

Research gaps and knowledge needs related to the mental health of Veterans and Veteran Families

The Atlas Institute recently commissioned a project to identify research gaps and knowledge needs specific to post-traumatic stress disorder (PTSD) and related mental health conditions among Veterans and their Families. This resource summarizes the findings of this work, in order to increase awareness, influence research priorities and support well-being.

Context

Veteran and Veteran Family members are frequently exposed to highly stressful, potentially traumatic events that can increase the risk for mental health problems and illnesses, including PTSD.

Who are the Veterans and Families referred to in this resource?

This resource focuses on research gaps related to Veterans and Veteran Families from the Five Eyes alliance (Canada, Australia, New Zealand, the United Kingdom and the United States), and the Royal Canadian Mounted Police (RCMP) and their Families. Knowledge needs were identified through consultations with Veterans, Families, researchers and service providers from across Canada.

What did the project involve?

This project was conducted in four phases:

- 1** A thorough literature review to identify research gaps and knowledge needs
- 2** Stakeholder consultations with Veterans, Families, researchers and service providers to identify and validate research gaps and identify knowledge needs
- 3** An environmental scan to identify ongoing research and knowledge products
- 4** Analysis and summary of findings

Through this process, research gaps, knowledge needs, and current knowledge mobilization products and research initiatives were identified. A group of Veterans and their Families were invited to review and verify the findings, and to comment on whether the findings reflected their experiences or circumstances. This feedback was used to form recommendations on research and knowledge-sharing priorities.



Key findings

Table 1: Identified research gaps and knowledge needs

CATEGORY OF INFORMATION	RESEARCH GAPS	KNOWLEDGE NEEDS
<p>Screening, assessment and treatment tools</p> <p>Specialized services needed for support</p>	<ul style="list-style-type: none"> ■ Screening tools for specific populations (women, men, Black, Indigenous and People of Colour [BIPOC]) ■ Variables that affect responses to first-line treatments ■ Treatments for problematic substance use <p><i>Note: This category of information was associated with the largest number of research gaps.</i></p>	<ul style="list-style-type: none"> ■ Information about available interventions, including specific interventions such as emerging drug therapies and complementary approaches (e.g. yoga, service dogs, peer support) ■ Signs and symptoms of PTSD ■ Factors that improve response to treatment for Veterans and Families
<p>Health services</p> <p>Treatment systems and treatment delivery</p>	<ul style="list-style-type: none"> ■ Improving access to services and supports ■ Improving uptake and delivery of evidence-based practice (e.g. focusing on provider competency and training, development of guidelines and protocols) ■ Enhancing adherence to treatments ■ More Canadian-specific research 	<ul style="list-style-type: none"> ■ Service navigation (e.g. where Veterans and Families can go for services) ■ Evidence-based guidelines for first-line (e.g. the “optimal approach” for providing care) and emerging treatments and therapies
<p>Causes and impacts of PTSD and related mental health conditions</p> <p>Physiological, psychological, social and spiritual aspects</p>	<ul style="list-style-type: none"> ■ Neurological processes ■ Lived experiences of Veterans and their Families 	<ul style="list-style-type: none"> ■ Impacts and trajectories of PTSD (short and long-term effects following traumatic injury) ■ Nature of different types of traumatic experiences ■ Interactions between PTSD and other physical and mental health conditions

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CATEGORY OF INFORMATION	RESEARCH GAPS	KNOWLEDGE NEEDS
<p>Risk and protective factors of PTSD and related mental health conditions</p> <p>Populations of Veterans that are more at-risk and factors that increase risk</p>	<ul style="list-style-type: none"> ■ Patterns, prevalence, risk and protective factors for specific subgroups, including women and men Veterans, BIPOC Veterans, and Family members ■ Risk factors and protective factors (factors that are associated with minimizing negative outcomes) related to problematic substance use, depression, suicide and military sexual trauma (MST) 	<ul style="list-style-type: none"> ■ Information relevant to the needs of gender diverse and BIPOC Veterans, Veterans experiencing unstable housing and Veterans of varying ages and deployment types
<p>Prevention, mitigation and early intervention supports</p> <p>Supports that avoid or minimize impacts</p>	<ul style="list-style-type: none"> ■ Prevention, mitigation and early intervention supports (e.g. treatments and therapies) for women and Family members ■ Prevention of co-occurring issues, particularly suicide, depression and MST 	<ul style="list-style-type: none"> ■ Development of more prevention, mitigation and early intervention strategies ■ Level of effectiveness of psychoeducation and peer support for Veterans and Families
<p>Social services and supports</p> <p>All other supports needed</p>	<ul style="list-style-type: none"> ■ Workplace supports ■ Social service and health benefit supports ■ Support in educational settings <p>Note: <i>Few research gaps were identified for social services and supports, but this might not mean that the area is sufficiently researched (see “Limitations”)</i></p>	<ul style="list-style-type: none"> ■ Process for accessing social services, supports and benefits ■ Strategies for Families to support them in advocating for services for Veterans

Recommendations

- Emerging interventions (e.g. treatments and therapies), such as yoga, meditation and recreational therapies, were identified as both a knowledge need and a research gap, making this a potential priority area.
- More research needs to be focused on Families' mental health and how they can be more effectively involved in the care of their loved ones.
- More Canadian-led and focused research is needed, specifically regarding PTSD trajectories (short and long-term effects following traumatic injury), PTSD in the context of developmental stages and family life cycles (e.g. impacts on young versus adult children of Veterans with PTSD), and the impacts of race, gender, sexual orientation, stigma and discrimination. Across most categories, more research is needed about women Veterans.
- Substance use often occurs along with PTSD and related mental health conditions among Veterans and more research is warranted.
- Stakeholders expressed caution about viewing PTSD and related mental health conditions exclusively through the medical model, as it may de-emphasize the impact of cumulative exposures to traumatic events on PTSD. Stakeholders were also concerned that the medical model may draw attention away from the social, spiritual and cultural contexts that affect recovery. This could be an area for more dialogue and exploration.
- In regards to knowledge products, stakeholders expressed interest in learning more about the early warning signs of PTSD, effective ways to intervene at an early stage, prevent and mitigate PTSD, and available treatment options.

Limitations

- Gaps were identified based on their explicit mention in the reviewed published literature. If other significant gaps were not explicitly stated, they were not included.
- Some gaps identified from older research as part of the systematic literature review may already have been fully or partially filled, due to publishing delays. The search was also restricted to articles published between 2010 and 2021, and thus excluded research from before 2010.
- Gaps were only reviewed if there was a specific focus on Veterans and/or their Families. Therefore, prevention or early intervention research involving active military members may have been missed.

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Disclaimer: Views and opinions expressed are solely those of the Atlas Institute for Veterans and Families and may not reflect the views and opinions of the Government of Canada.