often results in a delay in seeking or engaging with supports. A structured, proactive transition model — including attention to mental health, identity and Family needs — could help prevent some crises and improve long-term outcomes.

INSIGHTS

ABRUPT TRANSITION: Transition out of service is described as abrupt, impersonal and administrative, with RCMP Veterans describing a sense of abandonment, like being "dropped at a bus stop" or feeling like "just a number."

> "You're on your own after retirement."

LATE EDUCATION: Many RCMP Veterans receive mental health education too late. As a result, trauma processing frequently begins only after leaving service.

LIMITED PLANNING: Exit interviews and formal transition planning are seen as inconsistently offered or absent due to operational capacity issues.

“When you’re in, you’re in. When you’re out, you’re out. The reality is, it’s a pretty hard fall and a lot of people really struggle with it.”

WEAK LINKAGES: Many participants reported that linkages with the RCMP Veterans’ Association and VAC at retirement are weak or inconsistent, which can be exacerbated by some RCMP Veterans intentionally disengaging from the RCMP community.

ADJUSTMENT CHALLENGES: Difficulty adjusting to civilian careers, reconciling identity shifts and adapting to new communities can create isolation. This is particularly true for those who relocate after service and lose closeness to established networks, colleagues and support systems.

SERVICE-CONDITIONED MINDSET: Service experiences can shape perspectives on urgency and risk, complicating civilian workplace adjustment.

ABRUPT EXITS: Delayed help-seeking or unresolved stress sometimes leads to abrupt or urgent exits from the RCMP (e.g. “I just needed to get out.”)

PRE-RETIREMENT PREPARATION: Pre-retirement programming that addresses both emotional and practical challenges is beneficial, but not seen as consistently available. Participants compared the minimal preparation for retirement to the extensive preparation required to join the RCMP.

IMPACTS OF TRANSITION ON FAMILY: Participants described how transition affects the entire Family, often reshaping household roles and relationships and influencing how mental health challenges emerge after service.

SURVIVOR TRANSITION GAPS: Families whose loved one has died (by any cause) experience a distinct and largely unsupported transition, with potential delays in accessing benefits and gaps in continuity of care, sometimes leaving Families without income during the transition.

“You dedicated 35-plus years of your life to this machine and now you’re being betrayed.”

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

REFINE “OFFBOARDING”: Standardize structured transition protocols to the same degree as recruitment, including mandatory mental health, financial and career briefings.

PROACTIVE EXIT PLANNING: Include mental health discussions in existing retirement briefings, with follow-ups at six and 12 months after retirement. Ensure reliable exit interviews and early awareness of RCMP Veteran resources, even in high-intensity operational environments.

PENSION COMMUNICATION: Leverage the RCMP pension provider as a consistent communication channel to share information about mental health benefits, services and supports. This will ensure all RCMP Veterans receive ongoing information through an existing point of contact.

COMMUNITY LINKAGES: Strengthen coordination with RCMP Veteran networks and RCMP Veterans’ Associations to improve post-service connections.

RELOCATION SUPPORT: Provide additional transition support when members relocate to a new community, including assistance finding local health providers and resources.

STANDARDIZE TRANSITION/RETIREMENT PROTOCOLS: Expand programming to address identity shifts, life after service and opportunities outside policing, including education and career pathways.

FAMILY SUPPORT: Provide Families with their own transition supports, recognizing their distinct needs during this period. This could include education on post-service psychological adjustments and access to dedicated support programs.

SURVIVOR SUPPORTS: Develop supports designed for Families whose loved one has died by any cause with clear, compassionate processes. For service-related deaths, this could include ensuring a single point of contact to guide Families through related benefits and services.

> "Once you leave the force, you're done... Everything you were told about being part of a team is gone."

Mental health challenges of the serving member affect the whole Family.

The dialogue series highlighted how mental health challenges related to RCMP service extend beyond the individual Veteran, affecting spouses, children and other Family members who often carry significant emotional, practical and caregiving burdens. Strengthening Family-inclusive supports and enabling Families to access care independently (i.e. without relying on their loved one's registration with VAC) are essential to improving long-term well-being for both RCMP Veterans and their Families.

INSIGHTS

EARLY RECOGNITION: Family members often recognize mental health challenges earlier than the RCMP Veteran, but may not know where to seek support.

COMMUNICATION BARRIERS: RCMP Veterans may feel uncomfortable discussing struggles with those closest to them, yet the effects of operational stress injuries often become more visible within Family systems after retirement.

SECONDARY TRAUMA: Family members can experience secondary stress or trauma, both from fear for their loved one's safety during service and from hearing about or living alongside operational stress injuries.

CAREGIVER BURDEN: Some Family member participants described feeling responsible for identifying or managing their loved one's mental health challenges.

ACCESS CONSTRAINTS: Conflict-of-interest rules often require Family members to access separate providers, and limited provider availability can create bottlenecks for care.

> *"Just because kids are adults, their issues don't just go away... they need to continue to access support."*

INTERGENERATIONAL EFFECTS: Children of RCMP members may continue to experience the effects of service-related stress well into adulthood.

ONGOING NEEDS: Family members described how they continue to need support even after an RCMP Veteran dies.

INDEPENDENT SUPPORTS: Participants emphasized the need for direct mental health services for Families that are independent of the RCMP Veteran's eligibility.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

FAMILY SUPPORT: Expand existing mental health services (e.g. those that support CAF Families) to support RCMP Families.

INTEGRATED PROGRAMMING: Expand mental health services to support both RCMP Veterans and their Families in navigating mental health impacts together, for those who are interested. Increase provider capacity and flexibility to serve multiple Family members, where appropriate.

FAMILY EDUCATION: Provide Family-specific education during transition, including information on operational stress injuries, vicarious trauma and strategies to support their own well-being.

CONFIDENTIAL ACCESS: Develop confidential pathways for Family members to seek support independently of the RCMP Veteran.

EXPANDED ELIGIBILITY: Expand access and eligibility for Family mental health services, including counselling and peer supports that do not depend on the RCMP Veteran's participation.

CHILD AND YOUTH SUPPORT: Ensure access to mental health services for children of RCMP Veterans, including coverage that extends into adulthood to address the long-term effects of service on Families.

ONGOING FAMILY SUPPORT: Maintain continuity of support for Families following an RCMP Veteran's death.

> "I'm seeing one psychologist, my spouse is seeing another and my daughter is seeing another. Now my son wants to see someone, but there are no other professionals locally who can see him."

The term *moral injury* is under-recognized, but deeply resonant.

While familiarity with the term *moral injury* was limited among participating RCMP Veterans and Family members, participants strongly identified with the concept once it was explained and they often recognized their own experiences in its description. Experiences involving ethical conflict, use-of-force decisions and institutional betrayal can result in lasting moral distress rooted in violations of deeply held values, rather than fear-based trauma responses. Greater recognition of moral injury as a distinct clinical experience may improve understanding of these experiences and support more effective engagement with care.

INSIGHTS

LIMITED AWARENESS: Familiarity with the term moral injury is limited, but participants expressed strong interest in learning more once the concept was introduced.

ETHICAL DILEMMAS: Participants described distress related to "instant command" and high-stakes situations encountered during operational decision-making.

MORAL CONFLICT: Many described tension between professional duty and personal moral identity.

FAMILY IMPACT: Some participants reflected on the broader effect of these experiences on their Families and children (e.g. intergenerational burden, "my kids didn't choose this").

> "You can label it however you want, but it goes hand-in-hand with PTSD."

SYSTEMIC STRESSORS: Moral distress was associated not only with operational decisions but also with institutional experiences such as chronic understaffing, lack of support, perceived favouritism or abrupt transitions out of service.

INSTITUTIONAL BETRAYAL: Participants also described distress linked to situations where supervisors did not believe members' accounts or where colleagues were mistreated.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

> *"The things I've done and seen, I can handle that. But my partner and kids didn't choose this... I've written cheques that my kids have to cash."*

SHARED UNDERSTANDING: Increase awareness and recognition of moral injury among RCMP Veterans, Families, clinicians and RCMP leadership.

CLINICAL INTEGRATION: Integrate moral injury frameworks into clinician training to improve recognition and treatment of morally rooted distress.

EARLY EDUCATION: Introduce discussions of moral injury within the Cadet Training Program and transition programming to normalize these experiences and support earlier help-seeking.

FAMILY RESOURCES: Develop and disseminate resources that help Families understand the moral and ethical burdens associated with policing service.

Identity reconstruction and renewed purpose are central to post-service well-being.

Discussions emphasized that long-term well-being after RCMP service depends not only on access to clinical care, but also on rebuilding identity, purpose and meaningful connections beyond the policing role. Supporting RCMP Veterans in developing new sources of meaning through community engagement, relationships and personal pursuits can play an important role in sustaining mental health over time.

INSIGHTS

SENSE OF PURPOSE: Well-being often improved when RCMP Veterans identified a new purpose or "raison d'être" after leaving service.

PROTECTIVE ACTIVITIES: Activities such as volunteering, helping others, physical activity, travel and community involvement were identified as beneficial.

IDENTITY REBUILDING: Returning to preservice interests, passions or career paths helped some RCMP Veterans rebuild or redefine their identity beyond the RCMP role.

RELATIONAL SUPPORT: Family members and trusted others often play an important role in recognizing and reflecting changes in RCMP Veterans' well-being.

IDENTITY REFRAMING: Some RCMP Veterans described the importance of reframing the RCMP experience as one important "layer" of their identity, rather than its defining feature.

COPING STRATEGIES: Simple personal strategies, such as affirmations or reminders (e.g. "don't let the hard days win"), were described as helpful coping tools during difficult periods.

DELAYED CHALLENGES: Some RCMP Veterans reported remaining well for many years after retirement before encountering challenges triggered by major life disruptions, such as the COVID-19 pandemic, or by increasing social isolation.

FUTURE PLANNING: Participants emphasized the value of developing interests, education or career pathways outside policing to support long-term well-being after retirement.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

TRANSITION PROGRAMMING: Expand to explore identity and purpose to better support life after service.

PROFESSIONAL DEVELOPMENT: Provide education and career development resources that support meaningful engagement after RCMP service.

POST-SERVICE PATHWAYS: Develop structured opportunities and clear avenues for volunteering, mentorship and community contribution that leverage RCMP Veterans' skills and experience.

LIFE BEYOND POLICING: Encourage members throughout their careers to cultivate interests and relationships and strengthen their identity outside the RCMP.

LONG-TERM CONNECTION: Recognize that support needs extend beyond the immediate transition period and that long-term outreach and opportunities for community connection remain important decades after retirement.

COMMUNITY-SPECIFIC THEMES

The following section highlights 12 community-specific themes identified in sessions with Francophone RCMP Veterans, women RCMP Veterans and Families of RCMP Veterans. While the broad themes reflect shared experiences across the RCMP Veteran community, these themes capture distinct perspectives shaped by language, culture, gender and Family roles, pointing to the need for more tailored approaches to support

FRANCOPHONE RCMP VETERANS

Access to information and services in French remains fragmented.

Francophone RCMP Veterans noted that it was generally difficult to locate reliable information about supports and services in French. Improving access to centralized, high-quality French-language resources could significantly strengthen awareness of available supports and reduce barriers to care.

INSIGHTS

INFORMATION GAPS: Participants described a lack of readily available, credible, reliable information about mental health services and RCMP Veteran supports.

COMMUNICATION MAY BE OVERLOOKED: Communication about available French programs often occurs through emails or internal channels that members may ignore or overlook.

RESOURCE HUB: Participants suggested that information about all French services should be centralized on a single, trusted website accessible to RCMP Veterans.

INTEGRATED CONTENT: Participants emphasized that a centralized platform should include both formal French services and opportunities to connect with other Francophone RCMP Veterans.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

RESOURCE HUB: Work with RCMP Veteran networks to create a centralized, accessible directory of information about supports, services and peer networks. Ensuring the availability of high-quality information in French would improve accessibility for Francophone RCMP Veterans.

Language and cultural context shape how administrative decisions are experienced by Francophone RCMP Veterans.

Participants noted that language and translation choices can influence how administrative decisions are interpreted and experienced by Francophone RCMP Veterans. Ensuring that official communications are carefully translated and culturally informed could help reduce harm, improve clarity and demonstrate respect for members leaving the RCMP due to injury or illness.

INSIGHTS

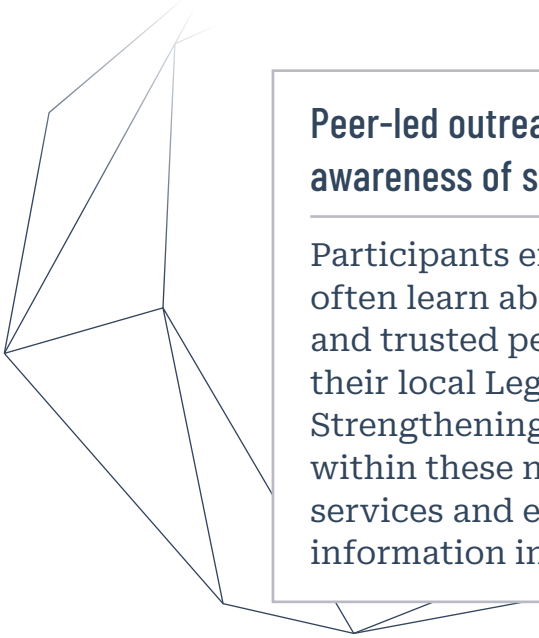
DISMISSIVE LANGUAGE: Some participants reported that the wording used in some official French communications (e.g. medical discharge letters) conveyed a sense that the organization was distancing itself from members perceived as no longer useful, with wording that mirrors the language used for termination or being fired.

BREACH OF TRUST: This language was experienced as hurtful among some participants and contributed to feelings of betrayal following medical discharge.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

RESPECTFUL COMMUNICATION: Review the language used in official communications to ensure it reflects respect for members who are leaving due to injury or illness.

INCLUSIVE FEEDBACK: Consult Francophone RCMP Veterans during the development or revision of such communications to improve tone and clarity.



Peer-led outreach within Francophone networks helps improve awareness of supports.

Participants emphasized that Francophone RCMP Veterans often learn about available supports through informal networks and trusted peers within Francophone communities (e.g. through their local Legion or RCMP Veterans' Association division). Strengthening peer-led outreach and information-sharing within these networks could help improve awareness of services and ensure that Francophone RCMP Veterans receive information in ways that feel accessible and culturally familiar.

INSIGHTS

WORD-OF-MOUTH AWARENESS: Several participants described learning about services and supports through conversations with other RCMP Veterans, rather than through official channels.

FRANCOPHONE PEER NETWORKS: Informal peer networks within Francophone communities were described as an important pathway for sharing information about benefits, programs and resources.

PEER-LED OUTREACH: Some participants suggested that outreach led by Francophone RCMP Veterans themselves could help increase awareness of available supports among those who may not actively seek information through institutional channels.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

FRANCOPHONE PEER OUTREACH: Support peer-led outreach initiatives within Francophone RCMP Veteran communities.

ACCESSIBLE SERVICE INFORMATION: Provide clear, accessible information about available services that can be easily shared through informal Francophone networks.

RCMP VETERAN AMBASSADORS: Engage Francophone RCMP Veterans as ambassadors or connectors to help improve awareness of supports within their communities.

WOMEN RCMP VETERANS

Gendered workplace experiences shape long-term well-being.

Experiences of harassment, exclusion and unequal treatment during service can continue to influence the mental health and well-being of many women RCMP Veterans long after retirement. Addressing gender-specific trauma and strengthening accountability within policing culture are seen as essential to improving long-term outcomes for women RCMP Veterans.

INSIGHTS

"It was an old boys' club. I felt isolated, as everyone was getting stuff, and I wasn't. It was hard to put my finger on."

MALE-DOMINATED CULTURE: Several participants described workplace cultures that felt dominated by male norms and expectations.

IDENTITY SUPPRESSION: Women reported needing to adopt defensive behaviours or suppress aspects of their identity to feel safe or accepted.

UNADDRESSED MISCONDUCT: Experiences of harassment and/or discrimination were sometimes dismissed or inadequately addressed through formal complaint processes.

ORGANIZATIONAL MISTRUST: These experiences contributed to long-term mistrust of the organization among participants and influenced individual decisions to distance from the RCMP community after retirement.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

ACCOUNTABILITY MECHANISMS: Strengthen accountability mechanisms for harassment and misconduct.

LEADERSHIP TRAINING: Increase trauma-informed leadership training across all levels of the RCMP.

EARLY EDUCATION: Strengthen the Cadet Training Program to include comprehensive education on gender dynamics, sexual harassment, respectful workplace culture and bystander responsibility. This helps establish clear expectations from the start of members' careers.

"When I first filled out an application, I was told to come back when I was out of my training bra."

GENDER-INFORMED CARE: Ensure that mental health services recognize and address gender-specific workplace trauma.

ACT ON EXISTING RECOMMENDATIONS: Many of the insights identified here have been consistently documented in prior reports and reviews (e.g. the Bastarache Report [bit.ly/bastarache-report] and *Invisible No More* [bit.ly/acva-invisible-no-more]). Participants discussed how progress requires implementing established recommendations, supported by clear accountability, timelines and public reporting on progress.

“Years have gone by and the issues still remain. It’s got to stop. The information gaps are just too huge. Female members need to accept, understand, realize it’s not okay. You may have signed on the dotted line, but you didn’t give your life away.”

“I had filed a grievance the year before. They didn’t like it, because I won it. Guys didn’t like me. They didn’t back me... One night, I was on a call and asked for backup and no one came. I no longer felt safe.”

“During my time at Depot, I was stalked. I reported it, but then ended up in a room with four men laughing at me. That’s when I changed, right in that room. I’m going to have to put on more armour, be a different person. *I changed to go into work. I had to be bigger. If this is how it’s going to be, I have to armour up before I go into a room. If something happened, I’d be right in the person’s face. You have to be ‘on’ when you go to work. You have to have your head on a swivel out of fear someone would do something to you. It changed me.”*

“People are reluctant to admit something is wrong. It’s career suicide, ostracizing. You need trust that there is genuine support available and a genuine commitment from the organization.”

“What helps now is staying as far away as I possibly can. Staying as active as possible. Staying away from VAC, RCMP, staying away from it all. I needed to contact VAC a few years ago, which opened a can of worms [having to tell my whole story again]. There was no support for that can of worms.”

“I could see that the job was changing me. I wanted to return to the person I used to be. I was very aware of my needs, including needing to take care of my mental health along the way. It has helped me navigate life beyond the RCMP, including the intensity of emotion as damage from my career. I have a group of close women friends from the RCMP. I’m the only one who has been able to keep working. I feel very fortunate for that.”

“There needs to be consequences. Most of us here have made at least one complaint at some point and it’s resulted in nothing. Complete failure. Swept under the carpet. Trust is impacted... You need to see people held accountable for their sh***ty behaviour toward other members.”

Photo: Allison Smith, Dandelion Digital

Connection with other women RCMP Veterans can be uniquely healing.

Many participants described significant value in connecting with other women RCMP Veterans who share similar experiences. Expanding opportunities for women-focused peer connection through networks, mentorship and safe spaces for dialogue could strengthen healing, validation and community among women RCMP Veterans who may otherwise remain disconnected from the broader RCMP Veteran community.

INSIGHTS

POST-SERVICE DISCONNECTION: Several participants reported limited contact with the RCMP community after leaving the organization.

DELAYED PEER CONNECTION: Some described this consultation as the first opportunity in decades to speak openly with other women who understood their experiences.

ONLINE PEER SUPPORT: Informal online communities and peer networks were identified as important sources of validation and support.

> "I ran far away from the RCMP. My injury was caused by my fellow members... I disconnected completely from the force, because there was so much trauma there... This [session] is the most contact I've had with the RCMP community in over a decade."

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

WOMEN-FOCUSED NETWORKS: Support and promote women-focused RCMP Veteran networks and peer groups.

FOSTERING BELONGING: Create safe spaces where women RCMP Veterans can connect and share experiences.

PEER MENTORSHIP: Encourage mentorship between serving women members and RCMP women Veterans.

Women RCMP Veterans face identity strain during both entry into and exit from service.

Women participants described experiencing identity strain both when entering the RCMP and again when leaving the organization. Recognizing how workplace culture can shape identity during service and supporting women in rebuilding identity and purpose after service could improve long-term well-being for women RCMP Veterans.

INSIGHTS

"It was a big part of my identity ('I'm so-and-so and I'm a cop'). Leaving meant losing part of myself, needing to rebuild through therapy to find out who I was."

IDENTITY SHIFT: Some participants felt their sense of self shifted during service as they adapted to a workplace culture that did not always value their contributions.

CONFORMITY PRESSURES: Participants described navigating pressure to conform to dominant cultural norms within policing, which sometimes required suppressing aspects of their identity.

POST-SERVICE IDENTITY REBUILDING: Leaving the RCMP required many women to rebuild their sense of identity and reconnect with personal values, interests and goals outside policing.

POST-SERVICE DISENGAGEMENT: Some participants described feeling less connected to the RCMP community after service and were less likely to remain engaged with networks for RCMP members or Veterans.

RENEWED PURPOSE: Participants who pursued education, new careers or meaningful activities after service reported improved well-being and a stronger sense of purpose.

"If you hadn't really focused on building out who you are beyond the uniform, it's a lot harder."

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

IDENTITY RECONSTRUCTION: Provide transition supports that address the rebuilding of identity and personal development (e.g. hobbies, interests, passions) after service.

PROFESSIONAL DEVELOPMENT: Promote opportunities for education, career change and skill development for women RCMP Veterans.

OUTSIDE INTERESTS: Encourage members to maintain interests, relationships and identities outside policing throughout their careers.

"Sometimes I don't know who I am anymore, because I'm not a cop. I have to be so choosy about where I apply and what I do, because I know little things will set me off."

Women RCMP Veterans often reconnect with support systems on their own terms after service.

Some women RCMP Veterans intentionally shape how and whether they remain connected to RCMP institutions and communities after service. They often prioritize environments where they feel safe, respected and understood. Recognizing the need for flexible pathways to connection, while improving early awareness of workplace realities and available supports, could help women navigate their careers and post-service experiences with greater agency and well-being.

INSIGHTS

"Being around women RCMP Veterans, I have found it positive. I feel the support of everyone around me. I really appreciated [this session], knowing I'm not alone."

TRIGGER AVOIDANCE: Some participants avoided RCMP buildings, events or organizations because these environments triggered difficult memories or were associated with negative workplace experiences or individuals.

SELECTIVE RELATIONSHIPS: Several described maintaining relationships with individual colleagues while distancing themselves from the institution itself.

SELECTIVE RECONNECTION: Others reported reconnecting selectively through women-specific spaces where they felt safer sharing experiences and rebuilding community.

TRAINING GAPS: Participants emphasized that training often highlights the positive aspects of policing but may not fully prepare members for the cultural and psychological challenges they could encounter.

EARLY AWARENESS: Greater awareness of concepts such as moral injury, operational stress and healthy workplace culture could help members recognize challenges earlier and seek support when needed.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

INDEPENDENT ACCESS: Ensure that RCMP Veteran services can be accessed outside of RCMP-affiliated settings and systems, including options that do not require engagement with RCMP institutions, locations or networks that may feel unsafe for some.

WOMEN-SPECIFIC PEER SUPPORT: Support peer spaces and networks specifically for women RCMP Veterans.

EARLY EDUCATION: Introduce early education during training on operational stress injuries, moral injury and workplace culture.

ONGOING AWARENESS: Provide accessible information about mental health supports throughout members' careers to encourage early and preventive help-seeking.

FAMILY MEMBERS OF RCMP VETERANS

Families often act as informal advocates and navigators of support systems.

Family members reported frequently taking on the responsibility of researching services, navigating benefits and advocating for support for their loved ones. Providing clearer information, direct outreach and navigation support for Families could significantly reduce this burden and improve access to support.

INSIGHTS

"Families don't have VAC for themselves."

INDEPENDENT DISCOVERY: Participants described discovering available supports through personal research, rather than through formal channels.

DELAYED AWARENESS: Some Families learned about available programs years after the RCMP Veteran had already left service.

ADMINISTRATIVE BURDEN: Navigating benefits and paperwork can be time-consuming and emotionally draining.

PEER NAVIGATION: Families often assist not only their own RCMP Veteran, but also other RCMP Veterans in navigating benefits and services.

WORD-OF-MOUTH LEARNING: Word of mouth remains one of the most common ways Families learn about services and supports.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

FAMILY-SPECIFIC INFORMATION: Provide clear, accessible information for Families about available services and supports.

CENTRALIZED RESOURCES: Create and mobilize centralized information hubs that include Family-specific resources.

PROACTIVE OUTREACH: Consider proactive outreach to Families when members leave the RCMP.

PEER NAVIGATION: Strengthen and bring awareness to peer navigation and mentorship programs.

INFORMATION CLARITY: Provide clearer information resources to reduce reliance on informal networks.

Families carry significant emotional burdens related to their loved one's service and often serve as informal caregivers.

The psychological effects of RCMP service often extend beyond the RCMP Veteran, affecting spouses/partners, children and other close Family members who frequently take on informal caregiving and support roles. Recognizing Families as key partners in recovery and ensuring they have access to information, guidance and mental health supports in their own right could strengthen well-being outcomes for both RCMP Veterans and their Families.

INSIGHTS

"I had never heard of PTSD before, until I saw it unfold in front of me in my husband. You can't see the forest for the trees."

SECONDARY TRAUMA: Family members described exposure to traumatic stories and long-term stress related to their loved one's service experiences.

CHRONIC HOUSEHOLD STRAIN: Some participants described decades of emotional strain living with untreated trauma in the household, including feeling as though they were "walking on eggshells" around RCMP Veterans with symptoms or emotional volatility.

MONITORING PRESSURE: Family members often feel pressure to identify, monitor or manage the RCMP Veteran's mental health challenges, even without formal guidance or support.

RESPONSE UNCERTAINTY: Participants described uncertainty about how to respond when RCMP Veterans withdraw, deny mental health challenges or experience worsening symptoms, particularly during retirement.

FEAR OF OVER- OR UNDER-SUPPORT: Some Family members expressed concern about pushing their loved one too hard, while others worried they were not doing enough to help.

SUPPORT BALANCE: Many participants described the challenge of balancing support for the RCMP Veteran with protecting their own mental health and well-being.

DELAYED SELF-CARE: Some Family members delay seeking help for themselves because they feel their needs are less important than the RCMP Veteran's.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

FAMILY-SPECIFIC SUPPORTS: Increase access to counselling, peer support groups and other services and supports specifically for Family members.

FAMILY EDUCATION: Provide accessible education about operational stress injuries, vicarious trauma and their effects on Families.

PRACTICAL GUIDANCE: Develop and mobilize practical guides, workshops and/or training to help Families support RCMP Veterans, while maintaining healthy boundaries and protecting Family members' own well-being.

"If the former member doesn't know about these things, the Family certainly won't."

INDEPENDENT RECOVERY: Encourage recovery approaches that recognize the important role Families play, while also supporting their independent mental health needs.

LEGITIMIZING SUPPORT NEEDS: Normalize help-seeking among Family members and recognize their experiences as legitimate support needs in their own right.

> "You didn't see it, because you were living it every day... like death by a thousand cuts."

Transition from service reshapes Family roles and identity.

The transition out of the RCMP can significantly affect Family routines, relationships and identity. Including Families in transition planning and providing resources that address lifestyle and relationship adjustments could help Families navigate this period of change more successfully and support long-term well-being after service.

INSIGHTS

ANTICIPATING TRANSITION: Some Families described uncertainty about how retirement would change daily life and household dynamics.

FAMILY IDENTITY SHIFTS: Some Family members described having experienced their own identity shifts after leaving the RCMP community.

EFFECT ON CHILDREN: Adult children described both challenges and benefits of growing up in RCMP Families, such as frequent moves but also strong relationships across communities.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

> *"Knowing he would have so much empty time on his hands, I've found it very stressful. He went from having no time for anyone to then smothering everyone."*

FAMILY INCLUSION: Actively involve Families in transition planning and educational programming, helping them understand service-related changes and equipping them to provide practical and emotional support.

ADJUSTMENT RESOURCES: Develop and mobilize resources to help Veterans and their Families navigate relationship, lifestyle and daily life changes that can happen after service.

FAMILY-FOCUSED PROGRAMMING: Support and expand programs designed specifically for RCMP Families that combine practical guidance, emotional support and community-building during post-service transitions.

Families benefit from connecting with others who share similar experiences.

Connecting with other RCMP Families can provide emotional validation and practical guidance. Strengthening opportunities for peer connection through support groups, networks and online communities could reduce isolation and help Families navigate challenges by learning from others with shared experiences.

INSIGHTS

COMMUNITY SUPPORT: Participants described informal networks, including online forums, as important sources of help.

COMMON GROUND: Peer connections gave Families the opportunity to share experiences and learn from others navigating similar challenges.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

FAMILY PEER NETWORKS: Foster formal and informal spaces where RCMP Families can connect, gain insight and receive mutual support for the practical and emotional challenges they face.

FACILITATED CONNECTIONS: Encourage opportunities for Families to connect through support groups or online platforms.

> *"What would happen when he stopped shoving things in that filing cabinet? … The drawers would spring open and he'd have to deal with it."*
>
> Describing fear that the spouse's repressed mental health symptoms would suddenly be exacerbated

> "What do we do when there aren't such great days or there seems to be a season where they just want to be on the couch? How do you help your loved one graciously go through this season of life?"

> *"I'm not ready to be home full-time with my partner. Oh gosh, now what do we do? What's this going to look like? It's a culture change for the whole Family."*

Those whose RCMP member loved ones have died experience a distinct and unsupported transition.

Participants shared that when an RCMP Veteran dies, surviving spouses and Families often face a complex and emotionally difficult transition, with limited guidance or continuity of support. Recognizing survivors as a distinct group with unique needs and providing dedicated navigation, mental health support and continuity of services could help Families navigate this transition with greater stability and care.

INSIGHTS

LOSS OF SERVICES: Family members described losing access to mental health services in a critical moment immediately after the RCMP Veteran's death.

ENGAGEMENT AS A SURVIVOR: Families whose loved one has died often become VAC clients for the first time during a period of acute grief, making administrative complexity even more challenging.

DELAYED CLAIMS: Service-related death claims can take years to resolve, leaving Families with financial uncertainty.

UNSUPPORTED TRANSITION: Participants emphasized that becoming a survivor represents a major life change that currently lacks support.

IMPLICATIONS AND POTENTIAL OPPORTUNITIES

SURVIVOR SUPPORT: Develop support programs and navigation services specifically for Families whose loved one has died after service.

CONTINUITY OF CARE: Maintain continuous mental health services for Families after an RCMP Veteran's death.

GUIDED NAVIGATION: Establish a single point of contact to help Families navigate administrative processes.

> "It seemed that VAC understood that we were experiencing a death, but they failed to understand that it's a service-related death. And that certain obligations arise from that."
>
> Describing spouse's death by suicide

CONCLUSION

The findings from this dialogue series point to a clear reality. The challenges facing RCMP Veterans and their Families are interconnected and can often build on top of each other. Cultural norms, administrative complexity, limited service access and gaps in transition planning do not operate in isolation. Addressing them will require coordinated action across culture change, service capacity, system navigation and transition supports.

No single solution will be enough. Efforts to improve access to care will fall short if stigma continues to discourage help-seeking. Streamlining administrative processes will have a limited effect if Veterans and Families cannot find service providers who understand their experiences. Strengthening transition supports will not reach their full potential without sustained connection to community and peer networks. These themes must be addressed together, as part of a more coordinated and responsive system.

At the same time, **there is no single "RCMP Veteran experience."** Distinct needs across subpopulations shape how services are accessed, how support is experienced and whether individuals remain connected at all. Any meaningful response must account for these realities and be flexible enough to meet people where they are. While this engagement highlighted a range of perspectives, it included only a limited sample of the RCMP Veteran and Family community and may not reflect the full range of experiences, including those of the specific subpopulations engaged. Similarly, it did not fully capture the experiences of all RCMP Veteran subpopulations, including First Nations, Inuit, Métis, 2SLGBTQIA+, Black and other racialized Veterans. Although some findings may resonate across groups, these communities may also face distinct experiences and barriers that are not fully reflected here. This represents an important limitation of the work and underscores the need for continued, focused engagement to better understand and respond to diverse needs.

This initiative also revealed important unintended outcomes. Participants exchanged contact information, reconnected with former colleagues and created opportunities to continue supporting one another beyond the sessions. In several instances, ***peer support occurred in real time, with participants stepping in to help fellow Veterans navigate services, share resources and offer practical guidance based on lived experience.*** These moments emerged naturally and underscore a critical point: Peer support is already a central part of how RCMP Veterans and their Families find their way through complex systems.

Participants also acknowledged that the RCMP has made meaningful changes since many of them left service, reflecting ongoing progress toward normalizing mental health, improving support and fostering positive cultural change. In several instances, participants noted that they were not fully aware of these developments and expressed a desire to know more. This points to an important opportunity: **Increasing awareness and promotion of positive changes within the RCMP could strengthen trust, reinforce engagement and allow former members to continue contributing to the well-being of those still serving, honouring their enduring connection to the community.**

There is both urgency and reason for hope. The challenges are consistent and the risks of inaction are real. At the same time, participants identified clear opportunities for improvement and demonstrated a strong willingness to support one another and contribute to solutions.

Better outcomes are possible.

The path forward requires collective action. This includes sustained engagement with RCMP Veterans and Families to deepen understanding and co-develop solutions. It requires stronger coordination across organizations responsible for culture, services and policy. It calls for investment in peer networks, improved navigation supports, expanded access to culturally competent care and strengthened transition planning. It also requires recognizing Families as essential partners in well-being, with their own distinct needs for support.

The insights from this dialogue series provide a strong foundation. The opportunity now is to act on them in a coordinated, sustained and meaningful way, grounded in the realities shared by RCMP Veterans and their Families.

Photo: Meagan McLean

APPENDIX:
DISCUSSION QUESTIONS

Questions asked of specific communities are noted in brackets.

MENTAL HEALTH SERVICES AND SUPPORTS

- What are some challenges or barriers you've noticed when you or your loved ones are seeking out and accessing mental health supports? What changes would make it easier?
- What kinds of services and supports for Families of RCMP Veterans would make the most difference?
- Are there any services or supports available for *[women]* RCMP Veterans or their Families that were particularly helpful or useful for you or your loved ones?
- *[Women]* Are there unique challenges women RCMP Veterans face when it comes to seeking or accessing mental health supports?

LIFE AFTER THE RCMP

- How did leaving the RCMP/your Family member's transition out of the RCMP impact your or your Family's mental health and well-being (positively or negatively)? Were there unexpected positives in your transition (e.g. rediscovering autonomy, Family time, career change)?
- *[Women]* Are there particular challenges related to retirement, medical release or career transition that stand out for women?
- Were there supports or information that helped during that time? What do you wish had been available?
- What do *[women]* RCMP Veterans/Families need most (e.g. knowledge, services or supports) when adjusting to life after service (whether through retirement or medical release)?

MORAL INJURY

- Before today, were you familiar with the concept of moral injury? In your view, how much awareness or understanding of moral injury exists within the RCMP Veteran community?
- What more do you think needs to be done to address moral injury with the RCMP Veteran and Family community (e.g. further research, service provider training, resources or awareness within the RCMP community)?
- What kinds of spaces or supports (e.g. peer circles, spiritual, cultural or clinical) might help RCMP Veterans process moral injury more effectively?

- *[Women]* Do you think that women in the RCMP experience moral injury differently from men? If so, what might contribute to that difference?
- *[Families]* What resources or supports would help Families better understand and support a loved one dealing with moral injury?

SUICIDE AWARENESS AND PREVENTION

- Do you think there is adequate knowledge or understanding of suicide risk or prevention in the RCMP Veteran or Family community (e.g. awareness of suicide and risk factors, how to find or access supports or how to help someone you're worried about)?
- What do you think are some unique factors that need to be considered for the RCMP Veteran and Family community when thinking about addressing suicide risk, including in designing supports or services?
- *[Women]* Are there things that prevent women RCMP Veterans from speaking openly about suicidal thoughts or crises? If so, what are they?
- *[Women]* Are current prevention and crisis supports tailored enough to the unique experiences of women RCMP Veterans? How can we better reach those who don't identify as "in crisis," but are clearly struggling?
- *[Families]* Do you feel Families have the knowledge or resources to recognize and respond to suicide risk? What would make it easier for Families to get help if they're worried about their loved one? What about if they're worried about another member of the Family?

RCMP CULTURE AND COMMUNITY

- How has RCMP culture shaped your and your Family's approach to mental health and well-being (positively or negatively) after service?
- Did you stay connected with the RCMP community post-service? Why or why not?
- What could be done to strengthen connection and support for RCMP Veterans and their Families?
- *[Women]* Were there aspects of the culture that made it harder or easier for women to talk about mental health?
- *[Women]* What changes within the RCMP culture or community do you think are needed to better support the mental health and well-being of women members after service?

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