

# ATLAS INSTITUTE PUBLIC POLICY SCAN

Summary of findings

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This resource was prepared by the Atlas Institute for Veterans and Families. Atlas would like to thank the following individuals for their contributions to the resource. Please note the names listed include only those who have explicitly consented to being acknowledged as a contributor.

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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.”<sup>1</sup>

**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 (i.e. no longer in service or those in transition to post-service life).

## ACRONYMS

**CAF:** Canadian Armed Forces

**KMb:** Knowledge mobilization

**RCMP:** Royal Canadian Mounted Police

**VAC:** Veterans Affairs Canada

## EXECUTIVE SUMMARY

The Atlas Institute for Veterans and Families initiated three interrelated foundational public policy projects. These projects are: (1) a public policy scan of academic and grey literature specific to mental health and well-being policies and policy recommendations that impact military and RCMP 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, based on Canadian and international evidence and leading practices that will guide Atlas staff on how public policy work will occur and where Atlas will position itself. **This report summarizes the themes from the scan of policies and policy recommendations related to Veteran and Family mental health that was conducted by Atlas during summer 2023.**

Over the course of three months, guided by the principal consultant of Sullivan Strategic Solutions and with support from a librarian at the Royal Ottawa Health Care Group, Atlas staff screened, reviewed and extracted data from 85 documents that fit within the search strategy. The full list of documents included in the scan can be found in [Appendix B](#).

The **quantitative analysis** of these documents included a review of the documents by a) population of interest; b) **domains of well-being**; and c) themes from the 2022 research and knowledge mobilization gap analysis report that was conducted by Virgo Consulting. A matrix-based analysis was also conducted to identify trends and patterns across the domains and themes when looking across the three types of documents that were included in the scan (policies, policy recommendations and policy implications).

The themes from the **qualitative analysis** from the scan, divided by documents specific to Veteran and Families and general population documents, were:

- Veteran- and Family-specific
  1. Cannabis
  2. Families in their own right
  3. Homelessness
  4. Suicide prevention
  5. Transition to post-service life

- General population
  1. Access to care
  2. Aging
  3. Families in their own right
  4. Primary care
  5. Social determinants of health
  6. Substance use and addiction
  7. Suicide prevention

The results of the scan revealed gaps where more detailed scans will be required to get a more complete picture of the mental health and well-being policies that impact Veterans and Families. Areas included in future directions include:

1. Disability benefits and policies
2. Health and mental health care standards
3. Policies that impact Families
4. Policies specific to RCMP Veterans and Families

This report will be used to guide the direction, focus and approach to public policy at Atlas, in conjunction with the results of the public policy engagement conversations that will inform our internal policy framework.

## 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 our role in this 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 priorities areas for Atlas that would result in a high impact for Veterans and Families. These 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 public policy scan.

The purpose of the scan was to:

1. Understand existing and active policies that may impact Veterans and their Families, in turn influencing the direction and focus of the work plan at Atlas.
2. Identify public policy gaps that the Atlas Institute could play a role in addressing.
3. Determine connections between the Atlas Institute's current/planned research and policy needs to determine where Atlas was already indirectly influencing policy.

## METHODS

In spring 2023, the development of a scope statement and search strategy that would guide the policy scan were initiated. With the support of the Royal Ottawa Health Care Group's librarian, a search strategy was developed, tested and adapted to target the right documents. The search strategies focused on Canadian Veterans and Families mental health/mental health services and policy. Though Veterans and Families were the primary audience, documents that were geared more toward the general public were also included, as these policies would also impact Veterans and Families. A search of peer-reviewed literature using MEDLINE and PsychInfo was completed, as well as a review of grey literature/non-peer reviewed literature, which included government publications.

As shown in the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) diagram ([Appendix A](#)), the search captured 134 articles. The project team completed a preliminary title and abstract screening to remove articles that were clearly outside of the scope of interest. For example, if they were referring to "Veteran athletes" in a colloquial way. This screening reduced the number of documents to 111, which included peer-reviewed publications; Veteran-specific government documents; and mental health, non-Veteran specific government documents. From here, the project team did a secondary independent review and screened the documents with the following eligibility criteria:

- Is this document a policy?
- Does it include public policy recommendations? or
- Could we infer policy recommendations from the findings of the document that are relevant to our scope of work?

If the document did not fit into any of these three categories, it was screened out. Two independent reviewers conducted the screening. When a discrepancy occurred, a third reviewer was used to resolve the conflicting screening. Last, documents that were only available in French were removed due to language abilities of the project team. The result of the screening process was a list of 85 documents from which data was extracted.

The data extraction was divided among the project team and collated into one document. From there, the data was analyzed quantitatively and qualitatively.

Refer to **Table 1** for a more detailed timeline of the various stages of the policy scan project.



**Table 1. Timeline of the public policy scan project from April 2023 till July 2024**

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July
<b>1. Scope statement and plan</b>	█	█														
<b>2. Research methods</b>		█	█													
<b>3. Scan</b>			█	█												
<b>4. Document screening</b>				█	█											
<b>5. Data extraction</b>					█	█	█									
<b>6. Data analysis</b>						█	█	█								
<b>7. Report writing</b>							█	█	█	█	█	█	█	█	█	
<b>8. Editing, translation and finalization</b>														█	█	█
<b>9. Publicly share the report</b>																█

## SUMMARY OF FINDINGS

At a high level, this scan allowed Atlas to gain awareness of what policies exist and what recommendations have been made, regarding the health and well-being of Veterans and their Families.

The public policy scan illuminated who is currently working on specific Veteran-related issues, providing valuable insights into which organizations and governmental bodies are already working in the Veteran and Family mental health area. Insights from the scan will be helpful for determining future partnerships and assist Atlas in prioritizing topic areas. The aim is to support and elevate organizations that are already working in this area, while seeking to fill in the necessary gaps.

Both quantitative and qualitative analyses were performed on the 85 documents included in the scan. The findings are included below.

### QUANTITATIVE

As a first analysis, the documents were coded according to population of interest. Some documents mentioned multiple populations, so the total count in **Table 2** exceeded 85 (which was the number of unique documents). Close to half of the documents mentioned Veterans; however, these documents did not explicitly state that they were referring to military and RCMP Veterans. When not explicitly stated, it was assumed for the purposes of this scan that the documents were referring to military Veterans only. As such, a separate count was created for documents that explicitly mentioned RCMP Veterans (only in two documents). The other large percentage of the documents were focused on the general public. In these documents, sub-segments of the population were often mentioned (e.g. refugees, people experiencing homelessness and children). Last, only seven of the documents specifically mentioned Veteran Families.

**Table 2. Documents categorized by population of interest**

Population of interest	Number of documents
General public/other	54
Military Veterans	43
Veteran Families	7
RCMP Veterans	2

Both the CAF and VAC use the seven domains of well-being [1) employment or meaningful purpose; 2) financial security; 3) health, 4) life skills and preparedness; 5) social integration; 6) housing and physical environment; and 7) cultural and social environment] as the guiding framework for their services and offerings. In light of this, the project team decided to code the documents by the seven domains. When documents related to multiple domains, they were coded accordingly. Unsurprisingly, the vast majority of documents were related to the health domain (**Table 3**), which included 56 documents that specifically mentioned mental health and 16 documents that are tied to mental health through topics such as transition, cannabis, overall well-being and benefits that are applicable to both mental and physical injuries. The next most common domains were housing and physical environment and cultural and social environment.

**Table 3. Documents categorized by domain of well-being**

Domain of well-being	Number of documents
Health	72
Mental health	56
Mental health-related	16
Housing and physical environment	16
Cultural and social environment	10
Employment or meaningful purpose	9
Financial security	8
Life skills and preparedness	6
Social integration	6

In 2022, Virgo Consulting conducted a research and knowledge mobilization (Kmb) gap analysis for Atlas. This gap analysis resulted in four main themes for areas for action (increased access to care, culturally competent supports, involvement of Families in care and service integration). The 85 documents were coded based on their relevance to these theme areas (with the addition of an “Other” category for when none of the themes were a good match) to see if the findings from this policy scan mapped onto the themes from the gap analysis. **Table 4** includes the full results, but notably a large amount of documents (n=39) were coded to the “Other” category, indicating their area for action fell outside of the four main themes from the gap analysis. The concept of “increased access to care” was mentioned in 36 documents, though “involvement of Families in care” was only mentioned in nine documents.

**Table 4. Documents categorized by themes from a research and knowledge mobilization gap analysis for Atlas**

Themes from research and KMb gap analysis	Number of documents
Increased access to care	36
Service integration	26
Culturally competent supports	17
Involvement of Families in care	9
Other	39

The counts above should not be interpreted in isolation, but within their broader context. A low count in a particular domain or theme does not mean there is necessarily a gap in policies in that area, and, contrarily, a high count does not mean that policy work in this space is exhaustive. To further analyze these counts, matrices that look at how documents coded to the Seven Domains of Well-being and the gap analysis themes fell across the three types of documents that were included in the scan (policies, policy recommendations and policy implications) were created (**Tables 5 and 6**). Documents that fell into the “policy” category are either federal or provincial/territorial level policies. The “policy recommendations” include documents that often expressly included recommendations to government or other groups affiliated to specific policy topics. The types of documents coded to the “policy implications” category are documents from which policy recommendations could be inferred, but where the document was not written to address a specific policy or stated expressed goals to influence a policy. For this scan, documents in the “policy implications” category were only included if those policy implications were associated with the Atlas Institute’s mandate.

In both tables, the matrix analysis shows that across domains of well-being (with the exception of “financial security”) and themes from the gap analysis, there are fewer policies than there are recommendations or implications. Looking at the “health” domain in **Table 5**, the large majority of those documents are not policies, but rather policy recommendations or have policy implications. A similar pattern can be seen in **Table 6**, with the “increased access to care” theme. This may mean that for the “health” domain and “increased access to care” theme, public policy efforts should focus on supporting the implementation of policy recommendations and taking action on the policy implications. However, this conclusion should be taken with caution, as the context surrounding the quantitative analysis needs to be more deeply considered. The results demonstrate patterns that can inform further exploration with stakeholders and future scans to determine areas where Atlas could have the greatest influence.

**Table 5. Matrix of domains of well-being and document type**

Domain of well-being	Type of document		
	Documents that are policies	Documents that mention policy recommendation(s)	Documents that infer policy implications aligned with Atlas <sup>1</sup>
Employment or meaningful purpose	1	2	6
Financial security	3	2	3
Health	6	29	38
Life skills and preparedness	1	1	4
Social integration	0	1	4
Housing and physical environment	0	7	9
Cultural and social environment	0	5	5

<sup>1</sup> Policy recommendations from the findings of the document could be inferred that are relevant to the Atlas Institute's mandate.

**Table 6. Matrix of themes from the gap analysis and document type**

Themes from the gap analysis	Type of document		
	Documents that are policies	Documents that mention policy recommendation(s)	Documents that infer policy implications aligned with Atlas <sup>1</sup>
Increased access to care	3	13	22
Culturally competent supports	0	7	9
Involvement of Families in care	0	6	4
Service integration	1	11	13
Other	3	12	24

<sup>1</sup> Policy recommendations from the findings of the document could be inferred that are relevant to the Atlas Institute's mandate.

## QUALITATIVE

For the qualitative analysis, the documents were divided into two categories: those that were specific to Veterans and Families, and those that focused more broadly on the general public, but that had implications for Veterans and Families.

### **VETERAN- AND FAMILY-SPECIFIC DOCUMENTS**

Of the 85 documents included in the scan, 52 documents included Veterans and/or Families as a primary population of focus. The themes from the Veteran- and Family-specific documents are:

1. Cannabis
2. Families in their own right
3. Homelessness
4. Suicide prevention
5. Transition to post-service life

*(Note: The order in which they are listed is not indicative of the importance of the topic.)*

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

#### **1. Cannabis**

Though there are existing policies related to cannabis use for Veterans, most of the documents mentioned more research being required on its efficacy for treatment of mental health issues and what potential interaction with prescribed medications may be. There was also a call for more prescribing guidance and direction for physicians.

#### **2. Families in their own right**

Few documents specifically mentioned Families. However, those that did mentioned the need for policies to be updated to include the rights of Families to receive mental health care in their own right – not just as it relates to a Veteran. Families were also mentioned as a key enabling factor in the recovery of a Veteran.

#### **3. Homelessness**

Organizations focused on the care of Veterans and organizations with mandates for the general population named Veteran homelessness as a priority. Documents identified the need for prevention strategies, as well as for research around the unique needs of unhoused women Veterans, as most programs to date have been established based on the needs of men Veterans. The connections between homelessness and mental health were noted, as was the need for further exploration of this intersection.

#### 4. **Suicide prevention**

Suicide prevention was identified as a public health priority by VAC. VAC and other organizations identified the needs for revised prevention efforts and tailored approaches based on the risk profiles of male and female Veterans that have been developed through the Veteran Suicide Mortality Study.

#### 5. **Transition to post-service life**

The transition from military to post-service life was identified in several documents as a potentially major stressor for the Veteran and their Family. As such, the documents recommended that supports be tailored to the needs of the transitioning member.

### GENERAL POPULATION DOCUMENTS

The documents that were not specific to Veterans and Families included, for example, provincial/territorial mental health strategies, where the general public rather than specific populations were the primary focus. Though, in some documents Veterans and Families were referenced as a population that may have unique needs. The public policy themes from these 54 general documents include:

1. Access to care
2. Aging
3. Families in their own right
4. Primary care
5. Social determinants of health
6. Substance use and addiction
7. Suicide prevention

*(Note: the order in which they are listed is not indicative of the importance of the topic.)*

These themes are described in more detail in the subsequent sections. While these documents were not written with a focus on any specific population, the themes are consistent with topic areas that have been noted to have a direct impact on the health and well-being of Veterans and their Families. Across these themes and documents, the need for further research came up repeatedly. However, it is important to note that conducting research is just one way to address a topic area; other mechanisms may exist that can be used to advance a public policy discussion.

#### 1. **Access to care**

Equitable access to mental health care was identified across provinces and territories as an area requiring improvement. Telehealth was mentioned as one way to improve access, as research has shown it is an effective delivery method for the treatment of certain mental health conditions. Research conducted with Veterans following the increased use of telehealth during the pandemic showed that Veterans were generally supportive of telehealth and wanted to be able to continue to utilize virtual services.

## 2. **Aging**

The mental health needs of seniors were a focus of several documents. Including the need for special consideration of the intersection between aging and mental health needs this growing population.

## 3. **Families in their own right**

In the general population documents, Families were mentioned a bit more, though often in the context of Family members as caregivers, rather than being considered as having their own unique mental health needs. This is similar to what was seen in the Veteran-specific documents, though there was little to no calls for Family members to be treated as individuals in the general population documents.

## 4. **Primary care**

There was a common desire across provinces and territories to increase the capacities of primary care providers as it relates to mental health to help deal with access issues. To help achieve this, giving primary care providers with access to specialized consultations was mentioned.

## 5. **Social determinants of health**

The importance of social determinants of health surfaced, both as a research need and as a need to be better understood in terms of their impact on mental health. The intersectionality of social determinants of health and mental health is gaining attention. Many social determinants of health were mentioned in the documents, but access to housing came through, especially with the desire of addressing homelessness. Housing and the other domains of well-being tie in to social determinants of health.

## 6. **Substance use and addiction**

Considering the comorbidities and intersections between mental health and substance use, several documents highlighted the need for more substance use and addictions services. Work is needed to understand the unique substance use needs of Veterans and how they may differ from the general population.

## 7. **Suicide prevention**

As with the Veteran-specific documents, suicide prevention was widely mentioned. However, the recommendations for addressing the issue varied substantially, from a focus on monitoring and surveillance, to training for service providers, to changing the language used when reporting on suicides.

## ALIGNMENT TO THE ENGAGEMENT SESSION THEMES

In addition to analyzing the documents from the public policy scan for themes, the project team also wanted to compare the themes that emerged through the documents to priority areas that were emphasized in the engagement sessions project.



The priority areas from the engagement sessions were:

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

Please refer to the [full report from the engagement sessions project](#) for more details on these priority areas.

There is certainly some alignment between the priorities we heard from the engagement sessions and the results of the policy scan. Namely, the need for research, improved access to mental health supports and the needs of Families. Upstream prevention was captured in both the engagement sessions and the scan. In the scan, it was more of a focus on mental health and suicide prevention through addressing social determinants of health. In comparison, in the engagement sessions, the priority was more on the CAF and RCMP to focus on prevention before members become Veterans.

## PUBLIC POLICY AND ATLAS

The results of the public policy scan and the engagement sessions demonstrate that Atlas is well-positioned to make an impact on priority public policy areas for Veterans and Families, as conducting research, sharing knowledge on evidence-based treatments and highlighting the needs of Families are already within the Atlas Institute's core functions. From the results of the engagement sessions, we have identified organizations that are working in the public policy space and should look to leverage potential partnership opportunities to broaden the reach of the work that is already happening. A key step for Atlas as it formalizes its role in the public policy space will be to expand our lens to consider relevant public policy implications during work planning and prioritization processes to maximize the impact of the work.

More specifically, it could be advantageous for Atlas to look for priority areas where there is overlap between the needs of Veterans and the general public (e.g. suicide prevention, aging, families, housing), so the Veteran-specific needs in those priority areas can be advocated for when jurisdictions are looking to make policy changes in those areas.

Further recommendations regarding the Atlas Institute's approach to public policy will be outlined in the internal policy framework that is currently under development.

## LIMITATIONS

Though this policy scan and analysis can be used as a foundation for future public policy work, some limitations should be considered when interpreting the results. Although the search criteria enabled a wide breadth of policies and policy-related documents to be captured, some relevant policies and policy-related documents may have been missed due to the search terms used. These potential missed topics/themes are further highlighted in the “[Future directions](#)” section of this report.

Additionally, the focus of the search on mental health may have overemphasized the number of documents related to the “health” domain, while also failing to identify other policies that affect Veteran and Family mental health in less direct ways.

Furthermore, due to the composition of the project team, documents in French were screened out of this scan. In the future, Atlas staff with sufficient competency in French will review these documents to determine differences between policies written in French (mainly from Quebec) and English.

Finally, as with any type of scan, themes can only be identified based on what has been published. There is always a risk that there are high-priority areas for Veteran and Family mental health that have been under-researched or unaddressed by existing policies and, therefore, would be topics that this scan could not identify. For this reason, Atlas recognizes the importance of being connected directly with Veterans and Families, so we can hear the challenges that people with lived experience are facing that may not be listed in publications.

## FUTURE DIRECTIONS

Based on discussions that occurred through the engagement sessions, as well as conversations with the Veteran and Veteran Family community (through engagement with Atlas Strategic Reference Group members and other partnership and engagement tables), it was determined there are areas of policy related to Veteran and Family well-being that were not captured in this initial scan. As such, future directions include focused scans on the following four targeted areas, in order to get a more complete picture of the mental health and well-being policies that impact Veterans and Families:

1. Disability benefits and policies
2. Health and mental health care standards
3. Policies that impact Families
4. Policies specific to RCMP Veterans and Families

*(Note: The order in which they are listed is not indicative of the importance of the topic)*

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

### **1. Disability benefits and policies**

In the case of a disability, there are policies at the federal and provincial/territorial levels that Veterans and their Families should be aware of, as they may be entitled to benefits, programs or services. These policies and policy recommendations were not found using the current search strategy. However, a [review of disability policy in Canada](#) was conducted by the Canadian Disability Policy Alliance in 2017. This review will be helpful to identify which disability policies may be most relevant to Veterans and Families. It is also important to note that VAC has announced that a revision to the table of disabilities is underway. The changes made will determine the Veterans and Families who qualify for benefits and services.

### **2. Health and mental health care standards**

Many jurisdictions are mandated to follow standards of care that affect patient outcomes. These standards are the policies health care providers follow when treating a patient. The search strategy used for this scan did not identify any standards. However, as part of the engagement session project, the project team met with the Standards Council of Canada and learned that there are several standards currently in development related to health and mental health. The newest versions of these standards are not yet published, but as part of their development, drafts will be available for public review. It will be important for Atlas to review these standards when available, to see if the needs of Veterans and Families are being adequately addressed.

### **3. Policies that impact Families**

Many of the policies and policy recommendations this scan found affect Families. In meeting with other organizations as part of the engagements sessions project we heard that to identify the full scope of policies that affect Families outside-the-box thinking is required. For example, Families, through having to relocate because of postings, may be affected by policies of educational or health care institutions when it comes to wait-times and priority of services. Policies to this effect were not captured by the search strategy, but were brought to our awareness through the engagement sessions.

### **4. Policies specific to RCMP Veterans and Families**

The search strategy captured only two policy documents specific to RCMP Veterans and none specific to RCMP Veteran Families. RCMP Veterans and Families are a key stakeholder group for Atlas. The scan capturing only two documents specific to this population demonstrates a gap in the search strategy and/or highlights a gap in policy/policy recommendations. As Atlas looks to ensure our work more closely aligns to the needs of RCMP Veterans and Families, an additional scan of related policies will be needed.

## NEXT STEPS

As previously stated, though there were themes that came up through this scan that had a high volume of associated documents, that does not mean the work in those themes has been exhaustive. Further research and analyses are needed to determine if topic areas need more research, more knowledge resources or public policy amendments. Additionally, stakeholder consultation will be required to identify high-priority areas for Veterans and Families that are not currently documented in the literature.

Overall, the findings from this report will be further analyzed internally, along with the results of the engagement sessions and the internal policy framework. With those three foundational projects completed, recommendations for the Atlas Institute's public policy program will be discussed internally to determine future work plan activities.

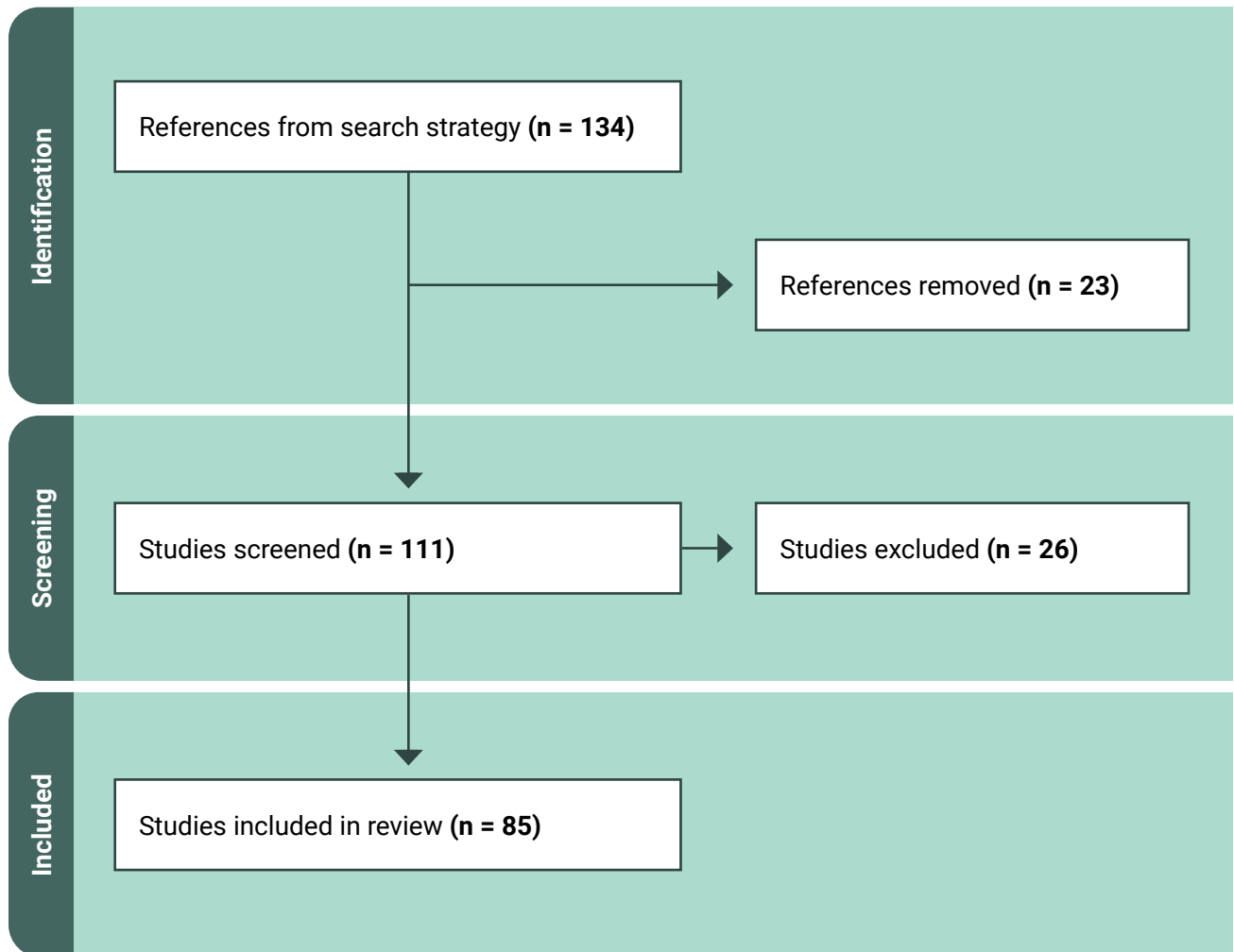
Please refer to the [public policy engagement report](#) for more details on the Atlas Institute's public policy work.

Interested in receiving updates about the work at Atlas? Sign up for the mailing list at [atl-as.ca/contact](https://atl-as.ca/contact).

## REFERENCE

1. Bevir M. Democratic visions [Internet]. Britannica.com. [cited 2023 Nov 23]. Available from: [britannica.com/topic/governance/Democratic-visions](https://www.britannica.com/topic/governance/Democratic-visions)

## APPENDIX A: PRISMA DIAGRAM



## APPENDIX B: DOCUMENTS INCLUDED IN THE SCAN

2018 Veteran Suicide Mortality Study: Identifying risk groups at release. Veterans Affairs Canada.

[publications.gc.ca/collections/collection\\_2018/acc-vac/V3-1-4-2018-eng.pdf](https://publications.gc.ca/collections/collection_2018/acc-vac/V3-1-4-2018-eng.pdf)

2019 Veteran Suicide Mortality Study – Follow-up period from 1976 to 2014. Veterans Affairs Canada.

[veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/veteran-suicide-mortality-study-2019](https://veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/veteran-suicide-mortality-study-2019)

Access to adult tertiary mental health and substance use services. Auditor General of British Columbia.

[bcauditor.com/sites/default/files/publications/reports/OAGBC\\_Mental\\_Health\\_Substance\\_Use\\_FINAL.pdf](https://bcauditor.com/sites/default/files/publications/reports/OAGBC_Mental_Health_Substance_Use_FINAL.pdf)

Action Plan for Mental Health and Addictions. Government of Saskatchewan.

[saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/mental-health-and-addictions-action-plan](https://saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/mental-health-and-addictions-action-plan)

Advancing collaborative mental health care in primary care settings. Mental Health Commission of

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## 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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