Best Advice

Resources and Considerations in Providing Care to Veterans, 2nd Edition

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

PATIENT'S MEDICAL HOME

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"In order for health care professionals to provide the best possible support to Veterans and their families, it is crucial that they have the most up-to-date information. The College of Family Physicians of Canada's Best Advice guide: *Caring for Veterans* has been revised to better help family physicians understand the unique challenges Veterans face. It enhances coverage for women Veterans. There are resources supporting military sexual trauma and addressing the needs of Indigenous Veterans and 2SLGBTQ+ Veterans. Thank you to the College of Family Physicians of Canada and to all the contributors who collaborated on producing this guide."

The Honourable Ginette Petitpas Taylor, Minister of Veterans Affairs and Associate Minister of National Defence

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Conflicts of interest

Dr. Donald Burton McCann works part-time as a Medical Consultant for Veteran Affairs Canada.

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Introduction

The ability to render accessible, continuous, patient-centred, collaborative, and culturally competent care for Veterans (former members of the military*) is important for family physicians and other primary care providers, especially as many may already have Veteran patients in their practice. Caring for Veterans who kept our nation secure through national service can be a rewarding and enriching experience for family physicians. Additionally, some family physicians/primary care teams may be uncertain about how best to manage Veterans' care[1] and would benefit from guidance and decision-making tools that can help them better serve Veterans and their health needs.

Purpose of the Guide

The purpose of this guide is to highlight special considerations for family physicians and other primary care providers in caring for the Veteran population, including contextualizing this information within the College of Family Physicians of Canada (CFPC)'s Patient's Medical Home (PMH)[2] vision for the future of family practice in Canada. Family physicians have an essential role in caring for Veterans and in facilitating supportive cooperation between care providers to ensure Veterans receive the best care possible. This guide will share common themes to address the health needs of Veteran patients, providing key factors and context, practical tips, and rewards related to caring for Veterans.

While there are many resources available to Veterans to enhance their health and other aspects of their well-being, there are many different organizations dedicated to Veterans' health across Canada, and the Veterans Affairs Canada (VAC) system can be complicated to navigate. The resources shared in this guide are intended to help primary care providers connect their Veteran patients to relevant resources and allow them to establish and maintain relationships with other care providers for optimal outcomes and follow-up.

Background

There are more than 461,000 living Veterans in Canada[3] representing almost one in 30 of the adult population in Canada. Women represent the fastest growing cohort within the Veteran population.[4,5] Former members of the military may have participated in a variety of operations throughout their military career, either abroad or within Canada, including wartime service or special duty area service, humanitarian relief and disaster response, and search and rescue.[6,7] VAC can play a central role in providing supports, benefits, and services for Veterans. However, only 18 per cent of Veterans in Canada access payment for treatment through VAC[3]; therefore, it is important that family physicians can adequately attend to the needs of all Veteran patients and have knowledge of the resources available to Veterans to help enhance their health and well-being. Being aware of and understanding the military context and potentially related health conditions can also help providers enhance communication and trust with their Veteran patients, and can notably improve the effectiveness of care and treatment.[8]

* Veteran: Veteran Affairs Canada defines a military Veteran as "any former member of the Canadian Armed Forces who successfully underwent basic training and is honourably discharged."
While outside of the scope of this guide to include specifics for Royal Canadian Mounted Police (RCMP), Primary Reservists, Cadet instructors, or Canadian Rangers (as they remain integrated to the provincial medical care system during their service), they may still access and benefit from many resources in this guide.

Timely, convenient access to health care is a nationwide issue—in Canada, five million people do not have a family doctor.[9,10] Veterans face similar barriers accessing care as the rest of the population, with the additional difficulties of navigating the change from a military health care system to a less structured, civilian system.[11] Access to care is of particular importance for the minority of Veterans who leave the military with ongoing acute or chronic medical care needs. Though the culture is evolving, a reluctance to admit emotional or physical pain, typical in military settings as a result of stigma or past experience, may also act as a barrier and prevent Veterans from seeking care.[11,12]

Working with Veterans can be a rewarding experience for family physicians. Eligible Veterans have greater access to reimbursement for a wide range of additional health care supports through VAC, which family physicians can help them access, potentially leading to better patient outcomes. While Canadian Armed Forces (CAF) members are released from service in all age groups many Veterans are young or middle-aged upon release.[13] The average age of release is 42,[14] which offers family doctors an opportunity to provide continuous, collaborative care for Veteran patients over many years. This can have a substantial positive impact on Veterans' health throughout the course of their life post-service.[15]

Equity-seeking and under-represented Veteran groups

As the military strives to better represent the full diversity of the country it serves to protect, Veterans are an increasingly heterogeneous group.[16] Military and Veteran communities are identifying ways to best ensure equitably evidence-based advice is available, especially for historically under-researched Veteran groups[17] such as women, Indigenous people, racialized populations, 2SLGBTQ+, and gender diverse individuals.[18,19] Care providers should keep in mind that historic evidence-based care approaches for Veterans may not apply to all in this increasingly diverse population.[20]

While members of the 2SLGBTQ+ community have been able to serve openly in the Canadian military since 1992, discrimination based on sexual orientation

still affects many soldiers throughout their service.[21] For Veterans who served prior to 1992, experiencing adverse psychological, physical, and social impacts (depression, stress, substance use) due to having to hide one's sexual orientation, or harassment/dismissal because of their sexual orientation, was not uncommon.[22,23]

In the civilian population, evidence has demonstrated that 2SLGBTQ+ individuals are at a greater risk for mental health conditions than heterosexual individuals.[24] Research indicates that 2SLGBTQ+ individuals in the military are also at a higher risk for mental health conditions such as depression.[25] Experiencing anti-2SLGBTQ+ discrimination can increase one's risk for mental health issues.[26,27] Past experiences of discrimination can also prevent 2SLGBTQ+ people from accessing health care,[24] and certain needs may not be appropriately addressed if health care providers are unaware of a patient's sexual orientation. Family physicians treating 2SLGBTQ+ Veterans should strive to create safe, accepting spaces and help to facilitate culturally safe care in collaboration with local 2SLGBTQ+ outreach services, to which they can refer patients.

Resources for supporting equity-seeking Veterans

- **Aboriginal Veterans Autochtones**[28] is an organization that represents the interests of Canadian Aboriginal Veterans and serving Aboriginal military members
- **Indigenous Hope for Wellness Help Line**[29] offers immediate 24/7 support to all Indigenous peoples across Canada at 1-855-242-3310
- **Black Canadian Veterans Stories**[30] is a Legacy Voices Canada 150 Project that raises awareness of the contribution made by Black Canadians who served in the Canadian Military
- Women Veterans[31] is a podcast episode (available late 2023) in the *My Patient is a Veteran* series hosted by the University of Ottawa Department of Family Medicine. It will discuss women's health in relation to military duties and Veteran health; the latest information around women Veteran health and current wellness research gaps; and considers Veteran care more broadly from an intersectional lens. For details regarding availability and access contact **pmodfm@uottawa.ca**. We thank the **Federation of Medical Women of Canada** and the **Women Veteran Research and Engagement Network** for their collaboration on Women Veterans and Moral Injury and Military Sexual Trauma podcast episodes.
- **Sex and Gender in Veteran Research**[32] is a video presentation from the *Journal of Military and Veteran Health* on the need and benefits of integrating a sex and gender lens into all research
- **LGBT Purge Fund**[33] is an organization that funds 2SLGBTQ+ reconciliation and memorialization projects
- VAC has a 2SLGBTQ+ Veteran hotline for those with service-related injuries who have not applied for benefits: 1-800-487-7797[34]
- **The Fruit Machine** is a TVO documentary that details the targeted discrimination campaign against members of the Canadian military during the Cold War through interviews with former military men and women who experienced it first-hand
- **Rainbow Veterans of Canada** is a Veterans group that offers support to members who experienced discrimination while in the CAF because of their sexual orientation

Relevant Factors in Providing Veteran Care and Tips for Family Physicians

Military literacy and cultural competency considerations

Understanding and recognizing military experience and context as it relates to Veterans' health can facilitate better care and treatment for military Veterans.[1] Familiarity with military culture can help physicians understand how each Veteran's unique background may influence their preference for care as well as their medical condition, and can strengthen the patient-provider relationship. Wounded Warriors Canada provides Occupational Awareness training for health care providers to improve their ability to provide culturally competent care. Recent evidence also indicates that health care providers' improved understanding of military culture positively affects quality of care delivery.[35]

Veterans and their families encounter unique circumstances throughout their time in the military[36,37,38] and in life after service. A feature of military service that distinguishes it from civilian employment is that members serve under unlimited liability, which means they are subject to being lawfully ordered into harm's way, in circumstances that may lead to death.[39]

Military-to-Veteran transition considerations

Veterans can feel a strong sense of identity linked to their military career[8] and make close connections with other members of the military,[40] which can make the transition to life after service difficult. While for many Veterans this transition is often seamless, for others it can be challenging,[41] especially if dealing with a mental or physical health condition.[40] Family physicians are encouraged to recognize and support transition stresses as normal rather than pathological, and be mindful of a holistic approach to Veterans' health (i.e., caring for mind, body, and spirit). Frequent moves and periods of separation throughout a military career can also put pressure on family relationships and can sometimes present problems for adjustment to life after service, as captured in the CFPC's previous guides *Caring for Military Families in the Patient's Medical*

Home[42] (2017) and *Family Physicians Working with Military Families*[43] (2016), created in collaboration with the Vanier Institute of the Family and the Canadian Institute for Military and Veteran Health Research. It is possible that some Veterans, due to the transient nature of military life, have few to no local civilian friends or community links or may have lost touch with military friends in retirement. Social isolation is a common risk factor. As of 2021, nearly one quarter of Veterans live alone, women Veterans were more likely to live alone than men Veterans (28.1 per cent versus 22.2 per cent), and the number of Veterans living alone increases with age.[5]

While CAF and VAC work together with CAF members in health planning before they complete their service, some individuals may not have had all their health concerns identified or understood prior to release. Health conditions that arise in service may impede normal adjustment after release,[40] and require follow-up, assessment, and treatment with a family physician. If CAF members are medically released owing to health-related causes, their health conditions have often already been diagnosed and are being treated, though it is still possible and not uncommon for new service-related symptoms or conditions to arise after release.[40] Additionally, while much of mainstream media's coverage of the military focused on post-traumatic stress disorder, some providers may incorrectly believe that all Veterans are impacted that way. For the 25 percent of all Veterans released from service for medical reasons, the number one cause is musculoskeletal (MSK) conditions,[44] which are more prevalent in women and which will be covered in subsequent sections of this guide.

Many transitioning members experience identity challenges after leaving service.[45] Military culture often encourages members to think in a collectivist mindset, which emphasizes placing "mission before self" with an external locus of control and an emphasis on self-sacrifice.[46,47,48] The high level of stoicism, self-sufficiency, and resiliency service members and Veterans are known for is generally viewed positively, though these team-before-self attitudes common in the military can sometimes result in Veterans downplaying their pain and decrease help-seeking behaviour.[46,49] For some Veterans, regardless of gender, showing any sign of vulnerability, asking for help, or expressing emotions is a challenge—even when experiencing significant symptomology. Employing active listening with Veteran patients to learn about their experiences in the military and creating a trauma aware, psychologically safe environment for them to talk about their military service are particularly important. Veterans may have concerns about disclosure of health issues in ways that could impact their VAC benefits—building patient-provider trust is critical. Taking the time to understand the Veteran's background and their life in the military using open-ended questions can help patients feel understood, and can shed light on issues that may come up over time. When Veterans give their medical history, physicians should take note of the patient's understanding of how their medical issues are linked to their military experience. Physicians can help patients contact VAC and, with permission, can refer them to local VAC offices for remuneration for treatment depending on the medical condition.[40]

VAC and the Canadian Armed Forces Transition Group apply a transition model with five steps: Understand Transition, Plan for Transition (Throughout Career), Train for Transition (In-Service and Release Phase), and Undergo a Personalized Transition Experience.[50] Additionally, a well-being framework comprised of seven domains is applied to transitions: purpose, finances, health, life skills, social integration, housing/physical environment, and cultural and social environment.[51,52] These domains are key criteria to consider when thinking about or planning for a successful transition.[53]

Resources for supporting Veterans in transition to post-service life

- The **CAF offers a downloadable Transition Guide**[54] with many resources for help with transitioning from military to Veteran life.
- The **Veterans Transition Network**[55] is a charity that provides supportive programs for Veterans across Canada but specifically focuses on those transitioning from military to life after service. The network offers transition skills courses as well as peer support, and lists a variety of **resources** for Veterans and their families.
- Pepper Pod, the Resource Centre for Women Veterans, offers **Transition Lifeshops**, a weekend workshop for women Veterans or soon-to-be Veterans and their partners.
- The **Veteran Family Program**[56] is funded by VAC and offers supports to medically released Veterans and their families through a Veteran Family Program coordinator at centres across Canada. The program assists Veterans with their transition through delivery of additional information and referral services.

Intake of Veteran patients

Suggestions and tips for Veteran intake and administrative paperwork support

- When screening Veterans, it is important to keep in mind that service-related injuries and illness can occur any time, anywhere. While international deployments may have higher risk for exposure to trauma and environmental exposures,[57] illness or injury can easily occur during domestic emergency missions, training exercises, or day-to-day activities.
- As part of your patient intake procedures, consider asking new patients if they have ever served in the military. This question can be expected to have a higher uptake than asking if they are Veterans, as not everyone that served in uniform self-identifies as a Veteran.[58]
- When seeing a Veteran as a new patient, ask for copies of their military medical records,[†] and specify their "final release medical" for priority review.
- **Ask the Veteran about their military history in terms of the following:**
  - Any environmental hazards, accidents, where they were stationed, psychological traumas, or other occupational stresses experienced while in service (including racism, sexism, homophobia, harassment, discrimination)
  - Type of military release (retired, end of contract, voluntary, medical, compulsory)
  - If they qualified for a pension and/or Public Service Health Care Plan (PSHCP) insurance coverage
    - If a Veteran is covered by the PSHCP, this is important to know as the Plan provides coverage for a number of the same services as VAC without the wait. Many Veterans may not be aware of their coverage through PSHCP.
  - If they have registered for a "My VAC Account"[59]—if not, suggest they do[60]
  - If they have any VAC claims—and if they do, for what condition
  - If they have any concerns about service-related injuries or illnesses that have not been fully addressed[61,62]

[†] If the Veteran, released more than five years ago, does not have a copy of their military medical records, you can recommend that they request the files from Library Archives of Canada. If the Veteran was released less than five years ago, they can request the files from the Department of National Defence. (Department of National Defence. Requesting Military Records. Accessed August 4, 2022. https://www.canada.ca/en/department-national-defence/services/contact-us/military-records.html)

Family physicians can use the previous information to provide extensive detail on the form, which helps inform VAC in making a decision about the benefit. For example, listing all toxins the Veteran was exposed to can help provide a clearer picture for adjudicators.

- It is possible that even the 20 per cent of Veterans who are VAC clients may not be aware of all the various benefits and services available to them. This can be because of a lack of awareness about eligibility, lack of computer knowledge or access, or perceived lack of medical support to make the application.
    - If any new service-related conditions are identified, ask the patient if they are interested in exploring a VAC claim, program, or services possibilities.
    - If they are not interested in pursuing Veteran-specific benefits, programs, services, or other resources, consider asking about the source of their concern.
    - If a claim is denied by VAC, ask to review the accompanying VAC decision letter for explanation; Veterans can appeal with a family doctor's support.
- Physicians do not need to make a statement about causality of medical issues as related to service, VAC makes this determination. Respond to the question on the form. For example, note health problems the patient is facing and list their history.

Resources for supporting Veteran intake and administrative process

- The *Canadian Family Physician (CFP)* article **Forms for father**[62] provides additional information regarding the forms process specific to family physicians.
- The Royal Canadian Legion has Legion Service Officers who can help family doctors and Veterans make VAC claims and facilitate the Veteran's access to VAC services. Service Officers can be an important source of information, support, and potential advocate for Veterans.
    - Physicians do not need to be Legion members to receive assistance from Service Officers.

Veterans Affairs Canada administration and process considerations

For Veterans with service-related injuries/illnesses who wish to access VAC support and payment for treatment benefits and care services, they must first make a claim through VAC. Wait times for approvals can sometimes be problematic for those living with various physical or mental health conditions.[12,63] However, as of April 2022, there is immediate access to most mental health treatment benefits after submission of claim while awaiting VAC formal decision on that claim.[64] After release, a lack of continuity of care and limited

support during the transition to post-service life can exacerbate the difficulties of adjusting to Veteran life. Family physicians can help promote a positive post-release transition for Veterans by taking them on as a priority population in their family practice, rather than having them access a clinic through a wait list. Given the critical role of family doctors in the prevention of predictable chronic and high-risk conditions, such as substance abuse, homelessness, and suicidality, it is important for new Veterans to secure a family doctor in a timely fashion. Veterans may delay seeking help after leaving service, by which time issues may become exacerbated, especially if there are barriers to accessing care.

When a Veteran applies to VAC for benefits they will be provided with support and forms for their family physician to fill out regarding their health problems. A family physician's information regarding a patient's mental, physical, and social health is critical to informing VAC decisions regarding benefits. These forms are an important part of caring for Veterans and their families.[62] Patient access to VAC benefits also enables the family physician to provide better care, as this can improve the physician's options for treatment planning. With the patient's permission, physicians can also write a referral letter to VAC with relevant health information if they believe a patient would benefit from VAC programs.[62]

Best Practices and Clinical Considerations When Caring for Veterans

The following section will outline military-related physical and mental health conditions relevant to family physicians caring for Veterans, as well as practical guidance and resources to support the Veteran patient. These include hearing loss/tinnitus, musculoskeletal disorders (MSDs), chronic pain, mental health conditions including occupational stress injuries, moral injury, military sexual trauma, mild traumatic brain injuries, post-traumatic stress disorder (PTSD), substance use disorders, and suicidality.

Best practices for managing military-related hearing loss/tinnitus

Hearing loss and tinnitus related to military service are common concerns for Veterans[65] in part because it is difficult to prevent all military-related noise exposures.[65] The prevalence of hearing loss in younger CAF members is much higher than in the comparable general population in Canada, and many persons with mild hearing loss may not be aware of their condition.[65] It is important to diagnose even mild hearing impairment, as it can have a negative impact on Veterans' quality of life and well-being,[65] including impeding their social interactions and activities of daily living.

There are no objective tests to diagnose tinnitus[66] but there are ways to manage the symptoms. A Veteran's quality of life may be improved by using a progressive management program[67] with a team of health care providers to produce individualized management plans to reduce the impact of tinnitus on patients' lives.

Resources for treating Veterans with hearing loss/tinnitus

- VAC provides a thorough **overview of tinnitus**[68] and **hearing loss**[69] and their impacts on quality of life, as well as of pension-eligible military-related events that could lead to these disorders.
- Veterans can receive compensation for hearing loss and tinnitus through **VAC disability benefits**[70] and **access to treatment benefits**[71] for hearing loss/tinnitus, which can cover home health, audiologist and other specialist visits, medical equipment, and other supports.

Best practices for managing musculoskeletal disorders (MSDs)

MSDs are one of the most common causes of chronic pain and are the number one reason for medical release from the military, with just over 50 per cent of service members—women and men—diagnosed with at least one MSK-related issue at their time of release.[72] MSDs impact over 11 million of the general population in Canada each year, and 56.8 per cent of CAF Regular Force members released from service from 1998 to 2019 report MSDs.[76,87] Most MSK injuries in Veterans will be similar to those in the civilian population, though military-specific MSK injuries could include neck injuries from helmet use or repetitive stress injuries from sub-optimally fitting military equipment.[73,74] Encouraging Veterans to find new ways to stay active after an MSK injury can have many positive impacts on a Veteran's health and well-being.

Resources for managing MSDs

- Veterans with MSK injuries can apply to VAC to cover the cost of physiotherapy, rehabilitation services, orthotics, prosthetics, and medication.

Best practices for managing chronic pain

Approximately 20 per cent of the population in Canada lives with chronic pain, and the nature of military work puts Veterans at a greater risk than the general population of experiencing chronic pain.[75] Veterans develop chronic pain at two to three times the rate of the general population.[75,76,77] Chronic pain is associated with a variety of other physical and mental health conditions in Veterans, as in the general population. Causes of chronic pain in Veterans can include, for example, MSK injuries, fibromyalgia, migraines, pelvic pain, and dental pain.[78]

Effective chronic pain management can significantly improve the well-being of those affected. Research demonstrates that multidisciplinary approaches lessen pain symptoms and intensity, decrease health care services use, and enhance quality of life.[79] Holistic, patient-partnered interdisciplinary team approaches can be especially effective in helping Veterans manage chronic pain conditions. The Chronic Pain Centre of Excellence for Canadian Veterans[80] partners with Veterans and their families to create a national community of care, which includes chronic pain clinics across Canada. The centre and its clinics emphasize active participation of Veterans in their care, in cooperation with interdisciplinary team providers who deliver evidence-based treatment.[83] Resources for Veterans with chronic pain may be spread across a variety of providers, thus patients can benefit from the coordinated access that a person-centred, integrated approach to care can offer.[75] Additionally, evidence shows that there is a strong association between physical and mental health conditions[85]—63 per cent of Veterans with chronic pain have diagnosed mental health conditions,[76] which underscores the importance of the effective use of support services in managing chronic mental and physical health conditions.

Resources for managing chronic pain

- **The Chronic Pain Centre of Excellence for Canadian Veterans**[81] is a pan-Canadian network that conducts research on chronic pain and works with Veterans to translate this research into practice at pain clinics across Canada.
    - The centre shares **recent research**[83] on chronic pain relevant to clinicians and their care of Veterans.
    - Physicians can find **a list of clinics**[84] where this research is being implemented and where they can refer Veteran patients for evidence-based interdisciplinary care.
- **Soldier On** is a program that helps the recovery of ill/injured Veterans through sport and recreation activities.
- **A sailor's pain**[85] (a *CFP* article) provides a helpful, detailed approach to managing Veterans' MSDs, chronic pain, and disability.
- VAC offers **rehabilitation services**,[86] which include assistance with physical and mental health issues related to service. Veterans can apply through their VAC account, where without requiring a medical release from service they can detail how their health has adversely affected their life.

Best practices for treating mental health conditions holistically in Veterans

Like many Canadians, Veterans can experience challenges and decline in their mental health that, if left unsupported, may progress into predictable and preventable chronic mental health disorders. While almost half of CAF Regular Force Veterans released from service from 1998 to 2018 rated their mental health as excellent or very good, a significant number reported depression (26 per cent), anxiety (21 per cent), PTSD (24 per cent), and suicidal ideation (10 per cent over a 12-month period, 26 per cent lifetime).[87]

Resources for treating and managing Veterans' mental health

The resources below are general mental health resources, while information and resources specific to other health conditions will follow under each relevant section.

- **Mental Health First Aid Canada** offers a course on **Mental Health First Aid for the Veteran Community**,[88] which was created to help Veterans and those caring for them provide support for someone experiencing poor or worsening mental health.
    - This course can be helpful for Veterans and their loved ones, and for health professionals and those caring for Veterans. It is free for members of the Veteran community.
- The VAC-funded **Atlas Institute for Veterans and Families**[89] (the Atlas Institute), formerly the Centre of Excellence on PTSD and Related Mental Health Conditions, offers a variety of supports for Veterans and their care providers.
- **Lifespeak**[90] is a Web-based platform designed to improve patients' health and other aspects of well-being through educational videos, podcasts, tips, action plans, and other resources. It is free for Veterans as part of VAC Assistance Service and can be used anonymously at any time.
- A pilot study from VAC that evaluated the impact of service dogs for Veterans with mental health conditions found positive mental, social, and physical health benefits for the study participants.[91]
    - Wounded Warriors Canada offers a prescriber guide for providers to determine if a service dog would be an appropriate treatment for their Veteran patient[92]
- The journal article "**Screening for eating disorders in Veterans**"[93] and health care provider knowledge and support can help improve likelihood of disclosure.
- For urgent support, Veterans can call the **VAC Assistance Service**,[94] which is a hotline that offers confidential help and psychological support 24 hours a day. The toll-free number is 1-800-268-7708.

Operational stress injuries

Operational stress injury (OSI) is a non-diagnostic phrase that refers to persistent psychological difficulties stemming from military, RCMP, or other service-related duties. OSIs can result from any military experiences, domestic or abroad. It encompasses a variety of mental health conditions including anxiety, depression, PTSD, traumatic brain injury (TBI), military sexual trauma, moral injury, and other problems that impede one's ability to function. Veterans who identify as having an OSI may not have another diagnosis or term to explain their symptoms; it is important to treat them based on the medical priority of symptoms rather than the label. Some Veterans may have undiagnosed DSM-5[95] conditions that should be screened for. Others may have diagnosed conditions that are resistant to treatment and require exploration into other possibilities such as PTSD, moral injury, or military sexual trauma. Some may have significant dysfunction that does not meet DSM criteria, but their suffering is real and their family doctor can play an important role to normalize, support, and help these conditions, regardless of the label.

VAC funds OSI clinics across Canada, which provide online and in-person assessment, treatment, and support for all mental health issues related to any type of military service, including TBIs and military sexual trauma for example. OSI clinics have interprofessional trauma-aware teams (psychiatrists, psychologists, social workers, and other specialized health care providers) who work with Veterans to enhance their quality of life with personalized, evidence-based treatment. With patient permission, family doctors can contact the Veteran's case manager to work with the OSI team.

If Veterans do not have an existing case manager, physicians can request an OSI clinic referral through the nearest VAC office with patient permission (i.e., the duty case manager if the Veteran does not have an assigned VAC case manager). Holistic care is important for treating symptoms related to operational stress injuries. Family doctors are encouraged to work collaboratively with OSI clinicians, especially given high levels of comorbidities in Veterans. Additionally, the Operational Stress Injury Social Support (OSISS) is a national peer support network that supports service members, Veterans, and their families by providing mentorship, firsthand lived experience, and practical knowledge of what life is like with an OSI.

Resources for managing OSIs

- **Operational Stress Injury Clinics (VAC)**[96]
    - VAC offers a network of OSI clinics across the country to help diagnose, treat, and support eligible Veterans with service-related mental health conditions. These clinics work collaboratively with health care providers to help with continuity and follow-up. TBI, moral injury, and military sexual trauma are examples of conditions that can be referred to OSI clinics.
- **OSI Connect**[97] is an app that helps Veterans with OSIs learn about OSIs and provides assistance through the OSI clinic network. Resources help patients with mental health issues and other conditions, including PTSD, depression, anxiety, sleep, and stress management.
    - The Royal Canadian Legion also has a nationwide "virtual branch," the **Legion Operational Stress Injury Special Section** (BSO Legion OSI), which is specifically dedicated to supporting those with OSI.

Moral injury

Moral injury is the psychological, behavioural, and social result of events where an individual "may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations."[98,99] It is a psychological injury that has a lasting effect on one's self-image and world view.[100] A loss of trust in government institutions as a result of historic systemic discrimination, harassment, and violence in the military can affect the health, well-being, and help-seeking behaviours of some Veterans.[101,102] Moral injury is thought to be separate but can overlap with symptoms and presentations of PTSD, MST, and OSI. Institutional responses to traumatic events can damage individuals' sense of personal safety and trust, which may extend to health care providers. Therefore, actively building a trusting doctor-patient relationship can play a pivotal role in helping a Veteran to heal. Additionally, moral injury can be a barrier to recovery, as people with moral injuries may be reluctant to discuss their concerns because of shame or guilt.[100] The research on moral injury is in its early stages but the Atlas Institute offers several resources for understanding moral injury.[104]

Self-compassion and forgiveness resources can be used as a support strategy to help mitigate the presence of strong emotions, especially anger, shame, or guilt and a sense of broken trust.[99] Moral injury sequelae, especially if left unsupported, can have devastating psycho-social impacts and cause real and debilitating suffering.

Resources for treating moral injury

- The Atlas Institute offers the **Moral Injury Toolkit**[104]
- A *Frontiers In Psychiatry* article offers helpful information for understanding and addressing moral injury in Veterans.[105]

Military sexual trauma

While issues related to sexual assault and harassment are not unique to the military, family physicians may encounter Veterans who experienced sexual trauma during their military service.[106] The term military sexual trauma (MST) often includes the ongoing dysfunction related to the aftermath of an event. Events can include sexual harassment, sexual coercion, sexual assault, and discrimination based on sex.

The military has a "duty to report" regulation, which compels members to report any inappropriate incidents, whether as the impacted person or as a bystander. MST symptoms often result from the aftermath of the event or assault. This includes lack of support after an event, and resulting institutional betrayal and moral injury that can impact all areas of one's life, particularly because of the close nature of military life.

Approximately 1.6 per cent of Regular Force members reported military-related experiences of sexual assault, with women impacted at a significantly higher rate (4.3 per cent) compared with men (1.1 per cent). Indigenous members are affected at a greater rate (3 per cent) than non-Indigenous members (1.5 per cent), as well as members with disabilities (3 per cent) compared with those without disabilities (1.5 per cent)[107] and 2SLGBTQ+ members.[108] The federal court of Canada has recognized exposure to sexual trauma in the military as a bona fide occupational work hazard due to its high and ongoing high prevalence rates.

Some Veterans may use the term "sexual misconduct" when referring to these experiences as the CAF has defined MST as sexual misconduct since 2015. Exposure to sexual harassment or assault during military service[109] is different than civilian sexual trauma, as it is a work-related injury and can involve a sense of moral injury due to institutional betrayal in addition to the sexual misconduct.[110,111] Sexual misconduct is often perpetrated by someone known to, and trusted by, the victim; this may be a direct peer or someone in a higher position, which can constitute abuse of authority.[112] This often causes a sense of betrayal and broken trust for the impacted person, especially if the event involved a trusted peer, superior, or health care provider—this can be an extra layer of impact sometimes referred to as sanctuary trauma.

MST increases the risk for numerous health conditions, such as PTSD, at rates higher than exposure to combat.[113,152] MST can be compounded by secondary trauma or revictimization as a result of unsupportive institutional responses toward victims, as well was outright reprisals. Unsupportive responses and reprisals can continue for the duration of the person's time in the military, and whether or not the victim reports the assault.

MST can and does happen to anyone.[114] While women may be at four times higher risk of exposure to sexual misconduct than men,[115] more than 40 per cent of claims submitted in 2021 for military sexual misconduct were from men.[116] Symptomology from MST may manifest as a "fog of symptoms" with a wide range of biological, psychological, and other impacts[117]; evidence-based psychotherapies can be effective for treating symptoms related to MST.[118] Family physicians should work collaboratively with the Veteran and their other care providers (whether through their VAC case manager or providers through their PSHCP). This can help to connect Veterans to psychotherapists with military cultural competencies and facilitate holistic, evidence-based treatments and follow-up with the patient. When a Veteran discloses that they have experienced MST, family doctors are encouraged to acknowledge the importance of the disclosure and the many supports and interdisciplinary evidence-based treatments available to help them to heal.[119,123]

Resources for treating patients who experienced MST

- The Department of National Defence Sexual Misconduct Support and Resource Centre (SMSRC) provides the 24/7 **Sexual Misconduct Response Support** phone line[120] (1-844-750-1648). Veterans, serving CAF members, and DND employees who have experienced sexual misconduct can call to receive free, bilingual, and confidential supportive counselling from a trained counsellor who can provide them with information on services available and explore options to meet their needs both external and internal to the CAF. The SMSRC is a DND initiative and is independent from the chain of command. The SMSRC is the Centre of Excellence on Sexual Misconduct for the DND/CAF.

- The SMSRC also offers Response and Support Coordinator services to Veterans. This case management service offers advocacy, accompaniment, and support to Veterans in their journey to recovery. They can provide a supportive bridge to Veterans awaiting mental health and other services.
- The SMSRC counsellors can support family physicians seeking information on programs and services, on military culture and can assist them in supporting their patient who disclose sexual misconduct experiences.
- The SMSRC offers a bilingual, online peer support platform called **Togetherall**, which is available for Veterans impacted by MST.

- The Atlas Institute has created a **Military Sexual Misconduct and Military Sexual Trauma Fact Sheet**[121] that explains what MST is, provides statistics on MST, and lists other important factors to consider regarding MST.
- Moral Injury and Military Sexual Trauma is a podcast episode (available late 2023) in the *My Patient is a Veteran* series hosted by the University of Ottawa Department of Family Medicine. It will cover terms commonly used in the Veteran community around moral injury and military sexual trauma to explain the various suffering/ dysfunction possible from military-related occupational experiences and exposures. The role of the family doctor and resources available to Veterans and physicians for further support will also be discussed. For details regarding availability and access contact **pmodfm@uottawa.ca**. We thank the **Federation of Medical Women of Canada** and the **Women Veteran Research and Engagement Network** for their collaboration on Women Veterans and Moral Injury and Military Sexual Trauma podcast episodes.
- Veterans who experienced sexual trauma during their military service **may be newly eligible for VAC benefits**,[123] even if previously denied.
- **Respect in the CAF** is a mobile application that offers tools, educational information, and resources to anyone dealing with MST.

Mild traumatic brain injury

Mild traumatic brain injury (MTBI) is an injury that typically results from a severe impact to the head. It can cause a range of chronic physical, mental, emotional, and behavioural symptoms.[124] While family physicians are likely familiar with treating concussion in civilian populations, additional attention should be paid to MTBI history in Veterans. MTBI is more frequent in Veterans who deployed to Iraq or Afghanistan, but it can also occur in non-deployed service members. In addition to blunt force trauma and combat-related blast injuries, exposure to blasts in training exercises (and, in snipers, exposure to very close and repeated recoil from rounds of high-caliber rounds) can also result in MTBI.[125,126]

Though no diagnostic test can establish MTBI, for Veterans with persistent symptoms physicians should ask about the patient's MTBI history and conduct a physical examination with special consideration of neurological functioning.[125] Brain injuries can heal without lasting damage but Veterans with cognitive and psychological symptoms should be referred for mental health treatment. Strong, continuous collaboration between the patient, the family physician, and the supporting health care team (including mental health care providers) can pave the way for optimal results, as well as physicians' consideration of the relationship between the patient's military service and the injury.[125]

Symptoms of TBI can overlap with mental health conditions and may be assumed or confused as mental health conditions. If a Veteran presents with undiagnosed, non-specific symptoms, potential TBI is an important aspect to consider. Additionally, Veterans with TBI are more likely to be at risk of suicide, particularly those who are experiencing homelessness.[127]

Research indicates that women Veterans' TBIs may be underdiagnosed or misdiagnosed, and not treated in sex-specific, evidence-based ways for TBIs. There is strong evidence to show that women's TBIs present differently than men's, and that they need a different treatment protocol. Women Veterans may have TBIs from several sources. They are more likely than civilian women to be involved in contact sports, use ill fitting helmets (sports and military duty), be subject to intimate partner violence,[128] and experience workplace gender-based violence.[129]

Resources for treating Veterans with symptoms related to MTBI

- Evidence indicates that women's TBIs present differently than men's. ***Traumatic brain injury among female Veterans: A review of sex differences in military neurosurgery*** offers the current understanding in this area.
    - **Pink Concussions**, a non-profit dedicated to education and awareness about women's brain injuries, offers research and resources in this area.
- ***Persistent Symptoms Following Mild Traumatic Brain Injury (mTBI): A Resource for Clinicians and Staff***[124] provides more detail for clinicians and health care providers in treating symptoms of an MTBI in men and gives thorough explanations of MTBI related to military service.

Alcohol use, cannabis use, and substance-related disorders

Like many people living in Canada, some Veterans may struggle with alcohol, cannabis, or substance use disorders. When an addiction or abuse is suspected, physicians are encouraged to identify and treat comorbid mental and physical health conditions concurrently, including screening for sleep quality and quantity, and ruling out sleep apnea.[130,131,132] Alcohol use disorder (AUD) is a medical disorder marked by an inability to stop or control alcohol use despite problematic health, social, and other consequences.[133] Cannabis use disorder (CUD) is identified as a problematic pattern of cannabis use, which results in clinically significant impairment or distress.[134] Mental health conditions, including previous psychological trauma, are often comorbid with AUD/CUD and increase the risk of AUD/CUD.[133,135] Evidence demonstrates that individuals reporting PTSD and depression have higher rates of alcohol misuse, including those within the Veteran population.[136] Patients with PTSD may try to self-medicate with alcohol or other substances.[136]

An optimal approach to treating substance use disorders in Veterans would involve military Veteran cultural competency and identity awareness, as well as an integrated, interdisciplinary holistic care treatment plan that addresses and heals the root causes of the behaviours. Family physicians (or psychiatrists) can diagnose AUD so Veterans can access entitlements and supports for the disorder. The physicians should

provide detailed documentation on the diagnosis when submitting to VAC for consideration.[137] Similarly, VAC also grants entitlements for substance-related disorders (SRDs) including opioids, amphetamines, cocaine, cannabis, and other substances.[138] Family physicians should offer patients with a potential AUD or SRD a brief counselling session and follow up accordingly.[139] Providers should also connect patients with resources for alcohol misuse/substance use treatment, including assisting with referrals to VAC for access to benefits for mental health treatment (including substance use treatment), if eligible, or with other referrals, such as an addiction medicine physician.[138] Successful treatment of substance use disorders in Veterans may be optimized by using a patient-centric interdisciplinary team approach.

Post-traumatic stress disorder (PTSD)

Psychological trauma is a psychiatric injury that can arise after exposure to intensely stressful events.[140] Veterans may experience PTSD as a result of events in their military career. Some traumatic exposures are similar to common civilian experiences, such as vehicular accidents or interpersonal violence, while others may be more unique to the military environment, such as combat exposure or military sexual misconduct.[141] If not treated, PTSD can become chronic, and manifestations of PTSD can have negative consequences on a social, occupational, and/or interpersonal level.[140] Though it is one of the most common mental health conditions among civilian and military populations, PTSD is often underrecognized by primary care providers, especially for women Veterans. Veterans are at a higher risk for lifetime trauma exposures, similar to other first responder groups. While PTSD related to Veterans' experience in the military is regularly diagnosed during service, some may not recognize a need for treatment until after they have been released from the military, possibly decades after release[142]

Symptoms of PTSD can present in different ways, depending on factors such as age, sex, gender, and age of exposure. Military-related PTSD symptoms can appear in tandem with other psychiatric disorders and physical health conditions such as chronic pain, medically unexplained symptoms, and addiction issues, and therefore can be challenging to recognize and diagnose. Family doctors should keep the possibility of PTSD in mind[143] when confronted with medically unexplained symptoms, change in emotional stability, increased risk taking or numbing behaviours (such as reckless driving and increased alcohol use).

A trauma-informed approach to investigating PTSD is critical—trauma-informed family practices appreciate how psychological trauma can alter the way one thinks, feels, and acts. Trauma-informed care operates on five guiding principles: safety, trustworthiness, choice, collaboration, and empowerment.[140]

Five-point approach to trauma- and violence-informed care for family physicians[144,145,157]

1. **Understand the patient's experience of trauma and violence**

   Recognize the impact of the trauma and its continuing effect on the patient.

2. **Establish an emotionally and physically safe environment for the patient**

   Ensure consistency and predictability of care; allow adequate time to care for the patient.

3. **Include patients in the healing process**

   Present patients with choices and build collaborative patient-physician relationships to engage them in their care.

4. **Believe in the patient's strength and resilience**

   Empower the patient using a strengths-based and capacity-building approach.

5. **Use practices that are sensitive to the patient's cultural, ethnic, personal, and social identity**

   Display sensitivity to marginalization and systemic abuse.

Family physicians should investigate PTSD as a potential diagnosis if the Veteran has a history of exposure to potentially psychologically traumatic events. As workplace trauma is an occupational hazard/risk in the military, family physicians should monitor patients for ongoing unwanted impacts or symptoms related to their time in the military. Approaches should be personalized to individual patients, and timing is an important consideration when asking about psychological trauma; the patient should be ready and have established a feeling of trust and safety with the provider.[140] In addition to the diagnostic criteria, the US Department of Veterans Affairs National Center for PTSD offers the Primary Care PTSD Screen for DSM-5,[146] a quick, five-item tool to screen for PTSD in primary care. Some Veterans may struggle to express their experiences due to common stigmas around seeking help within the military.[12,141]

To cope with psychological trauma, some Veterans may develop issues that can affect other parts of their life, which could arise in relation to or outside of PTSD. These include depression, anxiety, alcohol and drug use, or issues with relationships, work, and family.[147,148] Family physicians' awareness of existing Veteran-centred PTSD resources can help facilitate collaboration with Veterans' PTSD treatment care providers and can improve outcomes for the patient. Psychotherapy is recommended as a first-line treatment prior to commencing pharmacotherapy,[149] but when unavailable or if stabilization is needed, pharmacotherapy is suggested as an alternate first-line treatment.[150] Primary care providers can initiate psychotherapy or pharmacotherapy treatment for PTSD while patients obtain specialized trauma therapy. Beyond recognizing and treating PTSD, physicians can work within an interprofessional, holistic model of care along with psychotherapists, psychiatrists, and other health professionals to track the patient's progress and help with treatment compliance.[141]

Resources for managing and treating post-traumatic stress disorder in Veterans

- The Atlas Institute[89] establishes community relationships to create networks of support for Veterans, first responders, and their families. The institute engages in knowledge collection and translation for the practical use of research and offers a **helpful fact sheet** on PTSD in Veterans.
- The article **Horror comes home: Veterans with posttraumatic stress disorder**[142] provides advice for family physicians treating PTSD in Veterans, including a helpful resource for diagnosing PTSD in Veterans.
- **MDcme.ca** is a Memorial University of Newfoundland Faculty of Medicine resource that offers accredited online medical education for primary care providers in Canada, including **a course to help health care professionals recognize PTSD**[151] and learn about appropriate treatments.
- The VAC website **Veterans Affairs: Post-Traumatic Stress Disorder and War-Related Stress**[147] provides a thorough background on PTSD and how it can affect Veterans specifically, from common reactions and symptoms to coping and dealing with PTSD. It also details typical treatment options and trauma-associated problems.
- ***Recognizing Post-Traumatic Stress Disorder in Primary Care***[140] details primary care principles for recognizing and treating psychological trauma in patients, including how to make your practice trauma-informed. The document also provides case examples of different presentations of PTSD and principles of trauma-informed care, as well as a primary care screening tool for PTSD.
- Family physicians can also directly recommend the **PTSD Coach Canada mobile app**,[152] which allows Veterans to learn about PTSD and offers resources to help them manage their symptoms.

Suicidality

Suicidal ideation and death by suicide occur more frequently in CAF Veterans than in the general population in Canada. Exposure to MST increases the risk of developing PTSD, suicidality, homelessness, and suicide more than combat exposure.[153,154,155,156] A strong base of evidence also shows that individuals with health issues have greater rates of suicidality[157] and Veteran suicides are generally found to be linked to concurrent life stresses, as in the civilian population, most often related to intimate partner breakdown, finances, legal

matters, and employment status.[157] Mental health and physical health are often linked: 90 per cent of Veterans with mental health conditions also had physical health problems.[76] Though the factors underlying this higher risk in Veterans are not fully understood, evidence-based approaches to suicide prevention can be applied, with treatment for depression showing the strongest link to preventing suicidal risk.[158,159] Screening at-risk patients is suggested for ownership or access to weapons, housing insecurity and MST.[153,154,158] A good doctor-patient relationship and knowing what is happening to a patient are key.

Strong transition support can be an important element of suicide prevention for the Veteran population.[161]

Family physicians can monitor Veteran patients' transition experience during visits and offer support by referring Veterans to transition resources listed in this guide. Social isolation is a major risk factor that family physicians should screen for in Veterans.[162,163,164] As mental and physical conditions often co-occur, a comprehensive, personalized treatment plan carried out with the support of collaborating health professionals can optimize Veterans' well-being.[161] The importance of continuity of primary care is especially relevant for this population, as Veterans require the support of a family doctor to access government occupational health benefits and when submitting VAC claims.

Other possible military Veteran health concerns

Below are a few examples of other possible health issues of concern to military Veterans of Canada from all eras:

Other Military Veteran Health Concerns	Resources
Cannabis for Medical Use As of 2016 VAC reimburses Veterans for the medical use of cannabis.[165] Medical cannabis is increasingly used by Veterans in Canada; medical cannabis reimbursements account for one in five medical reimbursements by VAC.[165,167] Evidence is mixed on outcomes of cannabis use. Some research has shown an association between cannabis use and poorer health outcomes among the general population[167,168,169,170] and among Veterans.[171] Various studies have shown some minor benefits of cannabis use for chronic pain.[169,170] Though AUD and cannabis use often co-occur in Veterans, Veterans who use cannabis for medical reasons show lower alcohol use than non-medical users.[172]	• The **CFPC has provided guidelines** and recommendations for physicians regarding authorizing cannabis for medical purposes, including authorizing use only after conventional treatments have failed.[173] Provincial health care provider regulators across Canada have also provided guidelines for cannabis authorization.[174] A **Clinical Practice Guidelines article from *CFP*[175]** outlines considerations for prescribing medical cannabis in primary care settings, which advises limiting the use of medical cannabinoids but highlights specific circumstances in which there is evidence demonstrating its benefit. • A recent practice guideline[176] summarized that cannabis provided small benefits for chronic pain relief, physical functioning, and sleep quality for those with chronic pain, and a small risk of transient harms, concluding that the evidence supports a weak recommendation for a cannabis trial. However, there are a number of evidence limitations for health care providers to consider when discussing cannabis use with Veterans.[176]
Gulf War Illness After service in the Gulf War, some CAF Veterans described symptoms that they understood as resulting from exposures during their service. Extensive research has been conducted and is ongoing to understand these health issues. Though research has not provided sufficient evidence for a medically diagnosable condition, the term Gulf War illness (or chronic multi-symptom illness) is used for these issues.[35,] Certain conditions have been reported more commonly in Gulf War Veterans, including symptoms of fibromyalgia and chronic fatigue syndrome. Some conditions reported under the umbrella of Gulf War illnesses include major depression, anxiety, asthma/bronchitis, chronic fatigue, and cognitive dysfunction, but many have medically unexplained symptoms.	• VAC provides a **thorough overview of Gulf War illness**,[178] including relevant research in Canada. • The **U.S. Department of Veterans Affairs provides guidance**[179] for clinicians on how to diagnose and treat those with Gulf War illness. • A recent **peer-reviewed journal article** published findings demonstrating Veterans with exposure to sarin gas were more likely to develop Gulf War illness and found that their risk was modulated by a gene that permits some individuals' bodies the ability to break down the nerve gas more effectively.[180]

Other Military Veteran Health Concerns	Resources
Similar to the civilian population, Veterans can have diagnosable medical issues and medically unexplained symptoms, both of which can be treated using traditional approaches. In a comprehensive study on Gulf War illnesses, the National Academy of Medicine in the United States recommends that providers employ a long-term, integrated approach to helping patients manage their symptoms.	
Past Mefloquine Use Mefloquine is an antimalarial medication, and was a commonly used by the CAF until evidence demonstrated that some patients were experiencing adverse psychiatric effects from its use, particularly patients with existing psychiatric illnesses.[181] Some patients report long-term effects from mefloquine use, although in 2017 Health Canada conducted a review, as well as the CAF, that released findings from the Surgeon General's 2017 review that did not find evidence supporting this claim.[182] Most notably, the National Academies of Science, Engineering, and Medicine in the United States released a comprehensive review in February 2020 that did not find evidence of long term effects from mefloquine. Patients reporting health issues should be treated for the symptoms they are experiencing. For example, physicians can establish a treatment plan for patients experiencing PTSD regardless of its cause.	• Veterans can apply to claim any medical condition, with supporting documentation from their doctor. • Chapter Five of the Surgeon General's 2017 report[182] on mefloquine examines the evidence for short-term and long-term adverse effects of mefloquine use. • Health Canada review of mefloquine • Long-Term Health Effects of Antimalarial Drugs | National Academies
Polypharmacy Polypharmacy—the use of five or more medications to manage symptoms—is common in Veterans with comorbid and complex physical and mental health conditions, especially in older adults.[82] Evidence suggests potential negative effects of polypharmacy. Though suitable polypharmacy can enhance life expectancy and improve quality of life for some, polypharmacy can pose a potential safety issue to patients, as polypharmacy is sometimes linked to poor health outcomes (including frailty) and can include inappropriate prescriptions.[183]	• A journal article in *Family Medicine*[183] outlines five actions family physicians can take to address potentially problematic polypharmacy in their practice.

Guiding Principles for Care in the Context of the Patient's Medical Home

In the CFPC's **PMH vision**,[184] every family practice in Canada offers the medical care that people want: readily accessible, centred on the patients' needs, available throughout every stage of life, and seamlessly integrated with other services in the health care system and the community. The vision emphasizes patient-centredness, community adaptiveness, and interprofessional collaboration. The functions of the PMH are highly relevant and provide a strong care-based framework when caring for Veterans.

Accessible care

A key feature of the PMH is its ability to improve access to care.[184] This includes timely access, virtual access, and access to a variety of specialty services. Once a Veteran has found a family doctor after military service, a PMH practice setting allows the Veteran to best access the most appropriate care provider needed while maintaining continuity of care. Since higher rates of chronic mental and physical health conditions are common in Veterans, it is essential for them to have access to care when needed. The Canadian Medical Association has acknowledged Veteran access to a family doctor as vital to the success of their transition into life after service.[185]

Patient- and family-partnered care

Patients play an important role in their own care; their perspectives and history factor into their health experience. Taking the time to understand a patient's background, experiences, and preferences will strengthen the trust between patient and provider. For Veterans, military service and experience can be an important part of their identity and are often related to their health and well-being.[45] Involving Veteran patients as partners in their care can help them feel more in control and strengthen their participation in their own health and treatment plans.[186]

Veterans, like other patients, ideally have a network of supports around them or involved in their care. This can include family or other support persons, who help the patient through illness and provide reliable health information.[186] Veterans' support networks or families

may have also experienced the unique pressures of their loved one's military career, including frequent moves, the stress of occupational risks posed to the serving member, and the adjustment from military to life after service.[42] When they are available to support, involving families and caregivers in the Veteran's care process (with the patient's permission) can facilitate better communication and enhanced care for the patient while decreasing stress for the family.[186]

Some Veterans may be functionally single without direct family supports. Encourage Veterans to bring a support person of their choice to any medical meetings and appointments.[187] Provided that both patient and physician are comfortable with this method, encourage Veterans to consider recording their medical visits so they can better recall what was said and share the information directly with their loved ones or caregivers—especially when dealing with health challenges alone. Patients should determine what level of involvement they prefer for themselves and others as care partners, but options such as allowing them to access their medical information, providing them with self-management tools, and offering evidence-based information about their care can improve patient satisfaction and the patient-provider relationship.[12,187]

Community adaptiveness and social accountability

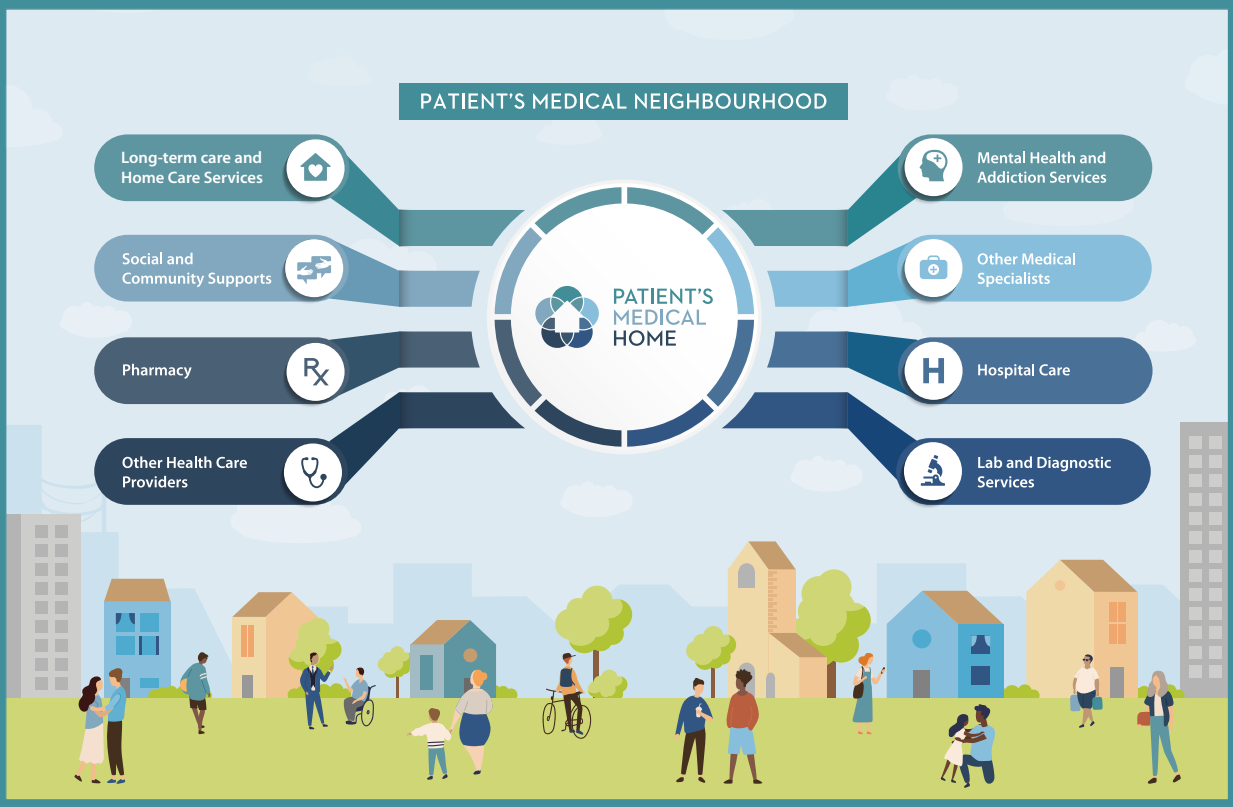
A PMH adapts to the needs of the community and works to understand how patients experience the health care system differently, based on intersecting social determinants of health. Veterans with disabilities, and/or who are Indigenous, racialized, women, 2SLGBTQ+, or gender diverse individuals are disproportionately affected by mental and physical health conditions.[188,189,190,191,192] Physicians caring for Veterans in equity-seeking populations within a PMH setting are aware that "one size does not fit all" for Veterans and work to understand how socioeconomic factors can impact Veterans' health, and respond to these differences at the patient, practice, community, and policy level.[195] Family physicians should also seek disaggregated data and intersectionally-informed research to gain the knowledge needed to advocate for their patients and to provide them with evidence-based care. As the majority of Veteran research is based on white, heterosexual men Veterans, it is important for family doctors to seek out evidence that is appropriate for each patient (e.g., finding relevant research for women Veterans). Family doctors can act as advocates for their patients and encourage governments at all levels to establish policies and fund research that will improve Veterans' health and other forms of well-being. For example, advocating for identification of research gaps for historically underrepresented populations or identifying gender-specific service-related medical conditions to be integrated into VAC programs and benefits.

Comprehensive team-based care with family physician leadership and continuity of care

An interprofessional primary care team approach offers a host of benefits to patients, including improved access to care, better continuity of care, and enhanced access to specialty resources. The interprofessional nature of a PMH teams allows health professionals with expertise in different disciplines to effectively work together to deliver comprehensive and specialized care to patients. In a PMH, family physicians work collaboratively with nurses, psychologists, social workers, physiotherapists, and other health care providers to provide convenient access to a varied range of high-quality care services.

Within the general population in Canada there is a high prevalence of patients with comorbid, complex chronic conditions.[193] Team-based, patient-centred primary care is crucial for effective management of health conditions over the long term. It can be especially beneficial for treating Veterans when combined with the additional resources available through many Veteran service organizations as well as VAC programs. As a result of their time in the military, Veterans are already familiar with interprofessional care team approaches and wraparound holistic care such as dieticians, military chaplains,[194] or mental health support among many others.

Family physicians can collaborate with VAC programs, including OSI clinics and rehabilitation services. Open communication between VAC providers and the family physician can broaden options for effective treatment planning and can facilitate optimal patient outcomes.[62] In PMH settings, interdisciplinary primary care teams are knowledgeable about community resources and engaged with local organizations. As some Veterans may be newly transitioning to life after service, a PMH referral to resources in their community can help them find peers undergoing similar experiences, direct them to self-management resources, and encourage a personalized and holistic approach to their well-being.



Caring for Veterans in the Patient's Medical Neighbourhood

The **Patient's Medical Neighbourhood (Neighbourhood)**[195] is a broader network of care involving providers and services outside the family practice. In a Neighbourhood, family practices coordinate and share responsibility for patient care with other health care providers and community services (e.g., mental health and addiction services, pharmacy, social, and community supports, VAC, OSI clinics, etc.). When caring for Veterans, a Neighbourhood setting can help connect Veterans with relevant resources in their community such as the nearest Military Family Resource Centre (MFRC),[196] or for Indigenous Veterans the nearest Friendship Centre.[197] This helps to personalize the Veteran's care, improve health and wellness outcomes, and encourage continuity of care because of the existing relationship between the family practice and providers in the Neighbourhood.

Conclusion

Caring for Veterans can be deeply rewarding for family physicians. As the physician-patient relationship is at the core of the profession connecting with Veterans, learning about their military service and understanding their perspectives can be an enriching experience. A family doctor's relationship with their Veteran patients can be pivotal to a Veteran's short-term and long-term health and well-being and successful integration back into the civilian community. Treating Veteran patients allows family physicians to care for those who served Canada and often made great sacrifices to do so.

Most Veterans are healthy and highly motivated to stay healthy. Additionally, many Veterans have been released from service at a young age or in middle age. The physician's active management of health conditions can have a tremendous impact on the Veterans ability to remain healthy, active, working, and

participating in social and family life over decades. Early management of conditions with the right interventions can have lasting effects on Veterans and their families. Veterans have greater access to a variety of services and support than the general population; many Veterans have access to PSHCP and VAC funding for interprofessional care. This can facilitate enhanced treatment planning for the physician.

While 20 per cent of the Veteran population access VAC services, there are many more Veterans who have health issues that may not be service-related[3] or who are not yet connected to resources that could help them immensely. Many Veterans may not know they can access VAC or may fear being denied benefits; family physicians can play a substantial role in facilitating access to benefits for which they are eligible. The military context and an understanding of Veterans' background remain important. Learning about and recognizing Veterans' experience can greatly enhance the provider-patient relationship and improve patients' health outcomes in the long term. By working collaboratively with Veterans, VAC, and other health care teams and providers, in alignment with the PMH vision's principles of care, family physicians can have a significant and long-lasting impact on the health and well-being of their Veteran patients.

Additional Resources

Veteran families and caregivers

- The Vanier Institute offers a helpful summary of research on caregiving in military and Veteran families, including its impacts and lessons learned.[186]

- A Health Affairs article examines the impact of family caregivers in Veterans' care and recommends solutions to facilitate inclusive care[187]

Veteran financial or housing insecurity

- The Royal Canadian Legion offers the program Leave the Streets Behind to reach out to homeless and at-risk Veterans to offer them urgent financial support and connect them to community supports.

- Veterans Affairs Canada offers a Veterans Emergency Fund to provide Veterans with urgent financial support, up to $2,500, to cover essentials.[198]

- VETS Canada[199] offers on the ground Veteran emergency transition services including temporary housing assistance, furniture and household items, transportation assistance, and other supports.

- RESPECT forums are held twice a year in cities across Canada. The forums aim to bring awareness to the needs of returning soldiers and Veterans, with the goal of improving mental health and reducing homelessness among those in uniform.

    - Family doctors would be welcome to attend these forums to learn more about Veterans in need in their area, and the forums provide a good opportunity to learn about city-specific resources for Veterans with housing insecurity.

References

1. Vest BM, Kulak JA, Homish G. Caring for veterans in US civilian primary care: qualitative interviews with primary care providers. Family Pract. 2019;36(3):343-350.

2. College of Family Physicians of Canada. Patient's Medical Home. https://patientsmedicalhome.ca/. Accessed December 13, 2021.

3. Veteran Affairs Canada. Facts and Figures Summary. 2020. https://www.Veterans.gc.ca/eng/about-vac/news-media/facts-figures/summary. Accessed December 13, 2021.

4. Eichler, M. Witness. Women and Gender Diverse Veterans Issues. Nova Scotia House of Assembly, Standing Committee on Veterans Affairs. January 18, 2022. Accessed August 4, 2022. https://nslegislature.ca/legislative-business/committees/standing/veterans-affairs/archive/veterans-affairs/va2022jan18

5. Statistics Canada. On guard for thee: Serving in the Canadian Armed Forces. Accessed January 24, 2023. https://www150.statcan.gc.ca/n1/daily-quotidien/220713/dq220713c-eng.htm

6. Government of Canada. Current Operations and Joint Military Exercises list. National Defence. Accessed December 13, 2021. https://www.canada.ca/en/department-national-defence/services/operations/military-operations/current-operations/list.html

7. Veterans Affairs Canada. Disability Benefits in Respect of Wartime and Special Duty Service – The Insurance Principle. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/1447

8. Open Arms - Veterans & Families Counselling. About Veterans and their families. Accessed December 13, 2021. https://www.openarms.gov.au/health-professionals/about-Veterans-and-their-families.

9. Statistics Canada. Health characteristics, annual estimates. Accessed December 13, 2021. https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310009601

10. Vogel L. Canadians still waiting for timely access to care. CMAJ. 2017;189(9):E375-E376.

11. MacLean MB, Sweet J, Mahar A, Gould S, Hall AL. Health care access and use among male and female Canadian Armed Forces veterans. Statistics Canada. March 17, 2021. Available from: https://www150.statcan.gc.ca/n1/en/pub/82-003-x/2021003/article/00002-eng.pdf?st=vE-BIIAX. Accessed December 13, 2021.

12. Kithulegoda N, Strachan PH, Zacharias R, Buckley N, Busse, JW. Exploring Canadian Veterans' priorities regarding chronic pain research: A qualitative study. J Mil Veteran Fam Health. 2021;7(S2):106-115.

13. Veterans Affairs Canada. 1.0 Demographics. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/about-vac/news-media/facts-figures/1-0.

14. Serré L. A comparative analysis of medically released men and women from the Canadian Armed Forces. J Mil Veteran Fam Health. 2019;5(2):115-124.

15. College of Family Physicians of Canada. The Value of Continuity—Investment in Primary Care Saves Costs and Improves Lives. Mississauga, ON: College of Family Physicians of Canada; 2021.

16. Statistics Canada. Diversity of Canada's Veteran and military population. Accessed January 24, 2023. https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2022074-eng.htm

17. Dallocchio M. Women Veterans: Examining identity through an intersectional lens. JJ Mil Veteran Fam Health. 2021;7(Supple 1):111-121.

18. Eichler M. Equity in military and Veteran research: Why it is essential to integrate an intersectional sex and gender lens. J Mil Veteran Fam Health. 2021;7(Supple 1):143-149.

19. Office of the Prime Minister. Minister of Veterans Affairs and Associate Minister of National Defence Mandate Letter. December 16, 2021. Accessed August 4, 2022. https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-veterans-affairs-and-associate-minister-national-defence

20. Tweel M, Thompson JM, Lockhart W, Ralling A, Keough J, MacLean MB, et al. Annotated Bibliography of Veterans Affairs Canada Research Directorate Publications for 1992–2018: Research Evidence to Support the Well-Being of Veterans and their Families. Ottawa, ON: Veterans Affairs Canada; 2019. Accessed August 4, 2022. https://cimvhr.ca/vac-reports/data/reports/Tweel%20M%202019%20Research%20Directorate%20Annotated%20Bibliography.pdf

21. Poulin C, Gouliquer L, McCutcheon J. Violating gender norms in the Canadian military: The experiences of gay and lesbian soldiers. Sexuality Research & Social Policy: A Journal of the NSRC. 2018;15(1):60–73.

22. Poulin C, Gouliquer L, Moore J. Discharged for Homosexuality from the Canadian Military: Health Implications for Lesbians. Feminism & Psychology. November 6, 2009.

23. Fodey S. The Fruit Machine [documentary]. 2018. Accessed December 13, 2021. http://thefruitmachine.ca/

24. Rapid Response Service. Rapid Response: Facilitators and barriers to health care for lesbian, gay and bisexual (LGB) people. Toronto, ON: Ontario HIV Treatment Network; 2014. Accessed December 13, 2021. https://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR79.pdf

25. Scott RL, Lasiuk GC, Norris CM. Depression in Lesbian, Gay, and Bisexual Members of the Canadian Armed Forces. LGBT Health. 2016;3(5):366-372.

26. Mays VM, Cochran SD. Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. Am J Public Health. 2001;91(11):1869-1876.

27. Sutter M, Perrin PB. Discrimination, mental health, and suicidal ideation among LGBTQ people of color. J Couns Psychol. 2016;63(1):98-105.

28. Aboriginal Veterans Autochtones. Accessed August 4, 2022. http://avavets.com

29. Indigenous Services Canada. Hope for Wellness Help Line. Accessed August 4, 2022. https://www.sac-isc.gc.ca/eng/1576089519527/1576089566478

30. Black Canadian Veterans Stories. Accessed August 4, 2022. https://www.blackcanadianveterans.com/

31. University of Ottawa Department of Family Medicine. Women Veterans. University of Ottawa Department of Family Medicine podcast series *My Patient is a Veteran*.

32. Canadian Institute for Military and Veteran Health Research. Sex and Gender [video presentation]. October 8, 2020. Accessed August 4, 2022. https://symposium-series.cimvhr.ca/en/2020/sex-gender

33. LGBT Purge Fund . Accessed August 4, 2022. https://lgbtpurgefund.com/

34. Veterans Affairs Canada. Office of Women and LGBTQ2 Veterans. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/about-vac/what-we-do/women-LGBTQ2/office

35. Tam-Seto L, William A, Cramm H. Identifying Veteran cultural competencies to enhance care in the civilian system. Paper presented at: 2021 Forum of the Canadian Institute for Military and Veteran Health Research; October 2021; virtual. Accessed December 13, 2021. https://cimvhr-cloud.ca/forum/2021/abstract-supplement-2021.pdf

36. Cramm H, Mahar A, Tam-Seto L, Rowan-Legg A . Caring for children and youth from Canada's military families. Paediatr Child Health. 2021;27(2):88-92.

37. Rowan-Legg. A. Caring for children and youth from Canadian military families: Special considerations. Paediatr Child Health. 2017;22(2):e1-e6.

38. Vanier Institute. The Impact of Post-Traumatic Stress on Canadian Armed Forces, First Responders and Their Families. Accessed August 4, 2022. https://vanierinstitute.ca/the-impact-of-post-traumatic-stress-on-canadian-armed-forces-first-responders-and-their-families

39. Department of National Defence. Section 2: Fundamental Beliefs and Expectations. In: Duty with Honour. Ottawa, ON: Government of Canada; 2009. Accessed December 13, 2021. https://www.canada.ca/en/department-national-defence/corporate/reports-publications/duty-with-honour-2009.html

40. Pranger T, Murphy K, Thompson JM. Shaken world: Coping with transition to civilian life. Can Fam Physician. 2009;55(2):159-161.

41. Veterans Affairs Canada, National Defence. Well-being of Canadian Regular Force Veterans, Findings from LASS 2016 survey. Ottawa, ON: VAC Research Directorate Technical Report; 2017. Accessed December 13, 2021. https://publications.gc.ca/collections/collection_2017/acc-vac/V32-340-2017-eng.pdf

42. College of Family Physicians of Canada. Best Advice guide: Caring for Military Families in the Patient's Medical Home. Mississauga, ON: College of Family Physicians of Canada; 2017. Accessed December 13, 2021. https://patientsmedicalhome.ca/resources/best-advice-guides/best-advice-guide-caring-military-families-patients-medical-home/

43. College of Family Physicians of Canada, Canadian Military and Veteran Families Leadership Circle. Family Physicians Working With Military Families. Mississauga, ON: College of Family Physicians of Canada; 2016. Accessed December 13, 2021. https://vanierinstitute.sharepoint.com/sites/PublicWebResources/Documents/Public%20Files/Military_Family_Physician_Guide_E_Sept2016.pdf

44. Manser L. The Needs of Medically Releasing Canadian Armed Forces Personnel and Their Families – A Literature Review. Ottawa, ON: Military Family Services; 2015. Accessed August 4, 2022. https://cfmws.ca/CFMWS/media/images/documents/8.0%20About%20Us/8.1%20What%20We%20Do/8.1.5.1/additional%20research/The-Needs-of-Medically-Releasing-Canadian-Armed-Forces-Personnel-and-Their-Families-A-Literature-Review.pdf

45. Thompson JM, Lockhart W, Roach MB, Atuel H, Bélanger S, Black T, et al. Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers. Charlottetown, PE: Research Directorate, Veterans Affairs Canada; 2017. Accessed December 13, 2021. https://cimvhr.ca/documents/Thompson%202017%20Veterans%20Identities%20Technical%20Report.pdf

46. Hoppe T. Veterans' Identities: A Key to Success in Chronic Pain Care [webinar slide deck]. Hamilton, ON: Chronic Pain Centre of Excellence for Canadian Veterans; 2021.

47. Lunasco TK, Goodwin EA, Ozanian AJ, Loflin EM. One Shot - One Kill: A culturally sensitive program for the warrior culture. Mil Med. 2010;175(7):509-513.

48. Atuel HR, Castro CA. Military cultural competence. Clinical Social Work Journal. 2018;46(2):74-82.

49. Whelan JJ. Narcissus Called My Name. Scotts Valley, CA: CreateSpace Publishing; 2017.

50. Department of National Defence. Introduction to Transition. Accessed January 25, 2023. https://www.canada.ca/en/department-national-defence/corporate/reports-publications/my-transition-guide/introduction.html#TM

51. Thompson JM, MacLean MB, Roach MB, Macintosh S, Banman M, Mabior J, et al. A Well-Being Construct for Veterans' Policy, Programming and Research. Charlottetown, PE: Veterans Affairs Canada; 2016. Accessed August 4, 2022. https://www.cimvhr.ca/documents/Thompson%202016%20Well-Being%20Tech%20Report%20FINAL%2007Sept2016.pdf

52. Veterans Affairs Canada. Seven domains of Veteran well-being . Accessed August 4, 2022. https://www.veterans.gc.ca/eng/about-vac/news-media/salute/2019-se/wellbeing

53. Department of National Defence. Introduction to Transition. Accessed August 4, 2022. https://www.canada.ca/en/department-national-defence/corporate/reports-publications/my-transition-guide/introduction.html

54. Department of National Defence. My Transition Guide. Transitioning from Military to Civilian Life. Accessed August 4, 2022. https://www.canada.ca/en/department-national-defence/corporate/reports-publications/my-transition-guide.html

55. Veterans Transition Network. Accessed December 13, 2021. https://vtncanada.org/

56. Canadian Armed Forces Community. Veteran Family Program. Accessed December 13, 2021. https://www.cafconnection.ca/VFP

57. American College of Preventive Medicine. Level I and Level II Military Environmental Exposures Online Certification Program. Accessed August 4, 2022. https://www.acpm.org/education-events/military-environmental-exposures-certification

58. Statistics Canada. Veterans Data in the 2021 Census Population. Accessed August 4, 2022. https://www12.statcan.gc.ca/census-recensement/2021/ref/98-20-0002/982000022021001-eng.cfm

59. Veterans Affairs Canada. My VAC Account. Accessed August 4, 2022. https://www.veterans.gc.ca/eng/e_services

60. Veterans Affairs Canada. Open my VAC account. Accessed August 4, 2022. https://www.veterans.gc.ca/eng/e_services/create-my-vac-account

61. U.S. Veterans Health Administration. Office of Health Equity. Assessing Circumstances and Offering Resources for Veteran Needs (ACORN). 2022. Accessed August 4, 2022. https://www.va.gov/HEALTHEQUITY/docs/ACORN_Screening_Tool.pdf

62. Boswall M, O'Hanley S, Caron-Boulet N, Thompson JM. Forms for father: Military Veteran with unmet health care needs. Can Fam Physician. 2010;56(2):147-150. Accessed August 4, 2022. https://www.cfp.ca/content/56/2/147

63. Junos, K. Veterans face barriers to mental, physical health care during pandemic. CityNews. November 11, 2020. Accessed December 13, 2021. https://vtncanada.org/Veterans-face-barriers-to-mental-physical-health-care-during-pandemic/

64. Veterans Affairs Canada. Mental Health Benefits FAQ. Accessed January 26, 2023. https://www.veterans.gc.ca/eng/financial-support/medical-costs/treatment-benefits/mental-health-benefits

65. Thompson JM, VanTil L, Feder K, Sweet J, Boswell M, Courchesne C, et al. Prevalence of hearing problems among Canadian Armed Forces Veterans: Life After Service Studies. J Mil Veteran Fam Health. 2016;2(2):62-72.

66. U.S. Department of Veterans Affairs. Office of Research & Development. VA Research on Hearing Loss. Accessed December 13, 2021. https://www.research.va.gov/topics/hearing.cfm

67. U.S. Department of Veterans Affairs. National Center for Rehabilitative Auditory Research (NCRAR). Progressive Tinnitus Management. Accessed December 13, 2021. https://www.ncrar.research.va.gov/ClinicianResources/IndexPTM.asp

68. Veterans Affairs Canada. Entitlement Eligibility Guidelines: Tinnitus. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/tinnitus

69. Veterans Affairs Canada. Entitlement Eligibility Guidelines: Hearing Loss. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/hearing_loss

70. Veterans Affairs Canada. Compensation for Your Hearing Loss or Tinnitus: Disability benefits. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/hearing-loss-and-tinnitus/compensation-hearing-loss-tinnitus

71. Veterans Affairs Canada. Hearing Aids, Services and More: Treatment benefits. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/hearing-loss-and-tinnitus/coverage-hearing-loss-tinnitus

72. Hinojosa R, Sberna Hinojosa M. Activity-Limiting Musculoskeletal Conditions in US Veterans Compared to Non-Veterans: Results from the 2013 National Health Interview Survey. PLoS One. 2016;11(12):e0167143.

73. Harrison M, Coffey B, Albert W, Fischer S. Night Vision Goggle - Induced Neck Pain in Military Helicopter Aircrew: A Literature Review. Aerosp Med Hum Perf. 2015:86(1):46-55. Accessed August 4, 2022. https://doi.org/10.3357/AMHP.4027.2015

74. Riches A, Spratford W, Witchalls J, Newman P. A Systemic Review and Meta-Analysis About the Prevalence of Neck Pain in Fast Jet Pilots. Aerosp Med Hum Perf. 2019: 90(10):882-890(9). Accessed August 4, 2022. https://doi.org/10.3357/AMHP.5360.2019

75. Velez JR, Thompson JM, Sweet J, Busse JW, and VanTil L. Cluster analysis of Canadian Armed Forces veterans living with chronic pain: Life After Service Studies 2016. Can J Pain. 2021;5(1):81-95.

76. Veterans Affairs Canada. Chronic Pain in Veterans. Accessed August 4, 2022. https://www.Veterans.gc.ca/eng/about-vac/research/research-directorate/info-briefs/chronic-pain

77. Thompson J. Military members' and Veterans' chronic pain is everyone's business, but what can you do about it? J Mil Vet Fam Health. 2021;7(S2):1-2. Accessed August 4, 2022. https://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh-7.s2-001

78. Hinojosa R, Sberna Hinojosa M. Activity-Limiting Musculoskeletal Conditions in US Veterans Compared to Non-Veterans: Results from the 2013 National Health Interview Survey. PLoS One. 2016;11(12):e0167143. Accessed August 4, 2022. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5179052/

79. Dadabayev AR, Coy B, Bailey T, Grzesiak AJ, Franchina L, Hausman MS, et al. Addressing the needs of patients with chronic pain. Fed Pract. 2018;35(2):43-49.

80. Chronic Pain Centre of Excellence for Canadian veterans. Creating a national community of care for Veterans and families. Accessed December 13, 2021. https://www.veteranschronicpain.ca/Veterans

81. Chronic Pain Centre of Excellence for Canadian Veterans. Accessed December 13, 2021. https://www.veteranschronicpain.ca/

82. Sciarra T, Ciccotti M, Aiello P, Minosi P, Munzi D, Buccolieri C, et al. Polypharmacy and Nutraceuticals in Veterans: Pros and Cons. Front Pharmacol. 2019;10:994. Accessed August 4, 2022. https://pubmed.ncbi.nlm.nih.gov/31551790/

83. Chronic Pain Centre of Excellence for Canadian Veterans. Improving care through evidence-based research. Accessed December 13, 2021. https://www.veteranschronicpain.ca/research

84. Chronic Pain Centre of Excellence for Canadian Veterans. Find Clinics. Accessed December 13, 2021. https://www.veteranschronicpain.ca/clinics

85. Thompson JM, Chiasson R, Loisel P, Besemann M Lt. Col, Pranger T. A sailor's pain: Veteran's musculoskeletal disorders, chronic pain, and disability. Can Fam Physician. 2009;55(11):1085-1088.

86. Veterans Affairs Canada. Rehabilitation Services. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/mental-health-and-wellness/assessment-treatment/rehabilitation-services

87. Veterans Affairs Canada, National Defence. Well-being of Canadian Regular Force Veterans, Findings from LASS 2019 survey. Charlottetown, PE: VAC Research Directorate Technical Report; 2020.

88. Mental Health Commission of Canada. MFHA Veteran Community (Virtual). 2021. Accessed December 13, 2021. https://www.mhfa.ca/en/mhfa-veteran-community-virtual#Topics

89. The Atlas Institute for Veterans and Families (formerly the Centre of Excellence on PTSD and Related Mental Health Conditions 2021). Accessed December 13, 2021. https://atlasveterans.ca/

90. Veterans Affairs Canada. LifeSpeak for Veterans, Former RCMP and Their Families. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/mental-health-and-wellness/understanding-mental-health/lifespeak

91. Veterans Affairs Canada. Service Dog Pilot Study. Accessed June 13, 2022. https://www.veterans.gc.ca/eng/help/faq/service-dog-pilot-study

92. Wounded Warriors – Prescriber Guidelines. 2019. Accessed June 13, 2022. https://woundedwarriors.ca/wp-content/uploads/2019/06/WWC-PRESCRIBER-GUIDELINES.pdf

93. Hardin S, Vogt D, Smith BN, Kehle-Forbes S, Hasheb R, Iverson KM, et al. Male and Female Veterans' Preferences for Eating Disorders Screening. J Gen Intern Med. 2022;37(Suppl 3):819-822.

94. Veterans Affairs Canada. Talk to a professional now Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/contact/talk-to-a-professional

95. The DSM-5 is The Diagnostic and Statistical Manual for Mental Disorders. Accessed December 13, 2021. https://www.psychiatry.org/psychiatrists/practice/dsm

96. Veterans Affairs Canada. OSI Clinics. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/mental-health-and-wellness/assessment-treatment/osi-clinics

97. Veterans Affairs Canada. OSI Connect. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/resources/stay-connected/mobile-app/osi-connect

98. Norman SB, Maguen S. Moral Injury. U.S. Department of Veterans Affairs. Accessed December 13, 2021. https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp

99. Kings College London. The history of moral injury [video]. 2020. Accessed August 4, 2022. https://www.youtube.com/watch?v=QX8_QkNUoy8&t=189s

100. Atlas Institute. Moral Injury. Accessed December 13, 2021. https://atlasveterans.ca/knowledge-hub/moral-injury

101. Department of National Defence. Minister of National Defence Advisory Panel on Systemic Racism and Discrimination–Final Report–January 2022:Part I - Canadian Demographics Today. Accessed August 4, 2022. https://www.canada.ca/en/department-national-defence/corporate/reports-publications/mnd-advisory-panel-systemic-racism-discrimination-final-report-jan-2022/part-i-systemic-racism.htm

102. Littleton H, Axsom D, Breitkopf C, Berenson A. Rape acknowledgement and postassault experiences: how acknowledgement status relates to disclosure, coping, worldview, and reactions received from others. Violence Vict. 2006: 21(6):761-78 Accessed August 4, 2022. https://pubmed.ncbi.nlm.nih.gov/17220018

103. Jordan A, Eisen E, Boton E, Nash W, Litz B. Distinguishing War-Related PTSD Resulting From Perpetration – and Betrayal-Based Morally Injurious Events. Psychological Trauma: Theory, Research, Practice and Policy. Jan 9, 2017. Accessed August 4, 2022. http://dx.doi.org/10.1037/tra0000249

104. Atlas Institute. Veteran mental health is still uncharted territory. Accessed December 13, 2021. https://atlasveterans.ca/knowledge-hub/moral-injury/moral-injury-toolkit

105. Koenig H, Youssef N, Pearce M. Assessment of Moral Injury in Veterans and Active-Duty Military Personnel with PTSD: A Review. Front Psychiatry. 2019;10:443.

106. Department of National Defence. MST Peer Support Program Consultation Report. 2022. Accessed August 4, 2022. https://www.canada.ca/en/department-national-defence/corporate/reports-publications/mst-report.html

107. Office of the Veterans Ombudsman. Peer Support for Veterans who have Experienced Military Sexual Trauma – Investigative Report June 2021. Accessed December 13, 2021. https://www.ombudsman-Veterans.gc.ca/en/publications/reports-reviews/Peer-Support-for-Veterans-who-have-Experienced-Military-Sexual-Trauma

108. Gurung S, Ventuneac A, Rendina HJ, Savarese E, Grov C, Parsons JT. Prevalence of Military Sexual Trauma and Sexual Orientation Discrimination Among Lesbian, Gay, Bisexual, and Transgender Military Personnel: a Descriptive Study. Sex Res Social Policy. 2018;15(1):74-82.

109. Summer JA, Lynch KR, Viernes B, Beckham JC, Coronado G, Dennis PA, et al. Military Sexual Trauma and Adverse Mental and Physical Health and Clinical Comorbidity in Women Veterans. Womens Health Issues. 2021;31(6):586-595.

110. Frankfurt SB, DeBeer BB, Morissette SB, Kimbrel NA, LaBash H, Meyer EC. Mechanisms of Moral Injury Following Military Sexual Trauma and Combat in Post-9/11 U.S. War Veterans. Front Psychiatry. 2018;2(9):520.

111. Andresen FJ, Monteith LL, Kugler J, Cruz RA, Blais RK. Institutional betrayal following military sexual trauma is associated with more severe depression and specific posttraumatic stress disorder symptom clusters. J Clin Psychol. 2019;75(7):1305-1319.

112. Canadian Armed Forces. Harassment and Violence in the Workplace – Negative Behaviours Matrix. Accessed August 4, 2022. https://www.canada.ca/en/department-national-defence/services/benefits-military/conflict-misconduct/new-workplace-harassment-and-violence-prevention-regulations-for-defence-team-public-servants-bill-c65/negative-behaviours-continuum.html

113. Suris A, Lind L, Kashner M, Borman PD, Petty F. Sexual assault in women veterans: an examination of PTSD risk, health care utilization, and cost of care. Psychosom Med. 2004;66(5):749-756. Accessed August 4, 2022. https://pubmed.ncbi.nlm.nih.gov/15385701

114. Military Woman. It Can Happen to Anyone. Esprit de Corps. January 17, 2022. Accessed August 4, 2022. http://espritdecorps.ca/military-woman/it-can-happen-to-any-one

115. Statistics Canada. 2019. Sexual Misconduct in the Canadian Armed Forces Regular Force, 2018. Accessed August 4, 2022. https://www150.statcan.gc.ca/n1/pub/85-603-x/85-603-x2019002-eng.htm

116. Connolly A. Over 40 per cent of military sexual misconduct class action claims are from men: Eyre. Global News. November 27, 2021. Accessed August 4, 2022. https://globalnews.ca/news/8405606/canadian-forces-sexual-misconduct-class-action-claims-men/

117. Veterans Affairs Canada. Sexual Dysfunction. Accessed August 4, 2022. https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/sexual-dysfunction

118. Suris A, Link-Malcolm J, Chard K, Ahn C, North C. A randomized clinical trial of cognitive processing therapy for Veteran with PTSD related to military sexual trauma. J Trauma Stress. 2013;26(1):28-37.

119. Kelly UA, Skelton K, Patel M, Bradley B. More than military sexual trauma: Interpersonal violence, PTSD, and mental health in women veterans. Res Nurs Health. 2011;34(6):457-467.

120. Veterans Affairs Canada. Military sexual trauma. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/mental-health-and-wellness/understanding-mental-health/military-sexual-trauma

121. Atlas Institute for Veterans and Families. Military Sexual Trauma (MST). Accessed December 13, 2021. https://atlasveterans.ca/knowledge-hub/military-sexual-trauma-mst/

122. University of Ottawa Department of Family Medicine. Moral Injury and Military Sexual Trauma. University of Ottawa Department of Family Medicine podcast series *My Patient is a Veteran*.

123. Veterans Affairs Canada. Military Sexual Trauma. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/mental-health-and-wellness/understanding-mental-health/military-sexual-trauma

124. Thompson JM. Persistent Symptoms Following Mild Traumatic Brain Injury (mTBI) - A Resource for Clinicians and Staff. Charlottetown, PE: Veterans Affairs Canada; 2008. Accessed December 13, 2021. https://www.Veterans.gc.ca/pdf/about-us/research-directorate/mtbi-report-sep08.pdf

125. Thompson JM, Scott KC, Dubinsky L. Battlefield brain: Explained symptoms and blast-related mild traumatic brain injury. Can Fam Physician. 2008;54(11):1549-1551. Accessed December 13, 2021. https://www.cfp.ca/content/54/11/1549

126. Adams S. The toll on a sniper's brain. Legion Magazine. March 21, 2019. Accessed December 13, 2021. https://legionmagazine.com/en/2019/03/the-toll-on-a-snipers-brain/

127. Brenner LA, Hostetter TA, Barnes SM, Stearns-Yoder KA, Soberay KA, Forster JE. Traumatic brain injury, psychiatric diagnoses, and suicide risk among Veterans seeking services related to homelessness. Brain Inj. 2017;31(13-14):1731-1735.

128. Iverson KM, Pogoda TK. Traumatic brain injury among women veterans: an invisible wound of intimate partner violence. Med Care. 2015;53(4 Suppl 1):S112-S119.

129. Kim LH, Quon JL, Sun FW, Wortman KM, Adamson MM, Harris OA. Traumatic brain injury among female veterans: a review of sex differences in military neurosurgery. Neurosurg Focus. 2018;45(6):E16.

130. Schulz RW. Comprehensive Sleep Apnea Screenings in Veterans with PTSD. San Diego, CA: University of San Diego; 2019. Accessed August 4, 2022. https://digital.sandiego.edu/cgi/viewcontent.cgi?article=1108&context=dnp

131. Thompson JM, Wolfrom M, Meredith S. Letter re: Busse JW and MacKillop J. Medical cannabis and cannabinoids for chronic pain: Summary of a Rapid Recommendation. J Mil Vet Fam Health. 2021;7(S2):118-122. Accessed August 4, 2022. https://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh-2021-0056

132. Richardson J, St. Cyr K, Nelson C, Elhai J, Sareen J. Sleep disturbances and suicidal ideation in a sample of treatment-seeking Canadian Forces members and veterans. Psychiatry Res. 2014:218(1-2):118-123. Accessed August 4, 2022. https://doi.org/10.1016/j.psychres.2014.04.008

133. National Institute on Alcohol Abuse and Alcoholism. Understanding Alcohol Use Disorder. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism; 2021. Accessed December 13, 2021. https://www.niaaa.nih.gov/sites/default/files/publications/Alcohol_Use_Disorder_0.pdf

134. Canadian Coalition for Seniors' Mental Health. Canadian Guidelines on Cannabis Use Disorder Among Older Adults. Markham, ON: Canadian Coalition for Seniors' Mental Health; 2019. Accessed December 13, 2021. https://ccsmh.ca/wp-content/uploads/2020/01/New_Cannabis_Use_Disorder_ENG_WEB.pdf

135. Gorelick DA, Saxon AJ, Friedman M. Cannabis use disorder in adults. UpToDate. Accessed December 13, 2021. https://www.uptodate.com/contents/cannabis-use-disorder-in-adults

136. Fetzner MG, Abrams MP, Asmundson GJG. Symptoms of posttraumatic stress disorder and depression in relation to alcohol-use and alcohol-related problems among Canadian Forces Veterans. Can J Psychiatry. 2013;58(7):417-425.

137. Veterans Affairs Canada. Entitlement Eligibility Guideline Alcohol Use Disorder. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/alcohol

138. Veterans Affairs Canada. Substance Use Disorders. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/subst_use

139. Spithoff S, Kahan M. Primary care management of alcohol use disorder and at-risk drinking. Can Fam Physician. 2015;61(6):509-514, 515-521.

140. Thompson JM, Heber A, Davine J, Murray R, McCreary DR. Recognizing posttraumatic stress disorder in primary care. In: Handbook of Post-Traumatic Stress: Psychosocial, Cultural, and Biological Perspectives. New York, NY: Taylor & Francis; 2021.

141. Public Health Agency of Canada. Federal Framework on Posttraumatic Stress Disorder: Recognition, collaboration and support. Ottawa, ON: Government of Canada; 2020. Accessed December 13, 2021. https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/federal-framework-post-traumatic-stress-disorder/pub1-eng.pdf

142. Richardson JD, Thompson JM, Boswall M, Jetly R Lt Col. Horror comes home: Veterans with posttraumatic stress disorder. Can Fam Physician. 2010;56(5):430-433. Accessed December 13, 2021. https://www.cfp.ca/content/56/5/430

143. Crawford A. A 28-year-old military veteran with nightmares and insomnia. CMAJ. 2014;186(5):360-362.

144. Purkey E, Patel R, Phillips S. Trauma-informed care: Better care for everyone. Can Fam Physician. 2018;64(3):170-172.

145. Public Health Agency of Canada. Trauma and violence-informed approaches to policy and practice. Accessed August 8, 2022. https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

146. U.S. Department of Veterans Affairs. Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). Accessed December 13, 2021. https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp

147. Veterans Affairs Canada. Post-traumatic Stress Disorder (PTSD) and War-related Stress. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/health-support/mental-health-and-wellness/understanding-mental-health/ptsd-warstress

148. Whelan J, Eichler M. Breaking Ranks: How Medically Released Canadian Military Veteran Men Understand the PTSD Diagnosis. J Veterans Studies.2022:8 (3):25–36. Accessed December 13, 2021. http://doi.org/10.21061/jvs.v8i3.345

149. Vancappel A, Suzan L, BAilly S, Fraigneau M, Réveillère C, El-Hage W. Exploring strategies to cope with dissociation and its determinants through functional analysis in patients suffering from PTSD: A qualitative study. European Journal of Trauma & Dissociation. 2022;6(2):100235.

150. Canadian Pharmacists Association. Post-traumatic Stress Disorder. In: CPS Therapeutic Choices. Ottawa, ON: Canadian Pharmacists Association; 2021.

151. MDcme. Course information: Posttraumatic Stress Disorder: A Primer for Primary Care Physicians. Accessed December 13, 2021. https://www.mdcme.ca/course_info/ptsd

152. Veterans Affairs Canada. PTSD Coach Canada. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/resources/stay-connected/mobile-app/ptsd-coach-canada

153. U.S. Department of Veterans Affairs. Military Sexual Trauma – A Risk Factor for Suicide. Washington, DC: U.S. Department of Veterans Affairs; 2021. Accessed January 27, 2023. https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-Military-Sexual-Trauma-A-Risk-Factor-for-Suicide.pdf

154. Kimerling R, Makin-Byrd K, Louzon S, Ignacio RV, McCarthy JF. Military Sexual Trauma and Suicide Mortality. Am J Prev Med. 2016;50(6):684-691.

155. Lutwak N, Dill C. Military Sexual Trauma Increases Risk of Post-Traumatic Stress Disorder and Depression Thereby Amplifying the Possibility of Suicidal Ideation and Cardiovascular Disease. Mil Med. 2013;178(4):359–361.

156. Thompson JM, Heber A, VanTil L, Simkus K, Carrese L, Sareen J, et al. Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans. J Mil Veteran Fam Health. 2019;5(2):176-194.

157. Canadian Armed Forces, Veterans Affairs Canada. Joint Suicide Prevention Strategy. Ottawa, ON: Government of Canada; 2017. Accessed August 4, 2022. https://www.canada.ca/content/dam/dnd-mdn/documents/reports/2017/caf-vac-joint-suicide-prevention-strategy.pdf

158. Peterson K, Anderson J, Bourne D. Evidence Brief: Suicide Prevention in Veterans. Washington, DC: Department of Veterans Affairs; 2018. Accessed December 13, 2021. https://www.ncbi.nlm.nih.gov/books/NBK535971/

159. Mann JJ, Christina AM, Auerbach RP. Improving suicide prevention through evidence-based strategies: A systematic review. Am J Psychiatry. 2021;178(7):611-624.

160. U.S. Department of Veterans Affairs. Facts About Suicide Among Women Veterans: August 2017. Washington, DC: U.S. Department of Veterans Affairs; 2017. Accessed August 4, 2022. https://www.mentalhealth.va.gov/docs/VA-Women-Veterans-Fact-Sheet.pdf

161. Thompson JM, VanTil LD, Zamorski MA, Garber B, Dursun S, Fikretoglu D, et al. Mental health of Canadian Armed Forces Veterans: Review of population studies. J Mil Veteran Fam Health. 2016;2(1):70-86.

162. Hall M, Havens B, Sylvestre G. The Experience of Social Isolation and Loneliness Among Older Men in Manitoba. Winnipeg, MB: University of Manitoba; 2003. Accessed January 27, 2023. https://www.veterans.gc.ca/pdf/about-us/research-directorate/social-isol-loneliness-vac-report.pdf

163. Office of Health Equity. The Assessing Circumstances & Offering Resources for Needs (ACORN) Initiative. Washington, DC: Veterans Health Administration; 2022. Accessed January 27, 2023. https://www.va.gov/HEALTHEQUITY/docs/ACORN_Screening_Tool.pdf

164. Wilson G, Hill M, Kiernan MD. Loneliness and social isolation of military veterans: systematic narrative review. Occup Med (Lond). 2018;68(9):600-609.

165. Veterans Affairs Canada. Cannabis for Medical Purposes. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/cmp2018

166. Busse JW, MacKillop J. Medical cannabis and cannabinoids for chronic pain: Summary of a Rapid Recommendations. J Mil Veteran Fam Health. 2021;7(S2):118-122.

167. Sterniczuk R, Whelan J. Cannabis use among Canadian Armed Forces veterans. J Mil Veteran Fam Health. 2016;2(2):43-52.

168. Lev-Ran S, Roerecke M, Le Foll B, George TP, McKenzie K, Rehm J. The association between cannabis use and depression: A systematic review and meta-analysis of longitudinal studies. Psychol Med. 2014;44(4):797-810.

169. Nugent SM, Morasco BJ, O'Neil ME, Freeman M, Low A, Kondo K, et al. The Effects of Cannabis Among Adults With Chronic Pain and an Overview of General Harms: A Systematic Review. Ann Intern Med. 2017;167(5):319-331.

170. Busse JW, MacKillop J. Response to comments on "Medical cannabis and cannabinoids for chronic pain: Summary of a Rapid Recommendation." J Mil Vet Fam Health. 2022;8(S2):5-6. Accessed August 4, 2022. https://jmvfh.utpjournals.press/doi/abs/10.3138/jmvfh-2021-8-2-02

171. Turna J, MacKillop J. Cannabis use among military veterans: A great deal to gain or lose? Clin Psychol Rev. 2021;84:101958.

172. Gunn R, Jackson K, Borsari B, Metrik, J. A longitudinal examination of daily patterns of cannabis and alcohol co-use among medicinal and recreational veteran cannabis users. Drug Alcohol Depend. 2019;205:107661.

173. College of Family Physicians of Canada. Guidance in Authorizing Cannabis Products Within Primary Care. Mississauga, ON: College of Family Physicians of Canada; 2021. Accessed December 13, 2021. https://www.cfpc.ca/CFPC/media/PDF/CFPC-Guidance-in-Cannabis-Within-Primary-Care.pdf

174. Canadian Medical Association. Authorizing cannabis for medical purposes. Ottawa, ON: Canadian Medical Association; 2020. Accessed December 13, 2021. https://policybase.cma.ca/link/policy11514

175. Allan GM, Ramji J, Perry D, Ton J, Beahm NP, Crisp N, et al. Simplified guideline for prescribing cannabinoids in primary care. Can Fam Physician. 2018;64(2):111-120.

176. Busse JW, Vankrunkelsven P, Zeng L, Fog Heen A, Merglen A, Campbell F, et al. Medical cannabis or cannabinoids for chronic pain: a clinical practice guideline. BMJ. 2021;374:n2040.

177. National Academies of Sciences, Engineering, and Medicine 2016. Gulf War and Health, Volume 10: Update of Health Effects of Serving in the Gulf War, 2016. Washington, DC: The National Academies Press; 2016.

178. Veterans Affairs Canada. Gulf War Veterans Health and Well-Being, Canada in the Gulf War. Accessed December 13, 2021. https://www.Veterans.gc.ca/eng/remembrance/history/canadian-armed-forces/canada-gulf-war/health

179. U.S. Department of Veteran Affairs. Public Health – Provider Resources on Gulf War Veterans' Illnesses. Accessed December 13, 2021. https://www.publichealth.va.gov/exposures/gulfwar/providers/index.asp

180. UT Southwestern Medical Center. UTSW genetic study confirms sarin nerve gas as cause of Gulf War illness [news release]. Dallas, TX: UT Southwestern Medical Center; 2022. Accessed February 20, 2023. https://www.utsouthwestern.edu/newsroom/articles/year-2022/sarin-nerve-gas-gulf-war-illness.html

181. National Academies of Sciences, Engineering, and Medicine. Assessment of Long-Term Health Effects of Antimalarial Drugs When Used for Prophylaxis. Washington, DC: The National Academies Press; 2020.

182. Department of National Defence. Surgeon General Task Force Report on Mefloquine. Accessed December 13, 2021. https://www.canada.ca/en/department-national-defence/corporate/reports-publications/health/surgeon-general-task-force-report-on-mefloquine.html

183. Tarn DM, Schwartz JB. Polypharmacy: A five step call to action for family physicians. Fam Med. 2020;52(10):699-701.

184. College of Family Physicians of Canada. A new vision for Canada: Family Practice—The Patient's Medical Home 2019. Mississauga, ON: College of Family Physicians of Canada; 2019. Accessed December 13, 2021. https://patientsmedicalhome.ca/files/uploads/PMH_VISION2019_ENG_WEB_2.pdf

185. Canadian Medical Association. Position Statement: Ensuring Equitable Access toare: Strategies For Governments, Health System Planners, and the Medical Profession. Ottawa, ON: Canadian Medical Association; 2014. Accessed August 4, 2022. https://policybase.cma.ca/viewer?file=%2Fmedia%2FPolicyPDF%2FPD14-04.pdf#page=1

186. Skomorovsky A, Lee J, Williams L. Research Recap: Caregiving in Military and Veteran Families. Ottawa, ON: The Vanier Institute of the Family; 2019. Accessed December 13, 2021. https://vanierinstitute.ca/research-recap-caregiving-in-military-and-veteran-families/

187. Sperber NR, Boucher NA, Delgado R, Shepherd-Banigan ME, McKenna K, Moore M, et al. Including Family Caregivers In Seriously Ill Veterans' Care: A Mixed-Methods Study. Health Aff (Millwood). 2019;38(6):957-963.

188. Ellis NR. Indigenous Veterans: From Memories of Injustice to Lasting Recognition; Report of the Standing Committee on Veterans Affairs. Ottawa, ON: House of Commons Canada; 2019. Accessed December 13, 2021. https://publications.gc.ca/collections/collection_2019/parl/xc78-1/XC78-1-1-421-11-eng.pdf

189. Blosnich J, Ming Foynes M, Shiperd JC. Health disparities among sexual minority women Veterans. J Womens Health (Larchmt). 2013;22(7):631-636.

190. U.S. Department of Veterans Affairs. Office of Health Equity - Health Disparities Among LGBT Women Veterans. Accessed December 13, 2021. https://www.va.gov/HEALTHEQUITY/Health_Disparities_Among_LGBT_Women_Veterans.asp

191. Ward RE, Nguyen XT, Li Y, Lord EM, Lecky V, Song RJ, et al. Racial and Ethnic Disparities in U.S. Veteran Health Characteristics. Int J Environ Res Public Health. 2021;18(5):2411.

192. National Defence and Canadian Armed Forces Ombudsman. Employment Equity and Diversity in the Department of National Defence and the Canadian Armed Forces Report. Accessed February 23, 2023. https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/employment-equity-diversity/employment-equity-diversity-report.html

193. Public Health Agency of Canada. Prevalence of Chronic Diseases Among Canadian Adults. Accessed December 12, 2021. https://www.canada.ca/en/public-health/services/chronic-diseases/prevalence-canadian-adults-infographic-2019.html

194. Harriet Tubman Network. Tubman Chaplain Network. Accessed January 26, 2023. https://chaplainconsultants.com/tubman-chaplain-network/

195. College of Family Physicians of Canada. Best Advice guide: Patient's Medical Neighbourhood. Mississauga, ON: College of Family Physicians of Canada; 2020. Accessed December 12, 2021. https://patientsmedicalhome.ca/files/uploads/PMN_BAG_ENG.pdf

196. Canadian Forces Morale and Welfare Services. Locate a MFRC near you. Accessed August 4, 2022. https://www.cafconnection.ca/National/Community-Locator.aspx

197. National Association of Friendship Centres. Accessed August 4, 2022. https://nafc.ca

198. Veterans Affairs Canada. Veterans Emergency Fund. Accessed August 4, 2022. https://www.veterans.gc.ca/eng/financial-support/emergency-funds/veterans-emergency-fund

199. Veterans Emergency Transition Services. Accessed August 4, 2022. https://vetscanada.org

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