ATLAS INSTITUTE PUBLIC POLICY ENGAGEMENT PROCESS

Summary of findings

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GLOSSARY

Family: A person or group of people related biologically, emotionally or legally, taking into account whom the Veteran identifies as significant to their mental well-being. This can include parents, siblings, partners/spouses, dependent and adult children, as well as carers (related or not), friends and peers.

Public policy: "Consists of the set of actions — plans, laws and behaviours — adopted by a government"[1]

Public policy influence: Using various methods to advocate for a government to do (or not do) something that will affect the population under the government's jurisdiction[2]:

1. Activism: The use of petitions, public demonstrations, posters, leaflet distributions while actively engaging individuals, groups or organizations in promoting specific policy changes or influencing public policies to address social, political or environmental issues.
2. Advising: The process of providing expert advice and guidance to policy makers, government officials or organizations on various issues related to public policy. Policy advisors play a crucial role in shaping and implementing effective policies that can address societal challenges, promote development and achieve specific goals.
3. Lobbying: The act of attempting to influence government officials, policy makers or legislative bodies to shape or change public policies, laws, regulations or decisions in favour of a particular individual, organization or interest group.
4. Media campaigning: The strategic use of media channels and platforms to promote specific public policies, influence public opinion and mobilize support for policy changes or reforms.

Veteran: Former or retired members of the Canadian Armed Forces (Army, Navy, Air Force) Regular or Reserve Force; former or retired members of the Royal Canadian Mounted Police (RCMP) (i.e. no longer in service or those in transition to post-service life).

ACRONYMS

2SLGBTQIA+: Two-Spirit, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual, and the plus reflects the countless affirmative ways in which people choose to self-identify.

CAF: Canadian Armed Forces

VAC: Veterans Affairs Canada

EXECUTIVE SUMMARY

The Atlas Institute for Veterans and Families (Atlas) initiated three interrelated foundational public policy projects. These projects include: (1) a public policy scan of academic and grey literature specific to mental health and well-being policies and policy recommendations that impact Veterans and Families; (2) an engagement process consisting of a series of conversations with stakeholders across Canada with similar mandates as intermediary organizations; and (3) the creation of an internal public policy framework that will guide Atlas staff on how public policy work will occur and where Atlas will position itself. **This report highlights themes from the series of public policy engagement conversations that Atlas hosted over the summer of 2023.**

Over the course of three months, guided by a consultant, Atlas staff met with 14 organizations working in the health and mental health public policy space with varying foci on Veteran and Family mental health.

The findings from the engagement process were grouped into three sections:

1. **Reflections on the engagement process**
2. **Characteristics of effective public policy work** — an overview of five practices that make for effective public policy work:
   • Collaborating with the "owner" of the policy
   • Developing and sharing evidence-based resources
   • Engaging people with lived experience
   • Maintaining a positive relationship with funding bodies
   • Partnering with peer organizations when possible

3. **Priority areas in the Veteran and Family public policy space** — a summary of five priority areas for public policy:
   • Conducting research
   • Equitable access and supports
   • Knowledge on evidence-based treatments
   • Needs of the Family in their own right
   • Upstream prevention

A limiting factor for this project was the feasibility of meeting with every relevant organization. As a result, some key perspectives were not captured (i.e. Francophone, RCMP and First Nations, Inuit and Métis Veterans and Families). As such, the above themes may not be representative of the experiences of all organizations working in the Veteran and Family mental health space.

This report will be used to guide the direction and approach to public policy at Atlas, in conjunction with the results of the public policy scan that will inform our internal policy framework. Additionally, the findings of this report can be leveraged to inform the work of other organizations working in Veteran and Family mental health and well-being space.

CONTEXT AND PURPOSE

Funded by Veterans Affairs Canada (VAC), the Atlas Institute for Veterans and Families (formerly the Centre of Excellence for PTSD and Related Mental Health Conditions) was established through the Minister of Veterans Affairs November 2015 mandate letter, with funding and budget announced in the March 2017 federal budget. The mandate for Atlas includes the following main functions: contributing to research, mobilizing knowledge, training service providers and convening stakeholders, as it pertains to Veteran and Family mental health. The mandate also requires the organization to;

- Develop and communicate Atlas research recommendations to policy makers and leaders
- Work with Veterans and their Families to influence, inform and respond to public policy issues
- Develop and implement knowledge mobilization to translate research findings and promote uptake of evidence-based information across a variety of audiences, including policy makers

With its main functions established, in 2023 Atlas was ready to start mapping out its role related to public policy influence, building on the public policy related criteria of the organization's mandate.

This role may include championing the interests and priorities of Veterans and their Families with influential networks, opinion leaders and decision makers, informing policy options by facilitating consultations, and developing policy briefs based on evidence syntheses.

Recognizing that formalizing a role in the public policy space requires a firm grasp on the current landscape, Atlas mapped out three interrelated foundational projects related to public policy. With guidance from consulting group Sullivan Strategic Solutions (**Appendix C**), the three projects were initiated to identify existing policies and associated gaps, and to set priority areas for Atlas that would result in high impact for Veterans and Families. These foundational projects are the stepping stones required before launching into the public policy space.

The three interrelated foundational projects include:

1. A public policy scan of academic and grey literature specific to mental health and well-being policies and policy recommendations that impact Veterans and Families.
2. An engagement process consisting of a series of conversations with stakeholders across Canada with similar mandates as intermediary organizations.
3. An internal public policy framework that will guide Atlas staff on how public policy work will occur and where Atlas will position itself, based on Canadian and international evidence and leading practices.

This report highlights the findings from the 14 virtual public policy engagement conversations that were held over the summer of 2023 with senior leaders from various organizations focused on health, mental health, and Veterans and Families. For the list of organizations that participated in the engagement process, see **Appendix A**.

The purpose of the engagement process was three-fold:

1. Learn from organizations who are established in the health, mental health and/ or Veteran and Family mental health public policy space and increase knowledge of peer organizations' work in the policy space
2. Build awareness among stakeholders that Atlas will be actively working with in the public policy space
3. Strengthen stakeholder relationships while identifying areas for collaboration and partnership

METHODS

In the spring of 2023, the project team initiated the development of a strategy and framework that would guide the engagement process. The initial plan was to meet with around 10 organizations between the end of June and beginning of August. Recognizing the opportunity for snowball sampling, the team ended up reaching out to 19 organizations. During the engagement conversations, the team asked organizations who else should be met with and received several relevant recommendations. The subsequent outreach to the recommended organizations meant the extension of the consultation period until the end of August to allow for additional meetings. In total, the consultation period lasted 10 weeks, during which there were 14 virtual engagement conversations held with senior leaders of the organizations.

During these conversations, the project team asked organizations a series of questions related to their processes for conducting public policy work, their organizational structures, and their current and future work related to Veterans and Families. For the complete list of prompting questions asked, see **Appendix B**.

Once the project team had completed about half of the conversations, notes from the meetings were reviewed to look for emerging themes and to determine if additional input was required. This process allowed for more targeted questions to be asked, as needed, during the remaining conversations.

Following the completion of all of the engagement conversations, the preliminary results were collated and presented September 27, 2023 at the annual in-person Atlas reference group meeting. The reflections of the reference group members were captured and incorporated into the findings shared in this report.

Over a period of 14 business days in January 2024, a draft report was shared with all organizations who participated in the engagement project to provide them with an opportunity to validate that the report accurately summarized the engagement sessions and to share feedback that could be used to improve the report before publication. Following personalized reminders, representatives from nine of the 14 organizations consulted responded to the survey. Updates were then made to the draft before the report was finalized.

Refer to Table 1 for a more detailed timeline of the various stages of the engagement process.

Table 1. Timeline of the engagement process

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
1. Create an engagement strategy and plan	■											
2. Create engagement framework	■	■										
3. Develop summary of interrelated public policy projects			■									
4. Reach out to organizations			■	■								
5. Host engagement conversations				■	■							
6. Summarize themes and findings					■	■						
7. Create a report of the findings							■	■	■			
8. Draft report shared with participants										■		
9. Update report, translate and finalize											■	
10. Publicly share the report												■

FINDINGS

During the engagement process, the project team aimed to learn about the practices, structures and systems that organizations have in place to conduct public policy work, in addition to learning about their priority areas related to Veteran and Family mental health. The themes from the conversations fell into two categories: **Characteristics of effective public policy work** and **priority areas in the Veteran and Family public policy space**. In addition to those two categories, the team's findings also include reflections on the engagement process, as this was a novel initiative for Atlas.

REFLECTIONS ON THE ENGAGEMENT PROCESS

The consultations with organizations to discuss public policy were fruitful in many ways, from establishing new relationships to furthering existing ones. The majority of organizations invited to participate were those with whom Atlas had an existing relationship, with a few being new to Atlas. Having a reason for outreach to new organizations, rather than reaching out for a general introductory call meant that there was a clear focus for the conversation with an agreed-upon outcome. It was noted that many of the organizations met with had new leadership — likely a byproduct of the COVID-19 pandemic during which time many organizations went through a period of transition. Engagement with "new to Atlas" organizations and leaders meant the project team was able to lay the foundation for potential future collaboration.

In the case of organizations with whom Atlas had an existing relationship, the discussion on public policy — a topic on which Atlas has not historically focused — allowed for further learning about the activities of peer organizations. This allowed for the identification of potential new areas or opportunities for collaboration in the future that would not have been discovered if it were not for these focused conversations.

The project team was met with a high level of openness and the sharing of learnings from the organizations that were engaged. Representatives candidly shared pain points, lessons they had learned and adjustments they have made to work effectively in the public policy space. This level of transparency between organizations was very encouraging and the insights shared will be highly valuable in informing the direction Atlas takes in the public policy space.

The success of this consultation method for engaging stakeholders has been shared with others at Atlas as a replicable model for future topics of interest.

CHARACTERISTICS OF EFFECTIVE PUBLIC POLICY WORK

The first set of questions asked as part of the conversations were related to how public policy work is conducted at each organization (see **Appendix B** for the specific questions asked). The responses revealed a variety of approaches for public policy work. There was no one-size-fits-all approach and organizational structures varied greatly. In summary;

- There was a broad spectrum of structures, from informal public policy efforts happening off the sides of desks to organizations who had dedicated teams focused on public policy work.
- There was a trend where the larger organizations that had existed longer tended to have more formalized and dedicated public policy roles, though this was not always the case.
- Veteran-focused organizations in particular tended to have a matrix model in which public policy work was conducted across the organization, rather than being consolidated within a specific team.
- Organizations' mandate, size and how long they had been in existence influenced the amount of dedicated public policy resources or degree of focus given to public policy.
- Additionally, while organizational budgets were not discussed, it was observed that larger organizations with greater access to financial resources were generally better positioned to create dedicated public policy roles.

Similarly, a variety of organizational approaches to public policy work were shared that could be used depending on the topic area or stakeholders involved. Ways of influencing public policy ranged from advising or educating policy makers to lobbying, activism and media campaigning.

While there were a variety of approaches and different organizational structures, some similarities cut across organizations.

At a high level, similarities in practices related to conducting public policy work included the following (Note: the order they are listed is not indicative of the importance of the topic):

1. Collaborating with the "owner" of the policy
2. Developing and sharing evidence-based resources
3. Engaging people with lived experience
4. Maintaining a transparent relationship with funding bodies
5. Partnering with peer organizations when possible

These practices are described in more detail in the subsequent sections.

1. COLLABORATING WITH THE 'OWNER' OF THE POLICY

The "owner" of the policy is the organization or government body with the authority to update and/or amend the policy. The owners of policies in the Veteran and Family mental health space may include but are not limited to VAC, the Department of National Defence, provincial/territorial ministries (including health), as well as the federal Parliament and Cabinet.

The conversations included discussions about the importance of collaborating with the owner of a policy in order to influence the policy. This was highlighted in the context of conducting research. If the ultimate goal is to conduct research that has policy implications, the research project should be designed with input from the owner so that the results are as reflective of the actual environment as possible and therefore make the strongest case for policy change.

Aside from research, those working to influence policy need to stay informed of the priorities of the policy owners. Maintaining open communication and exchanging organizational priorities can help create efficiencies and synergies that can lead to change. If for example an organization learns that a policy owner is planning to review a particular policy in the next fiscal year, if would be prudent to align advocacy initiatives with the timing of their review process in order to have maximum influence.

2. DEVELOPING AND SHARING EVIDENCE-BASED RESOURCES

Organizations identified the first step in raising awareness about an issue is the development and sharing of evidence-based resources. Decision and policy makers need to know there is an issue before they can take action and sharing related evidence is an important step to get the issue on their radar. If the policy owner were for example unaware that there are problems with a current policy, the first step in influencing the policy would be to educate the owner about these problems. This education can come in the form of sharing evidence-based resources. Providing recommendations before the owner has awareness of the scope of the problem will likely not be effective. Further, discussions about the existing evidence around an issue are critical in understanding the policy owner's current appetite for change.

Additionally, though it is important for the voices of Veterans and Families to be heard, organizations shared that when presenting an issue it is important to ground those voices in peer-reviewed evidence so that the full scope of the issue can be seen, instead of being viewed as an issue a particular individual Veteran is facing. The ultimate aim is to ground this work in an evidence-informed approach, which includes peer-reviewed literature and lived expertise.

As important as it is to develop evidence, not all organizations working in the pubic policy space have the mandate or resources to conduct research, prepare summaries or develop knowledge products. As such, Atlas and other organizations with a similar mandate have a responsibility to ensure research findings, summaries and knowledge products are made available to and shared with those who are advocating for an issue but cannot gather the evidence themselves. Widely sharing evidence gives advocacy organizations support for their policy recommendations and policy owners the rationale

for making policy changes, and equips Veterans and Families with the information needed to better advocate for themselves.

With regards to senate and parliamentary committee meetings, organizations shared that the most effective strategy is to come prepared with a) evidence related to the issue and b) suggestions based on that evidence. This two-pronged approach provides guidance to the committee responsible for making recommendations based on the evidence presented.

3. ENGAGING PEOPLE WITH LIVED EXPERIENCE AND EXPERTISE

Across the public policy space, there is recognition of the value of engaging people with lived experience and expertise. Organizations shared a variety of ways they involve those with lived experience and expertise. One often-used approach is having a process for setting public policy priorities that is informed by the input and perspectives of those with lived experience and expertise.

The conversations also emphasized the importance of amplifying the work of grassroots organizations in the Veteran and Family mental health policy space, and the value that those organizations bring to public policy influence. Non-Veteran-run organizations should recognize and acknowledge the role these grassroots organizations have, including in their connection with and reputation among Veteran communities.

4. MAINTAINING A TRANSPARENT RELATIONSHIP WITH FUNDING BODIES

Several of the organizations consulted, like Atlas, are government-funded, arm's-length organizations that emphasized the importance of maintaining open, communicative relationships with their funding bodies. There are two reasons for this. Firstly, the funding body has some degree of influence over the work of the arm's-length organization. As such, if there is a topic the arm's-length organization wants to keep within its mandate, a relationship built on strong two-way reciprocal communication may facilitate those discussions. Secondly, the funding body can have influence on the uptake of and reaction to the work of the arm's-length organization. It is critical therefore for these organizations to have positive relationships with funding bodies so that they are willing to amplify the work and be a supporter of the arm's-length organization. The line to be walked here is maintaining a close relationship with the funding body without seeming to stakeholders to be an extension of the funding body — that division and separation is important.

5. PARTNERING WITH OTHER ORGANIZATIONS WHEN POSSIBLE

There was a resounding sentiment among organizations that "we are stronger together and we can do more together." The more organizations there are working in alignment to further a public policy issue, the louder the voice is and the stronger the recommendations are. Therefore, partnerships are key to influencing change.

Related to this, organizations mentioned the importance of looking for opportunities to collaborate with organizations and government bodies that work in adjacent spaces (e.g. primary health care, virtual care, disability benefits), rather than solely focusing on organizations in the Veteran and Family mental health space. These partnerships would create pathways for Veteran and Family needs to be incorporated into the policies of these other health and well-being areas.

> **When looking to influence public policy it is important to consider all the different levers for policy and partnerships that could be instrumental in effecting change. Aside from mechanisms directly related to advocacy or meeting with policy makers, standards and best practice guidelines can also be catalysts for change as they can be voluntary or regulated requirements for care. It could be beneficial to look for opportunities to highlight the needs of Veterans and Families as part of the process of developing standards.**

In addition, organizations shared the importance of knowing when to play a supporting role in amplifying existing voices working on a public policy issue, instead of being seen as leading the work. This ability to recognize when a particular organization or individual should be the face of an advocacy effort can help keep messaging consistent and can demonstrate a united front, rather than potentially being seen as disjointed or disconnected due to there being multiple "faces" for an issue. A takeaway from this is that the most efficient and effective way to influence public policy may not be the most direct way. For example, if an organization does not have an existing relationship with a particular policy maker, it may be more effective to collaborate with and support an organization that is already engaged with the policy maker. This would leverage the existing relationship to achieve change indirectly, rather than spending resources to create a direct connection that ultimately may not be as influential due to being less established.

PRIORITY AREAS IN THE VETERAN AND FAMILY PUBLIC POLICY SPACE

Generally, there was resounding support across all meetings for Atlas to step into the public policy space. The aim is not to infringe upon the work of others when venturing into public policy work, but rather to support, elevate and collaborate with other organizations, where appropriate. The project team was able to communicate to organizations that Atlas is looking to amplify existing voices, support the momentum of existing efforts, and use its knowledge mobilization and research resources to further champion the interests and priorities of Veterans and Families within the networks of opinion leaders and decision makers. This approach was well-received by the organizations that were consulted and they shared that there is plenty of room for Atlas to play a role in the Veteran and Family mental health public policy space.

During the engagement process, the project team endeavoured to learn from organizations what they see as current policy priorities for Veteran and Family mental health and from there, to determine what role, if any, Atlas could play. The following priority areas were identified during the conversations *(Note: the order they are listed is not indicative of the importance of the topic):*

1. Conducting research
2. Equitable access and supports
3. Knowledge on evidence-based treatments
4. Needs of the Family in their own right
5. Upstream prevention

These priority areas are described in more detail in the subsequent sections.

1. CONDUCTING RESEARCH

Several organizations shared that Atlas can play a critical role in contributing to their work (and ultimately to national and international influence) by continuing to conduct and partner on research. While there is extensive knowledge across the sector on the gaps in research, there is a lack of organizations with the mandate, funding or resources to fill the gaps.

2. EQUITABLE ACCESS AND SUPPORTS

Across several conversations, the need for equitable access to services and supports came through. The main forms of equity that were brought up were 1) geographic equity and 2) equity for 2SLGBTQIA+ Veterans. For geographic equity, the goal is for Veterans and Families to have equitable access to the mental health care they need from culturally competent service providers, regardless of location across the country. Much work needs to be done to improve access to services in remote, rural and isolated communities. For 2SLGBTQIA+ Veterans, it was noted that there are still LGBT Purge survivors who are unaware of the services and supports for which they are eligible through VAC and other organizations, and who therefore are not getting the care they need. There was also an interest in conducting more research with 2SLGBTQIA+ Veterans to understand their unique mental health needs and then offer tailored supports.

3. KNOWLEDGE ON EVIDENCE-BASED TREATMENTS

Another priority area highlighted through the conversations is the need for education for Veterans, Families and service providers on evidence-based treatment options. This is particularly true when it comes to sharing credible information as it becomes available on new and emerging treatments, so that Veterans, Families and service providers can make decisions that are as informed as possible about the types of treatments that they want to participate in or offer.

4. NEEDS OF THE FAMILY IN THEIR OWN RIGHT

Organizations acknowledged that there have been great strides taken in ensuring the needs of Families are recognized and acknowledged. Despite this, progress has been limited at a policy level. Family members are currently only eligible for the coverage of mental health services in relation to the needs of the Veteran and not in their own right. This was expressed as a pain point in the system.

5. UPSTREAM PREVENTION

Finally, organizations shared a desire to look for opportunities within the system to prevent mental health issues in Veterans by intervening while they are still serving members, rather than dealing with the consequences of their service when they leave active duty. This could involve making changes within the CAF and RCMP directly to improve outcomes for service members.

LIMITATIONS

The work on three interrelated foundational projects began in April 2023. To ensure the necessary scoping and planning for the engagement process, the conversations had to take place over a 10-week period during the summer. This timing may have affected the availability of organizations to participate. However, in spite of this the Atlas project team received a very positive response rate, with 74% of the organizations invited to participate scheduled a meeting with the project team. Additionally, when feedback on the draft report was requested, six of the 14 participating organizations did not provide feedback. Those who did respond the length of time between the engagement sessions and sharing of the draft made it challenging to recall the discussions in great detail. It is also possible that the time of year of the request to review (January 2024) affected individuals' ability to participate because of either vacations or full workloads having just returned from vacations.

While "engagement" is never truly over, for project purposes, a cut-off date was established for what would be included in this report. As time was limited, a list was created identifying organizations it would be achievable to meet during the 10-week window. This unfortunately meant that not all perspectives and experiences were captured. The organizations consulted directly influenced the themes shared in these findings. Thus, this report is not inclusive of all Veteran and Family mental health needs and experiences. In the following paragraphs, three subpopulations of Veterans and Families with whom further engagement is required are highlighted.

As a relatively new organization, Atlas has not yet been able to establish strong relationships with all key organizations in the health, mental health and Veteran and Family mental health spaces. This is particularly true for relationships with First Nations, Inuit and Métis Veteran organizations. Given the short amount of time available for the consultation, it was determined to be inappropriate to reach out to First Nations, Inuit and Métis organizations with whom Atlas had little to no prior relationship and ask them to participate in the engagement meetings. Instead, Atlas is developing a separate strategy and plan for engagement with First Nations, Inuit and Métis organizations. As those relationships develop, their perspectives and experiences will inform public policy work at Atlas.

Additionally, the perspectives of Francophone Veterans and Families were not well-represented among the organizations consulted during this time-limited engagement. Atlas is becoming increasingly aware of the unique cultural and linguistic experiences of Francophone Veterans and Families. As such, the organization is in the process of mapping work plan activities to better engage and connect with Francophone organizations to ensure the work can be more applicable to this population going forward.

Finally, the Atlas team recognizes that despite being one of the organization's core stakeholder groups (alongside CAF Veterans and Families), the needs of RCMP Veterans and Families were not reflected in the consultations that took place. Through a variety of activities (e.g., strategic reference group members, the lived experience Cadre, and project advisories) Atlas is making a more concerted effort to strengthen and expand relationships with RCMP Veterans and Families. Continued efforts to connect with RCMP Veteran and Family organizations are also underway. As its public policy work continues, addressing this gap through additional consultation and or environmental scan will be necessary to ensure the perspectives of RCMP Veterans and Families are reflected in the approach to public policy Atlas takes.

Stakeholder engagement is one of the key areas of work for Atlas. This engagement project is just the start of the public policy conversations as the organization begins navigating this space. There is a desire to meet with additional organizations who were not part of this initial engagement project and to advance conversations about collaborating to have the biggest impact on Veteran and Family mental health policy.

NEXT STEPS

The findings from this report will be further analyzed internally along with the results of the policy scan with guidance from the internal policy framework to determine future work plan activities.

As part of the engagement process, when participating organizations reviewed the draft report, they were invited to indicate interest in a follow-up with Atlas to continue the discussion on public policy. These follow-ups, as well as meetings with additional stakeholders will be part of Atlas' ongoing stakeholder engagement efforts for 2024-2025.

The Atlas Institute for Veterans and Families looks forward to more formally entering into the public policy space to further the positive impact it can have on the mental health and well-being of Veterans and Families and thanks all the organizations who participated in this engagement process.

Interested in receiving updates about the work at Atlas? Sign up for the mailing list at **atl-as.ca/contact**.

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APPENDIX A: LIST OF ORGANIZATIONS CONSULTED

The following is the list of organizations that participated in the consultation. We made efforts to reach out to a few additional organizations but due to scheduling challenges, we were not able to meet with them during the time frame we had set for the consultation.

- **Canadian Armed Forces — Transition Group**
- **Canadian Centre for Substance Use and Addiction**
- **Canadian Forces Health Services Group**
- **Canadian Institute for Health Information**
- **Canadian Institute for Public Safety Research and Treatment**
- **Mental Health Commission of Canada**
- **Military Family Services**
- **Office of the Veterans Ombud**
- **Provincial Mental Health and Substance Use Network — British Columbia**
- **Rainbow Veterans of Canada**
- **The Royal Canadian Legion**
- **The Royal Canadian Legion — OSI Special Section**
- **Standards Council of Canada**
- **Veterans Transition Network**

APPENDIX B: LIST OF QUESTIONS DISCUSSED

The following questions were circulated in advance of conversations and at the start of the discussion during the meetings. From there, the conversations were organic rather than requiring answers to each specific question.

Process-related questions

- What is the scope of your policy work? (What role do you play in the public policy life cycle?)
    - How has this changed over the past five years? What do you foresee your role being in the next five years?
    - With whom do you work and how?
- How do you use or leverage research/data in your public policy work? Do you do it in-house or look to others? What are your primary data and evidence sources?

Organizational structure questions

- How is your public policy work conducted internally? What departments/teams/individuals are involved?
- What skills and competencies, organizational structure and full-time employees, training, capability building are there in your organization?

Veteran-related questions

- What related work is underway or planned (in your organization) that may influence Veteran and Family care?
- What or who do you see as the leading policy levers and influencers in the Veteran and Family mental health space?

Questions about the role for Atlas in public policy

- What advice do you have for Atlas to effectively advance policy work that improves mental health and well-being for Veterans and Families?
- Whom do you recommend we engage to help inform the approach to public policy work at Atlas?

APPENDIX C: BIOGRAPHY — PATRICIA SULLIVAN-TAYLOR, SULLIVAN STRATEGIC SOLUTIONS

The Atlas project team had the pleasure of working with Patricia Sullivan-Taylor, Principal at Sullivan Strategic Solutions, who consulted on the three interrelated foundational projects related to public policy. She collaborates with clients across Canada to advance initiatives that improve quality, patient and workforce safety. She brings 30+ years of executive nursing experience in the U.S. and Canadian health systems, health and regulatory policy, performance measurement and quality improvement. This includes critical care, obstetrics, primary care and home care. She has developed and implemented health system policy, integrated funding models and provincial/national information systems that improved quality and safety. She has directed provincial and national governance frameworks, indicator development and reporting and delivered data and quality standards used in electronic medical records and health system accreditation. Patricia holds a MPA and BScN and is a certified project management professional.

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