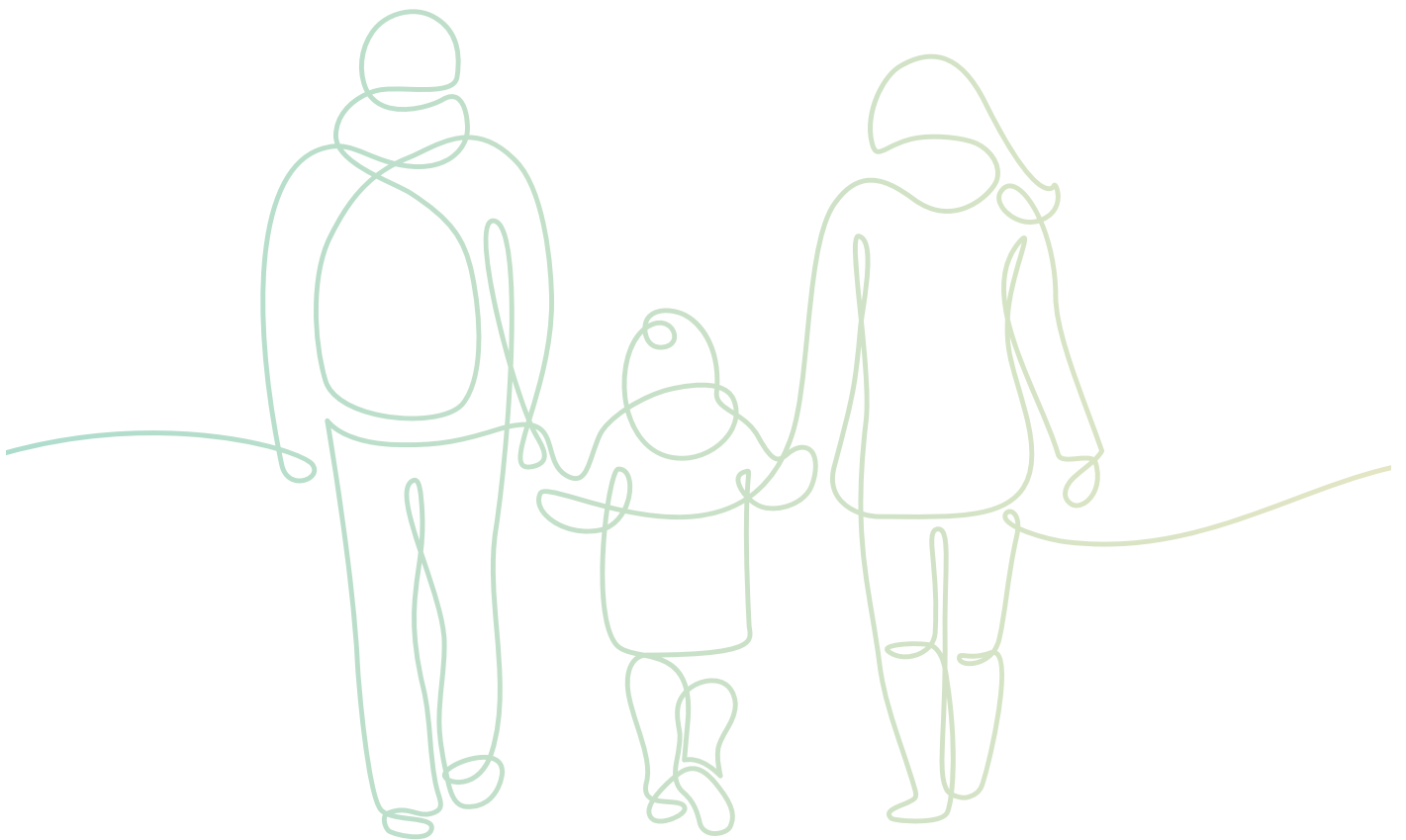


ACTIVELY ENGAGING VETERANS AND FAMILY MEMBERS
IN MENTAL HEALTH SERVICES AND ORGANIZATIONS

Facts and practical tips for collaboration



Who is this resource for?

This resource is for mental health service providers and organizations who serve Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) Veterans and Families. You will find information and practical tips on how to actively engage Veterans and Families in your work.

Veterans and Families may also find this resource helpful as they think about ways to get involved in shaping the mental health and support services provided to them. The Atlas Institute 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 whom the Veteran identifies as significant to their mental well-being.

This information draws from the engagement principles and practices in the framework created by the Atlas Institute for Veterans and Families: **Engaging with Veterans and Families: Creating a new approach to collaboration** (the Framework).

The Framework is based on evidence of what works well to involve Veterans and Families in shaping mental health and support services. It was co-developed with Veterans, Family Members, service providers and researchers.

Page references are included throughout so that you can find more information in the Framework document.

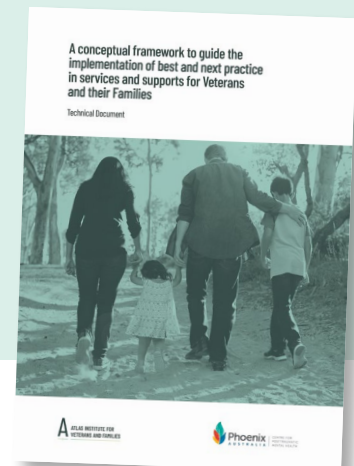
- **Download the Framework at: atlasveterans.ca/veteran-family-engagement-framework**
- **For more, refer to the Framework section on background and purpose (p. 4)**

'THE PROCESS IS THE PRACTICE': HOW THE FRAMEWORK WAS CO-CREATED

Veterans and Families have said they need a new mental health system where they stand at the centre. Atlas Institute's **Conceptual Framework** provides a vision for this new system of services and supports. An important part of this vision is working together with Veterans and Families and other system partners to design and improve services.

To co-develop the Veteran and Family engagement framework, the Atlas Institute:

- Worked with an external advisory committee (including Veterans and Family, researchers and service providers)
- Held discussion groups that brought together reference groups made up of Veterans, Veteran Families, researchers and service providers and Atlas Institute's Lived Experience team
- Used literature review findings on evidence of what works well to engage Veterans and Families, as well as literature related to mental health "lived experience" engagement



WHY IS ACTIVELY ENGAGING VETERANS AND FAMILIES IMPORTANT?

The mental health system can better serve the needs of Veteran and Family when:

- Their voices are heard.
- Their experiences and expertise guide how to design and improve services.

Veterans and Family members share the lived experiences of their own health and this is valuable knowledge for them to partner in their own care, for helping others navigate the system, for partnering in mental health research and for informing service design and care improvements.

Some benefits of including lived experience are: more user-friendly health information, research questions focused on real-world needs and concerns, and stigma-free services that are easier to find and use.

Advocates use the phrase “Nothing about us without us” to mean that decisions about health policies, programs and services should be made with the involvement of the people who are impacted by those decisions.

➤ For more, refer to the Framework section on benefits and outcomes of engagement (p. 30)

WORKING TOGETHER TO STRENGTHEN THE MENTAL HEALTH SYSTEM: CO-LEARNING AND CO-PRODUCTION

Co-learning means Veterans, Families and organizational partners learn together by doing. They look for ways to build their knowledge and skills. Organizations invest in training and sharing experiences.

Co-production means Veterans and Family are involved in activities that build and strengthen the mental health system. This could mean developing a new policy, researching a new treatment approach, designing a new program or improving the way care is delivered.

Co-learning and co-production require good communication, regular check-ins with all partners and flexibility to adjust based on feedback. It is important to clearly describe the engagement: the goal, what can and cannot be changed, the decision-making process and the available time and resources.

Table 1. Some strategies for co-learning and co-production

Co-learning	Co-production
<ul style="list-style-type: none"> ■ Match Veteran and Family member skills and interests to what is required in the engagement process. ■ Prepare Veteran and Family members with the right information, training and coaching so they can participate on a level playing field. ■ Train all partners on inclusion of lived experience, collaboration and empowerment of the Veteran and Family voice. ■ Evaluate the engagement process together at each step and adjust as needed. 	<ul style="list-style-type: none"> ■ Work with Veteran and Family members early in the process to identify priority issues, set goals and design the process. ■ Invite participation when there is potential for influence (not predetermined process or outcome). ■ Seek feedback on how to best involve them in shared decision-making and governance structures. ■ Recruit Veterans or Veteran Family members to lead or support a project. ■ Ensure the environment allows for psychologically safe discussion that is productive and respectful.

➤ For more, refer to the Framework sections on co-learning (p. 25) and co-production (p.27)

What are the different ways Veterans and Veteran Family members can be engaged?

THE VETERAN AND FAMILY ENGAGEMENT FRAMEWORK

The Veteran and Family engagement framework describes different ways that Veterans and Family members can be engaged.

How a person chooses to participate is a personal choice and may change over time depending on their life circumstances and/or where they are along their mental health journey.

Table 2 shows a range of engagement, from less to more active involvement. For example:

- Some Veterans and Family may choose to simply receive information about policy changes, research findings or treatment information.
- Others may want to participate in studies or consultations (a survey, an interview, a discussion group) or to join an advisory group and get actively involved in shaping priorities or service design.
- Still others may choose to partner as equals through shared leadership and decision-making.

Table 2: Veteran and Family engagement framework

	INFORM	PARTICIPATE	INVOLVE	PARTNER AND SHARED LEADERSHIP
	Communicate knowledge or resources	Contribute to priorities and initiatives	Collaborate to shape priorities and initiatives	Partner as equals with influence, shared leadership and decision-making
	Veterans and Families...			
POLICY	<ul style="list-style-type: none"> ■ are informed of policy changes that impact them. ■ are informed of research findings and what they mean for the community. 	<ul style="list-style-type: none"> ■ participate in consultations to discuss new or existing government policies. ■ participate in studies through interviews, surveys and other methods. 	<ul style="list-style-type: none"> ■ are involved in shaping policies through advisory or working groups. ■ serve on advisory groups to help shape research goals, priorities and design. 	<ul style="list-style-type: none"> ■ partner with government to envision and design new policies. ■ partner with researchers to co-investigate or co-lead research projects.
RESEARCH	<ul style="list-style-type: none"> ■ receive updates by email or through social media. 	<ul style="list-style-type: none"> ■ participate in consultations about priorities and initiatives. 	<ul style="list-style-type: none"> ■ serve on an advisory council to shape priorities and initiatives. 	<ul style="list-style-type: none"> ■ co-lead an advisory council to shape priorities and initiatives.
ORGANIZATION	<ul style="list-style-type: none"> ■ receive information about treatment, services and supports. 	<ul style="list-style-type: none"> ■ participate in discussions related to treatment, services and supports. 	<ul style="list-style-type: none"> ■ share their preferences for treatment options. 	<ul style="list-style-type: none"> ■ partner with service providers to make treatment decisions.
DIRECT CARE				
	← PASSIVE			ACTIVE →

Adapted from: *Levels of patient and researcher engagement in health research.* (Vandall-Walker, 2017)

UNDERSTANDING MILITARY CULTURE

CAF and RCMP cultures differ from civilian culture. CAF and RCMP cultures place a high value on emotional strength and resilience, teamwork and service to others. There is a highly structured chain of command with a clear hierarchy, strict rules and unique language and terms.

Programs and services that are aware of and informed by military and RCMP culture do a better job of meeting the needs of Veterans and Family and make it easier for them to participate. Differences between CAF and RCMP are also important for organizations to keep in mind. What works for one group may not work for others.

➤ For more, refer to the Framework section on cultural awareness (p. 13)

PRACTICE EXAMPLE: ADAPTING TO MILITARY CULTURAL CONTEXT (INVOLVE)

Through the involvement of Veterans, a U.S.-based mindfulness-based stress reduction program was successfully adapted for active-duty Army personnel experiencing chronic pain.

Early in the design, a four-member Veteran advisory group tested the adapted program for acceptability, fit in the military context and other changes. Their input resulted in adaptations to military culture, better language and terminology and practical changes to how the program was implemented.

➤ For more on this practice example: Adapting to military culture context (INVOLVE), refer to p. 15 of the Framework

How to work together with Veterans and Veteran Family members

ARE YOU READY TO MEANINGFULLY ENGAGE?

Engagement needs to be meaningful. If you don't know why you want to engage Veterans and Families, you might not be ready to engage. You can assess how ready you are to engage to avoid "tick the box" engagement where Veterans and Families have no real chance to influence decision-making.

Some questions to ask before each engagement are:

- Why do you want to engage Veterans and/or Veteran Family members?
- What is possible to change?
- How will the input be used?
- When is input needed to inform decision-making?
- Do you have the know-how and resources to effectively engage? (staff time to support the process, money to compensate for participant time)

Veterans and Veteran Family members may also ask themselves if it is the right time for them to engage and how they would feel most comfortable. This can depend on where they are at in their mental health journey and what other responsibilities and demands they have.

➤ For more, refer to the Framework section on leadership and commitment (p. 18)

MAKING IT SAFE FOR VETERAN AND VETERAN FAMILY MEMBERS

General engagement principles stress how important it is to create a safe, welcoming and non-judgmental space (virtual and in-person). This is especially important for Veterans who experience post-traumatic stress and the challenges of adjusting to post-service life.

“Stigma is a barrier to engagement.”

VETERAN FAMILY MEMBER

Sharing lived experiences can potentially be a harmful experience for Veterans or Veteran Family members. Traumatic memories or emotional distress could resurface as they share their story or hear the experiences of others.

Safe and trauma-informed engagement processes create a safe, non-judgmental, stigma-free space for Veterans and Families. They help ensure the impacts of trauma are recognized and supports are provided. To do safe and trauma-informed engagement, you could:

- Empower Veterans and Veteran Family members who wish to share their lived experiences
- Prepare them for what might follow if they decide to share their personal story
- Take time to build authentic, positive relationships
- Work together in design and agenda-setting to sensitively frame difficult discussions
- Make agreements to respect privacy
- Assign a team member or facilitator to monitor for distress and follow-up

➤ For more, refer to the Framework section on safe and trauma-informed engagement (p. 21)

PRACTICE EXAMPLE: SELF-REFLECTION OF A CANADIAN VETERAN ON READINESS TO SHARE LIVED EXPERIENCE (PARTICIPATE)

A Veteran who publicly shared their lived experience of military sexual trauma considered their own readiness to share before doing so. The desire to help others gave them the strength and motivation to tell their story.

Therapy and time to heal helped prepared them to move beyond anger toward sharing their lived experience and advocating for change. Veterans and Family members need support to reflect on their recovery and readiness to share, which can help them avoid reliving the trauma, feeling powerless or being harmed.

➤ For more on this practice example: Self-reflection of a Canadian woman Veteran on readiness to share lived experience (PARTICIPATE), refer to p. 23 of the Framework

IMPORTANCE OF RELATIONSHIP-BUILDING AND TRUST

Veteran and Family engagement requires a high level of trust. Veterans and Families want to be sure that what they share will be treated with respect, kept confidential and result in real action.

Time and energy are necessary to build trusting relationships that motivate Veterans and Families to step forward, whether that means sharing their stories, joining advisory groups or actively engaging in other ways.

There are many factors that can help build trust, including transparent communication, really listening and following through with commitments. Veteran and Veteran Family members want to know that their input will help others. They want to feel comfortable bringing their whole selves to the table, not just the piece of them that is a Veteran or Veteran Family member.

The Framework includes strategies for building connection, clear and transparent communication and respectful, reciprocal relationships.

RELATIONSHIP-BUILDING



➤ For more, refer to the following sections in the Framework:

- Connection (p. 12)
- Clear and transparent communication (p. 24)
- Respect and reciprocal relationships (p. 20)

“Let people know that we’re valuing their voice and wanting to learn from their voice and to empower them to have a greater voice.”

RESEARCHER

WHO TO ENGAGE?

Veterans are not one homogeneous group, nor are their Families. They have diverse experiences across generations and intersecting identities. Organizations can take steps to include a diversity of voices based on:

- **Military and RCMP experience:** Rank, branch of service (Army, Navy, Air Force), when and where they were in active service
- **Socio-demographic factors:** Age, sex, gender, sexual orientation, race, ethnic and cultural background, education, income, where they live
- **Family and social supports**

Some examples of what you can do to strengthen diversity and inclusion:

- **Design engagement purposefully** to include diverse voices and use processes that equalize power.
- **Build ongoing relationships** with diverse Veteran groups to include the voices of Veteran groups that experience structural oppression. This could include Veterans who are women, 2SLGBTQIA+, racialized, Indigenous, older, living with a disability, experiencing homelessness and/ or from a language minority.
- **Use open, non-traditional definitions** of the Veteran Family in deciding who to engage, e.g. heterosexual or same-sex partners, a new or different spouse, parents or adult children of a Veteran, other members of a circle or support.

➤ For more, refer to the Framework section on diverse and inclusive engagement (p. 15)

Engagement principles and practices

Two primary sources helped generate and organize the engagement principles, practices and strategies presented in the Framework, along with several Veteran-specific sources. The two primary sources were:

- The quality standards for youth and family engagement developed by the Knowledge Institute on Child and Youth Mental Health and Addictions
- A 2019 report by Australia’s National Mental Health Commission, titled *Sit beside me, not above me*, on safe and effective engagement of people with lived experience

Table 3 describes the emerging principles and practices for Veteran and Family engagement in the mental health system. Links are included to evidence, strategies and practice examples in the Framework document.

“Real engagement is about engaging people in creating an intervention, creating an educational component, creating whatever it is you are trying to do, and to have the community members—for example Veterans—actively involved in this.”

ALISON B. HAMILTON AND ERIN P. FINLEY (2016)

Table 3 – Engagement principles and practices

Principle	Description	Framework page references
CONNECTION	Engagement processes promote relationship-building, communication, shared experience and empowerment. Veterans and Families connect with others who can validate their own experiences.	<ul style="list-style-type: none"> ➤ Evidence (p. 12) ➤ Strategies (p. 13)
CULTURAL AWARENESS	Engagement processes consider CAF and RCMP cultures and subcultures, values, organizational and leadership structures, service experiences, and experiences of transition from service to post-service life.	<ul style="list-style-type: none"> ➤ Evidence (p. 13) ➤ Strategies (p. 14) ➤ Practice example: Adapting to military culture context: A program for active-duty Army personnel experiencing chronic pain in the U.S. (p. 15)
DIVERSE AND INCLUSIVE	Veteran and Family engagement practices are inclusive. Diversity is valued and representative of various identities within the Veteran and Veteran Family community.	<ul style="list-style-type: none"> ➤ Evidence (p. 15) ➤ Strategies (p. 16) ➤ Practice example: Building capacity to include the voice of rural Veterans (p. 17)
LEADERSHIP AND COMMITMENT	Organizational leadership is committed to Veteran and Family engagement. Leaders are accountable for embedding this commitment in research, policy, service planning and quality improvement efforts.	<ul style="list-style-type: none"> ➤ Evidence (p. 18) ➤ Strategies (p. 19) ➤ Practice example: Supportive leadership and organizational practices (p. 19)

Principle	Description	Framework page references
RESPECT AND RECIPROCAL RELATIONSHIPS	All acknowledge and value each other's expertise and experiential knowledge. Veterans and Families are considered experts based on their own lived and living experience.	<ul style="list-style-type: none"> ➤ Evidence (p. 20) ➤ Strategies (p. 20)
SAFE AND TRAUMA-INFORMED	Engagement processes are designed to create a safe, non-judgmental, stigma-free space for Veterans and Families. The impacts of trauma are recognized and supports are consciously embedded.	<ul style="list-style-type: none"> ➤ Evidence (p. 21) ➤ Strategies (p. 22) ➤ Practice example: Veteran readiness to share lived experience (p. 23)
Practice	Description	Framework page references
CLEAR AND TRANSPARENT COMMUNICATION	Communication is timely, clear, transparent, respectful and accessible. Communication is a two-way exchange of information, perspectives and experience.	<ul style="list-style-type: none"> ➤ Evidence (p. 24) ➤ Strategies (p. 24)
CO-LEARNING	Veterans, Families and organizational partners learn together by doing. Organizations invest in training, capacity-building and knowledge-sharing.	<ul style="list-style-type: none"> ➤ Evidence (p. 25) ➤ Strategies (p. 26)
CO-PRODUCTION	Veterans and Families develop activities and processes in mental health system research, policy development, service planning and improvements, and have opportunities to be engaged	<ul style="list-style-type: none"> ➤ Evidence (p. 27) ➤ Strategies (p. 28) ➤ Practice example: Bringing diverse voices into co-design of Veteran resources (p. 28)
CONTINUOUS EVALUATION	Continuous evaluation can support co-learning and help manage the complexity and unpredictability of collaborative engagement. Veterans and Families are involved in evaluating engagement processes and developing evaluation approaches.	<ul style="list-style-type: none"> ➤ Evidence (p. 29) ➤ Strategies (p. 29)

The work of the Atlas Institute for Veterans and Families is made possible thanks to funding from Veterans Affairs Canada.

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.